

NARRATIVE STYLES, ANALYTIC STYLES

BY HENRY F. SMITH

The two papers we are reprinting in this issue as part of *The Psychoanalytic Quarterly's* 75th anniversary celebration share something in common besides the fact that each was published in 1942. Both authors write with a narrative style that we have all but lost. It is bold, honest, and personal—even intimate. I will take up the papers individually.

When I was a first-year resident in psychiatry at the Massachusetts Mental Health Center in the early 1970s, Helene Deutsch's "Some Forms of Emotional Disturbance and Their Relationship to Schizophrenia" was on everyone's reading list. Newly loosed on an inpatient service on which we were to spend the entire year, our fates and our daily lives wedded to those of our patients, we turned to this article as one of several we hoped might rescue us in our work with people we had recently learned to call "borderline." Some of the others were Hoch and Polatin's on "pseudoneurotic schizophrenia" (1949), Knight's "Borderline States" (1953), T. F. Main's "The Ailment" (1957), Modell's "Primitive Object Relationships and the Predisposition to Schizophrenia" (1963), and Frosch's "The Psychotic Character" (1964). All of these papers had that boldness of descriptive language I mention above—the sense that something on the border between neurosis and psychosis, as we thought, was being newly charted.

But it was Deutsch's descriptions that were most striking and at the same time frightening to us. These were patients—she called them "as-if" patients—who, like clever aliens, appeared in some uncanny way to be normal but were not. As first-year residents, we each feared not only that we might encounter one of them and

be fooled, but that we might actually *be* one of them. Weren't we chameleons, too, in our hunger for identifications and our eagerness to imitate anyone who might give us a leg up on our helplessness? Perhaps we, too, simply passed for normal and didn't even know it. Actually, most of us were quite convinced there was plenty that was wrong with us, and perhaps when we lay on the couch, our analysts would decide, like Deutsch, that we couldn't be helped—that we weren't even patients, only “as-if” patients. Could others—supervisors, even our own patients—see this about us? It was an exciting time.

There is no doubt we were captivated by the boldness and personal quality of Deutsch's narrative. It is this same personal quality that reveals so clearly what our commentators in this issue of the *Quarterly* have each discovered and criticized: Deutsch's judgmental attitude toward—even dislike for—these patients. I do not remember this aspect of her paper at the time; if anything, her freedom to speak her mind was a relief. One could actually be irritated with patients? We kept our judgments as hidden as we could.

In revisiting the paper again, as the discussants note, we do hear it differently. Much has changed in psychoanalysis since 1942, and much has changed in us. We are more attuned to the nuances with which an analyst describes her clinical work and to the countertransferences they may reveal. But despite our habits of deliberate self-disclosure in our writings, we rarely write about patients with the same freedoms our ancestors did, and, paradoxically, we do not expose ourselves as freely except in these carefully controlled ways.

Deutsch had no problem speaking her mind. I once heard her talk in public about her analysis with Freud. I have no memory of what she said, except that Freud would fall asleep in his chair. She knew he had fallen asleep, she said, when she heard his cigar hit the floor. Personal details indeed—bold and cutting.

Listen to just a bit of her narrative style:

The first impression these people make is of complete normality. They are intellectually intact, gifted, and bring

great understanding to intellectual and emotional problems; but when they pursue their not infrequent impulses to creative work they construct, in form, a good piece of work but it is always a spasmodic, if skilled, repetition of a prototype without the slightest trace of originality. On closer observation, the same thing is seen in their affective relationships to the environment. These relationships are usually intense and bear all the earmarks of friendship, love, sympathy, and understanding; but even the layman soon perceives something strange and raises the question he cannot answer. [p. 327]¹

She has already showcased “the question he cannot answer,” and it is ultimately the question that Deutsch herself cannot answer. The question is: “What is wrong?” (p. 326).

Given the profession’s love affair with so-called widening-scope patients in the intervening years, the commentators offer their own suggestions about what is wrong and what Deutsch might, in hindsight, have done about it. Arnold Goldberg suggests that Deutsch familiarize herself with the selfobject transferences she was unable to recognize. Alan Bass offers a scholarly review of several approaches that might address the problem she was describing. His own work with the concrete patient (Bass 2000) is pertinent here and is related to my interest in patients’ persistent disavows of the work and of the analyst (Smith 2006). And Jane Kite sees the “as-if” patient reappear in “the patient who is difficult to reach” (Joseph 1975), offering Joseph’s approach as a solution to Deutsch’s clinical dilemma. I would add that in contemporary psychoanalysis the writings of Joseph and her colleagues may be the closest stylistic heirs we have to the personal and revealing specificity of Deutsch’s clinical descriptions.

There is a word Deutsch uses—and the contemporary Kleinians use it, too—that could be seen as a pivot around which these commentaries turn. In introducing her name for these patients, Deutsch writes:

¹ In this article, page numbers from Deutsch 1942 refer to the number in the republication in this issue, not to the original *Quarterly* publication of 1942.

Every attempt to understand the way of feeling and manner of life of this type forces on the observer the inescapable impression that the individual's whole relationship to life has something about it which is lacking in genuineness and yet outwardly runs along "as if" it were complete. [p. 326]

It is this word *genuineness* that I have in mind.

There are moments when every analyst has exactly the sort of reaction that Deutsch describes, when the moment, or the patient, does not feel genuine. I have wondered if this might be a quality to measure in every analytic moment, the degree to which the patient feels genuine, or real, to the analyst and to him- or herself. We have other words to describe this quality: authentic, real—or, conversely, artificial, false. Because we have such difficulty fine-tuning such observations, the words quickly become clichés. Surely there is no moment of any analysis that is purely genuine, any more than there is a purely real self or, for that matter, a purely false self. Every genuine moment must be interlaced with a slightly false note—something the patient wants to gain from the analyst, some defensiveness or hesitancy.

I am convinced that the contemporary Kleinians are particularly adept at listening for this aspect of the interaction. And I do believe one's countertransference can be trained to monitor it continuously. But it is also a dangerous tool, and for precisely the reason that our commentators fault Deutsch. Who is to say that what feels ungenuine to one analyst might not feel quite genuine to another—or, more importantly, to the patient? Goldberg makes this point persuasively.

Who is to judge genuineness? Do we use our countertransference to identify something that feels a bit off in the patient's presentation, and to comment on it, as Joseph might, or do we, with Goldberg, use our sense that something is a bit off to find what we have failed to see in our patient's experience—to find what feels genuine to the patient in this apparently false moment? Perhaps the patient is reacting to something in us. Perhaps it is we who are off. If these two ways of using our countertransference

frame many contemporary debates, is there space for both in the same consulting room? I believe that there is and must be.

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If Deutsch's bold language reveals the personal qualities that get her into trouble with our discussants, it is this same boldness with which Ives Hendrick challenges received theory that lays him open to the charge of naiveté—albeit an unavoidable naiveté because, as with Deutsch, much of what Hendrick needed to know had not yet been observed.

Speaking of boldness, listen to the opening sentences of Hendrick's "Instinct and the Ego During Infancy":

The point of departure for this paper is the opinion that psychoanalysis has created a picture of early infantile experience whose claim to adequacy and validity is in some ways questionable. Thus some analytic portrayals of the actual infant seem far more the projection of analytic theory and adult passions than scientific observation. [p. 387]²

Remember, this is 1942. One might imagine that Hendrick is going to join the ego psychological wars against Melanie Klein's theories of early childhood states of mind. But his target turns out to be much broader, anticipating later concerns:

This picture of infancy has been constructed chiefly from our special knowledge of unconscious sexual fantasies and the libido theory. The value of these two contributions needs no confirmation; what does require our attention is the frequency with which our conclusions concerning infancy imply the untenable assumption that the unconscious mental life of the adult (or of the postinfantile child) is a replica of the infant's experiences. [p. 387]

And in his boldest statement of all, Hendrick goes on to propose that "libidinal aims may be as much a consequence of develop-

² In this article, page numbers from Hendrick 1942 refer to the number in the republication in this issue, not to the original *Quarterly* publication of 1942.

ment of ego functions as that function is a response to desire for sensual pleasure and its derivatives" (p. 405)—or as he says more bluntly, "*function initiates the wish*" (p. 402, italics in original)—a comment that "turns drive theory on its head," as Joseph Lichtenberg suggests in his discussion (p. 434).

Notice, however, that—as is so characteristic of papers of this period, even revolutionary ones—Hendrick's method is inclusive. He does not intend to replace drive theory with a drive-cleansed view of cognitive development; he means his observations to be complementary, not substitutive. And thus, alongside libidinal aims, Hendrick adds what he calls the "instinct to master." (It is striking how little consideration he gives to the aggressive drive *per se*; the term *aggression* does not even appear in his paper despite its apparent pertinence to his topic.) Hendrick further suggests that we should attend to the studies of infancy by "nonanalytic psychiatrists," whose "contributions are supplementary and not contradictory to ours" (p. 407).

How much closer the possibility of integrating these entirely different frames of reference seemed sixty-five years ago than it appears today, as each approach has retreated into its own cottage industry. Moreover, as Bonnie Litowitz warns in her commentary, are we not at risk today of embracing the opposite fallacy—not of adultomorphizing childhood states by arguing backward from psychoanalytic findings—but by infantomorphizing adult states of mind, by assuming that attachment patterns and infantile states, described through painstaking observation of infants and their caretakers, can be identified, unchanged, in the adult's mental life and behavior?

I want to call your attention to one more aspect of Hendrick's rhetoric and one more parallel between his paper and Deutsch's. Despite his bold, controversial—and, for the time, radical—point of view, and despite the fact that his "instinct to master," like Deutsch's "as-if personality," was a term destined to survive and be elaborated by others, Hendrick was tentative, even self-critical, in offering it: "Instinct to master," he wrote, "is perhaps not the best terminology" (p. 394). Nonetheless, he kept it to desig-

nate "the pleasure in executing a function successfully, regardless of its sensual value" (p. 395).

Now return to Deutsch for a minute. Kite highlights in the title of her commentary Deutsch's (some would say uncharacteristic) modesty in calling them "as-if" patients. Like Hendrick, Deutsch apologizes for giving us "so unoriginal a label" (p. 326).

What are we to make of these two instances of boldness laced with timidity? Might we attribute them to the fact that 1942 was only three years after Freud's death? Might it have been a time when analysts were emboldened to spell out their observations, as both Deutsch and Hendrick do, and even to disagree with received wisdom, as Hendrick does, without fear of reprisal? And then might their ambivalence about doing so reassert itself in their apologies—"so unoriginal," says Deutsch; "perhaps not the best terminology," says Hendrick. For a few years on either side of Freud's death, it must have been the best of times and the worst of times to be bold.

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Before closing, I want to point out that, as Lichtenberg suggests, the heir to Hendrick's work was Robert White, whose *Lives in Progress* (1952) created an investigative and narrative style of its own. In this issue, we publish the work of one of White's heirs, whose influence on Jennifer Stuart's lead article is apparent and acknowledged. In her description of working mothers and their relationships to their own mothers, you will find White's gift for telling intimate narratives and for studying lives in progress. It is an entirely fitting accompaniment to the Deutsch and Hendrick papers. We hope you enjoy what is in store for you.

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SOME FORMS OF EMOTIONAL DISTURBANCE AND THEIR RELATIONSHIP TO SCHIZOPHRENIA

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Psychoanalytic observations of a few types of emotional disturbances are presented in this paper, and a series of cases reported in which the individual's emotional relationship to the outside world and to his own ego appears impoverished or absent. Such disturbances of the emotional life take various forms. For example, there are the individuals who are not aware of their lack of normal affective bonds and responses, but whose emotional disturbance is perceived either only by those around them or is first detected in analytic treatment; and there are those who complain of their emotional defect and are keenly distressed by the disturbance in their inner experiences. Among the latter, the disturbance may be transitory and fleeting; it may recur from time to time but only in connection with certain specific situations and experiences; or it may persist and form a continuous, distressing symptom. In addition, the emotional disturbance may be perceived as existing in the personality or it may be projected onto the outside world. In the one case the patient says, "I am changed. I feel nothing. Everything seems

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unreal to me." In the other, he complains that the world seems strange, objects shadowy, human beings and events theatrical and unreal. Those forms of the disturbance in which the individual himself is conscious of his defect and complains of it belong to the picture of "depersonalization." This disturbance has been described by many authors. In the analytic literature the reader is especially referred to the studies of Oberndorf,¹ Schilder,² and Bergler and Eidelberg.³

Most of the psychoanalytic observations in this paper deal with conditions bearing a close relationship to depersonalization but differing from it in that they were not perceived as disturbances by the patient himself. To this special type of personality I have given the name, "as if." I must emphasize that this name has nothing to do with Vaihinger's system of "fictions" and the philosophy of "As-If." My only reason for using so unoriginal a label for the type of person I wish to present is that every attempt to understand the way of feeling and manner of life of this type forces on the observer the inescapable impression that the individual's whole relationship to life has something about it which is lacking in genuineness and yet outwardly runs along "as if" it were complete. Even the layman sooner or later inquires, after meeting such an "as if" patient: what *is* wrong with him, or her? Outwardly the person seems normal. There is nothing to suggest any kind of disorder, behavior is not unusual, intellectual abilities appear unimpaired, emotional expressions are well ordered and appropriate. But despite all this, something intangible and indefinable obtrudes between the person and his fellows and invariably gives rise to the question, "What is wrong?"

A clever and experienced man, a patient of mine, met another of my patients, a girl of the "as if" type, at a social gathering. He

¹ Oberndorf, C. P. (1934). Depersonalization in relation to erotization of thought. *Int. J. Psychoanal.*, 15: 271-295; (1935) Genesis of feeling of unreality. *Int. J. Psychoanal.*, 16:296-306.

² Schilder, P. (1939). Treatment of depersonalization. *Bull. NY Acad. Med.*, 15: 258-272.

³ Bergler, E. & Eidelberg, L. (1935). Der mechanismus der depersonalization. *Int. Ztschr. f. Ps.*, 21: 258-285.

spent part of his next analytic hour telling me how stimulating, amusing, attractive, and interesting she was, but ended his eulogy with, "But something is wrong with her." He could not explain what he meant.

When I submitted the paintings of the same girl to an authority for his criticism and evaluation, I was told that the drawings showed much skill and talent but there was also something disturbing in them which this man attributed to an inner restraint, an inhibition which he thought could surely be removed. Towards the end of the patient's not too successful analysis, she entered this critic's school for further instruction in painting and, after a time, I received a report in which her teacher spoke in glowing terms of her talent. Several months later I received a less enthusiastic report. Yes, the girl was talented, her teacher had been impressed by the speed with which she had adopted his technique and manner of artistic perception, but, he had frankly to admit, there was an intangible something about her which he had never before encountered, and he ended with the usual question, "What is wrong?" He added that the girl had gone to another teacher, who used a quite different teaching approach, and that she had oriented herself to the new theory and technique with striking ease and speed.

The first impression these people make is of complete normality. They are intellectually intact, gifted, and bring great understanding to intellectual and emotional problems; but when they pursue their not infrequent impulses to creative work they construct, in form, a good piece of work but it is always a spasmodic, if skilled, repetition of a prototype without the slightest trace of originality. On closer observation, the same thing is seen in their affective relationships to the environment. These relationships are usually intense and bear all the earmarks of friendship, love, sympathy, and understanding; but even the layman soon perceives something strange and raises the question he cannot answer. To the analyst it is soon clear that all these relationships are devoid of any trace of warmth, that all the expressions of emotion are formal, that all inner experience is completely excluded. It is like

the performance of an actor who is technically well trained but who lacks the necessary spark to make his impersonations true to life.

Thus the essential characteristic of the person I wish to describe is that outwardly he conducts his life as if he possessed a complete and sensitive emotional capacity. To him there is no difference between his empty forms and what others actually experience. Without going deeper into the matter I wish at this point to state that this condition is not identical with the coldness of repressed individuals in whom there is usually a highly differentiated emotional life hidden behind a wall, the loss of affect being either manifest or cloaked by overcompensations. In the one there is flight from reality or a defense against the realization of forbidden instinctual drives; in the other, a seeking of external reality in an effort to avoid an anxiety-laden fantasy. Psychoanalysis discloses that in the "as if" individual it is no longer an act of repression but a real loss of object cathexis. The apparently normal relationship to the world corresponds to a child's imitativeness and is the expression of identification with the environment, a mimicry which results in an ostensibly good adaptation to the world of reality despite the absence of object cathexis.

Further consequences of such a relation to life are a completely passive attitude to the environment with a highly plastic readiness to pick up signals from the outer world and to mold oneself and one's behavior accordingly. The identification with what other people are thinking and feeling, is the expression of this passive plasticity and renders the person capable of the greatest fidelity and the basest perfidy. Any object will do as a bridge for identification. At first the love, friendship, and attachment of an "as if" person have something very rewarding for the partner. If it is a woman, she seems to be the quintessence of feminine devotion, an impression which is particularly imparted by her passivity and readiness for identification. Soon, however, the lack of real warmth brings such an emptiness and dullness to the emotional atmosphere that the man as a rule precipitously breaks off the relationship. In spite of the adhesiveness which the "as if" person brings to every relationship, when he is thus abandoned he displays either a

rush of affective reactions which are "as if" and thus spurious, or a frank absence of affectivity. At the very first opportunity the former object is exchanged for a new one and the process is repeated.

The same emptiness and the same lack of individuality which are so evident in the emotional life appear also in the moral structure. Completely without character, wholly unprincipled, in the literal meaning of the term, the morals of the "as if" individuals, their ideals, their convictions are simply reflections of another person, good or bad. Attaching themselves with great ease to social, ethical, and religious groups, they seek, by adhering to a group, to give content and reality to their inner emptiness and establish the validity of their existence by identification. Overenthusiastic adherence to one philosophy can be quickly and completely replaced by another contradictory one without the slightest trace of inward transformation—simply as a result of some accidental regrouping of the circle of acquaintances or the like.

A second characteristic of such patients is their suggestibility, quite understandable from what has already been said. Like the capacity for identification, this suggestibility, too, is unlike that of the hysteric for whom object cathexis is a necessary condition; in the "as if" individual the suggestibility must be ascribed to passivity and automaton-like identification. Many initial criminal acts, attributed to an erotic bondage, are due instead to a passive readiness to be influenced.

Another characteristic of the "as if" personality is that aggressive tendencies are almost completely masked by passivity, lending an air of negative goodness, of mild amiability which, however, is readily convertible to evil.

One of these patients, a woman, and the only child of one of the oldest noble families in Europe, had been brought up in an unusual atmosphere. With the excuse of official duties, and quite in accordance with tradition, the parents delegated the care and training of their child to strangers. On certain specified days of the week she was brought before her parents for "control." At these meetings there was a formal check of her educational achievements, and the new program and other directions were

given her preceptors. Then after a cool, ceremonious dismissal, the child was returned to her quarters. She received no warmth and no tenderness from her parents, nor did punishment come directly from them. This virtual separation from her parents had come soon after her birth. Perhaps the most inauspicious component of her parents' conduct, which granted the child only a very niggardly bit of warmth, was the fact—and this was reinforced by the whole program of her education—that their sheer *existence* was strongly emphasized, and the patient was drilled in love, honor, and obedience towards them without ever feeling these emotions directly and realistically.

In this atmosphere, so lacking in feeling on the part of the parents, the development of a satisfactory emotional life could scarcely be expected in the child. One would expect, however, that other persons in the environment would take the place of the parents. Her situation would then have been that of a child brought up in a foster home. In such children we find that the emotional ties to their own parents are transferred to the parent substitutes in relationship to whom the Oedipus develops with greater difficulty perhaps but with no significant modifications.

This patient, in accordance with ceremonial tradition, always had three nurses, each of whom wanted to stand first in the eyes of the parents and each of whom continually sought the favor of the child. They were, moreover, frequently changed. Throughout her whole childhood there was no one person who loved her and who could have served as a significant love object for her.

As soon as she was able to conceptualize, the patient immersed herself intensively in fantasies about the parents. She attributed to them divine powers through which she was provided with things unattainable to ordinary mortals. Everything she absorbed from stories and legends she elaborated into the myth about her parents. No longing for love was ever expressed in these fantasies; they all had the aim of providing a narcissistic gain. Every meeting with the real parents separated them further from the heroes of her imagination. In this manner there was formed in the child a parental myth, a fantasmic shadow of an Oedipus situation which

remained an empty form so far as real persons and emotions were concerned. Not only did reality which denied her parent relationships lead to narcissistic regression into fantasy, but this process gained further impetus from the absence of any substitutive object-libidinous relationships. The frequent change of nurses and governesses and the fact that these persons were themselves subjected to strict discipline, acted on orders, and used all available measures to make the child conform to the demands of reality, measures in which a pseudo tenderness was consciously used as a means to attain didactic ends, precluded this possibility. The child was trained very early to cleanliness and strict table manners, and the violent outbreaks of anger and rage to which she was subject in early childhood were successfully brought under control, giving way to an absolutely pliant obedience. Much of this disciplinary control was attained by appeal to the parents so that everything the child did which was obedient and proper she referred to the wish or command of the mythical father and mother.

When she entered a convent school at the age of eight, she was completely fixed in the "as if" state in which she entered analysis. Superficially, there was no difference between her life and that of the average convent pupil. She had the customary attachment to a nun in imitation of her group of girls. She had the most tender friendships which were wholly without significance to her. She went devoutly through the forms of religion without the slightest trace of belief, and underwent seduction into masturbation with quasi feelings of guilt—simply to be like her comrades.

In time, the myth of the parents faded and disappeared without new fantasies to take its place. It disappeared as her parents became clearer to her as real persons and she devaluated them. Narcissistic fantasies gave way to real experiences in which, however, she could participate only through identification.

Analysis disclosed that the success of her early training in suppressing instinctual drives was only apparent. It had something of the "trained act" in it and, like the performance of the circus animal, was bound to the presence of a ringmaster. If denial of an instinct was demanded, the patient complied, but when an otherwise

inclined object gave permission for the satisfaction of a drive, she could respond quite without inhibition, though with little gratification. The only result of the training was that the drive never came into conflict with the external world. In this respect she behaved like a child in that stage of development in which its instinctual drives are curbed only by immediate external authority. Thus it happened that for a time the patient fell into bad company, in unbelievable contrast to her home environment and early training. She got drunk in low dives, participated in all kinds of sexual perversions, and felt just as comfortable in this underworld as in the pietistic sect, the artistic group, or the political movement in which she was later successively a participant.

She never had occasion to complain of lack of affect for she was never conscious of it. The patient's relationship to her parents was strong enough to enable her to make them heroes of her fantasy, but for the creation of a warm dynamic Oedipus constellation capable of shaping a healthy future psychic life in both a positive and a negative sense the necessary conditions were obviously lacking. It is not enough that the parents are simply there and provide food for fantasy. The child must *really* be seduced to a certain extent by the libidinous activity of the parents in order to develop a normal emotional life, must experience the warmth of a mother's body as well as all those unconscious seductive acts of the loving mother as she cares for its bodily needs. It must play with the father and have sufficient intimacy with him to sense the father's masculinity in order that instinctual impulses enter the stream of the Oedipus constellation.

This patient's myth bore some similarity to the fantasy which Freud called the "family romance"⁴ in which, however, the libidinal relation to the parents though repressed is very powerful. By

⁴ Freud designates as the "family romance" fantasies which have in common the fact that they all relate to the ancestry of the person creating them. The typical version of the "family romance" is "I am not my parents' child. Whose child am I then?" The usual answer is, "I come of a more exalted family."

Cf. Deutsch, Helene (1930): Zur genese des "Familienromans." *Int. Ztschr. f. Psa.*, 16: 249-253.

repudiating the real parents, it is possible partly to avoid strong emotional conflicts from forbidden wishes, feelings of guilt, etc. The real objects have been repressed but in analysis they can be uncovered with their full libidinal cathexis.

But for our patient there was never a living warm emotional relationship to the parents or to anyone else. Whether after weak attempts at object cathexis the child returned to narcissism by a process of regression or never succeeded in establishing a real object relation as the result of being unloved is, for all practical purposes, irrelevant.

The same deficiency which interfered with the development of the emotional life was also operative in the formation of the superego. The shadowy structure of the Oedipus complex was gradually given up without ever having come to an integrated and unified superego formation. One gains the impression that the prerequisites for such a development also lie in strong Oedipal object cathexes.

It is not to be denied that at a very early age some inner prohibitions are present which are the precursors of the superego and are intimately dependent on external objects. Identification with the parents in the resolution of the Oedipus complex brings about the integration of these elements. Where this is absent, as it was in our patient, the identifications remain vacillating and transitory. The representatives which go to make up the conscience remain in the external world and instead of the development of inner morals there appears a persistent identification with external objects. In childhood, educational influences exerted an inhibitory effect on the instinctual life, particularly on the aggressions. In later life, in the absence of an adequate superego, she shifts the responsibility for her behavior to objects in the external world with whom she identifies herself. The passivity of this patient as the expression of her submission to the will of another seems to be the final transformation of her aggressive tendencies.

As the result of this weak superego structure, there is little contact between the ego and the superego, and the scene of all conflicts remains external, like the child for whom everything can pro-

ceed without friction if it but obey. Both the persistent identification and the passive submission are expressions of the patient's complete adaptation to the current environment, and impart the shadowy quality to the patient's personality. The value of this link to reality is questionable because the identification always takes place with only a part of the environment. If this part of the environment comes into conflict with the rest, naturally the patient is involved. Thus it can come about that the individual can be seduced into asocial or criminal acts by a change in his identifications, and it may well be that some of the asocial are recruited from the group of "as if" personalities who are adapted to reality in this restricted way.

Analysis of this patient revealed a genuine infantilism, that is, an arrest at a definite stage in the development of the emotional life and character formation. In addition to particularly unfavorable environmental influences it should be noted that the patient came from a very old family overrun with psychotics and invalid psychopaths.

Another woman patient had a father who had a mental illness and a mother who was neurotic. She remembered her father only as "a man with a black beard," and she tried to explain as something very fascinating and wonderful, his absences as he was moved to and from a sanatorium and an isolated room at home, always under nursing care. Thus she built a myth around her father, replacing him in fantasy by a mysterious man, whom she later called an "Indian" and with whom she had all sorts of experiences, each of which served to make her a superhuman being. The prototype for the Indian was the father's male nurse, whom the little girl saw mysteriously disappearing into her father's room. The education and upbringing of the child were relegated to nurses, but despite this she succeeded in establishing a strongly libidinous attachment to the very abnormal mother. Her later relationships had elements of object-libidinous attitudes, sometimes warmer, especially in homosexual directions, but never sufficiently to change their "as if" quality. The failure to develop an adequate object cathexis was, in this patient, related to the birth of her brother towards whom

she developed an unusually aggressive envy. Comparisons of genitalia led the little girl to scrutinize her body for hours on end in a mirror. Later this narcissistic activity was gradually sublimated. At first she tried to model parts of her body in clay in order to facilitate her mirror studies. In the course of years she developed great skill in modeling and was for a brief time under the tutelage of a sculptress. Unconsciously, it was the fantasy of displaying repeatedly her body to the world. In later years she created only large, very voluptuous, matronly female figures. These proved to be weak attempts to recreate the mother she had lost in childhood to her brother. Ultimately she abandoned sculpture for music simply because she believed her teacher failed to appreciate her sufficiently.

Most conspicuous in her childhood was a monkey-like imitation of her brother with whom she was for years completely identified, not in fantasy but by acting out. Disastrously for both, the brother quite early betrayed unmistakable signs of a psychosis which culminated in a catatonic excitement. The sister imitated all her brother's bizarre activities and lived with him in a world of fantasy. Only her partial object-libidinous cathexis and a displacement of the process from the brother and identification with more normal objects saved her from being institutionalized. I was inclined at first to regard her condition as the result of an identification with her psychotic brother; only later did I recognize that the etiology of her condition lay deeper.

I believe this patient is similar to the first despite the differences in their development. In the second, it seems that a disappointment shattered the strong relationship with the mother, that the mysterious absence of the father made it impossible for the little girl to find in him a substitute when her relationship to her mother was shaken, and that further relationships to objects remained at the stage of identification. By such identification she averted her intense hatred of her brother and transformed her aggression towards him into an obedient passivity in which she submissively identified herself with him. She developed no other object relationships. Her superego suffered the same fate as that of the first patient. The myth of the father and the very early devalu-

ation of the mother prevented integration of her superego and left her dependent on persons in the external world.

A third patient, a pretty, temperamental woman of thirty-five with many intellectual and artistic talents, came to analysis because she was "tired" after a long series of adventures. It soon became clear that, as the result of a certain combination of circumstances, her interest in psychoanalysis was actually an interest in the analyst, especially in her profession. While she frequently spoke of her tremendous interest in child psychology and in Freud's theory and read widely on these subjects, her understanding of them was extraordinarily superficial and her interest entirely unreal. More careful observation disclosed that this was true not only for all her intellectual interests but for everything she did or had ever done. It was surprising to recognize in this woman, who was so indefatigably active, a condition so closely related to the pseudo-affectivity of the "as if" patient. All her experiences too were based on identifications, though her identifications were not so straightforward as were those of the other type of patient which is, one might say, more monogamous and adheres to but one person or one group at a time, while this patient had so many concurrent identifications—or symbolic representations of identifications—that her conduct appeared erratic. She was, in fact, considered "crazy" by those who knew her. Her friends however had no notion that her apparently rich life concealed a severe lack of affect. She had come to me because of a wish to change her character, that is, to create more peace and harmony in her life by identifying herself with a "particularly solid" professional personality.

After six months the analysis appeared to be unusually successful. The patient learned to understand many things about herself and lost her eccentricities. She determined to become an analyst and when this was denied her, she collapsed. She was completely lacking in affect and complained, "I am so empty! My God, I am so empty! I have no feelings." It transpired that prior to analysis she had got into serious financial difficulties by breaking off various friendships and love relationships and had realized that she would soon have to work. It was with this intention

that she came to analysis. Her plan was to become an analyst by identification with her analyst. When this proved impossible, this seemingly very able and active woman changed into a completely passive person. From time to time she had extraordinarily violent fits of childish weeping or outbursts of rage, flung herself on the floor and kicked and screamed. Gradually, she developed a progressive lack of affect. She became completely negativistic and met all interpretations with, "I don't understand what you mean by that."

At two points in this patient's development she had suffered severe trauma. Her father was an alcoholic, and the patient often witnessed his brutal mistreatment of the mother. She sided vehemently with the latter and, when she was only seven, had fantasies in which she rescued her mother from her misery and built a little white cottage for her. She saved every penny and worked hard in school to attain this aim, only to discover that her mother was not merely a passive victim of her husband but took pleasure in being brutalized. The consequent devaluation of her mother not only deprived her of her only object of love but also arrested the development of a feminine ego ideal of an independent, adequate personality. She spent the rest of her life trying to make up for this lack by creating a whole series of identifications, in the same way as the "as if" patients.

Deprived of tenderness and affection in her childhood, her instincts remained crudely primitive. She vacillated between giving these instincts free rein and holding them in check. She acted out prostitution fantasies, indulged in a variety of sexual perversions, often giving the impression of hypomania. She emerged from these debauches by identification with some conventional person and achieved by this means a kind of sublimation, the form dependent on the particular object. This resulted in a frequent shifting of her occupation and interests. So long as it was possible for her either to retain such a relationship or to allow herself the gratification of very primitive drives she was not aware of her lack of affect.

The following cases of emotional disturbance bear close similarity with the "as if" group but differ in certain respects.

A seventeen-year-old boy of unusual intellectual ability, came for analysis because of manifest homosexuality and a conscious lack of feeling. This lack of emotion included his homosexual objects, about whom he created all sorts of perverse fantasies. He was obsessively scrupulous, modest, exact, and reliable. He was passively oral and anal in his homosexuality. The analysis was extremely rich in material but progressed in an emotional vacuum. While the transference was frequently represented in his dreams and fantasies, it never became a conscious, emotional experience.

One day I gave him a ticket to a series of lectures in which I was taking part. He went to my lecture and had severe anxiety on the stairs leading to the lecture hall. By thus mobilizing his anxiety in the transference, the analysis began to progress. An only child from a highly cultured environment, with a father who was strict and ambitious and a mother who dedicated her life to this handsome and talented son, he nevertheless suffered the fate of affective deficiency. The fact that he grew up in an atmosphere in which he never needed to seek for love, that he was overwhelmed with tenderness without having to make any effort to obtain it paralyzed his own active strivings for tenderness. He remained bound to primitive instinctual impulses, and because there were few infantile anxieties which were not warded off with scrupulous care, there was no motive in him to build up defense mechanisms.

He underwent the trauma of the depreciation of his ego-ideal when he discovered that his admired father was uncultivated and limited. This realization threatened to depreciate his own value, for he was like his father, bore his name, and heard his resemblance to him repeatedly stressed by his mother. Through rigidity and strictness, in ethical and intellectual demands, he strove to become better than the self which was identified with the father. In contrast to the previous patients, he did not identify himself with a series of objects. Instead of having emotional relationships to people, he was split into two identifications: one with his beloved mother and the other with his father. The first was feminine and sexualized; the second was overcompensatory, rigid, and narcissistic.

Unlike the "as if" patients, he complained of lack of feeling. He completely lacked the tender emotions which would have given warmth to his emotional life. He had no relation to any woman, and his friendships with men were either purely intellectual or crudely sexual. The feelings he had were of a character he would not let himself express. These were very primitive aggressions, the wildest, most infantile sexual drives, which were rejected with the declaration, "I feel nothing at all." In one way he told the truth; he was really lacking in any permissible feelings, that is, in the tender, sublimated emotions.

The tendency to identification is characteristic also of this type of affective disturbance. Even though this patient did not completely sink his personality in a series of identifications, the strongest section of his ego, his intellect, lacked originality. Everything he wrote and said in scientific matters showed great formal talent but when he tried to produce something original it usually turned out to be a repetition of ideas which he had once grasped with particular clarity. The tendency to multiple identifications occurred on the intellectual level.

Another patient of this group, a thirty-year-old married woman who came from a family in which there were many psychotics, complained about lack of emotion. In spite of good intelligence and perfect reality testing, she led a sham existence and she was always just what was suggested to her by the environment. It became clear that she could experience nothing except a completely passive readiness to split into an endless number of identifications. This condition had set in acutely after an operation in her childhood for which she had been given no psychological preparation. On recovery from the anaesthesia she asked if she were really herself, and then developed a state of depersonalization which lasted a year and turned into passive suggestibility which concealed a crippling anxiety.

Common to all these cases is a deep disturbance of the process of sublimation which results both in a failure to synthesize the various infantile identifications into a single, integrated personality, and in an imperfect, one-sided, purely intellectual sublimation of

the instinctual strivings. While critical judgment and the intellectual powers may be excellent, the emotional and moral part of the personality is lacking.

The etiology of such conditions is related first, to a devaluation of the object serving as a model for the development of the child's personality. This devaluation may have a firm foundation in reality or be traceable, for example, to shock at discovery of parental coitus at a period of development when the child is engaged in its last struggles against masturbation and needs support in its efforts towards sublimation. Or, as in the case of the boy described above, the successful sublimation may be interfered with by a sexualization of the relationship to an object who should serve the child as a model for its ego ideal, in this instance, a grossly sexual identification with his mother.

Another cause of this kind of emotional disturbance is insufficient stimulus for the sublimation of the emotions, as the result either of being given too little tenderness, or too much.

Infantile anxiety may suffer a similar fate. Too harsh or too indulgent treatment may contribute to failure in the economic formation of defense mechanisms resulting in remarkable passivity of the ego. It will be recalled that in the case of the boy reported, an attack of anxiety not only mobilized the transference but also opened the way to his recovery.

The question must be raised as to how the tendency of "as if" personalities to identification with current love objects differs from the same tendency in hysteria. The great difference between the latter and the "as if" disturbance lies in the fact that the objects with which the hysterics identify themselves are the objects of powerful libidinous cathexes. Hysterical repression of affect brings freedom from anxiety and so represents a way out of the conflict. In "as if" patients, an early deficiency in the development of affect reduces the inner conflict, the effect of which is an impoverishment of the total personality which does not occur in hysteria.

The patients described here might make one suspect that we are dealing with something like the blocking of affect seen speci-

ally in narcissistic individuals who have developed loss of feeling through repression. The great fundamental difference, however, is that the "as if" personality tries to simulate affective experience, whereas the individual with a blocking of affect does not. In the analysis of the latter it can always be shown that the once developed object relationships and aggressive feelings have undergone repression and are not at the disposal of the conscious personality. The repressed, affectively toned segment of the personality is gradually uncovered during the analysis, and it is sometimes possible to make the buried part of the emotional life available to the ego.

For example, one patient had completely repressed the memory of his mother who died when he was four, and with whom, it was clear, the greater part of his emotions had been involved. Under the influence of a very weak but none the less effective transference, isolated memories gradually emerged. At first these had a negative character and denied all tenderness. During analysis this patient showed also another form of emotional disturbance, namely, depersonalization. Before analysis his self-satisfaction had been unshaken. He defended himself against the transference with all his power. In the analytic hours, when clear signs of a transference *in statu nascendi* were perceptible, the patient would complain of sudden feelings of strangeness. It was clear that in him the depersonalization corresponded to the perception of a change in cathexis. It remained a question whether this was due to a new libidinal stream emerging from repression, or to a suppression of feelings connected with transference. The inner conflict in such an instance of repression of affect has little similarity to that of an "as if" patient. The analogy rests only on the affective impoverishment in both.

The narcissism and the poverty of object relationships so characteristic for an "as if" person bring to consideration the relationship of this defect to a psychosis. The fact that reality testing is fully maintained removes this condition from our conception of psychosis.

Narcissistic identification as a preliminary stage to object cathexis, and introjection of the object after its loss, are among the

most important discoveries of Freud and Abraham. The psychological structure of melancholia offers us the classical example of this process. In melancholia, the object of identification has been psychologically internalized, and a tyrannical superego carries on the conflict with the incorporated object in complete independence of the external world. In "as if" patients, the objects are kept external and all conflicts are acted out in relation to them. Conflict with the superego is thus avoided because in every gesture and in every act the "as if" ego subordinates itself through identification to the wishes and commands of an authority which has never been introjected.

From the beginning, both the personal impression given by the patients themselves and the psychotic disposition in the family, especially in the first two analytically observed cases, make one suspect a schizophrenic process. The tracing of the severe psychic disturbance directly back to the developments of early childhood seems to me completely justified, and whether this speaks against the diagnosis of a schizophrenic process must, for the time being, be left undecided. My observations of schizophrenic patients have given me the impression that the schizophrenic process goes through an "as if" phase before it builds up the delusional form. A twenty-two-year-old schizophrenic girl came to me after a catatonic attack, oriented for time and place but full of delusional ideas. Until the onset of the confusional state she had led an existence almost indistinguishable from "as if" patients. Her bond to objects with whom she identified herself, and who were always outstanding women, was extremely intense. As a result of rapid shifting of these relationships, she changed her place of residence, her studies, and her interests in an almost manic fashion. Her last identification had led her from the home of a well-established American family to a communistic cell in Berlin. A sudden desertion by her object led her from Berlin to Paris where she was manifestly paranoid and gradually developed a severe confusion. Treatment restored her to her original state, but despite warnings, her family decided to break off the analysis. The girl was not able to summon enough affect to protest. One day she bought a dog and told me

that now everything would be all right; she would imitate the dog and then she would know how she should act. Identification was retained but was no longer limited to human objects; it included animals, inanimate objects, concepts, and symbols, and it was this lack of selectivity which gave the process its delusional character. It was the loss of the capacity for identification with human objects which made possible the erection of a new, delusional world.

Another schizophrenic patient for years had had a recurrent dream in which in great pain and torment she sought her mother but could not find her because she was always faced with an endless crowd of women, each of whom looked like her mother, and she could not tell the right one. This dream reminded me of the stereotyped, recurrent mother figures in the sculpture of the second "as if" patient.

Freud⁵ speaks of "multiple personality" as the result of a process in which numerous identifications lead to a disruption of the ego. This may result in manifest psychopathology, or the conflicts between the different identifications can assume a form which need not necessarily be designated as pathological. Freud refers to a purely inner process of ego formation, and this does not apply to the "as if" identifications with objects in the outer world. However, the same psychological process will also in the "as if" personality on one occasion have a more "normal" resolution and on another a pathological outcome which may be more or less severe.

Anna Freud⁶ points out that the type of pseudoaffectivity observed in "as if" patients is often found in puberty. I believe that the depreciation of the primary objects (also typical of puberty) who served as models for the ego ideal, plays an important rôle in both. Anna Freud describes this type of behavior in puberty as incurring the suspicion of psychosis. I believe that the reflections which I have presented here will also serve for puberty. At one time the process will lie within the bounds of the "normal" and at

⁵ Freud, S. (1927) *The Ego and the Id*. London: Institute of Psycho-Analysis and Hogarth Press.

⁶ Freud, A. (1937) *The Ego and the Mechanisms of Defence*. London: Hogarth Press.

another it bears the seeds of a pathological condition. The type justifies the designation "schizoid," whether or not schizophrenia later develops.

Whether the emotional disturbances described in this paper imply a "schizophrenic disposition" or constitute rudimentary symptoms of schizophrenia is not clear to me. These patients represent variants in the series of abnormal distorted personalities. They do not belong among the commonly accepted forms of neurosis, and they are too well adjusted to reality to be called psychotic. While psychoanalysis seldom succeeds, the practical results of treatment can be very far-reaching, particularly if a strong identification with the analyst can be utilized as an active and constructive influence. In so far as they are accessible to analysis, one may be able to learn much in the field of ego psychology, especially with regard to disturbances of affect, and, perhaps, make contributions to the problem of the "schizoid" which is still so obscure.

In the great delusional formations of the psychoses we see primitive and archaic drives returning from the depths of the unconscious in a dramatic manner. Regression takes place because the ego has failed. We speak of this as a "weakness of the ego" and assume that the reasons for this failure are psychological, constitutional, or organic. Psychoanalysis can investigate the first of these, especially in prepsychotic conditions to which these cases belong.

DEUTSCH'S DISCONTENT

BY ARNOLD GOLDBERG

INTRODUCTION

I think I was a little boy when I heard Helene Deutsch speak for the first and only time. Of course, it may have been that I merely felt like a little boy, but the image that I conjure up is that of my looking up at her as she complained (honestly) about what others were doing with her concept of the *as-if personality*. She compared this process of alteration of her concept to changes in an umbrella that had first its handle, then its materials, then its spokes all replaced, until one had to wonder if it was really the same umbrella.

My memory is pretty confident that she used this umbrella metaphor, although nowadays umbrellas are more often replaced than repaired. But the analogy might be a pertinent one. Is the *as-if personality* a relatively intact concept, or has it been transmogrified into nothing like it originally was? Is it a relic or still a serviceable tool? As a little boy, I could not possibly ask that or even consider the question. I am not sure I can do it even now, but I will try.

With her essay on the *as-if personality*, Deutsch felt that she was presenting a pathological collection that had not heretofore been considered and categorized. Although she initially wondered if her collection had something to do with schizophrenia, she seemed by the end of her article to have dismissed that possibility—a possibility that presented itself because of the quality that she considered

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“lacking in genuineness” (p. 326).¹ She later elaborated this supposed symptom with the claim that the relationships of these individuals are “devoid of any trace of warmth, that all expressions of emotion are formal, that all inner experience is completely excluded” (p. 327).

It is sometimes a fruitful exercise to compare psychological maladies to physical ones, as well as to other psychological ones. The person who has hypertension, for instance, may well feel fine, but his or her illness is revealed by reading a sphygmomanometer. The numbers point to and determine the disease. If a person has a depression, complaints are usually verbalized and sadness is sometimes visible. However, this category introduced by Deutsch seems to elicit primarily a reaction of dislike, or even to echo a certain moral failure; these people sound more like unlikable individuals than troubled souls. The value system of the observer seems to carry the day for the diagnosis. No numbers. Few complaints. Mainly judgments.

Deutsch was a careful observer of what was before her eyes, and, furthermore, she was brilliant enough to *see* it, but her allegiance to a specific theoretical way of thinking, one still quite prominent today, forced her to judge these individuals in a particular manner, and this judgment led her inevitably to conclude that psychoanalysis was not of much help in the fortunes of her patients. She so wanted them to have warm relationships, to be capable of intense object love, to have what for her were genuine feelings that she seems to have resigned to settling merely for a new classification. Alas, our present-day diagnostic categories often do not do much better than that, as when one was said that a patient has a borderline personality disorder when the analyst really and truly does not like them at all.

Perhaps the reason that the original conceptualization of the as-if personality was so modified and altered by succeeding generations of analysts was that each of us has allowed our own set of

¹ *Editor's Note:* In this article, page numbers from Deutsch 1942 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1942.

likes and dislikes to determine what is the essential problem of these patients. But one of Deutsch's patients does tell us this problem in the most dramatic way possible. It happens at the moment when the patient seems denied a certain form of lasting relationship with her analyst, a relationship that today is fairly well known and described, and that will be detailed below. The patient (in Deutsch's words) "complained, 'I am so empty! My God, I am so empty!'" (p. 336).

Perhaps that is the key to the diagnosis. The patient, in Deutsch's description, moves from participation in what is said to be an unusually successful analysis to uttering a cry of despair. Here Deutsch illustrates that classic and not uncommon moment in the treatment of an idealized selfobject transference that today, happily, is eminently treatable, once we overcome our judgments about what patients *should be* and how they ought to end up in order to live their lives according to our prescription.

THE CASES

One cannot attempt, of course, a detailed reconsideration of the cases that Deutsch wrote about. There are no process notes, no dreams to speak of, and not much evidence of transference configurations. There are, however, loads of striking phrases, such as lacking in "real warmth," "automaton-like identification," "wholly unprincipled," and "lacking in affect." There are very few positive comments, so one would suppose that the Deutsch descriptions do qualify as countertransferences. This may offer a worthwhile clue to our better understanding of this patient population, especially if we couple these negative appellations with a word that also seems to appear regularly in this article, as well as in the many similar re-descriptions of as-if personalities: the word is *narcissism*, and the associated emotion is a negative one.

This is not the occasion to review the study of psychoanalytic treatment of the narcissistic personality and behavior disorders. It may be, however, one on which to highlight a few of the familiar transference configurations that are encountered, as well as to ex-

amine some of the profound resistances embraced by those analysts who are doggedly antagonistic to these new ideas.

The third patient described by Deutsch (p. 336) begins her analysis with an interest in the analyst *per se*, and is soon said to have been unusually successful in the treatment. Such early idealizations are nowadays quite familiar in the analysis of those narcissistic disorders that are characterized by a traumatic disillusionment in the parent chosen as an early idealized selfobject. Indeed, this is exactly what is described in the brief summary of this patient's development, and this is more or less what was recapitulated in the analysis with Deutsch. These selfobject idealizations can take the form of intense, mergerlike experiences or of more mature connections to the idealized parental imago. The crucial therapeutic task is that of phase-specific, nontraumatic deidealization occasioned by interpretation of empathic breaks. By informing the reader that she somehow told the patient that her determination to be an analyst was not to be—which was followed by the patient's collapse (p. 336)—Deutsch demonstrates the familiar failure that results when this task is not carried out.

Along with the somewhat exasperated tone that one reads in Deutsch's tale of this and other analyses, there is a regular drumbeat of the patient's lack of reality. Once again, this feature is well explained in the literature on the vertical split (Goldberg 1999). The therapeutic resolution of this supposed failure of competent reality testing is often successfully accomplished. Anyone who has lived through similar feelings of exasperation before recognition of the proper analytic technique can only sympathize with Deutsch. Her later explanation of the patient's lack of libidinal object cathexis is on target, but unfortunately is waylaid by what might be described as a moral impasse. Indeed, it may not be too far afield to consider many resistances in our science to be moral rather than intellectual failures.

DEUTSCH'S DILEMMA

In line with the *Oxford English Dictionary* definition of *moral* as pertaining to human character or to behavior as good or bad, or to the

distinction between right and wrong (Brown 1993, p. 1827), it is not unusual to see evaluations of patients' psychopathology based largely upon moral considerations. We routinely think ill of the selfish, the self-centered, those who are thoughtless of others and so unable or unwilling to emotionally invest meaningfully in them. As analysts, we have something of a definitive set of principles or standards that allow us to determine psychological health, and accordingly to orient ourselves as to what should be treated in terms of these guidelines.

For years, for example, we insisted on heterosexuality as a *sine qua non* of normal behavior, until a good deal of evidence to the contrary allowed homosexual behavior to be seen on a par with heterosexual behavior, in terms of both the normal and the abnormal (Goldberg 2001). That these supposedly scientific stances become imbued with moral dimensions should come as no surprise, and much the same is the case with disorders of narcissism. In a sense, we become prisoners of our standards.

Empty depressions are a common if not universal symptom in the psychoanalytic treatment of narcissistic disorders (Kohut 1971). They are seen at moments of significant empathic failure and constitute a reaction to a lost selfobject relationship. Overwhelming fantasies of grandiosity and idealization are repressed or disavowed, and a subjective feeling of emptiness ensues. The analyst's reaction to this is often reflective of a theoretical and moral position—i.e., one can analyze the underlying fantasy, or one can judge the sad and forlorn state of the patient as bedrock (e.g., "This is a truly empty individual").

In one sense, there is some truth in both positions, inasmuch as the latter assumes meaningful object relations that may indeed be lacking. I believe Deutsch was committed to this way of thinking, and I think it fair to say that this is fundamentally a value judgment. As such, it effectively cuts off inquiry. It may well lead to sympathy, but that unfortunately excludes empathy. Such sympathy may arise more out of a perception of the misfortune of that empty soul, with the tacit implication that truly mature and healthy individuals have no such deficiency.

Deutsch tells us that the coldness seen in her categorization of as-if personalities differs from that seen in her description of repressed individuals, for whom a highly differentiated emotional life is hidden behind a wall (p. 328). She here makes a crucial distinction between the lines of development of object love and narcissism, but seems stymied as to how to expand upon this. I would suggest that this failure is a countertransference based upon a moral judgment.

My own case example comes from an analytic patient who was experienced as overwhelmingly boring, until one day the analyst felt a tinge of excitement and interest as the patient began describing the transformation of his law office into a completely paperless institution. The voluminous amount of required electronic and computer equipment seemed to represent an excited and especially valued self that had no room, of course, for other human beings. For this patient, this was a healthy accomplishment in spite of the lack of a so-called object libidinal cathexis. Once free of his moral and theoretical prejudices, the analyst was able to likewise be free of his boredom, and so to mirror the patient's grandiose self-presentation.

DISCUSSION

I prefer to read "Some Forms of Emotional Disturbance and Their Relationship to Schizophrenia" as a struggle: one of allegiance to an established way of thinking in conflict with a vision that did not conform to it. Deutsch was situated squarely in the midst of this struggle, but her loyalty to a particular theoretical stance did not enable her to go much beyond a descriptive compromise. Kohut (1971) took an additional step by putting aside these theoretical constrictions and posing the question of the possible modifications in the narcissistic investment of these individuals. This required an inquiry and investigation of the maturation of the narcissistic developmental line, so that extremely self-centered individuals might indeed change, say, from a situation of hypochondriasis to one of creativity, or from the presentation of a cold and aloof character

to that of an excited and involved champion of some cause or movement. It is quite rewarding to analyze such individuals who do indeed improve markedly, but who may not ever become the "warm and loving" persons required of our theory.

A few years ago, I attended a conference of the International Psychoanalytical Association and listened to an eminent clinician describe his analysis of someone who was quite narcissistic. The analysis was a heroic effort to get beyond these narcissistic defenses to the hypothetical objects that would eventually be libidinally invested. Despite the obvious failure of this effort, the analyst seemed to make some sort of claim of success for his effort. I turned to my friend and asked why this presenter could not avail himself of the newer ideas about selfobject transferences, and received only a shrug. But I think I know the answer.

Narcissism has a bad reputation. It often carries the unspecified modifier of *pathological*. It is regularly employed to describe someone unlikable, hardly ever to elaborate a positive portrayal. Overall, it has occupied, in psychoanalysis especially, a moral position. Rather than being granted the status of inquiry, it has been given one of opprobrium. As with so many other concepts and conditions, our moral precepts have taken precedence over our scientific objectivity (Goldberg 2007).

So now I know why Helene Deutsch was so unhappy with what others had been doing to her concept of the as-if personality. It was not that the metaphor of an umbrella's being changed piecemeal—first the handle, then the materials, then the spokes, ending with one's wondering if it was really the same umbrella—was not a valid one. No. It was that it was never an umbrella in the first place.

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**"SO UNORIGINAL A LABEL"
OR A MESSAGE IN A BOTTLE?
COMMENTARY ON HELENE DEUTSCH'S
"SOME FORMS OF EMOTIONAL
DISTURBANCE AND THEIR
RELATIONSHIP TO SCHIZOPHRENIA"**

BY JANE V. KITE

Saddled with a formidable and largely irrelevant title, Deutsch's 1942 paper has an odd and not altogether pleasant impact on the reader. It simultaneously sets forth and sequesters a set of clinical observations aptly (but "unoriginally," in Deutsch's view) termed the *as-if personality*, a concept that has had a permanent, if ill-defined, place in our thinking ever since. The author makes use of a particular construction—"as if"—in which one thing *could* turn in to its opposite ("this is *as if* it were that"), but in fact both this *and* that permanently and stably coexist ("this is 'as if' it were that, but it's not that; it's both").

How do we account for the staying power of the vivid clinical descriptions captured by the deceptively simple "as-if" construction, hiding behind the curtain of a relatively obscure paper? Ironically, it is Deutsch's apologetic use of "so unoriginal a label" (p. 326)—that is, the *as-if personality*—that lifts her ideas out of ready-made psychoanalytic categories and into an entirely original vernacular that has sustained them to this day.¹

¹ *Editor's Note:* In this article, page numbers from Deutsch 1942 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1942.

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Perhaps Deutsch's hesitancy to claim originality for a detailed and indeed original array of clinical observations reflects the palpable conflict in the thinking and writing of those analysts in Freud's circle in Vienna who were literally leaving home. Originality had its price, and the implications for theory and technique of Deutsch's keen elaboration of the difficulties she compiled in the form of the as-if personality were left to future generations of analysts to parse out.

To begin with, the paper is an awkward read. A footnote explains that it is in fact an amalgam of a paper previously published in the *International Zeitschrift* (1934) and a lecture given at a meeting of the "American Psychoanalytic Society" in 1938. In the eight turbulent years between the paper's original publication and its appearance in *The Psychoanalytic Quarterly* in 1942, Deutsch had moved to the United States (in 1936), and relations with Freud had become strained. Seen in this light, the odd architecture of the paper has the feel of temporary housing, meant to shelter developing but as yet unintegrated clinical ideas—ideas, perhaps, that resisted any recognizable theoretical scaffolding. The strain in Deutsch's attempt to explain the particular pressures put on the analyst by a group of intensely interesting but essentially unreachable patients suffuses the paper. It is at once hurried, disorganized, and brilliant. It never settles down.

Deutsch begins with characteristic bluntness, telegraphing the no-nonsense approach she will adopt throughout: "Psychoanalytic observations of a few types of emotional disturbances are presented in this paper, and a series of cases reported in which the individual's emotional relationship to the outside world and to his own ego appears impoverished or absent" (p. 325). At first glance, the tentative nature of "a few types of emotional disturbances" does not sound promising, nor, as it turns out later, does "their relationship to schizophrenia." The reader immediately has the sense that Deutsch is reaching for something that the extant diagnostic and theoretical categories fail to capture. By contrast, however, and embedded in the same sentence, her statement that the "cases . . . in which the individual's emotional relationship to the outside

world and to his own ego appears impoverished or absent" forecasts the astute and original clinical observations to follow. The initial launch of the concept of the as-if personality has the immediate, unadorned quality of a message in a bottle.

In the interest of capturing Deutsch's ideas in relation to the fundamental feel of her paper, I will set aside what we would now see as egregious faux pas in some of the extra-analytic material that she uses as clinical evidence for her hypotheses. These include patients' observations about other patients; the analyst's submission of a patient's artwork to an "authority" for evaluation; the analyst's gift to a patient of a ticket to a lecture of her own, ostensibly in order to jump-start anxiety in the transference; and so forth. I think it is possible to see these "manipulations" of the treatment at least in part as the analyst's attempt to retrofit what she was seeing and experiencing with her as-if patients to the existing treatment model.

For example, by "mobilizing . . . anxiety in the transference," Deutsch iatrogenically relocates herself and her patient in familiar clinical territory, temporarily (I assume) sidestepping an "emotionally vacuum" (p. 338). Perhaps she comes closest to conveying how difficult she finds these patients in another extra-analytic bit where she (inadvertently?) dubs a "clever and experienced" male patient's description of a social conversation (p. 326) with a "stimulating, amusing, attractive, and interesting"—but inexplicably disturbing—"as-if" female patient as a "eulogy" (p. 327). She characteristically tips her hand in this way almost from the beginning of the paper, telling us that these patients present *as if* they could actually be treated in a classical analysis, but they prove to be frustratingly incapable of any real contact with the analyst. We are made to see her countertransference difficulties in tandem with her emerging clinical discoveries, and they immediately become linked in our minds, if not in hers.

The hallmark of the as-if personality, as Deutsch sees it, is that what is inevitably perceived as disturbing by others is not experienced as disturbing by the subject: "For example, there are the individuals who are not aware of their lack of normal affective bonds

and responses, but whose emotional disturbance is perceived either only by those around them or is first detected in analytic treatment" (p. 325). This establishes as a category the patient who, by definition, is difficult to reach (see Joseph 1975) by virtue of the fact that, unlike the patient who brings the more common problems to treatment—anxiety, depression, even depersonalization—this patient does not complain of or even describe something "objective" in a way that would enable patient and analyst to share an understanding of what is wrong. An as-if character is in this sense a *trompe l'oeil* diagnosis—a double take.

The quality that Deutsch is identifying in this way seems at the same time to set up a faint negative countertransference in the analyst, or at least in the author herself, and might help us understand her puzzling use of the term "so unoriginal a label":

My only reason for using so unoriginal a label for the type of person I wish to present is that every attempt to understand the way of feeling and manner of life of this type forces on the observer the inescapable impression that the individual's whole relationship to life has something about it which is lacking in genuineness and yet outwardly runs along "as if" it were complete. Even the layman sooner or later inquires, after meeting such an "as-if" patient: what *is* wrong with him, or her? Outwardly the person seems normal. There is nothing to suggest any kind of disorder, behavior is not unusual, intellectual abilities appear unimpaired, emotional expressions are well ordered and appropriate. But despite all this, something intangible and indefinable obtrudes between the person and his fellows and invariably gives rise to the question, "What is wrong?" [p. 326, italics in original]

It seems here that Deutsch has to come up with an "original"—i.e., nonpsychoanalytic—label because the patients she is treating and thinking about insist, maddeningly, on staying outside the usual categories; they represent something "intangible and indefinable" (p. 326). Deutsch's as-if patient turns out to be the "anti-patient" by usual psychoanalytic standards. He or she displays, in no

particular order, snippets of neurotic, normal, and occasionally psychotic functioning, but is described by none of them. It could be that Deutsch starts out by downplaying her discovery as “unoriginal” because it represents a fundamentally unrepresentable condition—and also perhaps because she makes it clear that she has not found an effective way to treat it. But, paradoxically, it is clear to the reader by this point that both her clinical observations *and* her “label” are completely original. What can we make of her reservations about what she is telling us?

Her statement that certain intangible features of patients of this type *force* themselves on the observer suggests that, from the beginning, the analyst is put in the uncomfortable position of having an outwardly smart and agreeable patient, who at the same time makes her profoundly uncomfortable. How does one comment on something unspoken, and indeed not experienced, by the patient? Deutsch suggests that this is something indefinable that such patients do *to* the analyst, who has been recruited into very unfamiliar territory and is left with a feeling of being helplessly carried along until she can find a weak transference signal of some kind, a familiar landmark.

Before proceeding to the fate of the as-if personality as a concept, I would like to outline more fully Deutsch’s detailed and subtle clinical elaboration of it. I am also keeping in mind the problem I have flagged as the negative countertransference, which we can describe for the moment as the “what-is-wrong” feeling in the analyst. Deutsch adds several layers to the description of the as-if patient quoted above:

They are intellectually intact, gifted, and bring great understanding to intellectual and emotional problems; but when they pursue . . . creative work they construct, in form, a good piece of work but it is always a . . . repetition of a prototype without the slightest trace of originality To the analyst it is soon clear that all these [affective] relationships are devoid of any trace of warmth, that all the expressions of emotion are formal, that all inner experience is completely excluded. It is like the performance of an

actor who is technically well trained but who lacks the necessary spark to make his impersonations true to life

Thus the essential characteristic of the person I wish to describe is that outwardly he conducts his life as if he possessed a complete and sensitive emotional capacity. To him there is no difference between his empty forms and what others actually experience. [pp. 327-328]

At this point, Deutsch interrupts her clinical narrative to explain that the lack of affect, or, later, pseudoaffectivity, is not merely an instance of coldness or repression; in her view—and this is her first major theoretical leap—the lack of “real” affect is the result of a “real loss of object cathexis” (p. 328). She then resumes her pessimistic clinical outline, the tone of which becomes increasingly dire:

Further consequences of such a relation to life are a completely passive attitude to the environment with a highly plastic readiness to pick up signals from the outer world and to mold oneself and one’s behavior accordingly. The identification with what other people are thinking and feeling . . . renders the person capable of the greatest fidelity and the basest perfidy. Any object will do as a bridge for identification

The same emptiness and the same lack of individuality . . . appear also in the moral structure. Completely without character, wholly unprincipled, in the literal meaning of the term . . . the [patient’s] morals . . . are simply reflections of another person, good or bad

Another characteristic of the “as-if” personality is that aggressive tendencies are almost completely masked by passivity, lending an air of negative goodness, of mild amiability which, however, is readily convertible to evil. [pp. 328-329]

To my ear, Deutsch is beginning to shape her argument here in the direction of what we might now think of as psychological perversion (“negative goodness”) and the very provisional nature of the meaning of reality in perverse states, in which one state of mind is

“readily convertible” to its opposite.² Viewed in this light, the as-if construction is a parsimonious and immediate evocation of a perverse psychic condition, a concept that had yet to take shape in psychoanalysis.

The author continues in the next few pages to try to locate and stabilize herself theoretically. She proceeds to show how the Oedipus complex, a “shadowy structure” (p. 333) to begin with in these patients, is given up without any real superego formation. At this point, she is slowly—and perhaps again unwittingly—moving away from a strictly classical formulation and toward an object relations model, but remains stymied by the hold of the absolute moral categories (good and evil, the superego) that she is struggling to think beyond.³

In my view, she is reaching for a new line of thought here that has more to do with the persistent role of unconscious object relationships in the present and less to do with environmental explanations—actual parental deprivation, neglect, and illness—in the past. Although she refers to the introjection of the object in mourning as the classical example of the normal sequence of steps from early narcissism to object cathexis (Freud 1917), I think that the clinical dilemma she actually has in mind is *not* the model of the *healthy* ego as the precipitate of all of its *abandoned* object cathexes (Freud 1923), but rather a situation in which the *unhealthy* ego is *currently* responding to *never*-abandoned and terrifying internal

² The creative potential of theories of unconscious actualization in the transference, implicit in Freud’s concept of perversion as the “negative” of neurosis, has not been discussed in any systematic way until recently. See Bonner (2006), Joseph (1971), Purcell (2006), and Smith (2006).

