VOICES THAT CHANGED PSYCHOANALYSIS IN UNPREDICTABLE WAYS

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The two papers we are republishing in this issue as part of *The Psychoanalytic Quarterly's* 75th anniversary year celebration were written by analysts who changed the course of psychoanalytic history, but the nature and direction of their influences could not have been more different, or less predictable at the time.

Hans Loewald, whose elegant and far-ranging theoretical writing is represented here by "Internalization, Separation, Mourning, and the Superego" (1962), has been claimed as an ancestor by almost every psychoanalytic movement that followed him. Because of his integrative point of view with its overlapping intrapsychic and intersubjective perspectives, he is featured as the progenitor of American relational psychoanalysis,[1] but no less is his influence felt in self psychology, in contemporary attachment theory, in the changing views of early infantile-maternal interaction and its incorporation into psychoanalytic listening, and in the "softening" of American ego psychology.

The establishment of Loewald's iconic status by nascent, competing schools would have surprised him. Unable to predict the splintering of American psychoanalysis and the emergence of variety from what was once a more integrated whole, Loewald never directly promoted such splintering, and always considered himself

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[1] "Instincts, in other words, are to be seen as relational phenomena from the beginning and not as autochthonous forces seeking discharge, which discharge is understood as some kind of emptying of energy potential, in a closed system or out of it" (Loewald 1972, p. 322).

part of mainstream American ego psychology, as this paper amply demonstrates.

So if Loewald has been happily, if not greedily, claimed by all, Franz Alexander's influence stems from his having been claimed by almost no one, at least until recently. Quite the reverse. As fashionable as it has been to canonize Loewald, so has it been almost as essential to revile Alexander, and in particular his concept of the corrective emotional experience, which he presents in this paper, "Analysis of the Therapeutic Factors in Psychoanalytic Treatment" (1950), summarizing the views he and Thomas French had introduced four years earlier (Alexander and French 1946).

The concept of the corrective emotional experience, taken by many to mean the manipulative and artificial attempt to gratify the transference (a misreading of Alexander's views, as our commentators Robert Michels and Steven Cooper point out), became a major force for the *avoidance* of what Alexander was thought to be advocating. The effort to disavow Alexander's heretical stance contributed to what Stone (1981) called the "robot-like anonymity" and "hypertrophied formalism and ritualism" (p. 106) of mid-century psychoanalysis in America—high church or orthodox ego psychology, as we might think of it—with its emphases on frustrating the patient's wishes and on the belief that the analyst's stance could be purged of suggestion. Even now, when Alexander has begun to be perceived more accurately, we still hear him acting as a powerful irritant in response to which analysts tout the authenticity of their stance and eschew anything artificial or disingenuous.

I will leave the discussion of Loewald to our discussants, Nancy Chodorow, Martin Silverman, and Richard Simpson, in order to concentrate on the more frequently misread Alexander. If we take a closer look, Alexander's paper is more complex and contradictory than is popularly supposed, and while at times he speaks for what must indirectly be a gratifying stance, he does so in the very name of frustration, the effort to frustrate the patient's transference expectations. Michels and Cooper separately spell out many of the competing trends in Alexander's position. I would like to take up their discussions at points where they appear to disagree

with each other, as those points reveal ambiguities within Alexander's argument itself.

Cooper documents that Alexander is not a deliberate gratifier (though inevitably, as I suggest, an unacknowledged one). Rather, he curiously resembles those deliberate frustrators who rose up against him. We see this, for example, in his effort to manipulate the intensity of the transference and to obstruct what he considers the greatest obstacle to the work, the patient's tendency toward abject dependency on the analyst. Alexander sets the stage for this frustration not simply in his effort to deny the patient's wishes, but also—and this is partly what gets him into trouble—by deliberately reducing the frequency of sessions at opportune moments throughout the analysis (he would also increase them again when he thought it necessary), so that the patient's dependency does not gain a malignant toehold, a technique he derives from Ferenczi. Nearly sixty years later, this still seems a curious idea in practice, though perhaps not in intent. Alexander explicitly wants to shorten the treatment, and we can see his influence on Renik's (1992) recommendation to set termination dates with patients who fetishize the analyst (and would stay forever if they could) and on his more recent warning against the blandishments of long analyses in general (Renik 2003).

Essential to Alexander's goals is his repeated, even redundant affirmation of the analyst's objectivity. In elaborating how the analyst is "emotionally not involved" (p. 1067[2]), he uses the term *objective* no less than thirteen times in the paper, including the following:

> The fact that the patient's aggressions are met objectively without emotional response or retaliation on the part of the analyst corrects the original intimidating influence of the parent. [p. 1069]

> It is generally assumed that the objective and understanding attitude of the therapist alone is sufficient to produce such a corrective emotional experience. [p. 1070]

[2] In this article, page numbers from Alexander 1950 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1950.

No doubt, the most important therapeutic factor in psychoanalysis is the objective and yet helpful attitude of the therapist, something which does not exist in any other relationship. [p. 1070]

No doubt, therefore, the objective, understanding attitude of the analyst in itself is a most powerful therapeutic factor. [p. 1070]

My experience is that the objective and helpful attitude of the analyst allows, without any artificial play acting, ample opportunity for modifying the patient–therapist relationship in such a way that it will facilitate and intensify the corrective emotional experience. [pp. 1070-1071]

My attitude was not simply objective and helpful; it was consistently tolerant and definitely encouraging, exactly the opposite of his father's attitude. [p. 1071]

The main point is, however, that within the framework of the objective atmosphere of the psychoanalytic situation, there is sufficient opportunity for replacing the spontaneous countertransference reactions with well-defined and designed attitudes which facilitate the patient's own emotional reorientation. [p. 1075]

The objective, understanding attitude of the analyst in itself is so different from that of the parents that this alone necessitates a change in the patient's original attitudes. [p. 1082]

Could Alexander be more insistent on the analyst's objectivity as essential to therapeutic action? We might think him worried that his recommendations would be viewed as contaminations, except that he seems so genuine in his beliefs and, as Cooper points out, so certain of his own objectivity. Alexander's repeated implication is that he knows what is in the patient's best interests and how the patient will respond to his manipulations, and he betrays no awareness that patients will experience him idiosyncratically, according to their own—not always predictable—inner lives. Thus,

Alexander knows—objectively, as it were—when it is appropriate to reduce the frequency of sessions and when to increase it again, when to be supportive and when not to, and exactly how to "replace" his "spontaneous countertransference" (p. 1075) with the response the patient needs. In this, Cooper says, Alexander has no equal: "What is so striking is that Alexander, more than any other writer/analyst I have encountered, believes in the value and power of the analyst's ability to be objective and neutral" (p. 1091).

In my view, Alexander's belief in this ability does not distinguish him from many of the analysts of his generation, Cooper's charge notwithstanding. It is important to remember that Alexander began his analytic career in the early 1920s, and the work on which this paper is based was conducted in the 1940s. Compare Cooper's perspective, however, with Michels's. Michels, too, quotes Alexander on the analyst's objectivity, but he indicates that, in an innovative way, Alexander "recognized that there was no such thing as an objective neutral stance of the analyst" (p. 1109). What is going on here? How do we reconcile these two apparently contradictory positions?

I think the answer lies in the ambiguity in Alexander's own stance, an ambiguity that he seems not to recognize in this paper. While he consciously and repeatedly espouses the view that the analyst is objective, and implies that the analyst can know what is best for the patient at all times, he also writes, "Since the phenomenon of countertransference has been recognized, we know that a completely objective attitude of the analyst exists only in theory no matter how painstakingly he may try to live up to this requirement" (p. 1075). Even more presciently, he adds, "It should be considered that the objective, detached attitude of the psychoanalyst itself is an adopted, studied attitude and is not a spontaneous reaction to the patient" (pp. 1075-1076). Think about this for a minute. Is this not a contradiction in terms? Can the analyst be considered "objective" if his objectivity is an "adopted, studied attitude"?

If we were to hear a contemporary analyst speak of the analyst's studied role, it would be a challenge to the objectivity of the analyst's position. But Alexander does not seem to feel that the

one calls into question the other. Rather, he repeatedly reaffirms the analyst's stance as certain, detached, neutral, and objective, capable of knowing and judging what the patient needs, at the same time as he proposes that we leave room for its contamination by the countertransference and view that objective stance as studied and deliberate, thus permitting the analyst to effect those other studied and deliberate manipulations of the transference that he favors. Is Alexander so intent on persuading his readers of the propriety of his views that, like the defendant in Freud's joke about the borrowed kettle,[3] he marshals contradictory arguments on his own behalf?

More generously, if Alexander seems to be saying one thing with his embrace of the conventional view of the objective analyst's stance and another with his technical recommendations, he appears to be either unaware of the contradictions in his argument or only just beginning to intuit something that will flower in later contemporary elaborations. One wonders if it might have been these internal contradictions and his overzealous attempt to gain the reader's endorsement of his proposals that fueled his discreditation by the very peers he was trying to court with his insistence on the analyst's objectivity and detachment.

There is another point on which our two commentators appear to disagree. Cooper notes—and I strongly agree—that when Alexander suggests that the analyst can simply "replace" his countertransference with another carefully designed attitude, he seems to have no notion whatsoever of "countertransference as an intrinsically unconscious phenomenon" (p. 1091). That is, he treats countertransference as a conscious experience that the analyst can cast aside and replace—not one with unconscious roots, both in the analyst and in the patient, that might need to be analyzed.

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[3] Freud (1900) writes of "the man who was charged by one of his neighbours with having given him back a borrowed kettle in a damaged condition. The defendant asserted first, that he had given it back undamaged; secondly, that the kettle had a hole in it when he borrowed it; and thirdly, that he had never borrowed a kettle from his neighbour at all" (pp. 119-120; see also Freud 1905, p. 62).

The clinical vignette wherein Alexander feels his countertransference is most evident is one in which he actively dislikes the patient. But here he neither replaces his reaction nor analyzes it, as we might do today. He sees it as an objective fact of the patient (unconsciously motivated, to be sure). The patient is making himself disagreeable, and Alexander tells him so. His lapse in countertransference control proves to be a fortuitous turning point in the treatment.

Michels notes that the description of this case contradicts Alexander's own theory of deliberate manipulation of the transference, but he seems to give Alexander more credit than he deserves when he suggests that he "stumbled on the potentially therapeutic value of carefully analyzed countertransference enactments" (p. 1109). Was Alexander's enactment "carefully analyzed"? Alexander says, "I realized that I had better admit my dislike of him. He was extremely perturbed by this admission" (p. 1073). And then he adds:

> I explained that his behavior was unconsciously calculated and succeeded in making him disliked. He wanted to prove that just as his father supposedly disliked him, the analyst also rejected him; this allowed him to feel hostile and continue his old neurotic pattern of life. [p. 1073]

On Alexander's behalf, we can say that he has the courage to acknowledge his reaction to the patient and the intuition that it would be useful to do so. And his use of his countertransference to frame an interpretation indeed anticipates later approaches. But was his countertransference "explored," or was he simply "knowing" once more that the patient was repeating with him what he had repeated throughout his life? Was this even the countertransference enactment that most deserved Alexander's attention?

From a broader view of countertransference, I would suggest that Alexander's very sense of certainty and insistence on his own objectivity was itself his most persistent countertransference position, one no doubt embedded in his character and training. As such, it is an example of an entirely unconscious countertransference of the sort to which Cooper alludes, and it escaped the grasp

of an analyst who repeatedly insisted he was "emotionally not in-volved" (p. 1067).

Throughout this paper, Alexander "stumbles on" (in Michels's phrase, p. 1109) a number of aspects of analytic interaction that have become a staple of our contemporary diet, but whose implications may have escaped him at the time. In terms of the later elaborations of his intuitions, Alexander's effort to be a "new object" to the patient links him with many contemporary points of view and the theories that lie behind them, including Loewald's, and his protocol of contradicting the patient's transference expectations of him was elaborated in Weiss and Sampson's (1986) efforts to disconfirm "pathogenic beliefs" (p. 6). But on these points, we wish we had more detail from Alexander. When he speaks of openly displaying "admiration of certain of the patient's qualities" (p. 1071), for example, it would be helpful to know what he actually said to the patient and how he said it; for he may be referring, as others have assumed, to frank support and reassurance, or he may have something more subtle in mind—interventions that in one nuanced form or another are common to us all, as I will elaborate a bit further below.

In addition, there is Renik's taking up Alexander's challenge to shorten the treatment, as I have already mentioned. With many contemporary analysts, Renik (1993) rejects the artificial manipulations for which Alexander has become known, and he is able to do this by suggesting that if countertransference is always in play, then it has inevitably been put into action before the analyst can become aware of it—the implication being that if the analyst's interventions are already part of the action, determined in part by "motivations *outside his conscious awareness,*" his participation is then "genuine and unpremeditated" (Renik 1993, p. 144, italics in original).

At this point in the argument, it is customary for contemporary analysts to distance themselves from the idea that "anything goes"—and Renik does so, too—but I wonder if such disclaimers are not simply latter-day versions of Alexander's insistence on the analyst's objectivity, an effort to reassure the reader that one in-

tends no harm with one's observations. For surely we are no closer to deciding precisely how the analyst determines exactly what goes and what doesn't than we were when Alexander presumed the existence of the analyst's objectivity.

What is it that rescues us from "anything goes"? What shapes these decisions and distinguishes the balanced analyst from the "anything-goes" one? We've had many attempts at explanation, most of which are no more than whistling in the dark: the analyst's analysis keeps him from veering too far afield; the analyst's familiarity with transference experience allows him to hold steady at critical moments; the inevitable and necessary asymmetry in the dyad gives the analyst a modicum of distance, regardless of how mutual the experience may be. As a practical solution, how about the analyst's continual analysis of the countertransference—something Alexander had no clue about? This was Gill's (1994) final definition of neutrality. Or what about some embedded sense of formal rules that can be broken spontaneously when Hoffman (1998) "throws away the book"? Renik (1993) suggests it is the analyst's conscience that makes the difference. Or perhaps the analytic community keeps us honest. In the end, the variety of explanations reveals how little we know—much less how best to teach it—and their explanatory power is scarcely greater than Alexander's trusty objectivity.

My own view is that Alexander is surely right when he says that "my experience is that the objective and helpful attitude of the analyst allows, without any artificial play acting, ample opportunity for modifying the patient–therapist relationship in such a way that it will facilitate and intensify the corrective emotional experience" (pp. 1070-1071). But, at least in this paper, he does not indicate that he understands the full implications of this discovery.

For is this not what occurs in any interaction with a patient? Without artificial intent, do we not inevitably and, to a large extent, involuntarily modify our phrasing, our timing, our tone of voice, drawing on one or another feeling we have about the patient and on our momentary attitude toward the patient and his objects, with the result that the patient may hear us speaking from a dif-

ferent place than the one he or she is used to? Isn't this a time-hon-
ored, and, for that matter, authentic manipulation of the transfer-
ence—partly, if not largely, outside of our awareness?

As Cooper points out, Alexander had no theory of enactment.
If he had, it might have helped him recognize that every aspect of
the analyst's stance—including his so-called objectivity and detach-
ment—is part of an ongoing enactment, and that one cannot ever
absent oneself from the interaction itself. Rather, if enactment,
like countertransference, is continuous and only partially observa-
ble in retrospect, the analyst is always both immersed in and ob-
serving his own and the patient's unconscious contributions, the
two playing a duet with each other at all times. From this perspec-
tive, analysts continuously modify their stance, guided both by
conscious decisions and by unconscious responses to the patient.

Moreover, if we accept that enactment is continuous, then all
interventions are part of an enacted process. Whether we are in-
terpreting conflict, self-object transferences, projective identifica-
tions, or relational configurations, every interpretation is made
from within that process. I suggest that in this contemporary era,
we would do well to define all interpretation as *interpretation with-
in an enactment,* or, viewed somewhat differently, *interpretation
within the gratification of a wish,* acknowledging thereby that a pa-
tient's wishes are always and inevitably being gratified at the same
time as they are being analyzed, the two processes proceeding side
by side (Smith 2006).

From whatever contemporary point of view we take, this seems
to me the essence of therapeutic action, as we understand it today:
the attempt to see and understand what is going on within the pa-
tient, within the analyst, and in the mix that suffuses them both,
while it is being enacted between them. And it is the assumption
that we are *always* interpreting from within an enactment that
keeps us pursuing the meaning of the current enactment (rather
than asking when we are in one and when we are not), thereby at-
tempting to turn it to our advantage. I submit that this is the best
prescription we have at the moment for how to keep our eye on
the job, and that it is a far safer stance than to assume that one can

ever stand outside of an enactment. But it still hints of whistling in the dark.

To mention Loewald and Alexander in the same breath, as I have in this introduction, will feel heretical to many. And yet, despite the extreme differences in the way these two argue their case—Loewald from a level of the theoretical sublime and Alexander from a sometimes crude and discredited technical position—both were theoretically loyal to mainstream mid-century American psychoanalysis, and both ultimately had roles in fostering the more relational, interactive approach that has characterized the last several decades. Alexander's role in this was as contradictory as every other aspect of his position, since he anticipated—even if he did not directly inspire—many of the relational trends that followed the conservative firestorm that gathered around his recommendations.

To put this another way, Friedman (1988) once distinguished what he called hard and soft object relations (to oversimplify: hard as in Kleinian, soft as in self psychological). Similarly, if we entertain the idea of hard and soft ego psychology, we would have to say that Loewald, with Stone and others, worked actively to soften the theory of American ego psychology, while Alexander, who talked the hard line of frustration therapy, stirred so much animosity by his misperceived therapeutic softness that he contributed even further to the hardening of ego psychological technique as a reaction to his ideas. And yet, when all is said and done, Alexander had an inkling of later developments that would draw on softer interactions with the patient.