³ Freud (1904) faced a similar dilemma. Early on, he struggled with the genesis of intractable character problems that lay beyond the reach of his theory, tracing “psychopathic” phenomena to “deep-rooted malformations of character, traits of an actually degenerate constitution” (p. 254). Seemingly without recourse in trying to explain her patients’ promiscuous identifications with an endless series of figures in the environment, Deutsch remarks in exasperation that: “In addition to particularly unfavorable environmental influences it should be noted that the patient came from a very old family overrun with psychotics and invalid psychopaths” (p. 334). Both Freud and Deutsch are at the limits of their working hypotheses here, and in frustration reach back to “constitution.”

objects. She reminds us that in melancholia (the pathological form of mourning), “a tyrannical superego” carries on a conflict with the incorporated (lost) *internal* object (p. 342), while she simultaneously makes the point that, in the as-if personality, all conflicts are acted out via a series of transient identifications with exclusively *external* objects.

The theoretical bridge between internal and external is missing in Deutsch’s thinking, and she finds herself stuck at the surface with various forms of imitation and mimicry. These range from “monkey-like imitation” (p. 335), at the frankly psychotic end of the spectrum, to a barely perceptible sensation of having one’s mind moved into and used in a nonconsensual way, at the other. Currently, we might think of the latter as the “negative” of transferences clearly attached to recognizable, representable experiences, memories, and so forth. It seems to me that Deutsch is reaching here for a concept resembling a “malignant” or adhesive identification, something closer to hostile incorporation (introjection) as a permanent way of relating. This is a critical juncture for her argument, which hinges manifestly on a confusing montage of bits of drive theory, developmental theory, and, ultimately, a last-ditch appeal to ego psychology.⁴

In trying to sort out Deutsch’s theoretical drift, we learn in looking back (as she does) at Freud’s “Mourning and Melancholia”⁵ (1917) that a movable series of seemingly cannibalistic identifications does not necessarily represent a *lack* of internal object relationships, but rather a *repetition* of them. Introjection is understood as a literal and concrete takeover of the early unsatisfying object in order to preserve it, and an equally literal unconscious identification

⁴ Occasionally, Deutsch demonstrates her impatience with the limited utility of her theoretical options in asides such as: “Whether after weak attempts at object cathexis the child returned to narcissism by a process of regression or never succeeded in establishing a real object relation as the result of being unloved is, for all practical purposes, irrelevant” (p. 333). The irritation she displays in trying to construct a sound explanation for the as-if quality of her patients also expresses her continuing feeling that there is something “wrong,” something not understood.

⁵ This essay was actually the port of embarkation for object relations theory in psychoanalysis.

with it. This kind of introjection early in life under traumatic circumstances (death of an important other among them) thus becomes the template for the later, takeover-type identifications that Deutsch describes in her as-if patients; it is not the theoretical no man's land in which she seems to end up. As I see it, Deutsch's as-if patients (and those whom I have struggled to treat) are not keeping all their objects external to them because they are “empty,” but rather are frantically inhabiting and imitating *new* objects—including the analyst—in order to *avoid* contact with the omnipresent and terrifying archaic internal objects. Any real (i.e., affect-laden) contact with anybody is to be avoided at all costs because it contains within it the possibility of breakdown.

Deutsch constructs her argument as if (sic) a series of identifications with external objects actually substitutes for lost, broken, or “shadowy” early internal objects, rather than representing a *transfer of the mode of relating* with just such early objects. The problem turns on the nature of transference itself, and on what is being transferred. Deutsch is aware in retrospect, in the case of the “pretty, temperamental woman of thirty-five” (p. 336) who came for analysis, that the patient is actually interested in *becoming* her analyst in a literal way, not being like her. Incorporation, not identification, is this patient's way of relating, and when the possibility of becoming an analyst is given up, she collapses. Heirs to Deutsch's technical dilemmas will point to the phenomenology of transference in these cases as consisting largely of projective identification—i.e., inducing the analyst to feel something uncomfortable and unfamiliar far in advance of understanding it. It is not that there is *no* transference in cases such as this; rather, it is *all* transference, but of a variety so unfamiliar that we imagine it is absent.

Deutsch continually returns to the fiendish technical problems posed by the “plasticity” of identifications in these patients, and ultimately comes up with the rueful observation that “psychoanalysis seldom succeeds” (p. 344). These are patients who refuse to be “analyzed” in the conventional sense, i.e., as people distinct from the analyst, and as such are a continuing source of difficulty and frustration. Her only hopeful comment is that “it is *sometimes* pos-

sible to make the buried part of the emotional life available to the ego" (p. 341, *italics added*).

Ironically, she concludes by suggesting in the end that the goals of treatment may have to be modified in these cases, confined to the purely "practical" results brought about by suggestion in the context of the same kind of spurious and opportunistic identification with the analyst that she has spent most of the paper trying to critically deconstruct. She is confined, in other words, to an as-if analysis with these patients, trumped by the very pathology she was trying to address. What does this portend for Deutsch's "message in a bottle"?

The kind of patients Deutsch is describing (as well as their analysts!) have benefited from the fact that, in the decades since this paper was written, the sow's ear of the analyst's negative countertransference has become a silk purse. The shift I am thinking of has been one in which the analyst's countertransference, like the patient's transference, turned from hindrance to help—becoming a Rosetta stone of sorts, a hidden but continuous source of information, there for the looking. This shift is coincident with a new focus on transference as the unconscious *action* of one person on another, one among many contemporary approaches to the problem of more disturbed and disturbing patients, but the one that, in my view, picks it up closest to the point where Deutsch left it. Her message in a bottle, launched from the United States, ended up in the United Kingdom. The difficulties she had with a more classical approach to the seriously disturbed patients she so carefully described have been picked up and addressed most directly by the modern Kleinians of Britain, among whom Joseph is the heir apparent to Deutsch's clinical trove and technical headaches.

In "The Patient Who Is Difficult to Reach," Joseph (1975) has cited Deutsch's 1942 paper and (seemingly) Deutsch's patients, describing situations in which "what looks like a real alliance turns out to be inimical to a real alliance, and what is termed understanding is actually anti-understanding" (p. 76). Joseph's theory of psychic change is devoted precisely to an exploration of the gap Deutsch identified between apparent understanding and coopera-

tion in a defensive identification with the analyst (or any other important object), on the one hand, and the mute, split-off, impossibly needy, infantile parts of the self, on the other. In thinking about the analyst's countertransference in such cases, Joseph describes the initial feeling much as Deutsch did, as having it all go a bit too easily, pleasantly, and without conflict—and the reader at this point can hear Deutsch's voice-over saying, “But something is terribly wrong!”

Not surprisingly, analysts on this side of the Atlantic have also arrived independently at an emphasis on unconscious action in the transference (Bass 2000; Smith 2006). All these developments ratify in retrospect the prescience of Deutsch's clinical ideas and the dilemmas they highlighted.

Seen in this light, in the space of an uneven 20-page paper, the author has hastily and unwittingly set the stage for some of the most creative clinical thinking of the last sixty years. In spelling out the difficulties she encountered with a group of patients who defied categorization and understanding via the usual psychoanalytic routes, Deutsch opened the way to a new, vast, and invaluable level in clinical and theoretical work. Something in her experience with these patients felt wrong, and in trying to articulate what it was, she made an entirely *original* contribution.

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THE AS-IF PATIENT AND THE AS-IF ANALYST

BY ALAN BASS

Patients who seek out psychoanalysis but lack the capacity for self-observation have been a challenge for classical theory and technique from early on. In 1919, Abraham described a group of apparently analyzable patients who could not tolerate interpretation. Freud (1920) rethought basic theory when confronted with patients who repeat traumatic experiences without sufficient “aloofness” (p. 18). Helene Deutsch’s paper on as-if personalities, “Some Forms of Emotional Disturbance and Their Relationship to Schizophrenia” (1942), belongs to this series. She, too, is describing patients who do not see what the problem is. This clinical/theoretical difficulty has produced some of the largest debates in our field. What accounts for the inability to observe oneself? What is effective in dealing with this problem—interpretation or the relation to the analyst? Deutsch’s paper raises these questions tangentially; it is known more for its delineation of a syndrome than for any major clinical/theoretical contribution. Today, it is best reconsidered via its limitations, particularly when Deutsch comes up against the question of interpretation versus relation.

Superficially, Deutsch says, the as-if personality appears “normal.” But the people in the patient’s environment typically have a feeling of unease, an “intangible and indefinable” sense that some-

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thing is wrong (p. 327).¹ In treatment, the analyst quickly notices that "relationships are devoid of any trace of warmth, that all the expressions of emotion are formal, that all inner experience is completely excluded" (p. 327). But for the patient, "there is no difference between his empty forms and what others actually experience" (p. 328). The as-if is untroubled by his or her own vacuousness.

Deutsch's principal idea is that the as-if personality is not suffering from the repression of object cathexes typical of the neurotic, but from "a real loss of object cathexis" (p. 328). Relations with others are "imitative," "the expression of identification with the environment, a mimicry which results in an ostensibly good adaptation to the world of reality" (p. 328). Over time, one notices that such relationships are indiscriminate. The as-if personality shifts from one identification to another like an "automaton," "without the slightest trace of inward transformation" (p. 329). Compliant agreeableness is sinister: "aggressive tendencies are almost completely masked by passivity, lending an air of negative goodness . . . which however, is readily convertible to evil" (p. 329).

What produces such apparently empty people? Deutsch focuses on environmental factors. As a child, the future as-if personality does not receive the normal seduction into love necessary for a full emotional life (p. 332). As a result of this environmental failure, potential oedipal objects are devalued, as are future role models. Other typical features are too little or too much affection, inhibiting future sublimations; and inadequate elaboration of anxiety, leading to insufficient formation of defenses (p. 316). Because such a child does not develop full-blown oedipal object cathexes or anxieties, he or she does not go through the transformations of drive, fantasy, and defense necessary for superego formation. The child simply learns to comply with external demands. "In 'as-if' patients, an early deficiency in the development of affect reduces

¹ *Editor's Note:* In this article, page numbers from Deutsch 1942 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1942.

the inner conflict, the effect of which is an impoverishment of the total personality" (p. 340).

The paper's title—"Some Forms of Emotional Disturbance and Their Relationship to Schizophrenia"—is actually a puzzle. Deutsch, an experienced psychiatrist, wonders whether the off relationships of as-if patients have anything to do with depersonalization. She asks whether as-if patients are at the beginning of a psychotic process, but never really answers the question. Early on in the paper, she says that the depersonalized psychotic is aware that something is wrong and complains of changes in him- or herself or in the world; the as-if personality is not aware that anything is wrong at all (p. 328). Deutsch notes a suggestive pattern of psychosis in the family histories of her as-if cases, but she also says that the as-if personality always maintains reality testing, and so the condition is not psychotic. This seems definitive, but then Deutsch goes on to say that there are psychotics who go through an as-if phase before the full regression that produces delusions and/or hallucinations. Is there or is there not a relation between the as-if personality and psychosis?

Deutsch recognizes that she wavers on this question. In her conclusion, she says that it is unclear to her whether as-if personalities harbor incipient psychoses, because they "do not belong among the commonly accepted forms of neurosis, and they are too well adjusted to reality to be called psychotic" (p. 344). Again, this seems definitive. But her final sentences leave the question suspended. Speaking of psychotic regression in general, Deutsch says that psychoanalysis can investigate only its psychological factors, "especially in prepsychotic conditions to which these cases [as-if personalities] belong" (p. 344). Deutsch seems to be saying that as-if personalities are "prepsychotic," but never fully psychotic—or perhaps not psychotic at all—because of their intact reality testing. Why the confusion? She does not elaborate.

Deutsch is frank about the difficulties of analyzing these patients. The first case she presents had a "not too successful analysis" (p. 327). The longest case illustration—the patient from an old,

"noble" family who was raised by many governesses—ends with a statement of "genuine infantilism" and of a family "overrun with psychotics and invalid psychopaths" (p. 334). Another patient, whose analysis at first seemed "unusually successful," revealed that she entered treatment with the aim of becoming an analyst herself because she now had to work. When this possibility was "denied her," the patient said that she was "empty," "had no feelings," and occasionally had "violent fits of childish weeping or outbursts of rage She became completely negativistic and met all interpretations with 'I don't understand what you mean by that'" (p. 337).

Deutsch speaks of success only in the case of a 17-year-old boy. But, although this patient had some similarities to an as-if case, he differed in "certain respects" (p. 337). Unlike as-if patients, he complained of "lack of feeling" and did not "identify himself with a series of objects" (p. 338). There was more of an analytic process: an "attack of anxiety not only mobilized the transference, but also opened the way to his recovery" (p. 340).

Deutsch says that while "psychoanalysis seldom succeeds, the practical results of treatment can be very far-reaching, particularly if a strong identification with the analyst can be utilized as an active and constructive influence" (p. 344). The implication is clear: analysis helps the as-if personality by noninterpretive means. There is no internal transformation, no insight. Deficits in identification are remediated through a positive relation with the analyst. This is where Deutsch confronts the interpretation/relation question. She does not discuss it theoretically, but seems to opt for "relation" when all else fails. But the reader/clinician immediately has a question: how does one bring about a constructive identification if the patient forms only imitative relationships and has no insight into this pattern? Again, Deutsch does not elaborate.

This leads us to a disturbing aspect of the paper. Deutsch recounts major boundary violations without a second thought. She tells us that she sent the paintings of her "not too successful" case to "an authority for his criticism and evaluation" (p. 327). Why does she even have the paintings? And why would she send them to

someone else for evaluation? Did she have the patient's permission? Was she looking for some external vindication for her own unease about the patient? As the treatment ends, the patient begins to study painting with the same authority. Deutsch receives a "glowing report" about the patient's work from him, and then, several months later, "a less enthusiastic report," in which the expert asks the "usual question, 'What is wrong?'" (p. 327).

How can Deutsch so imperturbably permit herself this interference in the patient's life, this spying on her? Is she gratified that an authority finally confirmed her understanding that the patient's talent was a sham?

In recounting the "successful" treatment of the adolescent whom she described as not quite an as-if personality, Deutsch says that she gave him a ticket to one of her lectures. He had "severe anxiety on the stairs leading to the lecture hall. By thus mobilizing his anxiety in the transference, the analysis began to progress" (p. 338). Again, no questions are asked. This is all the more surprising in that Deutsch says that the boy "never needed to seek for love He was overwhelmed with tenderness without having to make any effort to obtain it" (p. 338). Why doesn't Deutsch at least wonder whether she is giving him something he does not have to make an effort to obtain—if she is overwhelming him? Why does the putative "success" of this treatment hinge upon unexamined action by the analyst?

One can always speculate about personal reasons for an analyst's lapses. Deutsch came of psychoanalytic age in an atmosphere of boundary violations. The story of Deutsch's analysis with Freud is well known: Freud referred Victor Tausk to Deutsch while she was in analysis with him; Freud subsequently demanded that Deutsch discontinue her treatment of Tausk because it was interfering with her own analysis; and then he abruptly terminated Deutsch's analysis to give her hours to the returning Wolf Man (Roazen 1985, pp. 153-170). When Deutsch went to Berlin for further analysis with Abraham, she spent time with him and his family (Roazen, pp. 196-197), and Abraham discussed her treatment with her husband, Felix (Roazen, pp. 221-222).

It is therefore tempting to attribute Deutsch's matter-of-fact boundary violations to the common practices of analysts in those days. But how can an analyst help a patient who cannot observe him- or herself if the analyst also cannot observe him- or herself? Even if Deutsch does not examine her actions because they were commonplace in her environment, they must have had an impact on her patients. How might this affect her claim that identification helps patients whose very problem is identification?

In the largest sense, as-if personalities are never people in their own right. Speaking of their "emptiness" and "lack of individuality," Deutsch says that by "adhering to a group," they "establish the validity of their existence by identification" (p. 329). To paraphrase: nonindividuated identification gives validity to existence. What does this mean? What is the "valid existence" that such patients do not achieve except by nonindividuation? Although Deutsch only glances at such questions, they are profound. As-if personalities—who do not seem reachable by classical, interpretive technique, who cannot observe themselves—raise the question of what *authentic existence* means. Is there a psychoanalytic answer to this question? Does it concern the analyst as much as the patient?

A LATER REVISITING OF THE AS-IF PERSONALITY

In 1966, an all-day panel at a meeting of the American Psychoanalytic Association, with Deutsch in attendance, revisited the as-if concept (Panel 1966). Predictably for the time and place, the emphasis was on ego psychological aspects of the concept. Several contributors stressed the relevance of Mahler's thinking about separation-individuation and Jacobson's thinking about self and object constancy. Others spoke about Piaget on the development of the reality sense, about Greenacre on the impostor, and about Annie Reich on narcissistic object choice. Greenson (Panel 1966) said that poor individuation, the inability to differentiate self-rep-

resentation from object representation, leads to problems of self-observation (p. 578)—a noteworthy remark.

Deutsch herself said that true as-if personalities are very rare (Panel 1966, p. 580). Following up on two of the cases in her original paper, she continued her pattern of boundary violations. Speaking of her “noble” patient, she said that the patient had actually come from a “royal” family in a country that saw a royalist uprising after the war. Deutsch’s former patient was the last surviving member of the royal family, but had no witnesses to her identity: everyone else had been killed. Deutsch says that she herself could have borne witness because:

Members of . . . [the patient’s] royal family were in personal contact with me during her treatment She did not call on me for intervention because in the book of her life, probably filled with later identifications, I had ceased to exist. This is one of the most impressive traits of “as-if”: the object constancy is very labile. [Panel 1966, p. 581]

Reporting on the “successfully” treated adolescent boy, Deutsch says that he contacted her twenty-five years later when in Cambridge (Deutsch’s home) for a college reunion. “His emotional life remained bare and restricted,” and even his memory of Deutsch depended upon the “pseudo object constancy” of actually being in the same city (Panel 1966, p. 581).

Why does Deutsch feel so free to violate confidentiality, almost as if she has to provoke questions in the minds of her audience about where the “noble” patient came from and where the adolescent patient went to college? Is she resentful about the patients’ apparent lack of true feeling for her (among many other possibilities)? And why does no one on the 1966 panel or in the audience address these questions? There is an *as-if* quality here: everyone is behaving *as if* he or she is a classical analyst, while simultaneously—in our current parlance—not wondering about the enactment occurring in the discussion itself. To use Deutsch’s terms, is this an attempt to give “validity to existence” by “adhering to a group,” while remaining blind to what is wrong?

SCHIZOID OBJECT RELATIONS, THE FALSE SELF, AND THE BASIC FAULT

In the decades since Deutsch wrote her 1942 paper, investigation of the interpretation/relation question has accompanied investigation of preoedipal dynamics, early ego development, and object relations. The American Psychoanalytic Association panel of 1966 reflected this trend, but without referring to thinkers like Klein and Winnicott, who might have had a lot to say about the as-if syndrome and about where Deutsch could have extended her thinking.

Melanie Klein's View

Klein (1986) might say that the as-if patient's rapid shifts in identification, so "readily convertible to evil" (Deutsch 1942, p. 329), are clear evidence of the paranoid-schizoid position. The patient uses identification with idealized objects to ward off bad, persecutory objects. Idealized objects can be abandoned at will because, as Deutsch says, there is no internalized sense of guilt, no conflict over attacking the devalued object. Klein would view this as a failure to achieve depressive position integration. Thus, there would be no anxiety over loss, no sense of having harmed the object, and no tendency toward reparation. Klein might think that Deutsch's patient who idealized her, and who understood a great deal while still maintaining the fantasy of becoming an analyst herself, was embroiled in projective identification of the "good." When the fantasy failed, when patient and analyst were no longer joined by idealization, the patient inevitably became rageful and lacking in understanding.

Klein might also say that imitation of the idealized object is a kind of symbolic equivalence, preventing the development of true symbolization. In fact, all these dynamics led Klein herself (1986) to describe something like the as-if personality:

Another characteristic of schizoid object relations is a marked artificiality and lack of spontaneity. Side by side with it goes a severe disturbance of the feeling of the self

or . . . of the relation to the self. This relation, too, appears to be artificial. In other words, psychic reality and the relation to external reality are equally disturbed. [p. 188]

Klein might take Deutsch's confusion about whether or not the as-if personality is prepsychotic to mean that Deutsch could not understand what she had stumbled upon—that paranoid-schizoid anxieties are related to psychosis, even in nonpsychotic individuals. Klein might also say that Deutsch's reliance on identification with the analyst was an intuition of the necessity of internalizing the good object as the focal point of ego development (Klein 1986, pp. 118, 125). But Klein would probably disagree with Deutsch's abandonment of interpretation. Since Deutsch had no understanding of the paranoid-schizoid position, she could have had no understanding of what to interpret with these patients, particularly the splitting and projective identification deployed in the transference.

Further, Deutsch would not know how to interpret such patients' problems with creativity. Their apparent lack of internal transformation, their intense, imitative relations with others, could be seen as a manifestation of envy. For Klein (1986), envy is a two-person relation whose unconscious aim is to destroy creativity (p. 212), often manifest as an attack on anything helpful from the analyst (p. 219). But because the envied object contains parts of the self, destruction of the object is self-destruction (pp. 97, 212), leading to a denial of inner reality (p. 132)—a central problem of the as-if personality. An ego that cannot exist in a world of whole objects (p. 124) is left fragmented and split if there is no interpretation of envy, aggression, and anxiety in the transference.

Donald Winnicott's View

Winnicott's (1975) *false self* seems obviously related to the as-if personality. Winnicott would probably be very attentive to the environmental traumas that Deutsch delineates, to her emphasis on ego deficits, and to her intuitive sense that such patients are helped more by the relation to the analyst than by interpretation. He would

probably view Deutsch's claim that the as-if personality has not developed full-blown oedipal object cathexes as stating the inevitable; there cannot be oedipal conflicts if there has been a deficit in early mothering (Winnicott 1975, p. 262). For the same reason, he might have appreciated Deutsch's statement that the child really has to be "seduced into love" by the good enough mother. For Winnicott, ego development starts from primary narcissism, in which there is no boundary between self and environment (1975, p. 283). With a good enough mother, the baby starts from the necessary illusion of omnipotence: the baby *is* the breast that feeds it. Only by starting from omnipotence is the baby able to tolerate disillusionment and to deal with the mother's inevitable failures (pp. 237-238). For Winnicott, the as-if patient's imitation of idealized objects would constitute a search for an essential but missing omnipotence, due to early environmental failure.

Winnicott's revision of Klein on the depressive position is also relevant. For Winnicott, depressive position integration is not about good and bad breasts, but about the two different functions of the mother: the mother who is an object of the drives and the mother who normally adapts to need (pp. 266-268). Without integration of the "instinct mother" and the "environment mother," there is no elaboration of an inner reality related to, but not the same as, external reality (p. 274). Drive discharge remains "ruthless" (p. 265), explaining how easily passive compliance turns to "evil" in the as-if personality. The as-if personality illustrates precisely why Winnicott preferred to call the depressive position the "stage of concern" (p. 265).

Winnicott is not simply a "deficit" theorist. He says that if good enough mothering and adaptation to need are unavailable, or if the environment impinges prematurely, then "it is normal and healthy for the individual to be able to defend the self against specific environmental failure by a *freezing of the failure situation*" (1975, p. 281, italics in original). Winnicott might well imagine that Deutsch could not quite understand what she had described: the necessary relation between environmental failure, falseness, empty compliance, and lack of concern. He might also think that Deutsch did

not grasp that the constant search for remediation through the environment expresses the as-if patient's problem in distorted form. For Winnicott, the defensive compliance of the false self protects "the true self's core" (p. 292). All of this brings up basic questions of existence and reality: "One can formulate a fundamental principle of *existence*: that which proceeds from the true self feels real . . . ; that which happens in the individual as a reaction to environmental impingement feels unreal, futile" (Winnicott 1975, p. 292, *italics added*). Might Deutsch's "acting out" express her feelings of unreality and futility with these patients? Did she feel impinged upon by them?

Winnicott's false self, in any event, is a compromise formation, but not of the neurotic sort. For just this reason, he probably would not advocate an interpretive approach to the conflict between the true and false selves; only environmental provision will "unfreeze" environmental failure. Winnicott would probably say that as-if patients fall into the intermediate group of nonneurotic, but also nonpsychotic, patients for whom the depressive position is the central issue of the analysis. These patients require the usual analytic environment, but with more attention to "mood" than to conflict, and more attention to "management problems . . . [because] of the increased range of clinical material tackled" (Winnicott 1975, p. 279). He might say that Deutsch did not actually think about this "increased range" because she did not understand the kind of defense (true self versus false self) that produces the apparent deficits of the as-if personality.

To clarify what he meant by attention to mood and management, Winnicott made an important statement about the interpretation/relation problem. He proposed to "divide Freud's work into two parts": the interpretive technique and the creation of the setting (1975, p. 285). The interpretive technique was derived from work with patients for whom environmental provision had been adequate—the neurotics. What Freud ignored was that the regularity, reliability, objectivity, and concern built into his setting—such that the analyst "survives" the patient's fantasies and "holds" the situation over time—cause it to replicate the environmental provision

of the “good enough” mother. These aspects of the setting invite patients with deficits or false-self organizations to form a transference to the analytic environment (pp. 285-286). If the analyst does not understand how the patient’s mood is related to the setting, and if the analyst does not understand the importance of holding and survival, he or she can prevent the regression necessary to “un-freeze” the failure situation. Winnicott might have thought that Deutsch did not understand that interpretation fails with these patients because the transference is primarily to the setting.

Nonetheless, Winnicott is very cautious about identification with the analyst. He says that “a good breast introjection is sometimes highly pathological, a defence organization. The breast is then an idealized breast (mother) and this idealization indicates a hopelessness about inner chaos and the ruthlessness of instinct” (1975, p. 276). Deutsch’s reliance on identification without understanding both the defensive nature of falseness and the necessity of regression in the setting could promote just such an introjection of an idealized object—hence, her inability to explain how to bring about identification with the analyst in patients whose very problem is identification.

Winnicott would probably have been very interested in Deutsch’s statement that in the as-if organization, one often finds “impulses to creative work,” although “without the slightest trace of originality” (Deutsch 1942, p. 327). The creation of transitional space and the capacity to play are the origins of creativity for Winnicott. They are derivatives of the early, normal illusion of omnipotence (Winnicott 1975, pp. 230-231), which in turn permits depressive position integration. The tendency to imitate in creative work shows the as-if personality to be on the cusp of depressive-position integration. Because of the patient’s unconscious push toward and retreat from transitional space, pseudocreativity is another form of introjection of an idealized object. This kind of identification prevents engagement with the existential essence of “transitoriness”—the “task of keeping inner and outer reality separate yet inter-related” (p. 230).

Winnicott might find something authentic in the as-if personality's inauthentic creativity, because the repeated failure to sustain transitional space indicates the need to protect the true self. Instinct and environment cannot be integrated when a false self defends against trauma. Imitation of others and pseudocreavity fail to keep "inner and outer reality separate yet inter-related" (Winnicott 1975, p. 230). Winnicott might even think that Deutsch did not know "how to be" with these patients. She could not work from a true-self position and feel analytically real with them because she could not sustain the transitionality of being connected to and yet separate from them. Hence, again, her unexamined actions.

Michael Balint's Basic Fault

Balint's (1968) concept of the *basic fault* should also be taken into account in considering Deutsch's 1942 article. Like Winnicott, Balint is thinking about environmental failure in a two-person situation: what went wrong in the original dyad will be repeated with the analyst as a compelling sense of need (pp. 20-21). This is entirely different than oedipal-level conflict. According to Balint:

The individual is made to adopt his own method for coping with trauma, a method hit upon in despair or thrown at him It will be incorporated in his ego structure—as his basic fault—and anything beyond or contrary to these methods will strike him as a frightening and more or less impossible proposition. The task of analytic treatment consists, then, in dealing with the fears obstructing the way to re-adaptation. [1968, p. 82]

In other words, Balint would not agree with Deutsch that the as-if personality is really free of anxiety. He would probably think that she did not permit the regression necessary for these anxieties to surface. His approach to treatment is derived from Ferenczi's late experiments and Winnicott's ideas about treating the false self:

Any lack of "fit". . . may reinstate the efficiently functioning false ego This very delicate piece of work . . . is usually

called “management,” which is an additional, or perhaps even more fundamental, task of analytical therapy at this level than those better known, such as sympathetic listening, understanding, and interpreting. [Balint 1968, pp. 110-111]

Like Winnicott, Balint is attentive to the proclivity for identification with an idealized analyst, and thinks that the “managing technique” has a better chance of dealing with “hatred and aggressiveness” (p. 116). His description of the two kinds of object relations typical of the basic fault—the clinging *ocnophilic* and the separating *philobatic*—seems to fit the as-if personality very well: such people “merge” and then “flee” when something goes wrong in the “fit” that they demand from their environment. But Deutsch looks only at the missing oedipal objects and therefore cannot see the ocnophilic and philobatic aspects of serial identifications.

SPLITTING, INTERNALIZATION, AND TRAUMA

I have discussed some sample reconsiderations of Deutsch’s views, and many others could be developed. Attachment theory seems obviously applicable to the as-if phenomenon, as are the more recent theories that deal with self and object constancy in relation to anal-phase dynamics, narcissism, and the emergence of mind (Bach 1994; Steingart 1995); with desymbolization (Freedman 1998; Freedman and Berzofsky 1995); with concreteness (Bass 2000); and with perversions of reality (Chasseguet-Smirgel 1984; Grossman 1996). Splitting is a central issue for this group of thinkers.

Deutsch does not use the concept of splitting at all, not even Freud’s version of it. This is strange because Deutsch was known for her command of Freud’s thought, and because Freud himself introduced the concept to describe pathologies that do not neatly fit into either the neurotic or psychotic categories. It is difficult to imagine that Deutsch had not at least read Freud’s “Neurosis and Psychosis” (1924a) and “The Loss of Reality in Neurosis and Psy-

chosis" (1924b). The latter of these revises what was put forward in the former and is directly relevant to Deutsch's indecision about the relation of as-if pathology to psychosis. Correcting his view that, in neurosis, the ego sacrifices a piece of the id in order to maintain reality, while in psychosis there is a loss of reality, Freud says that there is a loss of reality in neurosis as well (1924b, p. 183). Earlier, he discussed psychotic delusions as "patches" placed over a lost reality (1924a, p. 151), and now says that to the extent that there is a loss of reality in neurosis, it, too, is a fantasy-derived "patch" (1924b, p. 187).

This leads Freud to introduce a new idea: it is possible for the ego to deal with reality defensively in a way that is neither neurotic nor psychotic, but that is related to the structure of delusions. The ego can split itself, so that one side acknowledges and one side rejects the objectionable reality. This is the beginning of Freud's late theory of splitting, which always concerns the simultaneous registration and repudiation of reality. When Deutsch encounters a syndrome that is neither neurotic nor psychotic, yet that causes her to inconclusively relate it to psychosis, one wonders why she does not refer to Freud on just this topic.

As-if personalities have delusionlike relations to others, while otherwise maintaining reality testing. Freud himself spoke of the "eccentricities" and "inconsistencies" of people who use splitting in this way (1924a, p. 153). His theory, a bit like Winnicott's, could allow one to think that the "deficits" of the as-if personality are "patches" over a registered but repudiated reality. But Freud, as Winnicott and Balint would also say, did not understand that someone who uses an apparent deficit to split off an intolerable reality would develop a regressive transference to the setting. Is there a way to integrate Freud's view of splitting as something between neurosis and psychosis with transference to the setting? This is a key issue, one that Deutsch could not have addressed. Nor does Klein, Winnicott, or Balint provide sufficient means to pursue it. Some of Loewald's (1980) thinking about the setting and neutrality is essential to bear in mind here.

Hans Loewald's View

Loewald says that our familiar conception of analytic neutrality has not been adequately integrated with the “therapeutic setting” (1980, p. 223). Although he agrees that the setting serves to promote a transference regression, to foster disorganization of defenses and character problems, and to interpret the transference in order to achieve a healthier reorganization, he also believes that the analyst makes him- or herself available for the entire analytic process. This is what Loewald means by the analyst as “new object” (p. 221). The new object is the *real* analyst, the one who maintains the analytic environment. The neutrality and objectivity of the analyst include the belief that the patient first has to make the analyst into an “old object,” of course. But we do not maintain a neutral stance *only* to promote transference regression. As we interpret, as we chip away at distortions, the reality of our position as new object becomes more and more available to the patient (pp. 225-226). One could say that as-if personalities are extreme cases of patients who specifically defend against the possibility of the analyst’s becoming a new object. Thus, they not only defend against regression in the setting, per Winnicott and Balint, but also against *progression* in the setting—and in life.

Loewald (1980) says that the theory of classical psychoanalysis had a bias that prevented it from adequately explaining the interaction with the “new object”—the view of the psychic apparatus as a closed system (p. 223). Conversely, if the psyche is viewed as an open system, the classical conception of neutrality has to change. In the open-system model, neutrality has to include observation of the interaction between analyst and patient (p. 226). This leads Loewald to the crucial issue of self-observation. He sees the capacity for self-observation as an ego function, but notes that all ego functions depend upon interaction. Hence, interaction with a neutral analyst is an “environmental element . . . [that] becomes increasingly internalized as what we call the observing ego of the patient” (p. 228). This sounds like a theory of identification with the analyst, but the word *internalized* has a special sense for Loewald.

Loewald grounds “internalization” in parent–child interactions. The parent brings to the child a vision of development, of something more, of a future, which the child takes in. One could say that this is precisely what the as-if patient has lacked. But one also has to grasp Loewald’s metapsychological understanding of internalization. Recall his point that the theoretical bias in favor of viewing the psychic apparatus as a closed system prevents observation of interaction between analyst and patient. The basic principle that supports the closed-system model is Freud’s idea that the mind functions to reduce tension (p. 233). Drives, for Freud, are excitations reaching the mind from within the body that require specific action in order to get rid of that excitation. But, says Loewald (1980), Freud evolved away from this conception, and in “his later writings does not take as his starting point and model the reflex arc [tension reduction] scheme of a self-contained, closed system” (p. 234).

Starting with *Beyond the Pleasure Principle* (1920), Freud worked with a life drive and a death drive. The death drive still expresses the tendency toward tension reduction. Eros, the life drive, aims not at “satisfaction in the sense of abolishing stimuli; its aim is [rather] to sustain tension in order ‘to bind together’” (Loewald 1980, p. 234). Loewald’s very important point here is that, when drives are seen only in terms of tension reduction and as inherently unconnected to environment (as in the closed-system model), the basic theory of unconscious processes tends not to take into account interaction with the environment. When drives and environment are viewed as correlative—as in the concept of Eros—interaction is a basic unconscious process. Internalization of interaction is in fact what makes analysis possible, precisely because it expands the capacity for self-observation.

There is another metapsychological point about internalization. Environment is on a higher organizational level than the child or the patient. In fact, “without such a differential between organism and environment, no development takes place” (Loewald 1980, p. 238). Interaction between drive and environment assumes “two systems, two psychic apparatuses of different levels of organization.” There can be “no integrative experience where there is no

differential to be overcome" (p. 239). This explains the relational nature of interpretation: On one hand, interpretation addresses the transference regression, fostered by neutrality in the usual sense. (This is Winnicott's point about interpretation as distinct from the setting.) On the other hand, interpretation is always made from a different level of development, creating the tension to be internalized. (This is a point Winnicott ignores—that the different level itself is part of the setting.)

Effective interpretation is an "interaction process" of "overcoming a differential"; this is the more profound sense in which "internalization itself is dependent on interaction" (Loewald 1980, p. 240). And neutrality, in the open-system model, is the differential, the tension, to be internalized. Hence, Loewald sharply distinguishes between internalization and identification: "Identification tends to erase a difference: subject becomes object But in internalization . . . a redifferentiation has taken place" (p. 83). Thus, Loewald postulates "internalization of an interaction process, not simply internalization of objects" (p. 251).

Can we say that the imitative, dedifferentiating identifications of the as-if personality defend against differentiation, against internalization? Might we add that Deutsch, confronted with patients for whom identification is *the* problem, did not understand the defensively dedifferentiating function of identification? In this model, identification as a defense against internalization would prevent interaction with the analyst as a new object; there would be no internalization of the differentiating function of interpretation, and no expansion of the capacity for self-observation.

If as-if identifications are defensive, they would have to be motivated by anxiety. Deutsch believed anxiety was absent in as-if patients. Loewald himself does not address the nature of the anxiety related to defensive identification. Balint (1968) spoke about the anxiety attendant upon any alternative to the "basic fault" adaptations, but he did not say much about the nature of this anxiety, except to indicate that it concerns any way *to be* outside the "basic fault" configuration.

A Contribution from Betty Joseph

Joseph (1989) makes an important point on this topic. In speaking about patients who use splitting defenses to ward off close relationships, she discusses Eros and internalization in a way that Loewald overlooks, noting that the life drive, because it differentiates and raises tension levels, is a *disturbance*:

Conflict is constantly introduced, as Freud showed, by the life instinct. It manifests itself in a need to love and be dependent, and in the need for relationships with desirable and significant people, of whom the analyst is the prime and *most disturbing* current representative. Each time these carriers of the life instinct disturb the patient's peace, a situation *akin to trauma arises*, and they react in a way which seems aimed at restoring their quasi-inorganic state. [p. 32, italics added]

A DEFENSE AGAINST DISTURBANCE

Integrating Loewald and Joseph, one can say that as-if patients use identification to defend against the *disturbing* possibility of internalization. But internalization itself can only occur in interaction with a differentiating environment. An analyst who blindly acts out does not maintain neutrality as this environmental factor. Without understanding what is happening, the analyst can then only hope, without much justification, that identification will produce change. Both patient and analyst would be using identification as a “delusional patch” in Freud's sense: the patient because this is the essence of as-iffness, and the analyst because he or she does not understand the splitting of internalization from identification in the transference to the setting.

As-if personalities are never people in their own right, as I have noted above. They defensively use delusional—neither psychotic nor neurotic—identifications to patch over their “need for relationships with desirable and significant people,” in Joseph's words (1989, p. 32). We might understand the as-if personality as

suffering from a perverse form of individuation. Chasseguet-Smirgel (1984) famously defines perversion as the disavowal of the reality of difference, primarily between the generations and the sexes. She does not think about self-object differentiation or about the paradoxical nature of individuation, which always means separation *and* connection, simultaneously. The as-if either connects or separates (à la Balint 1968), but cannot do both at once. This is similar to what Winnicott says about transitional space: it keeps things separate and connected. Individuation requires transitionality, and the collapse of transitionality makes things feel unreal. But as an essential aspect of life itself, of a life drive that raises tension levels, individuation is also a disturbance. The as-if personality defends against this disturbance, and thus—as Greenson remarked (Panel 1966)—problems in individuation produce problems in self-observation.

The analyst will have the same problem if he or she believes that, simply by self-identifying as an analyst, he or she does not have to tackle the question of how *to exist* in relation to a nonindividuated patient. The analyst first has to be able to experience the inevitable collapse of transitional space in him- or herself when working with such a patient. The analyst then has to feel a particularly strong tendency toward nondifferentiating actions of the sort Deutsch describes. The work of sustaining the tension that ensues upon not acting out—the maintenance of neutrality as a differentiating tension—is an indispensable environmental aspect of the work. If the analyst can provide this differentiating tension, he or she is in a position to observe and to interpret the patient's defensive reactions to it. But without such a process, the patient will remain “undisturbed” by internalization, and the near-traumatic anxiety that motivates as-ifness will never enter the treatment. The analyst may have the sobering realization—as Deutsch did in her follow-up (Panel 1966)—that even so-called identification with the analyst has not really produced change.

CONCLUSION

So what, then, is *authentic existence* in analysis? If as-ifness defensively substitutes identification for internalization, then authentic

existence has to include the reality of the transitional as life and as disturbance. The as-if personality seems to maintain reality testing, and yet not to maintain it, because he or she is not delusionally detached from objective reality, but rather from transitional reality. Adherence to a group can serve to dodge transitional reality, supporting a sense of the validity of this kind of existence, but at the cost of not feeling real to oneself or to others. This holds on both sides of the couch; the analyst is not automatically an analyst just because he or she has a group-bestowed identity. Rather, one can *be* an analyst with one's patients only by maintaining the paradoxical tension of individuation—remaining both related to and separate from both the patient *and oneself* in interaction with the patient. This is what we too casually call the analyst's observing ego. I say *too casually* because individuation and internalization are indeed dependent on interaction.

Interaction with a patient who defends against individuation has to produce a pull toward nonindividuation in the analyst—i.e., a collapse of transitional space. Either interpretation or promotion of identification from this nonindividuated position fails to provide an analytic environment. The result is that an as-if patient will have an as-if analysis.

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INSTINCT AND THE EGO DURING INFANCY

BY IVES HENDRICK

The point of departure for this paper is the opinion that psychoanalysis has created a picture of early infantile experience whose claim to adequacy and validity is in some ways questionable. Thus some analytic portrayals of the actual infant seem far more the projection of analytic theory and adult passions than scientific observation. This picture of infancy has been constructed chiefly from our special knowledge of unconscious sexual fantasies and the libido theory. The value of these two contributions needs no confirmation; what does require our attention is the frequency with which our conclusions concerning infancy imply the untenable assumption that the unconscious mental life of the adult (or of the post-infantile child) is a replica of the infant's experiences.

A comparable error would be for the student of organic evolution to assume that anatomical ontogeny *exactly* repeats phylogeny. Freud's remarkable generalization (7), for example, that both the oral pervert and the neurotic, whose symptoms are due to the repression of "perverse" fantasies, perpetuate the sensual pleasures of nursing, is fully justified by analytic data; but the conclusion that the nursing infant's actual experience is the same would be unsound. Freud, of course, never made so preposterous a statement,

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nor, so far as I recall, has any other intelligent analyst; yet similar assumptions are implicit in many discussions of normal infancy. We should, therefore, it seems to me, focus more clearly the more probable assumption that the residuals of infancy which we study in later life are themselves the end results of very complex developments, not restatements of primary experiences.

I propose a few modifications of our present description of infancy which seem indicated by the present knowledge of psychoanalysts and of child psychologists. "Infancy," or the "infantile period," will be used in Freud's sense of the first five or six years—the "preschool" period; and my discussion will be confined chiefly to the first one or two years. I shall discuss particularly some differences between infantile and later sexual experience which are usually disregarded by analysts; the early development of the infant's bodily tools for mastering the environment, and the relationship of this early learning period to neurotic compulsion and to ego development. I shall propose the thesis that psychoanalysis has neglected the overwhelming evidence that the need to learn how to do things, manifested in the infant's practice of its sensory, motor, and intellectual means for mastering its environment, is at least as important as pleasure seeking mechanisms in determining its behavior and development during the first two years of life. These functions were referred to frequently by Freud (7) in his early remarks on the ego instincts, but never thoroughly examined nor developed by him. Yet their more adequate formulation is fundamental, not only to our better understanding of the infant, but also to our knowledge of ego development.

I

We shall first discuss the subjective significance of sexual fantasies to the child itself. There is no question that analysis of the adult unconscious enabled Freud (7, 10) to recognize sexual fantasies which do occur in great profusion in infancy. But psychoanalysis has usually ascribed to them a compulsiveness, an unsatiated need for gratification, which very probably is justified only when the

fantasy is either associated with anxiety in infancy, or else is cathected by a sexual instinct which has been biologically reinforced after puberty. We should take fully into account the evidence of lack of compulsiveness in many direct observations of infantile sexuality, and we should be on guard against ascribing to all childhood behavior the emotional intensity which is apparent in the neurotic episodes of the child, and in both the erotic and neurotic tensions of adults. This means that the goal of infantile erotism is not normally orgasm; it is not normally a compulsive need unless it is associated with anxiety and therefore differs dynamically from the adult's.

Two of many similar observations will illustrate these comments. A boy and a girl of three are playing in "innocent" fashion. The girl then lies down on her back and flexes her legs. The boy lies upon her, and they make coitus-like movements. The girl says, "I be mama;" the boy says, "I be Dad." After half a minute or so of this play they stop and turn to an entirely different game. A second example of erotism in infancy is also pertinent to the much discussed problem of the "discovery of the vagina." A girl one and a half years old lies down on her back, spreads her legs, and titillates her clitoris with a finger. She then reaches for a newspaper, tears it into strips, and jabs these strips quite sadistically at her vulva lower down. Obviously, she has enjoyed sensual pleasure from stimulation of the clitoris followed by the fantasy of being penetrated, for the flexibility of the paper precludes its value as an instrument of frictional pleasure. After half a minute, she gets up and plays at other games.¹

¹ This observation may be interpreted as a female or as a bisexual fantasy, for obviously she is acting the part of the penetrator. In either case the notion that there is not only a clitoris but an orifice to penetrate, and that not the anal orifice, but one approached from the front, seems clearly demonstrated. At the age of three this girl was observed pointing eagerly at her clitoris, calling it "button," then at her vagina, calling it "ga-ga" (anus), and finally, but with far less evidence of interest and affect, pointing in between and saying "wee-wee" (urine). The later observation seems also to show knowledge and interest in both clitoris and vagina; whether she regards the vagina as like the anus, or as the anus, cannot be proven.

These are indeed typical illustrations of the presence of erotic sexuality in infantile fantasy and play—what the analyst of adult patients would expect. But what may be surprising to him is the absence of compulsiveness in these children's sexual behavior. In later life comparable situations would culminate definitely in one of two ways: orgasmic gratification, or frustration followed by clear indications of unresolved tensions and conflict. Yet there was no indication of conflict immediately disturbing the subsequent play of these children, or their happy relations with each other and adults.²

Anna Freud, in *The Ego and the Mechanisms of Defence* (6), calls attention to a closely related fact: "Voluntary participation of adults in the [child's] distortion of reality is always bound to certain strict conditions The good will of the adult for the child's mechanism for denying reality ceases at the moment when the transition between fantasy and reality is no longer carried out smoothly, instantaneously, and without friction [It ceases] at the moment when the activity of the child's fantasy ceases to be play and becomes automatism or compulsion."

This seems to me one of the most vital statements of Anna Freud's book. I believe this interaction of adult intolerance and compulsive play is true not only of the adult's attitude towards the child's denial of reality, but is true of his attitude towards play and behavior in general. This means that when a child's fantasies, or its expression of them in behavior, evoke anxiety in it ("real anxiety" in infancy, according to Anna Freud's terminology), there is conflict, and this produces compulsive behavior to which the adult reacts with a tendency to retaliate or condemn.³ These facts seem to me to go a long way towards explaining why children's

² The author concedes freely that this and later observations are incomplete, and that evidence of the most important conflicts and anxiety is often most completely repressed. The danger of misinterpreting data in terms of theoretical presupposition, which is emphasized here, as well as the danger of jumping at conclusions from superficial evidence, always involves a problem of judgment.

³ Dr. Bertram Lewin, in discussing this problem, questions that the child's compulsiveness is responsible for the adults' intolerance. This is certainly true of

play does not generally appear to the adult to be as much sexually motivated as psychoanalytic theory leads him to expect. For only when erotic presentations are compulsive do they repeatedly exceed the limits set by adult tolerance, whatever this limit may be in the individual parent. And they suggest that critics of analytic theory should not be dogmatically refuted when they argue that the child who obviously and persistently confirms Freud's theory of infantile sexuality is acting neurotically.

II

Analysts should reconsider another premise which is implied in a large amount of analytic literature, that an unconscious complex (a group of fantasies and memory fragments which are closely related emotionally) reproduces with some exactitude the ideation of the infant. Freud was long ago compelled to modify his original discovery of primal scenes by reinterpreting them as memories of fantasies. I think we should go a step further in reconsidering to what extent the unconscious fantasies revealed by the analysis of adults actually resembles the infantile mind.

This fallacy of seeking to define infantile life in terms of adult "complexes" is especially well illustrated by the controversy regarding the development of female sexuality. A review of this literature reveals two very striking facts: the diversity of theoretical views, and (excepting Melanie Klein) an amazing lack of disagreement about the clinical observations from which these theories are derived. What is controversial, are the various psychoanalytic reconstructions of infantile experience from this material. Jones (21) approaches the point I am making when he affirms that his material illustrates the complexes described by Freud, but re-

the child's initial violation of adult taboos, and that the adults' own guilt and allied mechanisms are responsible, I of course fully agree. But when the child's acts are not compulsive, the child quickly adapts to the adults' intolerance by concealment of its acts in secret play. The child is thus constantly establishing an equilibrium between its impulses and the parents' morality, unless this adjustment is disturbed by an inability to modify compulsive behavior.

gards them as secondary neuroses and not valid proofs of the fundamental nature of the girl child.

The positivism of each contributor to this controversy has been engendered by the effort of all to reconstruct female infancy on the premise that it is more or less a mimeograph of adult unconscious fantasies. Were that actually the case, so many conclusions from similar data could not be so well argued. If, however, we renounce the implicit premise that the adult unconscious fantasy is a fairly literal reproduction of infantile experience, the controversy seems less perplexing and the positive values of these contributions become clear. Melanie Klein's interpretation (23) of infancy in terms of violent primitive aggressions and the associated anxiety represents a more emotional distortion. That she has described fantasies which do exist and are vital in the development of certain character types can be confirmed; but that they are cathected universally in infancy with the passion and compulsiveness of the acting-out paranoid is a serious distortion of normal infantile experience.

The discussion of female sexuality illustrates a broader thesis. An adult's desire to grasp a pencil or a wisp of smoke is very commonly the expression of an erotic fantasy; yet it would be silly to consider that an infant in the cradle who grasps a thumb is experiencing a genital fantasy. The infant is performing an important act for that age which later on will be compulsively important act for that age which later on will be compulsively important only if it is either useful or erotized. Similarly, an adult's strongly cathected interest in blood and wounds commonly signifies the repression of a castration fantasy. A one-year-old girl, while under observation, showed pleasurable excitement in her first cut, the appearance of the blood, pride in the bandage, and subsequently she bandaged her doll. These reactions do not necessarily imply an association as yet with fantasies about her sexual organs. Such fantasies, however, were much in evidence towards the end of her second year. When visiting a little boy at this time, she sat on the floor and was preoccupied with holding a wooden fish in the posi-

tion of a penis. In the next couple of months she frequently used clothespins in this way. During this period the realistic investigation of the bodies of others was frequently in evidence. But the only objective evidence of anxiety in this little girl occurred when this interest was subsiding. At a bathing beach she saw the penis of a small boy; she suddenly stopped playing, looked startled, and she was upset for several hours. (Probably she had concluded from her initial inquiries that her father and brother were the only two possessors of penises, and the disillusionment aroused an overt anxiety which the original discovery had not.) Nevertheless, there were no further indications of anxiety and conflict subsequently. At four and a half she and her brother were seen a few times mutually exhibiting their genitals and playing that they were urinating in each other's presence. Even at this late age, this overt eroticism did not display compulsive features; there was no evidence of conflict or difficulty in turning to other games when interrupted.

That the period of fantasizing the clothespin phallus and overt curiosity may have been significant in this girl's sexual development, there is no reason to doubt. That these fantasies and experiences will contribute to a fantasy complex similar to other girls but specifically characteristic of this individual, and that definitive anxieties will be unconsciously associated with it, there is every reason to expect. The earlier experiences will become ingredients of the total cathected experience, but not inevitably the determinant or the model for the castration fantasies of the adult. We are, therefore, unjustified in assuming a mental problem in this infant on the basis of these experiences (excepting probably the shock reaction at the beach) or as having the significance, and particularly the compulsive characteristics of similar trends in later life.

Jeanne Lampl-de Groot (5) has recently described this fallacy of "transposing back" analytic data in these words: "I think it is an error in method to assume that when there is a genetic relation between various events those events are identical. The fact that A

follows B does not mean that A is the same as B.” “It seems to me,” she continues, “that if we are not continually on our guard against equating later developments with their earlier stages we shall inevitably be led into imagining the existence of mental processes in early periods of life where we have no means of verifying our assumptions empirically For by assimilating early stages with late ones it passes over the developmental processes and is thus seen to be a genetic-dynamic method only in appearance.”

It is my full agreement with this warning that initiated the discussion I have presented here. This is not a denial that our analytic knowledge of infantile complexes obtained in the individual case from memories and skilful reconstructions are sometimes correct. But it means that this material represents the unconscious survival of a fantasy system in which the infantile neurosis had culminated; that it is not so frequently the origin as it is the result of the neurotic-making complex before repression. The infantile memories recovered in adult analysis should, therefore, be regarded as critical end points of the infantile neurosis which have been repressed, but not necessarily pictures of the most important or characteristic experiences of the infant’s life.

III

The further consideration of the two forms of play discussed above—the transiently, repetitively, satisfying, and the compulsive—leads to a vital aspect of childhood development which has been too much neglected by analysts. I refer to the development of ability to master a segment of the environment. The primary need to perform those functions which serve this purpose I shall refer to as an “instinct to master.” By this I mean an inborn drive to do and to learn how to do. This instinct appears to determine more of the behavior of the child during the first two years than even the need for sensual pleasure.

“Instinct to master” is perhaps not the best terminology. “Instinct” is open to the usual objection that it is used throughout in

the special psychoanalytic sense of drive, of a biological need experienced mentally as emotion, and impelling the organism to tension-relieving behavior. The term "instinct to master" (or "mastery instinct") is suggested by Freud's occasional references to a *Bewältigungstrieb*; but his usage seems to serve as a convenient evasion when its classification as an ego or sexual instinct was uncertain, whereas my purpose is to contrast its rudimentary manifestations with those of the sexual instincts. As used in analysis (15), the ultimate aim of the sexual instincts (libido) is always sensual pleasure or its derivatives, whether the specific pleasure is of the sex organs or some other erotogenic zone; whereas the aim of the instinct to master, as I shall use the concept, is the pleasure in executing a function successfully, regardless of its sensual value. Nor is it necessarily identical with sadism, for sadism is a response to a sexually cathected object, while the objective of the instinct to master is the alteration (sometimes the cognition) of an external situation. The "instinct to master" is at least an appropriate term because all manifestations of this instinct (such as manipulation, locomotion, comprehension and reasoning) seem in various ways to serve the ultimate purpose of adjusting the environment to oneself. Its simplest manifestations are the use of the sense organs, the peripheral muscular apparatus, and the rational association of ideas. Eventually, the functions developed in response to this instinct are integrated as that ego, some of whose relatively mature manifestations have been extensively studied, but whose rudiments have been given scant attention by analysts.

We are accustomed to think of the newborn as fully equipped for at least one adjustment to his environment, that of suckling. What we often overlook is that suckling is not only an inherited reflex, but also a "practiced" activity. A normal newly born child makes complete sucking movements when the lips are stimulated, but there is a gap between the first reflex response and proficient suckling in most normal infants—sometimes minutes and sometimes hours. So, even in the performance of this earliest function, the child usually requires some practice before it achieves fully ef-

ficient performance; and we are, therefore, usually (if not always) justified in differentiating two phases in the development of this earliest paradigm of both libidinal and mastery instincts: the reflex phase and the phase of acquired proficiency and gratification.⁴

These same two phases are clearer in the early development of other behavior forms which serve the infant's need to extend its control of its outer world. We should not overlook the early development of the special senses as essential tools for environmental mastery; and the evidence available indicates that the adaptation of the organs of hearing, sight, touch, etc., to variable conditions is attained by periods of concentrated practice. The development of motor abilities, such as grasping, reaching, handling, turning over, sitting up, etc., is much better understood. Gesell (14) has proven that these functions appear without special training as responses to the maturation of the neurophysiological apparatus necessary to perform them. He has shown that each neuromuscular ability appears at very definite times in the infant's life. But their effective use is not immediately established; each is practiced over a period of weeks. In achieving locomotion, for example, the child repeats a step supported by both hands, by one hand, then uses neither, but steps towards a place of safety; then it relies on a single support, and eventually tries walking unassisted. During these weeks a considerable amount of its behavior will be concentrated in practicing these stages of learning to master space with his legs. But, when the child has learned to walk, this compulsion to repeat over and over a certain locomotor movement, to practice it for its own sake, disappears, and the function is then at the disposal of the ego for use in a multitude of situations.

The development of the vocal organs also illustrates these two phases in the development of an ego function. Before the infant uses words as such it learns to make each component sound sepa-

⁴ It is interesting to note that even the breathing of the newborn is anticipated by prenatal respiratory movements. For intensive studies of the development of foetal reflexes see Leonard Carmichael's monograph (4) and studies of the human foetus by Davenport Hooker (20a).

rately. Often it practices a new consonant for days or weeks, especially when alone, often in its crib at night. And when the child has learned one, it goes to work on another. That its practice of each sound is repetitive until the mechanism of production is mastered, is characteristic of this behavior.

That these crude observations do actually point to a fundamental principle of human behavior has been shown more scientifically by the thorough studies of Myrtle McGraw (25). Her studies are oriented primarily by her interest in the *process of development*, and in expanding knowledge of child psychology as to what behavior, or patterns, appear in infancy and when; and by showing the basic principle involved in their emergence, recession, and interaction. Her method has been to make serial observations on selected samples of infantile behavior. (What she calls "action patterns," I have referred to here as "partial ego functions.") From her data she has demonstrated that the development during infancy of every one of a series of useful motor abilities shows at first a reflex pattern; and that after a period of inhibition of the reflex, this pattern reappears as a cortically controlled function which is no longer a stereotyped reflex, but a function which is modified and developed by use. She describes the increased tendency to use and practice these functions during the latter phase (25a), and comments as follows: "Development of these deliberate or voluntary movements progress from a disorganized and poorly controlled to an organized and integrated type of movement" (25b). "Learning and maturation are not two distinct processes but are two aspects of the same process. To attribute behavior growth in infants more to one than the other is therefore unwarranted"⁵ (25c).

⁵ This distinction between the "reflex" and "cortically modified" use of the same structure has long been recognized by psychobiology as the distinction between "mentally integrated" and "mentally unintegrated" action patterns. In the words of Dr. Adolf Meyer (26): "I usually draw the attention of the student to the knee-jerk and the voluntary use of the leg for a kick. A good kick of a ball has a time and choice and comprehensiveness-pattern different from the reflex knee jerk. What holds for a kick holds throughout the mental and non-integrated isomorphs." This conception has long been a fundamental principle of psychobiology.

My thesis is that the principle manifested by these two active phases (disregarding the intermediary phase of the inhibited reflex) is also at work in complex functions of play and work involving the total personality, and that they are developed from those partial functions which have been best studied by the genetic psychologists' direct observation of infant behavior. The translation of such objective results as McGraw's into theory of instinct provides a broader concept which enables us to formulate the relationship of bodily function to biological need and emotional drive, and to extend our vision of the interrelation of infantile and adult, neurotic and normal behavior, all in terms of a fundamental principle. Even at the risk of some complication of terminology, we need to analyze the process by which infantile behavior which satisfies the basic need to master develops, and the relationship of rudimentary partial function to fully developed adjustments of the total organism.

For the facts which we have mentioned show that mature behavior is a synthesis of abilities (27, 28) which are first developed in little pieces during infancy. The development of each little piece, prior to more complex integration, follows a plan common to all: the emergence of a physiological ability to perform a reflex pattern; a period of practice and learning; and mature proficiency in using this function. The *reflex phase* is characterized by its stereotypy, and its close relationship to specific stimuli rather than useful objectives or emotional need. The *learning phase* is characterized by independence of stimulus, evidence of the need to practice repetitively, and increasing ability to modify the stereotyped pattern in useful ways. *Maturity* of the partial function is characterized by proficiency to use the apparatus at will, without further practice, its adaptation to adjustments of the total personality rather than its exercise for its own sake, and its increasing integration with other partial functions.

It is the learning phase which specially interests us here. For the infant must learn to use the neuromuscular apparatus before it can do what it wants, and this purpose is achieved by the practice

and adaptation of the originally reflex apparatus. In the need to practice a partial function until proficiency is attained, we see the first objective evidence of the instinct to master at work. As with all other instinctual manifestations, the tendency of the infant to be absorbed in a new activity for days or weeks provides evidence of the recurrence of the drive. There is often a definitely compulsive quality to the need to practice the unlearned function which is not apparent in the normal exercise of the proficient function later on. This quality of compulsiveness is reminiscent of the stereotyped response to stimulus characteristic of the reflex stage, and it also resembles compulsive behavior whose neurotic manifestations have been especially studied by psychoanalysis.

These facts suggest a very broad and important generalization: that *compulsiveness* (as of the abnormal play of later infancy discussed earlier in this paper, and of neurotic traits at any stage of life) *is always a regression to the normal stage of the unlearned function; and that compulsiveness is always associated with an inability to exercise proficiently a function, simple or complex, which gratifies the need to master.* When ability to exercise a function to control and modify a situation has been attained and is not frustrated, compulsive manifestations disappear. But they recur throughout life, whenever control of the apparatus is undeveloped or its effective use is prevented by internal or external causes. Undeveloped or obstructed functions, therefore, always evoke compulsion, but functions which achieve their goals do not, whether the goals be libidinal, egoistic, or—as is generally the case—both.

This process of learning is therefore the foundation of ego development. The more mature the ego the less evidence there is of the compulsive type of repetition in any of its forms. From this viewpoint, the ego may be defined as the sum of those integrations of partial functions which enable instinctual energy to be discharged so adequately that the repetition compulsion is not in evidence. The primal purpose of the ego seems to be the development of the means for such complete discharge of instinct tension that the latent repetition compulsion does not become manifest.

An example of the normal recurrence (or "regression to") the infantile phase of the unlearned function is the precoital sexual experience of the adolescent. We are prone to contrast mature erotic object relationship with neurotic inhibition, and to recognize that the latter are so nearly universal in adolescence as to be practically "normal." But psychoanalytic study of the rôle of successive displacements of infantile love objects in reducing the anxiety which inhibits the immature has led to our overlooking the equally important coincident process whereby the adolescent learns by a succession of erotic experiences to appraise more and more realistically his love objects, and the genital relationship with them. Development of the ego functions, as well as displacement of infantile objects, are therefore essential for sexual maturity. This aspect of the complex process of adolescence (which is duplicated by successful therapeutic analyses) seems to me very similar in kind to the development of simpler motor abilities. Both contain the sequence of biological preparation, activity of the repetition compulsion during a learning period, and its disappearance when maturity of any function is achieved.

We find the reactivation of (or regression to) the learning phase of infantile development of partial functions, also in the ego component of all neurotic symptoms, character traits, and behavior. The greatest therapeutic achievement of psychoanalysis has been the demonstration of the etiological rôle of infantile fixation, unconscious conflict, anxiety, and the guilt mechanisms in producing these symptoms (11). I wish here only to call attention to the fact that all transference neuroses show some disturbance of matured ego function by the conflicts with which we have been long familiar. In previous publications (16, 17, 18, 19), I have shown the primary rôle of defective development of certain ego functions in the etiology of other personality disorders (paranoid personality, schizoid personality, passive feminine character, psychoses, etc.).⁶

⁶ A further observation by Gesell (14) on the development of neuromuscular function is specially significant. This is the fact that in exceptional cases

We may summarize some of the conditions which release that compulsive repetition of an effort which is characteristic of the phase of the unlearned partial function as follows:

1. In the voluntary exercise of sensorimotor patterns before the capacity for efficient performance has been achieved by practice:
 - a. Special senses;
 - b. Functions contributing to motor mastery of the environment (suckling, manipulation, locomotion, etc.);
 - c. Speech, intellect.

where a child learns to walk before it learns to crawl, continuous observation will show that there is always a subsequent period during which for a short time it practices crawling soon after learning to walk. Such observations indicate the probability that no function, simple or complex, is definitely established until the genetically earlier phases of that function have been attained and exercised. Evidence of the working of such a law in such complex functions as social behavior and object love seem brilliantly illustrated by the therapeutic aspects of psychoanalysis. In successful cases, we clearly demonstrate how an infantile, a childhood, or adolescent phase which has been repressed ("passed over"), must be experienced before a social function or sublimation to which it contributes can mature. Thus, a patient had between puberty and the age of twenty-two experienced a nearly complete inhibition of masturbating impulses and erotic approaches to girls. At twenty-two he had himself circumcised and between that time and his analysis had enjoyed a considerable amount of erotic relations which at times achieved nearly normal and mature fulfillment. In the first months of his analysis, coitus was replaced by tentative approaches, the dominance of erotic investigation over coital desire, mutual masturbation fantasies, and other activities more characteristic of normal adolescence than of a man of his individual experience. Unless such delayed living of omitted phases are achieved the repetition compulsion persists, either in its manifest form as neurotic symptom or character trait, or in its latent form, as an inhibition and avoidance of that function; it is as true of early motor functions studied by Gesell, as of the complex manifestations studied by the analyst.

In discussing this point, Dr. Edward Liss has commented: "I think the significance of your paper lies in the fact that the repetitive act may at certain emotional levels be a perfectly healthy phenomenon. For therapeutic purposes, this cannot be emphasized enough, because the technique of Melanie Klein would be definitely contraindicated in the repetitive phase and yet quite in place in the compulsive phase. It also brings up the question of criteria for determining the need for psychoanalysis before the age of six."

2. During a period of learning new patterns of a more complex nature, prior to the attainment of efficient performance:
 - a. Some forms of play;
 - b. Mental and muscular work;
 - c. Adolescent sexual behavior.
3. When the exercise of a matured function is disturbed by:
 - a. External frustration (parents, analytic transference neurosis, limitations imposed by other individuals or a group);
 - b. Anxiety and guilt (psychoneurosis);
 - c. Realistic anxiety (real dangers, traumatic neurosis panic);
 - d. Survival of a dominant compulsive pattern of instinctual discharge which is not subordinated to reality principle or superego (*Schicksalneurose*, negative therapeutic reaction, impulsive personality).
4. When functions essential to normal adult object relations have not matured (psychosis, psychopath, ego defect neuroses [16, 17]).

IV

Three stages in the development of any ego function have been sketched; the physiological preparation of an ability; the development of its efficiency by use and practice; its mature proficiency. Even this slight knowledge of the rudiments of ego development permits us to glimpse a concept which will explain early developmental stages dynamically without limiting our comprehension to interpretations of pregenital libido, sadism, and anxiety. For it suggests that *function initiates the wish*; that the development of the ability to execute a certain function may determine, for example, the pregenital aims by which libidinal gratification is sought during a certain phase. The familiar psychoanalytic explanation of development of needs in terms of transformations of the libido alone implies that we strive for what we want; but consideration of

the development of the ego indicates that in many cases what we may desire or choose is determined by what we are able to get.

For example, it is customary for analysts to think of the "anal phase" as determined by a biologically produced increment of the desire for anal types of sensual pleasure at a certain age, and by the efforts of educators to deprive the child of this pleasure. There can be no doubt that both anal pleasure and parental frustration do determine an important group of fantasies associated with anal functions. But this does not prove (unless it be an obsessional child) that there is always and inevitably a definite period of the child's life when these dominate its development and produce incessant conflict with whomever trains the child.

The occasional statements by mothers that some babies show a spontaneous desire to control their excretions before training is instituted need not necessarily be erroneous because they do not accord with analytic theory.⁷ It seems quite probable that bowel control, like hand, voice, and postural control, is normally initiated by the neurological capacity to use the sphincters. This, then, would illustrate the general principle that what a baby is able to do it wants to do. Excretory control is established easily by the children of those races, for example the Chinese, who do not feel our European dislike of feces. It is practiced by animals. Astute observers seem pretty certain that it is the rule rather than the exception for infants who are trained early during the first year to go through a later period of breaking training. And finally, it contradicts all knowledge of the universal desire to exercise neurologically possible functions to believe that the anal sphincters are the only muscle group under partial voluntary control which the human being does not spontaneously desire to exercise efficiently when he can.

For two months, a three-year-old boy was frequently occupied with games of "making coffee." These sometimes bordered on

⁷ Dr. René Spitz recalls that Anna Freud would often remark in the Vienna Child Analytic Seminar: "At two, children become clean anyway."

compulsive behavior in the intensity of emotion he showed while playing them, and his resistance at times to distraction. His favorite of many ways of "making coffee" was by manipulating three ash trays in imitation of a Silex machine, but he reduplicated this with many materials. He poured sand on his head and called it, "making coffee;" he pushed the dog into the piano and called it "making coffee;" he slid down father's back and the backs of chairs and called it "making coffee." There were many anal associations to the game, and during this period he was specially interested in his own "ga-ga" (feces or anus), and those of animals, trolley cars, other people, etc. He sometimes called coffee "ga-ga." He talked about, "coffee go in at top, come out below." He referred to his feces as coffee. He identified with coffee in sliding down father's back. Anal fantasies were the most constant associations to these games, but they were not the whole story. Almost every emotional interest of this period of this boy's life was associated with them. The top of the ash tray was called a mouth. He would jam matches rhythmically into a hole between ash trays, and then poke his sister with them. Desire to display these achievements was conspicuous. And finally the game had developed from his special interest in watching his mother make coffee and being forbidden to use the real Silex. It was also a continuous elaboration of a special interest, which he had always displayed, in mechanical manipulations. To appreciate only the importance of the anal sublimation in this play is to overlook very important determinants of its exceptional intensity and duration—the overdetermination of the libido-revealing fantasies, the solution of the real frustration by identification with mother, and the fulfillment of the instinct to master the environment by the creation and skilful use of the imitation of a real mechanical device. The excitement and pleasure of the games was determined not only by the libidinal wishes, though its near compulsiveness did display their intensity and his anxiety at renouncing their gratification. But the pleasure was also determined by his ability to function skillfully, displayed with a pride like that of a child in its first unassisted walking.

It therefore seems worth while to assume that libidinal aims may be as much a consequence of development of ego functions as that function is a response to desire for sensual pleasure and its derivatives. These two principles are of course supplementary and not contradictory. It is not necessary to deny that a progression of pregenital primacy may be biologically conditioned in order to affirm that the choice of pleasurable aims is determined in part by an ability to achieve them.

One further generalization may be risked. This is the notion that the development and exercise of ego functions predominates in early infancy (approximately the first two or three years) and determines the aims of pleasure instincts, while libidinal activity becomes relatively more and more decisive as the culmination of the Oedipus complex⁸ is approached. Both the critical and constructive aspects of my discussion are especially pertinent to the first one, two, or three years of life, whereas Freud's description of the libidinal motivations and fantasy life of the fourth and fifth years needs less amendment.

CONCLUSIONS

This article is a preliminary effort, based chiefly on psychologic and psychoanalytic data already available, to prepare for more intensive study of the early development of partial functions eventually synthesized into the ego.

I have suggested that that basic psychobiologic urge of human beings to control as large a segment of the outer world as is compatible with their individual limitations and those imposed upon

⁸ I agree with Melanie Klein's view (23) that there is an earlier development of intensified object relationship with the parent of the opposite sex than was recognized by Freud, culminating in the second year. The girl whose play with her clitoris and vulva at eighteen months (p. 35) had at this time been manifesting an increasing intensification of need for her father. I believe, however, that this early heterosexual object relationship does not display the compulsive eroticism and aggressive jealousy of the later Oedipal period and of later adolescence, and has been correctly evaluated by Lampl-de Groot (5).

them is manifested in early infancy by the exercise of rudimentary sensorimotor functions. I have called this drive an "instinct to master," and have emphasized that pleasure is derived from this instinct by the effective use of those sensory, motor, and intellectual functions physiologically available. That the central nervous system is not only a utility, but serves a basic instinct to master in the sense of emotional drives which are gratified by performing these functions, seems clearly indicated by the immediate desire of the infant to use each ego function and to perfect it as soon as this has become physiologically possible, and by the perpetuation of these satisfactions through life whenever an executive function is efficiently performed whether for its own sake or in the service of other instincts.

The primacy of a desire to exercise a function is especially apparent in the earliest year or two of infancy. Three stages in the use of each component are apparent after it has appeared on the neurological scene: first, the "reflex stage" of stereotyped stimulus response; second, the "learning stage" of unperfected use and modification, when the need to practice the function repetitively is conspicuous; and, third, the mature stage of proficiency, normally accompanied by subsidence of compulsive use of the function and its secondary utilization for realistic, erotic, and social aims.

The further development of ego functions and their synthesis are profoundly affected by environmental influences whose consideration I have not entered into here. Among these are frustrations, education, discipline, and especially the individual tolerance of parents and nurses. Still more profound effects result from the infant's relations with its love objects. Not only does the quest for love exert a selective influence upon the choice of available functions to exercise, but the infant's earliest identifications with the behavior and attitudes of others profoundly affect its ego development. An important example is the early identification with those attitudes and actions of the "phallic" (or masterful) mother recently emphasized by Brunswick (3). As I have shown from clinical material in previous papers (16, 17, 18, 19) the failure to establish this and other primitive identifications is responsible for the path-

ological ego defects apparent in some adult character neuroses and psychoses.

Ego psychology has so far dealt chiefly with the description of functions which have already attained a high degree of development and integration. This presupposes a degree of ego maturity which is probably not fully attained until the latter portion of the infantile period (preschool years). Many analysts have contributed to the study of defenses against neurotic anxiety; this has been a vital advance in our comprehension and treatment of personality problems, but it has incidentally led to an unbalanced trend to regard defense mechanisms and the executant functions of the ego as identical (20). Yet present knowledge of ego development justifies the extension of our present theory. We should recognize that the earliest phases have already been fruitfully studied by non-analytic psychiatrists, and that their contributions are supplementary and not contradictory to ours. Development is complex, and a complete picture of it escapes our knowledge and comprehension. But we can be sure, not only that a dynamic and genetic relationship exists between the pleasure of suckling and genital love, but also between the baby's first success at placing a thumb between two fingers whenever he wills, and the ability to tolerate his neurosis, and to perform his work in the adult world.

ADDENDA

INSTINCT TO MASTER. I am especially indebted to Dr. Frank d'Elseaux for the stimulation of his informal discussion of this topic at a seminar.

Our use of the "instinct to master" is most closely approached in the presentation by Bernfeld (1) of the *Bewältigungstrieb*, and by Kardiner's view (22) of the biological significance of the ego instinct in traumatic neurosis and epilepsy.

Dr. René Spitz states that the instinct to master begins with the cathexis of the organs. This clarifies the relationship between the concept of an instinct to master which I am presenting here and the broader concept of the ego instincts. I should regard the ego

instincts as primarily devoted to the organic processes essential to life and growth; and those drives to which I refer as the "instinct to master" as a later application of these to the use of those organs, particularly the skeletal motor systems, sense organs, and higher brain centers, whose function is manipulation of the environment.

In his discussion of this topic, Dr. Paul Federn points out quite rightly that the contrast between libido and ego is not Freud's distinction but mine (13). It is not my intention to deny the libidinalization of the ego described by Freud, but to emphasize that the ego develops by the integration of a multitude of functions which serve the instinct to master. These functions are normally at the service of the libido in obtaining gratification, either as instruments for mastery of environment or libidinal actions which may be disturbed by their narcissistic cathexes. Freud has referred (9) to "that general instinct of mastery when we find it serving the sexual function we call sadism."

Dr. Lawrence Kubie criticizes the hypothesis of an "instinct to master" on the ground that all those manifestations which I discuss (sucking, walking, etc.) are neurological patterns, and the need to exercise them is inherent in the physiological pattern rather than in an "instinct" to use them in the psychoanalytic sense. He contends that the child does not really "learn to walk," but merely executes an inevitable reflex. I believe my further discussion will show that the instinct to master is apparent in the need to exercise, adapt, and modify the neuromuscular pattern, whose primary existence is certainly not denied by me. McGraw (25d) puts it this way: "Although the acquisition of the power of walking erect is obviously dependent upon a degree of maturation or ripening of the nervous system it nevertheless has the essential elements involved in a learning process." Dr. Kubie's acceptance of the fact that, when one bites to hurt, or walks to get to mother, one is truly gratifying an instinct, is beside my point; for these are exploitations of the motor pattern for the gratification of other instincts. I wish to show that the desire for motor function is primary, and its application for libidinal or sadistic purposes a later development.

That most manifestations of the instinct to master cannot be empirically differentiated from sadism, I fully grant; for the instinct to master serves or is merged with sadism when the situation to be mastered involves control of an object, or the representation of an object, which is loved. But I think such observations as the following suggest the justification for considering it primarily an asexual drive. A child struggles to use a pencil for the first time in its life, and eventually draws two straight lines. It gazes at these, then points to them, studies them and eventually calls them "mama" and "daddy." Similar phenomena are observable in other handiwork of infants, in which a drawing or a block structure is first made, then named or made the material of a fantasy. This secondary libidinization of the apparatus of the instinct of mastery (building, drawing) by fantasy is far more fundamental to the mental life of infancy than is apparent later on. But I am not at all sure that pleasure in the adult use of tools is entirely libidinal, though it is undoubtedly true that it usually does represent an unconscious sexual fantasy.

THE "LEARNING PHASE" AND THE REPETITION COMPULSION. In my presentation of this paper, I stated that the need to practice the partial function during the learning phase, as well as the compulsive play of later infancy and the compulsiveness of neurotic symptoms in general, were manifestations of the "repetition compulsion." This was criticized by Drs. Bertram Lewin, Edward Liss, Lawrence Kubie, Abraham Kardiner, and Paul Federn, a majority of the discussants. The two chief objections to my statements were that I used the term "repetition compulsion" in a different sense from Freud, and that the "repetition compulsion" was an unnecessary complication of the theory of instinct in general, and of my formulation of the "instinct to master" in particular; that it was either a restatement of a simpler terminology, or altogether false.

Several arguments were contributed to the first criticism, that I misused or misunderstood Freud's theory of the repetition compulsion. I was reminded that Freud had stated the repetition com-

pulsion to be a manifestation of the death instinct. Disregarding the possible speculation whether the instinct to master is itself derived from the death instinct, my answer is that Kubie's argument (24) appeals to me, that the phenomena attributed by Freud to the repetition compulsion are characteristic of all instincts, not merely of destructive ones. But Freud (12) did not say the death instinct proves the repetition compulsion; he used the evidence for the repetition compulsion (repetitive play, transference neurosis, traumatic neurosis, *Schicksalneurose*) as one argument for the existence of the death instinct and the process of fusion.

A more cogent criticism was voiced by Dr. Paul Federn, who said that Freud meant by repetition compulsion those expressions of instinctual needs which were independent of the pleasure principle, whereas I used it to characterize repetitive behavior that was pleasurable—particularly the infantile practice of partial function during the learning phase. This, I believe, is a correct statement of Freud's usual meaning. Even so, I would suggest that although the phenomena from which Freud himself induced the repetition compulsion are cases of instinctual activity apparently independent of the pleasure seeking motive, they may still be the expressions of the same basic drive to perform certain activities observed in the infant's need to practice partial functions. I suggest that the repetition compulsion in adult life is not so much the "return of the repressed," described by Freud (12), in the sense of repetition as a substitute for memory of a specific experience, as it is the revival of that same property of instinct which is clearly observable in the need to learn how to master.

In this connection, I want to call particular attention to two passages in Freud's discussion (12) of the repetition compulsion (p. 42): "It would then be the task of the higher layers of the psychic apparatus [ego?] to bind the instinct excitation that reaches the primary process [id?] . . . It is only after the binding has been successfully accomplished that the pleasure principle would have an opportunity to assert its way without hindrance. Till then, the other task of the psychic apparatus would take precedence, viz., to obtain control or to bind the excitation, not in opposition to

the pleasure principle but independently of it and in part without regard to it." (p. 24): . . . "in child play the repetition compulsion and direct pleasurable satisfaction seem then to be inextricably intertwined."

I should like to paraphrase these statements, substituting "ego function" for "higher layers of the psychic apparatus," and "instinct" for "primary process:" *when the ego function [in the service of the instinct to master] is adequate, the pleasure principle may function; when it is not adequate the repetition compulsion is manifested; in child play the repetition compulsion and pleasure principle converge.* These theoretical considerations, and also the one example of infantile play cited by Freud, suggest that Freud could regard the phase of learning the partial function as a manifestation of the repetition compulsion, even though it were evidently pleasurable.

I do not, however, agree with Brickner and Kubie (2) and Kubie (24) in their conclusion that the repetition compulsion is a superfluous theory, and especially with the argument of the earlier paper (2) (p. 484): "Whenever . . . the superego begins to demand certain rejected ritualistic performances apart from the direct and immediate urgency of instinctual need we have what is clinically recognizable as the repetition compulsions (. . . this definition would include Freud's use of the concept in connection with the play of children and the symptoms of the traumatic neurosis)" (p. 486): ". . . the repetition compulsion is due to the direct and active manifestation of the superego." Kubie aptly illustrates this by saying (24) (p. 393): "[Freud's induction] seems to be as unnecessary as it would be to invoke a repetition compulsion in order to explain the continuous escape of steam from a boiling kettle." But Freud looked at this phenomenon from the different perspective of a counterpressure on a lid which produces a phenomenon from which we can induce that the latent pressure of the steam existed before it was in evidence. From behavior which occurs when an instinct is not completely released, Freud concluded the repetition compulsion was a property of instinct, not a property of the frustrations which makes it manifest.

Kubie further objects that as all instinctual tensions recur, for example, the desire to suckle, repetition compulsion is a redundant and therefore unnecessary term. The distinction between recurrence of need and compulsiveness is the crux of the matter. They are not identical. Satiation, latency, and recurrence of drive is the normal sequence whenever the ego is adequate to perform the instinctual impulsion; compulsive repetition when it is not. This situation is first apparent in the phase of the unlearned function whenever the simple reflex is itself insufficient. It is this very fact which is responsible for this discussion of the repetition compulsion.

Kubie's ultimate conclusion (24) (p. 401), however, is that evidence for the repetition compulsion, including childhood play, is evidence of the need to find a better solution for recurrent problems, because "*since the effort at mastery was unsuccessful, while the need for mastery persists, repeated expression of the effort must result.*" This statement, that the repetition compulsion arises from the effort to master accords fully with what I have presented. Kubie, however, concludes from this that the repetition compulsion really accords with the pleasure principle, and is therefore superfluous; whereas I conclude that so long as one follows Freud in defining the pleasure principle as the aim of the sexual instincts, the issue is still confused, but that if one ascribes repetition compulsion to an instinct to master, these several contradictions vanish. We are left with three debatable theories: Freud's, that the repetition compulsion may supersede the pleasure principle; Kubie's, that it serves the pleasure principle and therefore is a superfluous theory; and mine, that it is the expression of an instinct to master which serves the pleasure principle as claimed by Kubie, but not the pleasure principle in the service of the sexual instincts as claimed by Freud.

Needless to say, I am not positing the instinct to master in order to wriggle out of the dialectic argument about the repetition compulsion; but having found that the hypothesis of an instinct to master provides a basic concept for understanding the development of the ego and its functions in terms of the behavior of

early infancy, it seems also to clarify the dispute concerning the repetition compulsion and its relation to the pleasure principle.

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LOOKING BACK AND MOVING FORWARD: A COMMENTARY ON "INSTINCT AND THE EGO DURING INFANCY"

BY BONNIE E. LITOWITZ

INTRODUCTION

To look back at what Hendrick wrote in the early 1940s is to lift a bell jar on a formative era in American psychoanalytic history, when ego psychology was being established as hegemonic theory. The target paper ("Instinct and the Ego During Infancy," 1942), with its unusual "addenda" capturing discussions by leading theoreticians on the ideas presented, allows one to enter into a world frozen in time, as if attending a psychoanalytic society meeting of an evening during that period. (These discussions are further described, albeit briefly, in a letter to the editors of *The Psychoanalytic Quarterly* the following year [Hendrick 1943a].)

Of course, one can never step into the same river twice, and as I now examine Hendrick's period, it is with full awareness of all that has transpired in the intervening sixty-plus years. What I find is someone very much of his time who is writing on the cusp of a new era. It is fascinating to reread Hendrick's article in 2007, not only for its revelations about psychoanalytic thought during this seminal period of our history, but also for its prescience about what (we now know) unfolded in the following decades that has profoundly influenced our field. In this article (and his later one on

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“the work principle” [1943b]), Hendrick was trying to solve the important questions of that time, but he was constrained by the demands of then-current psychoanalytic theory and limited by the developmental knowledge then available.

THAT MOMENT IN TIME

Hendrick first read the target paper to the venerable New York Psychoanalytic Society (oldest in the United States) in April of 1940, roughly six months after Freud’s death in September of 1939. The paper was published two years later, just a few years prior to a series of meetings in England that would come to be called the “Controversial Discussions” (January 1943–July 1944). Thus, it was a time of establishing and consolidating the place of ego psychology as the sole metatheoretical position in post-Freudian psychoanalysis.

Although the basics of the structural model had been outlined by Freud in a series of papers during the 1920s and ’30s, his heirs took it as their task to elaborate and extend his original ideas to encompass a theory of general psychology, capable of explaining both normal development and its disorders. When we consider that Freud began with the idea that hysterical symptoms were caused by sexual trauma (whether real or fantasized), but was then led to describe how the mind in general works, beyond symptoms, in everyday life (e.g., parapraxes, dreams, jokes), we see that his heirs were following his lead in aspiring to define the pathological within a theoretical matrix of normative developmental changes.

One can recall, however, that in Freud’s earliest writing (e.g., *Studies on Hysteria* [1895], *The Interpretation of Dreams* [1900]), in which he described his topographic model, development was not an issue. It was in pursuing sexual motivation that Freud first addressed the question of normal development, with its sense of a maturational push forward in sequential stages, from which pathology could be defined as a regression to or an arrest in an earlier stage. Consequently, when the structures or agencies of the second model were introduced, the question of developmental stages

arose specifically in relation to the ego—for the id did not develop, and the superego was viewed, at least by ego psychologists (if not by Kleinians), as a consequence of a later stage in the ego's maturation.

In 1956, commenting on the concept of the ego in Freud's work, Hartmann proclaimed that "successful integration of the genetic with the structural viewpoint has no parallel in psychology outside psychoanalysis and represents one of the most distinctive marks of his [Freud's] later theories" (1964, p. 289). A major task in the 1940s, then, was to fulfill the promise of the structural model by delineating how the ego develops prior to the oedipal period. Hendrick's paper engages that topic directly by asking: (1) what is the nature of the infant mind; (2) what are the functions that define the ego at that early stage; and (3) what motivates developmental change in those functions?

As we follow Hendrick's thinking on these questions, we feel the tension of being both in his time and in our own. First of all, we no longer define infancy as the first five or six years—in terms of the Oedipus complex, that is. In our age, when preschool can begin before the age of thirty-six months (with mom-and-tot classes or day care even earlier), definitions of the earliest developmental period range between 0 and 18-24 months (e.g., the end of Piaget's sensorimotor period), and 0 to 36 months (e.g., the acquisition of basic syntactic language structures), depending on the capacity under study.

Therein lies a major change between Hendrick's time and ours: in understanding the infant mind, we are more likely to look to disciplines outside psychoanalysis (e.g., infant studies and developmental psycholinguistics, ethology, and primatology) than to psychoanalytic metapsychology. This difference is the result of an explosion of research on infant capacities in the interim period. Since the 1960s, each capacity that psychoanalysis originally identified as an ego function—e.g., language, perception, memory—has been explored in depth by diverse academic disciplines outside psychoanalysis, and most often without input from a psychoanalytic

community that has grown up in America apart from academia.¹ (I will have more to say below on our present consensus on infant capacities and what I see as the role of psychoanalytic insights into their conceptualization.)

In reading Hendrick's paper, one is struck by the way his struggle to engage the basic questions of his time leads him to articulate positions that are ahead of his time. For instance, in the example just given regarding the age of infancy, although he begins with the then-perceived wisdom of Oedipus as the critical point of psychic structuration, he is drawn to a forward-looking conclusion: infancy should be defined as the 0-to-36-month period. On the one hand, he knows that infants are not just little adults, that the infant mind requires its own unique description. On the other hand, he is also aware that sources for data then available to him came from interpretations of pathological states in adult analyses, universally conceptualized as developmental regressions to earlier stages. Hendrick finds both versions of adultomorphism unacceptable, the latter especially so as it is identified with the work of Melanie Klein. Throughout the paper, he directly dismisses Klein's views as "distortions," but, in a general way, his whole paper can be viewed as an attack on theoretical confusions of adult neurotic states and fantasies as replicas of infantile ones—a charge he feels that Klein is most guilty of. In seeking an alternative conception of infancy, Hendrick is left with the task of creating a new formulation of the infant mind (i.e., neither a reflection of adult normal nor of pathological states), but without the benefit of the child developmental research that we now have.

His solution was to posit an instinct for mastery. As an ego function, mastery could be encompassed in Hartmann's (1939) already stipulated "autonomous" functions of the ego—i.e., those not solely dedicated to managing internal conflicts amongst the other

¹ There have been attempts to coordinate emerging research results with ego psychology, beginning with Piaget, who received training as a psychoanalyst (Litowitz 1998, 1999). See, for example, Greenspan (1979). Mahler's work represents an alternative approach: observational research of children from a structural psychoanalytic theoretical perspective (Mahler, Pine, and Bergman 1975).

agencies, nor external conflicts in response to reality. Also, mastery would meet all the stipulated ego metafunctions, such as adaptation, control, and integration/synthesis. Since the need for mastery is necessary for survival, it must have some underlying biological imperative. On the other hand, the means for mastery in humans are mental, so it must have psychic determinants as well. Following Freud's claim that instinct (*Trieb*) is the psychoanalytic concept that best bridges the biological-mental divide, Hendrick claimed for mastery the status of an instinct.²

And it is this claim that drew the major criticisms of his proposal by his contemporaries (see the addenda of Hendrick 1942 and Hendrick 1943a), for the issue of instincts was considered already settled with just two: sexuality and aggression. Whatever Hendrick was proposing for his concept of mastery, his contemporaries could not allow it to have instinctual status. A decade later, the ego's having its own source of energy would be doctrine (Hartmann 1964 [written in 1950, 1956]), but in 1942, Hendrick still felt he had to argue for some source for normal infantile pleasure that was not derived from the dual instincts: sexual/libidinal or aggressive/destructive (i.e., pleasure from mastery as a form of sadism).

Sixty-five years later, the adaptive necessity for mastery appears uncontroversial, simply a given that one addresses as inherent to any learning or acquisition of specific competencies. Current attempts to describe motivational systems are broader and more comprehensive, including sexuality and aggression as but two of multiple motivational systems. Fosshage (1995), for example, criticizes both dual-drive and attachment paradigms for "fail[ing] to sufficiently emphasize curiosity, exploration, and the strivings to problem solve and master" (p. 429). And among Lichtenberg's (1989) five systems, perhaps *fulfilling psychological needs* and *assertion/exploration* relate most to what Hendrick was attempting

² Inclined to put the instinct to master into the category of *life instincts* or *ego instincts*, Hendrick (1943a) nevertheless felt that these were not exactly the right fit.

to achieve in 1942 with his concept of a separate instinct for mastery.

Many of us, however, who have been influenced by the research studies of infant competencies, simply no longer share these metapsychological preoccupations about the instinctual sources of normal developmental processes. In that sense, Hendrick's attempt to propose a view of the development of normal functions in infancy (including his attempt to incorporate infant observational data)—a view distinct from the dominant dual-instinct theory of his time—is another instance of his prescience. George Klein (1976) recognized that Hendrick was a progenitor of "the broadened outlook on motivation" (p. 147). He cited Hendrick in describing experiences of "vital pleasures" such as "the pleasure in functioning" and in "being an effective agent" (1976, pp. 210-238), sharing Hendrick's conviction that such pleasures are not dependent on sexuality, and that mastery is a fundamental aspect of normal cognition, serving an adaptive function.

Compare, for example, Hendrick's statement that the "ultimate purpose [of the instinct to master is] of adjusting the environment to oneself" with G. Klein's (1976) statement that mastery is "a byproduct of efforts to make the unfamiliar familiar and controllable" (p. 267). The key factor for both theorists is that, while mastery may be used defensively, that is not its initial, normative function. In other words, mastery does not arise initially due to anxiety over sexuality or aggression, although mastery may be mobilized as a defense by anxiety. For his part, Klein was already looking even further forward to the shift from *ego* to *self*, and from instinctual to object relational or interpersonal motivation. Klein viewed identification and active reversal of passive experiences as fundamental principles of mental life, which could *also* be used defensively. (I will say more below on the uses of normal cognitive processes for defensive purposes.)

A subsequent discussion of mastery, put forth a decade after Klein's comments, was authored by psychologist Jerome Kagan (1981) in his observational research on the emergence of self-awareness in the child during its second year. Two measures that

Kagan used in his research to measure the sense of “I-ness” that emerges between the ages of fifteen and twenty-three months are *mastery smiles* (i.e., displays of pleasure) and anxiety when standards are violated or goals unattained. From his research findings, Kagan distinguished two kinds of mastery: that of standards for normative behavior (which he correlated with the superego), and of goals to be attained (which he correlated with the ego-ideal) (p. 127).

THIS MOMENT IN TIME

As noted, Hendrick was limited by the view of development available to him. That view is evident from the examples he provides of walking and talking as a building up of competencies, from reflex to complex action, through incremental steps of mastery and their combination. A familiar example of this theoretical approach can be found in Piaget’s early books on the sensorimotor period—that is, in those most influenced by his psychoanalytic training (Litowitz 1998, 1999). For example, his descriptions of primary, secondary, and tertiary circular reactions must have been compatible with a sense of the ego as consolidating from fragmented nuclei into an integrated whole, and then turning its own functions toward integration and synthesis of the external world.

As appealing as it is to believe that the child masters a complex skill by following just those steps that theorists use to analyze its complexity, it simply is not true. Yes, the structure of language is composed of a finite set of sounds that combine in finite patterns to form words, which combine in finite patterns to form sentences, which combine to form narratives/discourses. But children are not little linguists. In actuality, children’s early sounds are closer to syllables, the basic unit of speech that represents a breath pulse. (This is why one must be taught to hear distinct sounds when learning to read alphabetic texts.) Their earliest words are phrases (holophrases), equivalent to whole adult statements. (In fact, the very concept of *a word* is intimately tied to literacy.) The function of monologues in the crib (Weir 1962) is not to practice

language units, but to reevoke the presence of an absent other, to keep a connection alive through the dark night, as Freud (1916-1917), Tolpin (1971), and even Scheherazade well understood.

In terms of walking, Thelen and Smith (1994; Thelen 1995) have demonstrated that learning to walk also does not follow a linear developmental path along a progressive sequence of stages. Rather, mastering walking upright follows patterns of dynamic evolution, as do all complex systems. Since Hendrick's time, each competency has been studied in depth by academic researchers, who have found a complex interaction between genetic predispositions (e.g., to walk and to talk) and the "affordances" of a specific environment in which those potentialities develop (Gibson 1982). The child is born with an abstract genetic predisposition, the result of evolutionary processes that become more delineated as the child exercises each function in specific contexts. Consequently, specifics of the environment are integral to the formation of every aspect of the child's development, from the very beginning. Critical for mastery, according to this new view of development, are the dyadic and dialogic relationships between infants and their adult caregivers as they engage in cultural practices (Litowitz 1989, 2006, 2007).

By contrast, Hendrick expresses a view of the child (common to his time) as a sole agent who exercises functions and actively masters his or her environment, as if mastery were a master plan that unfolds on its own through the child's practice in a good enough environment. Piaget expresses this view in his claim that the role of adults is to provide *aliments* for the child's development to unfold due to its own actions on its environment, either through accommodating to reality (sic) or by assimilating reality to itself (cf. Hendrick's "adjusting the environment to oneself," 1942, p. 395³). The participation of adults is through *re*-action to the child's own independent actions, either as facilitator or inhibitor. Thus, ac-

³ *Editor's Note:* In this article, page numbers from Hendrick 1942 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1942.

according to this view, anxiety in the adult may lead to intolerance that then engenders conflict, regression, inhibitions, and pathology in the child. Rather than impeding some ideal of uneventful mastery, we would now view parental anxiety as one of the factors that, along with the child's own temperament, shape the very forms of mastery itself (Fischer et al. 1997).

The view that development proceeds in linear stages, with each succeeding stage built upon the completion of the one before, has had a powerful hold on our conceptualizations of development. There is something inherently appealing about the idea that the *temporal* sequence of changes that we witness over time as the child ages is also a *causal* sequence. It has been equally appealing, then, to hypothesize pathology as a disruption that inhibits the emergence of a developmental master plan (e.g., A. Freud's "innate urges to complete development" [1946, p. 27]) or that forces one back to an earlier stage in that plan. But this view creates a problem for Hendrick, who wants to avoid defining adult pathology as a "transposing back" to an earlier stage of ego development, as a "restatement of primary experiences" (in the manner of M. Klein).

Hendrick is caught between his correct intuition that "the residuals of infancy which we study in later life are themselves the end results of very complex developments, not restatements of primary experiences" (1942, p. 388), on the one hand, and the concepts available to him in which to explain that intuition theoretically, on the other. Following Lampl-de Groot, he wants to "renounce the implicit premise that the adult unconscious fantasy is a fairly literal reproduction of infantile experience"—in order to differentiate temporal linearity ("A follows B") from literal identity ("A is the same as B"); but he cannot free himself from the linear causality of a developmental-stage theory. He attempts a solution by proposing that mastery itself has three stages, and that pathology is a regression to an earlier stage ("unlearned," "partial" functions, 1943b, p. 321), but I suspect that he knew he had not avoided the regression-repetition fallacy inherent in any linear developmental model. A second attempt, the "dropped stitch" solution (see his footnote 6 in 1942, pp. 400-401), is the arrest/defect ver-

sion of the same model. In the latter case, linear causality between stages requires that any missed stages *must* be experienced before full maturity can be attained.

Reading Hendrick in 2007 leads one to reflect on some current theoretical perspectives that follow his lead in focusing on the earliest period of infancy *sui generis*, but are now more fully described by infant researchers. Ironically, these theorists seem to have turned on its head Hendrick's warning against equating adult pathology with infant experience. Are these theorists now in danger of projecting pathological infant states (e.g., insecure attachment patterns, failures of mentalization) onto adults? In other words, is the view of the child as a little (pathological) adult being replaced by the view of the adult as a little (pathological) child?

FROM THIS MOMENT FORWARD

Whatever perspective we take on normal development and pathology, we are still left with the clinical question that Hendrick's paper raises: what *is* the relation of adult pathological states to infant experiences, if it is not a reinstantiation or a repetition? For this reason, a theme that runs through his paper—raised repeatedly in the addenda discussions as well—is that of the repetition compulsion. In Hendrick's time, the repetition compulsion was enshrined as a metapsychological concept in virtue of its role as the mechanistic explanation for unconscious evidence. It has since fallen into disrepute in America (if not elsewhere), as Boesky recently discussed (2007, p. 114). There are many ways to describe psychological repetition, some of which utilize what we know about normal cognitive processes (e.g., categorization, pattern recognition), but what of psychodynamic repetition? The question that Hendrick faced concerning the *clinical* relationship between early and later experiences remains for us today to answer.

Moving away from a linear-stage theory of development to one of nonlinear dynamic systems theory by no means offers a simple answer. From the perspective of nonlinear dynamic systems theo-

ry, a complex system such as an organism and its environment is never in the same state twice. Thus, there can be no literal repetition. States that are similar enough to be perceived as “the same” are described as *attractors*, habitual patterns that the system is wont to settle into and that recur. But the system also moves out of these patterns when change takes place. Such shifts between states may be experienced as chaotic, and, consequently, we might assume that the system would tend to seek out prior states to avoid chaos. This might be an alternative way to describe repetitive behaviors, as well as analytic resistance—a way that does not depend on biological “drives” and their imperative compulsions.

However, we recall that Freud conceptualized the repetition compulsion as a force to explain phenomena beyond the pleasure principle, such as repeated returns to traumatic stimuli. Dealing with the dreams of patients with traumatic neuroses led Freud (1920) to hypothesize the “compulsion to repeat” as “independent of” and “more primitive” than the pleasure principle. In other words, *beyond* the pleasure principle might better read *before* (the dominance of) the pleasure principle (pp. 32-33)—thus its connection to infancy for Hendrick and others of his time.

Is there a reiteration in the case of trauma to effect a wearing away—a sort of self-desensitization or habituation—as Freud hypothesized in the case of traumatic dreams (1916-1917, p. 274)? If this is the case, one might question the role of talking therapies (do they ameliorate or retraumatize?), reviving Freud’s distinction between *actual* and psychogenic neuroses. Clinical experiences might be most helpful in exploring this aspect of repetition, i.e., its relation to trauma, from a more current perspective of neuroscience.

By contrast, other psychic phenomena provide evidence for different aspects of repetition. For example, dreams seem to *represent* a wish (a concern, conflict, etc.) in another form—one constrained by the visual medium, the brain state in sleep, and recent sensory impressions. In this latter case, I wonder if we might profitably borrow the concept of *recursion* from a current theory about language acquisition: “a procedure that invokes an instance

of itself, and thus can be applied repeatedly to create or analyze entities of any size" (Pinker 1994, p. 481). Many theorists believe that recursion is the property that uniquely distinguishes human language from other forms of communication (Hauser, Chomsky, and Fitch 2002). The key difference from repetition is that the recurring element may not appear to be similar on the most manifest level (i.e., in the actual words or sentences), but it is a reappearance of a type or category of which the manifest level is a specific instantiation.⁴

Recursion is categorization as it has been discussed specifically in relation to language, but, clearly, all forms of mastery *qua* learning involve a process of generalization as an abstraction that is not a literal repetition. The abstracted, generalized form (e.g., the cold mother) can be instantiated in many different contexts without its being an identical replica of the original instance. Mastery of staying connected to, say, a cold mother involves not only recurring behaviors (e.g., an avoidant attachment pattern), but also fantasies (i.e., Bowlby's working models) that evolve over time. As I have claimed elsewhere, unconscious fantasies are recursively layered over time, with the output of one often being the input to another, where the work of analysis is to parse their component relations (Litowitz 2006, 2007). Finding repeated expression in different forms (symptoms, relations to others, dreams), unconscious fantasies relinquish their "timeless" (persistent) quality only when enacted and discussed in analysis (Litowitz 2007).

I have argued elsewhere that psychoanalysis can contribute to developmental knowledge by our demonstrating through our work that normal processes of mental functioning are reemployed to regulate a cohesive sense of self and to maintain an enduring connection to needed others (Litowitz 2007). In this regard, I am building on Hartmann's (1964) insight that pathologies use nor-

⁴ The conceptualization of language units on two levels is a legacy from Chomsky's original model of deep and surface structures, which many psychoanalysts have likened to Freud's two levels of the dream or the mind: latent and manifest; unconscious and (pre)conscious. Bever and Montalbetti (2002), commenting on Hauser, Chomsky, and Fitch 2002, draw just these parallels to Freud's theory of mind.

mal means for other purposes: "The instances in which protective measures, in themselves normal, can turn into disease have recently been described as the cause of a great number of illnesses" (p. 293). Here Hartmann is describing the defenses, which, he said, are in themselves "not necessarily pathogenic" (p. 293). They are, rather, the normal mental means that have evolved for survival, some of which we share with other animals (e.g., primary categorization), while others (e.g., narration, language) we do not.

Cognitive neuroscientists, such as Annette Karmiloff-Smith (1994) and Gerald Edelman (1992), have articulated theories about how the brain functions that propose *redescriptions* or *reentrant loops* in which the mind reworks its own earlier output as input to a more abstract level of functioning—or does not do so, as in pathological dissociations (Edelman 1992, p. 183).⁵ Karmiloff-Smith refers to the recursive nature of these processes and concludes that "change can occur as a result of conflict and competition, but also occurs subsequent to success, i.e., after a period of behavioral mastery" (1994, p. 586).

One could imagine that if Freud were alive today, he would not be "a biologist of the mind" at all; he would be a neuroscientist. Edelman (1992) and Damasio (1999) have argued as much, both claiming that they are picking up from where Freud had to abandon his "Project for a Scientific Psychology" (1887) due to the primitive state of neurological knowledge available to him. Given what we now know about mirror neurons, for example, we might expect that Freud would be exploring learning in terms of imitation and identification, rather than in terms of instincts (Olds 2006). Interestingly, in another example of his intuitiveness, having begun with a focus on instinct, Hendrick ends by acknowledging the role of identifications with the behaviors and attitudes of others, as well as of the infant's relations with its love objects.

The human infant's altricial state requires a long period of dependency on its love objects. During that time it must master skills needed for survival, chief among which is to ensure its protection

⁵ See also Modell's (1990) attempt to reformulate repetition compulsion in terms of these neuroscience models.

by others during its lengthy immaturity. So, mastery of skills is very important, but equally important is the ability to assess and ward off danger that threatens that dependency. Indeed, one could argue for a basic apotropaic instinct, which mastery serves in the form of defenses against anxiety (e.g., as a signal of danger). A. Freud (1946) claims as much in her descriptions of defenses as the mechanisms for mastery of the four types of anxiety outlined in Freud's developmental sequence: separation; fear of loss of love; castration; and guilt (p. 135). Again, as with motivational systems, we would now include additional sources of anxiety, such as the terror of annihilation or fragmentation of the sense of self, and other defenses against such anxieties, as in the vertical splitting that one encounters in the repetitive and compulsive behaviors of addiction and perversions (Goldberg 1999). These repetitive behaviors, like obsessive ones, result from the need to maintain oneself in the face of failures or deficits in capacities or opportunities to turn to significant others. As such, one sees the same process that Freud (1920) described for the mastery of separation in his *fort-da* example.

It is evident that repetition plays a role in mastery of anxiety at any age, but whether mastery of anxiety is related to early mastery of skills through practice is less clear. Among developmentalists, it is axiomatic to say that old forms take on new functions and that old functions find expression in new forms. It remains for us (working with those in other disciplines) to determine whether continuities exist between an individual's past and present.

SUMMARY

Rereading Hendrick's article today allows us to revisit an important moment in the history of our field, observing concerns and controversies of that period. Being in both that time and our own also allows us to reflect on what has changed and what has remained constant in how we conceptualize development, motivation, and pathology. How to conceptualize the relationship between infant experiences and later pathological states, an over-

arching theme in Hendrick's paper, remains equally problematic for us today. Hendrick chose not to embrace the solution of some current theorists, that development and psychoanalysis are unrelated (e.g., Wolff 1996). Rather, like many of his contemporaries, Hendrick turned for explanation to the general mechanism of the repetition compulsion, a teleological solution we can no longer embrace.

An alternative suggestion, discussed above, is that repetition is a complex topic worthy of further exploration. We should distinguish different aspects of repetition, some of which reemploy normal psychological processes (e.g., categorization, habituation) for psychodynamic purposes, and we should describe how they may be uniquely manifest in the clinical setting (e.g., in dreams, transference, trauma, unconscious fantasy). Hopefully, future research on the important problem Hendrick raised concerning continuities and discontinuities from past to present will not lead us psychoanalysts to find answers on our own in dubious teleological principles, but rather will encourage our collaborative work with other disciplines.

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BRILLIANCE BEFORE ITS TIME: A COMMENTARY ON "INSTINCT AND THE EGO DURING INFANCY"

BY JOSEPH D. LICHTENBERG

I will comment on Ives Hendrick's farsighted paper under three headings: the paper itself, its place in history, and its place in my theory of motivational systems.

THE PAPER ITSELF

Hendrick advances two arguments: first, it is false to assume that the unconscious mental life of older children and adults is a replica of the infant's experience (later called the genetic fallacy), and, second, a key factor in development is the *instinct to master*, defined as an inborn drive to do and learn how to do. The first argument removes the burden of finding the infant totally preoccupied with sensual or libidinal pursuits. This change in perspective freed Hendrick to make the second argument, that infants are often (or even primarily) motivated to master their environment. The second argument is the innovative core of this paper.

I see Hendrick as struggling to make a simple, straightforward proposal while in the arms of an octopus whose constricting tentacles consisted of the then-existing psychoanalytic theory and its terminology. He had to establish the new concept that functioning in order to master is itself pleasurable. The pleasure in doing provides an affective goal that is separate from the pleasure gained from "pleasure-seeking mechanisms" (p. 388) of traditional libidinal theory, in which pleasure was associated primarily or exclusive-

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ly with sexual drive.¹ Hendrick also had to separate the concept of mastery as an end in itself for the child learning to deal with his or her entire environment, people included, from the traditional association with sadism. It was important for Hendrick to establish that the pursuit-of-mastery pleasure is a motivating factor in itself, in order for him to make a big leap in linking the “instinct to master” to “play and work” (p. 398), otherwise regarded as sublimated ego functions.

Later in the paper, Hendrick unscrambles the false limitation of pleasure to sexual drive when he states that the aim of the instinct to master is “the pleasure in executing a function successfully, regardless of its sensual value” (p. 395). Moreover, he tries to justify “instinct” by linking mastery to compulsion and, more problematic yet, to the repetition compulsion (which got further confounded in the addenda arguments with Kubie and others).

Hendrick tries to redefine *compulsion* by removing it from its drive link to repressed sexuality and erotic traits, and instead turning it into the ordinary, repetitive practicing of a yet-to-be-mastered skill or unfulfilled desire: compulsiveness is “*always a regression to the normal stage of the unlearned function; and that compulsiveness is always associated with an inability to exercise proficiently a function . . . which gratifies the need to master*” (p. 399, italics in original). This led Hendrick to make two remarkable proposals: that the compulsive “process of learning is . . . the foundation of ego development” (p. 399), and that “*function initiates the wish*” (p. 402, italics in original). The latter statement turns drive theory on its head. Hendrick then moves on to pragmatism: “In many cases what we may desire or choose is determined by what we are able to get” ; “the general principle [is] that what a baby is able to do, it wants to do” (p. 403).

Returning to his argument that, in infancy, experience does not replicate the complex, sexual, symbolized life of adults, Hendrick revised the Freudian scheme of psychosexual development:

¹ *Editor's Note:* In this article, page numbers from Hendrick 1942 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1942.

learning and maturation are to be seen as occurring in the service of the *instinct to master*, which “predominates in early infancy (approximately the first two or three years), and *determines the aims of pleasure instincts*, while libidinal activity becomes relatively more and more decisive as the culmination of the Oedipus complex is approached” (p. 405, italics added).

Finally, almost as an afterthought, Hendrick presages current relational theories:

Profound effects result from the infant’s relations with its love object. Not only does the quest for love exert a selective influence upon the choice of available functions to exercise, but the infant’s earliest identifications with the behavior and attitudes of others profoundly affect its ego development. [p. 406]

THE HISTORICAL PLACE OF THE INSTINCT TO MASTER

In the early 1940s, the climate in American psychoanalysis was not conducive to acceptance of Hendrick’s ideas. The prevailing trend went strongly toward Hartmann and ego psychology, in which mastery of the environment was assigned to the ego as one of its functions. Under Hartmann’s leadership, the same observational findings available to Hendrick provided—at least for most analysts in the United States—a way to view the ego as having an independent source of energy and initiative, not as a passive rider on an id horse.

Ego psychologists resolved the problem posed by the child’s problem-solving through doing and learning by assigning these functions to the ego, and by retaining a dual-drive theory. Nevertheless, the child’s compelling need to act adaptively was recognized by ego psychologists (see Hartmann, Kris, and Loewenstein 1964). As it gradually became absorbed into ego psychology, Hendrick’s approach to mastery outside of sexual drive theory would probably have simply disappeared were it not for a later work (White 1959), in which the author, basing himself on infant observations similar to Hendrick’s, stated: “The urge toward competence is inferred specifically for a behavior that shows a lasting

localization and that has the characteristics of exploration and experimentation" (p. 323).

White (1959) reviewed both the traditional psychoanalytic theory of motivation by instinctual drive and Hendrick's call for an instinct to master. He concluded that competence—the capacity to interact effectively with the environment—cannot be motivated wholly from sources of energy currently conceptualized as drives or instincts. White carefully reviewed and refuted arguments in which the motivation for competence in exploration, activity, and manipulation became conflated with behaviors based on fear, thirst, hunger, sex, and drive reduction. Drawing on general psychology, he stated that the motivation for competence flourished in low-need pressure situations during which novelty was the governing factor.

White designated the motivation for activities in the service of competence by the term *effectance* and characterized the experience produced as a feeling of efficacy. He distinguished between effectance motivation that aims for the feeling of efficacy and the important learnings that come as its consequence. "Effectance motivation may lead to continuing exploratory interest or active adventures, when in fact there is no longer any gain in actual competence or any need for it in terms of survival" (1959, p. 323), he noted. White therefore separated his concept of *efficacy as a goal* from Hendrick's *instinct to master the goal*, which is more closely tied to pragmatic results.

My concept of the motivational system (Lichtenberg 2001; Lichtenberg, Lachmann, and Fosshage 2001), which is based on the need for exploration and the assertion of preferences, follows more closely White's modifications than Hendrick's much earlier foray into the problem of the struggle of children and adults to sort out the environment.

THE PLACE OF INSTINCT TO MASTER IN MOTIVATIONAL SYSTEMS THEORY

Hendrick stated that his general principle was "what a baby is able to do, it wants to do" (p. 403). My starting point for understanding

motivation is that, whatever a baby does repetitively and persistently, he or she is motivated to do. Following Sander (2000), I proceed by tracking the pattern of interactions between a baby and a caretaker over a 24-hour period, in order to recognize the initiatives and responses that characterize the infant's motivations.

Many motivations appear to me to be outside the particular motives highlighted by either Hendrick or White. These are the infant's response to the need to regulate physiological requirements, the need for attachment security and intimacy, the need to react aversively via antagonism or withdrawal, and the need for sensual enjoyment. The *need for mastery* and *effectance* have been described in my work as the *need for exploration* and the *assertion of preferences*. In my recasting of Hendrick and White, I move from instinct, drive, and psychic structure to a theory of nonlinear systems.

In reading the Hendrick paper, I realize how well his survey of infant behavior would fit into a systems theory. Systems *organize*: "What a baby is able to do, it wants to do." Systems *stabilize*: The baby is compelled to repetitively practice an as-yet-unmastered skill. Systems *exist in states of dialectical tension*: The infant is pulled to seek pleasure, sometimes through sensual contact and sometimes through mastery activity. Systems *undergo hierarchical reorganization*: The child's activities become symbolized, more and more complex, and eventually organize into the highly complex modes of play and work.

I will conclude by mentioning some of the differences in my conception and those of the earlier theoreticians. Rather than mastery/control, I emphasize exploration. Consequently, the affect I regard as central to the initiation of exploratory motivation is that of *being interested*. Once the activity is set in motion by active interest, I regard the goal as to move through practice to a sense of efficacy, and, with further practice, to a sense of competence. In contrast to the prior emphasis on the intrapsychic, I regard the unfolding of the exploratory-assertive system as being continuously influenced by caretakers in infancy, and later by all relationships—that influence being bidirectional and often asymmetrical.

And, finally, I would like to add a further observation to the broader concept of the exploratory-assertive system's link to play and work: namely, that this system also has a special place in psychoanalysis. Appreciation of the relatively independent power of a desire to explore gives patient and analyst a motive to carry forward an investigative treatment, a motive distinct from the previously emphasized frustration/gratification balance.

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WORK AND MOTHERHOOD: PRELIMINARY REPORT OF A PSYCHOANALYTIC STUDY

BY JENNIFER STUART

This paper reports preliminary findings of a systematic inquiry into the manifest experience of conflict between paid work and motherhood. Psychoanalytic principles inform the design of a questionnaire and a research interview and the interpretation of data derived from both sources. An initial review of material from 140 questionnaires and 65 clinical interview series suggests that women vary tremendously in the ease or difficulty with which they navigate real obstacles to the integration of paid work and motherhood. The quality of a woman's relationship with her mother emerges as a singularly powerful influence on her experience of work-family balance.

INTRODUCTION

Like anything worth doing, this paper arises from conflict of a deeply felt and personal nature. In it, I report preliminary results of a study crafted to address several problems. As a mother with ser-

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This paper is dedicated to all the women who have shared their hopes, fears, triumphs, and regrets with the author—especially to those whose stories appear in these pages.

ious career commitments, I grapple with the mix of ambition, excitement, joy, exhaustion, anxiety, and guilt that is—it seems—the lot of many women in my generation. A journalist writing recently about the same set of feelings called it simply “this mess” (Warner 2005)—an evocative, if pessimistic, descriptor. Guided by personal experience of psychological conflict in efforts to combine paid work and motherhood, I am alert to its treatment in the popular press. I have also begun to read the extensive, multidisciplinary literature on “work-family balance.” As a psychoanalyst, I am struck by the absence of psychoanalytic perspective from discourse on this matter of urgent, current social import.

As a clinical psychologist formed in the scientist-practitioner model, I try to reconcile a passion for psychoanalytic case study with a respect for systematic research—and also with concern that in a bid for scientific legitimacy, psychoanalytic researchers sometimes misappropriate methods from the natural sciences. Psychoanalysis requires an array of research methods suited to the study of mind, in all its complexity. Some questions of analytic interest call for quantitative study of large samples. Many analytic phenomena are perhaps better suited to case study; but this approach—the mainstay of our literature—raises legitimate concerns about narrowed scope. I do not go so far as Brenner (1982), who sees the analytic hour as the only possible laboratory for the study of analysis. However, I also do not see large-sample, statistical hypothesis testing as our sole salvation.

What I present here is an intermediate alternative: a multiple case study, in which my relationship to participants is solely as researcher; but I conduct research interviews in a manner that approximates clinical consultative method, and interpret interview material from a distinctly psychoanalytic perspective. My approach takes inspiration from a tradition established at Harvard University a half century ago. Dissatisfied with the narrow experimentalism of their colleagues, personality psychologists Henry Murray and Robert White pursued “the study of lives,” emphasizing detailed, psychoanalytically informed study of personal histories (see, e.g., White 1963, 1975). In a similar vein, psychiatrist-psychoanalyst

George Vaillant (1977) combined analytically informed questionnaire and interview data in a longitudinal study of 268 men, begun when they were Harvard undergraduates and spanning several decades.¹

Most immediately, my approach derives from a model of multiple-case research put forth by clinical and personality psychologist George Rosenwald (1988), in which “individual cases, captured through intensive exploratory interviews, are brought into ‘conversation’ with one another” (p. 239). Cases are selected for study on the basis of their suitability to serve as interesting examples—to show maximal variation on a theme of interest to the researcher. The multiple-case approach “does not seek to ascertain what is the case in a defined population by drawing inferences from a sample. Instead it shows what *may* be the case” (p. 261).

CULTURAL AND HISTORICAL CONTEXT

A growing interdisciplinary literature on the subject of work-family balance provides essential context for my study. In postfeminist America, women who combine career and motherhood continue to face real financial and practical obstacles. A mother’s salary may barely cover the cost of child-care, particularly if she works part-time—and good care is notoriously hard to find. Sociologist Arlie Russell Hochschild (1997) observes that even when family-friendly workplace arrangements are available, subtle elements of corporate and domestic culture prompt many women to underutilize them. (For example, Hochschild is alert to defensive use of the workplace as refuge from domestic and interpersonal conflict.) Of-

¹ Though not psychoanalytic in orientation, studies of adult development in two cohorts of college women are relevant as well. In the Mills Longitudinal Study—now in its fifth decade—Ravenna Helson and colleagues have followed some 120 women from age twenty-one (during their senior year at Mills College in Oakland, California, in 1958 or 1960) through age sixty-one, studying both enduring features of personality and change processes over the life course (see, e.g., Helson, Jones, and Kwan 2002). Similarly, Abigail Stewart has studied 100 women from the Radcliffe class of 1964, starting a decade after their college graduation (see, e.g., Stewart and Ostrove 1993).

ten, “mommy-track” jobs are less desirable and less lucrative than work available to childless women and men. A woman who takes a hiatus to raise small children risks finding that there is no “on ramp” should she choose to resume her career.

American mothers have always been involved in productive labor, but before industrialization, much of that labor took place within the home. Opinions about mothers’ paid work *outside* the home have swung widely over the past century. In response to World War II-era need, women were welcomed into the workplace; Rosie the Riveter served her family and her country, both. The postwar economic boom gave rise to a generation of women who aspired mainly to the domestic realm.² These women raised their children by the book of Spock, who advised (in 1957—though he varied over time; more about this below) that too much maternal attention might spoil a child. So many of our mothers stayed home, but occupied themselves—with telephones, friends, and endless domestic tasks—while their children went out to play, often disappearing for hours at a time.

Next came a generation of women for whom a second salary was useful, if not necessary. Some of our mothers shunned domesticity for personal fulfillment in the workplace. They did so with assurance that a child benefited more from a bit of quality time with a happy, engaged mother than from long hours with a disengaged, housebound one. In an oft-cited diary study (Sayer, Bianchi, and Robinson 2004), sociologists have shown that the amount of time mothers spent in routine child-care activity declined from the mid-1960s through the mid-’70s.

More recently, the pendulum has swung in the direction of what one sociologist (Hays 1992) calls an ethic of *intensive mothering*—the conviction that raising a child demands a great deal of time and hands-on involvement from one, and only one, mothering person. From 1975 through 1998, time spent in routine child-

² Many worked for pay as well; however, “the presentation of nonemployed mothers as normative” during this era “either has characterized the ‘working mothers’ of the 1950s and later as deviant or has rendered them invisible” (Garey 1999, pp. 2-3).

care rebounded from earlier levels; meanwhile, time spent in what Sayer, Bianchi, and Robinson (2004) describe as “more developmental activities” showed a net increase from the 1960s to the ’90s. In keeping with this trend, our field’s general occupation with attachment theory has seeped into public consumption in the form of books advising *attachment parenting* (e.g., Sears and Sears 2001)—an approach that favors maximal face-to-face and bodily contact between parent and child.

We live in a moment of particularly marked cultural ambivalence about whether mothers of young children should work—for pay, outside the home—at all. Oscillations in opinion on the matter of mother’s requisite, extended presence in the home have shortened to the point that both extremes can be heard—and both rather shrilly. As analysts, we know that attachment and autonomy *both* are critically important—to babies and to the adults who care for them. We know the real dangers of disturbance in the earliest attachment relationships; but we also know Spock had a point in warning against inadvertent stifling of a child’s need for autonomy. Too often, expert advice and public policy reflect just one side of the developmental coin. Like the rest of us, experts and policy makers are subject to the laws of conflict and compromise formation.

For example, Shengold (2004) describes Spock’s entanglement in a web of identifications and counteridentifications with his mother. Mrs. Spock showed marked favoritism toward her son Benjamin, but her general approach to child-care could be cruelly Spartan. Over the course of his career, Spock’s conflicted identification with her was expressed first in opposition to the “strictness” of child-rearing practices prevailing in the 1940s, and later in concern about what he perceived as the excessive “permissiveness” of 1950s-style parenting.³

³ Also of note: Spock began psychoanalytic training in the 1930s, but eventually abandoned it, feeling disappointed in the depth and results of two training analyses. Shengold (2004) provides an interesting account of the interaction between Spock’s foray into analysis and the development of his child-rearing philosophy.

Mothers adopt, adapt, or reject each strand of expert advice according to their own conflicts. A woman who dismisses expert opinion on, say, the value of breast-feeding can find plenty of others who share her view; in this way, she can remain blind to the influence of her own psychology. So, for example, the same author who called our current situation a “mess” (Warner 2005) took solace in the company of other women who shunned “attachment parenting,” and who assured her that “after a few months, it was acceptable to stop breast-feeding in order to start feeling like yourself again” (p. 31). With this statement, Warner loses empathic contact with that portion of her readers whose conflicts and compromises align to make nursing one of life’s great pleasures.

This is the stuff of the “mommy wars.” As analysts, we have an opportunity—and perhaps an obligation—to rise above the fray. Analytic perspective on the actual, complex needs of children and mothers (and fathers, too) has potential to influence public policy in directions advantageous to all. In a recent paper, law professor Anne Dailey (2005) takes an important step in that direction, arguing on the basis of psychoanalytic developmental theory that good early caregiving is essential to the development of adults who can participate effectively in a democracy. I would like to take another, modest step in the same direction—one rooted in systematic, clinical observation.

BRIEF REVIEW OF RELEVANT PSYCHOANALYTIC LITERATURE

For many years, motherhood was slighted in psychoanalytic scholarship—particularly as an adult, developmental phenomenon. Among the first to note its scant, biased treatment in our literature, Horney (1926) wrote, “I, as a woman, ask in amazement, and what about motherhood?” (p. 329). As she suggests, the “male genius” who created psychoanalysis may have been unable to grant women pleasures and powers not available to men (p. 324). Horney and others have done much to right the original imbalance in Freud’s thinking. However, important gaps remain in our under-

standing of how motherhood figures in the psychologies of adult women—and of daughters who may, in time, become mothers.

One testament to a new wave of psychoanalytic interest in the subject was a 2002 conference at the William Alanson White Institute, titled “What Do Mothers Want?,” which yielded an eponymous volume of collected papers (Brown 2005). The absence of a paper focused on conflict between work and motherhood from this generally excellent collection is notable. So far as I know, the present study is the first in the psychoanalytic literature to take the experience of conflict between paid work and motherhood as its central focus. Given its overwhelming prominence in public consciousness, its absence from our scholarship requires explanation. One likely impediment to systematic study of the problem is that those of us in a uniquely good position to explore it—psychoanalysts who are also mothers—all struggle with it, to some degree. This makes it impossible for us to write from an objective distance. (But perhaps traditional scientific objectivity is not called for here—any more than it is in the consulting room!)

Though not a central focus of previous psychoanalytic publications, the experience of conflict between paid work and motherhood has been noted in them. For example, Hoffman (2003) observes the limitations of an “either/or orientation,” in which “desires gratified by pregnancy, maternity, and childrearing” are opposed to “those gratified ‘outside’ the maternal role,” in “the general social field outside the home” (p. 1235)—including the workplace.⁴ He observes that mothering and paid work both require a sense of personal agency, and that conflicts around aggression may impede a woman’s functioning in either domain.

Mixing personal and clinical observation with thorough, interdisciplinary scholarship, de Marneffe (2004) writes with a distinctly analytic sensibility about the vicissitudes of “maternal desire”—women’s longing to have and to care for children, which inevitably

⁴ For a similar argument from a sociological perspective, see Garey (1999), who laments the influence of an “orientation model of work and family,” in which “employment and family have been portrayed dichotomously—and women are described as being either ‘work oriented’ or ‘family oriented’” (p. 6).

comes into conflict with other, competing desires. "The adaptations we make, so necessary and reasonable within one framework of meaning, that of work," she observes, "often cost us a great deal within another framework of meaning, that of caring for children" (p. 92).

Most germane to my project are observations regarding the uptake of cultural values in the psychologies of individual women. In a paper on the phenomenon of work inhibition in women, Applegarth (1976) wrote:

Not only internal and external obstacles may divert women from careers, but also the very gratifying alternative pathway of marriage and motherhood, which enjoys intense societal support as well. Both the obstacles on the outside and the gratifications of the alternative can be used defensively to disguise internal disturbances. [p. 252]

Similarly, de Marneffe suggests, "Whereas the ideal of maternal self-sacrifice used to obscure mothers' desires for things other than motherhood, today's ideal of 'staying on track' professionally obscures mothers' desires to be transformed by motherhood" (2004, p. 125).

I would argue that both ideals—maternal self-sacrifice and professional progress—are alive and well, and equally available today to women's individual uses of them. Clearly, professional opportunities—and pressures—have increased for women over the past three decades. But Applegarth's central observation (with which de Marneffe clearly agrees) stands: societal norms are often invoked to conceal internal conflict.

In an exemplary blend of psychoanalytic and sociological thought, Chodorow (2003) observes that "personal uses of cultural defenses" may contribute to some women's delay of childbearing efforts until "too late"—i.e., well into or past the decline of fertility. Ruing the use of her own earlier work (1978) as "fuel," Chodorow describes how some women delay childbearing indefinitely by waiting for the arrival of a partner who "promises to do half the caretaking" (2003, p. 1187). Employing Kris's (1985) distinction between divergent and convergent conflict, Chodorow continues:

In other manifestations of this appropriation of cultural tropes as defenses, divergent conflicts about work on the one hand (too much involvement, fears of failure, fears of success) and motherhood on the other (on the one side, the pull towards total envelopment in a relation to a child, fantasies of triumph over one's mother and fantasies of bountiful wombs and breasts; on the other fears of regressive merger, or oedipal triumph, and of bodily depletion and deformity), converge into the single conscious conflict: career versus motherhood. [2003, p. 1187]

My project takes particular inspiration from authors like these, who observe the reciprocal influence of individual conflict and social context.