As a footnote to the diversity of views within mid-century ego psychology itself, all three of our commentators on Loewald mention the author's (1966) criticism of Arlow and Brenner (1964), and cite his judgment that, in suggesting that topographic theory be abandoned in toto and replaced by structural theory, Arlow and Brenner limited the theoretical field too much. I think this argument exploits a mismatch between the rhetoric of Arlow and Brenner's theory and its clinical application, widening Loewald's differences with them artificially. While Brenner (1982, 2002) surely de-

veloped a spare and lean theoretical vocabulary, my sense is that his final view of the observable field as a cascade of compromise formations does not limit the work, but rather makes the analyzable portion more complex. Moreover, if we recognize that the analyst's conflicts are always in play, as Brenner's theory would indicate, then the bridge to Loewald's supposedly softer, more intersubjective position is and always has been in place.

Of course, there is no telling whether people analyze the same way in which they write. Loewald is said to have been quite austere in the consulting room, and common are the tales of those who profess disparate theoretical positions only to discover how alike their work is. It was once popular to distinguish between the techniques of Brenner and Stone—the former allegedly hard, the latter allegedly soft—and yet they are said to have worked very similarly in practice.

Finally, we should note that, unlike the other classic papers recently republished in the *Quarterly*, the two in this issue do not show the integration of various trends before they split apart into separate schools (Smith 2007a, 2007b, 2007c) as much as they highlight the germs of theoretical ideas (on the part of Loewald) and technical intuitions (on the part of Alexander) that would be developed more fully in the years to come by every psychoanalytic approach, without exception.

In this light, as if there were not already sufficient links between Loewald and the rest of psychoanalysis, we have discovered yet another that to our knowledge has not previously been described. I want to call your attention to Simpson's commentary, in which he opens a dialogue between Loewald and contemporary French psychoanalysis, thus proving that in Loewald's case one can continue to build bridges where earlier there were none. Contemporary American readers will be surprised to learn just how absent this bridge to the French has been. We forget that Loewald's popularity is a recent phenomenon even in the United States, and that he lay in relative neglect for several years before this resurgence.

Be that as it may, Loewald is still virtually unknown in France, and even in French Canada. This is due partly to the inadequacies

of international publishing and translation, but even more to the dim view the French have had of ego psychology. It would have been difficult for them to appreciate the subtle ways in which Loewald (1973, p. 14, for example) distanced himself from other versions of ego psychology, such as Hartmann's (1964) conflict-free sphere, a position Loewald shared with Brenner. Whatever the reasons, only two other papers of Loewald's have been previously translated into French, and neither of them is his great work on therapeutic action (Loewald 1960).

Simpson's bridge to the French is fortuitous for another reason. The year 2007, it turns out, is not only the 75th anniversary of *The Psychoanalytic Quarterly;* it is also the 80th anniversary of the *Revue Française de Psychanalyse*, and by agreement with the *Revue* and its Editor, Denys Ribas, we are celebrating our anniversaries with joint tributes.[4] In July of this year, the *Revue* published the same Loewald paper that is republished here, translated into French by Richard Simpson. And in this issue of the *Quarterly,* we are publishing an article from the *Revue* never before seen in English: "The Same and the Identical," by Michel de M'Uzan, translated into English by Richard Simpson with the assistance of Monique Panaccio, and introduced by Dominique Scarfone (see pp. 1194-1220). I am grateful to both Simpson and Scarfone for their considerable work in making this joint venture possible.

You will also notice that much of this issue of the *Quarterly* has a French accent. In addition to the paper by de M'Uzan, we offer

[4] It is safe to say that these two landmark anniversaries would not have been anticipated with universal joy seventy-five and eighty years ago. Prior to its first appearance in 1927, there was considerable debate about what to call the *Revue,* most of which centered around whether it should have the word *international* in its title, which some felt would endanger the standing of the *International Journal of Psychoanalysis.* Informally, the *Revue* was simply referred to as "the French journal," but Ernest Jones, the first editor of the *IJP* and ever cognizant of potential rivalries in the English-speaking world, is said to have deplored this label, too, as it would allow the Americans to use it as a precedent for *The Psychoanalytic Quarterly* (i.e., "the American journal"), already in the planning stage, a venture that Jones strongly opposed as threatening to the *IJP (*Mijolla 2007). (The *Journal of the American Psychoanalytic Association* was not to appear for another twenty-five years.)

Haydée Faimberg's "A Plea for a Broader Concept of *Nachträglich-keit*" (p. 1221) and John Fletcher's "Seduction and the Vicissitudes of Translation: The Work of Jean Laplanche" (p. 1241). Following these are two papers on a subject that fascinated the early topographic Freud and continues to interest the French. John A. Schneider's paper, and the one by Paul Verhaeghe, Stijn Vanheule, and Ann De Rick, are updated investigations—of panic disorder and of what Freud termed *actual neurosis*, respectively.

Once again, we hope you enjoy what is in store for you. My thanks to all who made this exciting issue possible.

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ANALYSIS OF THE THERAPEUTIC FACTORS IN PSYCHOANALYTIC TREATMENT

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Observations made during the therapeutic procedure are the primary source of psychoanalytic knowledge. Most of our knowledge of psychodynamics stems from this source. Precise understanding of the therapeutic factors is significant both for improving our therapeutic techniques and also for increasing our theoretical knowledge. Between theory and therapy there is a reciprocal relationship: observations made during treatment are the main source of our theoretical knowledge, and we apply our theoretical formulations to improve our technique.

This presentation is based on the premise that much in our therapeutic procedure is still empirical, and that many of the processes which take place in patients during psychoanalysis are not yet fully understood.

In particular, there is divergence of opinion concerning 1, the relative therapeutic value of the patient's intellectual insight into the origin and nature of his neurosis; 2, the relative value of emotional discharge (abreaction); 3, the role of emotional experiences during treatment as they evolve in the transference; 4, the role of parallel experiences in life; 5, the significance of the time factor (frequency of interviews, technical interruptions, length of the treatment). The last question is practical and the answer to it depends both on clinical experience and on the clarification of the first four.

One of the basic observations on which Freud's theoretical structure was built was the therapeutic value of emotional abreaction in hypnosis. Emotionally charged, forgotten memories appeared with dramatic expression of the repressed emotions. Substituting barbiturates for hypnosis, this principle was widely applied to war neuroses during and after the recent war.

The second step was the recognition that abreaction alone has no permanent curative value; that the ego must face and learn to handle the repressed emotions. The emphasis was on insight. There followed then the period in which Freud's therapeutic interest was focused on reconstructing the traumatic events of the past and making the patient understand and remember them. Reconstructions and interpretations of past pertinent events had to be understood and accepted by the patients in order to be cured.

The third step was the discovery of the transference which shifted the emphasis again to emotional experience and expression. This is, of course, an oversimplification. Actually, abreaction, insight and transference have long been considered in their interrelationships, and only the emphasis has changed from time to time with different authors. One element, however, was common to all these views: the insistence upon the necessity of making repressed material conscious. In hypnosis, repressed material was mobilized by reducing the ego's defenses. During the period in which free association was used, but before the importance of the transference was clearly recognized, the therapist's intellectual understanding was imparted to the patient in the hope that this intellectual insight would enable the patient to face what he repressed. The recognition of the transference led to a better understanding of the therapeutic processes as well as a more effective therapy. In the transference, the original pathogenic conflicts of the early family relationships are repeated with lesser intensity. This is what is called the "transference neurosis." The emotional reenactment in relation to the therapist of the crucial conflicts gradually increases the ego's capacity to face these conflicts. One may say, it increases the ego's permeability to the repressed material. Freud's formulation was that in the transference the stronger adult ego faces the same but less inten-

sive conflicts which the weaker infantile ego had to repress. This dynamic equation represents the essence of our present views of therapy: in childhood the weak ego faces overwhelming emotions; in the transference the adult's stronger ego faces a weaker edition of the original conflict. Accordingly, the treatment ultimately aims at changing the ego to enable it to resolve conflicts with which it could not cope before. The method by which this change in the ego is achieved is a kind of gradual learning through practice—by exposing the ego, step by step, to conflicts as they emerge in the course of treatment. At the same time the defenses of the ego against repressed material are reduced by making them explicit by precise verbalization. This process—commonly termed "working through" —can be described as a kind of emotional gymnastics.

The course of most successful treatments can be visualized as a gradually increasing capacity of the patient to recognize and express repressed psychological content. The simplest example is the depressive patient who gradually becomes able to recognize and express his hostility directed toward an ambivalently loved person. This increased ability to express repressed material is achieved primarily by the analyst's recognizing and verbalizing the slightest manifestations of the patient's repressed emotions and of his defenses against these emotions. An interpretation of hostility expressed against the analyst, which is given objectively and without any resentment, encourages its freer expression by the patient. By helping the patient to verbalize without judging and evaluating what the patient could not express, the analyst encourages the patient's becoming conscious of repressed content. The original repression of hostility was a response to parental influences. The analyst assumes a role different from that of the parents. He is emotionally not involved. This difference makes possible what we have called the corrective emotional experience (Alexander and French 1946a).

According to this view, the intensity of the transference should have a certain optimal level. This is supported by the common observation that if the emotional involvement of the patient is insufficient, the treatment may be greatly retarded and the analysis be-

comes merely an intellectual exercise. If, however, the transference neurosis becomes too intense, the patient's ego may face a situation similar to the one which it could not meet originally. It is well known and well demonstrated by Köhler's and French's contributions that the ego's integrative functions are impeded by excessive emotion (French 1936; Köhler 1931). Violent anxiety, rage, or guilt may become so formidable that the ego's coordinating functions cannot master them. From this it must be evident that one of the aims of therapy is to keep the transference on an optimal level.

A common type of unsuccessful analysis is due to the development of a too intensive dependent transference from which the patient cannot be dislodged. The analyst's hope that further working through eventually will resolve this dependent attachment, as well as the patient's own procrastinating tendency, collaborate to produce this therapeutic impasse. The neurotic is inclined to sidestep renewed attempts to cope with life, retreats into fantasy, produces symptoms. During the treatment he exchanges symptoms for a neurotic transference relationship but resists abandoning this newly acquired substitute for his neurosis for new attempts in life. Thus the situation develops to which Freud tersely referred by saying that the patient's wish to be cured gradually changes into his wish to be treated (Freud 1913). Since with certain types of chronic neurotics this development is a common one, the problem how to avoid this danger is obviously one of the important problems of psychoanalytic technique.

The question how to keep the analysis on a transference level of optimal intensity, particularly how to avoid a too intensive dependent relationship resulting in an interminable analysis, leads us to the quantitative aspects of the psychoanalytic treatment. These we shall discuss in the light of the previous formulation of the therapeutic process and of the corrective emotional experience.

We start from Freud's emphasis on the fact that in the transference the patient's adult ego is given opportunity to face those emotional situations which it could not manage in childhood when the ego was weaker. The weak ego had to repress these emotions which therefore remained excluded from the ego's integrative activity.

The emphasis is on the difference between the integrative powers of the adult and the immature ego. The other important fact, according to Freud, is that the repetition of the old conflict in the transference is of lesser intensity. Its intensity is reduced because the transference emotions are reactions to previous experiences and not to the actual patient–physician relation. The only actual relationship between the patient and doctor is that the patient comes to the physician for help. It is only in the patient's mind that the therapist assumes the role of the father or mother or of an older or younger sibling. The most important consideration in this connection is that neurotic patterns do not develop in a vacuum; they are adaptive reactions to parental attitudes. In the transference the original interpersonal relationship between child and parent is reestablished only so far as the patient is concerned. The crucial therapeutic factor is that the analyst's reactions are different from those of the parents. The simplest example is the repression of self-assertive and aggressive attitudes due to parental intimidation which encourages dependence and causes all kinds of inhibitions in human relations. In the transference the therapist's attitude must reverse that of the intimidating parent. The fact that the patient's aggressions are met objectively without emotional response or retaliation on the part of the analyst corrects the original intimidating influence of the parent. The parental intimidation is undone by the more tolerant and sympathetic attitude of the therapist who replaces the authoritarian parent in the patient's mind. As the patient realizes that his modest self-assertion will not be punished, he will experiment more boldly and express himself more freely toward persons in authority in his daily life. This increases the ego's capacity to deal with aggressive attitudes which anxiety had previously repressed. This is actually a much more complicated process but this simple example may serve to explain the principle of corrective emotional experience. Parental intimidation, however, is not the only form of pathogenic experience. Parental overindulgence, emotional rejection, and ambivalence are of equal importance.

As soon as we clearly recognize the specific problem of the patient, it becomes possible to work consistently toward the right

kind of corrective experience. It is generally assumed that the objective and understanding attitude of the therapist alone is sufficient to produce such a corrective emotional experience. No doubt, the most important therapeutic factor in psychoanalysis is the objective and yet helpful attitude of the therapist, something which does not exist in any other relationship. Parents, friends, relatives, may be helpful but they are always emotionally involved. Their attitude may be sympathetic but never objective and never primarily understanding. To experience such a novel human relationship in itself has a tremendous therapeutic significance which cannot be overrated. The old reaction patterns do not fit into this new human relationship. This explains why the patient's behavior in the transference becomes a one-sided shadowboxing. The old patterns developed as reactions to parental attitudes and lose their sense in the transference relationship. This compels the patient gradually to change and to revise his neurotic patterns. He deals with someone who neither resents his aggressions nor feels guilty like a parent who overindulges the child because of his unconscious rejection of the child. Under the influence of his unimpaired critical judgment, which we assume in a nonpsychotic individual, the patient will be gradually forced to learn new emotional patterns which fit into this new experience. The old reactions fitted and had sense only in the family. No doubt, therefore, the objective, understanding attitude of the analyst in itself is a most powerful therapeutic factor. This attitude, combined with correct interpretation of material which is about to emerge from repression, together with the analysis of the ego's defenses, is primarily responsible for the therapeutic effectiveness of psychoanalysis. This effectiveness, in comparison with all other methods in psychiatry, is so impressive that it is easy to be satisfied with all this and forget about those aspects of therapy which require further improvement. What I mean primarily is the question, how economic is this procedure? In other words, can its effectiveness still be increased and the length of treatment reduced?

My experience is that the objective and helpful attitude of the analyst allows, without any artificial play acting, ample opportunity

for modifying the patient–therapist relationship in such a way that it will facilitate and intensify the corrective emotional experience. I have described the treatment of a forty-two-year-old patient suffering from hysterical convulsions, impotence and a severe character neurosis which was about to break up his marriage (Alexander and French 1946a). The essential factor in this case was an overbearing, tyrannical father who succeeded completely in undermining this patient's self-confidence and normal self-assertion. The patient had, as a defense, developed an overbearing attitude in his home and treated his family, particularly his son, as he was treated by his own father. The treatment consisted of twenty-six interviews over a ten-week period with satisfactory results. Not only have all his symptoms disappeared including the convulsions and his impotence, but his attitude toward his son and wife has changed. The wife, who had decided to divorce him, reversed her decision. This patient's case has been followed up. After four years he is still married, his symptoms have not returned and there are only occasional relapses into irritability and impatience toward his son, an attitude which he is able to control. I do not quote this case because of the therapeutic result, unusual because of the small number of interviews. I quote it because it is a simple example of corrective emotional experience. This was achieved by creating an emotional atmosphere in the transference which was particularly suited to reverse the original intimidating influence of the patient's father. My attitude was not simply objective and helpful; it was consistently tolerant and definitely encouraging, exactly the opposite of his father's attitude. While the father was overbearing and omniscient, the analyst emphasized repeatedly the limitations of psychiatry and of his own knowledge, encouraging the patient to express his disagreement with interpretations. The father had been extremely critical of the patient; the analyst openly displayed admiration of certain of the patient's qualities. This was of course all within the limits of the usual attitude of the analyst, but I gave a definite emotional coloring to the transference, which might be criticized as not psychoanalytic but psychotherapeutic because of its openly encouraging connotation. This entirely new situation which he had never

encountered was most embarrassing for the patient. He did not know how to react to it. At first he tried in his dreams to make the analyst a replica of his domineering father. In one, the analyst smashed glassware the patient had manufactured which reminded him of the time his father, a glass manufacturer, in violent rage had smashed glassware because he had not liked the design. After these distortions had been interpreted, the patient desperately tried to provoke the analyst to act as his father did. When all this failed he gradually began to change his own behavior.

In another case, the corrective emotional experience was provoked by a different departure from the conventional psychoanalytic attitude on the therapist's part. The patient was a young university student who was unable to apply himself to his studies. He idled about, spent a great part of the day in bed, masturbated excessively, read cheap detective stories and was unable to form any meaningful social relations. He had no attachments to women, frequented poolrooms and felt quite miserable about his purposeless way of living. His "laziness" was the symptom of a latent compulsion neurosis. During his first consultation he justified his idleness by stating that his father never loved him and never gave him anything of value; therefore, his father should support him. In his first analytic session he reported a dream.

> I wanted to sell my diamond ring but the jeweler after testing the stone declared it was false.

He immediately remarked that the dream was silly because he knew that his ring was genuine. In the course of further associations it transpired that the ring was a present from his father. The dream expressed transparently the patient's defensive formula that he had never received anything of value from his father; hence, the motive for proving in his dream that his father's gift was spurious. His whole neurotic structure was founded on the belief that he owed nothing to his father.