My aim is to make observations, on a systematic basis, of a sort that any analyst might make daily in clinical practice. As analysts, we can help others understand each extreme in the cultural debate around working motherhood as the expression of a widely shared response to a fundamental tension in human development, between attachment and autonomy. Many of us do work of this kind in our offices on a daily basis. For example, we might help a frightened, depressed new mother understand how early disturbances in her relationship with her own mother complicate the experience of intimacy with her infant. With our help, she may become able to enjoy her child, rather than end her maternity leave early and disappear into the safe familiarity of an 80-hour work week. We might help another woman to understand that her toddler's developing need for separation is not cause for narcissistic injury; nor is her wish to return to paid work *solely* an expression of anger toward her toddler.

My findings are unlikely to surprise any working analyst, but I hope they will contribute to an underdeveloped facet of our scholarship. I also intend what follows as an example of a clinical research method that might be put to use in studying other phenomena of interest to analysts. I hope that by addressing a matter of wide, contemporary interest, this work will help to demonstrate the utility of psychoanalytic thinking to a broader public.

RESEARCH METHODOLOGY

Selecting Study Participants

The quiet strains of internal conflict can be hard to hear when external exigencies roar. To amplify the murmur of internal life, I decided to focus on women whose social, educational, and economic status are such that they might *perceive* some degree of practical freedom in decisions about paid work and mothering, and for whom meaningful work might be an important element of identity, regardless of its financial necessity.⁵ They must be old enough to have had children, or at least to have begun thinking seriously about whether, when, and how to have them. They also must have some reason to trust and engage with me. Mindful of those college cohort studies cited earlier in this paper,⁶ I decided to recruit participants from my own college class: Yale University, 1984.

To establish a research-professional relationship with former classmates, I drafted procedures and informed-consent materials that detailed how I would protect the confidentiality and anonymity of all involved (e.g., declining to answer a participant's questions about whether I had also spoken with her friend or roommate). Consent materials clearly distinguished the clinical interview procedure from psychotherapy: I would provide a referral if needed, but would not take a research participant into treatment. No money would change hands. If a participant allowed it comfortably, I would audiotape our conversations for later transcription; this way, I could use accurate, direct quotations when needed.

⁵ I am grateful to Chodorow (2006) for pointing out that—regardless of our perceptions in this regard—middle-class women may be no freer, no less determined, in their choices than are women of lower socioeconomic status. Certainly, studies much like mine could—and should—be done with women (and men) in varied settings. However, I think there is some utility in starting with a group of women who enjoy broadly similar advantages and face broadly similar constraints (e.g., expectations of professional success, difficulty pleading absolute financial necessity, etc.).

⁶ And following an excellent suggestion from Kitty Ross, an editor of well-refined analytic sensibility.

I also wrote a questionnaire that I hoped would allow me to understand participants' work and mothering arrangements, and to learn a bit about their personal histories, before interviewing them. I sent research packets (cover letter, consent materials, and questionnaire) to every woman in the Yale class of 1984 who had listed herself in a class directory. The vigor of their response astonished me. Of 436 women who received the research packet by U.S. mail, 147 responded—a rate of 34%. Follow-up mailings (to women who did not respond when first contacted, or who could be reached by e-mail but not U.S. mail) yielded an additional 15 participants, bringing the total sample size to 162—about 31% of the 530 women who graduated with the class. Of these, 120 sent in questionnaires and also agreed to be interviewed; 20 sent questionnaires, but declined further participation; and 22 declined to send questionnaires, but agreed to talk with me. In the end, then, I had 140 questionnaires and 142 prospective interviewees.⁷

Arguably, an Ivy League education confers middle- to upper-class social status on all Yale graduates. These terms accurately describe the current social and economic status of almost all respondents. However, affirmative action and need-blind admissions policies were in place when this cohort applied to college. For some participants, Yale represented a bold leap in socioeconomic status. This feature of the sample allows for some interesting observations; e.g., at least one participant's decisions about work and mothering reflect fear of a return to the economic and emotional privations of her childhood. Also of note is that Yale graduated its first nominally coeducational class in 1973,⁸ and women were still something of a minority there in the early 1980s. Women made up just 43% of Yale 1984 baccalaureates. This fact shapes some re-

⁷ As the sample swelled in size, tasks and expenses associated with the study mounted. Grant funding from the Alfred P. Sloan Foundation's Program on the Workplace, Workforce, and Working Families allowed me to hire student assistants at the New School for Social Research, as well as to interview respondents all over the country. The Sloan Foundation has also provided contact with an extended interdisciplinary community of researchers studying the interface of paid work and family life.

⁸ 230 women entered with the class of 1969; of these, 177 graduated in 1973.

spondents' conscious thoughts about their time at Yale and their lives since, and is an influential—if sometimes unrecognized—element in the shared experience of all respondents.

A word about the possibility of selection bias is in order. The sample was recruited from women who chose to list themselves in a published class directory, and each participant's choice to take part in the study reflects a further degree of self-selection. Three likely motives for self-selection are as follows. The first (detailed further below) is an experience of acute conflict organized (at least consciously) around efforts to combine paid work and motherhood, or around last-call decisions about whether to have children. The second possible source of bias, opposite to the first (at least manifestly), might be termed a reunion phenomenon—a desire to trumpet personal and professional accomplishments. The third is a tendency for women who perceive their situations as unusual in some way to respond as standard-bearers for their kind. For example, some full-time stay-at-home mothers, some primary wage earners, and some women with unusually strong religious beliefs clearly wrote as advocates for their approaches, often in tones suggesting they anticipated a cool reception. Many standard-bearing respondents seem to experience considerable anxiety, partly concealed by pride; for example, a married woman who reports earning more than half her household income may well feel both boastful and uneasy about her arrangements.

Questionnaires

Some questionnaire items pull for straightforward, easily recorded answers (e.g., a respondent is asked to indicate the pre-set range within which her household income falls). But most are deliberately worded in an open-ended way, to encourage elaboration in terms the respondent finds natural. For example, I ask:

Please describe your racial and ethnic background. Use whatever categories you think important and as many of them as you require.

— and —

Do you regret—or fear you someday will regret—your decision(s) about whether or when to have children? If so, please explain.

This is survey research with a psychoanalytic sensibility—a prelude to clinical interviewing more than a quantitative measure. My questions are intended to communicate interest in a respondent's subjective experience and to acquaint me with the broad outlines of her story. This approach had the desired effect: many respondents wrote at length in evocative, emotion-laden language, their answers curling around the edges of my questions, through coffee and baby food stains, onto the backs of pages. Some were quite troubled about their lives and others more sanguine; most wrote with a clear sense of urgency to communicate their views.

My first and most vital use of questionnaire data calls on the psychoanalytic tradition of projective testing.^{9, 10} I read questionnaire responses closely, taking notes as I go. In this way, I may learn a good deal about a respondent beyond what she consciously intends. I review questionnaires and my notes about them before interviews, to guide my listening and questioning. Most often, what I hear in an interview confirms and elaborates the initial impressions formed from the questionnaire. For example, a woman who wrote about her closest relationships in thin, platitudinous-sounding terms had trouble acknowledging ambivalence toward her children when we met, though she spoke of them with obvious boredom and irritation (which she rationalized as “what every mother feels”).

Sometimes questionnaire and interview data are discrepant, and this, too, is informative. For example, one woman left blank a

⁹ I continue to work in the tradition established by Rapaport, Gill, and Schaffer (1968). I find that Schaffer's (1967) chapter on the Thematic Apperception Test—titled “How was this story told?”—remains a singularly useful guide to the interpretation of narrative material of any kind.

¹⁰ Another use of questionnaire data is to support statistical description of the sample and some testing of hypotheses generated in the interviewing process. For this purpose, most narrative responses can be made to yield information of a quantitative or categorical nature. More extensive uses of the questionnaire data may be reported elsewhere in the future.

questionnaire item about significant traumatic experiences. When we met, she spoke—rather casually—about her childhood experience of severe socioeconomic crisis in another country. Other elements of her presentation in the interview also suggested a capacity to minimize troubling experiences.

Interviews

With 142 women willing to interview, I faced a pleasant dilemma: with whom should I speak, and in what order? There was an obvious starting point: some of those who chose “talk-only” participation seemed to feel an urgent need for consultation and viewed my study as an opportunity to get it. A few contacted me by phone immediately, hoping to meet soon, and so we did.

Next in priority for interviewing were women whose questionnaire responses suggested some clinical urgency. Many of these women live in or near New York City and were able to visit my private office. When face-to-face meetings were not possible, I conducted interviews by phone. Next, I had to establish a systematic way of sampling from the remainder of the 22 “talk-only” participants, as well as the 120 questionnaire respondents who agreed to be interviewed. Thus far, I have structured sampling largely around geography. Though participants hail from 32 states (and two far-flung respondents sent questionnaires from overseas), most are concentrated in major, coastal metropolitan areas. I have traveled to several cities, sampling from both the East and West Coasts and from the Midwest. On each trip, I have interviewed as many respondents as possible over a few days—usually in a suite-style hotel room, but occasionally elsewhere (e.g., in office space borrowed from colleagues, in a respondent’s private office, and in a church library).

To date, I have interviewed 65 women. 48 of those interviewed so far sent in questionnaires as well; 17 are “talk only” participants. I will continue to interview additional participants from the New York area and by phone, as needed, to be sure the interview pool represents the study sample in important ways (e.g., mothers who do no paid work; home-schooling mothers; adoptive mothers;

single, divorced, and remarried women; women who have decided against having children; women pursuing first-time motherhood after age forty; women whose decisions about work and mothering are organized, consciously, around religious beliefs). Some women who first interview by phone or in a hotel room later have occasion to visit New York and follow up in my office. Some interview opportunities arise fortuitously, when travel for another purpose brings me to a city with one or two questionnaire respondents. In these ways, the interviewing process may continue for years to come.

The use of an essentially analytic interviewing technique to capture matters of analytic interest takes inspiration from Kantrowitz's extensive work on patient-analyst match (e.g., Kantrowitz et al. 1989) and on the analyst's internal experience (e.g., Kantrowitz 1996). As I began this project, I was heartened to find a congenial paper by Cartwright (2004), describing a "psychoanalytic research interview": research participants are told "the specific subject of the interview," and this "provides the central context around which they are urged to associate (consciously and unconsciously)" (p. 224).¹¹ In my study, the experience of conflict around work and mothering serves this purpose. When possible, I continue the interviewing process until I feel I understand a participant well enough to help *her* understand her current experience, in light of her history, character style, characteristic defenses, and relationship patterns. I make trial interpretations and listen carefully to her responses, modifying my understanding as I go along.

Typically, I allot an hour and a half for an initial interview, with subsequent meetings also lasting up to an hour and a half. With any respondent who is willing and able to do it, I meet at least twice ($n = 13$); with several, I have met three ($n = 5$) or four ($n = 3$) times. With some women, I conduct several interviews over

¹¹ My interviewing method draws most directly from recent publications in the mainstream psychoanalytic literature, but I would like to note the presence of a psychoanalytic perspective in the field work and interviewing techniques of some anthropologists; see, for example, S. Levine (1981) and R. A. Levine et al. (1994).

a short period of time; with others, months may pass between interviews. Some questionnaires have come from women I knew well in college, but I do not interview anyone I knew beyond the level of dim mutual recognition. Though I always acknowledge our shared class membership, I maintain something approaching my usual professional stance in every interview.

There is much variation in how participants respond to this stimulus: a former classmate behaving like the psychoanalyst she has become. Most take their cues from my demeanor and treat our discussions as professional, research-clinical encounters. Some engage deeply and are eager for multiple meetings. Those in most acute pain may forget—even actively shun reminders of—our former peer status; current, pressing need inclines them to view me mainly as a potential source of help. This maneuver, it seems, frees them to use the research interview to its fullest clinical potential. For these women, the experience of conflict between paid work and motherhood has the full weight of a presenting complaint. Our interviews have come nearest the ideal I first imagined, of clinical-consultation-as-research-laboratory.

Other women engage more superficially, maintaining a breezy, class-notes tone in our discussion, or making clear that a single conversation has exhausted their interest. I follow participants' leads in this regard. The chattier, more superficial interviews serve as a reminder: all of what I hear from study participants may be influenced, to some degree, by awareness of our membership in the same college class. In this context, concerns about competition and privacy may heighten tension around self-revelation; what appears as a respondent's (unconsciously) defensive denial of some personal difficulty may consist partly in a (conscious) reluctance to reveal personal troubles to a former classmate.

An obvious constraint on the confidence with which I can infer unconscious material from conscious presentation is the lack of an extended treatment relationship. However, I believe it is possible to think in useful, and distinctly psychoanalytic, ways about clinical research interview data. Within the constraints of this study, women vary enormously in the experience of efforts to combine

paid work and motherhood, and also in their understanding of that experience. An analytic clinical perspective permits exploration of and disciplined speculation about the differences among them.

PRELIMINARY FINDINGS: THE PROFOUND INFLUENCE OF MATERNAL IDENTIFICATION

Across all the interviews I have conducted to date, one clear, recognizable pattern has emerged: a woman's ability to live comfortably within the realistic constraints of her arrangements around work and motherhood is strongly influenced by the quality, extent, and management of her identification with her own mother. What determines whether she experiences minor, manageable distress or real anguish in the effort to balance work and family is not her mother's employment history. It does not matter whether her mother worked outside the home, nor whether her own arrangements repeat or diverge from her mother's. What matters enormously is whether she feels a deep, pleasurable sense of identification with her mother *as* a mother.

I cannot claim to have predicted this finding at the outset of a study that rests—deliberately—on a largely unstructured, discovery-oriented, clinical interviewing method. Certainly, though, there was reason to expect that the mother–daughter relationship would have rich yield in an inquiry into women's experiences of motherhood, paid work, and their interface. Chodorow (2000), citing an enduring claim from her seminal (1978) work on the reproduction of mothering, observes that “core psychological and interpersonal experiences for women can be understood in terms of [an] internal mother-daughter lineage” (2000, p. 339). Similarly, Dalsimer (2004) cites Virginia Woolf's “famous dictum” from *A Room of One's Own*: “We think back through our mothers, if we are women” (p. 727). As one of my respondents put it, what transpires between mother and daughter forms “the first really important relationship, *especially when you become a mother*” (italics added).

Recently, the mother–daughter relationship has become a focus of attention for a number of analytic authors, commanding a full two issues of *Psychoanalytic Inquiry*.¹² Contributors portray past views of both mothers and daughters as truncated in their failure to account for ongoing internal development throughout adulthood (Notman 2006; see also Bernstein 2006). These authors also criticize the “linear” nature of earlier discussions: female development was thought to proceed from attachment to separation (Bernstein 2004), and to culminate in “a severing of the mother–daughter bond” (Balsam and Fischer 2006, p. 1); this was thought to be the only route to a daughter’s autonomy and sexual maturity. In this light, any deep, ongoing connection between mother and daughter could be seen as pathological, regardless of its quality—its tendency to enhance or diminish pleasure, its utility, and so on (Bernstein 2004).

In contrast, current observers suggest that female development is best understood as proceeding toward a state of mature “interdependence” (Balsam and Fischer 2006, p. 1) between mothers and their adult daughters. In this view, an important feature of women’s experience in adulthood is “the tension between attachment to one’s mother and [the development of] some autonomy” (Notman 2006, p. 138). In its process toward the (often elusive) goal of mature interdependence, adult female development is characterized by “an ongoing process of revisiting, reexamining, and re-synthesizing self-versus-mother and self-with-mother representations” (Bernstein 2004, p. 622).

Such reworking can be expected to occur with particular focus and intensity at certain nodal points in the psychobiological development of both mother and daughter—especially those that trace the specific arc of female maturation. Freud’s (1923) old saw—“The ego is first and foremost a bodily ego” (p. 26)—helps to explain

¹² See the following issues of *Psychoanalytic Inquiry*: Volume 24, Number 5 (2004) and Volume 26, Number 1 (2006), both edited by Rosemary Balsam and Ruth Fischer. My thanks to two anonymous reviewers for bringing these excellent collections to my attention.

why this is so, and will remain so even as fathers become active participants in their children's early care. The growth of breasts and the onset of menstruation; pregnancy; childbirth; and menopause each serve to remind a woman, forcefully, of biological commonality with her mother.

Balsam (1996) suggests that the external contours of women's bodies—especially the “vast belly [and] bounteous breasts” (p. 401) of pregnancy—may figure prominently in a girl's perceptions and fantasies, perhaps contributing as much as (though differently from) the possession of female genitalia to the development of her gender identity. The changing shape of the pregnant and postpartum woman's body becomes an important focus of comparison with her mother. But the terms of comparison are not limited to grossly perceptible, external features. Balsam (2000) writes, “Often, it is only when a woman becomes a mother herself that she experiences the full impact of her own internalized mother” (p. 465). Much of this impact—indeed, perhaps its most influential features—may emerge quite subtly, in forms not immediately apparent to the new mother. Balsam observes that she “may consciously repudiate her [own] mother or idealize her, seeing the negative or positive characteristics as belonging clearly to mother, but gradually becoming aware of her own apparently identical behaviors emerging in motherhood” (p. 466). Sometimes, the new mother's analyst or therapist (or perhaps a psychoanalyst-researcher) may glimpse the “mother within the mother” before she herself does.

In becoming a mother, a woman contends with—at least unconsciously (often consciously, too)—the question of whether and to what extent she simultaneously becomes *her* mother. To say that the maternal identification activated when one bears children is felt *viscerally* understates the case. Whether or not it is recognized consciously, it may seem to pervade every cell of the body—every thought, gesture, word, and action. In the context of an essentially warm, pleasurable maternal relationship, the reminder of a deep, biological connection with one's mother is welcome. In the context of a troubled relationship, it can be deeply disturbing.

INTERVIEW MATERIAL

In what follows, I present several permutations—each illustrated with a brief vignette from interview data—on the theme of how maternal identification and counteridentification affect women’s experience of comfort and/or conflict in efforts to combine paid work and motherhood. A word about the selection of vignettes: in keeping with Rosenwald’s (2002-2006) approach, I sought “good examples.” I find support for my central argument in many more cases than are presented here. In a sense, *any* mother’s story should do. Conflict is endemic to human relationships, and the mother-daughter relationship is no exception. Surely, then, any woman’s relationship with her mother must cast both light and shadow on her experience of both paid work and family life.

In selecting seven vignettes for presentation here, I tried to vary the proportion of light to shadow. I also tried to achieve some balance in both respondents’ and their mothers’ manifest arrangements around work and motherhood. The first two vignettes portray women whose essentially positive identifications with their mothers seem to help them combine paid work and motherhood with relative ease. The next three describe women whose struggles at the interface of work and family appear to express more conflicted maternal identifications. The last two vignettes show how a clear—even explicit—process of counteridentification can be of help with the problem of a troubled mother-daughter relationship.¹³

(1) *Mary*

Mary, the daughter of a happy “dilettante,” combines a full career and motherhood. A tenured medical researcher with a husband and three children, she enjoys both work and family life. During two interviews, she returned—repeatedly and resoundingly—to the great pleasure and security of her relationship with her own mother, from early childhood through the present. Mary’s father

¹³ To preserve the anonymity of the participants, names and other potentially identifying details have been changed.

worked long hours at a full-time career. Her mother pursued a career after her children were grown; during Mary's childhood, she dabbled in various creative interests and worked intermittently at what Mary describes as "shit jobs, to bring in extra money." Mary's mother was deeply committed to progressive social causes and was free to pursue them in the company of other like-minded, "Bohemian" women. With neither the benefit nor the distraction of a career, she maintained a rich social and intellectual life.

A bit wistfully, Mary says, "Really, my mother was a dilettante when that was still possible." Most of all, she "*loved* being a mother and having children, and wanted nothing more than that." Unlike her mother, Mary has worked at a demanding career, straight through the arrivals and growth of her children. But despite clear differences in their overt arrangements, Mary feels she has emulated her mother's example. That is to say, she has called on a comfortable, pleasurable sense of identification with her mother in forging a career and family life—and a network of friendships—that nurture *her*, along with her children.

Mary has confidently used the academic calendar, sabbaticals, grant-funded teaching release time, etc., to her advantage, taking a long maternity leave after each child's birth. Here is Mary on the subject of her time with very young infants: "For me, that intense one-on-one—like, hey, I know how to do this! . . . This is mother's milk to me. I'm good at it and I love it." Mary is alert to a broad divide among her peers, and has a clear sense of her place along that divide. She contrasts herself with "other women I know, who just felt overwhelmed in a really negative way" at their babies' births. Mary observes, "psychologically, there are two kinds of people"—those most comfortable with intensive attachment, and those more concerned with autonomy—and "it's pretty clear to me, given my background, why I'm the one kind and not the other." She explains: "I think there are those of us for whom the one-on-one intense relationship of almost complete merger is what we know and what we feel really comfortable with."

Mary's experience of comfortable oneness with her mother cannot be explained in strictly quantitative terms. Mary was one of

several study participants to lament the passing of an era in which children and adults occupied discrete spheres. In her childhood, “grown-ups [had] ‘grown-up time’”; children were expected to run off and play, largely unsupervised, with other children. However, Mary’s mother was available to her when needed. Mary’s profound comfort with her mother—and with her children—reflects the *quality* of that mother–daughter relationship. Among many expressions of Mary’s comfortable maternal identification is an appreciation for the value of unstructured time—time for children’s play and for the free play of adult minds.

Among the women I have interviewed, Mary stands out as one of those most able to derive genuine pleasure from both motherhood and career. Her comments about conflict between the two domains are pitched—in the tradition of her mother’s progressivism—not as an expression of personal anguish, but rather as social critique. To help me understand her view of good parenting, Mary translates her thinking into terms she knows I will understand:

You could probably say something really interesting about the psychoanalytic situation . . . as a model for parenting . . . I’m thinking about what it means to . . . lie down and the analyst is there, but out of sight . . . That’s what I mean when I talk about [how, ideally] the kids come home from school and they don’t sit down and do homework under the nose and tutelage of their parent—which would be like some really interventionist, behavior mode. [Instead] their parents are out of sight, but present. And they have room to kind of free associate.

Children in this situation—like analytic patients—are “not *alone* . . . not un-parented,” Mary explains. The analyst, like the good parent, is “with you, but . . . not overinvolved; they’re giving you space.” Furthermore, “there’s a physical separation; the analyst is behind you, and in a way that’s a metaphor for what I was talking about—the way in which there [used to be] a world of grown-ups and a world of kids, [but with] a really important connection” between them.

(2) Elaine

Elaine's mother worked full-time in a highly responsible, prestigious administrative position while raising three children. One sibling was born before Elaine's first birthday and another followed within the next two years. When we met, Elaine remarked that she wondered "what [her mother] was thinking," having three babies so close together. She answered her own question: about two months before Elaine's birth, her maternal grandmother died. Elaine thinks her mother had two more babies quickly in a kind of repopulation effort—to create a family of her own in response to her mother's death.

Shortly before we spoke, Elaine housesat for her parents during their vacation. In one of many incidental markers of her abiding pleasure in their company, Elaine lamented that their home was "not as much fun when they're not there." Her conscious recall of early home life is a bit paradoxical. She remembers childhood with genuine pleasure, but conveys a sense of what might be described as benign neglect. Work and family commitments notwithstanding, her parents hosted a steady stream of friends, relatives, and exchange students, often leaving the children to play on their own, unsupervised. To put this observation in context, I note that Elaine does not seem to lament the absence of adult scrutiny; and I emphasize Mary's apt observation that parents of the previous generation generally allowed their children freer rein than is usual today.

That said, Elaine thinks she and her siblings experienced her parents' widely distributed attention quite differently. For the middle child, born just eleven months after Elaine, the experience of neglect was not so benign; even now, this sibling feels chronically shortchanged. In our interviews, concern about her own middle child's well-being emerged as an implicit motivation for Elaine's willingness to take part in my study. Consciously, Elaine feels she and her youngest sibling got what they needed from their parents; both seem able to love and work without much trouble. To explain the difference in her middle sibling's feelings about the

same home, she invokes birth order and “temperament”; the second-born (like her own middle child) has always been more anxious and friable than the others.

Elaine is a superb athlete. Though not active on college teams, she competed at the highest levels, both nationally and internationally, from adolescence through early adulthood. Her movement is so calm and unhurried that, at first, I could not see her summoning the bursts of energy her sport requires. On second thought, I imagined her unflappability might help to explain her excellent athletic performance. (Split-second decisions, in situations of high emotional and physical consequence?—No problem!) Elaine says she has always been known for her unusually “easy temperament.” She says the same of a baby daughter, who joined us for two meetings and seemed just as Elaine described her: comfortably attached to her mother (both clearly enjoyed nursing), confident in exploring my office, smiley, engaged, and engaging.

Like her mother, Elaine has three children. Mindful of her sibling’s feelings about scant maternal care, she has shaped her family and work life in ways consciously intended to minimize the potentially disruptive effects of combining them. At least two years separated the births of Elaine’s first two children. The baby came several years later, and was not (consciously) planned. (Elaine explains: Wanting a third child but ambivalent about the upheaval involved, she was neither trying to conceive nor taking care not to. After some initial anxiety and a threatened early miscarriage, she welcomed this third pregnancy.) With the aim of adjusting work commitments to fit her children’s developmental needs, Elaine has opted to run a small business from her home. She added hours as the first two children grew past infancy, then cut back again, for a time, after the third arrived. Life in Elaine’s home—and hence in her office—replicates treasured elements of her childhood experience. Like her parents’ home, Elaine’s is open to outsiders. A contractor doing construction in her office becomes a family friend; a babysitter does double duty as telephone receptionist, and also becomes a kind of informally adopted eldest daughter.

Elaine's husband works full-time. To help with their complex lives, Elaine sometimes leaves her older children in her parents' care for several days. Recently, while staying with her mother, Elaine's eldest child misbehaved and was disciplined. Describing her satisfaction with a typical exchange between her mother and her child, Elaine remarked, "I love that he's getting that from my mom. Because my mom is *so* good. She's really good with kids. I love the way she explains things."

In these words, one may hear a note of defensive idealization, sounding high above a chord of well-founded admiration. Elaine readily observed the parallels between her current home and the one she grew up in, but identified a sense of lack and deprivation only as something her *sibling* had felt. Perhaps unconsciously, Elaine, too, may feel she got less than she would have liked from either parent; perhaps she has unwittingly colluded with her busy mother's need to feel good enough and available enough. Viewed in this light, her complex work-and-home arrangement might be seen as a repetition in which her children—sharing her with outsiders—feel some of what she herself felt in childhood; and her frequent returns to the parental home might comprise a quest for something missed the first time around. But such conflict and compromise, if present, seem to me the stuff of ordinary, good enough parent-child relationships. If Elaine does seek something she missed, her freedom to seek it and her pleasure in the pursuit speak volumes about what she *did* get. So, too, does her strong feeling that her parents have much value—and pleasure—to offer her children.

Though perhaps present, idealization does not dominate. Elaine's identification with her mother allows room for autonomy. Comparing their disciplinary tactics, Elaine says her mother's approach is "a little bit different from what I do. But I don't feel like it's better. I think I can do as well as she can, and I think that's because she taught me well." The same might be said for Elaine's decisions about how best to combine work and family life. Elaine emulates the spirit of her mother's involvements with both work and family, but feels free to combine them in her own way. Her

pleasure in her mother's current involvement with her children exemplifies one possible response to what I have come to consider a kind of litmus test. Women who revel in their mothers' contact with their children can draw upon strong, pleasurable maternal identifications, which greatly ease their experience of both motherhood and paid work, making them maximally effective and content in both spheres.

Like Mary, Elaine has no substantial question about her adequacy as a mother, and clearly enjoys all three of her children. Like other study respondents who enjoy genuinely warm relationships with their mothers, Elaine is capable of trusting others (e.g., her babysitter/receptionist) to care for her children. For such women, day care centers, preschools, and nannies can all fall under the glow of an essentially benign maternal transference.

(3) *Lisa*

Lisa was the second of three children born to her mother in rapid succession. Though her mother worked as a nurse before having children, she gave up paid work altogether after her first child was born. She then had a series of depressions, one of which began just after Lisa's birth. Later, as Lisa struggled with an eating disorder and depressive episodes of her own, her mother confessed that she had felt Lisa, *in particular* among her three children, was a burden. Lisa recalls, "she really pretty much said, 'You needed a lot as a baby, and I couldn't give it to you, and I didn't want to because it was just too much!'" Not recognizing how injurious this sentiment might be for *anyone*, Lisa surmised that *she* had suffered because she was "maybe a sensitive soul that didn't take very well to that when I was little." That is to say, she joined in attributing her mother's shortcomings to her own excessive neediness.

For about a year after her first child's birth, Lisa continued to work full-time. Feeling awkward and anxious as a new mother, she trusted her husband and day care providers, more than herself, with the baby. "They know better than me," she reasoned. "No one's told me how to be a mom!" Before their child's first birthday, Lisa

and her husband moved to a city where they could be among extended family. There they enjoyed the support and companionship of her husband's sister and brother-in-law, whose family life Lisa hoped to emulate. For Lisa, the move meant leaving an exciting, very-full-time job for a less demanding (though also full-time and better-paid) job that did not excite her as much.

With her in-laws' encouragement and support, and perhaps through positive identification with her sister-in-law's mothering, Lisa grew increasingly comfortable with her child. Prompted by diminished joy in her work, growing pleasure in the baby's company, and mounting concerns about child-care, she soon cut back to part-time hours. Lisa, who at first felt safest when others looked after her baby, now doubted that adequate child-care could be found outside the home. Both her initial mistrust of herself and her later doubts about nonparental care might be explained, in part, by anxieties arising in her relationship with her own mother (granting, of course, that good child-care *is* hard to find). Consistently vigilant about the dangers of inadequate care, she first located those dangers mostly *within* herself, and later, as she gained confidence, mostly *outside* herself.

While expecting their second child, Lisa and her husband became "convinced that one of us needed to be home with the kids," and decided mutually that Lisa would assume this role. She explains: Though hers was the higher income, her new part-time position was not all that meaningful to her; it was "just a job that paid." In contrast, her husband's work—in a field that might prove more lucrative than hers over time—was "his passion."

Soon after her second child's birth, Lisa quit her part-time job outside the home. For a while, she took in some consulting work; but, feeling she could not focus properly on either paid work or motherhood, she came to regard this experiment as "a disaster" and stopped working for pay altogether.

Lisa describes as a time of intensified "spiritual searching" the period stretching, roughly, from her first child's birth to her decision to set aside paid work. Seeking a sense of "greater purpose" in her life, she developed a new, deeply held commitment to the

religion of her childhood. Following her admired sister-in-law's example, she found a sense of purpose and meaning in a decision, explained partly in religious terms, to home-school her children.

As we spoke, Lisa became able to articulate another strand of motivation to stay home. Her early experience was of an emotionally unavailable mother. In response, she tries hard to make herself fully available to her children. This approach has met with mixed results. Lisa clearly enjoys much of her time with her children and is pleased to be able to provide them with an experience better than her own. However, she also acknowledges that features of her current arrangement may exacerbate her own intermittent depression. Sometimes, a loss of "identity," once achieved through a job she loved, deflates her mood. Lisa worries that despite her best conscious effort to improve on her mother's mothering, she could be at risk to repeat some elements of it.

(4) *Irene*

Irene, a corporate lawyer, maintains a 70+-hour work week and often travels. Her husband also works full-time. Both their daughters started day care at seven weeks of age, and sitters take up some of the slack outside day care and school hours. Irene retracted her questionnaire shortly after sending it to me, wanting to make some revisions. About a year later, she returned it—unaltered—along with a typed letter saying she had just given birth to her second child. This was a time of "transition," and she was eager to talk.

I imagined that with her second child's birth, Irene might find her work schedule untenable and might want to lighten the load. I was wrong. In our first interview (when the first child was in kindergarten and the second child a few months old), she spoke proudly of her ability to stay in touch with the office by fax from her postpartum hospital bed. She explained her parenting philosophy as follows: her job was not to provide *directly* for her children all the various forms of care and "stimulation" they needed. Rather, she must know their needs and be sure *someone* met them. In keeping with this view, she felt herself in the grips of a dilemma.

IQ testing placed her older daughter, Amy, in the "profoundly gifted" range. Irene remembered her own childhood experience in an ordinary public elementary school, where she had felt underchallenged and out of place. Already, Amy seemed bored with kindergarten; Irene worried that the local public school would not meet her needs.

Irene's parents had immigrated to the U.S. when she was two years old. Her father owned a grocery in a small immigrant enclave where he could operate almost entirely in his native language. With the exception of some short-term, part-time jobs, Irene's mother stayed home with Irene and her siblings throughout their childhoods. Occasionally, Irene's mother would pity American children with "working moms . . . 'Poor Bobby,'" she would say; he "can't do that because his mother works."

In retrospect, Irene thinks her mother protested too much. She thinks "Mom gave up an essential part of her potential and transferred her expectations and hopes to us [her children]." Though Irene reveled in learning, she also responded to her parents' intensive involvement in her academic success. Furthermore, the family's survival in America depended partly on Irene's ability to learn English, and a good deal more. Even before she entered high school, Irene kept the account books for her father's shop. Her mother showed a recent immigrant's concern for her children to fit in; she could not abide mismatched clothing or minor breaches of social etiquette. Even Irene's wish to be first in line for a game at her own birthday party drew angry disapproval from her mother.

Paradoxically, while her parents relied on Irene's precocious ability to function as an adult, they restricted her freedom in ways unheard of for American children of her generation. Irene had unusually early curfews and was discouraged from any activity her parents thought frivolous (e.g., becoming a cheerleader). Throughout her freshman year of college, she obediently kept to the same early bedtime she had had in high school. She often went home on weekends to avoid what seemed a dangerously wanton social scene.

Irene tries hard to correct for her parents' errors. For example, she strives to teach her daughters to "interact safely with a wide variety of environments," rather than eliminate every possible danger. Her use of day care from the second month of life fits with her parenting philosophy in this way. She views the facility she has chosen as "80 to 90% aligned with my beliefs," and feels the 10 to 20% difference between day care and home means her children have a vital opportunity to "experiment"—to become independent, to define themselves. As Irene sees it, day care may help to protect children from the danger of attachment gone awry—from a mother's soul-suffocating investment in safe, correct behavior and appearance.

In our second interview about four months later (when her baby was eight months old), Irene said that since we had last spoken, she had gone from feeling "everything was under control" to feeling "nothing is under control." Initially, she explained this feeling largely in terms of child-care troubles. She and her husband did not want a live-in nanny, but it was hard to find a sitter who could respond to their frequent, sudden need for coverage around business travel. Soon, a bit of self-doubt seeped into Irene's account of daily life. The baby was sleeping regularly and soundly, from 7:00 P.M. to 7:00 A.M. This meant that, some weeks, Irene might go from Monday through Friday without once seeing her awake. In a recent, routine pediatric visit, Irene was asked whether the baby had begun passing objects from hand to hand. With some bravado—but also with a hint of anxiety and sadness—she recalled her response to the doctor's question: "I haven't a clue."

Through the rest of this interview and in a third one about three months later, Irene spoke of feeling that something had to change in her current work and mothering arrangements. She continued to view her older daughter Amy's giftedness mainly as reason to challenge her adequately, and did not seem concerned with a potential to repeat undesirable elements of her own experience as a precociously competent child. She also didn't seem to worry—as some mothers might—that her long hours away might cause future trouble for her children, despite their current, appar-

ent comfort. However, Irene did start to feel that *she* was missing out on her children's childhoods. With real sadness, she told me that her father's camera had failed to capture Amy blowing out her birthday candles; because she saw little of her children on ordinary days, this felt to Irene like a major missed opportunity.

Irene considered altering her schedule in some way. She decided against switching to part-time work, but began trying consciously to trim hours from the work week that she had spent meeting her own high expectations, in excess of others' actual demands. In our third interview, she remarked that I had "caught her at a weak point" the second time we spoke. She had "hit a wall" and felt something had to change. Since then, "part consciously and part unconsciously," she had striven "to make the home box bigger and the work box smaller." This meant trying hard to be with her children before and after day care and school hours. She might *think* about work while sitting at the dinner table, but at least she would be there, home for dinner. She felt our conversations had helped to bring about this change.

(5) *Paola*

Paola is among the youngest of many children, born at intervals averaging less than a year apart, in a large, Catholic family. When Paola's mother married—in her late twenties—she was working as an R.N. and had completed all of her coursework for a Ph.D. in public health. Somehow, she worked on her dissertation while managing a husband with a serious gambling addiction and raising her children. Within a year after her youngest child's birth, she earned her doctorate and began working full-time. Her salary rescued the family from complete demise when her husband's gambling escalated to its worst. Though successful in a demanding, lucrative career both before and after "losing it all at the casino," Paola's father dragged the family through years of financial hardship. By the time he stopped gambling and regained his financial footing, Paola and her siblings were all adults. Paola expresses tremendous pride in her mother's ability to lead an independent life as a career woman while raising many children, all of whom have

gone on to lead accomplished adult lives, most with spouses and children of their own.

Paola tends to describe her mother as ideal: “an angel on earth . . . an *amazing* woman . . . the most loving, wonderful woman you can meet.” However, a theme of powerful unmet need ran through our interview. When her father fell into serious debt, basic provisions ran short. The family lived largely on rice and beans, and once could not give Paola three dollars for a class field trip. Paola has “had a job since [she] got her working papers on [her] fourteenth birthday.” At college, she had to plead her case before a financial aid board when her parents failed to send their share of her tuition (though it was defrayed substantially by Paola’s student loans and work-study stipend). Consciously, Paola blames her situation squarely on her father. She views her mother as a noble victim whose “tremendous sacrifice” kept the family together. This view accurately captures some features of the family situation; however, it also may limit Paola’s understanding of both her mother and herself.

Arguably, Paola’s mother could not have provided fully for her while also tending to six other children, a troubled husband, and a demanding career—and all this under conditions of financial duress. Yet Paola does not readily acknowledge anger toward her mother. It emerges around the edges, despite her best efforts to contain it, when she describes the circumstances surrounding her own children’s births. Each of Paola’s two pregnancies and deliveries was quite complicated. Each time, her doctor failed to grasp the severity of her situation and she bled dangerously. Paola reasons that (as in her childhood) she was assumed to be strong and able to fend for herself. She can muster some muted anger toward the doctor who let her down. To her evident surprise, she also has harsh words for her parents—father and mother *both*—who failed to understand her need and to help care for her babies.

After each baby’s birth, Paola returned home feeling sick and weak, and had a brief period of depression. Though surely prompted in part by physiology, her depressions also may have expressed conflict around the demands of motherhood, in a con-

text of abiding feelings of unmet need. Paola continued to view her mother as ideal, at the expense of her own self-esteem. Her mother was “a tough act to follow”; she had birthed so many children without a single reproductive mishap. She had even nursed some of them in an era when bottle-feeding prevailed (though she could not remember which ones). With her own two children born four years apart, Paola had “hit less than half her [mother’s] load.” Yet she found the care of a newborn overwhelming. Child-birth left her feeling utterly depleted, lacking even blood; through tears, Paola lamented, “I had *no* fluids!” She felt she could not nurse either baby for very long. Where her mother’s miraculous, life-giving body triumphed, Paola felt her own had failed.

When her first child was born, Paola reduced her work schedule to four days per week. However, she could not fully enjoy her time with the baby. Believing she could not match her mother’s vigor, she faulted herself for feeling unable to pump breast milk and continue nursing once she returned to work, nearly full-time. Shortly before she answered my questionnaire, she was laid off from a job she had held for many years. She wrote that she felt “very spoiled staying home” for a time.

When we met a year and a half later, I learned that Paola had rallied well after the layoff. She had found a new, part-time job that suited her. As her children grew older—and with a therapist’s help—she had become increasingly able to enjoy time with them. However, when we spoke, she still struggled with feelings of guilt and inadequacy. She felt perhaps she was too much a “woman of leisure,” with manageable work and child-care arrangements—and a husband who helped out, too. In this way, Paola continued to compare herself unfavorably with her mother, and her self-critical stance continued to impinge, to some extent, on her enjoyment of both paid work and motherhood.

(6) *Jill*

As I began to recognize the significance of maternal identification in women’s experience of working motherhood, Jill’s answers to my questionnaire seemed potentially contradictory. Jill

combined a full family life with part-time legal practice in an underserved, inner-city setting, and seemed rather happy with both. However, she was quite clear in stating that she had a “poor relationship” with her mother. How could this be? Intrigued, I called Jill for a phone interview. At first, I found her less discursive than many respondents; answering the usual open-ended invitation to tell me about herself, Jill said she had had no additional thoughts since completing her questionnaire, but would be happy to answer any questions I had.

Jill’s description of an essentially happy, well-ordered current life tallied well with the quietly audible backdrop to our telephone interview. She seemed comfortable talking as her infant daughter nursed to sleep in her lap, and also when the nanny came to put the baby down in the crib so we could continue. When I asked about her childhood, Jill indicated clearly that there had been no important early influence other than her parents (no nanny, no notably involved grandparent, etc.). Her father was always “very supportive”; in early adulthood, she called herself a “daddy’s girl,” bolstering a sense of association with him. However, as soon became clear, Jill’s father also let her down where her mother was concerned. The strength of her relationship with him seemed insufficient to explain an apparently good outcome.

Jill’s mother stayed home until Jill was twelve years old. Then she went to work, part-time at first and later full-time. In her questionnaire, Jill described her life before puberty as “very happy,” noting that her mother “changed” significantly afterward. When we spoke, she recounted her mother’s increasingly erratic behavior and her declining attunement to Jill and others. At times, her mother seemed to lose contact with reality altogether, viewing Jill in particular in profoundly distorted, troubling ways. Though never satisfactorily diagnosed, she clearly deteriorated in her mid- to late thirties, which coincided with Jill’s adolescence. Jill’s maturation seemed particularly troubling to her mother. When Jill first showed serious interest in a boy, a high school classmate, her mother became enraged, even threatening to kill her—in earnest, with weapon in hand.

A few years before our interview, during a rare gathering of the entire immediate family, Jill's mother came at her with a stream of nonsensical accusations; vaguely threatened physical harm; then stormed off into the night, calling the police to report her family's imagined intent to hurt *her*. This episode had some utility for Jill; her father witnessed her mother's outburst and gained a new appreciation for the depth of Jill's trouble with her. But it also confronted Jill with the stark limits of her father's ability and willingness to protect her. Describing him as an "enabler" who "doesn't believe in psychiatry," Jill recalls her frustration at his failure to urge her mother toward professional help.

As Jill suggests, her relationship with her mother may have been far less troubled in early childhood than from adolescence onward. But her questionnaire responses hint at another possible explanation for her ability to mother comfortably despite her very flawed experience as a daughter. She wrote that she and her mother had had "no conversation of substance" since she was eighteen, and "a complete breakdown of communication" since her mid-twenties. Jill's mother has refused to meet her children and has met her husband just once. Jill has felt "a great sadness at the loss of my mother," but has "grieved . . . and accepted the fact that I don't have a mother any more."

In our interview, Jill recounted the mourning process. Raised as a devout practitioner of one religion, she moved in adulthood to another church, which she now attends with her husband. In her twenties, close friends from a church group helped her through a "process of grieving," which entailed "thinking of her [mother] as dead." For Jill to marry and become a mother herself may have required radical disavowal of any possible identification with her mother. Raised by her parents to believe deeply in one faith, she was able to use the support of another one in this process. Disturbing as it was, the stark, incontrovertibly crazy, threatening nature of her mother's behavior may have been a help to her as well. Unlike some women with more subtly disturbed mothers, Jill may have felt justified in turning away.

This is not to say that Jill is fully at ease in her current non-relationship with her mother. Perhaps she feels there is some fragility about the arrangement. This might help to explain her reticence at the start of our interview, and also her seeming less eager than some study participants to speak with me again. Late in our conversation, she voiced a fear that *she* might experience something like her mother's "deteriorating," in mid-life; this concern also may help to account for the tentativeness of her initial response. However, I heard no hint of such trouble; rather, I heard a good deal of pleasure in both meaningful work and family life.

(7) *Mia*

Another woman who has made deliberate, effective use of social supports as an alternative to a troubling maternal identification is Mia. Mia's mother had a history of traumatic loss; *her* mother, Mia's maternal grandmother, had died shortly after her birth—of illness, under military occupation in another country. Mia's grandfather remarried. Mia's mother was told that her stepmother was in fact her biological mother, but sensed an odd emotional distance between them and eventually discovered the deception. So Mia's mother was raised amid social crisis and danger, without the buffering influence of a stable, peaceful home life. Understandably, she was quite anxious. She had grown up with the possibility of losing people in sudden, traumatic ways, and so worried inordinately about minor illnesses in her children. Perhaps in an effort to win love and security, she strove for an impossible degree of perfection and control, both in herself and in her children—especially in Mia, her firstborn daughter.

Mia felt her mother had "put [her] on a pedestal" and would "push [her] right up there again" if she fell off. Until Mia's first child was born, she was always the "golden girl" in school and at work. When expecting her first child, she was rewarded with an unusually long, paid maternity leave, with her job assured at its end. However, that leave proved quite stressful, as Mia—an anxious new mother—confronted a baby who was not easy to soothe.

All those hours alone with a wakeful, crying infant! When she finally *did* get her son to sleep, she worried inordinately about SIDS.

Mia's mother, on hand to help in the first weeks after birth, made matters worse. At the slightest, most imaginary provocation, she would run into a room yelling, "There's something wrong with the baby!" Mia needed a calm, steady voice and hand; instead, she got a shrill amplification of her own ambivalence and anxiety. When her son was five months old, Mia sought treatment for anxiety and depression (drugs, which helped a bit, and group therapy, which did not). She also returned to work—*before* her leave had run out—though at a somewhat reduced schedule (thirty hours per week). Ironically, colleagues provided better support than her mother had; Mia recalls feeling when she returned to the office that "it was my village." Praise for a job well done had its old, bracing effect, restoring Mia to herself.

About two years later, Mia conceived again. Struggling with first-trimester nausea, she felt unable—for the first time in her life—to meet others' expectations. Unfinished work heaped on her desk, and the steady stream of colleagues' praise dried up. Times were bad in her industry; the company that had employed her for a decade downsized. Though her slowed work pace was not the cause—Mia's entire division closed—she was laid off. Suddenly, she was home full-time with a toddler and a new baby on the way. Along with her job, she had lost her "village"—the emotional support network that gave her a modicum of self-assurance as a mother. Her own high expectations shifted to her home, where it proved difficult to achieve a sense of accomplishment or to earn clear, overt approval. Though her husband helped around the house, he shared to some extent in her newly adopted "1950s" mind-set; he would have liked to find dinner waiting when he came home "grumpy from work." As he struggled with his own initial adaptation to parenthood, Mia felt that he was emotionally unavailable to her.

Meanwhile, Mia's younger sister became severely depressed. After a brief psychiatric hospitalization, she sought a good deal of help from Mia. In the past, Mia had always been able to count on

her sister for mutual emotional support. But now, Mia felt near a “nervous breakdown” herself—barely able to care for herself and her young son. During the second trimester of her pregnancy, her sister died under ambiguous circumstances; Mia considers her death a thinly veiled suicide. Referring in our interview to its psychological aftermath, she invoked the image of a disastrous tsunami. Mia felt she was “under water.”

Taking retrospective stock of herself, her husband, and her son as they experienced the latter half of her second pregnancy, Mia remarked, “Everyone wanted a mom.” Feeling there was none on hand, Mia made what she now considers a lifesaving decision: “I rented a mom.” Facing her second child’s birth in the wake of an emotional tidal wave, she hired a doula—a woman who “was like my ideal mom.” The doula had several grown children and “was just the warmest, nicest person.” She attended Mia’s daughter’s birth and helped to care for Mia and her family in the days before and after it. She also provided what Mia described as counseling and hypnotherapy for a period of about two years. In place of psychotropic medications (which Mia avoided during pregnancy), her doula supplied relaxation tapes. These featured the doula’s calm voice—a welcome contrast to her actual mother’s shrill warnings about imagined dangers to sleeping babies. In their hypnotherapy sessions, the doula led Mia through guided imagery exercises, meant to help her grieve her sister’s death and to become less anxious.

Mia’s recall of one such session stands out in my mind, among the many things I’ve heard in interviews to date, as a singularly live, emotionally compelling narrative. The therapeutic technique she described is utterly unanalytic, but it clearly helped Mia. The doula/therapist would ask Mia to close her eyes, think of her sister, and report what she saw. Mia “would say, ‘I see a tree,’ or something. ‘Then I see all these bad images.’ [The doula] would say, ‘blow up a big balloon, and put all the things you don’t want in it. Imagine putting all these things in a balloon . . . Tie it up and let it go.’” Through tears, Mia remembers: “I couldn’t let it go,” but the doula urged her to find a way. Eventually, she recalls, “I

tied it on a tree," and then "I finally envisioned my sister coming and we both cut it, together. And I felt like that night was one of the first that I slept really soundly. And that was really a gift that she gave me." Mia continues to use this gift, imagining her troubles cut loose in a balloon; and picturing her sister, alive and happy, in the same setting she first imagined with the doula's help.

One likely operative element in the doula's treatment was that she offered herself to Mia as an alternative object of maternal identification. Exploring this surmise in the interview, I told Mia my guess that, along with the tapes and images, the doula had given her "a kind of internal sense of connection with the mother you wished you had . . . and you were able to build around her image, and a sense of connection with her, a sense of possibility of who you could be as a mother."

Mia answered: "That is right on the nose. I have started trusting my inner voice. I started just listening to it and . . . growing into the mother that I wanted to be . . . As I started calming down, my kids calmed down, my husband calmed down, and my mom calmed down." Mia became less concerned with her own performance and with her children's protoachievements; in short, she became less like her own mother. Instead, she "started enjoying each moment." To her surprise, she came to welcome her unsought stretch of unemployment. She decided to stay home with her children for a while during the first few years of her daughter's life. Eventually, she returned to part-time work, in a field for which she had qualified in her early twenties. Her new career demands less than her former one and will not allow her to "make a mark" professionally. However, she enjoys her work and cherishes time with her children and husband.

Toward the end of our interview, Mia remarked that she feels she is "in a really good place . . . happier now than I have ever felt." I responded by telling her a bit about what I have found thus far in my research: that the quality of a woman's relationship with her mother seems to have great influence on her experience of conflict in efforts to combine work and motherhood. This made sense to Mia, who then decided to tell me something she had omitted to

say earlier. Even her husband had not heard what she was about to tell me; she feared he would find it “hokey.” One day, in session with her doula/therapist, Mia “imagined that I was connected to my mother with an umbilical cord.” The doula urged her to think of “all the *good* things I wanted”—things that were implicitly out of reach, so long as she was tethered to her mother—“and then cut the umbilical cord.”

I remarked that this sounded a lot like the balloon image. Mia agreed, but added—laughing—that this time, she “felt like cutting it right away. I wasn’t, like, ‘I want to hold on’ . . . I was, like, ‘give me those scissors!’ And I cut it.”

DISCUSSION

On this first pass through a rich, complex data set, I have chosen one particular focus—the vicissitudes of maternal identification. By deferring observations about other compelling phenomena, I do not intend to slight them. This just seemed the right place to start. That said, paternal identifications certainly inform women’s experience of conflict around work and motherhood as well. I intend to consider women’s relationships with their fathers more fully in future communications.

Another domain for future study is the experience of women who decide to forego motherhood altogether, or to adopt rather than bear biological children. The study sample includes several women in each category. Yet another segment of the sample not tapped in this paper is lesbian women. Most of the lesbians in the study are either biological or adoptive mothers. However, these women vary in the extent to which they think of themselves and their partners in terms of traditional gender identifications and roles. Their experiences offer a unique perspective on relationships among maternal and paternal identifications, motherhood and career concerns. Perhaps because they perceive themselves as standard-bearers for a generation of men and women pioneering same-sex family life, these women have been particularly forthcom-

ing, open and generous with their time and their thoughts. I look forward to communicating their experiences.

In reflecting on what I *have* presented here, I would like to emphasize the resilience and the potentially redemptive power of maternal striving in some women. When a woman cannot identify pleasurably with her own mother, she must find some creative substitution for the ordinary process of maternal identification, if she is to live comfortably as a mother herself. For some women, viable surrogate mothers are close at hand. We all know of patients for whom a warmly related nanny (or grandmother or aunt) mitigated the potential harm of parental indifference or hostility. But what happens when there was no such figure in the patient's early life?

Among both our patients and our colleagues, we can identify women for whom a useful new maternal identification is woven together, bird's-nest-like, from strands of material available in the person of the analyst and in other significant adults. What is perhaps surprising is what happens outside our consulting rooms, among the "nonclinical" population—women who may be no more and no less disturbed than many of our patients, but who, for one reason or another, do not enter psychoanalytic treatment. Some such women, it seems, master the developmental challenge of maternal identification in the absence of a suitable maternal figure from early life, in creative ways. For a woman who becomes able to mother comfortably under such circumstances, motherhood may offer a psyche-altering, developmental second chance. In profound identification with her own child, she may come close to a direct experience of good enough mothering.

An interest in sociological elements of the perceived conflict between work and motherhood led to my focus in this paper on the notion of a dialectic developmental tension between attachment and autonomy. Among the seven women presented here, those who have happily replicated elements of good relationships with their own mothers remind us that, ideally, a child feels *both* securely attached *and* free to move about the world autonomously; and the same is true of mothers. Often, those who struggle more with work and family arrangements have experienced com-

promised attachments to their own mothers, infringements on their autonomy, or both. Some have, in turn, favored one developmental need over another with their own children.

Though my focus on attachment and autonomy has some merit—it facilitates linkage with cultural debate about working motherhood and provides a basis for comparison among clinical vignettes—it also imposes some limitations on the material. Other relevant dimensions of analytic thought (e.g., structural and object relations theory), left largely implicit in this presentation, could be brought to the foreground in another context. For now, suffice it to say that a woman's partial identifications with her mother are always multiply determined. Women who forge their own creative blends of work and family life may learn from their mothers not only the capacity to balance attachment and autonomy, but also—for example—a flexibility that comes with adaptive ego functioning.¹⁴

Similarly, in my focus on psychology and sociology, I have perhaps given constitution short shrift. A first-time mother who finds herself with a calm, responsive baby has a very different experience from one whose newborn cannot be soothed. Whatever her own disposition, entering the passage of new motherhood (and this, too, is partly a matter of constitution!), the mother of an “easy” newborn may settle more easily into a sense of herself *as* a mother than her less fortunate counterpart.¹⁵ In the broad range of what may pass for “good enough,” a mother lays both opportunities and impediments before her child. The child's ability to seize the former and avoid the latter must be, in part, a matter of innate endowment.

Even in an unusually articulate, reflective group of women, I am struck by a tendency to emphasize external forces in explaining personal choices. At first pass, many women borrow liberally from the marketplace of expert advice and public opinion, attributing to sheer financial necessity, religious conviction, child-care

¹⁴ For this specific observation, I thank one anonymous reviewer of an earlier draft of this paper.

¹⁵ And for this observation, I thank another anonymous reviewer.

constraints, etc., decisions that in fact are quite complexly motivated and shaped partly by unconscious conflict. Sometimes, a conversation about the links between personal history and current circumstance can pierce conscious rationale, reaching the complexly layered motivations beneath. I think this has happened, to at least some degree, in many of my interviews.

Yet the context of my conversations with women in the study sample places undeniable constraints on the depth of our mutual understanding. At best, my view of a study participant's psychology is about on a par with my understanding of a new patient after several sessions' consultation. Awareness of our peer status may load the interaction with a very particular set of transference-countertransference dynamics. Most obviously, the research situation may accentuate both reluctance to report conscious thoughts and less conscious defensive processes.

In closing, I would like to make a few further observations about the women who took part in this study. One concerns their generational status. All were born in the early 1960s, many to mothers who—in the first light of the feminist movement—perceived their own work-family options either as newly expanded or as cruelly curtailed. Some respondents feel a powerful sense of duty to pursue opportunities their mothers lacked, or fear they will never measure up to their memories of a mother fully devoted to home and family. Some consciously emulate their mothers' pioneering efforts to balance work and family; and some, stung by their mothers' scant availability, strive to maximize time with their own young children.

We might expect that identification with one's mother as *worker* or as *nonworker* would matter a great deal. However, it is the dynamics of identification with one's mother *as a mother* that most clearly influence the experience of conflict and/or comfort at the interface of paid work and family life. Perhaps this stands to reason. Children know their mothers most directly, and best, as mothers. Whether a mother works for pay, volunteers extensively, or gets together with friends, what she does outside her child's view is—for her child—mainly a subject of fantasy, informed by di-

rect experience of interaction with her. In this regard, the particular historical moment of respondents' births may not matter so much.

Furthermore, in the end, our mothers—like us—may have been largely unaffected by the drumbeat of expert and public opinion about how much time to spend, and how to *be*, with their children. Behind closed doors, individual psychology trumps social mores. Whether or not a mother works outside the home may say little about her actual temporal and emotional availability to her children. This was true a generation ago, as it is now. That said, several respondents in this study—including some who feel (and seem to me to *be*) quite well mothered—have described a nostalgia for the prevailing ethos of our parents' generation, in which adults' and children's spheres—and also, work and home life—were more clearly demarcated than they are today. Women who feel they benefited from a certain amount of benign (even loving, freeing) neglect now feel they must insinuate themselves into their children's every friendship, homework assignment, and extracurricular activity, or risk tacit censure for failing to do so. Some actively resist falling into what they see as a common trap: mothers who feel guilty about other pursuits engage their children only in publicly visible ways, leaving no time for the unhurried, unaccountable development of actual *relationships* with them.

Finally, this is an exceptionally bright, accomplished group of women. The fact of their admission to an Ivy League college means their adaptation to childhood conflict entailed superachievement, often in multiple domains. For such women, the effort to combine career and motherhood may be particularly fraught. The stakes are high, as they may expect nothing less than perfection, both at home and in the workplace. When they fall short of lofty ideals, they may retreat altogether—from workplace to home or vice versa. This has an important potential influence on public policy. Many women who *might* be in a position to push effectively for family-friendly workplace policies are not doing so. They either opt out of the power elite, or stay in but play well by existing rules, lest they drop in the much-needed esteem of superiors and colleagues. If

this surmise is accurate—and if it holds up over time, for women from many elite schools—advocacy for change in workplace and governmental policy regarding work-family balance faces a serious structural problem. Women who stay within the power elite may not work effectively to change it—even when they become mothers.

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ON THE ADOLESCENT NEUROSIS

BY THEODORE J. JACOBS

The author discusses the lifelong impact of adolescence in shaping the adult psyche. Some patients may appear to be as influenced by conflicts of adolescence and the individual solutions arrived at during this period as they are by conflicts and solutions of the oedipal phase, the author maintains. The subphases of early, middle, and late adolescence are discussed both in terms of a review of the psychoanalytic literature and of representative works of literary fiction. Illustrative clinical vignettes are presented as well.

While driving to work a few weeks ago, I came across one of those ubiquitous call-in radio shows that fill our airwaves. The topic that day was aging and longevity, and the guest was a researcher who claimed that we are on the brink of discovering ways to extend life for remarkable lengths of time.

“Genetic and biochemical discoveries to be made in the near future,” he predicted, “will slow the aging process so dramatically that individuals born in the next generation, and perhaps even some children born today, could conceivably live not for a hundred but for hundreds of years.”

During the call-in period, a puzzled listener questioned the speaker. “My wife is expecting a baby,” he began. “Are you telling me that this child could actually live for four or five hundred years?”

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"It is not impossible," the guest replied. "If we put all our resources into research, we might come up with ways to extend life that long or even longer."

"But wait a minute," the listener protested. "By my calculations, that would mean that his adolescence would last for about fifty years. I don't think I have the stomach for that."

While adolescence today may not last for half a century, its impact can be lifelong. In fact, for a great many individuals, experiences in the adolescent years not only shape and color, but in large measure determine, what is to come. For these individuals, inner worlds of conflict and imagination are strongly adhered to, and in a very real sense, they have not moved much, if any, beyond the psychological constellations of adolescence—that is, beyond the conflicts, memories, sticking points, and resolutions arrived at during that phase of life.

For not a few individuals, so influential and tenacious are these solutions that they deserve not only a more central place in our understanding of development and its vicissitudes, but a designation, a term, of their own. For what it is worth, I have come to think of these enduring solutions to adolescent conflicts, ones that in varying degrees we all live with, as the *adolescent neurosis*.

While perhaps not using that particular term, a number of authors (Blos 1962; Feigelson 1976; Ritvo 1971; Spiegel 1958), writing in the decades from the 1950s to the '70s, emphasized the importance of adolescence as a distinct psychological entity that had a shaping influence on the personality. Of particular relevance to the topic of this paper, the impact of adolescence on the adult personality, are the papers of Feigelson and Ritvo.

Reconstructing the adolescent conflicts of a young woman in analysis, Feigelson (1976) traced those conflicts into her adult life and demonstrated their influence on the symptoms and character traits that brought the patient to treatment. Ritvo (1971) discussed the special features of the late adolescent period and their impact on the adult personality. He emphasized the importance in late adolescence of remodeling the ego ideal to bring it in tune with the young person's capacities. He showed that the failure to accomplish

this task—a not infrequent occurrence in today's world—contributes to the persistence in adults of a characteristic feature of adolescence: the inability to make an accurate assessment of one's strengths and limitations, with the consequent maintenance of unrealistic goals and ambitions.

Due in large measure to the groundbreaking work of Blos (1962), whose comprehensive studies of adolescence illuminated this developmental phase as had not been done before, there was much interest among analysts at that time in exploring the contribution that adolescence makes to symptom formation and character development in adult patients. Today, interest in adolescence has taken a back seat to a focus on early child development and, particularly, on the vicissitudes of the infant-mother dyad. Nonetheless, a number of authors (Brockman 1984; Chused 1992; Gilligan 1982; Hauser and Smith 1991; Hopkins 1999; Kernberg 1998; Kulish 1998; Laufer 1993; Novick 1999; Pick 1988; Rocah 1984; Schmukler 1999) have made valuable contributions to various aspects of adolescent development, as well as to the treatment of adolescent patients. It is beyond the scope of this paper to review this more recent literature, but I wish to mention briefly the work of Kulish (1998) and Rocah (1984), who are among the few authors whose contributions focus specifically on the relationship between psychological experiences in adolescence and certain personality traits in adults.

Kulish (1998) describes the long-lasting impact of first loves on the fantasies, expectations, conflicts, and object choices of young adults. She demonstrates convincingly how influential these intense experiences can be and how many facets of the adult personality they affect.

Rocah (1984) examines the problems of fixation in late adolescent women, a phenomenon largely rooted in tenacious negative oedipal attachments. These attachments block further development in the areas of independent thinking, judgment, and action, resulting in a failure to make the psychological transition to young adulthood. These women retain the psychology of the late adolescent long into the adult years.

Another change that has occurred in our field, perhaps due in part to the current emphasis on intersubjectivity, enactments, and the here-and-now moment in analysis, is the loss or elimination of certain older concepts, ones that in former years were viewed as basic both to our theoretical formulations and to clinical practice. One of these is the notion of the *infantile neurosis*. Although an abstract and, in certain respects, a rather unwieldy term, the idea of the infantile neurosis has value, for it highlights not only the particular conflicts experienced by a given child, but also the enormous impact that the child's way of resolving them—that is, the compromise formations that he or she forges while emerging from the oedipal period—has on the remainder of life.