External circumstances forced him to move from the city and he was transferred to another analyst who died after a short per-

iod. He continued with another analyst, and a few months later he asked me for an interview. He complained that as his analyst disliked him continuation of the treatment was impossible. The analyst was always polite and kindly, but he felt that this was all calculated play acting. In reality, he said, the therapist hated him. I talked with his analyst who, to my surprise, substantiated the patient's story: he felt a strong aversion to the patient which he tried his best to conceal. He urged me and I agreed to continue the treatment. I soon understood my predecessor's prejudice. The patient did everything to make himself disagreeable. He usually arrived unwashed, unshaven and unkempt, bit his nails, spoke in a scarcely intelligible mumble, criticized everything, and paid a very low fee. If I kept him waiting a minute he immediately accused me of doing so because he paid less than others. He was so unpleasant in every possible way that it was difficult to tolerate him. One day I spoke to him somewhat impatiently. He jumped up from the couch and exclaimed, "You are just like your colleague. Do you deny that you dislike me and do you call it analysis being impatient with your patient?" I realized that I had better admit my dislike of him. He was extremely perturbed by this admission. I explained that his behavior was unconsciously calculated and succeeded in making him disliked. He wanted to prove that just as his father supposedly disliked him, the analyst also rejected him; this allowed him to feel hostile and continue his old neurotic pattern of life. I reminded him of the dream about the diamond ring. This session became a dramatic turning point of this analysis, which before had begun to appear a stalemate. He became well groomed, and tried to be as pleasant as possible. He started to apply himself to his studies and to organize his daily activities.

In this case the corrective emotional experience was, in a sense, opposite to the one previously described. This patient had an indulgent father to whom his son was the apple of his eye. He supported him freely without reproach, although during his schooling he did not apply himself to his studies. This paternal indulgence created intolerable feelings of guilt in the boy who, as a defense, tried to persuade himself that his father really disliked him.

In the dramatic interview in which he discovered my dislike for him, it suddenly became clear to him that the situation with his father could not be repeated; that it was a unique relationship, and that no one but his indulgent father would love him despite all his provocations. He realized that to be loved he must make himself worthy of love; furthermore, the guilt feelings resulting from his father's goodness diminished with the analyst's open admission of his dislike. At the end of his analysis this patient was very appreciative, presenting the analyst with a photograph of his new self. Years later he called on me. He had become successful and was married happily. Every experienced analyst has had similar experiences. The case is noteworthy because of the dynamics of the patient's remarkable improvement, which was induced not by the usual understanding objective attitude of the analyst, but by an involuntary display of his irritation.

The analyst's reaction was not calculated to be different from that of the patient's father. He simply lost, for a moment, the type of control which we consider so important in psychoanalytic therapy. I do not want to imply that in general this control is not necessary. My point is that the knowledge of the early interpersonal attitudes which contributed to a patient's neurosis can help the analyst to assume intentionally a kind of attitude which is conducive to provoking the kind of emotional experience in the patient which is suited to undo the pathogenic effect of the original parental attitude. Such intensive revelatory emotional experiences give us the clue for those puzzling therapeutic results which are obtained in a considerably shorter time than is usual in psychoanalysis. The important question facing us is whether it is possible in many cases to manage the transference in a way to precipitate such intensive revelatory experiences. At present it is difficult to generalize about how such intensive revelatory experiences can be provoked. One thing is obvious: the corrective emotional experience is possible only after the intrapsychic conflict has been reconverted into an interpersonal relationship in the transference and the introjected parental influences are projected upon the analyst; in other words, when the original neurosis has been transformed into a transference neuro-

sis. This aim is most difficult to achieve in severe compulsion neu-
rotics in whom the original child–parent relationship is complete-
ly incorporated in the personality in a complex intrapsychic con-
flict between the different structural parts of the personality. This
keeps the intensity of the transference on a relatively low level and
the whole therapeutic procedure tends to become over-intellectual-
ized. In such cases, patient, prolonged preliminary work is often
required before the intrapsychic neurotic system is disrupted and
transformed into a neurotic interpersonal relationship.

This whole problem is closely related to the countertransfer-
ence. The proposition made here is that the analyst should attempt
to replace his spontaneous countertransference reactions with atti-
tudes which are consciously planned and adopted according to the
dynamic exigencies of the therapeutic situation. This requires the
analyst's awareness of his spontaneous countertransference reac-
tions, his ability to control them and substitute for them responses
which are conducive to correcting the pathogenic emotional influ-
ences in the patient's past. Occasionally, as in the case of the student,
the spontaneous countertransference reaction of the analyst is ac-
cidentally the desirable attitude, but this is a rare exception. As a
rule spontaneous countertransference reactions of the analyst re-
semble parental attitudes. The analyst, like the parents, is apt to re-
act with positive feelings to the patient's flattery, with helpful atti-
tude and sympathy to the patient's suffering, and with resentment
to the patient's provocative behavior as the parents did. Even if he
does not give overt expression to his countertransference, the pa-
tient may sense it. Since the phenomenon of countertransference
has been recognized, we know that a completely objective attitude
of the analyst exists only in theory no matter how painstakingly he
may try to live up to this requirement. The main point is, however,
that within the framework of the objective atmosphere of the psy-
choanalytic situation, there is sufficient opportunity for replacing
the spontaneous countertransference reactions with well-defined
and designed attitudes which facilitate the patient's own emotional
reorientation. In this connection, it should be considered that the
objective, detached attitude of the psychoanalyst itself is an adopt-

ed, studied attitude and is not a spontaneous reaction to the patient. It is not more difficult for the analyst to create a definite emotional climate, such as consistent permissiveness or a strong-hand, as the patient's dynamic situation requires.

Having presented the corrective emotional experience as the dynamic axis of the treatment, let us turn to the other well-established therapeutic factors and first examine the therapeutic importance of recovered memories.

After Freud abandoned hypnosis, his main interest lay in reconstructing the early emotional development by resolving the "infantile amnesia." When he substituted free association for hypnosis, he tried to induce the patient to recall repressed traumatic memories. At this time all his interest was focused upon tracing the genesis of neurosis and of personality development in general. He had first to understand the natural history of neuroses in order to develop a sensible method of treatment. It was a lucky circumstance that this etiological study of the individual's past history coincided, partially at least, with therapeutic aims. Both required recovery of forgotten memories and this became for a time the main therapeutic device. He came only gradually to realize the therapeutic significance of transference and the importance of the patient's reliving, not merely recalling, his early conflicts. His first impression, however, was so strong that the belief in the primary therapeutic significance of genetic reconstruction was perpetuated.[1]

We know now that the recovery of memories is a sign of improvement rather than its cause. As the ego's capacity to cope with repressed emotions increases through experience in the transference, the patient is able to remember repressed events because of their similar emotional connotations. The ability to remember shows the ego's increased capacity to face certain types of psychological content. This change in the ego is achieved through the emotional experiences of the treatment, although it cannot be denied that remembering and understanding the origin of neurotic patterns have

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[1] The importance of genetic understanding in relation to emotional experience is discussed further on.

a therapeutic influence and help the reintegration of repressed psychological content into the total personality.

The therapeutic evaluation of intellectual insight is probably one of the most difficult problems of the theory of treatment. We used to distinguish three therapeutic factors: abreaction, insight, and working through. *Abreaction* means the free expression of repressed emotions. *Insight* was considered to be effective only when it coincided with emotional abreaction. As Freud expressed it, "An enemy cannot be licked who is not seen." The patient must feel what he understands, otherwise he could be cured by a textbook. *Working through* refers to the repetitive, more and more precise verbalization of all the details of the emotional patterns, including abreaction and insight, during analysis as the ego's defensive measures are gradually reduced. It consists of experiencing and understanding each aspect of the neurosis as it is revealed under treatment and as the patient's resistance to self-expression diminishes.

In evaluating the mutual relation of these three factors in therapy, it is important to realize that often quite definite changes in the emotional pattern can be observed in patients without intellectual formulation by the analyst or patient. The corrective emotional experience in the transference alone may produce lasting therapeutic results. A purely intellectual understanding of the neurosis has seldom much therapeutic effect. On the other hand, intellectual insight based on and combined with emotional experiences stabilizes emotional gains and paves the way for new emotional experiences. The ego's basic function is mastery of impulses through integration. This is the essence of the function we call understanding. Understanding gives the patient a feeling of mastery, and this in turn encourages mobilization of repressed material which before could not be mastered by integration with the rest of the conscious personality. Through insight the ego is prepared to face emerging unconscious material and is not taken by surprise when it actually appears in consciousness. This explains the common observation that the same interpretation which was given repeatedly during treatment and which seemingly has left the patient completely un-

impressed, one day provokes a revelatory emotional response. This happens when the previous, merely intellectual understanding of repressed material becomes combined with emotional experiences of the same material as it emerges from repression. The previous interpretations were, however, not without effect: they paved the way for the emotional experience. Intellectualization by interpretation of content, however, in certain cases must be avoided as much as possible. The substitution of understanding for feeling is one of the principal defenses of the compulsive personality. In such cases the corrective emotional experiences must be achieved without too much intellectual preparation. The patient must experience his basic ambivalence toward the analyst which can be facilitated if the analyst's own spontaneous emotional reactions, which the patient's ambivalence has provoked, are kept under control and are replaced by a well-planned attitude.

It is universally accepted that the central therapeutic issue consists in the mobilization of unconscious material. Only if the ego is actually confronted with those impulses which it could not handle before except by repression, can the patient learn to handle such impulses. The defenses of the ego originally developed under the influence of personal relationships: parental intimidation, overindulgence, guilt, ambivalence, rejection, and unconscious seduction are the most common etiological factors. Intellectual insight into the nature of the ego defenses alone is not sufficient to abolish their influence. The emotional content of the patient–physician relationship, the fact that the therapist's attitude is different from the original parental attitudes, is the major dynamic factor which allows repressed material to become conscious.

In the light of this discussion, certain quantitative factors in therapy—those therapeutic measures by which an optimal level of the transference neurosis may be achieved—can be evaluated.

Experience shows that the transference neurosis develops spontaneously as the result of continued contact with the therapist. The outlook for a prolonged treatment favors the patient's procrastination and disinclination to face the problems from which he escaped into neurosis. The transference neurosis soon loses many of

the unpleasant features of the original neurosis because it is seen to be a necessary part of the treatment, and the conflicts provoked by the regressive tendencies are reduced by the analyst's attitude. This allows the patient to be neurotic during treatment without too much conflict. Reducing the frequency of interviews is one of the simplest means of preventing the transference from becoming too powerful an outlet for the patient's neurosis: by frustration, the dependent strivings become conscious and the patient is compelled to resist them consciously.

Whenever the patient's ego shows signs of need for emotional support, increasing the frequency of interviews may be indicated. In doing so, however, one must be aware that allowing the patient a greater dependent gratification is a tactical concession which the therapist has to make at the moment, but which will increase some time later the task of weaning. It is unwise to generalize, and experience and skill are required to estimate when and how to reduce or increase the frequency of the sessions. In many cases it is advisable to see the patient once, twice or three times a week, instead of daily, to prevent too much dependence.

Reducing the frequency of the interviews is probably the most effective application of the principle of abstinence. It prevents the unnoticed hidden gratification of dependent needs, thus forcing them to become conscious. This principle was most consistently developed by Ferenczi, who pointed out that denying the patient just that satisfaction which he most intensively desires has proven most useful in producing pertinent unconscious material (Ferenczi 1926). According to this principle, the patient's dependence upon the analyst becomes conscious through curtailing its gratification. Were a person fed every half hour, he would never become conscious of feeling hunger. The patient's dependence upon the analyst, gratified by the routine of daily interviews on which the patient can count indefinitely, may never become conscious with sufficient vividness if the sessions are not reduced in some phase of the analysis. Everyone knows the stimulating influence of an unplanned cancellation of an interview upon the production of unconscious material. Vacations which are undertaken in the thera-

pist's and not in the patient's interest may also have such an effect. My point is that we should not leave this important therapeutic tool to chance but use it systematically whenever the patient's analytic situation requires.

Longer interruptions have a somewhat different therapeutic function. In the early twenties Eitingon made experiments with interrupted analyses in the outpatient clinic of the Berlin Psychoanalytic Institute. Since then this device has been systematically tested in the Chicago Institute for Psychoanalysis (Alexander and French 1946b).

Interruptions of shorter or longer duration have the function of increasing the patient's self-confidence. During the interruptions he will have to apply independently in life what he gained during the treatment. The tendency of the neurotic is to avoid renewed attempts to cope with the life situation from which he retreated into fantasy and symptom formation. Interruptions counteract the patient's tendency to postpone indefinitely the solution of his problems. They are one of the strongest weapons against perpetuating the transference neurosis indefinitely. Interruptions must be imposed tentatively, since there is no way of telling exactly when the patient is ready to accept them without relapsing.

One must remember that the patient, while he is being analyzed, continues his ordinary life. It is true that many of his neurotic needs will be gratified in the transference. This as a rule allows the patient to behave less neurotically outside. On the other hand, the therapist must not allow the patient to withdraw his attention from his outside relationships and to escape completely into the therapeutic situation. Originally the patient came to the therapist with current problems. The transference allowed him to relieve the pressure of these current problems by retreating from life into the shadow world of the transference. There must be a constant pressure to keep the patient in contact with his actual problems in life from which he only too readily has withdrawn into the transference. It is not realistic to expect that a patient, who has postponed the solution of his real problems for months or years and withdrawn into the relatively isolated world of transference,

will one day suddenly return a well-adjusted person to the world of reality. While the patient works through his resistances and becomes able to express more and more frankly in the transference his neurotic attitudes, he learns gradually to modify them at first in relation to the analyst and later also in his extra-analytic human relationships. The latter takes place to some degree automatically but the neurotic tendency is to delay the attack upon his actual problems. A steady pressure must be exerted upon the patient to apply every analytical gain to his life outside the analysis. The analytic process cannot be divided into two separate phases: first, one which encourages the development of the transference neurosis and, second, one in which the patient is induced to return with modified attitudes to the solution of his actual problems. The two must take place more or less simultaneously.

Another significance of extratherapeutic experiences was first explicitly emphasized by Edoardo Weiss (1942). The transference cannot always repeat all the neurotic patterns of a patient. Some aspects of his neurosis he will of necessity reenact in his life; moreover, it is often advantageous to relieve too intensive positive or negative emotional attitudes within the transference by taking advantage of corresponding extra-analytic interpersonal relationships. In the Chicago Institute for Psychoanalysis, some of the members of the staff believe that in some cases most of the patient's problems can be worked out by the analysis of the extratherapeutic experiences, and that a real transference neurosis can be avoided. I personally lean toward the view that a well-defined transference neurosis is not only unavoidable but desirable in most cases.

SUMMARY

The need for reevaluation of the psychodynamic factors operative during treatment is emphasized. According to the view presented, the dynamic axis of psychoanalytic therapy is the corrective emotional experience which the patient obtains in the transference. The significant factor is not only that the patient relives his original

conflicts in his relationship with the analyst, which in itself is so different from that of the parents. His reactions should correct the pathogenic effects of the parental attitudes. The objective, understanding attitude of the analyst in itself is so different from that of the parents that this alone necessitates a change in the patient's original attitudes. If the analyst succeeds in reconstructing precisely the original pathogenic parental attitude, he may facilitate the occurrence of intensive corrective emotional experiences by assuming an attitude toward the patient opposite to that of the most relevant pathogenic attitude which prevailed in the past. This does not consist in artificial play acting but in creating an emotional atmosphere which is conductive to undoing the traumatic effects of early family influences. The corrective emotional experience is the most powerful factor in making the patient's original ego defenses unnecessary and thus allowing the mobilization and emergence into consciousness of repressed material. It helps the patient's ego to assume a modified attitude toward hitherto repressed or inhibited impulses. Other important technical measures serve to keep the transference on an optimal level, such as changing the frequency of interviews according to the state of the analysis, correctly timed interruptions, and encouraging the required kind of extra-therapeutic experiences.

Our experience in the Chicago Institute for Psychoanalysis is that with the consistent observance of these principles and technical measures the treatment becomes more effective and economical (Alexander 1946). Although the total duration of the treatment as a rule is not spectacularly shortened, the actual number of interviews can be substantially reduced in the great majority of cases. The principle which is stressed is that of flexibility in preference to routine. Briefness, in so far as the total duration of the treatment is concerned, does not characterize this approach.

Naturally the personality of the analyst and his sex are of great importance for creating the kind of emotional atmosphere and experiences in the transference which are most conducive to reversing the adverse influences in the patient's past. The selection of an

analyst for each patient is an involved problem and requires special consideration.

Reasons are submitted for the urgent need for a careful reexamination of the therapeutic process.

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ALEXANDER'S CORRECTIVE EMOTIONAL EXPERIENCE: AN OBJECTIVIST TURN IN PSYCHOANALYTIC AUTHORITY AND TECHNIQUE

BY STEVEN H. COOPER

INTRODUCTION

Franz Alexander's notorious introduction of the term *corrective emotional experience* carried with it directions to psychoanalysts to explicitly manipulate the transference. In one fell swoop, Alexander proposed a radical revision of the concept of the neutral analyst. The first psychoanalytic candidate at the Berlin Institute and the first person to be named "Professor of Psychoanalysis" in the United States, Alexander aimed to provide a briefer and more efficient form of analytic treatment. Perhaps more than any other writer in the analytic literature, he believed in the analyst's rational and conscious capacities to conquer countertransference obstruction and to "know" in advance what would most facilitate a workable level of transference intensity.

In the light of contemporary developments in psychoanalytic theory, Alexander is seen as a most complex theorist and practitioner. While his work has sometimes been associated with largely nonspecific factors of therapeutic action—especially expressions of support related to growth in the analytic situation—in fact, the corrective emotional experience, as Alexander introduced the

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term, has very little relationship to these characterizations. Instead, Alexander's modified technique grew out of a bid for technical rationality, analytic authority, affect titration, and transference regulation that distinguished it from all other forms of analysis.

Alexander's suggestions for manipulation of transference reflect his extraordinary confidence in the analyst's technical rationality (Hoffman 1991), an unusual degree of epistemological certainty, and revised versions of the concepts of both analytic neutrality and the blank screen. Alexander proposes an expanded role for the analyst as a new object, and recommends a method that aims to manipulate the transference at optimal levels to titrate regression and to accomplish effective but briefer work.