I believe that we can say much the same thing about the conflicts of adolescence and the outcomes—the individual solutions—derived from them. These may have an equally strong impact on the personality. In fact, I would say that, in not a few individuals, the impact of the adolescent period—which encompasses and reworks these earlier intrapsychic solutions—on subsequent conflicts and character traits is as great or even greater than the more commonly acknowledged infantile neurosis. This in part may be explained by the coming together in adolescence of powerful forces: the upsurge of biologically based urges, the reawakening of incestuous oedipal conflicts, renewed struggles over separation and autonomy, expansion of the mind's capacity to conceptualize and to employ abstract and symbolic thought processes, and the novel experiences—often involving sexual experimentation—of adolescence itself. Taken together, these forces create an intensity of experience that, by reworking and altering earlier solutions and by forging new compromise formations, has a profound impact on the developing personality. In addition, the psychological upheaval characteristic of the adolescent years inevitably produces significant changes in the sense of self, changes that become a permanent part of the self-representation.

This is not to say that the conflicts of childhood are not central in development. Clearly they are. Nor is it to say that the child's unique solution to these conflicts does not exert a critical effect

on the experiences of adolescence. On the contrary, the particular conflicts and resolutions of childhood form a nidus, larger in some individuals, smaller in others, for what is to follow in the later period. But it is incorrect, I believe, and ultimately limiting in one's work with patients, to maintain that in adolescence the neurosis of childhood is simply reactivated or relived in a new form. Some expressions that we have come to use to characterize certain processes in adolescence, such as the second oedipal phase or the second separation-individuation period, may give the impression that what we see in adolescence is primarily, if not exclusively, the revival of the old—that is, the reawakening of the core conflicts of childhood.

Although clearly, the adolescent neurosis draws on—and must draw on—the conflicts and compromise formations of earlier periods, it must also be understood as a separate entity, a new and different one, formed not only out of the embers of old struggles newly awakened, but also from the unique psychological and biological forces that come into play and that infuse the personality at this particular time of life. And it is this new entity, I would argue, that for many individuals exerts an enduring influence on psychic functioning and the subsequent course of life.

When we speak of the effects of adolescence on a given individual, however, it is important to assess the role that each of its phases has played in the overall clinical picture. Too often, we speak globally of adolescence and forget the importance of examining its component parts. In this aspect of development as in so many others, specificity is crucially important. The particular period of adolescence in which key psychological experiences combine with biological forces to create sticking points—points of arrest, as it were—will, to a great extent, determine not only the form and shape of the adolescent neurosis, but will also contribute in a major way to the development of those symptoms and character traits that become established parts of the personality.

For the remainder of this paper, I would like to focus on the different phases of adolescence and, with the help of some clinical and literary examples, discuss their unique features and the impact

that they can have on the lives of our patients—and on our own as well. Let me start with early adolescence, roughly ages eleven and one-half to fourteen, a time easily forgotten in our own lives and often neglected in our clinical work.

The central tasks of early adolescence are to find adaptive solutions to two major developments: (1) enormous and disruptive changes in the body, and (2) the need to begin the process of intrapsychic separation from the parental imagoes that, until then, the individual has relied upon for a sense of security and internal cohesiveness. Difficulties in achieving these aims often lead to points of arrest and unresolved conflicts. These sticking points in turn retard or skew further development, so that this chain of events ultimately produces a significant effect on the adult personality.

Early adolescence is a time of much bodily rearrangement, of awkwardness, of disproportions, of frightening sexual maturation, of pimples, and of new and untried feelings. Nothing is set. Nothing is solid. Everything is flux and change. Heterosexual and homosexual feelings compete with one another, and crushes on members of both sexes are not uncommon. Uncertainties about who one is and who one will become abound. Cattiness, fickleness, and shifting loyalties are the rule. At school, one may be “in” one day and “out” the next. It is a time of much growth, but also a time of much confusion. Experiments with drugs, alcohol, and sex often occur, and antisocial acts of one kind or another—acts that in later life may cause their perpetrators shudders of embarrassment—are not uncommon.

It is understandable that many of us are only too glad to put these years behind us, to forget them, and once past this awkward and often trying period, few of us wish to—or are willing to—look back. The satirist Phyllis McGinley (2000) has captured the no-man’s-land quality that is the essence of much of early adolescence in her poem, “Portrait of Girl with Comic Book”:

Thirteen’s no age at all. Thirteen is nothing
it is not wit, or powder on the face
or Wednesday matinees, or misses clothing

or intellect, or grace . . .
Thirteen keeps diaries and tropical fish
(a month at most), scorns jump ropes in spring
could not, would fortune grant it, name its wish,
wants nothing, everything,
has secrets from itself, friends it despises,
admits none to the terrors that it feels,
owns half a hundred masks but no disguises
and walks upon its heels.
Thirteen's anomalous; not that, not this
not folded bud or wave that laps a shore . . .
Is not a town, like childhood, strongly walled
but easily surrounded; is no city.
Nor quitted once, can it be quite recalled
not even with pity. [p. 513]

In analysis, it is this period, rather than later adolescence, that all too often receives scant attention. Even in the treatment of young adults and older adolescents—individuals not many years removed from the early teen experiences—recovery of memories of this time may prove difficult. In fact, not infrequently, young people, even more than older individuals, do not wish to revisit these times. They are too close to the scene—too close to the pain, the awkwardness, and the humiliation of those years—to want to relive them in memory.

While repression of memories of early adolescence is maintained with more or less intensity throughout life, the effects of this period on character formation, and especially on the self-representation, which not infrequently is colored in significant ways by fantasies formed and images of the body developed in the early adolescent period, are considerable. Most often, however, this influence remains outside of awareness, screened behind memories of later adolescence and young adulthood. This influence, leading at times to a fixation and a continual need to rework early adolescent conflicts, is particularly pronounced when traumatic experiences, especially losses, have occurred; I will offer some

examples to illustrate the effects of such trauma. But other factors, too, including problems in physical maturation and other key bodily experiences, can have a long-lasting and indelible impact on later systems and character traits.

Such was the case with Ms. C, a former cabaret performer who sought treatment in mid-life because of persistent feelings of depression and inadequacy. Ms. C had a chaotic life history, including having been in show business and on her own at age fifteen. Much of her analysis centered on understanding and working through the profound impact of her adolescent experiences. (I will have more to say about her mid- and late adolescence later on.)

In analysis, Ms. C spoke openly and with much feeling about this period, her life from ages fifteen to twenty-two, as she navigated the underside of show business in towns around the country. For some time, however, Ms. C's early adolescence was unreachable, veiled behind a wall of repression. Then, from an unexpected source, clues to this centrally important early period arose. When she began analysis, Ms. C was not yet menopausal, but approximately eighteen months later, symptoms of the menopause appeared. With them came not only feelings of anxiety and discomfort, but also associations to that time of puberty when Ms. C experienced menarche. Unconsciously, menarche and menopause were linked through a train of associations regarding bodily sensations that led to particular affects that they shared. Shame, fear, and guilt were perhaps the most prominent of these. The irregularity of her periods and the uncertainty about their appearance that Ms. C now had to contend with as an older woman put her in touch with a phase of life that, though of the greatest importance in her psychological development, had not surfaced in the initial memories of adolescence.

As a teenager, my patient was quite late in getting her first period. It did not appear until she was more than fifteen, and when it did it was scanty and irregular. Though outwardly attractive, mature-looking for her age, and in other ways sexually developed, the girl felt herself to be a freak. She worried that there was something seriously wrong with her and that she was somehow dam-

aged, but she refused to see a doctor and run the risk that her worst fears would be confirmed.

As a young adolescent, Ms. C had had some sexual experiences with older boys and she worried that these had caused her not to menstruate. She had also developed crushes on several older women performers and, still retaining something of a tomboy quality in her early teens, was concerned that she might be gay. Her failure to have periods when all her friends had gotten theirs much earlier became in her mind proof that she was not a normal female, but had a secretly masculine nature.

As a menopausal woman, Ms. C once again felt insecure about her appearance. With the loss of her periods, she felt old, unattractive, and not very feminine. She was concerned about changes in skin, hair, and nails, and she worried that with the end of menstruation, she would dry up. She imagined becoming like Li'l Abner's Mammy Yokum or the prune-faced witches of innumerable fairy tales.

Clearly associated with the physiologic changes that were taking place, these fantasies were nevertheless new editions of old fears. As they surfaced, they brought with them memories of the time in early adolescence when, still without her period, Ms. C had felt herself to be dry, ugly, and unappealing. Her sense of herself as damaged had been increased by the fact that, as a young teenager, she experienced strong sexual urges and turned for relief to masturbation. This activity produced troublesome feelings of guilt and shame, as well as the idea that the coarseness of her skin and the acne that tormented her were consequences of a habit that she regarded as evil.

Ms. C's experiences with early adolescent masturbation were also important because of the bisexual fantasies that regularly accompanied them. These worried her a great deal and increased her fears of homosexuality. The material concerning masturbation, not previously accessible in analysis, became so as a consequence of the changes in sexual feelings that Ms. C experienced during the menopause. Troubled by an increase in libido, she struggled anew with a temptation to masturbate, and this conflict

opened pathways to memories of a period in her life when such struggles were a daily torment.

As we know, masturbation fantasies and struggles over masturbation often play a central role in an individual's symptoms and character traits. Most often, when the adolescent form of such fantasies and conflicts can be recovered, they relate to mid- or late adolescence. Early adolescent masturbatory experiences, although difficult to access, are nevertheless of great importance because, coming at a tender age when defenses tend to be more rigid and less adaptable than later on, they often have a strong—and enduringly negative—impact on the developing youngster. It is not at all unusual in adult patients to find that their long-standing feelings of guilt, as well as their perceptions of themselves as dirty and defective, have originated in the troubling sexual conflicts of early adolescence.

The same can be said of pregnancy fantasies and conflicts over pregnancy that not infrequently arise in girls in the early adolescent years. This was true of Ms. C, who had become sexually active before menarche, and, assuming that she could not become pregnant, used no contraception. However, she could never be certain whether the delay in her periods signified true infertility or whether the problem stemmed from some other source. As a result, she was constantly worried about becoming pregnant. Even when she began to menstruate, the irregularity of her periods and their unpredictable appearance made it impossible to know when conception could take place. When in fact she did not become pregnant, Ms. C became convinced that she could not conceive—an idea that, along with the other negative views of herself that she developed in early adolescence, contributed to her belief, sustained well into adulthood, that she was a damaged and defective person.

Another patient with whom I worked some years ago illustrates both the ongoing influence of negative self-representations arising in early adolescence and the tendency for patient and analyst to enter into a collusion whose unconscious purpose is to avoid unwelcome memories of this troubled time. Ms. G, a 30-year-old woman who sought treatment because of chronic, low-level feelings of

depression, was quite an attractive young woman. However, as a young teenager, Ms. G was short, obese, physically awkward, and plagued by a stubborn case of acne. The image of herself as a repulsive-looking youngster was engraved in her memory, and for many months in treatment, she could not bring herself to speak about experiences in her youth that were little short of traumatic.

"Those years scarred me for life," Ms. G said at one point, referring to the enormous impact on her of her early adolescence. Slowly, however, she began to talk about that most troubled period. As she did, she came in touch with the loathing that she felt for her overweight body, how she hated being short, and how her size and weight—and her extreme sensitivity to her appearance—contributed to her being teased and excluded from the elitist clique of girls whose acceptance she craved.

Feeling ugly, rejected, and very much a pariah in the small school that she attended, Ms. G despised herself and regarded her situation as hopeless. The feelings of depression that she experienced in those years terrified her, and it was partly due to the fear that this frightening depression would return that she dreaded revisiting her early teen years. It also became clear that the despised self-image that plagued her in early adolescence functioned as needed punishment for frightening and unacceptable sexual stirrings that arose at that time, feelings that not infrequently were directed toward older male teachers and guidance counselors.

A superego response of this kind to the sexual strivings and aggressive fantasies of early adolescence is not at all a rare occurrence. To combat and restrain such impulses and to obtain needed punishment for them, the young person's superego often takes on an increasingly harsh and inflexible quality. The rise in anorexia, self-mutilation, and suicidal behavior that occurs in the early adolescent years attests to the force with which the punitive conscience not infrequently operates at this time of life, and, contrary to classical theory, suggests that the character of the superego is not finally shaped by oedipal events, but is significantly affected by the psychological experiences of adolescence, particularly its early stages. As happened in Ms. G's case, the quality of the superego

that develops in early adolescence not infrequently becomes a permanent feature of the personality, giving shape and stamp to an individual's character.

Reconstruction of the way that, as a young teenager, Ms. G had reacted to her budding sexuality proved to be important in her treatment. Raised in a religious home, Ms. G's savagely critical response to the strong sexual feelings that assailed her as a young teenager led to depressive symptoms, feelings of self-hatred, and repeated efforts to provoke criticism and punishment at the hands of others. To make any changes in these now internalized attitudes and beliefs, it was necessary for Ms. G to reopen the painful time of early adolescence and to become in touch not only with many of the conflicts and fantasies of that period, but also and especially with her intensely punitive response to the new and frightening sexual arousal that she experienced at that time.

The role that the analyst's own early adolescence plays in his or her ability—and willingness—to access and to work productively with this period in the lives of his or her patients is an aspect of countertransference that is little discussed. This scotoma, I believe, reflects the tendency in analysts, as well as in their patients, to bury memories of those years and not to deal with them. For many analysts, the wish to close the book on that awkward and painful period leads them to unconsciously collude with their patients' resistances and to avoid adequate exploration of the early teenage years.

It may happen, too, that specific memories of unhappy experiences in the analyst's early adolescence may block an understanding of similar experiences in the patient's life. Such was the case in my work with Ms. G.

At one point in the course of her analysis, I found myself becoming distracted, and I had difficulty listening to all that she was saying. This problem developed, I believe, because of a connection I made—initially unconscious—between certain events that she was describing and a disappointing—and painful—experience in my own youth: my Bar Mitzvah.

In one session, Ms. G was talking about the difficulty of growing up in an orthodox family, and especially about the doubts and conflicts that she felt at the time of her Bas Mitzvah. As she described the inner struggles that she experienced then, I found myself becoming uneasy. My mind wondered, I began to muse about the day's events, and I managed to miss some of what Ms. G was saying. Having no immediate explanation for this lapse, however, I put it out of mind and struggled to return to the task of attending to my patient.

Then, walking to my car that evening, on a side street I passed an old synagogue nestled between two large apartment buildings. I was halfway down the block when suddenly, unbidden, a memory surfaced. It is 10:30 on the Saturday morning of my Bar Mitzvah. A handful of family members are gathered in a dusty second-floor loft in the garment section of New York that serves as a *schul* for workers in the area. Because the rabbi is a friend of my family and we belong to no synagogue, this unlikely-looking place has been chosen as the site of my Bar Mitzvah.

The ceremony, which was to start promptly at 10:00 A.M., cannot begin because not enough men are present to form a *minyan*, the ten men needed to hold any service. Desperate, my father and uncle go down to the street, buttonhole any passing male who looks Jewish, and, promising him wine and sponge cake after the ceremony, try to entice him into coming upstairs to attend the ceremony. Painful and embarrassing, this is not a memory that I have thought about for more than half a century. In my mind, it stood as a kind of metaphor for much that transpired in my family in those years; forever operating a half step ahead of his creditors, my father had come perilously close to surrendering to their grasp. In continual short supply, money was an ever-present problem in our family, a situation that my imaginative father sought to remedy by presenting my mother with generous checks for household expenses that he somehow never got around to signing. Panicked, and with a limitless talent for conveying her fears of imminent disaster, my mother had convinced me that we were days, if

not hours, away from losing our apartment and, like refugees in war-torn Europe, about to be cast out onto the streets.

Depressed by this state of affairs, my father spent long hours in bed and was essentially lost to me as a parent. He had little interest in trivial matters like a Bar Mitzvah preparation, and begrudged the few dollars he was required to pay weekly to the anorexic rabbinical student who on Tuesday nights made a reluctant house call—I was not a promising student of Hebrew—to prepare me for my Torah portion.

For a 13-year-old, this unmitigated misery was symbolized by the fact that, unlike the Bar Mitzvahs of my peers, which were held in substantial, mainstream synagogues, mine took place in a garment center walk-up, a *schul* of convenience used almost exclusively by workers in the area to say kaddish for their departed relatives. With businesses closed on weekends, this dusty space resembled a sepulcher more than a synagogue, and I was mortified—not only to have my friends come to a place that had all the charm of a renovated sweatshop, but also for them to have to sit for an hour on back-breaking wooden benches while we waited for a *minyán* to be assembled through the aid of sympathetic—and hungry—passers-by.

It was, I realized, my effort to keep painful memories of that period under cover that had caused me to attempt to distance myself from Ms. G's account of her own unhappy Bas Mitzvah experience. It is such experiences of our youths—long forgotten—that may act as unconscious barriers to our allowing ourselves to grasp fully the pain and distress felt by many of our patients in their early adolescent years.

Not that all is pain in early adolescence; I do not mean to suggest that. Many youngsters handle the bodily and hormonal changes of that period, as well as the inevitable psychological conflicts of early adolescence, without undue difficulty. And they may have many memorable and joyous experiences, including rites of passage, such as Bas and Bat Mitzvahs or their equivalents in other religions and cultures. In favorable circumstances, such experiences help build those positive self-representations that serve as in-

valuable personal resources as youngsters face the challenges posed by later adolescence—and later life.

As I have tried to illustrate, however, not infrequently, early adolescence leaves permanent scars, and this is particularly true when trauma, especially that of sudden loss, occurs at this time. Partly because the young adolescent has not yet developed a substantial capacity for abstract, metaphoric thought and the flexibility and range of defensive operations that are available to the older adolescent and adult, the wounds that occur at this time can be very deep, not unusually leading to repeated—sometimes ceaseless—efforts to cope with and master these profoundly disruptive experiences. The work of a number of writers and artists reflects this lifelong struggle. I will speak briefly about two of the former.

Mark Twain was perhaps America's foremost recorder of early adolescent experiences and one of the world's great humorists. When one looks just beneath the surface humor, however, one finds a dark, almost morbid side to his fiction: an ongoing—one could say obsessional—preoccupation with violence and death. This is particularly true in *The Adventures of Huckleberry Finn* (1884), perhaps Twain's greatest novel. Here, from first to last, death intrudes both on the characters and the reader. Huck pretends to be dead; he and Jim discover a dead body; Huck overhears two unsavory characters threaten to kill their partner; Huck recounts a game played with Tom Sawyer in which they are robbers who must kill their victims—and so on. Death is everywhere. Even in *The Adventures of Tom Sawyer* (1876), a much lighter novel, there is a dark underside centered around the menacing figure of Injun Joe and his mysterious death.

Why did Twain have this preoccupation with death and, indeed, why with early adolescence? (While Huck is older when the novel begins—fourteen or fifteen—his language, attitudes, and concerns are more in keeping with those of a late-latency/early-adolescent boy.) I believe that this occurred because, as I will describe, the author sought to escape the pain that he experienced in adolescence and young adulthood by returning in memory to, and imaginatively elaborating on, the better times that he experienced in his latency years, including many exciting adventures.

Samuel Clemens (Twain's real name) was the third child in his family. He had a much older brother and sister, nine and ten years his senior, and another brother two years older than himself. When he was four, Sam's beloved sister died of a sudden illness, an event that not only plunged the family into a state of grief, but also set the stage for Sam's continued preoccupation with death. Then, five years later, his two-year-old brother, Ben, died of an acute illness, and again grief overwhelmed the family. Ben was his younger brother's hero and the chief prankster who had led Sam and his friends into a great deal of joyful mischief. His place, psychologically, was taken by a naughty and daring neighbor boy who, along with Ben, became the model for Tom Sawyer.

Then came another deeply affecting loss, one that organized and intensified the earlier experiences and served as a point of arrest that profoundly influenced Sam's psychology for the rest of his life. His father developed pneumonia and died within a week's time. This created enormous guilt—I would say lifelong guilt—in Sam, as well as a need for self-punishment that is reflected in both his fiction and his life.

Sam's father was a serious, quite dour individual who prided himself on his civic responsibilities and public duty, but who himself was unable to earn a living. He was also addicted to a narcotic-containing cough preparation. Sam's father found it hard to bear the pressures of family life and regularly absented himself from the family, often for lengthy periods of time. Sam felt deeply abandoned by his father and came to resent and dislike him. He also felt sorry for him, however—a mix of feelings that is well illustrated in Huck Finn's attitude toward his own alcoholic father, a man whom he fears and despises and yet whose love he craves and whose plight deeply saddens him. When his father died, Sam's ambivalent feelings, as well as his religious indoctrination, led to his experiencing tormenting guilt, as mentioned, and to his engaging in disruptive behavior.

While Sam, like his brother Ben, had long been a rebel, a truant, and an inveterate prankster, now his stunts took a more ominous turn, revealing both increased aggression and potentially self-

damaging behavior. On one occasion, he rolled an enormous boulder from the top of a hill, causing it to crash into and destroy a store at the bottom and coming within a hair's breath of seriously injuring several people. Another time, he and a friend walked out on a thinly frozen river. The ice cracked and the friend was plunged into the icy waters. Sam himself came perilously close to following suit and very possibly doing himself in.

Repeatedly, the boy's thoughts turned to scenes of loss, violence, and death, and he had great trouble emotionally moving beyond early adolescence. Gradually, however, with the help of his remaining brother and employers who acted as mentors, he seemed to emerge from this state and began to live as a young adult.

Then, once again, disaster struck. Sam's oldest brother, the one who was giving him much emotional and financial support, suddenly died in a freak steamboat accident, just as Sam was following his example and learning to be a riverboat pilot. This unexpected blow set Sam back psychologically, so that, once again, he became preoccupied with loss and death. Threatened with a plunge into depression, Sam's mind turned protectively to happier days, to certain experiences of his latency years and early adolescence, times of excitement and adventure when one could play out scenarios involving murder and mayhem without actually having to experience death.

Sam's focus on the adventurous and benignly dangerous years of his childhood led ultimately to his writing *Tom Sawyer* and *Huckleberry Finn*, two classics in American literature, as well as numerous stories that exalt, memorialize, and exaggerate the golden years of his own early life. In other words, because of his unique talents, including a gift for irony and humor, Samuel Clemens was able to select, obliterate, transform, and creatively transmute his store of memories, both happy and unbearably sad ones, into the most astute, the most psychologically accurate, and the most witty portrayals of early adolescence in American literature. But his work does more. Like all great fiction, it reaches deep and touches on our profoundest, most existential anxieties, insisting beneath

its playful surface that we confront the inescapable fact of our own mortality.

One could speak of a number of writers whose life and work reverberate with crucially important experiences of early adolescence. Virginia Wolff, whose life and death was shaped by the loss of her mother at age twelve, comes to mind, but I wish to discuss here another author, J. D. Salinger, who has become almost a mythical figure. I will speak not of Salinger's life—almost nothing is known about this man who now lives as a hermit—but about his most famous character, Holden Caulfield, whose tale must reflect something about the author's preoccupations, if not his actual experiences.

The Catcher in the Rye (1951) has been thought of as a book about later adolescence—Holden is seventeen when the book opens—but one sees quickly that his language, his thinking, and his concerns are those of a much younger boy, a boy of perhaps thirteen or fourteen. Like Twain's, Salinger's style here is in keeping with the mental set of his protagonist. Because of a trauma that he experienced, Holden has regressed to the psychology of a younger adolescent.

The nature of this trauma becomes clear as the story unfolds. When he was thirteen, Holden's beloved older brother died of leukemia. After that, Holden fell apart. He could not concentrate on his studies, avoided schoolwork, was lost in his own imagination, and as a result was expelled from several schools.

Unlike his friends, Holden shuns dating, romance, or any experimentation with girls and is childlike in his phobic avoidance of sexuality, bad language, and aggressive behavior. All this is encapsulated in his hatred of the "F word," a word encompassing both sex and aggression, which Holden sees scrawled everywhere on walls and buildings.

Holden is a purist. He hates people who are not straight and true, who say one thing and do another. He condemns, as he should, hypocrisy of any kind, but it is also obvious that, like a young adolescent, he has a hard time dealing with ambivalence, complexity, and contradictions. He dislikes the adult world—he

is frightened of it—and it is no wonder that his favorite person, the person he idealizes, is a child, his sister Phoebe.

In other words, what we have in Holden, and possibly, at least in imagination, in Salinger himself, is a figure who has suffered a terrible blow in early adolescence and who, essentially, has not been able to transcend this developmental period. Instead of moving forward and experimenting with life as his friends do, Holden remains hidden and protected behind walls of fear and guilt: fear of growing up, of moving forward, of becoming an adult, and, ultimately, fear of illness and death; guilt over his aggression and rivalries, his ambition, his sexual wishes, and, not least, guilt over having survived and surpassed his deceased brother.

Holden's appeal is in his freshness, his naiveté, his clear-sightedness, and his purity. He sees the world through the eyes of a childlike young adolescent. Here Salinger, the writer, employs a variation of a literary device: the fool as seer—that is, it is the fool, the jester, the country bumpkin, or in some cases the seemingly naive child, who truly sees, who has vision, and who speaks fundamental truths.

While few have this capacity, many individuals retain an adolescent quality that can at times be quite appealing. Often, however, they, like Holden, are individuals who as the result of loss or other trauma have an unconscious fear of becoming adults. They remain adolescents with all the charm and all the hidden anxieties about the darker side of life that characterize those tumultuous years.

Let me turn briefly to mid-adolescence and the late adolescent period. Each of these stages is important developmentally, and each may have its own sticking points.

Mid-adolescence, roughly ages fourteen through sixteen, is also a time that is easily overlooked by patients and analysts alike. Developmentally, however, it is a very important phase. It acts as a gateway to later adolescence and is often characterized by intense, emotionally deep experiences. The major task of mid-adolescence, in other words, is to make the transition, beginning in early adolescence, from home with all its psychological meanings, to the

outer world. As such, it is par excellence a time for trying out one's wings. Through experimentation during these years, already loosening ties to parental images are unloosened further in order to help the adolescent form deeper and more complex peer relationships, and, ultimately, to prepare him or her to assume greater responsibilities, to feel increased personal agency, and to enter more fully into the world of romantic and sexual love.

Mid-adolescence does something else as well. In favorable situations, it strengthens the identification with the same-sex parent, and thus acts both to reinforce and to solidify earlier oedipal-period identifications. By doing this, it also helps prepare and fortify the adolescent's ego for the second-stage oedipal-type conflicts—and the turmoil often related to them—that are part of the developmental phase of late adolescence.

But when things go awry, certain psychological experiences—and these may entail intense, exciting, and often emotionally overwhelming ones, as well as those involving loss and pain—can act as fixation points. This is what happened with Ms. C, the show business personality whom I described earlier. Ms. C's mid-adolescent years were filled with turmoil, confusion, and hurtful relationships. Repeatedly, she became sexually involved with ne'er-do-wells, men who promised the world and delivered nothing but disappointment. She was also used professionally by sharp, fast-talking nightclub owners who took advantage of her young age and inexperience to exploit her. Her friendships were transient and often ended in a feeling of betrayal. She also contracted a venereal disease at that time, which became a lifelong source of shame and fear.

The result of all this was that Ms. C could not move on to anything like a normal late-adolescent/early-adult phase of life. She could never fall in love, experience enduring relationships, or really trust anyone. There were very few people whom she could call friends, and for many years she remained isolated and deeply lonely.

Of course, many of Ms. C's early childhood experiences set the stage for what later developed, but as I worked with her, I became convinced that both her early and mid-adolescence—involv-

ing delayed menstruation, profound bodily anxieties, a severely damaged self-representation, and actual abusive experiences—put a seal on her development, making its further growth and expansion impossible. These crucially important years, in other words, arrested her emotional growth, so that, in essence, she could not experience a normal late adolescence, itself a centrally important developmental stage.

While Ms. C's experiences were unusual in their intensity as well as in the pain and suffering that they induced, it is not unusual for varying degrees of disruption to occur in mid-adolescence. If they involve considerable trauma, these experiences may have quite pronounced effects on the developing personality. We must remember that mid-adolescence is a more emotionally fragile time than one might suppose. The youngster of that age is no longer part child, one who can retreat to the safe bosom of home, as can the 13-year-old, nor is he or she a comparatively independent, forward-looking person, as are many 18- to 20-year-olds. As a result, the mid-adolescent is quite vulnerable to intense, out-of-the-ordinary emotional experiences. These, of course, can involve disruptive aggression or even traumatic violence, as may occur in some dysfunctional families or in situations of war or other calamities. But quite often the psychological trauma pertains to sexual entanglements for which the youngster is ill prepared.

This situation is vividly portrayed in the German novel *The Reader* (Schlink 1999), which has quite a profound effect on many who read it. This novel describes the lifelong obsession, born of guilt, memory, and desire, of a man who, as a 15-year-old, entered into and then had to flee from a torrid sexual and emotional experience with a woman twice his age. This experience left him, years later, still emotionally bonded to her, a woman who aroused in him—in a way no oedipal child can possibly know—all the passion, yearning, dependency, and guilt that a young male teenager commonly experiences when he becomes sexually involved with an older girl or woman, who, in his unconscious, is closely linked to the mother-imago that is always with him. Unlike the four- or five-year-old boy who is in love with and possessive of the mother

who feeds and nourishes him, the hormonally assailed teenage boy may be sexually drawn to his mother, or to substitutes for her, in a way that in its raw intensity is both entirely new and—because the incestuous act is now actually possible—enormously frightening. The profound feelings of guilt, too, that are inevitably involved may infiltrate many aspects of the personality and contribute to a life of self-punitive behavior.

As happened in the novel, such relationships, which often end in an abrupt, harsh, and dramatic way, may haunt the young man for years to come. Experiences of this kind, as well as ones involving disruptive aggression, can overwhelm the adolescent's capacity to process and cope with them. As a result, this kind of psychological trauma has an enduring influence on a vulnerable youngster, leading to arrests, strictures, or delays in one or another aspect of emotional growth, and making it difficult to move on to experience late adolescence in a full and rich way.

The final issue that I wish to discuss concerns the period of late adolescence, a critically important time of life. As I have noted, many factors, including expansion of cognitive capacities, greater freedom from parental imagoes, actual physical separation from home, readiness to experience deeper emotional relationships, heightened sexual feeling, greater exposure to the world, and new learning experiences come together at this time.

So intense are some of these experiences—not infrequently, first-time ones involving intense romantic and sexual feelings (Kulich 1998), intellectual or athletic achievements, or other moments of glory—that they remain in memory as a high point, if not *the* high point, of an individual's life. As time goes by, such experiences may take on an almost mythic quality and become a person's Golden Age, a time when one's feelings of strength, power, and attractiveness, as well as one's achievements, reach heights never again equaled.

In a short story entitled "The Eighty-Yard Run" (Shaw 1978), the author captured the remarkable hold that certain experiences of late adolescence can have on some individuals, and how idealization of that period may develop in response to and as a means of

compensating for the diminished sense of self that not infrequently accompanies the disappointments and frustrations experienced in later life. The story concerns a salesman whose work brings him back to the town in which he grew up. With a few hours to fill one afternoon, he walks over to his old high school and onto the football field, the scene of his greatest triumphs as a star halfback on a state championship team. As he stands on the field, memories come flooding back—memories of those heady days that contrast sharply with his view of his current life as drab, pedestrian, and uninspired. Then suddenly, spontaneously, he begins to trot, picks up speed, cuts sharply to evade tacklers, heads for the sidelines, and races into the end zone, scoring by repeating the greatest feat of his career: a record-breaking, 80-yard run for a touchdown.

Although I had not read it for many years, I suddenly recalled this story—and a parallel memory of my own—during my work with Mr. L, a man about my own age who in mid-life was undergoing a crisis of confidence. In part, this symptom was precipitated by the movement into adolescence of Mr. L's youngest son, a change that stimulated in the patient not only acute consciousness of the passing of time and despair over his perceived lack of achievement, but also the upsurge of memories of his early adolescent years in which feelings of inadequacy and failure had played a major part.

As I listened to Mr. L, his memories stirred resonant ones in me, and, like him, I came in touch with certain troubling recollections. Images of myself as a young teenager, quite lacking in confidence and more than a bit of a grind, appeared like uninvited ghosts. I also recalled my ambition to be a star athlete, a wide receiver with the magical hands of my idol, Don Hutson, the all-pro end for the Green Bay Packers, whose acrobatic catches were replayed nightly in my dreams.

Following a session with my patient during which, with much sadness, he compared the successes he had achieved in the Army with his mediocre record in civilian life, I found myself recalling the Irwin Shaw story. That night I reread it, and, as I did, the memory of a special moment in my life arose in my mind.

This memory concerned my days as a second-string end on our high school football team. As a mere scrub, most of the time I was relegated to watching the action from the bench, getting into a game—usually when it was hopelessly lost—for only three or four plays at most. But one day, the starting end went down with an injury and, desperate for bodies, the coach put me in. Pretty much ignored by the other team's defense as no threat at all, on one pass play, I found myself free some forty yards down the field and started waving my arms. The quarterback spotted me and tossed a high, arching pass in my direction. As the defenders closed in, I watched the flight of the ball, terrified, convinced that if I caught it, I would surely end up in the local orthopedic ward. Nevertheless, I grabbed the ball as it descended and hung on as I was smashed to the ground.

As it happened, that catch set up the winning score for our team. That was my 80-yard run. I recalled it at a time in my life when, like Shaw's protagonist, I was experiencing feelings of discontent and unhappiness, and, like that character, I clutched at this precious memory just as I had clutched at that descending football.

I worked recently with a man in his mid-thirties, Mr. B, who looked and acted about seventeen or eighteen. Although a professional and a father, he lived in his late adolescent years. This had been an extraordinary period of awakening for him, intellectually, sexually, and romantically.

A shy, frightened, and angry child and young adolescent who had few friends and considered himself a nerd, Mr. B came into his own in college. There he became a superior student, received much praise from his teachers, and, above all, had a torrid love affair with a girl who ultimately left him for an older fellow.

Although he later married and settled into a comfortable life, Mr. B often thought—actually at times obsessively—of his old girlfriend, and he frequently returned in memory to his unforgettable college years. In this respect, he resembled F. Scott Fitzgerald, who, like Jay Gatsby in his pursuit of Daisy, could never forget his first great love, a girl whom he had first met when he was

about seventeen. In one form or another, she became a presence in his fiction as she had done in his life. Perhaps better than any other writer of his time, Fitzgerald captured in his stories the yearning for the beautiful girl of one's dreams.

As I discovered in my work with Mr. B, and as is true of many individuals like him, he was afraid of adult life—of commitment, responsibilities, and restrictions, of illness, aging, and death. His father, a weak and passive man, gave him no model of manhood upon which to build. On the contrary, the father left his son to an anxious, frightened, highly self-involved mother to raise. As a result, Mr. B struggled, not only with a strong feminine identification that led him, at times, to fantasize being female and to wish to wear women's clothing, but also with a frightened woman who felt she could not cope with the world.

As a result both of his wish to return to the glory days of his youth and his inner fears, Mr. B remained fixed emotionally and psychologically in his late teenage years. This is not so unusual. In their private selves, many people live and relive the special experiences of their later adolescence, holding fast to them, never really relinquishing the hope and promise of those years. Some, like Fitzgerald, try in their dreams to recapture the magic of first romance, of first love. Others, like the playwright Eugene O'Neill, are haunted by nightmares that play and replay searing experiences that can only be exorcised by giving literary voice to them. And for others, like Twain, who suffered severe wounds in early adolescence, the effort to heal is a lifelong struggle.

In their own ways, many of our patients, too, remain ensnared in the tenacious grip of adolescent conflicts and the solutions arrived at during those years. By paying close attention to those times—to the early and mid-adolescent years, as well as to the more easily recalled late adolescent ones—we may help them to come in touch with the memories, the struggles, traumas, and special satisfactions of those years; and also, by exploring and working through the meanings that these experiences and their associated fantasies have for them, we can help loosen the strong, not always visible knots that, through pain and triumph, bind them—and us—

to a unique and uniquely powerful time of life. It is, I believe, an effort worth making.

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ON THINKING AND NOT BEING ABLE TO THINK: REFLECTIONS ON VIEWING THE ABU GHRAIB PHOTOS

BY DONALD B. MOSS

Using experiences from childhood, from encounters with contemporary art, from clinical experience, and, most elaborately, from an initial viewing of the Abu Ghraib photos, the author argues that the interpretability of experience depends upon its being legible. This legibility, in turn, depends upon the interpreter maintaining contact with his/her own capacities for thought, and, more fundamentally, with the vitally necessary community of others with whom he/she shares those capacities.

He could get help nowhere, or even take counsel with himself, because in the sudden shock . . . the sentiments which he knew that in fidelity to his bringing up, to his prejudices and his surroundings, he ought to experience, were so mixed up with the novelty of real feelings, of fundamental feelings that know nothing of creed, class, or education, that he was unable to distinguish clearly between what is and what ought to be, between the inexcusable truth and the valid pretences. And he knew instinctively that truth would be of no use to him. Some kind of concealment seemed a necessity because one cannot explain. Of course not. Who would listen? One had simply to . . . keep one's place in the forefront of life. [Conrad 1897, pp. 16-17]

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INTRODUCTION

I begin with an iconic moment of my own:

I was five years old when I first went to a double feature by myself. I had been to the theater before and knew the general set-up. Between movies, I went up to the mezzanine to go to the bathroom. My dad had taken me there before, so I knew where it was. I saw the two familiar doors. As I approached them, I was stunned to read “Ladies” on one and “Gentile Men” on the other. I anxiously looked for a third door, one signifying that I, a Jewish boy, could enter. I had seen my dad find it, so it had to be here. I repeatedly reread the signs, squinting, growing more anxious. Nothing changed: “Ladies” on one door, “Gentile Men” on the other. I waited for the third door to reveal itself. It never did. There was no other door. When I could no longer stand it, I ran home.

The experience was a shock. I had already come to rely heavily on my capacities for reading. I delighted in seeing through, and behind, tricks and feints and illusions. The experience in the movie theater made me aware that my capacity to read could be lost—that in fact it depended on the world in front of me remaining orderly enough to be read. When that order was disrupted, the world stopped being legible and I lost my capacities for both reading and thinking. Of course, a further lesson here—and for me perhaps a more far-reaching one—was that the world’s order and its legibility could be disrupted by aspects of my own mind. I could, in effect, render myself helpless to read what a moment before might have been perfectly legible.

The legibility of the world depends, I began to learn, not only on the world’s enduring order, but also on my own enduring capacities to contribute to that order, to preserve it, to maintain a kind of receptive fidelity to it. Since it was I who had somehow made the wished-for door in the movie theater disappear, though, I also began to learn that at any moment, I might unwittingly be failing to maintain this minimal receptive fidelity, and that, therefore, in matters of reading and thinking, of order and legibility, neither the object world nor I was to be considered reliable. The following

reflections on not being able to think are bracketed on one side by this dense experience of childhood and on the other by my first encounter with the Abu Ghraib photos (see Danner 2004).

LEGIBILITY OF THE OBJECT WORLD

When the world is *legible*, our minds and the world's objects seem potentially adequate to each other—complementary, lined up in a relation of potential fit. In a legible world, we can, in principle, mount a coherent search for the objects we want. By *coherent*, I mean we can, in object-searching, manage intensity, quantity, and content, while evading the dangers of excess and insufficiency, flooding, and deprivation. As long as the world remains legible, we can proceed with the useful and ongoing work of object seeking. This work takes place on a variety of platforms and entails a variety of strategies. Regardless of the mix of sites and strategies—unconscious or conscious fantasy, external or internal activity—a legible object world provides a way to read the apparently available and to seek out the missing.

In principle, once legible, an object's traces can always be read. These legible traces set the stage for a sense of object continuity. By a *legible* object world, then, I mean one in which objects endure regardless of accidents of experience. As long as the world remains legible, we can, in principle, maintain ongoing contact with all of our objects.

Legibility offers a wide range of possibilities for maintaining object contact. At one extreme, we might melancholically—fundamentalistically—adhere to the originals, trying never to let them go. At the other, we might settle for substitutes, for mediated versions of the originals, and strike out to the territories, as Willy Loman put it (Miller 1949), looking for that heady mix of relief and mastery—amazement, really—that comes when we find what we are looking for: the moment of first (or second) love, say, or, more elementally, more formatively, the moment when thumb first fits mouth or ball fits hand.

Even when missing, the unfound but satisfying object lurks in the legible world as a kind of shadow, a positive absence, one might say, in the space where it is not—something like a phantom limb. As long as the object world remains legible, when we “miss” an object, we can nonetheless sense its presence, only not right here and not right now. Its illusory presence infuses our sense of the past, the present, and the future. This is the lesson that Freud’s (1920) famous young autodidact is learning with the spool that he causes to vanish and appear: *fort . . . da*. Absence is no cause for panic. The object will return. With this, the little boy is rendering the object world legible.

Only when the object world is legible can object representations mediate effective thought. Once the third door vanishes, the boy in the movie theater might as well not ever have been able to read. Functionally illiterate for a moment, he loses his sense of place, his sense of inclusion. He is suddenly, radically, dislocated. With nowhere to go and nothing to read, he can generate nothing to think.

An illegible object world is one in which thought stops being possible.

Here are three clinical examples:

- (1) A patient says to me, at the beginning of almost every one of her daily analytic sessions: “The moment I left here yesterday, everything vanished. It goes away; it slips through my fingers. If I try to think of what we said, I panic. I can’t stand it. I can’t stand to have an idea and the thing isn’t there. It’s a disaster. It’s your world, not mine—I can’t think of it. There’s a space there and the space has to be filled. It doesn’t matter what I fill it with—food, anything. I can’t stand the space where we once were; it’s too much. It only comes back when I come back here. Between sessions, there is nothing. I wake up at night and something comes up from my belly. It gets to my neck, but never all the way to my head. I force it back down—I can’t let it into my mind. I can’t let anything into my mind, not

when it's not in front of me. If I let it in, if I try to make something, it only makes it worse."

Here is someone for whom absence is cause for panic. The absent object cannot be represented. For this patient, behind the absent object lurks only something "worse"—no shadow, no presence, only what she calls an "abyss." In sessions, she often seems to be engaged in reading and thinking about the world in front of her, but this semblance is punctuated by abrupt experiences of loss of contact, almost whenever I speak. "That's your world talking," she says, "not mine. Those are your words. I don't have words, not when it counts. When it counts, all I have is what's in front of my face—nothing more, nothing less."

- (2) Another patient, a man in the fifth year of a twice-weekly psychotherapy, says: "It's like a nightmare. I come here ready to learn. I take out my stuff. And then the lesson begins and it's in Chinese! I try, I listen, and I can't do anything. I don't know how to use what you say or what I say. I sit here and whatever we say makes it worse. I lean over; I try to hug you. I love you, but it doesn't matter—nothing moves. It's like leaning over my father's dead body. Cold, dead, not moving. But so what?"

Then the patient says, "There I am at dinner with my date. She's not a movie star, but she's a beautiful person, good, there at the table with me and I try, I joke, I show myself to her and I can see with everything I say that she moves farther away, like I'm speaking in a way that she can't understand. She gets farther away and I don't know how to move toward her. I feel I could love her, but she's gone before I even start. And then, when I'm on my way home, it's a disaster. Everything collapses in me. I spend the next two days on the Internet, buying, shopping, meeting people. I know the rules there—I know how it works."

- (3) A third patient says: "I've seen you get into a car with some kids and someone who must be your wife. You're a person then, and I can't stand it. It turns *me* into a person. It makes me think of years of this—of all that I've never done. I can't think that way; it's too much for me. It's a shock to my system. I can't stand it—it's chaos, it's cacophony. When that happens, anything I see means I lose. Being conscious means I lose. I just turn away; I can't stand to look. I close up. That's all that's available."

The first patient, confronting illegibility, finds "food, anything"; the second finds the Internet; the third "closes up." For each of them, as for me as a child in front of the missing third door, illegibility prompts flight. The flight is away from the complications of reading, of the interpretable signifier, and toward simplicity, toward "the real thing," the unambiguous presence of the sign. This descent into the concrete exemplifies a flight from a suddenly illegible world, a world that cannot be usefully represented—cannot be read and therefore cannot be thought.

When the world stops being legible, we, like these three patients and like any reader, lose pragmatic contact with it. We stop being able to use our minds to find what we might want, and instead we try to use whatever it is that we find in front of us, to "fill" spaces instead of reading them. Once a space is "filled," though, we no longer have access to the objects that otherwise may have lurked as shadows behind them. Like these patients and like the boy confronting the missing third door, when the world becomes illegible, we then lose the sense of occupying a proper place in it, of having achieved a proper fit. Instead of seeking objects, we seek a way out: some version of the Internet, of food, or a way to close up. We then risk loss of contact with those who have been reading the world as we have. As the second patient said, it is as though others are, suddenly, speaking to us unintelligibly, "in Chinese."

A legible world exerts a kind of gravitational force both on its objects and on its readers. Legible objects exist in some relation to

a center. Illegibility scrambles that relation, disrupting object bonds. When the center cannot hold, so to speak—as it cannot when the object world turns illegible—both thought and object-seeking become impossible.

In this paper, I refer to a number of experiences—in both clinical and cultural settings—in which, for me, the object world suddenly became illegible. I conclude with an extended consideration of my first look at the Abu Ghraib photos: another moment of illegibility. These images of torture presented me with two incompatible demands: that they be scrutinized and that they be turned away from. I think that that incompatibility—to find a place from which to look at them, and to find a place from which to turn away from them—severely taxed my capacities as both a reader and a thinker. Those incompatible demands made it impossible for me to maintain my place, to maintain my attachments to the objects associated with that place, and therefore to maintain my capacities for useful thought.

The overall argument I am making, then, emerges from encounters with a variety of objects:

- (1) A moment in my childhood in which, perhaps saturated with excess signification, two doors in a movie theater suddenly loomed as markers of an impending Holocaust. I had to flee.
- (2) Moments as an observer of contemporary art in which, regardless of how prepared I thought I was, how alert to contemporary artistic strategies, I suddenly found myself positioned where I could not stand to be and, again, had to flee.
- (3) Moments in some clinical situations in which, suddenly, no matter how theoretically or clinically immersed I might have judged myself, I suddenly found myself unable to perform the basic psychoanalytic task of protecting the clinical frame. Though here, unable to flee, I was reduced to having to wait until the frame, with no help from me, would restore itself.

- (4) My encounter with the Abu Ghraib photos in which, again, no matter how well versed I was, how well read, well practiced, well armed with cultural and political theory, I found myself unable to find a position from which to be able to tolerate the images in front of me. I had to flee, to wait, to reflect, and then to come back to them, reduced to the hope that they would, upon a second viewing, yield to my efforts to make them legible.

In making this argument, I mean to highlight my own less than steady place in front of what can turn out to be stable—but intermittently unbearable/illegible—objects. Such experiences have led me to conclude that the stability of my place in front of this wide variety of objects depends, in part, on the breadth and depth of the vocabulary that I can command to make sense of them. But, on the other hand, regardless of the extent and scope of this vocabulary, I inevitably run the risk of losing access to those objects. All are capable of coming at me unpredictably from a blind side.

Unexpected Illegibility

I think that this experience of being blindsided—in whatever the medium, including, of course, the clinical one—occurs with some frequency for all psychoanalysts. This paper aims to recognize some of those moments and to stake the claim that, no matter how prepared, how deep, how insightful we might become, we nevertheless often enough stumble onto an object of which we cannot make sense. I—and, I think, all of us—do our best after the fact to make sense of these objects and of these moments, but whatever we do, I think we do it a moment too late. We patch together a seam, we build a bridge, we connect, we restore—but I, for one, know that these efforts at repair, no matter how successful, cannot erase the blunt fact of an encounter with an illegible, blindsiding object.

Patients tend to present us with an ongoing opportunity to do the kind of work we think ourselves more or less capable of doing.

Even at moments when we sense ourselves to be not working or not capable of working, we usually still possess a conceptual vocabulary and framework that allow us to turn these very disruptions into occasions for more work. In effect, we may have lost sight of the theater's missing third door, but, in reading the situation as analysts, we have not lost confidence that the door can be found. That moment of psychoanalytic confidence depends on our maintaining a sense of connectedness to psychoanalysis itself, to analysts who have preceded us and to analysts who, along with us, continue to confront the puzzling experience of suddenly missing doors as an intrinsic part of their work. The scene before us remains legible if and only if we find a way to maintain our connections to the shadow community of analysts with whom, in effect, we read and interpret such scenes. Break those connections and the scene in front of us turns illegible; make the scene suddenly illegible and the sense of those connections is radically disrupted. Legibility and connectedness go hand in hand.

Say, for example, that I am an American walking alone along a road in another country. No matter how idiosyncratically I sort my alien surroundings, I necessarily see the road and the countryside through American eyes. As I walk, my eyes—all my sense organs—are not only *mine*; they are also an American's: they are *our* eyes and *our* senses. I might here try to stretch the use of the word *American* and turn it into a verb: congruent to the way I might "psychoanalyze" a patient to whom I am listening, I "Americanize" the road as I walk along it.

Thinking in Plurality

I am aware that some version of the thinking "I" do while "psychoanalyzing" was already taking place before I began. That sense of historical continuity is necessary in order for me to feel while thinking that I am not, as we say, just making things up. I think along lines established by predecessors. The lines have no precise origin, nor can I imagine their coming to an end. My functioning in relation to those predecessors and to what feels like an endless

future gives my thinking both its authority and credibility. Without them, thinking would have the ring of the counterfeit. "I" think only while in a state of identificatory contact with these others who think as I do—or, better put, think in the same language that I do. We share a vocabulary, a syntax, a sense of the kinds of realities, the kinds of relationships that constitute the possible and, conversely, the kinds of relationships and realities that, whenever they might appear, we will consign to the zone of the fabulous, the imagined, the fantasized, the impossible.

Thinking, then, confirms our place in a vast web of object connectedness. Reason is the syntax of "the reasonable"; thinking places us, attaches us, to this imagined cluster of the like-minded. In that sense, when we think, we are thinking with people like ourselves. Like reason, certain phenomena—racism, homophobia, and misogyny, for example—also represent forms of thinking. They provide users with agreed-upon semantics, a syntax, a range of the possible, a zone for the inconceivable. Like reasonable thinking, racist, homophobic, and misogynist modes of organizing the world invariably proceed in a voice that is, at least latently, first-person plural. The "I" who accepts the logic of syllogisms or of Freud's *Interpretation of Dreams* (1900) is hooked into an ancient community of predecessors. Those who employ the interpretive frameworks of racism, homophobia, and misogyny also find ways to hook themselves into a similarly ancient community of predecessors. It is the common feature of *hooking in* that I think links psychoanalytic thinking, say, with these other, demeaned forms of thinking—racism, homophobia, and misogyny.

Thinking hooks the thinker into a plurality; it establishes membership in a community. It is never "I" alone who hates the degraded object of racism, homophobia, or misogyny; it is always "we." Similarly, it is never "I" alone who thinks about the patient in front of me, but rather an "I" who "knows" while thinking that others like him or her, placed here, presented with this, would or could put the world together in just this way.

The feeling of being in contact with those others, any one of whom would, were they with me where I am, see things more or

less this way—think this way, hate this way—is a precondition of feeling myself in the proper place, in proper contact with proper objects. For me, then, thinking is always systematized, and, like systematized hating, contains at its base an expression of love, of identificatory union. We entwine ourselves with others in the act of both thinking and hating. Hating and thinking are inverse versions of each other. Each, like dreaming, gives expression to and satisfies a wish for objects.

This need to maintain an underlying connectedness to a first-person plurality functions as a ballast for all thought; it places a limit on creativity, on the possibilities for coming up with something new. The new, in order to comply with the standards of the “real,” must satisfy more than the immediate demands of a radically singular first-person thinker. When “I” push the envelope on what thought has so far allowed me to do, I necessarily have my eye out for maintaining contact with my confederates. As I push, I am either following one or getting one to follow me. We all want thought to be adequate in an ever-expanding field of problems. The larger the field that thought can oversee, the stronger will be the community, the tighter will be the connections that will be established among the thinkers. This principle, I think, holds for all forms of thought—“reasonable” and, let us say, “racist” alike. Each inexorably aims to expand the range of what it can account for. Each, in that sense, is ambitious, striving for the new, for the creative, while at the same time burdened by having to protect and preserve its underlying first-person pluralities.

Examples of Disruptions

Here are some cultural examples of what have seemed to me to be disruptions of this kind, during which I could no longer read or usefully think about what was in front of me:

- (1) I am watching a video documentary about a child alcoholic. The showing takes place at a museum. The audience is art-world cool. The subject of the documentary is an eight-year-old boy living alone on the Bowery, a

drunk who drinks all day. He begs for spare change from the drivers of stopped cars. Other drunks help him out a little. He shares a bed first with one, then with another.

As I watch, I sense that there is something classical and familiar about this documentary: it evokes pathos. We are apparently meant to wonder how what we are seeing can happen, what we might do about it, whom we can contact, etc. Just as the documentary seems to blur the boy's particularity into this more general category of "the wretched of the earth" (Fanon 1963), my own experience of a particular relationship to him merges into the more general category of a feeling of uneasy privilege. My thinking about this boy takes place on the platform of privilege.

Toward the end of the video, we see the boy asleep in an old-fashioned, accordion-door phone booth. He wakes up, groggy and apparently hung-over. The camera is positioned just outside the phone booth. The boy pushes on the door to get out, but the door does not budge. The boy pushes it again and again. It still does not budge. The boy begins to get agitated, banging against the door. The camera and the camera crew are there, unmoving, right outside the door; they do nothing to help the boy. The camera holds steady. The boy freaks out, pounding the door, screaming. We don't hear him. We just see his open mouth.

Suddenly, I feel myself there with the camera crew, watching, doing nothing, when all it would take to help the boy would be to open the door. My mood as an audience member totally changes—suddenly, I can't stand this. What are we doing here? Why are we watching this? Why did they make the film? Where is the boy? How did they hook me in to this? I wouldn't have been here, had I known. But I *am* here. I'm flooded. I can neither leave nor stay. My position has changed

from one of uneasy privilege to unbearable complicity. No one around me seems disturbed. I can't think. Too privileged, too complicit, too identified, too separate, too alone—the list of excesses is long. Again, it seems that a promise has been broken. This is not supposed to happen; I am supposed to be able to figure this out. This combination of excess, though, deprives me of the essential sense of ordered perception and benign company necessary for thought.

Instead of identifying myself as a member of the “privileged” group asked to and able to read the text/video (or clinical material) in front of me, I suddenly find my “privilege” turned against me. What had been “privilege” turns, instantly, into deficit; what had allowed for and supported my ability to read has suddenly turned into an impediment to my reading. As a privileged outsider, I was able to read, but when that self-same status of outsider inverted its meaning, I was thrown into the position of a *helpless* outsider who was entertained by a little boy's suffering, and I experienced a wave of unbearable guilt. Such guilt makes reading impossible. I had to find a way to restore my innocence before I could continue to read. Privilege, then, here and elsewhere, provides an unsteady platform from which the world can be made legible.

- (2) Hundreds of people gather at the Guggenheim Museum to watch the performance artist Marina Abramovic re-create some of her iconic work of the past two decades. Her performances are by now notorious, all of them involving a mixture of spectacle and self-inflicted pain. This evening, Abramovic prepares a steel platform with a few circular holes cut into it. The platform is six feet long and sits about eighteen inches off the ground. Under the platform, she places approximately thirty to forty large candles, which she then lights. Their

flames reach up to a few inches below the platform. She then lies on her back upon it. The candles underneath begin to heat the steel of the platform. She lies perfectly still for the seventy to eighty minutes necessary for the candles to burn down.

Perhaps three or four times in the hour that I watch, Abramovic sighs or breathes deeply, as though readying herself for the next segment of time. As she is lying still, experiencing what must be immense heat, the audience is mostly unfocused. People are talking, milling about, glancing at her, glancing at other things. There is an exit nearby, and people come and go. There is, in general, something casual and familiar about the audience's behavior, the kind of behavior that might accompany any art exhibit. For me and for a few scattered others, however, what we see seems neither casual nor familiar. There are a few of us who cannot stop looking at Abramovic.

As I'm looking, I have no idea how to think about what I'm seeing, or if, in fact, I mean to be seeing anything, since much of my attention, ostensibly aimed at her, seems to focus on myself, as I wonder what my motives are, what I am feeling, what I want, what this is, whether I'm excited, what I would do in her situation, etc. The spectacle of looking at her oscillates wildly with an internal spectacle of self-regard. Soon I begin to feel disoriented; I cannot really tell where my focus is. There seems a kind of blurring of attention that makes it impossible for me to think anything clearly about either her or myself. It is not as though I identify with her, nor do I disidentify. The problem seems to be that my gaze aims simultaneously inside and out. I cannot find words to name this state of looking.

I am aware from Abramovic's writings that she uses our attention to help sustain herself during the performance; her use of us is related to patients' use of their analysts. She writes:

It is such a vulnerable situation to be in up there In all my early pieces, I needed the knife . . . the star . . . the gun Now . . . I will be there in such a way that I let the transmission between me and the public happen I enter the performance field, the public is there, and in that field something is going to happen. [1998, p. 21]

That is, Abramovic has asked us to come here so that something can be transmitted between her and us. Her pain is the precondition for what she wants to have transmitted. Her capacity to withstand that pain and to turn it into something she—and we—might value depends on our capacity to withstand this situation. And she has enlisted us for a task that we may not be able to stand.

Her request posed a problem for me—one that I think resembles the problem posed by the two doors in the movie theater. After all, I was in a museum when I watched Abramovic. The elements were familiar: *audience, pleasure, artist, performance*—I expected to find a comfortable place in front of this familiar cluster of signifiers. Add fire, pain, and audience indifference to this cluster, though, and the usual signifiers lost their legibility. I suddenly felt myself read out of the picture—this time, in part, by being read excessively *into* the picture.

I tried to think about what was in front of me, but it no longer seemed to be securely there. I had categories I could apply, but the force of perception seemed to tear right through the categories. Those categories—*spectacle, exhibitionism, masochism, sadism, torture*—seemed to appear in my mind as tools whose purpose was transparent—that is, to reconstitute what was in front of me as something like an experience that I had had before. But the effort at reconstitution seemed

merely that. The likeness to any previous experience was not, in fact, a central feature of this experience; this one had no predecessor.

As such, it seemed to present me with something other than a soluble problem. All that was available, finally, then, was to give up on trying to think of what was in front of me. But giving up posed unacceptable risks. Abramovic's pain demanded that it be thought about. And yet here I could not think about it; neither tactic worked. I could not find a third—and thus the resemblance to the problem of the missing third door. I could not find my way into this situation. I had to leave.

Of course, much contemporary art is meant to be transgressive, to disturb the legacies of frame and comfort inherited from its predecessors. In that sense, for many people, the two examples I have just referred to might seem banal: two more experiences of expectable disruption at the point of contact between an artistic work and its audience. My point is not to demonstrate any intrinsic feature of these two examples, or, in principle, of any others. Rather, I mean here to show that, as in clinical situations, where we also have come to expect what we might call transgressive experiences, we can nonetheless encounter transgressions that for us prove to transgress in ways for which we have not prepared.

I think that there may be no way to adequately prepare for these special forms of transgression. They come at me (and, I think, at all of us) from our blind side. Sophistication, whether in front of a cultural production or while working in the consulting room, may provide a rich vocabulary by which to catch and sort whatever is presented to us. But that self-same sophistication, inducing overconfidence, may leave us particularly shocked when even it is exposed as having limits—blind sides. The more sophisticated we might feel ourselves to be, the greater the shock when we find we are reduced to a kind of preverbal scramble toward whatever might provide minimal security.

Following are some clinical examples.

- (1) A psychotherapy patient was telling me about a movie that she said I must see. As the session ended, she spoke of the movie's final scene, closing her eyes as though to focus more intently on the images she recalled. The protagonist of the film, a young man, was dying of AIDS in a hospital. One night, he got out of his bed and roamed the halls. He saw a very old, very sick woman asleep in a nearby room. He went into her room and lay with her in her bed. He whispered to her, telling her that he loved her and that she was the most beautiful person he had ever seen. She smiled and slipped off into death.

As my patient told me this, my eyes began to tear. I couldn't stop the flow. I had no idea what had happened. I had to stop. There seemed to be something unendurable about endings—something about wanting more than I would ever get. Someone to say that to me and then to die, to die together. To say it to this patient. I wished I could say it to her. I even entertained the idea, and I felt furious with myself for thinking this way, furious also with my patient. Why was she manipulating me? Why these tears? I felt like telling her I had to stop working with her; this was too much.

And then I thought, no, this is an everyday experience, a simple problem. The tears kept coming, however. My patient was smiling; there was no sign that she saw my tears. My priority was to regain composure. There seemed no other action to take; I had to wait for my tears to stop. Waiting was all I could do. Waiting was the action taken. By *waiting*, I mean that I stopped working, stopped thinking, tried to stop feeling.

A minute or two later, my tears ceased and the frame was restored. The session ended. The patient left. The disruption had lasted only a few minutes. Although I can now think back on what happened, I have found no thought that adequately accounts for the rupture it-

self. I can name themes, pressures, etc., but I have often contended with these same themes and pressures without such a strong affective reaction. The singularity of this moment of discontinuity cannot itself be interpreted.

The frame that would have protected me from this experience is identical to the frame that would have allowed me to effectively think about it. Effective interpretation depends upon the presence of an effective frame. Absent the frame, we are deprived of the possibility of effective interpretation. In this sense, interpretive thought inevitably misses the objects presented to it by crises in clinical continuity. It is always a matter of too little too late, grasping at a vanished object and finding only its traces. There is, then, a ghostly dimension to these moments; we get to them only after they have in effect died.

- (2) A woman in the sixth year of treatment has spent some months on the couch, but now says that "I need to see you to make sure I am actually talking to someone." She often comes to her session in gym clothes. She usually takes off her shoes and puts her feet on the footstool between us. She is a professional woman; she is also unusually isolated, friendless, living with a man but in a separate bedroom, retreating from activities that give her pleasure.

As our work continues, this retreat intensifies. In talking about this, she says: "Pain won't stop me. Nothing will stop me. There's nothing you can do—the more it hurts, the crazier it is, the stronger it makes me feel." She is sobbing as she says this. "I would rather die than give you the satisfaction of helping me." She is claiming intention and purpose, a kind of willed sadistic masochism.

I feel consistently confused and uncertain regarding the interface between helplessness and willfulness.

Any interpretation suggesting the one is countered by her emphasis of the other. The interface itself seems to shimmer. Conceptually and emotionally, I find each session unusually taxing. By all obvious measures, the patient is getting worse, yet I feel that this worsening is a prerequisite to her getting better. I also feel that this idea that she must get worse might itself be an expression of my own countersadism. This confusion contributes to the ongoing difficulty of my working with her.

In one session, as she is telling me about her relationship to pain, I suddenly find myself staring at her exposed feet. I feel offended by them. I want to scream at her to put her shoes on, her feet down—to tell her to stop it. The exposed feet command my attention. How can she keep them there like that? The posture ridicules us, ridicules me, ridicules any effort at the kind of work I mean to do. I feel made fun of, mocked, deprived of any authority to actually influence what is occurring. I can neither speak nor remain silent. Anything I do is a helpless reaction to the exposed feet. I am aware of my own clothing, how it covers me, protects her from the sight of me. I feel like retaliating or turning my head away, anything that will end this collapse into passion.

“I would rather die than give you the satisfaction of helping me” I hear her say. I’m thinking, “Okay, then—die,” and with that thought comes a rush of self-accusation. She and I are in a mix, her words suddenly distant, not quite mattering. It feels like a life-and-death matter centering on the forces that regulate what we do with our bodies.

And suddenly it stops. She says, “I mean it, you know. There’s no limit here—there’s nothing you can do.” And I think with some confidence that she is wishing for the self-determining power that she knows she

herself lacks. The frame is restored. And I have neither disrupted nor restored it; rather, I passed through its absence.