I will suggest that his wishes to shorten analysis were at odds with emerging contributions from British object relations theory and American ego psychology that elaborated elements of the analyst's "newness" without manipulation of transference (Fairbairn 1952; Gill 1979; Kohut 1984; Loewald 1960; Winnicott 1963). It is interesting to consider whether psychoanalysis has developed ways in which the analyst can modify and titrate transference intensity that were influenced by some of Alexander's more extreme and concrete recommendations. I will also explore how his original proposals have been distorted by subsequent generations of analysts who have conflated his *corrective emotional experience* with "being a good object."

One of my first reactions to reading Alexander's (1950) paper "Analysis of the Therapeutic Factors in Psychoanalytic Treatment" was surprise that it had been published in a psychoanalytic journal at all. While there is much in it that I and countless others dispute about the use of manipulation of transference, it is to the credit of *The Psychoanalytic Quarterly* that it appeared in print, proving that there was room in our journals for a provocative critique of our methods of conducting treatment—including the average length of treatment (which was far shorter in 1950 than it is today), and how we analyze transference and defense.

The *Quarterly* seems to have honored Alexander's stated aims in the paper: "This presentation is based on the premise that much

in our therapeutic procedure is still empirical, and that many of the processes which take place in patients during psychoanalysis are not yet fully understood" (p. 1065).[1] Alexander wanted to examine a variety of factors related to therapeutic action, including frequency of sessions and the relative importance of parallel experiences in life—issues that are still worthy of our exploration, especially if we understand this thinking as transitional to that of later theorists.

ALEXANDER'S TECHNICAL AMBITIONS

In large measure, Alexander can be viewed as a practitioner of technical authority, given his conviction that the analyst can determine—and *pre*determine, at that—what is appropriate for any given patient. Quite apart from the dubious wisdom of manipulating the transference at all, Alexander seems to minimize how difficult it is to determine what kind of corrective emotional experience might be useful or required by a particular patient. In fact, in the most detailed case example in this paper, Alexander comes upon his discovery of how to manipulate the transference with his patient by accident—in what we might refer to in contemporary terms as an enactment. He finds himself expressing some irrepressible feelings—what Mitchell (1988) referred to as an *outburst*—which in retrospect he might have avoided had he maintained a different stance and attitude toward his patient. He views this discovery as accidental and regrettable in many ways, preferring instead to focus on our requirements to know in advance the appropriate position that we should occupy—usually one that stands in maximal contrast to the neurotogenic parent's position.

Most schools of analysis have their own views of enactment. Each, in different ways and to varying degrees, suggests that the analyst can learn to find interpretive positions that might shed light on these forms of interaction, rather than establishing techni-

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[1] *Editor's Note:* In this article, page numbers from Alexander 1950 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1950.

cal prescriptions and manipulations in advance that will prevent enactment. Naturally, the classical emphasis on neutrality is partly a way of minimizing the degree to which enactments can become derailing. But—increasingly, in most schools of analytic thought—analytic authority is derived more from the notion of the analyst as a learner than exclusively as a teacher.

An even more profound problem with the paper, and one that seems strikingly outside the realm of any kind of psychoanalytic perspective, is Alexander's failure to take into account the patient's experiential and psychic reality in responding to the analyst's efforts to provide a corrective emotional experience. In other words, Alexander fails to account for the distinct possibility that the patient might not necessarily experience the analyst's targeted, manipulated behavior (explicitly chosen to contrast with the parental behavior) as a corrective emotional experience. Alexander offers very little about tracking the patient's experience or perspective, which I imagine may not have been uncommon during his era; nevertheless, his hypertrophied sense of the analyst's objectivity in constructing a therapeutic stance to contrast with neurotogenic parental behavior might have made him even less likely than others to examine the patient's experience. Without the benefit of much of the contemporary theory related to enactment that we have today, Alexander had very little means to appreciate that his efforts to manipulate the transference for "optimal" intensity might very well unconsciously repeat the patient's experiences with and perceptions of earlier caretakers.

Alexander is no less optimistic, ambitious, or technically rational about manipulating transference intensity through the frequency of sessions—an important subtext of his 1950 paper. He believes that the transference can be modified and titrated by reducing this frequency whenever the transference neurosis becomes too intense. He also believes that it is through the analyst's reduction of the frequency of sessions that hidden gratification of dependent needs can be made conscious. Thus, he agrees with Ferenczi (1988) that frustrating the patient by "denying the patient just that satisfaction which he most intensively desires" (p. 1079) will

produce the most pertinent unconscious material. Again, Alexander positions himself as one who can predetermine the kind of satisfaction the patient most actively desires—as opposed to viewing the discovery and exploration of this desire as itself the project of analysis, something that both patient and analyst learn about over the course of an analytic treatment. He preemptively circumscribes the analytic project, thus ensuring its relative brevity.

Alexander repeatedly makes reference to that group of patients who become pathologically dependent on the analyst. He seems particularly interested in avoiding what Balint (1968) termed *malignant regression,* abetted by his determination of the optimal analytic behavior counterposed to contrast with that of the old object. He seems relatively less aware of the potential for the opposite problem—that of truncating the possibility for useful, adaptive regression and exploration.

It could be that Alexander is referring to a group of patients for whom standard analytic procedure may indeed lead to levels of transference that become unwieldy for both patient and analyst. His approach is not to modify technique according to the goal of supporting the patient's ego functions through ego-supportive measures of clarification, but instead to propose an entirely different form of analytic conduct, one that assumes a kind of postured persona. This presumes both that the analyst can know in advance what this is, *and* that the patient can experience it in the way that Alexander has deemed most useful. He thus minimizes the complexity and diversity of the patient's experience within the analytic framework.

The longest and most complex case illustration in this paper is one that is truly remarkable in the light of much contemporary analytic attention to the inevitability of enactment. Alexander presents the case of a young male college student who had been heavily indulged by his father and who was inhibited in work, slovenly in his dress, and particularly slothful in his work habits. The patient complained that his father had never loved him. The patient "did everything to make himself disagreeable" (p. 1073). He usually arrived unwashed, was often critical, and paid a very low fee.

One day, Alexander spoke to him impatiently, and the patient demanded confirmation of his sense that Alexander disliked him and had expressed impatience with him. Alexander directly acknowledged some of these feelings and suggested to the patient that he wanted to prove that both his father and Alexander disliked him, thereby justifying his hostility and self-destructive behavior. This marked a dramatic change in the patient and the analysis. Alexander argues that "the case is noteworthy because of the dynamics of the patient's remarkable improvement, which was induced not by the usual understanding objective attitude of the analyst, but by an involuntary display of his irritation" (p. 1074). He goes on to say:

> My point is that the knowledge of the early interpersonal attitudes which contributed to a patient's neurosis can help the analyst to assume intentionally a kind of attitude which is conducive to provoking the kind of emotional experience in the patient which is suited to undo the pathogenic effect of the original parental attitude. [p. 1074]

Many contemporary analysts, arguing from various points of view, would regard this example as illustrative of enactment. They would maintain that something about the patient engaged the analyst in a form of role-responsiveness (Sandler 1976) or projective identification in which the analyst acted out a particular type of old object behavior, interpreting the patient's evacuation and enactment of adaptive but uncomfortable mechanisms for regulating depressive affect or self-states; and they would point out that the analyst was able to show the patient the earlier roots of these affects. The patient could allow the analyst's interpretive function to be used as a kind of new object experience. The analyst's behavior was not predicted or known in advance. Yet Alexander suggests that, were he able to do so—in other words, were he able to "replace his spontaneous countertransference reactions with attitudes which are consciously planned and adopted according to the dynamic exigencies of the therapeutic situation" (p. 1075)—an optimal level of transference intensity would guide successful and shorter treatment.

What is so striking is that Alexander, more than any other writer/analyst I have encountered, believes in the value and power of the analyst's ability to be objective and neutral—paradoxically, even through the construction of the corrective emotional experience. He believes that "within the framework of the objective atmosphere of the psychoanalytic situation, there is sufficient opportunity for replacing the spontaneous countertransference reactions with well-defined and designed attitudes which facilitate the patient's own emotional reorientation" (p. 1075). Here Alexander abandons virtually any notion of the countertransference as an intrinsically unconscious phenomenon.

ALEXANDER'S MODEL OF CORRECTIVE EMOTIONAL EXPERIENCE RETOLD: DISENTANGLING IT FROM TRANSFERENCE MANIPULATION

From its inception, the term *corrective emotional experience* became synonymous with Alexander's (1950) manipulation of transference and suggestion. The psychoanalytic climate that approaches corrective experience and insight through interpretation as binaries has indeed changed, yielding to a view—across theoretical models—of each of these factors as contributory to therapeutic action. Jacobs (1990) stated that insight and corrective experience are synergetic forces in treatment, each contributing in essential ways to the therapeutic action of psychoanalysis. Similarly, Kohut (1984) argued for disentangling the concepts of corrective emotional experience from manipulation of transference and brief analysis when he wrote declaratively:

> This, in itself, legitimate concept has been relegated to a position of disrepute because Franz Alexander, who coined the expression, used it in the context of what he considered to be "brief analysis," that is, the replacement of the working through of the transference with the patient's exposure to the analyst's playacting the opposite of the pa-

tient's transference expectations. Regretfully, then, a perfect-
ly serviceable term became tainted by a seemingly irrevo-
cable guilt by association . . . . Still, by whatever name it may
ultimately come to be known, the concept involved—inde-
pendent of the adulterated meaning evoked by the term
because of the circumstances of its origination—is a valu-
able one, and we should not shy away from its legitimate
use. [p. 37]

I find myself sympathetic regarding the content of Kohut's ar-
gument, but, like Wallerstein (1990), I question the value of using
or retaining the actual term *corrective emotional experience* for any
reason or context. The word *corrective* is problematically embed-
ded in a kind of presumptive analytic authority. Moreover, *correc-
tive* is at odds with a view of psychoanalysis as not necessarily re-
moving conflict, but as helping patients to work more successfully
with their conflicts—a view more compatible with my own experi-
ence of successful analytic treatment.

In contrast to the notion of manipulating experience, we have
developed a series of ways of thinking about those elements of in-
terpretation related to the holding aspects of analytic work (e.g.,
Modell 1976; Slochower 1996), which are sometimes associated
with so-called corrective experience and with other, more nonspe-
cific factors in analytic treatment. We have also become more aware
of how interpretation naturally expresses the analyst's participation
as some form of new object (Cooper and Levit 1998; Greenberg
1986; Loewald 1960).

Some contemporary psychoanalysts use the term *corrective emo-
tional experience* to describe naturally occurring elements of ther-
apeutic action, without intending anything related to manipulation
of transference. Gill (1979), in particular, tried to differentiate at
least two components related to the therapeutic effects of the anal-
ysis of transference. He stated:

First, the clarification of the contribution of the analytic
situation to the transference leads to the recognition that
the way the patient has experienced the analytic situation
is idiosyncratic. The patient must then perforce recognize

his own contribution to this experience, that is, the contribution from the past. Second, barring impending countertransference, the examination of the transference inevitably involves an interpersonal experience with the analyst which is more beneficent than the transference experience. *This constitutes a "corrective emotional experience" not sought for as such but an essential byproduct of the work.* [p. 279, italics in original]

So Gill highlighted, like Alexander, that the contrast between the experience of the current analyst's position vis-à-vis the patient's neurosis and accompanying old objects contributes to therapeutic action. Gill differed from Alexander in that, for Gill, this contrast grows out of a natural dimension of the analyst's interaction and participation with the patient in the process of analyzing the transference, rather than following from a carefully constructed stance.

In the literature, the corrective emotional experience has sometimes been equated with gratification. Both Gill and Kohut spoke to such concerns in criticisms of various approaches to the frustration-gratification index in analysis. Kohut emphasized that frustration is as much a manipulation as is gratification of the transference. Similarly, Gill (1994) suggested that some analysts privilege frustration over gratification, and that any intentional intervention that the analyst does not intend to analyze may be seen as a manipulation. Thus, in different ways, Kohut and Gill implied that *corrective emotional experience* had become far more likely to be invoked if it referred to the analyst's manipulation of interpretation in favor of gratification—in contrast to manipulations that were more on the frustration and deprivation side of the frustration-gratification index.

THE CORRECTIVE EMOTIONAL EXPERIENCE, THE BLANK SCREEN CONCEPT, AND NEUTRALITY

What a fascinating turn Alexander takes in the theory of technique, in terms of the blank screen concept! On the one hand, he argues

strongly that there is no such thing as a blank screen. In fact, he maintains that, since analytic functions are not what we do naturally, the analyst should make a rational decision to adopt this technical position. Echoing remarks made in his 1950 paper, he later stated: "The objective detachment of the psychoanalyst is itself an adopted, studied attitude and not a spontaneous reaction to the patient" (Alexander and French 1956, p. 94). Alexander takes the analytic stance a giant step away from the more familiar versions of analytic neutrality and technique by pushing the analyst to adopt the stance most likely to oppose the patient's original experiences that had engendered the neurosis—a technically ambitious proposal, if ever there was one.

In fact, Alexander's proposals for technique are almost completely at odds with the basic premises of interactionism, just as they were with classical technique. His position is remarkably presumptive about the analyst's capacity to "know" the patient's original experience—more so than is espoused, at least theoretically, by nearly any brand of psychoanalysis today. His view is also rather concrete in drawing direct analogies between "original" experiences, how they were encoded, and how they have come to be reported in the present by the patient. He does not take up the durability of transference formations, or how refractory they may be to the analyst's interpretations (see, for example, Bird 1972; Gill 1979). Dimensions of transference related not only to the patient's unconscious experience, or to the patient's allusions to the transference (Gill 1979), are largely absent as well.

Alexander believes that the analyst's neutral position can be defined in strictly behavioral or descriptive terms and wholly through the analyst's intentions. He thinks of the analyst's unique contribution to the formation of transference as an impurity—a view not completely inconsistent with those of his classically oriented colleagues at the time. As Gill (1994) pointed out, Alexander focuses more on how analysts are perceived as individuals, "which is different than saying that they are individuals" (p. 108). This is a remarkably pithy way to summarize the contribution of the analyst's subjective participation as emphasized in much of

contemporary analytic theory. Alexander stands in almost complete contrast to and antipathy toward interpersonal and relational analytic theories in that he conceptualizes interaction as something that can be controlled; he does not see interaction as growing out of spontaneous and inevitable forms of expression and participation between the personalities of analyst and patient within the ritualized asymmetry of the analytic situation.

Regarding neutrality, Alexander indirectly anticipates later developments stemming from diverse areas of psychoanalysis. He regards his neutral stance as something to be determined with each patient, as have some later theorists who have considered neutrality a uniquely developed position in each analytic dyad. For example, Kris's (1990) discussion of functional neutrality emphasized that the analyst adjusts his interpretive position vis-à-vis the patient's harshest forms of self-criticism—a highly variable determination partly dictated by the unique intrapsychic structure of each patient.

Greenberg (1986, 1995) suggested that neutrality is determined through interactive work with each patient–analyst dyad, eschewing static determinations of what is neutral. Instead, Greenberg has focused on fluid tensions and balance related to poles of danger and safety, and oldness and newness in the analytic situation. Although the viewpoints of both Kris and Greenberg are a far cry from the technical prescriptions espoused by Alexander, I view Alexander's notion of corrective emotional experience as anticipatory of many theorists' willingness to consider the unique qualities of each individual patient and his or her capacity to benefit from analytic interpretation.

Mitchell (1997) used Alexander as a trope of sorts for his critique of the classical notion of neutrality. Decrying Alexander's position of manipulating transference as grandiose and contrived, Mitchell suggested that Alexander's view was no more ambitious or oversimplified than the assumption that the analyst's attempts at a neutral stance are achievable. Both positions fail to take into account Gill's emphasis on the analyst's willingness to explore the impact of his or her own participation, rather than the analyst's in-

tended stance being what determines what is "analytic." Along these lines, Gill (1994) critiqued Brenner's (1969) technical suggestions as too oriented toward the frustration end of the frustration-gratification index—instead of the emphasis Gill recommended on the importance of the analyst's analyzing his or her own participation and impact upon the patient.

It is interesting, too, that Alexander was no stranger to the use of frustration in terms of promoting the necessary "optimal intensity" of transference in establishing the corrective emotional experience. His concept of corrective emotional experience is often popularly conceived as usually involving gratification of the transference, when in fact this was not at all the case.

In a sense, both Gill (1994) and Mitchell (1997) suggested that there are aspects of manipulation of transference embedded in a variety of clinical stances. While it is beyond the scope of this paper to consider these in depth, I think it would be interesting to develop a critique of each psychoanalytic theoretical model as having (and maybe even enacting) a mode of unanalyzed transference, a "valorized illusory construct" (Cooper 2007, p. 249). It is perhaps in this valorization that each theory has elements of what might appear to be manipulation from those whose perspective lies outside that particular orientation.

CORRECTIVE EMOTIONAL EXPERIENCE AND THE EXPERIENCE OF NEWNESS IN PSYCHOANALYTIC THEORY

Alexander's notion of corrective emotional experience as defined by transference manipulation constitutes his version of how the analyst functions as a new object. In retrospect, we can speculate that Alexander's notion of manipulation of the transference in providing a corrective emotional experience was a kind of concrete, literal, and simplistic variant of a developing thread in psychoanalytic theory related to many ways in which the analyst functions as a new object, explicated especially by Loewald (1960), Winnicott

(1963), Blum (1986), Gill (1982), Greenberg (1986), Cooper and Levit (1998), and Cooper (2004).