- (3) A 30-year-old patient, overweight, takes off his pullover sweater during a session. While lifting up the sweater, he exposes his torso, which seems to me flabby and overhanging. I immediately wish I had not seen this; this is more information about him than I want to have. As he speaks about feeling embarrassed, I notice myself staring at his now covered abdomen. I feel befuddled and judgmental. I wonder how he has let himself go like this. I start comparing my own body to his—my weight, my eating, my sexual attractiveness. I would win any competition, I think. Pitiless and gloating, I feel like putting him down. I *want* the sweater off. I want to make fun of him.

But I also want my thoughts to stop. I feel wrong, guilty. I want to care for him, help him figure out his body. I want to assure him, and myself, that things will be okay. I want to get out of this, to return to listening. I feel bursts of memory—from adolescence, from childhood—body memories, loads of rejections, occasional success. I cannot shake the sight of the patient's body. I cannot resume thinking. He knows his body has been exposed. He begins to speak about a sense of embarrassment. I listen, but for the moment not analytically; I am too busy trying to regain my bearings.

For now, it seems that my patient and I are suddenly just two guys trying to navigate adolescent locker room anxieties. I am relieved to feel I have the better body. I am also humiliated to be thinking this way. Analysts do not compare bodies while they are working. The very act of providing myself with relief intensifies the problem I am trying to solve. In trying to take care of myself, I have stopped trying to take care of my patient. I want out and cannot get out.

This deadlock continues for a couple of minutes. Then suddenly it ends. I do not exactly know how it began and certainly do not know how it has ended. What I do know is that I feel I am back to where I was—uncertain about what happened, unable to bring it up, not wanting to bring it up, hoping it fades away, hoping I never see his body again, hoping I can forget what I have seen. I cannot, however. Nor do I feel able to think clearly about what has taken place. Thinking now, after the fact, seems an abstract exercise. Thinking now, before the next occurrence, seems interesting but hardly prophylactic. I feel that whatever happened can happen again. There is no preventing it, no effective way to think more permanence into the frame so that it will let me steadily think and work. I hope my patient will verbally reference this moment soon—remembering it, representing it for both of us, framing it.

Whose appetite generated the visual spectacle created by my patient's raised sweater—his or mine? Is he showing this to me or am I acting the voyeur? One's eyes are suddenly inside the frame of what, a moment ago, was just a picture. What is most disturbing about that clinical moment, I think, is the transient disappearance of the conceptual frame that allows and supports the binary categories of exhibitionism/voyeurism. I can ask the question only after the frame and its categories are restored.

VISUAL LEGIBILITY

I have chosen to discuss clinical and cultural experiences that are primarily mediated through the visual field, not only because of their explicit perceptual links to the experience of looking at the Abu Ghraib photos, but also because I think the visual field is par-

ticularly unregulated in psychoanalytic work. The regulatory force of theory and tradition applies most forcefully to the domains of *hearing* and *touching*. What we see and how we see it seem to me less regulated and tamed, less thought about and scrutinized, than what we hear and say. We work at listening but pay little formal, regulated attention to seeing. Unlike the sphere of listening, for example, in which we focus mightily on the task of untangling the effects of transference and countertransference, the visual field resists division into clear zones of responsibility. We have almost no tools by which to clarify intention in the visual field.¹

In each of the above examples, I have meant to illuminate a moment when the object world suddenly turns illegible. Legibility depends upon the coexistence of a competent reader and a world steady enough to be read. As noted earlier, however, no reader reads alone. Reading and thinking depend upon a perceived connection to others who are reading and thinking as the reader him- or herself is. Legibility, then, depends upon the reader's occupation of a particular place, a kind of home. Within this home, an experience of attachment is possible. This attachment binds the reader to the objects that present themselves to be read. It also binds the reader to those whose shadowy presence underwrites and validates the reader's work of reading and thinking. Liquidate that home, deprive the reader of his/her sense of place and attachment, and the object world turns illegible. The requisite attachments and the requisite sense of place are but two facets of one state.

On First Looking at the Abu Ghraib Photos

The Abu Ghraib photos (see Danner 2004) were initially illegible to me; I was unable to find a place from which to read them. Without that place, I could neither think about what I was seeing nor find access to the shadowy others whose presence, for me,

¹ By locating the origins of sexual looking in what he calls the reflexive position—looking at oneself—Freud (1920) brilliantly catches the radical insolubility of this problem. In my view, his description of that analysis remains unsurpassed.

would have made any such thinking possible. Temporarily helpless in front of them, I have since tried to restore and fortify the place and the connections whose fragility the photos exposed. This article is a part of that ongoing effort at restoration and fortification.

I do not have the feeling that I know what happened when I first encountered these photos. As in all the situations described earlier, what seems clear is only that something *did* happen, and that my habitual reading and thinking capacities failed. Instead of a legible memory of that first encounter, then, I am left with the memory of illegibility, a memory that does not quite achieve representational status. That first encounter remains in the form of something like noise or static. It retains its temporal integrity. It lasted for a certain period of time. But conceptually, what remains is only the knowledge that for a while I could not figure out anything about these photos.

Looking back, then, I have no direct access to what “happened.” In a moment of illegibility like the others I sketch out here, there remain, by definition, no legible traces. All we can do after the fact, then, is to try to suture the illegible moment to legible ones. When sutured, the illegible moment at best turns into a kind of scar. This scar provides us with a permanently legible souvenir, commemorating a permanently illegible event.

The disruptive power of the Abu Ghraib photos does not derive primarily from their content. Most of us have been exposed to documentary evidence of gratuitous, excessive violence—violence intended to demonstrate the essentially limitless capacities of the perpetrators, their absence of pity, their apparently sovereign authority to do anything. And as an analyst, I am not surprised; my capacities for thought are not disrupted when that violence assumes a sexual guise. I (we) command a nuanced theoretical vocabulary by which to read and distinguish, to record and to classify the signifiers, the visual and verbal representations, of a wide range of sadistic behaviors, including the ones pictured at Abu Ghraib.

The disruptive impact of these photos, then, must reside in their power to reveal or to establish unfamiliar terms—unfamiliar rela-

tions—that impinged upon me when I first looked at them. In retrospect, these unfamiliar relations remind me of the quite different customary relations that operate when I look at documentary photos. In principle, that set of customary relations can be mapped by coordinates locating three positions—mine, the photographer’s, and the objects’—within the frame. Those coordinates in turn correspond to a more general set of coordinates characterizing my place as traditional spectator in relation to any culturally produced object. Spectators participate indirectly, from outside the scene—identifying, more or less, with what they see. As spectators in an audience, we see the customary documentary photo as our object, and the photographer as the object’s creator. The frame of the photo keeps me—and us—outside, protecting us from excessive identification with what we see inside the frame.

The Abu Ghraib photos seemed to me to change these familiar spectator coordinates. One manifestation of this change is that I felt, uncannily, that while looking at these photos, my look was being registered by the individuals depicted. It matters to these individuals that I am looking at them. (This is similar to what I experienced with the video of the boy and at the Abramovic performance.)

Since the photos enact the humiliating effect of being looked at, my looking seemed to both document and participate in that very enactment. It became an intrinsic element of the photos. My seeing took place from both within and without the frame, and my gaze, then, seemed to originate from two sites simultaneously. This is a conceptual impossibility within the framing terms of the customary documentary photo.

The Abu Ghraib photos momentarily collapse the difference between inside and outside. While looking at these photos, I sensed myself to be, for a moment of unspecified duration, both inside and out. Lacking a framing axis and its orienting coordinates, I also lacked a ready category by which to name my position. The photos caught me looking at and therefore shaming the tortured figures. The photographer had somehow snapped me up, “captured” me, and placed me within the torture scene. A new set of coordi-

nates emerges, then, and this new set locates a new audience who, in seeing the photos, sees me somehow within the photo as well, looking. This audience, of which I may feel myself a part, can see, judge, and accuse. And this audience, too, is located within the photo.

The frame of the photo, when I tried to find it, seemed to continuously recede, mobile enough to encompass all imaginable audiences. A customary frame, however, is fixed; if it is limitlessly mobile, a frame loses its central attribute as a frame. The Abu Ghraib photos, then, in dissolving the customary frame, also eliminate the position of the nonparticipating audience. In their status as apparent exceptions, the Abu Ghraib photos reveal the contingent and fragile status of both the customary frame and the nonparticipant spectator. The frame fades out, carrying away with it the firm distinctions between object, subject, and audience.

The photos did not “move” me as gruesome photos tend to do. That is, I could not employ my standard repertoire of emotions—emotions that, in principle, have a *déjà vu* effect: if I have felt this before, I have, in some important sense, seen its like before. I could not, I think, satisfactorily name the emotions inspired by these photos. Instead of *moving* me, then, these photos *moved* me—that is, they displaced me; they took me away from where I usually sit, from the point I usually occupy when I “read.” They moved me from outside the frame to inside the frame. The photos seem addressed to me—“these are both *for* you and *of* you.” They are candid shots not only of the Abu Ghraib scenes, but also of me watching what is taking place, as though I, too, am within these scenes. These photos are taken for me, but by a photographer whom I would never willingly employ. The photos force me to look at what I have often looked at, but from a vantage point I would never choose. It is this disruption in vantage point that gives the photos their peculiar power.

Freud (1900) well captures the formal dimensions of this kind of sequence of encountering the limits of thought when he writes as follows.

There is no possibility of explaining dreams as a psychical process, since to explain a thing means to trace it back to something already known, and there is at the present time no established psychological knowledge under which we could subsume what the psychological examination of dreams enables us to infer as a basis for their explanation. On the contrary, we shall be obliged to set up a number of fresh hypotheses which touch tentatively upon the structure of the apparatus of the mind, and upon the play of forces operating in it. [p. 511]

Just as we have no way of explaining the discontinuous transition from nondream to dream, I think we have no way of explaining sudden breaks in our working capacity. We can feel the effects of that capacity's sudden ending. We can scramble to restore it. We can look back on what has taken place. But the gap between dream and nondream, work and nonwork, remains a gap—bridged and made navigable after the fact, perhaps, with concept and idea, but permanent nonetheless.

Customary photos, like customary theory, preserve the gap between example and idea. This is what is meant by *frame*, the reliable gap between *example* and *category*. The frame provides the space needed for us to comfortably do our work. The “example” before us, then, both mediates and is mediated by the “category” that gives the example its customary sense. The category—torture, say, in the Abu Ghraib photos, or anxiety in the clinical situation—is permanent. The example, on the other hand, is temporary. In this sense, the example is slightly make-believe. We can shut off the example; we can turn away; we can, no matter how moved we are by the example, remain where we are, in sustained contact with the category. And the more moving the example, the less power it has to actually move us from our customary relation to the category.

The disruptive effects of the Abu Ghraib photos and of this kind of clinical experience present all of us with the opportunity to think—to think on our own. Disappointed by customary categories' limits, we then have the opportunity to construct new catego-

ries, with potentially new limits. Our perceptual apparatus has been breached. We have experienced what conscious organization aims to have warded off. For me, the Abu Ghraib photos, like the sight of my patient's belly, present a kind of conceptual trauma, a moment of brief and overwhelming excess, too much for my organizational capacities to manage. The opportunity for thought, then, comes immediately after the fact to be thought of. We can think back upon the moment whose appearance we could not have predicted, could not have "thought" in advance. There then appears a gap between the immediacy of an experience and the mediating work of thought. This gap, apparent in our initial encounter with the Abu Ghraib photos and in clinical encounters of the sort I have in mind, exposes the contingent, fragile status of the frame that defines our ongoing customary work as spectators and as clinicians. The thinking we do as part of that work is, then, a distinctly different activity than the thinking we might do immediately after that work has been disrupted.

I was both horrified and excited by these pictures. I wanted to figure out their grotesque particulars, to generate some thoughts, find a moral. These photos caught me, in that first spontaneous moment of excitement, leaning in to them, eager to see—eager to see what I wished I did not want to see. The photos burdened me, if only transiently, with a sense of a wish satisfied. I wanted to flee from or disavow this unsought satisfaction. It was too late, though—I had a problem. This problem originated neither in the photos themselves nor in my own private responses. The problem pertained to the photos' lack of an edge, a firm outside boundary. The problem took the form of an incompatible mix of fascination and repulsion, of excitement and despair, of gratitude and disavowal.

The origins of this problem cannot be precisely located; its depth cannot be precisely measured. The problem is neither clinical nor nonclinical; the problem rightly belongs neither to the private nor to the public sphere. Instead, it cuts across all such divisions. As a consequence of their open border, the Abu Ghraib pho-

tos expose those divisions as contingent, a design feature more than an essential attribute of consciousness.

Of course, we want to know who we are looking at when we look at the Abu Ghraib photos. But, I think even more importantly, we want to know whom we are looking *with* as we look at these photos. This is the same question faced by the boy in front of the two bathroom doors. What is he looking at? But, even more importantly, whom is he looking *with* as he stands there? In both cases, we want to find our place as readers. Finding our place means, in effect, finding our companions, our associates, finding a way to transform a disoriented “I” into an oriented “we.” Usually, in a legible world, such indicators of place are firm and straightforward. Whatever “I” read, “we” are reading as well. We are in a legible world—or out of it—together.

Even in relation to traditionally difficult art or traditionally difficult patients, we can almost always keep our bearings by orienting ourselves to reliable markers like *difficult art* or *difficult patient*. In the face of such difficulty, we catch each other’s eyes, in effect, communicating side-to-side that what is in front of us is, in fact, difficult for all of us.

What made the Abu Ghraib photos particularly challenging for me was that they eliminated the companionship offered by this side-to-side glance. I had no confidence that my fellow audience members could, in fact, reliably construct the category *difficult* here in a way that would actually allow us to maintain our long-standing identities as concerned readers of photos like this. During the time that the photos were illegible to me, my side-to-side identifications were disrupted. And since no reading can take place alone, “I” was unable to read these photos. I was able to begin to read them, and therefore to think about them, only when I found what seemed to me a firm frame into which they could be placed. Lynching photos provided that frame.

In turning to photos of primarily racially motivated American lynchings, I meant to purchase some interpretive space for the Abu Ghraib photos, to give myself a chance to think of them in relation to predecessors—to think of them, that is, as like something else.

In that potential for similarity lies the potential for interpretation. We can never interpret the entirely novel. Interpretation necessarily relies on finding similarities between ostensibly different items. I found myself drawn to the following comments:²

- The use of the camera to memorialize lynchings testified to their openness and to the self-righteousness that animated the participants. [pp. 10-11]
- Hundreds of Kodaks clicked all morning at the scene of the lynching. People in automobiles and carriages came from miles around to view the corpse dangling from the end of the rope Picture-card photographers installed a portable printing plant at the bridge and reaped a harvest in selling postcards showing a photograph of the lynched Negro. [p. 11]
- What was strikingly new and different . . . was the sadism and exhibitionism that characterized white violence. The ordinary modes of . . . punishment no longer satisfied the emotional appetite of the crowd. [p. 13]
- The photographs stretch our credulity, even numb our minds and senses to the full extent of the horror, but they must be examined if we are to understand how normal men and women could live with, participate in, and defend such atrocities, even reinterpret them so they would not see themselves or be perceived as less than civilized The terrorism carried out in the name of racial supremacy cannot be put to rest, if only because the issues they raise about the fragility of freedom and the pervasiveness of racism in American society are still very much with us. [pp. 34-35]

Here I found what seemed a reliable fellow reader. I could begin to read Abu Ghraib because “we” could now place the photos

² These four quotations are from Als et al. 2000.

in a frame and locate ourselves firmly in relation to that frame. Finding this frame meant turning the illegible into the legible.

CONCLUSION

And what, then, can be read from these photos? Perhaps this:

When the civilized make trophies out of the uncivilized, the triumph so registered is intended to mark a moment in civilization's progress toward ultimate sovereignty and dominion. The trophy commemorates another defeat of the uncivilized and demonstrates the limitless power of the victor. The trophy represents not only a victory of law but, more importantly, a victory *over* law. The trophy clearly positions law in the service of sovereign power.

Torture accomplishes the same ends. Its guiding principle is the absence of limits. Whatever trophies were extracted today, whatever was done today, more can be taken, more can be done, tomorrow. The trophy is a warning, taken not in the name of any individual, but rather in the name of all of us. We are doing this for "you."

We must be alert to a countertendency to treat evidence of *their* trophy-taking as itself a trophy to *our* ethical superiority. A trophy is to be read as evidence; thus, evidence of the viciousness of the operations of *their* good conscience can easily turn into a trophy testifying to our own. Trophies define a two-door world: them and us. No further reading is necessary. In fact, the trophy functions as a direct assault on reading. It is a concrete item, like food for one of the patients I described, like the Internet for another, and like closing up for a third. The trophy fills a space, fills all space. It eliminates questions, eliminates reading, eliminates thought. It aims to turn what could be an overwhelming experience of not being able to think into a relieving experience of being unburdened by any need to think.

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WRESTLING WITH MATTER: ORIGINS OF INTERSUBJECTIVITY

BY JILL GENTILE

Recent theories of intersubjectivity attach primacy to the creation of meaning between subjects, obscuring the role of the material world to which both Freud and Winnicott attached significance. Yet, as this article argues, intersubjectivity itself is predicated upon a transitional space between subjective creation and material life. After considering Winnicott's conceptions of psychesoma and transitionality, the author examines the developmental literature for precursors in the encounter with matter that set the stage for the emergence both of symbolic life and of an embodied "transitional subject" to come into being. Clinical illustrations are provided.

INTRODUCTION

Few concepts have been as endearing to psychoanalysts as Winnicott's transitional object. Whatever our theoretical biases, we are drawn by the poignant amalgam of power and vulnerability of the infant in this early creative act—a triumph of personal agency over a brute, inanimate reality, a triumph of the infant in becoming an author of, rather than a mere reactor to, his experience. In his paradoxical creation and discovery of the transitional object, the in-

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fant begins to render the world meaningful. By putting his personal stamp on the blanket or teddy bear, the infant makes the world in some sense his own, even as in some sense his subjectivity is now also constructed by matter itself.

Though often obscured even in Winnicott's (1951) original writings, the infant, in creating (and discovering) the transitional object, not only imbues his world with meaning, but also begins to constitute himself as a personal agent—someone on the way toward taking ownership of his desires and experiencing himself as having an impact on his world. Likewise, even as Winnicott recognizes the actuality of the transitional object's materiality ("It must seem to the infant to give warmth, or to move, or to have texture, or to do something that seems to show it has vitality or reality of its own," p. 5), he seldom draws our attention to the implications of his thinking—that is, that the material world is critical to our constitution of subjectivity and that we simultaneously *impose our weight upon it and surrender to its unyielding aspects*.

In these aspects, this article departs from the direction in which Winnicott took his formulations by building upon implicit but unelaborated aspects of his thought and bringing into bolder relief both of the "ingredients" of the transitional object: the emergent subject and the realm of matter. In exploring the juncture at which the emergent subject expands his realm of meaning-creation by using, and so transforming, materiality while conceding to it, we encounter a subject who comes into being between desire and limit. He is newly empowered by his imagination, and yet the constraints of materiality ensure that he is not completely free to imagine reality as he wishes it to be. In this encounter, the infant (and emergent subject) not only creates symbolic or transitional objects, but also—to extend Winnicott's thinking—the infant actually begins a process of creating *himself* and others (in part) as symbols.

By emphasizing the role of materiality in the evolution of subjectivity, this article represents a counterpoint to some of the current trends in psychoanalytic thought on intersubjectivity. In that realm of discourse, despite important differences of definition,

intersubjectivity refers “in the most basic sense to the interaction between two subjects” (Frie and Reis 2005, p. 3; see also Renik 2004). As such, intersubjectivity is often depicted in dyadic terms, leaving the material world relegated to peripheral status. This tendency in part reflects the quite valid usage of the term that is consistent with the usage advocated by Stolorow and colleagues (Orange, Atwood, and Stolorow 1997; Stolorow and Atwood 1992), who refer to an intersubjective systems theory; and, in part, it reflects a widespread generic use of the term in which meaningful distinctions among definitions are bypassed.

Of course, some articulated conceptions of relational construction do recognize the physical world (beyond the dyad) as a component of what analyst and analysand make meaning of (for example, Hoffman 1998). Further, central to the views of two prominent theorists of intersubjectivity—Benjamin (1995, 1998, 2004) and Ogden (1994, 2004)—the achievement of intersubjectivity proper¹ is predicated upon a symbolic space between mother and infant. Symbolic space, or the symbolic use of the material world, stands as a third to the dyad.

Notwithstanding these and other insightful and penetrating contributions to the idea of intersubjectivity as a relationship of thirdness (see Aron 2006), the explicit “third” of matter is often obscured in favor of a depiction of meaning creation at the intersection of subjectivities. Clinically, we see this flattening of symbolic space, or a space of thirdness, as emblematic of what Ogden (1986, 1994) refers to as the *paranoid-schizoid mode of organizing experience*, and of what Benjamin (2004) refers to as the *doer-done to* relationship. Although these authors delineate some of the complex clinical challenges encountered in opening up a space for thirdness, the pervasiveness, depth, and subtlety of these challenges remain underappreciated as dyadic and triadic conceptions of

¹ Frie and Reis (2005) introduce the term *intersubjectivity proper* to denote the developmental conception central to Benjamin’s theorizing, in which mutual recognition of “equivalent centers of being” is achieved. Ogden refers to such mutual recognition as a developmentally later form of intersubjectivity. I will use the term, following Frie and Reis, to designate this form of intersubjectivity.

analytic intersubjectivity have become blurred. In turn, the realm of the patient's initial encounters with matter itself—my focus here—remains virtually unrecognized.

Here, I will argue that the infant's evolution of subjectivity does not take place in a vacuum, but also does not solely take place in interaction with another's subjectivity, however critical and fundamental the latter may be. Using the world beyond oneself includes the use of a separate subject but, for Winnicott, it is not confined to the intersubjective realm: use of the nonself also extends to use of the material world (Searles 1960). Playing, says Winnicott (1971a), "is immensely exciting":

It is exciting *not primarily because the instincts are involved*, be it understood! The thing about playing is always the precariousness of the interplay of personal psychic reality and the experience of control of actual objects. This is the precariousness of magic itself. [p. 47, italics in original]

Many analysands enter treatment unable to play in and with this world of materiality, regarding it as untouchable and immutable—and may for a long time experience their analysts as part of that untouchable, immutable world, rather than as transitional objects with whom they can interact and play, let alone as subjects whom they are capable of knowing and influencing (Pizer 1992; Slavin and Kriegman 1998). In that sense, it may be said that our patients must attach meaning to our material presence, and so create us as transitional objects that they can use, before they can bring themselves and us to life as *transitional* subjects. Of course, we contribute, too, to their creation of us by revealing and even insisting upon our own subjectivity (e.g., Aron 1991).

In light of this perspective, I wish to draw our attention back from much of its current focus on subject–subject relations and direct it toward its developmental foundations. That is, prior to and accompanying the capacity to play with and discover another mind's separate subjectivity, the infant must be able to create a space between the "thingness" of the world and his own subjectivity. He must begin to play in his own mind with the material world,

with his own material body, and, initially, with mother (and analyst) as (primarily) a material other. This lays the foundation for subsequently beginning to play with conceptions of identity that may otherwise take on a reified or “thing-like” status, as is so often the case of the patient who enters treatment with a history of trauma. It also lays the groundwork for what psychoanalysis ultimately and ideally can become—an encounter between two embodied subjects, each with his own capacity for interiority and imagination.

In that sense, this article seeks to resuscitate the status of materiality in contemporary psychoanalytic thought. Matter is not only not immaterial to the clinical tasks at hand, as some intersubjectivist renderings may suggest, but is vital to that process wherein dialogue about our bodily life in a physical and subjective world can emerge. Starting at the beginning, Winnicott (1949) said, “‘Mind does not really exist as an entity’. . . Here is a body. The psyche and soma are not to be distinguished” (pp. 243-244). He then boldly defined psyche as “the imaginative elaboration . . . of *physical aliveness*” (p. 244, italics added).

THE STATUS OF MATERIALITY WITHIN PSYCHOANALYTIC THOUGHT: A BRIEF CONSIDERATION

Winnicott’s conception of the psychesoma echoes the prominent status of materiality in Freud’s (1923) early clinical appreciation of the ego as “first and foremost a body ego” (p. 26). Indeed, Freud’s commitment to the realm of materiality was reflected in his broad and controversial theoretical quest to position psychoanalysis as a science and in his ultimately relinquished (and arguably misguided) goal of validating an independent objective reality (Freud 1933).²

But in at least one hugely important sense, Freud may be seen as having succeeded in his mission: his (1900) conception of the

² According to Moore (1999): “By mid-career, he [Freud] seems to have largely put his theoretical dependence on an external validation of material reality behind him” (p. 38).

unconscious, located at the crossroads of the subjective and materiality, firmly situated psychoanalysis in the material world. That which was most cherished and personal (our dreams and fantasies) was paradoxically and simultaneously rooted in a transcendent materiality. From that point of view, we cannot sustain (or resurrect) the unconscious without simultaneously sustaining (or resurrecting) our engagement with matter. And, similar to the situation of Winnicott's transitional object (though Freud never quite articulated it this way), the question of to whom the unconscious belongs—to internality or to cultural life, to individual psychic life or to a universal and transcendent materiality—was not to be asked.

In Lacan's (1953, 1954-1955) thinking, the role of materiality also featured prominently. Lacan's conception of intersubjectivity is grounded in the structure of the unconscious "which finds its roots in the discourse of the first Other of our existence: the mother" (Gurewich 1999, p. 9). Thus, the rules of the unconscious lie outside the individual: in language and its material structure. We do not ask who created the transitional object or the unconscious, nor do we ask who created the signifier, which, too, in a fundamental sense, was already there waiting to be created. Located at the crossroads of the materiality of language and personal subjectivity, the signifier grants us a location in cultural life, while doing so requires us to abandon a strict commitment to the register of the "Real." We surrender to the structure of language, thereby conceding to the limits of personal subjectivity, but as we do so, we paradoxically gain in our status as subjects.

Despite these significant precedents in psychoanalytic thought for sustaining a dialectic between materiality and subjectivity in theory and practice, the status of materiality has suffered somewhat in the turn toward a relational perspectives. In part, a post-modernist sensibility—which some have taken as correspondent with relational approaches—and which eschews ideas of objective reality, universal truths, metanarratives, and scientific positivism, has contributed to this "loss" of materiality in our thinking. But, in its own right, relational theory, too, has contributed to this loss.

In its revitalizing interest in dismantling analytic authority and in elevating the status of the subjectivities of both patient and analyst, it left relatively unarticulated the evolution of symbolization (Aron 2005; see also Jacobson 2003)—which, by definition, relies on the realm of matter.

In part, this reflects the primacy attached to subjectivity, and so an inadvertent tendency to keep the realm of matter implicit. But it also reflects explicit philosophical commitments. For example, prominent theorists of a radically intersubjectivist perspective, Stolorow, Orange, and Atwood (2001), have directly challenged the material world's relevance to the psychoanalytic process (see also Orange 2001; Orange, Atwood, and Stolorow 1997).

As materiality has become obscured, so, too, has attention to the unconscious, which, as I noted above, is situated at the nexus of the personal and the material. Thus, the dialectic between subjectivity and materiality central to Freud's thinking (and that of Lacan and Winnicott), in its lack of explicit articulation, risks tending toward collapse. As I will return to later in this article, conceptions of thirdness—which have received considerable recent attention within intersubjectivist writings—have made substantial inroads in correcting this trend. First, however, I will explore the relationship between matter and the origins of intersubjectivity by considering both Winnicott's thinking (and its interpretations, especially by Benjamin and Ogden) and the developmental empirical literature.

What I hope to then describe are very early phenomenological markers in which an evolving subjectivity wrestles with matter. These signify an entry into the realm of transitionality and provide the foundation upon which the further evolution of symbol creation and intersubjectivity proper can come into being. Here, the patient first begins to generate meaning at the crossroads of subjectivity and materiality, beginning that process whereby he constitutes himself as a personal agent. In so doing, he more fully owns his own subjectivity, even as he paradoxically becomes less preciously engaged with it (and his omnipotence) and more engaged with the world beyond himself.

WINNICOTT AND THE INFANT'S ENCOUNTER WITH MATTER

Winnicott's thinking has been mined extensively in psychoanalytic thought and writing, and the literature on intersubjectivity indicates that this area of analysis is no exception. It is the subtle interplay between mother and infant, subjectivity and intersubjectivity, fantasy and reality, that culminate in the constitution of personal subjectivity—so beautifully explored in Winnicott's work—that provide the basis for the penetrating exegeses of his thinking by Benjamin (1995, 1998, 2004) and by Ogden (1994, 2004), and for their own respective seminal investigations into the evolution of intersubjectivity.

Significantly, both Benjamin and Ogden credit Winnicott's (1968) conception of the infant's destruction of environmental mother and creative discovery of mother as an "external" subject as the *sine qua non* that signals entry into the realm of mutual recognition and intersubjectivity proper. It is at this developmental juncture that the infant comes to experience mother as possessing an internal life of her own, beyond his omnipotent control. But of interest here is that both theorists explicitly draw attention to the earlier foundations upon which this intersubjectivity comes into being: the symbolic or potential space between mother and infant. For example, both refer to Winnicott's interpretation of the mirroring relationship between mother and infant as not simply a "relationship of identity; it is a relationship of relative sameness and therefore of relative difference In other words, the mother, in her role as mirror, provides thirdness" (Green 1975, cited in Ogden 1994, pp. 52-53). This relationship paves the way for the mutual recognition characterizing intersubjectivity proper.

Ogden (1994) traces the developmental roots of an early intersubjective dialectic. He draws our attention to Winnicott's conception of primary maternal preoccupation in which "the mother is an invisible presence (invisible and yet a felt presence)" (p. 50). Similarly, in Bion's conception of projective identification (and of

the mother's use of reverie), mother "allows herself to be inhabited by the infant and in this sense is created by the infant at the same time as she is creating (giving shape to) him" (Ogden 1994, p. 46).

In unlocking Winnicott's bold statement, "There is no such thing as an infant [apart from the maternal provision]" (Winnicott 1960, p. 39n, cited in Ogden 1994, p. 51), Ogden characterizes Winnicott's paradoxical conception as representing "a quiet revolution in analytic thinking The analytic conception of the subject has increasingly become a theory of the interdependence of subjectivity and intersubjectivity. The subject cannot create itself" (Ogden 1994, pp. 59-60). The infant as subject is present from the beginning, but that subjectivity exists largely within the psychological space between mother and infant.

But what does all of this have to do with the infant's encounter with matter in the evolution of his subjectivity? Here, I consider another—relatively unexplored and obscured, but perhaps no less revolutionary—level of subtlety and paradox embedded in Winnicott's conception. Remember that Winnicott (1956) refers to the mother of primary maternal preoccupation as so highly sensitized to the needs of her infant that she disregards her own subjectivity, to the point of having "almost an illness" (p. 302). Paradoxically, just as Winnicott proposes his (already paradoxical) intersubjective thesis, he grounds the earliest intersubjective dialectic in the infant's encounter with maternal provision—not in the encounter with mother as subject, nor even with mother's subjectivity. She is reduced to the status of *provision*, an *it*—*a part of the material world providing material things, neither a subject nor the inhabitant of her own subjectivity*.

Thus, in keeping with Winnicott's line of thinking, we are, first, very much *body* selves in a world of bodily presences and physical things, and our first interactions are with the material mother. Indeed, Winnicott (1956) emphasizes that:

"Primary maternal preoccupation" provides a setting for the infant's constitution to begin to make itself evident, for the developmental tendencies to start to unfold, and

for the infant to experience spontaneous movement *and become the owner of the sensations that are appropriate to this early phase of life.* [p. 303, italics added]

Far from intersubjective construction as we commonly conceive of it, the emphasis here is actually upon the mother's negation of her mind—her unimpinging subjectivity—so that the infant comes to have “a body-scheme” (Winnicott 1960, p. 45) and becomes (psychologically) its owner and agent.³

In an examination of the philosophical and psychoanalytic premises of intersubjectivity, Frie and Reis (2005), drawing on Stern's (1985) research, observe that:

Months before the infant is aware of other minds, she can already differentiate her own body from those of others. This bodily based understanding of difference in the context of similarity—“we are both embodied”—occurs well before what Benjamin considers to be intersubjectivity proper Indeed, we believe the very notion of recognition can be reconceptualized as a bodily based interaction between what Merleau-Ponty (1968) refers to as “incarnated minds.” [p. 16]

If we interpret Winnicott as locating the origins of the infant's bodily based (or, more accurately, psychosomatic) agency in the period of primary maternal preoccupation, we may also see him as locating the further evolution of this agency with the infant's paradoxical discovery and creation of the transitional object. Here, again, the primary constituent of the infant's evolving sense of agency and subjectivity lies far more in his encounter with materiality than with mother's subjectivity. While mother's subjectivity is no longer as completely negated as in the phase of primary maternal preoccupation, Winnicott nonetheless continues to ask her to suspend her subjectivity, acknowledging at the same time the enormous strain this places upon her.

³ Bion (1962) helped us make sense of what allows this process to be successful: although mother's personal subjectivity is held in abeyance, her disciplined use of her interpretive capacity (in the form of *reverie*) grants meaning to the infant's communications.

What is relevant here is that mother's subjectivity protects the infant's experience of personal ownership of his newly expanded "me/not-me" territory, but she is not an active, interpretive participant in its creation. In that sense, despite the intermingling of inner and outer that is so central to Winnicott's thought, there is no intersubjective construction or sharing at the level of transitional object usage in the sense of two minds creating meaning together. The transitional object belongs both to externality and to the private life of the infant, but is not yet available for discussion, teasing, or mutual play.

In summary, implicit in Winnicott's paradoxical conception is that, in its earliest forms, intersubjectivity is predicated upon an original engagement of mind with matter, made possible not by mother's separate subjectivity, but by its very negation (her non-impinging presence) and complete dedication through her capacity for reverie (Bion 1962) to the interpretation of the infant's communications. Her facilitating presence (which involves her disciplined "absence" of personal subjectivity) emboldens the infant in his first grapplings with the material world, including his and her bodies, and, later, in his creation and discovery of the transitional object. It is in this encounter between omnipotence and material reality—in which the physical world that is seen, touched, and grasped is also found meaningful—that further seeds are planted for the evolution of an embodied subject and for first experiences of personal ownership and agency.

If we accept this interpretation, Winnicott's paradoxical conception not only bequeaths to psychoanalysis a conception of the human subject as constituted between mother and infant, but also one in which the human subject is *constituted between subjectivity and materiality*. That is, his "intersubjective" conception is paradoxically also a "transitional" conception: in its earliest genesis, *mother-infant* is almost coincident with *material-subjective*. The foundation upon which an intersubjective dialectic evolves is of one piece with the foundation upon which an emergent dialectic between subjectivity and materiality evolves. The birth of the human subject takes place in the holding environment created by

the simultaneity of these dialectics. As these dialectics evolve and interpenetrate, so, too, do subjectivity and intersubjectivity.

If the realm of matter is neglected, transitionality—constructed at the border of subjectivity and the unyielding reality of matter—recedes into the background. Yet, the realm of transitionality (which itself evolves from and contributes to a sense of psychesoma and later to the transitional object) is of critical significance for the evolution of intersubjectivity and for an intersubjective psychoanalysis. Because of its very location at the crossroads of the subjectively created and the material, it speaks of our need for the world beyond us (and beyond our omnipotence), and simultaneously of the ways in which the world is not wholly independent of us and our meaning-making capacities. This sets the stage for that process by which we also discover subjects (who have a psychological life of their own, but who also need us in order to come alive as subjects), and so leads onto the further evolution of *intersubjective* meaning creation.

DEVELOPMENTAL ORIGINS OF TRANSITIONALITY AND PRECURSORS OF INTERSUBJECTIVITY

For Lacan, like Winnicott (and notwithstanding significant differences), intersubjectivity is paradoxically rooted not only in the infant–mother relationship, but also in the material (beyond subjective) world. Accordingly, “the symbolic relation is constituted as early as possible . . . introducing the dimension of the subject into the world, a dimension capable of creating a *reality other than that experienced as brute reality*” (Lacan 1954-1955, p. 257, quoted in Muller 1996, p. 71, italics added).

Muller (1996), who draws from Lacan and has interpreted empirical investigations into the earliest stages of mother and infant communication, describes a developmental “semiotic” trajectory in which meaning begins to be granted to an otherwise “brute reality” (p. 30). In so doing, he paves the way for grounding a conversation about the evolution of subjectivity in and with the realm of matter.

In this section, I draw from Muller's analysis as well as from empirical findings by developmental theorists of infant intersubjectivity, such as Meltzoff and Moore (1998), Trevarthen (1993, 1998), and Stern (1985), in order to examine the interplay between matter and mind in the constitution of subjective life. For the most part, empirical investigators of infant intersubjectivity share a dyadic conception of mind (Beebe, Rustin, Sorter, and Knoblauch 2003; Beebe, Sorter, Rustin, and Knoblauch 2003), and do not explicitly consider the "third" of matter. However, investigations of infant intersubjectivity can be seen, to a significant degree, as explorations of the emergence of symbolic capacity. As such, they provide meaningful insights into the infant's early encounter with the material world as a critical step in the evolution of his embodied subjectivity.

Interestingly, Muller (1996) notes a predominance of what developmentalists describe as "facial mirroring" or "affect contagion" (p. 24) during the first six months of life, which then appears to decrease sharply. During this early period of development, the infant's facial responses strongly mirror the mother's emotional presentation, and in that sense *may be regarded as obligatory* and characterized by what Muller calls a *coerced empathy*, insofar as the infant's response is reflexive—an iconic identification with the stimulus provided by mother. In this context, it is interesting to recall Winnicott's conception of primary maternal preoccupation, which suggests that mother at this stage is dedicated to mirroring what she interprets the infant's experience to be. But the infant has no choice here, except to experience himself according to the stimulus that mother presents, just as mother's "choice" is restricted to identifying with what she interprets infant's experience to be.

Taken together with the infant empirical literature, we can see the earliest period of infancy as one in which neither mother nor infant experiences semiotic freedom, and, instead, each produces responses more or less as a *material* replica of the expressions of the other. But this initial period quickly gives way. For example,

Trevarthen (1989) describes the six- to twelve-week-old infant's progression from an intensely circumscribed type of matching behavior to a "kind of open communication" (p. 698), characterizing such "protoconversations [as] . . . intensely and directly interpersonal, and exclusive of other kinds of interest" (p. 701, cited in Muller 1996, pp. 48-49).

Further, as Muller (1996, p. 24) elaborates, empirical evidence suggests this nascent capacity for semiotic autonomy is followed by a continued, rapid expansion. For example, Wolff (1987, p. 239) suggests that "the four-month-old infant seems to be making 'choices' of whether or not to smile, and in which way to acknowledge the encounter"—reflecting what Wolff describes as 'the infant's apparent release from 'stimulus-boundedness'' (1987, p. 124). Supporting the idea of increased semiotic autonomy (and capacity for meaning making), Cohn and Tronick (1987) found that, at the ages of from "three to nine months there was a steady decrease in the strength of association, or sequential constraint, among dyadic states" (p. 73, quoted in Muller 1996, p. 24). Reflecting on similar phenomena, Stern (1985) suggests the term *affect attunement* to capture the ways in which internal feeling states are shared, beyond mere imitating of external behaviors or the essentially automatic induction of affects associated with the more restrictive concepts of *affect contagion* or *matching*.

We can infer from the developmental literature that the infant's increased expansiveness occurs in tandem with an increase in mother's space for her own subjectivity, even as—again paralleling Winnicott's line of thought—her subjectivity remains dedicated to the infant's increased expansiveness, very much in the service of helping the infant own his *own* subjectivity. Although mother's subjectivity introduces not only sameness, but also difference (and so opens a space for curiosity about otherness), it is not yet available as a means for introducing herself as a personal subject.

For example, Fonagy and Target (1998), in describing the development of the child's capacity for mentalization (the capacity to make use of an awareness of their own and others' thoughts and feelings), distinguished mothers who soothed their distressed in-

fants most effectively after the child received an injection. These mothers mirrored their infants' affects, but "contaminated" their mirroring with displays of humor, irony, and the like, ensuring that "the infant recognizes their [mothers'] emotion as analogous, but not equivalent, to their experience, and thus the process of symbol formation can begin" (p. 94). In Winnicott's language, the mother gives back *infant and not-infant*, introducing a rudimentary symbolic space (a space of thirdness) to their relationship. And, paradoxically, as mother claims increased ownership for her own subjectivity, her infant, too, experiences increased semiotic freedom. In the encounter with (and against) matter, subjectivity begins to hold its own.

Fonagy et al. (2002) propose that "mothers are instinctually drawn to saliently mark their affect-mirroring displays to make them perceptually differentiable from their realistic emotion expressions" (p. 177). By thus creating "space," as it were, for their own meaning-making initiatives (and not merely obligatory responses), these mothers encourage their infants' capacity to experience a rudimentary sense of choice. At the same time, they facilitate their infants' capacity to take ownership of their own state-expressive behaviors and not mistakenly attribute them to mother. The tyranny of stimulus boundedness is disrupted and weakened, opening the door to the entrance of a nascent capacity to make meaning of matter and, significantly for a theory of intersubjectivity, a nascent capacity to make meaning with an other.

Beyond mother's contributions to this ever so nuanced process by which the infant begins to experience himself as a semiotic and embodied agent, what are the mechanisms that the infant himself brings to bear on his own opportunity for such development? One answer may be found in the mechanism of cross-modality.⁴ For example, in a review of theories of infant intersubjectivity, Beebe, Sorter, Rustin, and Knoblauch (2003) call attention

⁴ The material contribution of *mirror neurons* (which allow the infant to grasp the mind of the mother, and vice versa, through direct stimulation) to the evolution of infant intersubjectivity may be relevant here, as is suggested by Beebe, Sorter, Rustin, and Knoblauch (2003) and by Wolf et al. 2001, among others.

to a converging recognition of “the infant’s perception of correspondence as the central mechanism in the creation of intersubjectivity,” and note that this capacity to detect correspondences is based on the infant’s “capacity for cross-modal perception” (p. 795)—that is, for translating from one modality to another.

Meltzoff (1985, cited in Beebe, Sorter, Rustin, and Knoblauch 2003; see also Meltzoff and Moore 1998) has shown that infants as young as forty-two minutes old can imitate the facial expression on a model and invoke cross-modal translation (by which the infant maps what he sees on the face of the other onto what he senses proprioceptively on his own face) as a means of explanation. And Stern (1985), similarly marveling at the infant’s ability to detect correspondences by taking information received in one sensory modality and translating it into another, notes that “the amount of cross-modal fluency in terms of predesign is extraordinary” (p. 51).

The mechanism of cross-modality is particularly interesting with respect to this discussion insofar as it reflects the paradoxical seeds of transitionality and intersubjectivity. That is, the very mechanism underlying matching behavior or correspondence is founded upon difference, preserving a space for the infant’s independent gesture by locating that gesture in a different modality than the modality of the gesture that he receives. This is an experience in which subjectivity and materiality (insofar as the other’s subjectivity is here an aspect of the material world) are so linked that the choice to not link does not exist—but subject and matter, infant and mother, are experienced differently.

This combination of inescapable linkage and difference in mode of experience creates an ambiguity in which it is not clear what stems from within and what from without (Britton 2004). As with Winnicott’s transitional object, the question cannot be posed or resolved. “You/not-you and me/not-me” dialogue lies neither strictly in the correspondences nor strictly in the differences between *you* and *me*. It is this paradox that contributes to the infant’s early psychesoma (Winnicott 1949), in which an initial sense of inner and outer bodily experience (and so an experience of psyche) comes into being.

Again and again, the developmental empirical literature suggests that there are biological underpinnings to the emergence of incipient symbolic space that stands as a third to the stimulus-bound dyad, and that this space—between given and created, between me and not-me, between me and you—is central to healthy communication. For example, studies of vocal rhythm matching between mother and infant suggest that low to mid-range tracking, as opposed to very high tracking, is optimal in predicting attachment (Jaffe et al. 2001). Similar patterns are revealed by studies of facial mirroring (Tronick and Cohn 1989). Reflecting on such findings, Beebe, Rustin, Sorter, and Knoblauch (2003) have posited a “balance model” in which “interactive coupling is present but not obligatory, and self-regulation is preserved but not excessive” (p. 834).

What is it that these seemingly simple biological processes set the stage for? The subtle dance or “balance” between matching and mismatching, between correspondence and difference, between rupture and repair (Beebe and Lachmann 1994)—as with cross-modal translation between environmental stimulus and inner state—functions to create a space between materiality and inner experience. This space initially permits preverbal imitative or iconic behavior, but ultimately allows for much more. It not only allows for the infant’s creation of personal meaning in his encounter with materiality; it also allows for, ever so gradually, the encounter with another’s subjectivity to occur, and for the entrance of two emergent, desiring subjects who each share and transform communications of the other.

In creating a pause, as it were, between receiving and giving, such biologically based mechanisms allow for the possibility that experience can be organized beyond reflecting the impress of matter in which one’s thoughts, feelings, and perceptions simply happen, like “a clap of thunder or a hit” (Winnicott 1960, p. 141). And by providing a space for a *not-us* (as opposed to a stimulus-bound *us*), such mechanisms allow for the creation of a special frame whereby the processes of recognition and intersubjectivity (Benjamin 1995), as well as attendant experiences of personal agency (Slavin and Pollock 1997), can evolve.

THE DERAILEMENT OF TRANSITIONALITY

In healthy development, as described above, the seeds for the constitution of an embodied subject located between subject and matter (mother and infant) are virtually coextensive. But, even in healthy development, we have reason to infer, as described above, that in the infant's earliest encounter with matter, matter prevails, if only for a very short period. Quite quickly, subjectivity begins to hold its own, claim its space, assert its own weight upon matter, render it meaningful, grant it subjectivity, and discover other (embodied) subjects in what will become an ongoing and perhaps always delicate balance of sustained meaning making.

But what of the case of trauma? Lacan introduced to psychoanalysis the conception of a brute reality in his articulation of the register of "the Real." Here he located the unnameable—that which bypasses or defies the cultural code of meaning creation. Here experience remains unformulated (Stern 1997), and the impress of matter eclipses the space for play and the humanizing impress of personal agency. This is the realm in which humanity is most inhumane. The caretaker's mirroring of the infant's cue—ideally, a means of promoting the infant's experience of agency and spontaneous gesture—is quite vulnerable to violations of the infant's intentionality and gesture. In the extreme, the brutish imposition of the caretaker's agenda and signifiers makes them become one and the same with "brute" reality (Atwood 2006)—crushing any incipient symbolic space and annihilating the infant's fledgling capacity to interpret or initiate his own meaningful gesture.

Fonagy and Target (1998) warn of the infant's vulnerability to the extremes of mother's excessive matching or mismatching of the infant's cue. If mother's "mirroring is too accurate, the perception itself can become a source of fear, and it loses its symbolic potential" (p. 94). Mother gives only the infant back (and not also herself) and her too-accurate mirroring cannot be escaped. The infant remains more or less stimulus bound (what Meares [1997] calls *stimulus entrapment*), such as is the case when a child's affective experience is utterly tied to what is revealed by mother's face. The infant is reduced to a concretized existence, bound by who or what

he already gives and is. Choices of state do not emerge, and there is nothing to make meaning of or to interpret.

Likewise, while minor mismatching is seen as healthy and as providing the dyad an opportunity for *interactive repair* (Tronick 1989), excessive mismatching can violate the infant's agency. Mother bypasses the infant's cue and imposes her own agenda on the infant's nascent experience, such that mother gives only herself to the infant (and does not also give back the infant).

Here the encounter between matter and the meaning-making mind has gone awry. The infant remains isolated, deprived of the warm and complex textures of transitionality, and may even withdraw from the project of actively wrestling with matter itself. Ogden's (1986, 1994) articulation of the sensory-dominated, autistic-contiguous mode of organizing experience captures such a deep withdrawal. Subjectivity here, interestingly, is dominated by sensory impressions of the material world. Or, put differently, materiality prevails, and an embattled and withdrawn subjectivity retreats, absorbs, and remains subject to the impress of matter (though subjectivity may find protective consolation in matter's sensuous textures). However, a meaningful grasp of psychesoma—let alone an intersubjective connection—does not simply evolve.

Even in what we may consider moderate forms of psychopathology (in which, for example, the infant or patient experiences some degree of semiotic agency), primarily, the subject remains stuck in a state of imposed reality and coerced subjectivity. In this collapsed relationship between matter and subjectivity, both take on fixed, reified qualities, and neither benefits from the enlivening mutual influence we see in transitionality, in which an emergent space essential to semiotic and phenomenological empowerment evolves.

CLINICAL SEQUELAE OF DERAILED TRANSITIONALITY

Most of our clinical literature tells the story of the pathway by which patients begin the arduous process of reclaiming their ca-

capacity to create subjective meaning of their experience, history, and identity beyond the imposed meanings they have received and reifications of them. This process of subjective creation, I argue, is nonetheless grounded in a relationship with materiality and is fundamental to reengaging (or engaging for the first time) in meaning making with others. In so doing, our patients transform themselves as subjects, making personal imprints in the realm of matter as well as in (what we now consider to be more familiar) relational terrain.

Accordingly, the patient's encounter with the analyst may for long periods of time be experienced by both participants as a struggle to create meaning against the sheer impress of matter. My experience in writing this article has paralleled this encounter, as I have tried again and again to overcome the dead weight of words and jargon in order to bring alive these ideas. You, the reader, too, must contend with the weight of imposed matter in finding your way through the terrain of my words. "Tough going," my readers say, letting me know that we are not yet in the vicinity of personal and shared aliveness. Yet this is what we experience as patients and analysts as we try to find some traction in the encounter that is, for the time being, one in which our subjective powers of meaning creation contend (and may become overwhelmed) by and with the encounter with matter.

Despite obstacles and sweat, we nonetheless do find traction. After initially (and perhaps persistently) rejecting this unfamiliar terrain in which the matter of mind becomes something that can be known, discovered, interpreted, and influenced (and no longer belongs to the realm of what *is*), the patient may gradually signify that he is making an overture to discover a meaningful connection between two minds. First glimpses of this may emerge in the analyst's experience of a dehumanizing denial of and contempt for her subjectivity—the presence of which, nonetheless, betrays at least a dim contemplation of the other as an independent subject. Meanwhile, the patient may experience early discoveries of the analyst's internal complexity as contradictions that provide irrefutable evidence of the analyst's inauthenticity and hypocrisy, rather than as

something meaningful that can be interpreted (Gentile 2001; Ogden 1986, 1994).

The patient who has inhabited a split realm in which experience is confined to reifications of subjectivity and reality may retreat to insistent longings for access to the real, *is-who-it-is* (thing-like) analyst. For example, one patient who insisted that she and I were only literal patient and therapist to each other (in which she described experiencing us as concretely real but emotionally unreal), repeatedly asked, "Who gets the *real* you?" Accompanying her dismissal of my subjectivity (and of her interest in interpreting me) was a self-annihilating *is-what-it-is* (Ogden 1986) quality visited upon her own subjectivity—a refusal (and a felt inability) to initiate the process whereby she could create her own signs requiring interpretation, allowing us both to come into being in an alive way, between reality and subjectivity.

Often in such a treatment, the same patient who protests the literalness of her status as *a patient* also protests the literalness of the analyst's life beyond the analysis, revealing an omnipotent fantasy of an exclusive relationship, in which the analyst does not possess an independent subjectivity. This supports the thesis that a coerced subjectivity and an often more hidden omnipotent fantasy develop in tandem, and are linked with (but dissociated from) the literal, contingent reality. Notably, omnipotent fantasy has none of the qualities we commonly associate with fantasy, such as creativity and authorship, insofar as the patient organizes it in the same fixed, *is-what-it-is* way that she organizes reality. And although protected from the burdens and failures of recognition imposed by others, fantasy here (and the seeds of agency found within it) remain stagnant, ritualistic, and disenfranchised—not only from intersubjective sharing, but also from transitionality, i.e., the symbolic use of the material world.

Simple manifestations of this collapsed relationship between matter and meaning occur regularly. For example, patients often dismiss the therapist's compliments of the patient as something the therapist "has to give"—as an obligation of being a therapist, and not as a matter of choice or desire. Or, the patient describes her-

self as if there is no matter of interpretation—as a certain type of person (“nice,” “caretaking,” “depressed,” etc.), or as having had a certain, prepackaged-type of developmental history or family. Here both subjectivity and reality, disenfranchised from meaning that is constituted in dialogue, instead remain locked in a fixed, dissociated relationship with each other. To whatever degree there is a preoccupation with reality in this fixed state, it is a preoccupation with an *is-what-it-is* reality. And, in place of personal meaning and an authentic sense of agency, a simultaneously loyal and spiteful commitment to an *is-what-it-is* identity and relationship dominates here.⁵

One patient, whose marginalized and demeaned status had crystallized within her family, came to treatment impatient with the reifications of identity that bogged her down. Frustrated in her longing for liberation, she insightfully reflected, “English doesn’t have a verb for ‘to be’ that differentiates a temporary or alive state from a static, fixed state. There is no equivalent to the distinction in Spanish between *estar* and *ser* or the Italian *stare* and *essere*. Everyone thinks of me as if all my qualities are enduring and fixed. I need a verb to suggest that I’m *alive*, in-the-moment, not just fixed or prepackaged.”

My patient, unable to initiate “play” with self-transformation and its attendant new meanings, remains here trapped by the burdens of an imposed reality and coerced subjectivity—which, as I have been suggesting, are in effect one and the same thing. However, her growing impatience and courage signal an emergent readiness to place her own spin on things—a willingness to initiate her own interpretations, a desire to take a fixed subjectivity, a fixed reality, and a fixed identity and play with them. But she is not yet ready to defy an original organizing-but-oppressive attachment relationship, nor to relinquish her private experience of omnipotent control, which she retreats to but also feels exiled by.

The analyst’s stance at this juncture is primarily analogous to that of the mother in the early stages of the creation/discovery of

⁵ See Gentile (2001) for an elaboration of this point.

the transitional object, as detailed earlier in this paper, but may extend to incorporate the analyst's need to create an experience of difference by "marking" her affective or interpretive responses to the patient. This introduction of the analyst's subjectivity encourages the evolution of symbolic space and the patient's ownership of her own interpretations. Nonetheless, the analyst's status as a separately recognized subject who is participating in a process of mutually generated meaning creation—which is a primary concern of many relational and intersubjectivist writings—is not yet constituted or developmentally relevant.

Some patients enter treatment already capable of "moving" matter, as it were, but many others do not. For them, there may be a slow, excruciating ascent toward mastery of the forces of a looming and fixed subjectivity/reality, necessary in order to pry open the space to begin to play. Therefore, in addition to fulfilling the function outlined in Winnicott's description of the environmental mother at this level of meaning creation, I have found it useful for the analyst to actively question the fixed meanings and identities that patients ascribe to themselves and their worlds, and to suggest not only alternative meanings but to introduce to patients the possibility that meaning is something that they can, in effect, *spin*.

For patients who have experienced having their realities invalidated or denied by the spin that someone else imposed upon them, the very idea that the road to greater emotional autonomy and personal agency involves placing a *new* spin on one's historically rooted identity may be experienced as morally aversive and not real. This is a critical obstacle, impeding the patient from experiencing a sense of entitlement and agency as a meaning maker. What seems to help patients make this transition is their dawning recognition that, in overcoming a confining adhesion to literal reality, they must also forfeit omnipotent fantasy. In that sense, the patient's spin is not independent of material constraints.

A baby, says Winnicott (1971b), "creates an object but the object would not have been created as such if it had not already been there" (p. 71). It is only as patients begin to value (rather than

to hold contempt for) this process and its empowering function that they begin to grant themselves permission to experiment with creating meaning at the crossroads of subjective and material life.

CREATING MEANING AT THE JUNCTURE OF SUBJECTIVE AND MATERIAL LIFE: EARLY CLINICAL MARKERS

In the examples that follow, I note some of the very early phenomenological markers—the significance of which can often be overlooked because of their quality of mundaneness—that indicate this process has indeed begun. These are moments in which patients begin the process of destroying the *it-ness* of a brute reality (and its corollary split between coerced and omnipotent subjectivity), thereby opening the interpretive space between the symbol and the symbolized in which the patient can initiate a process of new meaning creation.

“It was *you*, but *not you*,” begins my patient, Sandra, in telling me about her dream. “You were your usual self, but then kind of angry, scary. But the best part of the dream,” she goes on, “was that *I* was in it. Well, it was *me* and *not-me*. I was me, but I was thin and elegant—and sexy, with gray hair but it had a jet-black, exotic streak in it!”

Another patient, Carolyn, characteristically emotionally detached (or, as I have argued, confiningly attached) in our meetings, tells me of a dream in which she was reunited with her spouse, now dead three years. She says to me, crying, “I could see him—in the dream, he was alive, but I knew he was dead. But he didn’t know. I think he was trying to speak to me, but I couldn’t hear him, and I kept trying to get closer to him but it was so crowded and noisy. I’m crying out to him—‘Sam, I’m here! How are you? Do you need help?’”

Carolyn continues to cry as she tells me. We are talking about her dream that is not strictly a dream. And we are talking about her dead spouse who is not strictly dead in this dream. It is also the most connected and alive emotional space that she has inhab-

ited with him since his death. And it is the most engaged moment that she and I have ever shared.

A third patient, Dave, has resisted using the couch for years. I have not endorsed his use of it, but have been curious about his episodic, spontaneous protestations against its usage. Several years back, his experience of the couch was not open for interpretation. It was what it was: a couch, but in some sense less than a couch; it was to him a coffin—the same coffin that held all psychoanalytic patients.

Now he tells me that, before, the couch was a place to which his pride would not let him venture. “I’ll lie down only if you lie down, too,” he would say, barely containing his fury and humiliation at the idea of lying there—exposed, alone, as if forever merely an object before my unresponsive or judging eyes. But now, no longer wedded to the formerly concretized couch (and to a concretized *him and me*), he exhibits a new quality of interest, just visible around the corner from his protest. Now he experiences a longing, a curiosity, a desire for adventure. And, with that experiential shift, there is a move away from his locked-in belief about our fundamental and literal separateness, from a formerly positivist view of me as detached, observing him.

A simultaneous confidence is emergent: perhaps the couch is not only not a coffin, but also not merely a couch; it has other possibilities. Dave can discover and explore the couch, and perhaps not reduce himself to a fixed, reified *him*, and I need not be reduced to a fixed, reified *me*. “I suppose,” he tells me, “the couch can be like the Internet . . . there’re lots of possibilities.” And, looking over at me, he adds, “And who knows? Maybe you’ll decide to join the action.”

EMERGENT TRANSFORMATIONS OF SUBJECTIVITY AND REALITY: THE BIRTH OF A TRANSITIONAL SUBJECT

In the space that is newly conceived in these patients’ minds—a space formerly foreclosed to each of them—there is a dawning

sense that new experience is possible. Despite the concrete “realness” of Sandra’s body/self, of Carolyn’s dead spouse, and of Dave’s couch (let alone the concretized coffin, its symbolic equivalent), there now simultaneously exists imaginative possibility. In each case, the patient’s affect has come to contain glimpses of wonder, interest, curiosity, and hope—a shift for each from a long-enduring depressive cast, that of a glass perennially half empty, of a fixed landscape.

Sandra, large and obese, has never before dared to transcend a concrete physicality and fixed subjectivity. But now she enters a realm between her subjectivity and physicality—a realm she previously located as *not-me*.

Carolyn learns that she can find a place in which to overcome not only the literalness of her husband’s death, but also her omnipotent denial of his death; both these phenomena emerged in tandem, compromising her ability to grieve. But by resurrecting her connection to her husband in a location between death and aliveness, she creates him as a transitional object, dead but alive—thereby allowing herself to mourn his actual death, and, in so doing, to resurrect her own stagnant, deadened life.

And Dave now contemplates the possibility of a psychic relationship between the two of us that can be lived and experienced, in which we both reinvent ourselves as subjects rather than continuing to endure as sidelined objects. He can now, at least dimly, conceive of a process in which we will both bring ourselves more fully alive in a shared process of making meaning, instead of participating in an activity that he previously found inescapably deadening—the utterly literal correctness of his perception that I will not lie on the couch with him, that instead he will lie there alone.

These patients, in this often deceptively subtle transition and these seemingly ordinary moments, are in fact taking a bold step. They are relinquishing the need to organize experience according to a rigidly held perfectionism and a rigidly held epistemology that perceives only the literally or concretely real. In a daring statement of self-empowerment, the patient (or, initially, the patient as dreamer) no longer concedes (strictly) to the concrete realities of

an overweight, aging body; of a dead spouse; or of a couch (let alone a couch upon which only one person will actually lie) that may be experienced in either its everyday terms or in terms of the symbolic equivalence of coffin.⁶ In this defiant act, the patient liberates her- or himself, assuming a fledgling identity as artist, creating—at least in that moment—a different reality. Just as when Winnicott's baby creates the object, the object that is already there waiting to be created, in this transformative moment, the patient creates something new and important.

But that is not all. Not only are things becoming the objects of playful interpretation, so also is the self that engages in that play. In these instances, the patient is taking a next step in transitionality. The patient, no longer conceding to a former fixed, brute reality, no longer concedes to the reifications of a coerced and omnipotent subjectivity either—marking a beginning of that process whereby she/he will create not only the transitional object, but also the self as a *transitional subject* capable of imagining her/his own life. In doing so, the patient not only defies the confines of a purely *material* reality, but also is no longer strictly bound to a purely repetitiously *psychical* reality either. Subjective experience, in those confining polarities, is limited to the experience of oneself as a reified object: a person with an overweight body, a widow, or someone lying alone on a couch before an other's objectifying (and annihilating) eye—and, alternatively, to the experience of oneself, in fantasy, as omnipotent, self-sufficient, chosen, and the like.

In refusing to concede to the reification of either subjectivity or reality, my patients are granting themselves newfound semiotic freedom by rejecting their consignment to imposed meanings and by introducing personal subjectivity in the newly created space between the signified and the signifier. At the same time, in

⁶ The symbolic equation, as elaborated by Segal (1957), represents a function that occurs prior to symbolization, in which the symbol does not stand for the thing, but *is* that thing. Interestingly, a "coffin" may be the consummate symbolic equivalent insofar as it reflects a closed, sealed space for the dead. One cannot stay alive in a coffin, or psychically alive in a state of its symbolic equivalence.

these fledgling moments, they grant themselves new phenomenological status as agents taking action in repositioning me, repositioning us, and repositioning themselves by, for example, no longer subjecting themselves to the confining positions prescribed by the experiential burden of labels such as *patient* and *analyst*. By opening a space between an existence mired in a rigidly held subjectivity and a simultaneous, rigidly held reality, they are creating a locus for their own real (including bodily) experience, sense of identity, and personal agency—in a transitional space located not only between matter and subjectivity, but also (and, significantly, in their evolution toward intersubjectivity) between *us* and *not-us*.

With this emergent capacity for meaning creation, what is experienced as real remains, in part—but now *only* in part—a subjective creation. It has become partially constituted by *material reality* as well. At the same time, the unyielding aspects of matter, formerly experienced as immutable and, therefore, as both literally real and unreal (unknowable), now yield to subjective intent. Of one piece, despite the split upon which they are built, omnipotent fantasy and coerced subjectivity now each give way—but whereas omnipotent fantasy begins to be animated by material life, coerced subjectivity (and its contingent concretized reality) begins to be animated by imaginative life. The location of real experience thus simultaneously slips beyond omnipotent fantasy and beyond a fixed *is-what-it-is* subjectivity and reality, creating an intermediate space that both enlivens our reality and gives “reality to our life” (Bollas 1992, p. 245).

One of my patients, like the three discussed above, struggled with the problem of being locked in a split between an enslaved, coerced subjectivity and an omnipotent one, came in the course of our work to refer to herself alternately as a *prima donna* (who refused to engage in the roll-up-your-sleeves, real-world work necessary to achieve her goals) or as a *slave* (who experienced herself as coercively bearing the disavowed grunt work and emotional toxic waste of anyone she was close to). Now poised to begin to create meaning (and herself) at the juncture of subjective creation and materiality, she reflected upon her dilemma up to this point. Quite poignantly (if also overschematically), she said:

The prima-donna-me needs reality to humble me, to make me not a superhero but human. But the slave-me needs fantasy to lift my spirit and give it hope. One part of me needs reality; the other part needs fantasy. One part has been too afraid that reality would not only humble me, but humiliate me. The other part has been too afraid to dare to dream.

THE TURN TOWARD THIRDNES

This discussion has focused on the critical role that playing with matter has in the developmental line of intersubjectivity. For Winnicott, transitional space lies between materiality and what is subjectively created, and his attention to material reality may be understood in today's parlance as his intuitive effort to grapple with a third, rather than restricting the process of meaning making to the sphere of the dyad (Muller 1996). Mother, infant, and the world "out there" contribute to the infant's creation of transitionality.

Making explicit the seeds of triangular space in Winnicott's thought and building upon Davidson's (1989, 1992) ideas of a triangulating process, Cavell (1998) elaborates her conception of the space she sees as "triangulated":

By one mind, other minds, and the objective world, discoverable by each of them, existing independently of their beliefs and will, a world [is created that] they share in fact, and which they know they share Take away this third point of the triangle, the objective world, and we are left with no minds at all *Forego the idea that analyst and patient share a common world, despite the differences in their experiences of it, and we make the idea of interpretation unintelligible; for interpretation requires that there be public things.* [p. 451, italics added]

If symbolic space is understood to exist as a third to the dyad, then we can say that it is not *you*; it is not *me*; it is, rather, *you (and not-you)* and *me (and not-me)* making something of what is (what is and not is, but imagined). You and I make meaning together, but that meaning is grounded in part in something beyond us (cul-

ture, biology, materiality)—in an independent third, such as that of a semiotic code (Muller 1996); a deeper structure (Gentile 1998); a biologically based, adaptive design (Slavin and Kriegman 1992); or a nascent or energetic third (Benjamin 2004). Without the emergence of this subjectivity, intersubjectivity cannot exist.

Once we accept the premise that intersubjectivity evolves in part from this relationship with matter, we can infer that a hallmark feature of intersubjectivity is its visibility, because matter itself takes up space. That is, intersubjectivity becomes a meaningfully distinct form of relatedness only insofar as the subject emerges at the juncture of a visible, material world located in a real location between mind and matter, psyche and soma, between me and not-me (in the sense that Winnicott intended, beyond omnipotence).⁷ Clinically, this means that, in order for two persons to come into being as mutually recognizing subjects, they must be “findable” to themselves and to each other as embodied (simultaneously subjective and material) presences. This means that both subjects must not only take residence in their own minds, but also “out there,” in the visible me/not-me world.

In its recent contemplation of ideas of thirdness, psychoanalysis may be seen as opening up an implicit but obscured materiality and transitionality upon which the evolution of intersubjectivity is predicated. In doing so, psychoanalysis may be seen as revisiting Freud’s (1900) original concerns with the dialectic between subjectivity and materiality from the vantage point of intersubjectivity. It is at this crossroads of subjectivity and materiality, of dyadic and triadic relations, that the realm of subject–subject relations (the domain of intersubjectivity proper) is best understood.

⁷ I wish to distinguish my use of the term *not-me* from the now widely used and important conception that Bromberg (1998) has advanced, in which *not-me* refers to self states that have been dissociated and the therapeutic aim of creating linkages between me and not-me so as to broaden the patient’s “experience of ‘me-ness’” (p. 204). While there is overlap, I am primarily interested in the space between *me* and the *not-me* world, in the sense that Winnicott intended, which involves a use of aspects of the world beyond omnipotence in the creation of meaning.

CONCLUSION

I began this article by invoking Winnicott's depiction of the infant wrestling with matter in creating the transitional object, and by suggesting that this quest builds upon an earlier foundation in which the infant wrestles with mother as matter—through interactions with her face and bodily and vocal gestures, but not with her independent subjectivity *per se*. For a long period, mother's subjectivity continues to exist in the service of expansion of her infant's emergent sense of agency (and omnipotence), located at the juncture of the infant's mind and matter, his psyche and soma, his psyche and her soma. As the infant gains degrees of personal freedom as an independent contributor to meaning creation, so, too, does mother, each claiming (or reclaiming) greater personal ownership of his/her own psychesoma.

Despite the infant's personal freedom to create his own meaning, it is, however, not without limit. He must surrender to what is beyond his omnipotence—to the immutable properties of matter (the teddy bear, the blanket, and even his own body), and eventually to the otherness of mother's personal and independent subjectivity—if he is to participate in shared cultural life. Meaning creation is not strictly a matter of subjective creation, but it is also not strictly a matter of creation between subjects; it is composed, in part, of the realm of matter.

In healthy development, the encounter between mind and matter is nearly seamless. The surrender to *what is*, and the simultaneous transcendence of *what is*, gives rise to a developmental trajectory of intersubjectivity in which mother and infant become knowable and findable to each other as subjects. Throughout, a third—or a not-me or you or us—plays a pivotal role in my becoming myself, in my knowing you, and in my relating as us. Matter becomes the first in a line of thirds that will always be central to our experience of being subjects together. We will always share in recognizing the immutability of “something” that is both *in* each of us and *beyond* each of us, even as we all nonetheless imbue that something with meaning.

Accordingly, intersubjectivity can be seen not only as resurrecting subjectivity from its *is-what-it-is* conditions by highlighting the birth of an interpreting subject, as Ogden (1994) compellingly demonstrates. Equally, if less explicitly, it may be seen as resurrecting reality from its brute conditions by giving it a subject who, in turn, transforms it to some degree. It is not only that symbol making transforms the material world in our eyes, but also that we do, in fact, make changes in the material world itself through such activity. Much of the dance of emergent mental life lies in the growing experience of when matter yields to subjective intent and when subjective intent must yield to matter's unyielding in-itselfness.⁸

Similarly, much of the dance of intersubjective life is predicated upon how you and I are influenced by—and how we yield to and do not yield to—each other's influence and intent (Pizer 1992; Slavin and Kriegman 1998). Only marginally touched upon in this article, this mutual influence and yielding/not yielding are themselves predicated upon not only an encounter between minds, but also upon an original engagement of mind with matter.

As Muller (1996) has persuasively argued, our capacity to enrich the world with meaning means that we must concede to a third, to cultural limits, to a code of meaning and signification that is rooted in the world beyond our omnipotence and beyond us as a dyad. It is this struggle that I believe Freud intuited and grappled with in his original formulations on the relationship between unconscious wish and reality, that Winnicott perceived in his paradoxical conception of the human subject as constituted in intersubjective *and* transitional space, and that contemporary psychoanalysis is contending with as it enriches a constructivist sensibility and theories of intersubjectivity with anchoring conceptions of thirdness.

The clinical illustrations presented here are commonplace and almost unremarkable but for the ways in which they herald the patient's reentry (or entry for the first time) into a realm in which he/

⁸ I thank Britton (2004) for invaluable editorial help in elaborating this point.

she initiates personal contributions to the world of matter, making that world matter and become meaningful. I have suggested that, as infant and patient engage in these activities, they not only create the transitional object as Winnicott described it, but also begin to constitute themselves and us (as their analysts) as transitional subjects who are located in a visible space between psyche and soma, subjectivity and materiality. That process, initiated by, but extending considerably beyond, the clinical material presented here, becomes more fully realized with the further evolution of intersubjectivity, its space of thirdness, and the rich possibilities for human interaction that come with the daringness to transcend and surrender to what is.

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ABSENCE, AMBIGUITY, AND THE REPRESENTATION OF CREATIVITY IN VERMEER'S *THE ART OF PAINTING*

BY FRANCIS BAUDRY

This paper examines The Art of Painting, by Johannes Vermeer, to demonstrate how a great artist portrays the realm of imagination and creativity. The crucial points of entry for psychoanalysis reside in two sets of details in the painting that have generally been neglected by art historians: first, the contrast between the realistic rendering of certain parts of the work and the fuzzy, ambiguous nature of other elements; and second, the pervasiveness of the theme of absence in the manifest content. The author refers to some of Winnicott's and Lacan's concepts, particularly the connection between absence and desire as a spur to creativity.

It is the purpose of this paper to analyze a well-known painting by the Dutch artist Johannes Vermeer, *The Art of Painting* (see Figure 1, p. 603), to suggest how the artist represents pictorially the realm of the imagination including the process of creativity in all its depth and complexity.¹ Because of the many pitfalls attendant to the application of psychoanalytic concepts to nonverbal artistic products, a section on methodology will serve as a preface and will also provide a context for the organization of my paper.

¹ The painting has another title: *The Painter's Studio*.

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METHODOLOGICAL CONSIDERATIONS

Over the past half century, psychoanalysis has evolved from the consideration of meaning as residing primarily in the material provided by the patient, to a focus on the interaction between patient and analyst as it takes place in an analytic space. In like fashion, contemporary art history has evolved from the consideration of meaning as residing in the work of art itself, to a focus on the meaning that resides in the mind of the spectator and in the interaction between the spectator and the art object. This makes room for subjective reception, introduces an element of an object relationship, and helps bridge the gap existing between the two disciplines of psychoanalysis and art history.

However, in both fields, partly as a result of this shift, rules for correctness and validity of interpretations remain elusive. Yet some interpretations may be more convincing than others. In my approach to this painting, I will try to circumvent the absence of the usually available confirmatory data of the clinical situation by anchoring my interpretations in as many different contexts as possible. These include social and cultural factors, historical precedents (Vermeer was influenced by such painters as Van Eyck, Fabrizius, and Caravaggio, to name but a few), and a consideration of other works by the artist with similar or related themes. Since we lack the equivalent of the artist's associations or commentary to ascertain his intentions (both conscious and unconscious), it becomes necessary to put together a coherent narrative based on analysis of form and content, aided by comparison of the painting to other works by the same artist.

Psychoanalytic concepts have sometimes been used to relate an artistic product to the mind of its creator. An earlier psychoanalytic paper devoted to Vermeer attempts to relate impressions of the painter's childhood and aspects of his defenses and instinctual conflicts to his paintings (Kramer 1970). Yet we know little about Vermeer's life, whether inner or outer. He seems to have written nothing about himself, and we have only scanty facts about some

of the external circumstances of his life. He married after converting to Catholicism, his wife's religion; he fathered eleven children, losing the first at a very early age; and he was never financially successful during his lifetime, moving in with his mother-in-law shortly after his marriage.

In spite of these limitations, I believe there is some room to (tentatively) consider authorial intent (both manifest and latent), while remaining aware that our conclusions are merely conjectures that we are trying to ground in the totality of this great painter's output. Our dilemma may be similar to the position that a trained psychoanalyst finds him- or herself in when confronted by a manifest dream without any associations.

This particular painting is full of ambiguities, which naturally increase the tendency of the viewer to rely on projection. Furthermore, as part of the Dutch naturalistic tradition, it is descriptive rather than narrative, complicating the task of interpretation. For example, there are a number of seemingly unrelated objects on a table at the left hand side of the painting. How can we know whether the painter put them there because they were in his studio to be used as props, or whether they have symbolic significance? Of course, both could be equally true on different levels. Freud (1914) cogently warned us of the pitfalls of analysis in interpreting details of a work of art:

What if we have taken too serious and profound a view of details which were nothing to the artist, details which he had introduced quite arbitrarily or for some purely formal purpose with no hidden intention behind? What if we have shared the fate of so many interpreters who have thought to see quite clearly things which the artist did not intend consciously or unconsciously? I cannot tell. [p. 236]

In spite of this cautionary remark, we can rely on certain principles similar to those outlined by Arlow (1979) in relation to correspondence criteria for verbal associations:

Other criteria are seen in the repetition and the convergence of certain themes The repetition of similarities or opposites is always striking and suggestive Multiple representations of the same theme, repetition in similarity, and a convergence of the data into one comprehensible hypothesis constitute the specific methodological approach in psychoanalysis used to validate insights obtained in an immediate, intuitive fashion in the analytic interchange. [p. 203]

To be sure, the criteria spelled out by Arlow have been in use for literary textual analysis for many years. Arlow correctly deemed them applicable to free associations produced in the psychoanalytic situation. It seems to me that, with minor modification, they are also applicable to furthering an understanding of the visual details of a painting.

POINTS OF ENTRY FOR A PSYCHOANALYTIC INQUIRY

In looking closely at the painting, I notice two sets of details usually ignored by art historians. First, there is an apparent contradiction between the extraordinarily minute rendition of external reality in certain details of the painting—the tapestry, chairs, map—and the imprecise rendition of everything connected with the artist at work—his hand, the left edge of the easel, the painting within the painting, and, most important, the blurring of boundaries between his space and that of the rest of the painting. (See the detail that appears as Figure 2, p. 604.) The second noteworthy element, more in line with the criteria mentioned by Arlow, are the many expressions of *hiding*, *absence*, and *emptiness* in the manifest content of the painting. The repetition of this latter theme suggests to me that it was meant by the artist (whether consciously or unconsciously) to carry an important message.

These two attributes will serve as a point of departure for a discussion of psychoanalytic concepts; that is, they will allow me to raise questions that only psychoanalysis is in a position to deal with.

I will rely on some of the psychoanalytic concepts of Winnicott (on transitional phenomena) and Lacan (on the nature of desire).

THE PAINTING ITSELF

History

The painting is thought to have been executed between 1666 and 1668. Apparently, Vermeer was quite fond of the work; it is one of the few paintings he actually signed (on the lower border of the map, close to the figure of the model), and he held on to it until his death, keeping it in his studio where it could be seen by prospective buyers. Vermeer's widow kept the painting after the artist's death at the age of forty-eight, eventually giving it to her mother in order to prevent its being taken by creditors to pay the debts the artist had left behind. Typical of many Vermeer paintings, this work gives the impression of time suspended, of inward reflection, and a sense of quiet orderliness.

The painting has been extensively analyzed in the art history literature, surpassing in popularity even the writings on the *Girl with a Pearl Earring*, also by Vermeer (see Arasse 1994; Bailey 2001; Blankert 1978; Gaskell and Jonker 1998; Gowing 1952; Liedtke 2001; Snow 1994; and Wheelock 1995, to mention only some of the available resources). There is, interestingly enough, a connection between the two paintings: it is very likely that the same model posed for both works.

Manifest Content

As with most of Vermeer's work, the external world is essentially shut out of the painting. Light is coming through an unseen window at the far left edge of the work. Our attention is first drawn to a scene occurring behind a large tapestry curtain that partially obscures two objects: a map occupying almost a third of the surface background and a trumpet held by a young woman. (See the detail of the painting in Figure 3, p. 605.) The drapery/tapestry is very heavy, suggesting a theatrical curtain, and almost seems to create an entirely different scene by splitting the space in two.

We see the back of a seated figure, clearly a painter at work with his brush poised near the easel and his arm steadied by a maulstick. He seems to be momentarily interrupting the work of the brush and is caught in a pose of immobility, his gaze in transition between the canvas and the model—who wears a laurel wreath on her head and holds a trumpet (upside down) and a book. She is looking dreamily over her shoulder at a table, perhaps toward a piece of folded paper lying carelessly on the top, amidst a number of seemingly unrelated objects (a mask or a plaster sculpture, a piece of clothing, a satin cape, an open sketchbook, and a large book placed on its vertical edge). The model seems quite still and self-absorbed.

Behind the model is a large, detailed, parchment map of Holland, very realistically portrayed with several cracks and creases, creating the impression of age. The illusion of depth is heightened by a shadow between the map and the far wall. Subdued light coming from the window at the left (not actually seen in the painting, as it is hidden by the tapestry curtain) barely illuminates the easel. Light, color, and perspective have been among the particularly admired elements of this work. The entire painting is contained within the frame; the viewer is not a part of the picture, as is the case, for instance, in Velasquez's *Las Meninas*, a painting with a similar subject.

A number of aspects of the painting are purposely left unclear. What is the identity of the painter, who is seen only from the rear? It has been conjectured that the seated figure may well be Vermeer himself. His dress seems to be similar to that of a male figure in *The Procuress*, which some art historians believe may be Vermeer's only self-portrait. It is also widely believed that Vermeer most likely used family members as models, because he was too poor to afford the luxury of hiring one—especially since he devoted as much as six months or more to a single painting. The model for *The Art of Painting* might well be one of his several daughters, as she is clearly too young to be his wife.²

² There is some controversy about the identity of this model, however. Vermeer married in 1653, and if the painting was done in 1666, then the sitter could not be his daughter, but rather his wife. However, a number of art historians be-

What is the painting about? Its purpose, judging from its title, is to make a statement about the activity of painting. Most art historians see it as an allegory. This would suggest that the work has a definite symbolic content that must be decoded.³ This level is seemingly the least interesting one, since it is rather limited and leaves little room for imagination. The model is thought to represent Clio, the muse of history, with her traditional attributes: the trumpet and the laurel, symbolizing glory and fame, and the book (possibly by Herodotus or Thucydides), symbolizing history. It is hard to know what the large book standing on its vertical edge at the extreme left of the painting is meant to represent, but it is similar to renditions of the Bible in paintings by other artists of the period.

Looking at the painting as allegory would lead to rather commonplace interpretations in line with the approach described by Ripa, a seventeenth-century author of an allegorical manual, *Iconologia*, which influenced many painters and was well known in Holland in Vermeer's time. On this level, the painting signifies that the art of painting brings glory to the artist and to his country. This level of interpretation is similar to the symbolic translation of dream elements; it remains intellectual and stereotyped.

Since the work is titled *The Art of Painting* or *The Painter's Studio*, it seems appropriate to begin by examining the work from this angle. What is Vermeer trying to communicate about his craft, exactly? Starting with the surface, I believe that *The Art of Painting* was first meant as a demonstration to future buyers of Vermeer's high level of skill: his capacity to render color, perspective, and the reflection of light on a variety of surfaces. Here Vermeer illustrates his extraordinary capacity to portray a multitude of textures

lieve that her features are similar to those of the *Girl with a Pearl Earring*. Accordingly, some believe that the painting dates from a later period, around 1672. By that time, his third child and eldest daughter would have been sixteen. This last hypothesis seems most likely (Malraux 1952).

³ I use the term *symbol* in two different ways. Sometimes, as in this instance, I use it to refer to a *conscious allusion to another meaning*, as in an allegory. At other times, I use it in its more psychoanalytic meaning, referring to *unconscious processes*.

—the rich silk and wool of the tapestry, the stone of the mask on the table, and the deep blue satin of the woman's dress. Also to be noted are the details of the worn leather of the chairs and the realistically portrayed upholstery nails, which fasten the seat of the empty chair placed in the left foreground, almost inviting the viewer to sit and observe the scene. Finally, we cannot avoid admiring the *trompe l'oeil* quality of the map, which occupies most of the back wall, drawing the viewer's eyes because of its prominence.

This work is, then, certainly about the pleasure of painting and of representing objects—surfaces, color, and light reflected onto a variety of materials.

REALITY UNDERMINED: A PORTAL INTO THE IMAGINARY AND THE SYMBOLIC

I believe it would be a mistake to allow ourselves to be seduced by the brilliance of the painting's naturalism and to think that it shows us simply a painter at work in his studio. A feature of the illusionist school of painting, well represented in seventeenth-century Holland, was that its members attempted to express deep truths through their painstakingly accurate rendition of minute aspects of reality. There are too many departures from what we know about the reality of Vermeer's studio for the painting to portray a literal rendition of an artist at work. The artist's approach could be contrasted with the much more literal interpretation of the same subject by some of his contemporaries, such as Gerrit Dou or Adriaen von Ostade; Vermeer's setting is improbably pristine. For example, the elegance of the painter's clothing might convey the idea that painting is an intellectual rather than a manual activity. Thus, in contrast to his colleagues, Vermeer was trying to present his ideas about his art, we may conclude.

Some details of the painting seem responsive to formal requirements, whereas others seem to possess symbolic significance. Why did Vermeer introduce the maulstick, which symbolizes accuracy and precision? Though a tool of the painter, it is generally not utilized at such an early stage of a painting. I suspect that its function

is dual: first, to offer a visual parallel to the trumpet held by the model, and, second, to conduct the viewer's gaze from the painter to the easel to the map.

There is another unexplained detail: why does Vermeer have the model hold the trumpet upside down? Surely he was aware of how a trumpet should be held. I suspect that he deliberately flouted the rules to undermine the allegorical purposes, introducing a disparate element as an ironic gesture. The turned-down, red hosiery of the artist might serve a similar function—namely, to introduce a note of informality and humor.

I will mention two other probable symbolic allusions. The tapestry itself, which occupies much of the forefront of the work, has been the subject of some speculation. Some art historians believe it symbolizes the contest between painters of Zeuxis and those of Parrhasios in Ancient Greece during the time of Alexander. A myth about this contest is said to explain the origin of the art of painting.

What about the significance of the realistically portrayed map occupying about a third of the background wall? Is the map purely decorative, or is it also meant to convey a hidden meaning? Does Vermeer intend to say that the picture is like a map of the everyday world? Is there a relation between a mapmaker and a painter? To be sure, other seventeenth-century Dutch painters included maps in their paintings. I will leave aside the symbolic meanings attended to by art historians (for example, a representation of wealth or commerce, since the country had a large and powerful fleet) and focus instead on an intriguing detail of the map: the large craquelure in its middle. It is unclear whether this detail was also found in the actual map that Vermeer painted from. It is so prominent that he certainly intended to convey some meaning (Zandvliet 1996). Some art historians believe it reflects the recent division of Holland into northern and southern regions, but there is a more intriguing possibility: I believe it likely that Vermeer wanted to portray and contrast the inevitable decay of parchment with the long-lasting quality of paint. This issue of the permanence and superiority of a painting in contrast to the impermanence of life recurs in other aspects of *The Art of Painting*.

THE REPRESENTATION OF THE PAINTER AND THE ACTIVITY OF PAINTING

The space of the painted painter and his easel contains a number of puzzling features crying out for an explanation, which art historians have not addressed. Psychoanalytic concepts may be useful here. In contrast to the minutely detailed inanimate objects that are meant to portray an illusion of reality, the seated artist conveys a very different impression. Our attention is caught by his hand: it has been barely sketched out, a fact requiring explanation, as the entire topic of the work is the art of painting, of which the hand is surely the key instrument. It is represented as a blob reflecting light, almost like a crab claw. That this was done by intentional design is evident when the hand of the painter is compared with the fine details of Clío's hands, which hold the trumpet and the book. Vermeer thus diminishes the importance of the actual *physical labor* of the art of painting, choosing instead to render the *vision* of the painter. This may be why we do not see the face of the painter, who remains anonymous.

What about the subject of the painting on the easel—a laurel wreath—and the bust of the model? These are not typical of Vermeer's style; he much preferred delicate interior scenes. The easel painting leaves no room for a full-length portrait and seems to include instead an uninteresting part of the model. I suspect that a typical painter attempting to draw her would start by sketching out general features (to be sure, we can see the faint outline of a chalk underdrawing on the easel, as would be appropriate for an early stage).

To confuse matters further, the painting on the easel is poorly lit, and the brownish color of the easel itself exactly mirrors the color of the back wall, thus blurring the difference between two spaces—that is, the *representation of a painting* and the *painting itself*. This blurring seems to be very specific to this work, not occurring in other paintings representing artists at work. Also notable is the contrast between the painter's feet—firmly planted on the floor and

suggesting a certain solidity—and the construction of the easel and its positioning; its top is unusually prominent, protruding several inches above the painter's head, but we see only the bottom right part of it. The left foot of the easel is hidden by the left foot of the painter, and the left margin of the easel is obscured by the body of the artist. This creates a blurring of the boundary between the edge of the easel and the back wall of the room, reinforcing the deliberate confusion of the two principal spaces.

It is here that some of Winnicott's (1953) ideas about transitional phenomenon may be useful to keep in mind. The blurring of the space between the real painting and the easel painting is consistent with the idea that the portrayal of the act of creation and the created product are poorly differentiated in the painter's psyche. The process of creation is part of the artist's inner world, and Vermeer is sharing with us an aspect of the experience of creativity. For the seated painter, then, the painting is both a *me* and a *not-me* object. The painter therefore represents two different points of view: from the viewer's side, we see two distinct objects, but if we are willing to adopt the perspective of the seated artist, we share in his illusion.

As Winnicott (1953) writes:

From birth, therefore, the human being is concerned with the problem of the relationship between what is objectively perceived and what is subjectively conceived of *The intermediate area to which I am referring is the area that is allowed to the infant between primary creativity and objective perception based on reality-testing.* [p. 94, italics in original]

Vermeer's positioning of the seated painter—his hand poised, as though hovering between the (fictional) reality of his model and the inner vision that he is about to record on canvas—conveys what Winnicott describes as the transitional space: that is, the exact moment when the painter seamlessly shifts his attention from his outer perception to the world of his imagination.

The interplay between imagination and reality is echoed in another detail. Hertel (1996) points out that the tapestry curtain is seen from the reverse side, as though the *beholder's space* were actu-

ally the *fictional space revealed to the figures in the painting*, who pay no attention to it (p. 179). The illusory quality of the painting is heightened by the absence of a direct view of the window, which represents the external world. In fact, many details emphasize the juxtaposition of real and fictional, another being the multiple representations of the laurel: we have the real laurel on top of Clio's head, then its imaginative rendition on the easel, then another depiction on the tapestry, and, finally, the one on the background map.

This theme of the integration of subjective and objective reality is found in another of Vermeer's paintings, which is in many ways—as Arasse (1994) described it—the mirror image of *The Art of Painting*. A brief examination of this second painting will further my purpose.

A PREVIOUS VERMEER WORK WITH RELATED THEMES: *THE MUSIC LESSON*

Interestingly, *The Art of Painting* is not the first work by Vermeer in which the painter has represented an artist in the act of creation. We find a hidden reference to the same subject in *The Music Lesson*, painted around 1662-1664 (reproduced here in black and white; see Figure 4, p. 606). Like *The Art of Painting*, it contains a man and a woman relating to each other. In that painting, we see a young woman from the back, playing a virginal, and a man at right angles to her, his arm resting on the instrument. The symbolic significance of the painting is probably the theme of love, a common subject in seventeenth-century Dutch art. A table with a large rug separates the scene from the space of the viewer; however, what is relevant to the understanding of *The Art of Painting* is the presence of a mirror above the virginal. Behind the reflection of the young woman who is playing it (her face appears frontally in the mirror), the artist shows us some objects not visible elsewhere in the painting. They include a part of the artist's easel, his stool, a bit of the floor, and a mysterious box.

We do not see the artist's face, and the woman's face is revealed only in the mirror; thus, the woman is under the gaze of an absent

painter (despite the presence of his easel in the mirror), at least as far as the painting is considered. In *The Music Lesson*, the face of the young woman cannot be captured directly; only its reflection may be seen, and this suggests that the painter is making a statement about what the artist captures on canvas—not the real object, but its reflection in the artist's imagination, represented by the mirror.

Arasse (1994) points out that:

The mirror with the easel suggests that the amorous relationship between the young man and the young woman is, in the painting, the transferred image of the relationship that ties the painter to the art of painting The painter's gaze is also a look of love, but this love is for painting itself. [p. 343]

The mirror in *The Music Lesson* becomes a mirror of art, which will later be the topic of *The Art of Painting*. The real painter in *The Music Lesson* occupies the position of the seated painter in *The Art of Painting*—that is, instead of being hidden behind the viewer and his presence inferred in the earlier work, he is represented from the back in the later one.

CREATIVITY AND ITS REPRESENTATION AND ORGANIZERS

The Theme of Absence

As my analysis of *The Music Lesson* suggests, absence is often a point of entry into the realm of imagination. To give one common example from seventeenth-century Dutch painting, the theme of letter writing is par excellence the representation of absence and desire—usually love, longing, and attachment. Vermeer made several paintings on this topic.

Absence is represented in many ways in *The Art of Painting*, yet art historians have been silent on this aspect of its manifest content. The eyes of the painter are hidden from the viewer. The seated painter cannot see the model's eyes because of her averted

gaze, and the model is looking at a table on which there is a mask, whose lifeless gaze is pointed away from her. It looks almost like a death mask. The expression of the model seems far away, as though she is thinking of some absent person. Just above her, on the map's left surface, we see a full-faced oval with a rectangle beneath it, outlined in red and framing an empty space where letters have been erased (in contrast to the map by Visscher that Vermeer copied—in which, as far I could research, there were letters in the oval). The fictive painting is framed between two empty chairs. The tapestry curtain, held in place partly by the chair, is pulled to the left by an absent participant—perhaps Vermeer himself. Large parts of the easel are absent, and there is a substantial empty space on the canvas beneath the artist's arm.

If the above observations concerning the role of absence in *The Art of Painting* reflect an aspect of the work's structure, what is its significance? One of the few details of Vermeer's life comes to mind. One of his first children died soon after birth in 1660. Could the empty chair and the strange death mask on the table refer in part to the absent child? In contrast to that of many other Dutch painters of this period, there is a total absence of children in Vermeer's artistic output. What does this mean?⁴

To be fair, the presence of empty chairs is not unique in art. It may be found in at least five or six of Vermeer's other works, as well as in a number of paintings by other seventeenth-century artists, such as *A Young Woman at her Toilette* by Gerard Ter Borch. Whether a symbolic meaning is intended in any of these works is a topic of speculation, but not one with a clear resolution.

As I pursue my inquiry more deeply, another possible meaning of absence suggests itself. Lacan is the psychoanalytic theorist

⁴ Another Dutch painter—one from the nineteenth century—was very explicit in his use of empty chairs in his paintings. Lubin (1972) wrote of Van Gogh: "There are many empty chairs among Vincent's works—*The Window at Bataille's*, *Vincent's Chair*, *Gauguin's Chair*; they reminded him of absences caused by death" (p. 13). Lubin quotes from Van Gogh himself: "Empty chairs—there are so many of them, there will be even more, and sooner or later there will be nothing but empty chairs" (p. 13).

who has most emphasized the role of emptiness and absence in the representation of human desire. Kirshner (2004a, 2004b), in an article on the Lacanian concept of the *objet petit a*, emphasizes the role of absence in Lacan's theory of human desire. According to Kirshner (2004b), this construct refers to

. . . the ephemeral unlocalizable something in the object that makes it especially desirable. As Lacan defines it, the *objet petit a* has no concrete referent, but refers instead to what is not there—to a retrospective fantasy of a connection with something lost with the preverbal mother. The *objet petit a* is an ineffable something situated inside the object by the subject's fantasy.

As a result:

The fantasy driving desire which is unconscious can never be satisfied by the external object. The goal always falls short of providing the total satisfaction or *jouissance* sought by the fantasy, leaving a constant reminder of unsatisfied desire as an intrinsic aspect of the human condition. [Kirshner 2004a, p. 104]

Other French analysts (Laplanche and Green, for example) have conceptualized the unconscious as the *absent other*. Absence refers to the implied presence of something that cannot attain the level of representation. My contention is that, in *The Art of Painting*, Vermeer wishes to arouse our desire at the same time that he frustrates it. A general avoidance of contact appears central to the painting. It gives voice to the painter's inability to capture the woman's elusive self. The downcast eyes incite our desire. A similar theme can be found at the core of Manet's *Bar at the Folies-Bergères*.⁵

⁵ In a close analysis of that painting, which shows a distant, unreachable Suzon facing the viewer, Collins (1996) writes: "Manet may have meant to widen the psychological gap between us, making it in fact unbridgeable. Not only does she [the subject] refuse to relate to the male spectator, but he cannot fully relate to her. Even the kind and degree of intimacy provided by empathy is denied him" (p. 120). He continues: "The peculiar drama of invitation and denial played out here seems a microcosm of the painting as a whole" (p. 121).

My hypothesis is that, like Manet, Vermeer first forces us to experience what Lacan refers to as our essential *lack of being*, the human deficiency resulting from the refusal of the woman (i.e., the model of these paintings) to acknowledge us. But, in a second stage, by controlling the representation of the model and achieving an extraordinary sense of mastery over the entire work, Vermeer, again like Manet, undoes the painful feelings generated by the woman's refusal to gaze at us.

According to this view, these painters were endowed with the capacity to represent the unrepresentable, that is, to hint at what is beyond experience or beyond our everyday reality. Vermeer was able to magically convey something of the unavoidable gap between our desire and the possibility of its fulfillment by an external object. The painting points to something indefinable beyond the self, an inaccessible zone. There are two ways to accomplish this portrayal: first, by conveying a feeling of absence, and, second, by hinting that the objects of life portrayed in the painting are different from life itself.

Vermeer is reminding us in several ways of this distinction: real model/fantasy object; real painting/image of the painting; real life versus books and real objects versus their representation, as in the several renditions of the laurel. The artist is infatuated with objects who are in search of something, but he knows he can portray only the search itself. The object of desire might become a particular woman, or perhaps a painting.⁶ In Vermeer's case, the model in *The Art of Painting* becomes the embodiment of his own desire, which is also reflected in the cast of characters who are both present and absent. I see desire as a crucial spur to the artist's creativity.

I will now examine each of the two characters in *The Art of Painting*, with the hope of creating a plausible construction of the many desires that I believe are expressed in this work. My working hypothesis is that, just as in a manifest dream, each character includes some aspects of the painter's inner world.

⁶ When speaking of *desire*, I am sometimes referring to conscious aspects and sometimes to unconscious ones.

REPRESENTATIONS OF DESIRE

The Real Painter and the Audience

The first desire to be represented here is the fused desire of Vermeer and of the audience. It is to see (or to create) a great painting, and that desire is amply fulfilled. Pictorially, the viewer is identified with the author of *The Art of Painting*. The real painter may have represented himself in the painting through the invisible force that draws the tapestry curtain to the left—and that might at any moment let go and hide the figure of the model. We can never know what Vermeer really saw as he labored over his work. The viewer is not a required presence in order for the circle to be complete (as is the case in *Las Meninas* by Velasquez, in which a number of painted figures stare straight outward towards the spectator). In Vermeer's painting, the viewer is at liberty to position him- or herself anywhere in the real space—either behind the real painter, or to his left along an axis that would lead directly to the model. The viewer participates in the act of creation of the painting by sharing in the painter's vision. If the viewer positions him- or herself in line with the model, then he or she is directly connected to her through a series of squares and rectangles that end up near her groin (the floor, the manuscript, the table whose corner ends near the model's pelvic area, and, finally, the book that points to her face).

The actual painter can represent himself several times over: as the seated painter in the painting, as the absent figure drawing the curtain back, as the muse who represents his creative urges when given no concrete pictorial representation, and in one final, crucial element: the signature located exactly at the geometric center of the painting. This is no accident! It suggests that, like God in his universe, the artist is in the center, controlling everything. The signature is like the central convergence of multiple spokes, connecting the painter, the model, and the map (the representation of the external world).

I believe that the real painter also expresses a desire easily projected onto the (male?) viewer: it is to see, to capture, and to pos-

sess (including sexually) a beautiful woman by painting her, perhaps idealizing her form and immortalizing her for all time in the flower of her youth. As is usual with this subject, there is a degree of erotic tension between the painter and his model. Desire is frustrated; it cannot be fulfilled.

It is here that the role of multiple absences referred to earlier fits in with Lacan's ideas. That is, the beholder's possession of the model is attainable only in fantasy. The gap that unavoidably exists between its fulfillment in reality and its unattainability is represented by absent objects. This is the most powerful tool in the painter's possession, that is, to represent pictorially the unattainable. As I formulate it, creativity allows for the satisfaction of unconscious forbidden fantasies—fantasies that are necessarily absent from the manifest content of the artistic work, but that can be inferred from hidden traces.

It is here that another source might help us understand on a deeper level what Vermeer may have been trying to communicate. In addition to representing glory and the art of poetry, the laurel is the symbol of Daphne in the well-known tale of Apollo and Daphne as recounted by Ovid in his *Metamorphosis* (first century b.c.). In this tale, the amorous Apollo is trying to capture the maiden Daphne, who in order to elude him becomes transformed into a laurel tree. Thus, the laurel becomes the symbol of the unattainable woman who frustrates male desire. According to this interpretation, the image of the laurel on the artist's easel might symbolize transformation of the woman model into a laurel tree, a sublimation of physical to poetic desire.

Some historians have also commented on the blue of the model's clothing as representing the traditional color associated with the Virgin Mary, another woman who cannot be possessed. The radiant quality of the model—an aura almost of intact divinity—is also frequently found in the traditional iconography depicting St. Luke painting the Virgin, a subject dating back to the Byzantine era.⁷ (A well-known painting by Rogier Van Der Weyden that de-

⁷ See Balter 2006 for a discussion of Jan Gossaert's *St. Luke Painting the Virgin and Child*.

picted this subject was very familiar to Vermeer.) This interpretation is made more plausible by the presence of the upright book on the table, possibly symbolizing the Bible. Also, the painters' guild to which Vermeer belonged was known as the "Guild of St. Luke." Should the model have actually been the artist's daughter, as some believe, then Vermeer could also have been portraying the incest taboo. This supposition would be consistent with my observation of the absent gazes. Frequently, works of this period that portray interactions between the sexes are erotic scenes either explicitly or implicitly—the latter exemplified by paintings containing musical instruments, which were a commonly understood reference to love in seventeenth-century Dutch art.

The seated painter in the foreground of *The Art of Painting* fails in his efforts either to possess the reality of the woman, or to achieve a representation of her slim figure. It is instead the hidden painter—Vermeer himself—who achieves at least one aim, that is, to create an eternal representation of his model, one that will never fade and will in fact outlast the carnal young woman in front of him. We do not know whether he might have shared the feelings of Alexander the Great, who valued the painting of his mistress so much that he was willing to trade the woman herself for the portrait by Parrhasios.

The Model and Her Desires

The model in her own right can also be thought of as a complex combination of identities: first, the real person of the model, possibly the artist's daughter—a simple Dutch girl, an example of current-day life, which the artist glorifies. Dressed up as the muse Clio, she could then represent the emblem of the nation, bringing fame to the artist. The blue of her dress, suggesting the attributes of the Virgin, help contain the erotic conflict generated by the artist's desire, at the same time paying tribute to the painters' guild (of "St. Luke") to which Vermeer belonged.

There is in fact a complex interplay among these various levels. It is as though Clio refuses to be defined by her assigned role, and the painter ends up endowing her with a subjectivity that the

allegorical level would deny her. The inverted trumpet could be a component of the painter's subordination of the historical allusion to his personal aims.

The distance that we feel from the model is emphasized by the presence of the table, which creates a rampart around her body. She is shrouded in silence. She has a wistful, virginal quality, typical of many of Vermeer's models. We cannot even decide whether her expression is her own or whether it was one ordered by the painter. For example, her downward glance could refer to the triad of modesty, chastity, and obeisance typical of the Renaissance ideal for women. We have the option of interpreting her downcast eyes either in relation to the seated painter or to the viewer; my own preference is for the former. She seems to ignore the viewer, remaining self-absorbed. Her gaze appears to be focused on the folded piece of paper, which does not seem to belong in the orderly world of the made-up scene that the painter has chosen to represent.

If we assume that the model is also a representation of the muse Clio, then her smile and downcast glance could be a commentary on the naive attempt of the painter in the painting to copy the model—something he will obviously fail at. But the model/muse is also a representation of part of the painter's self-image. Her presence is necessary to set in motion the painter's creativity, which is then portrayed in the arrested motion of the seated painter in the foreground. According to this interpretation, "The woman in the studio is no longer just the model, but the witness of the labor process, which simultaneously is a work and calls forth the work" (Hertel 1996, p. 167).

CREATIVITY: AN UNSOLVED MYSTERY

It would seem that Vermeer initially diverts our attention by his accurate representation of reality, but, when it comes to the activity of painting, he represents a mystery without giving any answers. Ultimately, the representation of creativity is here linked to something absent. Hertel (1996) suggests that Vermeer "delights in displaying his own mastery by showing us a scene in which a

FIGURE 1 ⁸

⁸ Image courtesy of Kunsthistorisches Museum, Wien oder KHM, Wien, Austria. Used by permission.



FIGURE 2



FIGURE 3



FIGURE 4 ⁹

⁹ Image courtesy of Royal Collection Enterprises, Limited, London. Used by permission.

painter does not master a problem [that] Vermeer himself perceives and implies" (p. 184).

Vermeer may then allude to the impossibility of representing the art of painting except through a finished product. The process of creation, related to a particular rendition of the imagination, remains mysterious even to the creator. He or she can portray the creative act most succinctly, perhaps, by adopting a device similar to that employed by Michelangelo in his portrayal of the moment at which God transmits the spark of life to Adam. Vermeer, his brush poised on the canvas of *The Art of Painting*, illustrates for us with a brilliant insight the moment of artistic creation. This gesture of the hand is in line with the classical notion of the representation of a moment of transition that oscillates both backward and forward in time.

Thus, according to such a reading, the painting within the painting might actually contain the most precious treasure that the painter can offer: his creativity *in situ*. This creativity defies death and decay. What really matters is the mysterious activity of painting—not the actuality of the painter. Vermeer is able to shift from the real to the visionary, from the descriptive to the referential, and from the likeness to its spirit. But creativity also allows the painter to give expression to personal desires and fantasies that might not otherwise have an acceptable outlet.

What we are finally left with in *The Art of Painting*, then, is the painting itself as the only true reality. The painter becomes his work—fuses with it, as it were, and is able to defy aging, degeneration, and even death. This last element represents the universal human endeavor that gives this painting its unique appeal.

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AN OPTIMISTIC TURN

BY FRED BUSCH

Little has been said over the years about optimism in psychoanalytic treatment. For the most part, the psychoanalytic literature has primarily dealt with excessive optimism as a pathological character trait (e.g., Akhtar 1996). Is there anything new we can say about optimism? In this brief communication, I will share some observations I have made about optimistic turns in psychoanalytic treatment and a method of working with it.

It is my impression that there is frequently a moment or a series of moments in which patients not known for their sunny demeanor express a feeling of moving forward in the treatment. This feeling is frequently expressed via a series of associations or a dream, the meaning of which is not immediately available to the patient. This lends a certain authenticity to the feeling, in contrast to what we see when a patient tells us about his or her optimistic feeling, a statement that can be offered for multiple purposes. Further, the authentically optimistic feeling is most often expressed in a conflicted manner, as one might expect.

It seems likely that important consequences for the analysis ensue from how the analyst handles this clinical moment when a conflicted, preconsciously expressed optimistic feeling about the patient's capacity to move forward in treatment is expressed. I find little in the psychoanalytic literature specifically about how to deal technically with such a moment, even though I assume we have all observed these signs of conflicted optimism about the move for-

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ward.¹ Maybe we write only about what is more difficult, leaving aside what seem like the smoother phases. I offer one approach as an entry into what I hope becomes a broader discussion of the topic of an optimistic turn in analysis.

In one sense, the technique that I have found useful is similar to how many of us work with every patient. That is, we deal with cumulative trauma and the intrapsychic conflicts engendered by the feelings stimulated by the trauma (Busch 2005). However, what is added at the moment of an optimistic turn is a form of what Poland (2000) identified as witnessing.² As described by him, “it is the action of the analyst as a witness, one who recognizes and grasps the emotional import of the patient’s self-exploration in the immediacy of the moment” (p. 17). Thus, at a point in treatment at which sufficient work has been done, the patient feels comfortable in approaching the possibility of moving forward in treatment, a feeling often caught in conflict. As the inevitable resistances to change emerge, we try to understand the fears behind them, while also acknowledging the patient’s attempt to move forward.

Clinical Vignette

Typical of the patients I am describing is Roger, a 45-year-old man who came to psychoanalysis with what I think of as a reverse telescopic memory.³ It is the first week of kindergarten, and his sweet and beautiful young teacher praised a drawing that he did in class. When the morning class is over, he runs down the hall to

¹ Loewald’s (1960) concept of the positive nature of neutrality spoke primarily to the analyst’s stance toward the patient, rather than to any specific technique. Cooper (2000) introduced the concept of hope in psychoanalysis; however, his book on this topic is more about the patient’s and analyst’s hopes for treatment and the implicit assumptions in psychoanalytic theories about what is hoped for.

² I say a *form* of witnessing because Poland’s witnessing is more of a silent process, and, as the reader will see, I highlight the patient’s wish to move forward. However, the emotional importance that Poland gave to witnessing and that Bolognini (2003) described as *sharing* is what I want to capture with these terms.

³ That is, if you reverse the way you look through a telescope, the image is reduced to a small fragment of the total picture. In our psychoanalytic work, our patients remember a single incident as representative of a larger surround, both internally and externally.

greet his mother with his picture in tow. He sees her with a cigarette drooping from her mouth and her same tired eyes, standing apart from the other mothers, who are eagerly looking for their children. As Roger approaches his mother, he slows down, taking her hand as they slouch homeward.

As we meet Roger in middle age, he has become an academic whose success was based on his graduate work with an admired and admiring professor. Since that time, he has struggled to find a direction in his work. We are now approximately two years into the analysis. Recently, our sessions have become less aimless and livelier.

ROGER: I had a dream last night. I was moving into a new house. I wanted to show the guy who was moving my furniture that I was serious about moving, so I was going to give him an extra 100 bucks. The next thing I know, I am driving and I have the money still in my hand. Then the money flies out the window. I stop the car and go looking for the money, eventually finding it. When I look for my car, I realize that it moved from down the block to closer to me. As I'm walking to the car, I see a sewer grate and think, "What could be the worst thing that happens to me? My keys could fall down the grate." My keys then drop, but they don't fall down the grate. That's the dream. I realized recently that if I tell the whole dream first, I can get a better picture of what's going on.

This is an interesting development, in that, previously, Roger had been unable to tell a dream from beginning to end. While with some patients, this can lead to rich associations enhancing the remainder of the dream, Roger's thoughts mostly led him away from the dream.

There was a minute of silence. This was also unusual in that Roger was a nonstop talker, the kind of patient who fills one's head with words that make it difficult to think. At the moment, I felt it

was a time we could be alone together, allowing each other our own thoughts.

ROGER: I realize I'm not saying anything, but I'm thinking about the dream. [There was a brief pause.] I can't figure it out. [This was said in a frustrated tone. This is more like Roger as he usually is: easily frustrated if there is no instant gratification, as in an immediate understanding of a dream. He was a relatively indifferent student until he came upon a subject he intuitively grasped.] Is this about being lost, and I'm afraid of being lost? I don't know. It just doesn't come together for me. [Brief pause.] I realize there is a song that keeps running through my mind. The words go "around and around and around."

F. B.: You seem ready to look at this dream in a whole new way, but feel like you end up in the same place as usual when trying to understand your dreams—going around and around. [With this comment, I acknowledge the wish to work differently while also pointing out the defense that develops.]

ROGER: Hmm! That's how I felt today at work. I was really looking forward to getting started on this new project, but as soon as I got into it I got distracted, like in the dream. Looking back at what I did later in the day, I realized I forgot a number of things.

F. B.: I wonder if your thoughts are related to the dream and our work together. You are serious about moving to a different place, but you worry that it will be like money flying out the window.⁴

⁴ Roger was prompt in his payments to me.

[Again, I acknowledge the wish to move forward and the concerns about doing so.]

ROGER: It's funny. I have two thoughts on my mind. One is to tell you about this dinner I went to last night, which was pretty boring. If I told you about it, I think I'd end up boring you.⁵ Maybe that would be my purpose, like forgetting to give the money to the guy to show I'm serious. The other thought had to do with the sewer and how it went into this tunnel. It was a dark tunnel, and you couldn't see to the end. It reminds me of when I started here—how I didn't know where this would end up. I'm thinking about the passageway that went from my brother's room to the other side of the house, where my mother was. It always seemed dark. When my brother went to boarding school to get away from my mother, I moved into his room. When he came home, he stayed in the guest room.

F. B.: So to move away from your mother is to no longer be a member of the family, a frightening feeling for a child. It seems likely that this is related to your ambivalence about moving in the dream. [Focusing still on the wish to move forward, I interpret one possible fear about it.]

ROGER: Come to think of it, my father eventually moved into my old bedroom. So my mother had a whole wing of the house to herself. [He laughingly describes how they were all trying to "flee the tyrannosaurus."]

⁵ In fact, Roger was one of those patients who would go into excruciating detail about mundane external events, often bringing to mind Ogden's (1985) observation that the patient's exclusive focus on reality is "designed to drain the blood out of fantasy" (p. 135). His ability to catch this defense was a first.

F. B.: I wonder if your laughter is a way of downplaying how terrifying your mother seemed to you, making it difficult to move from how you thought she needed you to be.⁶ [Here I was highlighting another possible defense against moving, as well as the reason for it—i.e., the terrifying mother.]

ROGER: Well, my brother did stand up to my mother.

F. B.: And lived to tell about it. Like in the dream, where you're able to have your car move forward.

ROGER: And the keys didn't fall in the sewer. [He pauses.] The other day, I was looking at my old psychology text and came upon the Harlow studies with monkeys. What really stood out were the pictures of monkeys clinging to the fake terry cloth "monkeys" in contrast to the wire ones. Guess which kind of mother I had? I just remembered that my grandmother used to call me her "little monkey." I used to go with my father to visit my [paternal] grandmother every Sunday. My mother never came. The place always smelled funny, and she served us sandwiches I didn't like that much. Yet, when I think back about it, she was everything a grandmother should be—she was loving and accepting. I mainly think of her sitting and smiling, watching me as I played with toys on the living room couch.

F. B.: So you had a terry cloth grandmother.

ROGER: [He starts to tear up as he speaks.] This was in contrast to my mother's mother, where it was like visiting a Depression-era home.

⁶ In our previous work, we had been able to see how Roger felt he needed to form himself according to his mother's image of him in order to survive.

Issues of Technique

In this clinical vignette, I demonstrate how I tried to help Roger see his resistance to and ambivalence about moving forward, and to interpret the reasons for it. At the same time, I continually served as an active witness to his wish to move forward.

While I applaud our increasing attempts to help patients get in touch with their deepest fears and longings, it is my impression that we have sometimes focused exclusively on the tragic components of our patients' lives, neglecting the consequent wishes to move forward, and especially that we have failed to explore these latter wishes adequately in our writing. Instead, there has been an emphasis on tragedy as a historical fact, a prominent note in our literature. The feelings of wanting to move forward need to be actively witnessed and analyzed as well, if we are to help our patients realize them.

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**THE HEALER'S BENT:
SOLITUDE AND DIALOGUE
IN THE CLINICAL ENCOUNTER,
BY JAMES T. MC LAUGHLIN**

BY NANCY J. CHODOROW

*The Healer's Bent*¹ draws together several of the wonderful papers that James McLaughlin wrote over the years, as well as including much that is new. These writings are both radical and rooted in the earliest Freud. They were original and cutting edge when written, but they were also prescient: they are still relevant and fresh today. It is inevitably a sad privilege to honor the memory of James McLaughlin, who died in July 2006, by discussing his extraordinary book.

In discussing this work and in honoring the author, we are paying homage to an American original. It seems that in recent years, as we psychoanalysts in the United States have wanted to move beyond the 1940s and '50s and the often narrow straitjacket of classical ego psychology, we have looked across the Atlantic to the contemporary Kleinians or British independents if we wished to retain the importance of a depth psychology, and to Bion if we wanted the viewpoint of someone who begins with the analyst's not knowing. This has been a welcome development, in contrast to the xenophobia and suspicion (also cast on the interpersonal tradition) that characterized psychoanalysis in the United States after the psychoanalytic Diaspora. But often, this transatlantic focus has been accompanied by insufficient attention to those toiling in our own fields—or, in McLaughlin's case, to those cultivating our own gar-

¹ Published in 2005 by The Analytic Press, Hillsdale, NJ.

dens and working in our own wood shops. When staying on native ground, critical analysts and revisionists in the United States have tended to caricature and dismiss anything that smacked of ego psychology by turning to relational psychoanalysis or self psychology, thereby diluting the great understanding of the classical, one-person, depth psychologies.

I have been interested in what I have come to call the *American independent tradition*, or sometimes *intersubjective ego psychology*, developed by those classically trained ego psychologists who, while retaining important elements of what we might call a one-person psychology, along with certain ego psychological technical approaches like working from the surface, have also radically re-focused on what goes on between patient and analyst.² Like the British independent tradition, located between Anna Freud and Klein, the original American independents fell somewhere between Hartmann and Sullivan, one-person and two-person at the same time. Loewald, whom McLaughlin cites frequently, helped to develop American independent theory and its approach to transference and technique.

Among those who have elaborated the post-Loewaldian American independent tradition, McLaughlin stands out.³ He is quintessentially American—an Irish-American from the South who enjoyed working in his wood shop and gardening, who skied, played tennis, hunted, and who learned carpentry, plumbing, and how to keep up a rural homestead in his youth. He is also quintessentially independent: he moved bravely beyond his training—challenging, rethinking, taking issue, from his earliest paper until his most recent. He writes in a jargon-free, direct prose that is nonetheless stunning in its eloquence and delicacy. His approach to psychoanalysis comprises the essence of the American independent tra-

² See Chodorow, N. J. (2004). The American independent tradition: Loewald, Erikson, and the (possible) rise of intersubjective ego psychology. *Psychoanal. Dialogues*, 14:207-232.

³ Prominent contemporary American independent, Loewaldian-lineage analysts include Theodore Jacobs, Warren Poland, and Evelyne Schwaber, all of whom were close colleagues of McLaughlin.

dition: he focuses on what goes on between patient and analyst, but his is not a more-than-the-sum-of-the-parts co-construction, nor does he focus on the analytic third or potential space. Rather, his is what Warren Poland, a close colleague of McLaughlin's, describes as a "two-person separate," rather than a "two-person unified," approach.⁴ McLaughlin's subtitle, *Solitude and Dialogue in the Clinical Encounter*, implies that analysis is a feelingful and hard-won dialogue between two solitudes.

To me, what most stands out in this complex and multifaceted work is the very delicate middle ground that McLaughlin carves out in his use of the countertransference. He gives substance to the notion of the analyzing instrument. In his chapter entitled "What Was Brought," he calls the conflicts and feelings, the analyzed and unanalyzed psychic vulnerabilities and tendencies that the analyst brings to his work, the analyst's *blind spots*. It is an abstraction to say, with Freud, that the unconscious of the analyst tries to tune into the unconscious of the patient, that the analyst brings her analyzing instrument to the work. What is left out in this abstraction is *specificity*: the analyst has a *specific* unconscious, as beset by idiosyncratic complexity as is the patient's. It is this *specific* unconscious, and not *the* unconscious, that the analyst brings to listening and responding. McLaughlin shows us just how challenging this is: transference-countertransference, or the interplay of two transferences, is a total situation, in which two persons have two psychic realities: "the psychic reality of patient and analyst in an ambiguous and relativistic relationship of opposition" (p. 50).

There is bravery here. McLaughlin shares with his readers self-revealing conflicts, shames, and vulnerabilities. He describes the struggles that arise for him in his work and that he feels both contribute to and get in the way of his focus on the patient's reality. I cannot think of another analyst, classical or relational, who has written so openly and extensively about what is going on inside himself—what he brings, from childhood losses and shame, from

⁴ Poland, W. S. (1999). The analyst's witnessing and otherness. *J. Amer. Psychoanal. Assn.*, 48:17-48.

sexual anxieties and uncertainties, from other experiences and conflicts, to his work with patients. Even as he has wanted since the time he wrote “Transference, Psychic Reality, and Countertransference”⁵ to lay the word *countertransference* to rest, there is no psychoanalytic writer who more fully explores what constitutes countertransference. McLaughlin gives us the fullest picture of these emotions and memories and of their origins, examining in extensive detail the precise way that they entangle with his reactions to and understandings of his patients.

For many in my 1980s psychoanalytic generation, reading McLaughlin (I do not remember which of my teachers allowed him to slip by!) was a remarkable and memorable experience. It was startling to read arguments for the ubiquity of transference in *both* patient and analyst, claims that transference does not go away when you are well analyzed, and assertions that transference is not a distortion but a transfer of intensity that gives meaning to and personalizes anyone’s psychic reality. As McLaughlin put it first in 1981: “All we feel we know or can ever come to know about ourselves and the reality in which we exist can be ours only through psychic structuring shaped by transference, that this psychic reality is what we live with” (p. 59 of the subject book).

McLaughlin states that the reason he does not like the word *countertransference* is because the analyst is a person just like the patient, a person who has as many fantasies, reactions, and emotions that are stirred up both in the hour and by the vicissitudes of life:

The analyst’s transferences, like the patient’s, are central to all he is or does and . . . determine the psychic reality he lives in and brings to the analytic task Transference is a matter of equal rights, both on and behind the couch.
[p. 56]

The analyst’s transferences are evoked, just as are the patient’s, not only by what the patient is saying or doing—not through pro-

⁵ Originally published as: McLaughlin, J. T. (1981). Transference, psychic reality, and countertransference. *Psychoanal. Q.*, 50:639-664. This article was adapted as chapter 4 in the subject book.

jective infusion—but rather because the analyst is herself human, with a personal history of unresolved and challenging conflicts, and because it is fundamental to being human that one person inevitably evokes something in another if the other is truly engaged.

In this context, who can forget McLaughlin's description of drifting into a reverie in which he has images of a living tube—perhaps a clam siphon—breathing underneath sand, and finds himself feeling bleak, sad, and filled with dread, only to have the patient immediately associate to someone buried alive?⁶ Or how this startlingly synchronous image leads him to a piece of self-analysis that furthers the treatment so generatively? Who will not be moved and grateful for the candor in the chapter entitled "Through the Glass Darkly: On Influencing and Being Influenced," in which he describes his work with Mr. F, a cold, vigilant, depressed, bisexual man who has essentially no feeling for any of his sexual partners?⁷ McLaughlin is quite open: he has come to know his own vulnerabilities to sexual arousal and disgust in the consulting room, but now he experiences and has to manage new shock—going back into his past, trying to put together new feelings and reactions, addressing attractions to and fears of passive homosexual longings and acts that disgust. I do not know of a work that is as candid and honest about the homosexual fears, fantasies, and identifications aroused in a male heterosexual analyst by a male patient.

In spite of his claims for the constitutive nature of the analyst's transferences in the analytic dialogue—for the analyst's inevitable subjectivity—and in spite of his remarkable self-disclosure, McLaughlin is very much a classical analyst in one important sense. This self-analysis and self-discovery, conducted during sessions and especially outside them, in the solitude of wood shop and garden, are not meant to be shared with the patient; indeed, such self-analysis takes place in the service of *not* being preoccupied inappropriately while with the patient. It is when such emotions and

⁶ See chapter 6 in the subject book, originally published as: McLaughlin, J. T. (1988). The analyst's insights. *Psychoanal. Q.*, 57:370-389.

⁷ This chapter was expanded from: McLaughlin, J. T. (1996). Power, authority, and influence in the analytic dyad. *Psychoanal. Q.*, 65:201-235.

reactions are insufficiently subjected to self-analysis in the analyst's solitude that they spill over into the analytic dialogue. McLaughlin tells his readers about these inner turmoils because he hopes it will help us, as such knowledge has helped him, in clinical work—to realize that self-investigation and self-understanding in the analyst must be continuous.

McLaughlin's work, then, stands as a constant reminder of the distinction between self-understanding and self-disclosure. Even for him, an analyst who does as much as anyone to document the importance of the analyst's exploring and acknowledging his deepest private reactions, the use of the countertransference does not mean sharing (except now, with the reader). As a two-person, separate analyst, McLaughlin is constantly aware that there are two unique, jaggedly complex subjectivities in the room, each of which, *at the appropriate time and place*, needs to be analyzed.

This view of the analyst's psychic reality generates a challenge and contradiction fundamental to analytic work. McLaughlin describes how he has wrestled to get away from what he calls the analyst's *hard spots*⁸—an adherence to theory and technique that leads to what I have called the analyst's *listening for* rather than *listening to*.⁹ Here is how McLaughlin describes his *listening to* stance:

I will listen to whatever you may wish to say, with the intent to understand your meaning and viewpoint, and with the least imposition of my own view or meaning as I can manage. As I do not presume to know, I shall need often to question and to ask for illumination. I will be alert to and inquire about your nonverbal behaviors and shifts of affect, particularly as I listen for allusions to how you perceive and react to my behaviors. My aim there and always will be to help you articulate the validity and logic of how you see your world, and me in it. Through looking at how you see me, I will try to help you to see yourself, hoping

⁸ McLaughlin discusses dumb, blind, and hard spots throughout the book, including in chapter 11, originally published as: McLaughlin, J. T. (1991). Clinical and theoretical aspects of enactment. *J. Amer. Psychoanal. Assn.*, 39:595-614.

⁹ Chodorow, N. J. (2003). From behind the couch: uncertainty and indeterminacy in psychoanalytic theory and practice. *Common Knowledge*, 9:463-487.

thereby to strengthen your capacities to find even more of yourself to authenticate and own. [p. 48]

McLaughlin focuses on the patient's psychic reality in the context of the fundamental challenge of the analyst's always present subjectivity. He suggests that it is only by focusing fully on her own blind spots and hard spots that the analyst can make the patient's reality primary. (McLaughlin also points to *dumb spots*—those things that the analyst does not now know, but if he stays open, he may yet discover them.)

McLaughlin readily acknowledges having undertaken a second analysis when he felt that some of his work had not gone well. Less conventionally, he gives a physically substantial sense of how he embeds his analytic work in his life, and especially of how time spent outside the consulting room is crucial to this work. He calls his garden and workshop his "transference sanctuaries" (p. 51). These are places where he needs to go—daily, it seems—to allow the senses of his clinical work and his patients to settle in, to be re-acted to. They are spaces of free-floating attention to his patients and, equally importantly, to himself: "The serene grounding of the weeding or wood shaping and crafting gave me the context in which to do these bits of self-analysis" (p. 44). They provide a necessary solitude that helps sustain *The Healer's Bent*.

McLaughlin does not hold the view that transference for patient or analyst is primarily a distortion of reality that must be corrected. Along with Loewald, he points to Freud's 1900 view of transference as a general principle of psychic functioning, the mode through which preconscious experiences and ideas gain their intensity, and he cites several times Loewald's claim that there is "neither such a thing as reality, nor a real relationship, without transference."¹⁰ Transference is a necessity, McLaughlin claims, and:

Without such intensity, whereby intrapsychic conflict in one or both can be "really" brought into the light, there is little psychic growth and structural change—and precious

¹⁰ Loewald, H. W. (1960). On the therapeutic action of psycho-analysis. *Int. J. Psychoanal.*, 41:16-33; see p. 32.

few felt insights. With such intensities, the patient has the chance to experience old matters in new variations. [p. 89]

That the analyst is so continually involved in processing and self-analysis does not mean that McLaughlin presents as a self-involved analyst. Rather, it is the very fact of his self-analysis that enables him to be emotionally available to the patient and for the patient. He describes how crucial the connection is—how intimate, how both parties are changed by it, how essential—and how important, from the earliest relationship of mother and baby and throughout life, this influence on the other is to life.

We both came out of this piece of analytic work with our own deep sense of having been changed by the impact of an intimacy with an other that was novel and disturbing, then acceptable and enhancing to us both. I suspect that this is an inevitable consequence of working in the intensities of the analytic dyad, and, indeed for both, a major gratification that rewards the quest As I have experienced it, the analyst's feeling and timely acknowledgment of the impact of the patient on him, and of the analyst's impact on the patient, can evoke in both parties powerful resonances of those oscillations of mutual influence and confluence that were central to our earliest relating. Such evocations lend particular intensities of immediacy and realness to the experiences of being touched and touching, seen and seeing, moved and moving, influenced and influencing in the analytic dyad. [pp. 220-221]

In writing about *The Healer's Bent*, it is hard not to focus on McLaughlin himself as a palpable presence, but I hope I have been clear that his self-described way of working does not focus mainly on the analyst. He wants us to know what he does (besides trying to make sure that he does not get in the way) to help his patients discover their own reality. His technical stance could be thought of as *close-surface listening*: he works as an ego psychologist, from the surface, but he focuses not so much on defenses, resistances, or conflict-generated gaps in the associative process, nor does he assume that the analyst knows what the patient really means—what

are the putative underlying conflicts, wishes, and defenses that lie below the surface. For McLaughlin, such foci filter listening through the hard spots of "what was taught." Close-surface listening, by contrast, is closest to the patient's reality, the tip of the pre-conscious iceberg. Concentrating on it, hopefully, can lead to a recognition of the depths of the unconscious, but only when this is available to patient as well as analyst.