The new object concept was elaborated by Strachey (1934) to describe how the analyst becomes an auxiliary superego to the patient through the interpretive detoxification of troublesome and harsh self-assessments. Loewald's (1960) descriptions of the analyst's new object function emphasized that the analyst's primary newness derived from the opportunity for rediscovering the early pathways and patterns of object relations, leading to "a new way of relating to objects and of being oneself" (p. 132). Newness includes the analyst's vision of the patient's future, according to Loewald, since he suggested that each interpretation takes a patient one step into a regression and simultaneously into a new psychic possibility. In discussing Loewald's emphasis on the analyst as a consistently new, more mature object, Blum (1986) spoke of the analyst as a real new object rather than the object of transference, noting that this should be considered one of the factors in therapeutic change.

Loewald's descriptions of the analyst as a new object had the effect of legitimizing the new object function as an intrinsic analytic function and an accompaniment to therapeutic action. Unlike Alexander's of ten years earlier, Loewald's discussion of the analyst's newness did not involve any explicit change in stance or manipulation. At the same time, Loewald's eloquent description of therapeutic action did not explicitly address matters of technique. Nor did Loewald address the central matter of importance for Alexander (1950)—namely, "the question [of] how to keep the analysis on a transference level of optimal intensity, particularly how to avoid a too intensive dependent relationship resulting in an interminable analysis" (p. 1068). It is this concern that leads Alexander to reconsider the more quantitative aspects of psychoanalytic treatment. Thus, he tries to prescribe technique at almost a descriptive level for a special clinical problem: the overly dependent patient and the amount of time devoted to a single analysis.

In rereading this article, I found it at times difficult to determine which idea was the more heretical for psychoanalysts of Al-

exander's time: the manipulation of transference, or that the duration of analysis could be reduced—given that this was a period when ego psychology was promoting increased attention to defense analysis and (to some extent, understandably) increasingly long analyses.

Winnicott (1963), too, put forward a sophisticated view of corrective experience, integrating the analyst's newness in a way that, while different from Loewald's, also avoided the issue of manipulation. Winnicott suggested that the analyst's failures in understanding challenge the patient's psychic sense of omnipotent control and yield to new capacities to appraise externality in the object world. In contrast, Alexander seeks to redress these experiential failures by nipping them in the bud in order to prevent overly regressive experiences and lengthy periods of analysis.

The concept of the new object has been a focus for many contemporary theorists who understand that both the technical and nontechnical, personal quality of their interventions will be experienced as interpersonally influential and sometimes new. Greenberg (1986) suggested that the analyst's attention to relative degrees of safety and danger in the patient's transferential experience contributes to the relative success of any analysis. Greenberg was not suggesting a manipulation of transference; he was instead trying to draw attention to the fact that most analysts know that clinical choices related to interpretive activity levels are often influenced by a knowledge of the degree to which a patient experiences "too much" repetition that is painful.

Numerous analysts within the relational tradition (e.g., Aron 1991; Bromberg 1991) have pointed to ways that elements of the analyst's subjectivity are revealed implicitly and explicitly through the analyst's interpretive direction, and sometimes these elements enter into the patient's experiences of the analyst as a new object. A coauthor and I have suggested that, by being aware of Fairbairn's (1952) understanding of the attachment to old objects that is threatened by the newness of the analyst, we can understand additional levels of complexity about how the analyst determines degrees of danger and safety for any particular patient (Cooper

and Levit 1998). We argued that some of the ways in which the analyst is experienced as "new" relate to how the analyst helps the patient to become aware of attachment to the analyst that is based on old object experiences—sometimes the very old object experiences that Alexander worries are too destructive to be analyzed.

I have also addressed the propensity for psychoanalytic theorists to associate the analyst's newness with being "good" (Cooper 2004). I suggested that the analyst is often necessarily a new *bad* object—or at least "bad enough" in ways that are essential to working through conflict. Similarly, Gill (1994) raised concerns about Freud's use of the term *unobjectionable transference,* which he suggested referred to Freud's own use of manipulation. (We should note here that Gill used the term *manipulation* to refer to the decision not to analyze something, but instead to view it as realistic and thus unnecessary to analyze.)

ALEXANDER'S IMPACT ON CONTEMPORARY PSYCHOANALYSIS

It is interesting to consider whether Alexander's more concrete and explicit manipulation of the analyst's distinctness from the old object parents was symptomatic of a failure on the part of psychoanalysis to sufficiently recognize the degree to which elements of the analyst's newness are vital, intrinsic aspects of therapeutic action. Ironically enough, within ten years after the publication of Alexander's paper on the corrective emotional experience, many analysts had begun to more fully appreciate this dimension of analytic practice.

In introducing the term *corrective emotional experience*, Alexander was partly exploring ideas about the role of the analyst in the therapeutic action of psychoanalysis (see also Alexander and French [1956, p. 66]). In describing a depressed analytic patient, he refers to the analyst's assuming a role different from that of the parent. Most analysts agree that analytic conduct does involve assuming a different role than that of the parent, but contend that this distinction is achieved through the usual efforts of examining defense

and transference (e.g., Cooper 1989; Loewald 1960). In contrast, Alexander's use of the maintenance of transference at an "optimal intensity" or "optimal level" essentially implies that standard technique is insufficient in some cases.

In considering the concept of optimal intensity of the transference, it is interesting to note that many analysts modify technique in relation to the intensity of the patient's experience of transference phenomena. For example, they may be apt to offer clarification when a patient develops very harsh, self-critical stances or a negative and paranoid-laden transference, a psychotic transference, or a quasi-psychotic erotic transference. Sometimes consultations are sought in the regressive circumstances that Alexander warns about. Some analysts question whether patients prone to such transference intensity should undergo analysis at all. Alexander's positivistic and ambitious effort in manipulating the transference seeks to address these possible negative developments by nipping them in the bud through a particular kind of analytic behavior that he sees as most likely to titrate the level of transference intensity.

CONCLUSION

I view Alexander's notion of corrective emotional experience as a concrete and overly simplistic solution to the problem of malignant transference intensity in the conduct of analytic work. In one sense, though, his suggestions anticipate many subsequent theorists' willingness to consider the unique qualities of each patient and analyst dyad, as well as patients' capacities to benefit from the use of standard analytic technique. It is ironic that most of the now generally accepted, nonspecific factors in therapeutic action—such as holding, internalization, and willingness on the part of the analyst to modify technique—are at complete odds with Alexander's original use of the term *corrective emotional experience.* What has been more or less discarded from his ambitious effort to modify psychoanalytic technique is the emphasis on the analyst's authority and capacities as a rational tactician; and, at this point in the

development of psychoanalysis, I see little value in retaining the term.

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COMMENTARY ON FRANZ ALEXANDER'S "ANALYSIS OF THE THERAPEUTIC FACTORS IN PSYCHOANALYTIC TREATMENT"

BY ROBERT MICHELS

– I –

Franz Alexander was born in Budapest in 1891. He was the first student of the Berlin Institute for Psychoanalysis, where he was analyzed by Hanns Sachs and later became an assistant in 1921. In 1930, he moved to Chicago, where he was Director of the Chicago Psychoanalytic Institute for twenty-five years. He was prominent in psychoanalytic education (he occupied the first University Chair in Psychoanalysis, and believed that separate psychoanalytic institutes were necessary only until universities would embrace psychoanalysis). He is also known for his desire to put psychoanalysis on a firm scientific basis, and for his early advocacy of systematic research in psychosomatic medicine and in technical modifications of "standard" psychoanalytic psychotherapy. "Analysis of the Therapeutic Factors in Psychoanalytic Treatment," published in 1950 and largely summarizing work reported in his book with Thomas French (1946), reports some of Alexander's most important contributions to psychoanalytic—or perhaps psychotherapeutic (he did not find the distinction useful)—technique.

Alexander and French made clear that they saw "no essential difference" between psychoanalysis and psychotherapy (1946, p. vii),

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and that "few cases, if any, require strict adherence to the standard technique" (p. x). They believed that psychoanalysis is "best suited to severe chronic cases of psychoneurosis and character disturbance, but even in such cases the therapy will become more efficacious if the procedure is modified to conform to the varying needs of the individual patient" (p. 5). They saw their work as "a continuation and realization of ideas first proposed by Ferenczi and Rank" (p. 23), who held that "emotional experience should replace the search for memories and intellectual reconstruction" (p. 23).

– II –

Regardless of one's view on the relationship between psychoanalysis and psychotherapy, it is clear that Freud's early efforts in treatment were psychotherapy rather than psychoanalysis. They were brief (lasting less than a year), designed to relieve symptoms for patients seen as suffering from symptoms, and were oblivious to character pathology. He focused on abreaction and the recovery of repressed memories, and at first did not recognize transference and resistance. It was several decades into the twentieth century before psychoanalysis as we know it today emerged—longer, focused on character rather than symptom, and analyzing transference and resistance as a primary method of treatment, rather than attempting to penetrate resistances only to reach repressed material.

However, this new notion of psychoanalysis brought with it new problems. The treatment was too long and too expensive for many patients. Further, its endpoint was no longer clear. One knew whether a treatment aimed at symptoms was effective, but what about a treatment aimed at character? Without an endpoint, how could the results be assessed and the method improved? Analysts responded with a number of reactions—attempts to develop process goals that could replace the treatment goal of symptom relief, attempts to select core dynamic features for therapeutic focus in order to shorten the treatment, and attempts to manipulate the transference in order to speed up the process.

Alexander was a pioneer in these developments. He wanted to use the methods of science—multiple analysts pooling their clinical experience and testing experimental manipulations of the treatment —in order to improve effectiveness, decrease cost, and avoid some of the undesirable side effects of the new, longer psychoanalysis.

– III –

Today every psychoanalyst knows that Alexander introduced the concept of *corrective emotional experience*—and that somehow he was fundamentally wrong. He is often seen as advocating manipulation or deception on the part of the analyst, and as adapting an inauthentic stance designed to counter the effect of the patient's pathogenic developmental experiences, based upon a simplified theory of pathogenesis in which parental attitudes are the critical determinants of neurosis.

It is interesting to go back half a century and review what he *actually* said (as opposed to "what every analyst knows") about the concept of corrective emotional experience, the context in which he said it, the other things he said along with it, and his own concerns about his views at that time. It is particularly interesting to consider the fate of these ideas in the intervening years—those that provoked a strong negative response from the analytic establishment, and others that have had growing influence, although they are seldom associated with his name.

Alexander stakes out his position in his opening sentence. New psychoanalytic knowledge, he asserts, including new psychoanalytic theory, should be based on clinical observation, adding that new theory can lead to new technique. He focuses his attention on five issues regarding the therapeutic procedure: insight, emotion, transference, life experiences outside of analysis, and the treatment frame. He outlines the then-standard view of the mechanism of treatment: that emotional insights are acquired in the transference relationship to a new object—an object who interprets drives and defenses while maintaining a correct analytic attitude, which lead to changes in the ego by a process of gradual learning through

practice. In order for this to go well, the transference must be nei-
ther too weak (or the analysis will become an intellectual exercise)
nor too strong (or an interminable analysis will develop).

But what is this "correct analytic attitude"? Alexander offers
familiar suggestions to the analyst: that he or she should analyze
"without any resentment" (p. 1067),[1] "without judging and evalu-
ating" (p. 1067), "without emotional response or retaliation" (p.
1069), and be "more tolerant and sympathetic" (p. 1069) and "ob-
jective and understanding" (p. 1070). So far so good, but Alexan-
der wants to go further—"can its effectiveness still be increased and
the length of treatment reduced?" (p. 1070).

For Alexander, although the standard analytic attitude itself
provides a corrective emotional experience for many patients, a
more specific attitude, designed with the patient's family history and
individual dynamics in mind, offers even more corrective oppor-
tunity and might be essential for some. However, there are assump-
tions—and potential problems—embedded in this notion: first, a
theory of etiology based on an original, intrafamilial pathogenic
emotional experience; second, a theory of treatment based on a
corrective reexperience; third, an omniscient analyst who quick-
ly learns what the patient's problem is and what behavior on the
analyst's part would help to correct it; fourth, that the analyst can
modify his or her behavior accordingly; and fifth, that the desired
impact will result without problems created by the implied manip-
ulative role playing.

Alexander is confident and unquestioning about the first four
of these—his theories of etiology and treatment, his ability to per-
ceive the patient's dynamics and genetics, and to shape his re-
sponses. He is concerned about the fifth—the problem of role
playing, so frequently seen as the basic flaw in his position. He
claims more than once that the analyst can employ this approach
"without any artificial play acting" (p. 1070). Nevertheless, Alexan-
der's analyst faces a dilemma—how to maintain spontaneity and

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[1] *Editor's Note:* In this article, page numbers from Alexander 1950 refer to
the numbering in the republication in this issue, not to the original *Quarterly* pub-
lication of 1950.

authenticity without a planned attitude or a carefully designed therapeutic stance, which is hard to differentiate from playacting. Actually, Alexander points out, the analyst's spontaneity may be worse for the patient than neutrality: "As a rule, spontaneous countertransference reactions of the analyst resemble parental attitudes" (p. 1075).

This perspective on treatment naturally leads to a consideration of the determinants of the analyst's behavior. First is the basic analytic attitude acquired in training, supported by theory and refined in supervision. Second is any theory-based, intentional, specifically planned modification of it, such as Alexander's corrective emotional experience, and, finally, the analyst's countertransference. In a passage that anticipates extensive discussion in recent years, Alexander dismisses as a myth the possibility of an analyst who simply acts "naturally" and "spontaneously" without being influenced by what he or she believes may have a desirable impact on the patient: "The objective, detached attitude of the psychoanalyst itself [that is, the basic attitude] is an adopted, studied attitude and is not a spontaneous reaction to the patient" (pp. 1075-1076).

In other words, the corrective emotional experience model does not propose that we replace spontaneous authenticity with a calculated role, but rather that our inevitably calculated role be carefully designed with the patient's specific therapeutic needs in mind, and not simply a "one-size-fits-all" approach. What about the omnipresent unreflective enactments of countertransference responses? Alexander believes that the analyst should usually strive to control these and, as discussed above, to reverse them.

– IV –

Alexander offers two case examples. In the first, he states his belief that the treatment is facilitated by his intentional exaggeration of a common psychotherapeutic stance—one that is "consistently tolerant and definitely encouraging," shows "admiration of certain of the patient's qualities," and is "openly encouraging" (p. 1071)—all behaviors that he views as the reverse of this patient's "overbearing,

tyrannical father" (p. 1071). One wonders to what extent he is here counteracting his view of the patient's pathogenic parent, and to what extent he is counteracting his view of overly rigid and potentially pathological standard analytic technique. In any event, the results are positive. According to his strictly empirical creed, Alexander believes that the results validate the value of intentionally adopting a stance opposite to that of the pathogenic parent—although in this case, this amounted to little more than an emphasis on a supportive psychotherapeutic approach.

The second case is more unusual, and although he does not comment on this aspect, in some ways it seems to contradict Alexander's own theory. With this patient, he does not consciously adopt a corrective attitude; rather, the patient provokes him, and when Alexander responds with countertransference irritation, his attempt to control this irritation fails. He spontaneously erupts: "One day I spoke to him somewhat impatiently," and then he elaborates, "I realized that I had better admit my dislike of him" (p. 1073).

This session marks a dramatic turning point in the analysis. An unplanned countertransference enactment and its subsequent exploration prove more therapeutic than the previously conscious attempt to control it and to substitute a standard, understanding (but inauthentic) analytic stance. In contrast to what Alexander proposes should happen in his corrective emotional experience model, in this case, his planned behavior was not corrective, and his corrective behavior was not planned. Alexander interprets this as the result of the analyst's unplanned, "accidentally" corrective role. An alternative explanation, however, might identify the critical therapeutic element as the fact that he explored and analyzed his enactment when it occurred in the therapy, rather than either simply enacting it or suppressing it.

– V –

Alexander was a pioneer in several respects. Perhaps the most important of these was his conviction that psychoanalysis can advance

by groups of analysts working together, pooling their experience, and studying large numbers of patients (his book co-written with French was based on more than 500 patients [1946, p. iii]). He recognized that there was no such thing as an objective neutral stance of the analyst, and although he had a positivist understanding of psychoanalytic data, he recognized that the analyst's stance and behavior had an inevitable and powerful influence on process and outcome. He experimented with intentional control of that stance, and in the course of doing so stumbled on the potentially therapeutic value of carefully analyzed countertransference enactments, a subject that has received greater attention in subsequent years, and the importance of which he himself may have failed to recognize.

The last third of Alexander's paper moves beyond the concept of the corrective emotional experience. Consistent with his emphasis on emotional experience rather than insight alone as the primary mechanism of therapeutic action, he argues that the recovery of memories is a sign of improvement rather than its cause. His concern with preventing an intense dependent transference, which he views as too gratifying to be analyzable, leads him to experiment with reducing the frequency of sessions ("the most effective application of the principle of abstinence," p. 1079). Finally, he deals with the patient's extra-analytic experience: "A steady pressure must be exerted upon the patient to apply every analytical gain to his life outside the analysis" (p. 1081). This is the corollary to a reduction in the frequency of sessions—that is, the patient's attempt to flee from life problems to transference gratifications must be blocked, just as his or her entry into the real world must be encouraged—for analytic exploration alone is not sufficient.

– VI –

Wallerstein (1990, 1995) reviewed the psychoanalytic community's responses to Alexander's concept of the corrective emotional experience and concluded that "affective relationship factors as aspects of analytic understanding and work . . . are not revivals of Alexander's original conceptualization . . . and 'reconsideration' of

its place in the psychoanalytic scheme of things is neither entailed nor useful" (1990, p. 289). Wallerstein cited Rangell, Gill, Stone, Bibring, and Eissler in adding that the corrective emotional experience strategy may be effective, desirable, justifiable, indicated, and therapeutic, but that it is not "psychoanalytic" (although Wallerstein adds, echoing Alexander, that the boundaries between psychoanalysis and psychotherapy are neither clear nor fixed, and that neither is more honorable or more effective than the other). This seems a strange verdict—i.e., that the treatment strategy is acceptable for the pragmatic clinician as long as it is not called psychoanalysis, although the pragmatic clinician doesn't care what the treatment is called, but only whether it is effective.

In the light of all this, how do we view Alexander today?

He was a pioneer in arguing that psychoanalysis should be an empirical clinical science based upon outcome research. If the details of his technical suggestions have not been confirmed by the experience of other analysts, and if their undesirable side effects have become more apparent, they have nevertheless provided an opportunity to confirm his more fundamental belief: that clinical data make a difference, should be studied, and should influence clinical practice. His belief that emotional relational factors are equally as important as cognitive insight and recovered memory —or more so—is now widely accepted. I believe that his blurring of the distinction between psychoanalysis and psychotherapy follows from this, and that it describes the actual clinical behavior, if not the public assertions, of many analysts.

Alexander's insight that analysts are always adopting a role, and that any rigorously held, officially prescribed "correct" role leads to trouble, is also widely accepted. He felt that he was advocating a broad array of potential corrective stances from which the flexible analyst might select the one best suited for the patient, rather than always adopting the single, fixed, rigid, "standard" stance preferred by his peers. His clinical observation that a countertransference enactment, analyzed and understood, may have great clinical value has been repeated and confirmed.

But what about the famous corrective emotional experience? If the patient does not have *some* emotional experience, little of importance will happen in an analysis. The analyst must participate in that experience, and that participation, inevitably, will reflect the analyst's view of what an analyst should do, as well as the analyst's responses to this particular patient and to countertransferential enactments. Analysts today are less certain about their dynamic and genetic formulations than they were in Alexander's day, less certain of the critical pathogenic factors in their patient's past, and more wary of adopting the authoritarian (and unanalytic) position that he advised, but they do shape their behavior toward patients both consciously and unconsciously, and they try to do so in ways that they believe will be helpful.

On the other hand, analysts today are much more aware of the importance of the process of analysis, rather than focusing too closely on the discovery of unconscious themes, and are more interested in exploring and analyzing their own spontaneous behavior, in addition to that of the patient, than they are in selecting the correct role for the analyst. In many ways, it is the commitment to explore and analyze all analytic interactions that has become the hallmark of psychoanalysis today, rather than specific themes in the patient's dynamics, the recovery of lost memories, or even the analysis of the patient's transference.

Why, then, is it still considered an attack to say that an analyst is following in Alexander's footsteps? Alexander challenged orthodoxy in an era when orthodoxy was overvalued, and the result has been that his core ideas have been accepted only after reformulation by others, while his failed experiments have been linked to his name forever. The journey of a thousand miles begins with a single step, often a false one—but it should still be possible to honor the person who had the vision to take that step.

Alexander and French (1946) introduce their volume with a quotation from Isaac Newton: "A man must either resolve to put out nothing new, or to become a slave to defend it."

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INTERNALIZATION, SEPARATION, MOURNING, AND THE SUPEREGO

BY HANS W. LOEWALD

In this paper I shall speak of the superego as a product of internalization, and of internalization in its relations to separation, loss, and mourning. A brief consideration of some aspects of the termination of an analysis will be presented in this context. I shall describe some of the differences and similarities between ego identifications and superego identifications and shall introduce the concept of degrees of internalization, suggesting that the introjects constituting the superego are more on the periphery of the ego system but are capable of mobility within this system and may thus merge into the ego proper and lose their superego character. The proposition will be presented that the superego, an enduring structure whose elements may change, has important relations to the internal representation of the temporal mode future.

As an introduction to the subject it may be useful to recall that for Freud the superego is the heir of the Oedipus complex. Introjections and identifications preceding the oedipal phase and preparing the way for its development go into the formation of the ego proper. The origins of the superego are to be found also, accord-

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ing to Freud, in those early identifications which he calls immediate and direct and which are not the outcome of relinquished object cathexes. But the identifications which constitute the superego proper are the outcome of a relinquishment of oedipal objects: they are relinquished as external objects, even as fantasy objects, and are set up in the ego, by which process they become internal objects cathected by the id,—a narcissistic cathexis. This is a process of desexualization in which an internal relationship is substituted for an external one.

Thus we can distinguish two types or stages of identification: those that precede, and are the basis for, object cathexes and those that are the outcome of object cathexes formed in the oedipal phase. The latter constitute the precipitate in the ego which Freud calls the superego; the former constitute the forerunners, the origins of the superego but are, considered in themselves, constituent elements of the ego proper. I think it is correct to say that the early ("ego-") identifications take place during stages of development when inside and outside—ego and objects—are not clearly differentiated, which is to say that the stage where "objects" can be "cathected" is not yet reached or that a temporary regression from this stage has taken place. The later type of identifications, the superego identifications, on the other hand, are identifications with differentiated objects of libidinal and aggressive cathexis,—objects which themselves cathect in such ways. The later identifications thus can be based on the relinquishment of these objects. In actuality, of course, there is a continuum of stages between these two types and much overlapping and intermingling of them.

I

The relinquishment of external objects and their internalization involves a process of separation, of loss and restitution in many ways similar to mourning. During analysis, problems of separation and mourning come to the fore in a specific way at times of interruption and most particularly in the terminal phases of treatment. In fact, the end-phase of an analysis may be described as a long-

drawn-out leave-taking—too long-drawn-out, it often seems, from the point of view of ordinary life. In everyday life, many of us tend to cut short a farewell, perhaps in order to diminish the embarrassment, the ambiguity, and pain, even though we may be torn between the grief of separation and the eager anticipation of the future awaiting us. Others seem to wish to prolong the farewell; yet it is not the farewell they want to prolong but the presence of the beloved person so as to postpone the leave-taking as long as possible. In both cases an attempt is made to deny loss: either we try to deny that the other person still exists or did exist, or we try to deny that we have to leave the beloved person and must venture out on our own. Either the past or the future is denied. At the death of a beloved person, either form of denial may occur internally as there is no possibility of realizing the denial by external action with the other person. In true mourning, the loss of the beloved person is perhaps temporarily denied but gradually is accepted and worked out by way of a complex inner process.

Analysis is not and should not be like ordinary life although it is a replica of it in certain essential features while it is fundamentally different in other respects. Compared with everyday life, the leave-taking of the end-phase of analysis is too long-drawn-out; compared with the leave-taking involved in the resolution of the Oedipus complex, the terminal phase of an analysis is likely to be a considerably shortened and condensed leave-taking. One of the differences between analysis and ordinary life is that experiences purposefully and often painfully made explicit in analysis usually remain implicit in ordinary life; they are lifted onto a level and quality of awareness which they do not usually possess in ordinary life. To gain such awareness, inner distance and perspective are needed, and to acquire them time is needed which is not often available or used in such ways in the urgency of immediate life experiences.

If the experience of parting, of ending the relationship with another person (here the analyst) is felt explicitly, consciously, and in the hypercathected mode that is characteristic of analysis and is promoted by the analytic interpretation, then neither the existence of the person from whom we part nor the anticipated life without

him can be denied. In the explicit experience of parting, the person from whom we take leave is becoming part of the past, and at the same time we move into the future which is to be without him. Neither past nor future are denied but are recognized and taken hold of in the present. The extended leave-taking of the end-phase of analysis is a replica of the process of mourning. The analyst who during the analysis has stood at times for mother, father, and other loved and hated figures of the patient's past is to be left. The internal relationships the patient had established with these loved and hated figures of the past have become partially external again during analysis. The internalizations by which the patient's character structure became established in earlier years have been partially undone in the analytic process and have been replaced by relationships with an external object—the analyst standing for various objects at different times. In other words, internalizations have been, to a degree, reversed; internal relationships constituting elements of the ego structure have been reexternalized.

Analysis, understood as the working out of the transference neurosis, changes the inner relationships which had constituted the patient's character by promoting the partial externalization of these internal relationships, thus making them available for recognition, exploration, and reintegration. By partial externalization, psychic structures in their inner organization are projected onto a plane of reality where they become three-dimensional, as it were. However, the analyst, as was the case with the original parental figures, is only a temporary external object in important respects. The relationship with the analyst, like that with parental figures in earlier ego development, has to become partially internalized—a process which to varying degrees goes on during all but the initial stages of analysis, but which is to come to its fruition and more definitive realization during the terminal phase. The pressure of the impending separation helps to accelerate this renewed internalization, although the process of internalization will continue and come to relative completion only after termination of the analysis.

The death of a love object, or the more or less permanent separation from a love object, is the occasion for mourning and for

internalization. The unconscious and conscious experiences of threats to one's own existence as an individual, heightened by the increasing awareness of one's own eventual death, is, I believe, intimately connected with the phenomenon of internalization. It seems significant that with the advent of Christianity, initiating the greatest intensification of internalization in Western civilization, the death of God as incarnated in Christ moves into the center of religious experience. Christ is not only the ultimate love object which the believer loses as an external object and regains by identification with Him as an ego ideal, He is, in His passion and sacrificial death, the exemplification of complete internalization and sublimation of all earthly relationships and needs. But to pursue these thoughts would lead us far afield into unexplored psychological country.

Loss of a love object does not necessarily lead to mourning and internalization. The object lost by separation or death may not be mourned, but either the existence or the loss of the object may be denied. Such denial is the opposite of mourning. Instead of internalizing the relationship, external substitutions may be sought. One patient, for instance, used all available figures in the environment as substitutes for the lost parents, clinging forever to relatives and friends of his parents and from his own childhood, appealing to them, often successfully, for care and love. But he was unable to establish lasting new relationships and lasting and effective sublimations; his capacity for productive work was severely limited; his superego development was rudimentary. Both the ability to form lasting new external relationships and the capacity for stable sublimations appear to be based on, among other things, firmly established internalizations.

Another patient appeared to be the victim of his father's denial of the death of the father's beloved brother. The patient became the substitute for the brother and the father now clung to him with all the force of this never-relinquished attachment. The patient had great difficulty in emancipating himself from his father because of the guilt involved in severing this tie. Of course this was only one aspect of the patient's neurotic attachment to his father.

For many complex reasons, a third patient denied the existence of his sister with whom he had had an early overt sexual relationship. This sister, now married, remained strongly attached to the patient while he denied the early relationship as well as any present feeling for her by complete condemnation of her and refusing to have anything to do with her. In the analysis he kept "forgetting" her existence, as well as the significance of the childhood relationship in his current life, despite its prominent evidence. For this patient the process of mourning was something to be avoided; for instance, even a temporary separation had to be abrupt and he would not let friends or relatives accompany him to the station if he were going away on a trip. When we began to think of termination of the analysis, he had a strong impulse to terminate practically from one day to the next, and insisted that after the analysis we would never meet again.

An analysis is itself a prime example of seeking a substitute for the lost love objects, and the analyst in the transference promotes such substitution. The goal, however, is to resolve the transference neurosis, a revival of the infantile neurosis. The failure to resolve the Oedipus complex can be understood as a failure to achieve stable internalizations based on true relinquishment of the infantile incestuous object relations, leading to faulty superego formation. The resolution of the transference neurosis is thus intimately related to the achievement of true mourning by which relationships with external objects are set up in the ego system as internal relationships in a process of further ego differentiation. This is the reason why it is so important to work through the separation involved in the termination of analysis.

Ideally termination should culminate in or lead into a genuine relinquishment of the external object (the analyst) as an incestuous love object and, in the transformation of the external relationship, into an internal relationship within the ego-superego system. Such internalization does not necessarily imply that a relationship, once it becomes internal, cannot further develop as an internal relationship. To avoid misunderstanding I should like to stress again that a sharp distinction must be maintained between a relationship

to fantasy objects and an internal relationship that is a constituent of ego structure.

II

It is time to consider more closely the problem of internalization and its relation to separation and mourning. I use the term "internalization" here as a general term for certain processes of transformation by which relationships and interactions between the individual psychic apparatus and its environment are changed into inner relationships and interactions within the psychic apparatus. Thus an inner world is constituted and it in turn entertains relationships and interactions with the outer world. The term "internalization" therefore covers such "mechanisms" as incorporation, introjection, and identification, or those referred to by the terms "internal object" and "internalized object," as well as such "vicissitudes of instincts" as the "turning inward" of libidinal and aggressive drives. The word "incorporation" most often seems to emphasize zonal, particularly oral, aspects of internalization processes. "Introjection" ordinarily is used for ego aspects of the same processes. "Identification" probably is the term that is most ambiguous. There are reasons to assume that internalization per se is only one element of at least certain kinds of identification and that projection plays an important part in them. The term "identification," in accordance with general psychoanalytic parlance, is used here in a somewhat loose fashion so as not to prejudge what might be implied in the concept.

The significance of separation has been of concern to psychoanalysis since its beginnings, and in many different contexts and ramifications. To name some at random: separation anxiety, castration fear, birth trauma, loss of the love object, loss of love, the implications of the oedipal situation (relinquishment of the libidinal object, incest barrier), mourning, depression, ego boundaries and early ego development (detachment from the environment), superego origins, oral aggression, frustration, and others beside. If one asks how human beings deal with the anxieties and frustrations

of separation and loss, the answer may be either by external action designed to reduce or abolish the sense of separation and loss, or by an internal process meant to achieve the same end. Yet separation may be experienced not as deprivation and loss but as liberation and a sign of mastery. Separation from a love-hate object may be brought about by oneself in an attempt to effect emancipation from such objects, or it may be facilitated by others, even the love objects themselves; if it is not facilitated, or if it is prevented by others, the lack of separation may be experienced as deprivation. However it seems that emancipation as a process of separation from external objects—to be distinguished from rebellion which maintains the external relationship—goes hand in hand with the work of internalization which reduces or abolishes the sense of external deprivation and loss. Whether separation from a love object is experienced as deprivation and loss or as emancipation and mastery will depend, in part, on the achievement of the work of internalization. Speaking in terms of affect, the road leads from depression through mourning to elation.

In the event of aggression and overwhelming intrusion and invasion from the outside, the need for separation may become imperative. Such a need may be satisfied by removal of the aggressor or of oneself. On the other hand, under such circumstances the need for union may become imperative ("identification with the aggressor"); through such union aggression is removed by a different means. As we explore these various modes of separation and union, it becomes more and more apparent that the ambivalence of love-hate and of aggression-submission (sadism-masochism) enters into all of them and that neither separation nor union can ever be entirely unambivalent. The deepest root of the ambivalence that appears to pervade all relationships, external as well as internal, seems to be the polarity inherent in individual existence of individuation and "primary narcissistic" union—a polarity which Freud attempted to conceptualize by various approaches but which he recognized and insisted upon from beginning to end by his dualistic conception of instincts, of human nature, and of life itself.

The relinquishment of the oedipal love objects and the concomitant identifications are generally seen as being enforced by

these very objects (castration threat, threat of loss of love, incest taboo). But if this development be a necessary evil, it is the kind of evil that is turned into a virtue in the course of human evolution. It is an example of the "change of function" which led Hartmann to the concept of the secondary autonomy of the ego.[1] As pointed out before, separation from love objects, while in one sense something to be overcome and undone through internalization, is, in so far as it means individuation and emancipation, a positive achievement brought about by the relinquishment and internalization of the love objects. The change of function taking place here is that a means of defense against the pain and anxiety of separation and loss becomes a goal in itself.

But can we be satisfied with the description of these internalizations as originating in defensive needs even though we grant that they are important elements in oedipal identifications? The oedipal identifications, constituting the elements of the superego, are new versions—promoted by new experiences of deprivation and loss—of identifications which precede the oedipal situation. The narcissistic cathexis, replacing object cathexis in internalization, is secondary and is founded on an older, "primary" narcissism of which it is a new version. The same appears to hold true not only for the libidinal but for the aggressive aspects of oedipal identifications. If we accept Freud's views on primary aggression, behind aggression turned inward, as manifested in phenomena of guilt and masochism, lies what Freud called "primary masochism" which, in terms of the aggressive drives, corresponds to primary narcissism. Without going into further details here, the conception is that in ontogenetic development a primitive stage of primary narcissism and primary aggression (death instinct) is followed by some process of externalization. Once such externalizations have occurred, reinternalizations may take place and sexual and aggressive drives may

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[1] Hartmann, Heinz: *Ego Psychology and the Problem of Adaptation.* New York: International Universities Press, Inc., 1958, pp. 25-26. Certain aspects of internalization and of the all-important phenomenon of change of function in biology and mental life were seen clearly by Nietzsche. He used the term "internalization." *Cf.* his *The Genealogy of Morals* (1887), Garden City, New York: Doubleday Anchor Books, 1956.

be turned inward. Yet they are not quite the same drives as they were before externalization; they have been qualified and differentiated by externalization, that is, by having become object-cathected. (Freud wrote: "The shadow of the object fell upon the ego.") Figuratively speaking, in the process of internalization the drives take aspects of the object with them into the ego. Neither drive nor object is the same as before, and the ego itself becomes further differentiated in the process. Internalization is structure building.

But we must go one step further. It has been recognized recently that we have to understand the stage of primary narcissism and primary aggression not as a stage where libido and aggression are still cathected in a primitive ego rather than in objects, but as a stage where inside and outside, an ego and an object-world, are as yet not distinguishable one from the other. To quote from a recent summary of views on early ego development, ". . . no difference exists between the 'I' and the 'non-I' in the first weeks of life. The first traces of such distinction begin in the second month. This lack of boundaries is a prerequisite for both projection and introjection."[2] To ask whether externalization preceded internalization or vice versa becomes, in the light of this insight, meaningless. There are primary externalizations and internalizations, and there are secondary externalizations and internalizations. In secondary externalization something that was internal becomes external, and in secondary internalization something that was external becomes internal. The meaning of the terms externalization and internalization, when we speak of the primary forms, is different: primary externalization signifies that *externality is being established;* primary internalization signifies that *internality is being constituted.* On this level, then, we cannot speak of externalization ("projection") and internalization as defenses (against inner conflict or external deprivation); we must speak of them as boundary-creating processes and as processes of differentiation of an undifferentiated state. It is true, nevertheless, that defenses against inner conflict and against outer deprivation promote and color such differentiation.