McLaughlin does not eschew the analyst's interpretive function nor his trained understanding. He says, "I wish to be clear that this search for the patient's psychic reality is not all that I find I must do" (p. 50), and he proclaims his "right, at times, to assert my knowing" (p. 50). But even as an analysis progresses and more interpretation and confrontation become possible, McLaughlin works continually "to ensure contact with the patient's surface, before I feel right about bringing in an agenda of my own" (p. 50). In other words, by helping to counter hard spots and blind spots, close-surface listening keeps the analyst honest; McLaughlin notes that, even when he can "still see, beneath the manifest concerns that are the patient's 'surface,' many possible motives and dynamic configurations," he prefers, rather than interpreting, to think of these latter elements as the "richness of context" (p. 203).

Thus, as he describes himself, McLaughlin stands with those contemporary analysts whose technical stance emphasizes *listening to* the patient—expecting surprise, nonconfirmation of theory, perhaps multiple theories that might apply at one time or another—more than they listen through the lens of a particular theory:

A central effort in my writing has been to articulate a more truly collaborative clinical stance of knowing less and seeking to be more informed of and understanding [sic] regarding how each in the pair, patient *and* analyst, come to perceive and comprehend things The fundamental task of the analyst . . . is that the analyst use his powers primarily to lead and guide the patient toward *how* rather than to *what*—how the patient can contemplate himself and others rather than what he will find when he does so. [pp. 202-203, italics in original]

Like many analysts, McLaughlin seeks confirmation for his approach in Freud. Freud, he notes, made two differing claims about psychoanalysis: one in which the analyst is seen as having more accurate and complete knowledge upon which she bases her interpretations, and thus leads the patient away from transference distortions, and the second in which Freud wants the analyst to be completely open to the patient's point of view and not to know. McLaughlin quotes Freud's warning that the analyst is otherwise "in danger of never finding anything but what he already knows; and if he follows his inclinations he will certainly falsify what he may perceive" (p. 36). But Freud, McLaughlin ruefully notes, ultimately came down on the wrong side:

This specific deployment of the analyst's influence, toward how rather than what, guided Freud in his early discoveries, before his wondering gaze narrowed under the curse of creeping certainty about his discoveries. It was there initially in his invitation to the patient to associate freely. But invitation became insistence as the analyst's privileged position prevailed. [p. 202]

Consonant with his continual reaching for depth of resonance between two psychic realities, McLaughlin in his listening does not, as do many in the contemporary analytic world, privilege the here and now, nor does he follow the narrative turn. For him, the intensity of both patient's and analyst's transferences is rooted in the past—and especially, in his view, in the shames of rejection, in old and deep wounds that are brought painstakingly to light.

For me, the analytic quest is more than a story constructed for the comfort of two participants. It is a quest for the stuff of prior experience in each of us that pumps through and from the roots and trunks of our separate developmental pasts. These insistent pressures give individual shape, color, and vitality to the unique experiential present that patient and analyst shape between us, separate at first but now conjoined. [p. 48]

But even as transferences for both patient and analyst are ubiquitous and pull us toward our developmental pasts, there is a difference: the analyst, although his transferences have no greater purchase on truth and reality, has, hopefully, more self-knowledge: "The analyst uses his more developed transferential capacities to sound, with the patient, the latter's depth of transferences" (p. 56).

I have my own blind spots and hard spots (dumb spots as well, I am sure), and one of these concerns gender and sexuality. Thus, since I have the privilege of commenting in print on *The Healer's Bent*, I have to remark upon the subtle, sustained, and fine-tuned sensitivity and attention that McLaughlin gives to his own subjective sexuality and gender, especially rare in analysts who are male and heterosexual. It was striking to me to discover this self-description and identity, after having felt over the years that McLaughlin's papers resonated so closely with how I wished to see myself as an analyst. I have pointed to his willingness to discuss his own sexual development, along with its puzzlements and humiliations, as well as the uncomfortable, erotic feelings and fears evoked in him by his patients. He is candid about early maternal rejection and the absoluteness of fear of abandonment, and about shame and shaming as motivational experiences in his life—and, he believes, in any life (p. 28). He describes the gendered context of his upbringing and his difficulties as husband and father, and he shares with us the kinds of childhood experiences, especially the entanglements and tragedies of paternal loss and maternal depression and rejection, that, he thinks, helped to make him an analyst and healer, and that he believes may have led many of us toward analytic work.

McLaughlin suggests that, in general, those who become healers and analysts are motivated by identifications with maternity: whatever our gender, we have "womanly virtues" (p. 19), and we have undergone "struggles of reparation and defense around early maternal identifications that shaped our character style and signature in the blending mix of our bisexual nature" (p. 27). He acknowl-

edges his identification with women analysts and the special importance of his second analyst, Charlotte Babcock, in helping him to address issues that his first analysis left unexamined, and he remarks upon the general importance of women analysts in leading the way to analytic self-examination and investigation and theorizing of countertransference (p. 43). Becoming a doctor and analyst requires—and is attractive precisely because it requires—the dampening of phallic sexuality, of “sexual thrust and narcissistic claims for reward and recognition” (p. 27). The healer’s bent, in addition, draws some of its multilayered semantic meaning from homosexuality.

Although we are formally discussing an author and his work in book review essays and reviews, we are often in fact writing or speaking about the analyst—his clinical work and his theories—whom the author represents. But in writing about McLaughlin, we cannot ignore that we are writing about an author as well as an analyst. Accordingly, I will end with something that the reader has already inferred: McLaughlin writes evocatively and in gorgeous cadences. As with Freud, such writing deserves notice in itself. We are first alerted to McLaughlin’s writing in his preliminary acknowledgments, Irish-inflected and a bit elegiac, in keeping with his sense of time flowing on:

About the quiet chorus of voices always in me, you my patients and my fellows: you gave me the words to anchor my analytic knowing. Yours was the background music that challenged and beckoned me to find a lilt and phrasing for my own piping. Your words grow ever more anonymous as memory dims, but still convey strength and sustenance for me. One ponderous old phrase you taught me I still see in capitals: AIM-INHIBITED LOVE. It is now rarely spoken. Yet this kind of love infuses what we therapists can be when we are at our best. It lights up what altruism is about: to give that flame not soon spent in the gust of primary passion, but as a steady breathing-on. It is the reliable inspiration that invites the uncertain flicker of the other to grow to a glow of its own when it is ready. [p. viii]

Enlightenment and darkness, permanence and evanescence—these are the challenges in psychoanalysis. In McLaughlin's words:

The insights that I have had in my own analyses, that I have encountered in my patients and in myself in the day-to-day analytic work over the past forty years, have been fitful happenstance, nothing that I set out deliberately to achieve. They have been as fireflies: elusive on the wing and enigmatic in the grasp; illuminating in the moment seen, rather dull and diminished when closely scrutinized. Was the guiding glow really there, or imagined in my head? Once in hand, how to keep it glowing? Rather than encountering dramatic enlightenment, I learned to expect the insights of my patients, and my own about me, to be small-scale, scattered glimmers, extinguished almost as often as sustained. [p. 88]

James McLaughlin's guiding glow, I am sure, will not fade.

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BOOK REVIEWS

BAD FEELINGS. By Roy Schafer. New York: Other Press, 2003. 164 pp.

In this wonderful little book, Roy Schafer once again demonstrates the clinical acumen, human warmth, and encyclopedic grasp of the range of psychoanalytic theory-building that have made him one of the most important figures on the analytic scene. “Troubled persons entering psychoanalysis,” Schafer states at the onset, “depend on their analysts to maintain their analytic position through thick and thin” (p. xi). It is not easy for psychoanalysts to do this, however. One reason is the arduous challenge presented by encountering and working with their patients’ painfully tormenting negative feelings and the powerful defensive maneuvers they use to minimize or ward them off—and to encounter and work with these feelings and the defenses against them that are stirred within analysts themselves in the course of an analysis.

In this book, Schafer focuses in particular upon feelings of humiliation and mortification (extremes of the feeling of shame); disappointment; envy; abandonment; rejection and loss; and the sense of vulnerability associated with one’s own and others’ goodness as efforts are made to move toward maturity that for some time has been anxiously or guiltily avoided (pp. xii-xiii). As he seeks to assist the reader in embracing and working with these feelings, Schafer is guided by the campaign to unify traditional Freudian theory and technique with the clinical approach of the contemporary Kleinian psychoanalysts in London that has preoccupied him over the years. The result is a slim volume that amply repays the reader for the time and effort required to ingest and digest what Schafer has to offer.

In chapter 1, “A Joyless Life,” we are introduced to Ted, a patient whom we will periodically encounter again as we peregrinate through the book. Ted has been leading a “manifestly lonely, un-

happy, and unconsciously cruel, controlling life" (p. 4), as he projects his sadistically rapacious neediness upon others in order to view *them* as demanding, devouring, dangerous beings whom he has to resentfully and guiltily push away. He quickly consigns his analyst to the category of people from whom so much is desired but from whom so little is accepted. Perennially feeling disappointed, he devotes himself to assigning that attitude to his analyst so that they can join together in a sea of unalterable despair. It is only after a long series of minute, albeit courageous, changes, facilitated by patiently offered, sensitive transference interpretations—which are made in accordance with Ted's increasing ability to tolerate and make use of them—that Ted "begins to feel faint traces of incipient affection, enthusiasm, remorse, and constructive commitment" (p. 9).

In the second chapter, Schafer addresses not only the transient feeling of disappointment, but also "*disappointedness*" as a "fixed, hardened attitude toward life in general" (p. 13, italics in original). He discusses "disappointment as a reactive feeling, as a defense, as a weapon, and as a sought-after form of suffering that may yield secret pleasure," as well as "in relation to adaptation . . . emphasizing its useful potential under extreme circumstances" (p. 14) and in its connection with idealization. He notes that fixed disappointedness can derive from external experience or from internal attitudes that make it inevitable that one will be unable to feel satisfied with whatever is obtained.

He also addresses the need of those who are defensively and moralistically committed to chronic disappointment to protect themselves against perceiving others, including the analyst, as possessing goodness that might be proffered to them, lest they expose themselves to the danger of further disappointment. In connection with this, Schafer offers a succinct, useful (though perhaps oversimplified) definition of the role of projective identification: "Projective identification is used during analysis to validate fixed attitudes. Bad internal objects and bad aspects of the self are attributed to the analyst's self" (p. 24).

Schafer illustrates his points by sharing a nodal session in the analysis of Ted. In it, we can observe the complex layering—as expressed in the transference (and countertransference)—of self-protection against disappointment, fear of dependency, paranoid projection of exploitive yearning and demandingness, and guilty concern that Ted himself is a disloyal ingrate who lets his analyst down, as he believes he did in the past with his father.

In a chapter on severe humiliation and mortification, Schafer emphasizes that analysands who are dominated by these extreme forms of shame are stuck within the paranoid-schizoid position elaborated by Klein:

These analysands feel transparently undeserving, rotten, or shitty, that unconsciously they expect their analysts to react to them hatefully and treat them with disgust, ever ready to abandon them and consign them to spiritual as well as corporeal death and decay. [p. 43]

These attitudes tend to be associated with extreme envy contributing to extreme spoliation and huge problems involving idealization of, and defensive devaluing attacks upon, their analysts—attacks that are in fact the obverse reflection of these patients' oscillation between grandiosity and utter self-abasement.

Schafer incisively summarizes the way in which growing up with continually demeaning and deflating parents can lead to a life-long internalization of these humiliating or mortifying attacks. Such individuals suppress their natural inclination to achieve success and "remain small, humble, and humbled" as they "maintain vigilant defenses against . . . reinforced latent grandiose tendencies" (p. 49). They increasingly envy those who can be free to use their assets to achieve highly and relate openly and assuredly.

Chapter 4 contains an excellent brief summary of Klein's contribution toward understanding envy as a very basic component of early, primitive, prelogical functioning within the infant's psychosomatic, inevitably ambivalent manner of relating to its mother during the initial paranoid-schizoid position, into which it is thrust by its extreme immaturity. Schafer describes clearly how envy ex-

presses itself in the analytic situation in patients who have brought forward, across developmental stages, this primitive mode of relating to others:

What you envy is the other's possession of some goodness that you believe you lack. Along with goodness, you might envy control, power to frustrate by withholding, and in the analysis, the analyst's peace of mind, sanity, and benevolence. Analysands envy these qualities because, being in a conflicted state of need, they are likely to feel, on the one hand, rendered vulnerable or helpless by their strong, dependent, greedy feelings, and, on the other, enraged, humiliated, and increasingly turned toward fantasies of total, omnipotent self-sufficiency In the end, the envious person gets caught up in a vicious circle in which biting the hand that feeds you becomes a guilty way of life or perhaps a life threatened by persecutory, retaliatory others. [pp. 62-63]

Schafer cites Klein's and Riviere's important observation that "it is this vicious circle that is the basis of those severe negative therapeutic reactions that block or reverse analytic advances and, by stimulating negative countertransference, undermine the analyst's analytic attitude" (p. 63). His explication of the various ways in which all this expresses itself in the analytic situation is a model of succinctly articulated richness (pp. 63-68).

By this point, Schafer has established the centrality of the intensely ambivalent, resentfully needful, defensively hostile, and idealizingly envious attachment to the analyst that develops in the patients whom he has been describing. He now turns, in the next two chapters, to their reactions to the analyst's absence, and he comments on defenses against goodness. His attention to these phenomena includes invaluable observations about the technical implications they impose upon the analyst.

He makes cogent remarks, for example, about the multiple functions of patients' failure to think (consciously) about their analysts during vacation separations—in order to avoid attachment—and of their tendency to aggressively destroy the image of the ana-

lyst, as well as to defend against envy of and/or retaliation from the analyst. He makes very useful observations about the dilemma an analyst or therapist experiences as he or she attempts to hover evenly between a respect for the importance to the patient of relationships with various people about whom the patient is talking, and an awareness of the latent transference implications of what the patient is saying.

Chapter 6, "Defenses Against Goodness," is especially valuable. I expect that all psychoanalysts and psychotherapists are familiar with the kind of patient Schafer is speaking about when he says that:

For many analysands, experiencing and expressing goodness are felt to be moves into a danger situation. Consequently, they erect defenses . . . [that] may seriously limit analytic change. Certain analysands enact this problem in the transference through consistently self-injurious transgression, uncomprehendingness, and negative therapeutic reactions. They also try to evoke negative countertransference in order to block their analysts' perception of their goodness as well as justifying their own denial of their analysts' goodness. [pp. 91-92]

Schafer points out that:

In Kleinian discourse . . . goodness *is* a technical term, with a set of referents that may be subsumed under *the depressive position* . . . [which] features taking responsibility for others perceived as whole objects, concern and reparative intent, gratitude, generosity, reciprocity, and patience In envy, for example, the envious subject is viewed as attacking the goodness of the object, spoiling it or even eliminating it by poisonous, biting, besmirching, or belittling fantasies and perhaps behavior as well. [p. 92, italics in original]

As Schafer goes on to say: "Analysts find that their own goodness—their respect, care, dedication, empathy, and so on—is attacked by these defensive analysands either through denial, cynicism, and mistrust, or through defensive idealizations" (pp. 92-93).

Schafer provides rich, wonderful clinical illustrations from his own practice that demonstrate the value of these concepts. Throughout his presentation of the material, he correctly emphasizes the wisdom of keeping in mind the transference implications of analysands' expressions of conflicts involving these depressive position manifestations. He also addresses how very difficult it is for the analyst to do this, because of the tendency to defend against the uncomfortable emotions these conflicts stir up in the analyst. Schafer's honesty and forthrightness are refreshing and inspiring, especially considering the way in which psychoanalytic papers all too often tend to be self-congratulatory and supercilious.

The chapter concludes with a brief focus on *false goodness*, as when an analysand, mired in highly ambivalent, part-object, paranoid-schizoid conflicts, *simulates* the maturity and ability to appreciate, care for, and make amends to whole objects for having disappointed, hurt, or viciously competed with him or her—thereby expressing emotions that those who truly have been able to move on to the depressive position are capable of feeling. Schafer comments, too, on the fact that issues of false goodness can arise in some analysands who—in the process of termination, more or less unconsciously—feel guilty for leaving their analysts, for being able to do without them, or even for surpassing their analysts, whom they imagine they are depleting of their “strength, power, and supplies” (p. 102). In connection with this, Schafer also addresses the phenomenon whereby some people demonstrate achievement of a *false depressive position*, in which they seem to be caring, generous, and solicitous—including toward their analysts—but these emotions are not at all genuine. Again, he provides illustrative clinical examples.

In the final chapter, “Painful Progress,” Schafer addresses the concepts of *resistance* and the *negative therapeutic reaction*. He emphasizes that Freud introduced these concepts when he was just beginning to use the psychoanalytic method to investigate the unconscious determinants of neurotic and psychotic disorders, and was impatient to obtain rapid, therapeutic results from this new technique. Schafer indicates that these terms are unfortunate choices

in that they contribute to adversarial tensions between analyst and analysand that are counterproductive. He strongly favors viewing resistance and the negative therapeutic reaction as manifestations of inevitable mobilization of self-protective defenses against the threat of entering dangerous territory as the analytic work proceeds. "Why . . . should the analysand feel at all free," he asks, "to join the analyst in entering and exposing that menacing world of unconscious fantasy, desire, and conflict?" (p. 139). In this day and age of general recognition of the central value in psychoanalytic work of defense analysis, who is likely to disagree with Schafer in this regard?

Once again, Schafer cites the way in which the contributions of the modern Kleinians are useful to the analyst who is struggling to understand her or his patient's hostile reactions to efforts to be helpful to the patient. He cites in particular their elucidation of the role of guilt, envy, and ingratitude in this regard. As usual, he offers clinical vignettes that aptly illustrate his points.

This is a book that will be extremely useful to clinicians who are working with the kind of developmentally impeded, narcissistically vulnerable, sadomasochistic patients upon whom Schafer focuses here. One paradoxical problem is that Schafer is so clear, articulate, and convincing that the reader of this book can easily be drawn into generalizing from it so widely that he or she might feel inclined to apply what Schafer presents to *every* patient. That, of course, would be inappropriate, even though much that is contained in *Bad Feelings* applies to certain aspects of work with patients in general.

A good many years ago, I was asked to develop a course at my (at that time, devoutly Freudian) institute on "Alternate Schools." I and two co-instructors, Leon Altman and Simon Grolnick, discussed with our students the works of Klein, Winnicott, Fairbairn, Guntrip, Balint, and Lacan. We closed by addressing the writings of Roy Schafer, precisely because he impressed us as an astute clinician who was a master bridge builder between traditional Freudian analysis and the contributions of other important analytic thinkers. Schafer's work was invaluable in assisting us to achieve the

goals we pursued in that course. In *Bad Feelings*, his latest book, he continues to demonstrate how invaluable he is as the Marco Polo of psychoanalysis. I heartily recommend this book.

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IN PURSUIT OF PSYCHIC CHANGE: THE BETTY JOSEPH WORKSHOP. Edited by Edith Hargreaves and Arturo Varchevker. London: Brunner-Routledge (New Library of Psychoanalysis), 2004. 206 pp.

Betty Joseph has had a profound influence on psychoanalytic thinking and practice chiefly in the United Kingdom, but also, and increasingly, worldwide. Unlike that of other major theorists of the last half century around whom whole new schools of thought have arisen, her influence has extended itself gradually, borne along not by any radically new theory of her own, but by a radical extension of the ideas of existing theorists into the largely unexplored and untheorized recesses of clinical process. In so doing, she and her colleagues have illuminated the endlessly difficult terrain of clinical work in a consistently disciplined way, and have unflinchingly posed the question lodged at the heart of every analysis: is real psychic change possible?

As part of the process of constructing a theory of clinical practice based for the most part on extending and deepening the clinical application of Melanie Klein's ideas, Joseph has pioneered the "workshop" method: "namely, a joint enterprise in which all kinds of puzzling or intractable clinical phenomena could be openly explored" (p. 6), in the context of a detailed examination of clinical process among colleagues. This volume is the fruit of several decades of collaborative work of this sort, and documents the theory of psychic change that has emerged as workshop members present material and compare their ideas, chiefly about the obstacles to change, but touching on all the major aspects of the psychoanalytic project.

The original workshop began in London in 1962 as a seminar for postgraduate analysts interested in developing Klein's ideas in clinical practice, and has evolved in the more than forty years since its inception into the locus of a developing theory of psychic change. Joseph's seminal contribution in this group has been her meticulous construction and explication of a clinical theory and a concomitant theory of technique focused most specifically on the inevitable obstacles to real change in psychoanalysis. Although she would not put it this way, hers is a highly articulated theory of resistance. This level of resistance is not to remembering, not to awareness, not to participation in the work *per se*—i.e., not to any of the ordinary, ongoing aspects of analytic work—but to real psychic change itself.

As befits the title of this book, Joseph's pursuit of a theory of psychic change is really an ongoing description of something so often caught on the run, sometimes only a momentary and fleeting awareness that there has been a different experience. Her approach highlights in particular the all-too-common experience for analysts in which "one finds oneself in a situation that looks exactly like an ongoing analysis," but where the stock assumptions of understanding, contact, appreciation, "and even improvement" (p. 4) turn out to be, on closer inspection, hollow, reflecting a deadening and collusive complacency between analyst and patient. Joseph has taken primary aim, in other words, at "analysis" that imitates analysis.

This approach makes a value judgment at the outset about what constitutes "real" analysis and "real" change, but the reader will discover that these ideas have undergone a kind of consensual evolution and validation over years of collaborative work with members of the Betty Joseph Workshop, several of whom, past and present, have contributed to this volume. I find their ideas about what constitutes change and how it happens (or does not happen) persuasive.

The workshop itself is the subtext of this volume. Each contributor has developed as an analyst in close discussion with colleagues over many years, using Joseph's ideas as a starting point,

and together these analysts' contributions form "a kind of psycho-analytic laboratory" (p. xiii), as the editors describe it. It is my impression that this workshop differs from what many of us think of as ongoing study groups in several ways, chiefly via an insistence on attention to how both the analysis and the patient impact the analyst's capacity to understand and maintain an analytic process. The editors make the interesting observation that "it is as if the workshop becomes an auxiliary good object, helping the analyst to regain his or her analytic stance" (p. 17). Joseph herself describes the building up of bonds of friendship and trust that "have enabled us to share ideas, failings, and achievements with a considerable degree of freedom, and to exchange ideas, borrow from, and differ with each other and slowly build up each his or her own approach" (p. 198). The workshop might itself be seen as an extended analysis of analyzing.

Although Joseph's ideas are grounded primarily in Klein, the body of her work is almost exclusively clinical and bears her own signature, dedicated at its core to the phenomenology of change itself. For many who have worked with her—this reviewer included—both the immediacy and depth of her observations on clinical process have made her quite literally peerless: "She is the master of particularity and specificity" (p. 36; commentary by Ignes Sodré). This book is a celebration of her work.

The workshop, and the contributors to this volume as described in the editors' preface, functions as an ongoing, stable group in which the members present detailed clinical material over many years. The structure of the book is designed to function in much the same way, with individual papers by various members past and present, followed by brief, informal commentaries on each paper by one or two other members. The commentaries reliably raise fresh questions about each of the papers in an informal yet quite direct way. The effect is one of being engaged in an ongoing, in-depth conversation as opposed to a series of lectures, and it is very effective as an evocation of the work-in-progress feel of the workshop itself.

Michael Feldman's opening chapter, "Supporting Psychic Change—Betty Joseph," situates Joseph's theory of psychic change in relation to Strachey's seminal paper on the therapeutic action of psychoanalysis.¹ As the reader will recall, Strachey brought to bear the theories of both Freud and Klein as theoretical girding in that paper, but also posed the hardest, the least asked, and the most obvious question: how do these theories of change work *in actual practice*? As Feldman puts it:

[Strachey] . . . tried to address some of the crucial issues himself—what kinds of interpretations promote psychic change, through what mechanisms do they operate, what is their impact on the patient, and *what difficulties does the analyst have in making such mutative interpretations?* [p. 21, italics added]

Feldman describes Joseph's work as following in this "fascinating, difficult, and important tradition" (p. 22)—in other words, she is tackling the central questions of clinical psychoanalysis: does it work, and if so, *how* does it work, for the analyst as well as the patient?

Feldman uses material of his own, in addition to some unpublished work of Joseph's, to highlight the specific features in her consideration of these questions. At the risk of skipping over some of the many important points in Feldman's careful elaboration of Joseph's ideas, I will highlight the significance of archaic object relationships as they come alive in exchanges between analyst and patient. Feldman spells out Joseph's focus on how the patient is unconsciously using the analyst and her interventions to insistently ward off primitive anxieties stirred up by the fact that the analyst is in fact a new, unfamiliar, and inherently threatening object. As an example of Joseph's close attention to the anxieties and defenses alive in the transference at any moment in the clinical exchange, and her degree of detail in following the patient's use of

¹ Strachey, J. (1934). The nature of the therapeutic action of psycho-analysis. *Int. J. Psychoanal.*, 15:127-159.

the analyst's interpretations, Feldman cites a sequence from a 1977 paper in which

. . . the patient's communication about her inclination to get into her father's old and comfortable shorts, particularly when she felt threatened by the pressure for development, facilitates the analyst's recognition of the patient's propensity to get comfortably into the analyst's words, or into her mind, rather than having to cope with the stress of relating to the analyst as a separate figure, trying to think and understand. [p. 31]

Feldman shows this to be a defensive form of identification with a nonsupportive archaic object that effectively forecloses the patient's use of the analyst as a potentially new and good object. Ignés Sodré, in her discussion of Feldman's chapter, also cites the singular importance of Joseph's concept of archaic objects as dynamic rather than fixed structures, and the way in which this concept can be used as the basis of our hopes for actual change in analysis.

In the second chapter—"Containment, Enactment, and Communication"—John Steiner presents his own clinical material to elucidate how he uses the concepts of projective identification (Klein) and container/contained (Bion) in relation to very disturbed patients who routinely disrupt communication in the analysis and routinely produce countertransference enactments in which the analyst abandons his reflective stance. Steiner reviews these situations as they occurred with two of his patients, showing the reader in some detail the experience of being conscripted into a "pathological organization of the personality" (p. 48), in which the analyst inevitably functions to help the patient maintain a certain equilibrium rather than challenge it. Steiner describes this state as a *psychic retreat*, a concept already familiar to many, but in the context of this collection, one that is also clearly seeded in the workshop. Steiner's debt to Joseph emerges in observations like "[this patient's] analysis came to represent a place where he made himself comfortable, but where he was unable to develop an interest in subjective experience" (p. 49).

Chapter 3, "Who's Who? Notes on Pathological Identifications," is an excellent example of the way in which several of the contributors to this volume, while using Joseph's clinical observations as a starting point, execute a virtual tour de force in recruiting and deepening familiar theoretical concepts and their relation to the work. Here Ignés Sodr  takes the concept of projective identification and related ones of introjection, projection, and manic states, and clarifies the way in which they are used by the contemporary Kleinians.² Sodr  starts with Freud's discovery of the ego's unconscious identification with the bad object,³ and moves through elaborations made by Klein and Rosenfeld. Her particular clinical interest and the focus of her chapter are in exploring "extreme shifts in a person's sense of identity" (p. 54), but her excursions into the phenomenology of dynamic shifts in the perception and use of objects are also some of the most illuminating accounts of this phenomenon I have read.

In her brief comments on this chapter, Joseph, in her characteristic way, raises the question of how the analyst actually *interprets* projective identification. She notes that the question of "how does one handle this?" is always "around in one's mind throughout the presentation of case material" (p. 66). She offers the statement that we "really need to let things get into us and contain them" and then to interpret from an analyst-centered perspective. She cautions that any attempt at denying the projection ("pushing a projection back into a patient") will not only fail, "but [also] provoke more anxiety, anger, or compliance in the patient" (p. 66).

Several other chapters continue in this fine-grained clinical vein, including those by Ronald Britton ("Complacency in Analysis and Everyday Life"), Priscilla Roth ("Mapping the Landscape: Levels of Transference Interpretation"), and Gigliola Fornari Spoto ("Luxuriating in Stupor: The Analysis of a Narcissistic Fetish"). Each of these chapters is worth a review in itself, but they have in common a sense of extraordinarily careful and thoughtful

² David Taylor does the same with Bion's use of the concept in chapter 8, "Beyond Learning Theory."

³ See Freud, S. (1915). Mourning and melancholia. *S. E.*, 14.

clinical work, much of it reported in detail, and an analyst who is committed to spelling out his or her ideas in relation to the clinical material in a way that allows new meanings and resonances to continue to unfold well beyond the actual material.

Other chapters, including David Taylor's "Beyond Learning Theory," make a more concerted effort to flesh out the thinking of a particular theorist (Bion, in this case) in clinical terms, but also continue to enlarge the reader's appreciation for the reach of Joseph's ideas and her ability to inspire further investigations by others. Taylor's chapter focuses on the wish for knowledge and the terror of knowing. The experience *of learning* is discussed from the point of view of the inherent humiliation of not knowing and having to learn. These difficulties are then intimately related to their opposite, problems in *learning from experience*. Connections are made with Klein's early observations that the child's desire to know antedates his or her possession of speech and language, resulting in various admixtures, clinically, of "spurious forms of sensual knowledge" used to stave off "the inherent awkwardness of learning" (p. 147). Taylor, like Joseph, points out the significant resistances to finding out that pain and suffering in childhood have actually happened, have been real occurrences, and with that the onslaught of "anxieties connected with accepting the reality of parents and [their] problems" (p. 147). He stresses the investigation of difficulties related to thinking itself as a vital part of any change process in psychoanalysis.

The following chapter, "Talking Makes Things Happen: A Contribution to the Understanding of Patients' Use of Speech in the Clinical Situation," by Athol Hughes, illustrates the often inspired editing in this volume, with the placement of a discussion of patients' use of speech in analysis following and expanding upon Taylor's discussion of thinking. Patricia Daniel, in her discussion of this chapter, summarizes it by juxtaposing what we think we know with the inevitable questions and contradictions raised in any analytic process, thus enhancing the clinical dialogue so characteristic of the Joseph group. Daniel calls attention to:

. . . the contradiction between the classical psychoanalytic notion that making the unconscious conscious implies the capacity for verbalization and is therefore a "good thing," leading to psychic change, and the conviction of many patients that it is precisely this which makes it a "bad thing," leading to psychic disturbance. [p. 166]

"Follow-on" observations of this sort are the hallmark of this group of authors.

The last chapter in this volume, "To Defy the Fates: Doubt as an Expression of Envy," by Martha Papadakis, is the one exception to the otherwise excellent sequencing and editing apparent throughout. This chapter is an applied analytic study of a type of envy, using a fictional character (Heyst) in Joseph Conrad's novel *Victory* as a clinical example. Joseph's paper "Envy in Everyday Life" (1986) is nominally the impetus for Papadakis's chapter, but the use of a fictional character as an example of a singularly important concept in the work of Klein and the modern Kleinians is a puzzling choice. It raises the question of whether Joseph's clinical approach, which focuses so intently on the information contained in the development (or nondevelopment) of the object relation with the analyst can successfully be applied to works of art, or whether this may be too great a methodological leap.

One of the questions or criticisms a reader might raise about the writings of this group as a whole is whether there is a tendency to press all kinds of patients into the same mold. The workshop method, as it is conveyed in clinical writing, occasionally gives the impression of being an excited (somewhat manic?) reaching for control through attempts to understand *all* aspects of the transference-countertransference situation, as if in an attempt to somehow capture the "totality" of the "total situation." Is this possible?

Ironically, or perhaps intentionally, the penultimate chapter (Edna O'Shaughnessy's "A Projective Identification with Frankenstein: Some Questions about Psychic Limits") confronts this question head-on. I found O'Shaughnessy's clinical material frankly dazzling, along with her descriptive and interpretive commentary. This is quite simply child psychoanalysis at its best, I thought. Not

surprisingly, in the same paper, the analyst frankly admits to being anxious about her work and asks whether it is right to describe her patient's psychic limits without bringing in her own limits as an analyst—as though sensing that she may have overreached earlier in the chapter. Her critiques of her own work, of the inherent limits of any analyst, and of analysis itself are an antidote to any impression that the members of the Betty Joseph Workshop have a privileged hold on understanding psychic life. What they do have, however, is a commitment to the basic probity of psychoanalysis, and to the deepening of the ability to think about it in its essence in both patient and analyst.

O'Shaughnessy's chapter notwithstanding, while the workshop has so carefully explored what I am calling the *phenomenology of psychic change* in analysis, and at such length, it is still possible to trace a certain tendency among the members of this group to generalize in a way that sometimes appears stale. A sentence beginning with "I want to show how a certain type of patient . . ." is perhaps too common, and occasionally creates the impression that every patient in analysis in London has virtually the same level of disturbance and the same trajectory in analysis. I found myself having to keep in mind that a closer reading of the clinical material almost always also describes the patient as an individual, and that the impression of generalizing is perhaps necessary to an extent in offering any kind of systematic observations over time.

With this in mind, and while some chapters are marginally fresher and more convincing than others, overall, this volume is a vivid and intellectually satisfying demonstration of the fertile reach of Joseph's ideas. Perhaps more than any other living analyst, Joseph has focused almost exclusively on the possibility of actual psychic change in analysis, and on identifying and describing those factors in analyst and patient that both support it and militate against it.

Joseph herself has the last word in this volume in an epilogue in which she reviews the formation of the workshop and describes its functioning as a guide and support in the evolution of individual

approaches to analysis. Her final sentence captures the spirit of her working group:

It is hard work but enormously stimulating to have to struggle for understanding in this way, but for me it has been and is a very important experience working with a group of people who can help each other to share their thinking, tolerate unclarity and uncertainty, and learn together, and I am very grateful for the opportunity. [p. 199]

Those of us who have been exposed to Betty Joseph's work, and now to the breadth and depth of clinical thinking and technique in the papers collected in this volume, are also grateful—very grateful.

JANE V. KITE⁴ (CAMBRIDGE, MA)

⁴ *Editor's Note:* In conjunction with the foregoing book review, readers may wish to refer to the article authored by Jane Kite in this issue of the *Quarterly*, " 'So Unoriginal a Label' or a Message in a Bottle? Commentary on Helene Deutsch's 'Some Forms of Emotional Disturbance and Their Relationship to Schizophrenia' " (pp. 353-364).

TREATING ATTACHMENT PATHOLOGY. By Jon Mills. Oxford, United Kingdom: Jason Aronson, 2005. 366 pp.

Jon Mills, to quote this book's cover, is a "psychologist, philosopher, and psychoanalyst in private practice in Ajax, Ontario, Canada." As an experienced psychoanalyst, he has written a book that attempts to convey his work with patients suffering from what he calls *attachment pathology*. While his primary aim in this volume is to place emphasis on the role of attachment disorders in the patients he treats, it is also an opportunity for him to elucidate, in considerable detail, what he has found to be of value in the application of a variety of psychoanalytic theories in the course of their treatment. While some of these theories are difficult if not impossible to integrate with each other, he nevertheless utilizes all of them, shifting effortlessly from one theoretical system to another, ignoring even the insurmountable gap between Kohut and Lacan.

He also treats the text as an opportunity to present a summary of what for him constitutes effective and necessary psychoanalytic technique. At times, this gives sections of his book the appearance of a primer on technique.

Perhaps Mills's flexibility with multiple theories is the result of his primary preference for and involvement with attachment theory. Because he believes that attachment disturbances are ubiquitous, he finds in all the patients he presents a fundamental underpinning of disordered attachment. Much of what he describes will be familiar to those who have been influenced by self psychological and relational thinking. It will be more foreign to those who have remained classically Freudian or Kleinian in their thinking and clinical work. Because he works with more profoundly disturbed patients, Mills invariably finds that underneath their aggressive and self-destructive behavior is a background of extreme parental failure, characterized by gross sexual and aggressive abuse. In fact, most of the patient examples he utilizes to illustrate his adherence to attachment theory have either been psychiatrically hospitalized prior to his outpatient work with them, or are suicidal and unable to engage with him as a therapist for a lengthy period of time—a period in which survival appears to be the main issue for both patient and analyst.

While Mills comments on the long estrangement of Bowlby's attachment theory from the field of psychoanalysis, he nevertheless believes that he can integrate the former with the latter. He finds attachment theory essential in his work with patients. Historically, the extent of antagonism between Bowlby's theory and Klein's was so great, and Klein's influence so profound, that Bowlby's ideas regarding the primacy of the attachment drive from infancy to adulthood were extruded from psychoanalytic circles for several decades. This conflict has continued to defy resolution because of diametrically oppositional views of what generates emotional disturbance in both children and adults who seek treatment due to their emotional suffering.

Bowlby, with his emphasis upon the centrality of the infant's secure attachment to the real mother, can be seen as a precursor to

Kohut's recognition of the necessity of healthy selfobject functioning in the mother for the development of a healthy self in the child. Both these analysts, one working from infant observation and the other from the analysis of adult patients suffering from narcissistically damaged selves, upended Freud's and Klein's emphasis on the role of internally generated, unconsciously located drives in producing symptoms and disturbed feeling states.

In regard to this ambitious volume, it is fair to say that Mills may have attempted too much. He displays a truly impressive mastery of major theoretical positions, yet the clinical material he utilizes is of patients with stunningly abusive, destructive backgrounds that exceed by any measure even the so-called average regrettable environment. While the days have long since passed of courses on "analyzability" in analytic training, the appropriateness of analytic therapy for those with truly traumatic histories—including, for example, incidents of incest and near-fatal physical abuse—has yet to be established. Furthermore, it is premature to draw conclusions about the importance of attachment theory in the analysis of patients without traumatic histories from the study of grossly abused ones.

By contrast, Kohut generalized his findings about narcissistically vulnerable and grandiose patients through the analysis of highly functional individuals who had disorders of the self due to the failure of selfobjects in childhood. Here he was able to generalize from narcissistic personalities to all psychoanalytic patients because he concluded that all those who sought analysis had indeed been deprived of needed selfobject responsiveness, which accounted for their vulnerability to narcissistic injury. In addition, he formulated a new variety of transferences that could serve as the analyst's guide during the analyses of all patients.

With *Treating Attachment Pathology*, Mills has written a book that reflects his considerable clinical experience with patients similar to those treated by so-called trauma experts. Like therapists with a trauma-focused orientation, he presents little clarification as to how these patients differ from others who are treated with either formal analysis or analytically informed psychotherapy. His clinical examples strike this reviewer as those of patients who are

well beyond the reach of any of the major theoretical positions that he describes. Interpretations would appear to be useless, regardless of their content, considering the extent of damage that he indicates as central to their histories. Rather, what these persons appear to require is a therapist able to handle working with someone so damaged by distrust-generating past experience that he or she must be able to form a completely new, therapeutic relationship—one that will allow the patient to reenter the world of relationships with a new self-with-other orientation.

Mills's case examples place emphasis not only on reactivating past traumas in the transference, but also on the importance of the patient's reexperiencing the affects of grief and sorrow that were felt at the time of the original trauma. Although this may be helpful with selected patients who have been subjected to extremely destructive parenting, it is clearly speculative to insist that both trauma and the accompanying affect must be revived in order for most or all patients to recover or to develop a new capacity for relationships.

While it is to Mills's credit that he presents lengthy examples of his treatment with patients from extremely abusive backgrounds, it is nevertheless difficult to fully accept the dynamic reconstructions that he puts forward to explain both the patients' behaviors and the therapeutic influence that he achieves with them. All the patients he presents illustrate the influence of pathological families, in which the parents' difficulties have been reproduced in the offspring; such familial environments are devoid of any possibility of safety or love. Children who are exposed only to such destructive environments are apt to find as adults that their relationships consist primarily of destructive interactions.

Mills—like many therapists who focus on abuse and trauma as creating defensive responses in children who grow up with them (rather than identifications with multiple aggressors)—underestimates the destructiveness toward self and others of the patients he describes. His approach follows lines described in relation to borderline patients in the 1960s and '70s—by analysts who were all too enthusiastic about what a psychoanalytic therapy could accomplish

with such patients. Mills fails to emphasize a potential use of psychotherapy that avoids regressive transference enactments while utilizing effective psychopharmacology—an approach that has proven effective in the past decade.

The contemporary analyst who is eager to familiarize him- or herself with Bowlby's attachment theory in order to utilize it in clinical work with healthier patients may find less here than might be expected. Such analysts will identify little that is applicable to their patients who, despite self-state problems, have not had grossly traumatic, abusive backgrounds to contend with in the course of their development. On the other hand, analysts and therapists working with psychotic and near psychotic patients, in both inpatient and outpatient settings, may find that Mills's description of his work allows them to identify with him while emulating his endurance and perseverance in the face of seemingly endless discouragement. The question remains as to whether or not psychotherapeutic endeavors with these patients have much to do with psychoanalysis, or are even enhanced by the application of psychoanalytic ideas or techniques.

The dramatic case examples presented by Mills do illustrate the power of a new relationship to help disorganized and fragmented individuals develop a self that can relate to others and function at a higher level. Nevertheless, his attribution of the etiology of complex borderline character problems to attachment disorders in infancy and childhood, while deserving of consideration, is far from having been established. The role of attachment theory in our therapeutic/analytic endeavors remains unclear. Just how much it can add to our understanding of adult patients, particularly without reference to specific diagnostic categories, remains to be seen. Mills is a strong advocate for the importance of attachment theory, but clinical proof of its applicability or effectiveness is far from the complete or convincing.

It would be difficult not to appreciate Mills's enthusiasm for restoring Bowlby's theory to the armamentarium of useful analytic theories, but much work remains to be done before it can be seen as integral to our everyday analytic practice. Perhaps too much has

changed in the world of psychoanalysis since Bowlby went his separate way for his ideas to be reincorporated into our thinking. Certainly, he was pointing psychoanalysis in a direction that others—Kohut in particular—have developed into a theory with direct applicability to the analysis of more “ordinary” patients.

Despite Mills’s efforts, attachment theory may be most appropriately relegated to the arena of infant and child observation and research, rather than to adult clinical psychoanalysis—where advances in the intervening years since he first put forth the tenets of attachment theory have provided alternative models for treating patients with deficiencies of selfobject development.

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ABSTRACTS

ZEITSCHRIFT FÜR PSYCHOANALYTISCHE THEORIE UND PRAXIS

[JOURNAL FOR PSYCHOANALYTIC THEORY AND PRACTICE]

Abstracted by Cordelia Schmidt-Hellerau, Ph.D.

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At the Bottom of the Self: Touching. Didier Anzieu, No. 1, pp. 7-20.

Referring to two literary examples, a science fiction narrative by J. Varley and Samuel Beckett's novel *Watt*, the author explores the psychological meaning of early communication via skin-to-skin contact and the later importance of the "taboo to touch." Emphasizing that the skin is the first organ of any meaningful exchange, the involvement of which is necessary for sufficient cathexis of sensory elements of communication, the author describes a ubiquitous fantasy of the joint skin of mother and infant. This fantasy is necessary to enable the development of the ego as a skin-ego.

Skin contact also supports the infant's identification with the mother, that is, with an object that can be touched. The author emphasizes that this is not about satisfaction of libido, but rather the satisfaction of a drive to attach and bind, leading to a primary feeling of safety for the self. Referring to Grotstein and citing the importance of the lap position, the author stresses the need for contact between the back of the child and the belly of the object; this provides the child not only with a feeling of warmth and safety, but also with a sense of its own spine that is the basis for its stability and the reliability of its body-ego. Similarly, the contact of the belly of the child with the back of the object is understood as providing a

protective shield for vulnerable parts. The skin-ego emerges on the basis of these skin-contacts, contributing to an experience of new identification with the basic object.

However, the ego's continued development requires giving up this tactile experience. There are two levels of the taboo of touch: one related to the fantasy of a shared skin in embracing an object, and the other related to the drive's activation via the touch of a hand. The taboo of touch renounces the echo-tactile exchange as the major form of communication, instead favoring communication via words. The taboo of incest seeks to renounce the love object. When both taboos are missing, the individual tends to live in the illusion of a permanent love affair (fusion).

Working in the Present. Paul Denis, No. 1, pp. 21-32.

The focus of this paper is not time, but rather the question of how the mind deals with different categories of time—in particular, the past, present, and future. Denis distinguishes the *moment*, that is, the time of trauma, from the *present*, which makes sense only as a part of what preceded and what will follow. To have a sense of the past requires going through a process of mourning, and all mourning is conflictual, requiring a working through of ambivalence and idealization. Yet without mourning, the loss is felt as present, revived in the moment, and creates a cult of pain in which longing for the lost object can be artificially maintained. This constitutes a defense against mourning and loss, and a fetishism of object hunger in which the hunger more than the loss is idealized and felt as real.

The refusal to recognize the past is part of a process of ego splitting, and creates a perverse conception of time that degrades the present to merely the moment, obliterating the sense of past and future. Thus, working in the present entails a connection with the mourning of objects from the past, as well as with the individual's expectations of the future, which can only become real through a separation from past objects.

Neurotic Questioning as an Attack on the Analytic Frame.

Gabriele Junkers, No. 3, pp. 378-401.

What problems are created in the transference-countertransference relationship if a patient continuously questions the agreements that form the psychoanalytic frame and doubts that the analyst is the "right analyst," asking whether he or she should be exchanged for a better one? Using the example of a difficult analysis, the author explores these questions from a Bionian-Kleinian perspective. She stresses that the way a patient handles the analytic frame (the analytic space as well as its limits) is often indicative of his/her mental functioning. Is the patient too easily submissive to the rules of the setting, does he/she ignore or attack them, do they represent something evil or even persecutory, or are they experienced as protective?

Thus, the frame becomes a receptor for the schizoid parts of the patient. Further, insofar as the frame symbolizes the *third* (and also reality), how does the patient deal with this triangulation (including the analyst's relation to the frame)? In this latter sense, attacks on the frame express the patient's feelings of exclusion, her refusal or denial of the third, and a protest against the limits of the analyst's availability.

By continuously questioning the basic agreements of her analysis, the author's patient tried to obliterate reality in order to maintain the fantasy of an ideal primary object. Since she could not tolerate any separation, frustration, or loss, she fantasized a relationship with an ideal object (the analyst) who was permanently and exclusively available and totally possessed by her, to the degree that the analyst was not only inseparable, but also indistinguishable from her, and thus one with the patient.

Following Bion, Junkers stresses that this lack of separateness incapacitated the patient, denying her access to thoughts about the analyst (or the parental couple). Her obsessive doubts about the frame were used as a defense against disturbing thoughts; they attacked and destroyed her thought processes and, in the end, her knowledge about herself and reality. For instance, the patient

did not want to engage with her memories, since having her own memories meant that the analyst would have separate memories from which the patient was excluded. Each differing aspect of the object—especially her independent thinking—was experienced as though the analyst were about to destroy the relationship, or even as if she had created a disturbed relationship in the first place. The patient also defended against progress in the analysis because she was afraid that this would reveal her illusion of having a perfect union with the ideal object, which grew out of her depressive fear of annihilation.

The author describes some of the central difficulties in this analysis and how her interpretation of the patient's fears and fantasies led to the patient's growing sense of being understood by her analyst—that is, by an object who thought independently and was separate from her.

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On the Pertinence of Anality in Borderline Cases. Bérengère de Senarclens, No. 1, pp. 13-45.

Anality represents a crucial moment in the development of subject-object differentiation and ego development. Its difficulties, disturbances, and potentially dysfunctional outcomes inform the perspective from which de Senarclens views the central conflicts of borderline personality. She reminds us of Abraham's distinction between the two phases of anal sadism, the first of which is focused on excretion and the destruction of the object, and the second on retention, captivation, and control of the object.

The author suggests that borderline patients have overcome the first phase of the anal stage, but have not integrated their narcissism into its second phase. She relates this to Green's concept of *primary anality*, according to which an early, broken, and fragmented narcissism constitutes a wound that is held onto and defended against any healing, as a means of maintaining identity and distinction from the object. Thus, anal narcissism provides these patients with a prosthesis that is stabilized by the unconscious erot-

ization of early conflicts, an excitation that continuously depletes the ego's resources.

Going on from this point, de Senarclens describes the progressive actualization of various expressions of anality with regard to fantasies that represent attempts to organize drive excitation and related pathological conflicts. The first fantasy in the oral stage of primary narcissism—"I am the breast, hence I am"—is projected onto the mother, whose being different eventually arouses conflicts related to feelings of desperation, hatred, and helplessness. One way of dealing with these conflicts is a withdrawal into autoerotism; however, in doing this, the child (and, later, the patient) becomes afraid to amputate the mother (analyst), an idea that elicits a fear of revenge and/or guilt feelings that are difficult to work through.

These patients behave as though obsessed with rejecting all insight that could result in narcissistic gratification; it seems to them as if this would deprive the analyst of something substantial. Rooted here are fundamental questions relating to *dependency* versus *becoming a subject*. It is important to these patients to realize that the analyst is affected and touched by them, or else they may feel that the analyst has not noticed them.

Primary narcissism is then transferred to the anal object as the second step of this process. Now the child has the feeling of possessing something precious inside, something that makes him or her desirable and powerful. However, the tension of keeping it inside is as painful as the fantasy of letting it go, for to be empty is frightening. Clinically, this conflict shows itself in two contrasting and confusing self-images that alternate and cannot be looked at simultaneously, like the two sides of a coin. Patience and tolerance on the analyst's part are crucial, because the patient needs to feel that he or she can control the analyst in order not to feel controlled by an overwhelming object. This need to control the analyst aims at bolstering the patient's feeling of power and potency, but not at the destruction of the object—which, later on, is feared as resulting in the analyst's absence and the patient's consequent emptiness. It is in this phase that the experience of *no* as a sense of

temporality (“no—not now, but later”) can be achieved, and the distinction between a *part* and the *whole* (not all, but some) becomes clear—a precondition for *symbolization* (a word separate from, yet representing, the object).

Patients with problems in this area experience evidence of the difference of the object as an attack, even though they suffer from a feeling of not being recognized as different. Thus, they oscillate between regressive symbiotic movement and a strong transference hatred—both of which are part of the problem of becoming a separate subject. These patients constantly monitor the distance to their objects; they are afraid to lose their personal space and easily experience the object as intrusive. However, they also cannot do without the object, and this paradox creates unbearable tensions that force the patient to alternate between helpless rage and panic anxieties.

The difficult task for this patient is to integrate the fact that the analyst can be both: flexible and limit setting, a double and another. Unfortunately, interpretation carries the risk of alienating the patient as long as he/she has not yet created a psychic space in which he/she can exist without being too afraid of intrusion or abandonment. The author sees *constructions* as fundamental for these patients because of their inner feelings of emptiness. Also, the work of mourning the loss of an idealized object is as crucial as it is difficult.

Why Psychoanalyses Take Time: The Modulation of Countertransference in the Reanalysis of a Severely Depressed Patient.

Peter Wegner, No. 1, pp. 88-106.

With the example of a long analysis of a severely depressed patient, Wegner describes the dynamics of arrested hopelessness in the countertransference and the difficulties of its modulation as a precondition for the patient’s change. Usually, in these analyses, early experiences of “success”—related to the depressive patient’s inclination to work hard in order not to disappoint the object—are followed by lasting disappointments due to the lack of concrete satisfaction of the patient’s wishes. Thus, the transference-counter-

transference situation cannot fail to repeat the experience of object loss and the ensuing depressive withdrawal. Instead of wanting to explore and understand the unconscious reasons for his/her depressive state, the patient aims at a different kind of satisfaction: he/she robs the analyst of all those qualities that he/she has not been able to experience firsthand. Thus, a cumulative loss of the self and related hopelessness are transferred to the analyst via projective identification, leading to momentary relief for the patient, but followed by the sense of loss at being left with a useless analyst.

The analyst may be tempted to accommodate the patient's ability to adapt to the psychoanalytic situation by feeding the patient with interpretations that are not based on real understanding and have not been worked through. The author calls this a *re-transference*, a process by which the analyst produces strange elements that cannot be owned by the patient, but instead become part of a sort of reciprocal "robbery" between patient and analyst. Then the patient stops talking altogether; he or she merely wants to be heard and wants to hear only him-/herself (stemming from a need to protect against disappointment). However, this stance conflicts with his/her superego's demand to fulfill all the object's wishes. This conflict leads the patient to "rob" the analyst of his/her accommodations (since the patient is then the one who does the accommodating), but the patient cannot then make use of what is robbed.

Wegner suggests that only in a long process of symbolizing the *nothing* is it possible to acknowledge those parts of the patient's self that are not yet there; it is the loss of the patient's self that needs to be experienced within the analysis. It is only when the analyst can respect the patient's choice not to relinquish his/her depression that the patient may reward the analyst with his/her willingness to risk giving up his/her distrust and daring to change.

On Melanie Klein's Unpublished Thoughts on the Basic Attitude with Adults. Claudia Frank, No. 3, pp. 289-308.

Since Klein developed her technique in work with children, her published papers do not specifically elaborate her technique

in analyses with adults. Therefore, the discovery of six lectures on this topic in the papers of the Melanie Klein Trust was significant. The lectures were held in 1936 and 1939 and have the following titles: (1) Guiding Principles, (2) Aspects of Transference Situations, (3 and 4) On Interpretation, (5) The Analysis of Experiences, and (6) Conclusions. While these lectures do not sketch out a totally new picture of Kleinian technique, they do elaborate aspects of the psychoanalytic attitude that one would not necessarily have associated with Klein, according to Frank.

Klein noted that technique developed first in synchrony with theoretical developments. However, Freud's discovery of unconscious guilt feelings and his introduction of the superego (1923), as well as Abraham's work on oral sadism (1924), have never been integrated technically. This is relevant in terms of Klein's understanding and handling of anxiety and guilt in the patient and in the analyst, and her recommendation to interpret at the point where anxiety is most urgent. Compared to Freud's spare remarks on countertransference, and in the light of current ideas about intersubjectivity, her remarks read as remarkably modern.

Klein emphasized that the analyst cannot grasp the patient's mental life as a separate entity; since the analyst looks at it with his/her own psyche, much of what he/she understands or selects out to understand will depend on his/her current state of mind. Klein believed that the wish to explore and find the truth (if not interfered with by the analyst's anxieties), together with the analyst's emotions and human feelings (warmth and empathy), allows the analyst to be experienced by the patient as a human being. Patients can represent children, brothers, sisters, parents, or friends to the analyst; they can arouse pain or guilt; and if a patient comes to mean too much for the analyst, it might be as difficult for him/her to work with that patient as when he/she means too little.

Whether the analyst interprets fantasies or experiences, it is important to find connections between present and past events, both in actual life and in the unconscious. It is impossible, stressed Klein, to tolerate the negative transference without an overall understanding and respect for the transference. This is crucial in the

situation of a patient who complains a lot. While the analyst needs to show a sympathetic response to the patient's feelings of hurt and anger, he/she also needs to abstain from siding with the patient—which would distract from experiencing and interpreting both the complaints themselves and the accompanying feelings of hatred within the transference.

It is interesting to note, though, that Klein, despite her view that the analyst needs to be affected by the patient in order to understand him/her fully, in the end states that her countertransference never helped her to understand the patient better, but only to understand herself better.

The author concludes that these new lectures do not revise our picture of Kleinian technique, but they definitely enrich it.

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Parasitism: A Defense Against Pain and Psychic Growth. Cléopâtre Athanassiou-Popesco, No. 1/2, pp. 79-97.

Based on Rosenfeld's and Bion's description of the *parasitic problematic*, the author discusses aspects of the psychic structure of patients who establish a parasitic relationship with the analyst. Rosenfeld stressed that the "parasite" transfers the ego functions that the self can no longer perform to the object: he is inert and passive, and makes the analyst responsible for his whole—a pathology understood as a defense against painful affects. Bion advanced this concept further in viewing it as triangular: in a parasitic relationship, one depends on the other in order to produce a third that is destructive to all three of them.

Starting from this point, Athanassiou-Popesco elaborates on this perverse triangulation with regard to the patient's ego functions. She points out that the neurotic part of the patient, even when regressed, will still respond (albeit perhaps minimally) to the analyst's interventions; by contrast, the parasitic core simply swallows the analyst's interventions without responding, let alone using them for any change. The parasite exploits the self's suffering to stimulate the analyst to produce interventions. These interven-

tions do not reach the self, but are commandeered by the parasite, where they remain and help to maintain the illusion that the parasite is interesting and important and can function without the analyst. Thus, the patient (with his/her suffering) and the analyst (with his/her interventions) can end up endlessly feeding a parasitic core.

The author compares this dynamic with that seen in drug addiction, prostitution, or kidnapping, in that, as soon as the parasitic system is called into question, violence erupts. The addicted person might kill the one who no longer provides the drug; the pimp kills the prostitute who leaves him; and the kidnapper tells the victim that the nonproviding objects will be responsible for the victim's death. Thus, the patient's self feels threatened with death when he/she wants to abandon the parasite and communicate directly with the analyst. In exchange, the parasite promises the self a relationship free from pain. The analyst, too, is threatened: as soon as he/she questions the established dynamics, the parasite threatens to end the treatment, which would mean, for the analyst, abandoning the help-seeking part of the patient that is under siege by the parasite.

However, here it is important to realize that the parasite's power is only borrowed, and the threat dissolves as soon as the patient's self dares to speak and relate directly to the analyst. Thus, Athanassiou-Popesco suggests that the analyst adopt the technique of not buying into the parasite's suggestive but superficial talk (some sort of psychobabble), which will never produce insight and change. Instead, the author suggests asking for real-life facts, in order to connect directly with the patient's self.

In a final metapsychological reflection on this type of pathology, Athanassiou-Popesco postulates the existence of an early narcissistic core, appended to the ego, which organizes the whole psyche. When a part of the self narcissistically invests in an object, it needs the ego to perform the identifications and transformations that occur; however, if the primary narcissistic core suffers an early deep hurt in the sphere of object relations (and hence in the ego), the basic narcissistic illusion of a world with the self as its center implodes. In order to restore the illusion of invulnerability, the

ego is split, and the split-off ego part is attached to and merges with the object's ego. Thus, the self is deprived of the ego (or an important part of it) and hence of its resourceful capabilities to survive.

This hypothesis explains why, in these cases, the self is dependent on the parasite (that is, the parasitic part of the object's ego) that has usurped a part of the ego; and, without an intact ego, the self can no longer make use of the object. The author emphasizes that it is important to understand the position of the parasite *between* the self and the object in order to reconnect with the patient's self, thus reactivating the patient's ego capacities and disrupting the parasitic cycle.

The Preconscious Dynamic Power Struggle in the Analysand's Speech. Sylvia Zwettler-Otte, No. 3, pp. 216-235.

The author focuses on the intrapsychic processes operating within the analysand when he/she is talking (or not) to the analyst. The analyst is the object who elicits the transference relationship that in turn allows the patient to get in touch with his/her psychic reality. A supporter of the notion that it requires a certain effort to associate and spell out something, Zwettler-Otte explores the dynamic power struggle between drive and repression, wish and defense, in the intermediate space of the preconscious—the specific area in which unconscious elements are linked to word representations, a process that, since the time of Freud, has been considered a condition for their becoming conscious. Unconscious material has to pass two censorships, one between the unconscious and the preconscious and another between the preconscious and the conscious.

To give an example, in the patient's present unconscious (as described by Sandler and Sandler), a hostile feeling against the analyst emerges; the conflict it arouses leads to a projection of the hostility onto the analyst. However, even before spelling this out, the second censorship process displaces the hostility to the rejecting behavior of the boss of a colleague. The emerging unconscious

material needs (1) the objects of the outside world (perceptions) to attach itself to and find a form; and (2) word representations, to be found via a screening process in the preconscious.

What cannot yet be formulated in words steers the communication (Green)—thus, associations are oriented by the transference (Séchaud). The language of free association is submitted to the dynamics of the pleasure-unpleasure principle: what is felt to be rather pleasurable will be spelled out, while the unpleasurable will not. The unconscious dynamics between drive and repression play out in the preconscious between what is spelled out and what is not spelled out. Spelling out something is freeing, on the one hand, and restricting, on the other—a process that is also part of the preconscious power struggle. With two examples, one from Arthur Schnitzler's play *The Word* and the other from her clinical work, the author addresses the shifts in language that reveal these inner preconscious struggles.

Is Margaret Mahler Right, After All? The Debate about Daniel Stern's Critique on Margaret Mahler's Theory of Separation and Individuation: A Systematic Overview. Helmuth Figdor, No. 4, pp. 320-357.

Daniel Stern's book *The Interpersonal World of the Infant* (1985) and its criticisms of some basic psychoanalytic concepts have unleashed a broad discussion among a multitude of perspectives that are here summarized and reflected with a focus on systematizing the question of: what relevance has infant research for psychoanalysis? Figdor suggests that Stern's self-proclaimed "revolution" is mainly based on his *interpretation* of the results of infant research, in the light of how he himself interprets psychoanalysis. The author rethinks the arguments for and against Stern's conclusions from a methodological point of view, providing a critical overview enriched by his own contributions, with a particular focus on Mahler's concept of the infant's normal autistic (protective shield) and symbiotic phases.

Referring back to Pine's argument, Figdor elaborates on the fact that Stern's experiments were conducted during a short win-

dow of time in which the infant is awake and inactive. However, other, more extended time periods, e.g., before and after nursing, show the presence of very different affective states that are not included in Stern's research.

Stern has stressed in his experimental conclusions that infants are capable of differentiating between self and object—hence, Mahler's concept of symbiosis should be rejected. Gergely related the interactive system of mother and infant to the biological concept of symbiosis (that is, the coexistence of two organisms, whereby one organism provides vital functions for the other)—thus confirming Mahler's concept of symbiosis. Baumgart emphasized that the capacity for perceptive differentiation does not imply affective-cognitive or experiential differentiation. Fonagy suggested that the early differentiation between self and object might be limited to the physiological, bodily self, but does not pertain to the "mental self." Zuriff pointed out that Stern's interpretations of his experiments obscured the fact that infants react differently to different stimuli, given their differing capacities to be aware of these distinctions and their meanings. (Analogously, a thermostat might be said to react differently to different temperatures without being aware of the difference.)

The author critically notes that Stern not only misrepresented Mahler and withheld her cautious and limiting description of the concepts in question; he also failed methodologically when he categorically precluded any possibility of validation of psychoanalytic concepts within his research design (that is, by noting that empirical research can falsify a theory only if its design principally allows for confirming results). With regard to the issue of autonomy versus dependency, Figdor calls Stern's notion of "the self-regulating other" a strategy of avoidance: it leads to *not* dealing with the question of how an infant might experience dependency.

What remains of Stern's revolution? The author criticizes him for not noting the influence of the researcher's involvement in the research results; without this, it is difficult to determine whether experiments showed capacities that the infant already had, or whether these capacities were provoked (learned) by the experi-

ments themselves. Also, clinical experience shows that symbiotic fantasies do not stem from intellectual deficit or a delusional reality (of being merged), but are based on an affective exchange with the object: the subject behaves *as if* it were in a symbiosis with the object.

Figdor concludes by showing that, in his later *Diary of a Baby*, Stern unwillingly departs from his earlier statements—e.g., when he states in the introduction that the infant cannot distinguish between himself, his/her mother, and other caretakers, and that, normally, his/her capacity to differentiate between inside and outside is merely vague. Thus, surprisingly, Stern returns to the same psychoanalytic concepts he had previously declared to be outdated.