[2] Panel on Some Theoretical Aspects of Early Psychic Functioning, reported by David L. Rubinfine. *J. Amer. Psychoanal. Assn.*, VII, 1959, p. 569.

Hence the relinquishment and internalization of oedipal objects, while "enforced" by these objects in the oedipal situation, must at the same time be seen as a resumption on a new level of boundary-creating processes. Ego, objects, and boundaries of and between them—at first nonexistent, later still indistinct and fluid—gradually become more distinct and fixed, although by no means in an absolute or definitive fashion. Side by side with object relations, processes of identification persist and reenter the picture in new transformations representing resumptions of boundary-setting, differentiating processes, notwithstanding their prominent aspects as defenses against loss of love objects.

Earlier I referred to the end-phase of an analysis as an extended leave-taking and as a replica of the process of mourning. Mourning involves not only the gradual, piecemeal relinquishment of the lost object, but also the internalization, the appropriation of aspects of this object—or rather, of aspects of the relationship between the ego and the lost object which are "set up in the ego" and become a relationship within the ego system. This process is similar to the relinquishment of the oedipal objects that leads to the formation of the superego. A relationship with an external libidinal-aggressive object is replaced by an internal relationship. In the work of mourning—a lost relationship, lost by death or actual separation—, this change from object cathexis to narcissistic cathexis is a repetition, within certain limits, of the previous experience of the relinquishment of oedipal object relations and of their being set up in the ego. There is, of course, an important difference between the resolution of the Oedipus complex and mourning in later life: in the oedipal situation the external objects not only remain present during the resolution of the conflict, but the fact that they remain present actively promotes the process of internalization. The parents remain present during this period but change their attitude; they promote a partial detachment, a decathexis of libidinal-aggressive drives from themselves as external objects so that an amount of such drive energy is freed for narcissistic recathexis. Moreover, some drive energy becomes available for eventual recathexis in nonincestuous external relationships: parents promote

emancipation. Decathexis of drive energy from the incestuous object relations promotes, in varying proportions, both narcissistic recathexis (internalization) and recathexis in nonincestuous object relations. However, to the extent that incestuous object cathexis does not undergo some degree of internalization (change into narcissistic cathexis) prior to recathexis in external object relations, the new external object relations remain incestuous in character; without further differentiation of the inner world no further differentiation of the object world takes place. The latency period exemplifies, in its essentials, such a silent phase of internalization.

The promotion by the parents of partial decathexis from themselves as libidinal-aggressive objects, and of narcissistic recathexis (omitting in this context the recathexis in new object relations), is not merely in the interest of the child's development but represents a developmental change in the parents: they themselves achieve a partial decathexis of libidinal-aggressive drive energy from the child as *their* external object, leading to further internalizing processes in themselves and modifications of their own ego structures.[3] Such mutuality, to use Erikson's term, is essential for normal resolution of the Oedipus complex and development of the superego.

If the resolution of the Oedipus complex is a prototype of mourning, it is this prototype, achieved through the interaction between the objects involved in the oedipal situation, that enables the individual to mourn external objects in later life without the object's interacting help. The analytic situation reembodies this interaction and the termination of analysis leads, if things go well, to a healthier resolution of the Oedipus complex than the patient had been able to achieve before, and to a more stable superego. Patients at the termination of treatment frequently express a feeling of mutual abandonment which, if analyzed, becomes the pathway to the relinquishment of the analyst as an external object and to the in-

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[3] Compare Benedek, Therese: Parenthood as a Developmental Phase. *J. Amer. Psychoanal. Assn.*, VII, 1959, pp. 389-417, and pertinent formulations in many of Erik Erikson's writings.

ternalization of the relationship. This is similar to the experience of emancipation in adolescence, which repeats the oedipal struggle on a higher level.

Internal and external relationships, of course, continue to supplement and influence each other in various ways during adult life; there are more or less continuous shifts and exchanges between internal and external relationships. Freud first alluded to them in his paper, On Narcissism.

III

"Ideal ego" and "ego ideal" were the first names Freud gave to the "differentiating grade in the ego" which he later called the superego. The ideal ego, by identification with the parental figures—perceived as omnipotent—represents, in Freud's view, a recapturing of the original, primary narcissistic, omnipotent perfection of the child himself. It represents an attempt to return to the early infantile feeling of narcissistic sufficiency, so rudely disillusioned by the inevitable frustrations and deprivations inherent in the conditions of extrauterine existence. This presumed omnipotent sufficiency appears to be maintained, for a time, by the close "symbiotic" relationship with the mother, and is gradually replaced by reliance on the seeming parental omnipotence. The ideal ego, in contrast to the child's frequent experience of an impotent, helpless ego, is then a return, in fantasy, to the original state; it is an ego replenished, restored to the wholeness of the undifferentiated state of primary narcissistic union and identity with the environment, by identification with the all-powerful parents. The process could be described—naively yet perhaps quite aptly—as one whereby the child reaches out to take back from the environment what has been removed from him in an ever-increasing degree since his birth: identification that attempts to reestablish an original identity with the environment. This identity of the past, at first "hallucinated" by the child in the manner of hallucinatory wish fulfillment, gradually becomes something to be reached for, wished for in the future. Representatives of such a future state of being are parents, perhaps siblings, and later other "ideals."

If the ideal ego represents something like a hallucinated or fantasied state of perfection, the term "ego ideal" indicates more clearly that this state of narcissistic perfection is something to be reached for. In so far as this wholeness is the original state of the infant in his psychic identity with the environment, and in so far as (from the point of view of the disillusioned observer) the parental environment is far from such a state of omnipotent wholeness and perfection, we must describe the identifications just mentioned as containing an element of projection. Undoubtedly such infantile projections evoke responses in the parent which in turn help to shape the child's developing conception of ideals, just as in general the parents' responses to his needs, demands, and expectations contribute to the character of his idealizations. But the child's ideals are also shaped by the parents' own projections, by *their* idealizations of the child, and by their demands, expectations, and needs in respect to the child. In a sense, both the child and the parents can be said to have fantasies—some would say illusions—about the other's state of perfection and wholeness, or at least about the other's perfectibility.

But let us not scoff at such fantasies. The demands and expectations engendered by them are essential for the development and maintenance of a sound superego in the object of such expectations—provided that the expectations are allowed to be continuously shaped and tempered by an increasing realistic appraisal of the stage of maturity and of the potentialities of the object. The inevitable elements of disillusionment are no less important for superego development in the one so disillusioned, for it is such disillusionment that under reasonably favorable circumstances (if frustration is not overwhelming) contributes to the internalization of expectations and demands. Regarding the child, then, parental projective fantasies of the child's narcissistic perfection and wholeness, as well as infantile projective fantasies of the parent's omnipotent perfection, have an important bearing on the development of his superego. Such fantasies, based on old longings in all concerned, in normal development are gradually being cleared and modified in accordance with a more realistic comprehension of

the potentialities and limitations of the object relation involved. The parents are to be the guides in this process of clearing and resolving which leads to a more rational mutual relationship externally, as well as to a reasonably balanced internal relationship within the ego-superego system in so far as the internalized demands lose their archaic insistence on narcissistic perfection.

The term "superego"—in accordance with Freud's view that the superego is the heir of the Oedipus complex—is used after the distinction between ego and objects, and the distinction between heterosexual and homosexual objects, is relatively firmly established, and after boundaries of and between ego and objects, and limitations of the oedipal object relations, are acknowledged. (In the particular context of this paper, I can only allude to the paramount importance of the sexual differentiation of objects and of self for the superego problem and must leave further consideration of this issue for another occasion.) It is only then that an external and an internal world can be said to exist in the experience of the child and that ideals and demands are more definitely sorted out into external and internal. There are now external and internal authorities, with their demands, their love and hate, their images of what should be, their rewards and punishments. The superego is constituted of those authorities that are clearly internal and have become a "differentiating grade in the ego," thus being clearly differentiated from external love-hate authorities and ideal images.

Demands, expectations, hopes, and ideals change in the course of development. Some are reached and fulfilled and are no longer beckonings from a future; others are not. Some are given up, others remain as ideals and demands though never reached and fulfilled. New demands and ideals arise. Some are realized for a time but then are lost or become remote again. Clinical evidence, particularly clear in some psychotic and borderline states because of the fragility and transparency of the ego structure, indicates a mobility of so-called introjected objects within the ego system, suggesting shifting degrees of internalization and externalization which bring the introjects more or less close to the ego core. If we think in such terms as "degrees of internalization," of greater or

lesser "distance from an ego core," it is of great importance to keep in mind that the modification of external material for introjection, brought about by internalization, varies with the degree of internalization. A comparison with physiological assimilation is suggested whereby organic compounds are ingested and subjected to catabolic and anabolic changes in the course of assimilation into the body substance. Underlying the concept of the superego as a differentiating grade in the ego is the idea of a distance from an ego core. Unless there is a degree of tension between this ego core and the superego, they are not distinguishable.

Let me give a simple example of progressive internalization and reexternalization, taken from precursory stages of superego development. Ferenczi spoke of sphincter morality, and there can be no doubt that the expectation of sphincter control becomes increasingly internalized as an expectation. But a point is reached where such control is established and no longer an external or internal demand which may or may not be realized; it becomes an automatic control which now can be said to be a rather primitive ego function. Since maturation must have advanced to a state where such expectations become feasible, it is obvious that a correspondence between external and internalized expectation, on the one hand, and internal potentiality, on the other hand, is very important. Sphincter control, under certain conditions of stress, may be lost temporarily, at which time it regains the quality of a demand. Or it may retain this quality unconsciously from early times; for instance, if the original parental expectation of it was not in tune with the maturational stage of the child—a lack of empathic interaction which interferes with internalization.

A second example is taken from the experience of mourning. The outcome of mourning can show something like a new intake of objects into the superego structure in so far as elements of the lost object, through the mourning process, become introjected in the form of ego-ideal elements and inner demands and punishments. Such internalization of aspects of a lost love object, if observed over long periods of time (we must think in terms of years in adults) may be found to be progressive, so that eventually what was an ego-

ideal or superego element becomes an element of the ego proper and is realized as an ego trait rather than an internal demand. We see this, for instance, in a son who increasingly becomes like his father after the father's death. It is as though only then can he appropriate into his ego core given elements of his father's character. It would lead too far to give clinical examples from psychotic conditions, although shifts in degrees of internalization and externalization, because of the instability of the ego structure, are often particularly impressive here.[4]

The foregoing discussion leads to a conception of the superego as a structure, and enduring as a structure whose constituent elements may change.[5] Elements of it may become elements of the ego proper and may, under conditions of ego disorganization and reorganization, return, as it were, into the superego and even be further externalized.

During analysis we can observe the projection or externalization of superego elements onto the analyst. During periods of psychic growth—in childhood as well as in adult life—the change of superego elements into ego elements is a continuing process, it seems. The superego itself, in its turn, receives new elements through interaction with the object world. The changing of superego elements into ego elements involves a further desexualization and deaggressivization; it involves a return, as in a spiral, to the type of identifications characterized as ego or primary identifications—regaining a measure of narcissistic wholeness which inevitably, as in childhood, leads again to loss of such self-sufficiency by further involvement with others. The progressive differentiation and enrichment of the ego during life, to the extent to which it occurs, is a return in a new dimension to an identity of ego and objects, on the basis of which new reaches of the object world be-

[4] Cameron, Norman: Introjection, Reprojection, and Hallucination in the Interaction Between Schizophrenic Patient and Therapist. *Int. J. Psychoanal.*, XLII, Parts 1-2, 1961, pp. 86-96.

[5] See also Novey, Samuel: The Role of the Superego and Ego Ideal in Character Formation. *Int. J. Psychoanal.*, XXXVI, 1955, pp. 254-259. Here he speaks of the superego as a "functional pattern of introjection rather than as a fixed institution."

come accessible. The ripening of the personality in adult life, whether through analysis or other significant life experiences, is based on the widening and deepening relations that the enriched and more differentiated ego entertains with external reality, understood and penetrated in new dimensions.

Inner ideals, expectations, hopes, demands, and, equally, inner doubts, fears, guilt, despair concerning oneself—all this is reaching toward or feeling defeated by a future. The voice of conscience tells us what we should do or should have done, speaking from a future which we ask ourselves to reach or tell ourselves we are failing to reach—perhaps a future which should bring back a lost past, but certainly a future whose image in the course of development becomes imbued with all that is still alive from the hopes, expectations, demands, promises, ideals, aspirations, self-doubt, guilt, and despair of past ages, ancestors, parents, teachers, prophets, priests, gods, and heroes. Maturation and development, which are movements into a future, are promoted, defined, and channeled, or hindered and inhibited, by the hopes and expectations, fears, doubts, and demands, by the guidance and positive and negative examples given by parents and other authorities, depending on whether or not they are commensurate with the stage and speed of development and with the potentialities of the child, and depending on the superego development of the authorities themselves. Seen from the other side, parental expectations, fears, and hopes, the guidance and example-giving of authorities, their standards, prohibitions, and punishments for the child are promoted and channeled, or inhibited and frustrated, by the child's maturation and development which bring some new potentialities into the parents' view and limit and exclude others. The superego, inasmuch as it is the internal representative of parental and cultural standards, expectations, fears, and hopes, is the intrapsychic representation of the future. Only in so far as we are ahead of ourselves, in so far as we recognize potentialities in ourselves which represent *more* than we are at present and from which we look back at ourselves as we are at present, can we be said to have a conscience. The voice of conscience speaks to us as the mouthpiece of the superego, from the

point of view of the inner future which we envision. One might say that in the voice of conscience the superego speaks to the ego as being capable or incapable of encompassing the superego as the inner future toward which to move.

As an aspect of the inner future of the ego becomes an inner actuality, this superego element merges into the ego as an element no longer differentiated from the ego. Guilt in respect to this element vanishes, as guilt is a form of tension between ego and superego. We have a sense of guilt concerning past or present thoughts, feelings, and deeds, but only inasmuch as they represent a nonfulfillment of the inner image of ourselves, of the internal ideal we have not reached, of the future in us that we have failed.

The greater or lesser distances from the ego core—the degrees of internalization of which I spoke—perhaps are best understood as temporal in nature, as relations between an inner present and an inner future. Such structuralization obviously is not spatial. Physical structures are in space and organized by spatial relations. It may be that we can advance our understanding of what we mean when we speak of psychic structures if we consider the possibility of their mode of organization as a temporal one, even though we do not as yet understand the nature of such organization. It might well be useful to explore further not only the superego in its relations to the temporal mode future, but also the time dimensions of id and ego and their relations to the temporal modes past and present.

SUMMARY

The formation of the superego, as the "heir of the Oedipus complex," is considered in its relation to the phenomena of separation and mourning. Separation is described in its aspect as the occasion for processes of internalization, especially as it is related to mourning. The work of mourning is not confined to a gradual relinquishment of the lost object but also encompasses processes of internalizing elements of the relationship with the object to be relinquished. Such internalizations, in so far as they occur as part of

the resolution of the Oedipus complex, lead to further differentiation of the ego of which the superego is a "differentiating grade." Some illustrations of the psychological processes involved in separation are given and there is a brief discussion of the termination of analysis from this point of view.

Separation from love objects constitutes a loss and may be experienced as deprivation. But separation, in certain crucial events in human life, also has the significance of emancipation and lack of separation may be experienced as deprivation. It is suggested that the emancipation involved in the normal resolution of the Oedipus complex, as well as in subsequent separations in which successful mourning takes place, can be understood in two ways: first, as an internal substitution for an externally severed object relationship (internal "restitution of the lost object"), and second, as a resumption of early boundary-setting processes by which a further differentiation and integration of the ego and of the object world on higher levels of development takes place. In other words, so-called superego identifications represent an undoing, so to speak, of separation in so far as object loss is concerned and they also represent the achievement of separation in so far as boundary-setting and further ego and object differentiation is concerned. The differences and similarities between so-called primary and secondary identifications, as well as between primary and secondary narcissism and between primary and secondary aggression, are briefly discussed from this point of view. It is pointed out that both internality and externality, an inner world and an outer world, are constituted by the primary forms of these processes and that their secondary forms, notwithstanding their defensive functions, continue to contribute to the further organization of an inner and an outer world.

Some concrete aspects of superego formation through the interaction between child and parents are briefly cited, and the duality or polarity of individuation and primary narcissistic identity with the environment is emphasized as a basic phenomenon of human development underlying the ambivalent significances of separation and of internalization.

The concept of degrees of internalization is advanced. This implies shifting distances of internalized "material" from the ego core and shifting distances within the ego-superego system, as well as transformations in the character of the introjects according to the respective degrees of internalization. The superego is conceived as an enduring structure pattern whose elements may change and move either in the direction of the ego core or in an outer direction toward object representation. Thus elements of the superego may lose their superego character and become ego elements, or take on the character of object representations (externalization). It is postulated that the superego has the temporal character of futurity inasmuch as the superego-ego ideal may be understood as the envisioned inner future of the ego. Conscience, as the voice of the superego, speaks to the ego from the point of view of the inner future toward which the ego reaches or which the ego has failed. It is suggested that the degrees of internalization, the distances from the ego-core, are temporal in nature, representing relations between an inner present and an inner future, although we but vaguely grasp the nature of such temporal structuralization.

REFLECTIONS ON LOEWALD'S "INTERNALIZATION, SEPARATION, MOURNING, AND THE SUPEREGO"

BY NANCY J. CHODOROW

I found it a curious experience to be asked to comment on Loe-wald's "Internalization, Separation, Mourning, and the Superego" (1962a; hereafter referred to as "Internalization") and to think of its being chosen as one of two key articles published in *The Psychoanalytic Quarterly* in the 1960s. On the one hand, the paper had personal meaning for me. It was the first paper I read by Loewald, assigned in a seminar for graduate students at the Boston Psychoanalytic Institute in 1972. I had immediately been taken with the paper (and with Loewald), as I have been with every rereading. On the other hand, although Loewald published what, in my opinion, may have been the most important psychoanalytic paper of that decade, certainly in North America, one of perhaps four or five of the most influential papers of the second half of the twentieth century, I had not been asked to comment on his "On the Therapeutic Action of Psychoanalysis" (1960; hereafter referred to as "Therapeutic Action").

My commentary here will focus on what I take to be the place of "Internalization" in Loewald's work and the character of the article as Loewaldian, as well as the key contributions of the article, including its relation to "Therapeutic Action" where relevant. Tentatively and suggestively, I will say where I think "Internalization" lo-

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cates itself in relation to other developments in psychoanalysis. I will position this paper as an important step in Loewald's creation of an American independent tradition: intersubjective ego psychology (see Chodorow 2004).

Although all analysts from his day to ours cite Freud and consider their work in relation to his, Loewald, perhaps because of his deep enmeshment as a German theorist-philosopher (and perhaps because he wanted to cover his radical tracks), seems to have particularly grounded his work in exegetical relation to Freud (Whitebook [2004] calls Loewald a "radical conservative"). "Internalization" draws explicitly from, and is indeed almost a commentary on, key Freudian writings that established both ego structural and object relations theory—"On Narcissism: An Introduction" (1914), "Mourning and Melancholia" (1917), and *The Ego and the Id* (1923)—and it makes a contribution to all these. It is about the identification of the ego with abandoned objects—how, in mourning and loss, the shadow of the object falls upon the ego ("Mourning"), about how object investments or charges (cathexes)[1] and narcissistic investments or charges follow and replace one another as psychic structure develops ("On Narcissism," "Mourning"), and about the relinquishment of and identification with oedipal objects in superego formation and the superego as a differentiating grade within the ego (*The Ego and the Id*). All ordinary, well-worked-over psychoanalytic topics.

In preparation for writing this commentary, I reread "Internalization" in Loewald's *Papers on Psychoanalysis* (1980), where he divided his previous *oeuvre* somewhat idiosyncratically into two chronologically overlapping sections, "Concepts and Theory" and "The Psychoanalytic Process" (the division of articles is idiosyn-

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[1] I am following Loewald, who often retranslates Freud, in my use of Freudian terms, though unlike Loewald, I do not do my own translations. There is, of course, an extensive literature on translating Freud (recently, for example, Hoffer 2005). My usage here comes from Brigid Doherty, a member of my 2007 seminar on Loewald at the Boston Psychoanalytic Institute and a professor of German languages and literature, who, drawing from Laplanche and her own expertise, kindly explained to us the possible alternative translations and German-language feel of *besetzung*.

cratic, not the naming of the sections). "Internalization" (1962a) directly follows "Therapeutic Action" (1960) and is found in the section on the psychoanalytic process, whereas "Superego and Time" (1962b) and "On Internalization" (1973a), which address closely related topics, are placed in the section on concepts and theory. I speculate, accordingly, that "Internalization" captures something fundamental that Loewald wanted to add to "Therapeutic Action" —specifically, a precisely articulated view of the individual mind and its development.[2]

From his first, still-fresh, and original paper, "Ego and Reality" (1951), through to his well-known contribution "The Waning of the Oedipus Complex" (1979), Loewald put forth a developmental view of the psyche in which there is always a focus on the complexity of the individual mind as it differentiates and integrates complex and ever-changing relations between self and other self, inner and outer, drives and internal and external objects. In all these papers, Loewald goes back and forth between *development* and *development in analysis,* and he pictures the two processes in homologous ways, increasing structuralization, differentiation, and integration and ever-more complex relations with actual others, who are themselves complex subjects. When you look at this less-attended-to strain in Loewald's writings, you would have to agree, I think, that no one in the history of psychoanalysis since Freud has had more to say about this than Loewald; no one has a more carefully worked out sense of how the mind develops. Though he was not nearly as prolific, his account is as complete and complex as that of Hartmann, Klein, Fairbairn, Winnicott, or Bion.

What most stands out in "Ego and Reality" is Loewald's argument that reality, from the point of view of the subject, is created; it is not given. "The psychological constitution of ego and outer

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[2] In opposition to my speculation about Loewald's intent to link these two articles is the fact that, when invited to contribute a paper complementary to "Therapeutic Action" for a short volume (Fogel 1991b), Loewald chose "Superego and Time" rather than "Internalization." "Superego and Time," also published in 1962, was written somewhat later; it overlaps substantially with "Internalization" in content; and it could almost be said to be an extension of it.

world go hand in hand . . . . We are concerned here merely with the question [of] how this world becomes psychologically constituted" (1951, pp. 5, 11). Further anticipating "Internalization," Loewald goes on: "And we want to stress the point that the boundaries between ego and external reality develop out of an original state where, psychologically, there are no boundaries and therefore no distinction between the two" (p. 11). Loewald holds this view against Freud's assumption that external reality is given and is initially hostile and threatening (to the pleasure principle), and that, therefore, the ego's primary functions are defensive, first in relation to this demanding external reality, and later in relation to other structures of the mind.

"Ego and Reality" tells us that the psyche constructs inner and outer at the same time, from an undifferentiated unity. In this early paper, however, Loewald (1951) simply asserts that these processes happen:

> In the formation of the ego, the libido does not turn to objects that, so to speak, lie ready for it, waiting to be turned to. In the developmental process, reality, at first without boundaries against an ego, later in magical communication with it, becomes objective at last. As the ego goes through its transformations from primitive beginnings, so libido and reality go through stages of transformation, until the ego, to the extent to which it is "fully developed," has an objective reality, detached from itself, before it, not in it, yet holding this reality to itself in the ego's synthetic activity. Then the ego's libido has become object relationship. Only then does the ego live in what we call an objective reality. In earlier stages of ego formation the ego does not experience reality as objective, but lives in and experiences the various stages of narcissistic and magical reality. [p. 19]

"Internalization" picks up where "Ego and Reality" leaves off, but here, I suggest, not only with the aim of elaborating how psychic structure and the mind develop, but, importantly to Loewald, to remind his readers (and perhaps himself) that even as he has

moved to his astonishingly original theory of therapeutic action, the basic activities—ego activities, if you will—of this psyche that develops and changes through analysis should be kept in mind. In this article and in this strain in his writing, Loewald describes those ego capacities and processes that enable us to turn ghosts into ancestors, as well as the necessary developmental achievements—in childhood and in analysis—through which an initially undifferentiated inside and outside become a relationship on the part of a cathecting subject with "objects which themselves cathect" (1962a, p. 1114).[3]

In other words, intrapsychic structure-building internalizations, which are achievements of early development and of analysis, go hand in hand with experienced subject–subject relations— the deeply interactive nature of the psychoanalytic process that Loewald makes so central to his views. As Loewald (1970, 1975, 1986) moved on to other articles on the mutual subject–subject constitutiveness of the analytic process and of transference and reality, he wanted his readers, I think, to keep in mind this second focus of his work: his careful attention, grounded in ego psychology, to how the individual mind develops and operates.

In "Internalization," Loewald's topic is not the analyst as subject but rather the parent, as he stresses that parental projective fantasies go toward the child, just as infantile fantasies go toward the parent. Developmentally, as in the analytic relationship, two subjects interact. Intersubjectivity, then, is constituted by two individual minds interacting, and any result of this interaction affects each in a way unique to him or her. As Loewald (1975) puts it, "in the mutual interaction of the good analytic hour, patient and analyst— each in his own way and on his own mental level—become both artist and medium to each other" (p. 369).

Rather than working forward from infancy, "Internalization" works backward. Loewald starts from the superego, developmen-

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[3] *Editor's Note:* In this article, page numbers from Loewald 1962a refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1962.

tally the latest psychic agency, which, Freud has told us, is a product of identifications—identifications that seem to be located, Freud also implies, farther from the ego core than earlier, primary narcissistic identifications. Much of this paper is vintage Loewald, but a few elements stand out.[4] First, for Loewald, internalization, broadly defined, is among the primary activities of the psyche. Internalization certainly results from object loss and mourning, but it is much more than that.[5] As Fogel (1991a) puts it, for Loewald:

> Internalization is the organizing activity that is the very essence of, that defines and constructs, the human mind . . . . He conceives of internalization broadly and derives it from nothing more "elemental," nothing that precedes or "causes" it, and nothing that can be separated from its own dynamic actuality . . . . Like psychic energy for Freud, internalization is a given for Loewald. [pp. 165-166]

While internalization, broadly, is the primary activity of the human mind, by its very nature it assumes an other, a not-self or environment. Thus, Loewald's fundamentally intersubjective view of therapeutic action and the analytic process finds a counterpart in his view of the individual psyche, always constituted both creatively and originally from within, through intrapsychically transformed relations with an other. When we read him from this perspective, we appreciate, I think, that Loewald is offering us a developmental theory as much in interaction with Klein as with Hartmann.

What I find most compelling in this paper, and what I remember from my first reading, is Loewald's view of how it all gets start-

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[4] Perhaps what most startlingly stands out, coming from nowhere, are Loewald's sudden musings on the connections between the death of a love object, mourning, and internalization, on the one hand, and the death of God, God's reincarnation in Christ, identification with Christ and Christ's passion, and the advent of Christianity, on the other.

[5] Loewald did not title his paper "Internalization, Loss, Mourning, and the Superego," which is closer to what the paper is about. Such a title, incidentally, would have made him less potentially vulnerable to those drawing on the findings of infant research to challenge Freud's hypothesis of primary narcissism and Mahler's of primary symbiosis (which Loewald seems to have found, after the fact, as a developmental account that fit his previous theorizing; see Loewald 1978a).

ed. He begins, innocently enough, by reminding us about the internalizations that go into superego formation and how these result from object loss or separation. Similarly, termination involves mourning—the loss of the analyst and the analytic relationship. Termination, therefore, must also require internalization, where, as with oedipal internalization, you get structural realignment—not only an internal fantasy object or a relationship to an internal object, but also an identification that has shifted the constitution of the psyche itself. Loewald indicates that, in his reading of Freud, there are earlier, "ego" identifications that seem to be immediate, that go into the ego proper rather than the superego. But, he suggests, this must mean that there is less separateness from these objects. Loewald gradually unpacks the implication of Freud's views in the context of a generalized clinical eye toward varieties of psychopathology, drawing on his experiences with psychotic and borderline patients and his observations of patients who deny separateness or loss and cannot mourn.

Loewald claims that when internalization takes place—when the shadow of the object falls on the ego—drives are also specified and transformed. More basically, neither drive, object, nor internal differentiation was there to begin with. Rather, ego, object, and their relationship come into being through the process of organizing drive potentials—primary narcissism and primary aggression—into drives. Similarly, internalization—structure-building—is from the outset colored and shaped by, and helps to reshape, particular drives: object-libido becomes narcissistic libido, and aggression turned outward turns against now internal parts of the self. As Loewald (1962a) puts it:

> Figuratively speaking, in the process of internalization the drives take aspects of the object with them into the ego. Neither drive nor object is the same as before, and the ego itself becomes further differentiated in the process. Internalization is structure building. [p. 1122]

Loewald's views depend on a series of complex, interlocking claims. Boundary creation goes along with internal and external

differentiation, such that, before any differentiation of ego and object or of different parts of the mind can occur, before there can be defenses, there are primary externalizations and internalizations in which "*externality is being established . . .* [and] *internality is being constituted*" (1962a, p. 1122, italics in original). Defenses "promote and color" (p. 1122) later differentiation and boundary creation, but they are not foundational. Differentiation of the outer world requires differentiation of the inner world; internalization of a differentiated object assumes a coordinate differentiated ego, but this ego itself comes into being in reciprocal relation to that object. Structuralization is a process, not an outcome.

All of these, Loewald argues, constitute the shifts we observe in the processes and outcomes of analysis. He seems to render Kleinian and Fairbairnian concepts in ego psychological terms, but he would also claim, as I have indicated, that the initiating processes of defensive projection and introjection postulated by Klein and Fairbairn cannot occur from the beginning, because these assume a primary ego. In a later paper, Loewald (1973a) further clarifies that, although he is in similar territory to that traversed by Klein and Fairbairn, he is looking at structures and identifications, not at an intrapsychic map of an unconscious, internal, ego–object world.

Loewald, however, is less concerned with challenging British object relations theory than American ego structural psychology. He begins this challenge in his rethinking of the superego. He makes clear what is implied in Freud: that really the superego, as Freud calls it, a differentiating grade in the ego (Freud 1923), is sort of an afterthought. He extends Freud, introducing the clinically useful notions of shifting degrees of internalization and of distance from the ego core, both of which indicate the extent to which an identification or injunction is felt to be part of the ego or something more ego-alien, either as identification or aspiration, and he also makes the intriguing suggestion (followed up in "Superego and Time" [1962b]) that the temporal modality of the superego is the future, pointing to his suggestion that we think of psychic structure as psychically organized by time—past, present, and future—rather than metaphorically found in space.

Furthermore, if the superego indeed represents the future—hopes, expectations, ideals, potentialities to look forward to—then there is an unstated, further challenging implication that all wishes do not come from the past, from infancy. Loewald gives lip service to the notion that the superego is a structure with changing constitutive elements, but he implies that the more superego injunctions and identifications move into the ego core, the more the future becomes the present, and the more integrated and active the psyche. It becomes a fine distinction—that superego elements can move from the periphery of the ego system to its core, but that, nonetheless, there *is* a superego.

Although I suggested earlier that Loewald intended "Internalization" to complement "Therapeutic Action" through attention to classical ego psychological questions about psychic structure and the mind, I think that Loewald's clinical views and his picture of therapeutic action in "Internalization" are less innovative. He continues to put forth a picture of the analyst as like the parent, holding the child/patient's future in mind, and he reminds us (as elsewhere, e.g., 1979) that termination or oedipal resolution, involving loss and mourning, also facilitate emancipation. At the same time—perhaps because he is working in this more classical realm of internalization, loss, mourning, and termination—Loewald gives us a more classical picture of analysis. Unlike "Therapeutic Action," "Internalization" implies that the analyst is totally created through transference, and that termination, like the passing of the Oedipus complex, leads to the relinquishment of the transferentially created analyst and new structure-building internalizations.

Loewald, in his description of how internal relationships are reexternalized onto the person of the analyst (who stands in for figures of the past and who can then be reinternalized in a different form), and in his assumption that the transference neurosis revives the infantile neurosis, stands in sharp contrast to the Loewald who, just two years earlier, had claimed that there was no real relationship without transference and that transference infuses all meaningful relationships. That was the Loewald who wrote in evocative terms of turning ghosts into ancestors, and who insisted that

making the unconscious conscious does not bring feeling and wish under the mantle of rational control, but, by enabling greater communication and interplay among different modes of being and feeling, gives greater "intensity and depth" (1960, p. 251) to experience.

Perhaps when one lists toward the topographical metapsychology of unconscious-preconscious and primary and secondary processes, as does Loewald in "Therapeutic Action," one tends to hold a more fluid view of mental life. But a greater focus on structuralization and internalization, by contrast, leads one toward the realm of absolutes, of separation, loss, and termination.

Even in comparison to Loewald's other structural-developmental writings, "Internalization," while radical in its postulations of primary undifferentiation-differentiation, may also be considered a cautious paper. In this context, I wonder whether another latent goal of the paper—and here I engage in speculation—might have been to remind Loewald's colleagues that, even though he had two years earlier staked his claim on an intersubjective, topographically infused, occasionally almost visionary, implicitly anti-ego-structural view of therapeutic action and process (with radically challenging views of the analyst's therapeutic role and stance), he still held to basic tenets of American ego psychology/structural theory.

Specifically, "Internalization" is about mourning and termination, but throughout Loewald's work, we find implied another kind of mourning, Loewald's own. Loewald's developmental account of internalization, as he makes explicit elsewhere, is about the loss of magic, and Loewald himself mourns—we could almost say he yearns for—a more fluid and encompassing psychic experience. In "Ego and Reality" (1951), Loewald writes of the initial "magical powers" of the ego and reality and the "magical communication between them" (p. 19); in "Superego and Time" (1962b), he writes of the ideal ego, based on primary narcissistic identification with the parent, as a "magical participation" (p. 47). In "Primary Process, Secondary Process, and Language" (1978b), he tells us that the "magical-evocative" powers of words, their potential immediate sensuality—in poetry, for example—arise because the earli-

est language experience is itself sensual and physical, between mother and child.[6] Elsewhere, Loewald talks of the density and saturation of original mental process.

This kind of thinking underpins Loewald's understanding— expressed in papers like "Therapeutic Action" (1960) and, later, in "Psychoanalysis as an Art" (1975)—of the many levels of communication we find in clinical work, and of what we mean when we listen to the music rather than just the words of psychoanalysis. (This is why there has been a notable recent increase in analytic writings on psychoanalysis and poetry, and on psychoanalysis and music.) In later writings (1978a, 1978b, 1979), Loewald mourns the scientific, psychoanalytic, and cultural ethos that privileges rationality over the irrational, separateness over oneness, and secondary-process language over language as magical-poetic evocation. His thinking in these writings seems directly descended from that of classical sociologist Max Weber, who ties religious internalization and social and scientific rationalization to the loss of magic and the "disenchantment of the world" (1919, p. 155).

Though we find in "Internalization" Loewald's most precise account of how structuralization happens, and though there is mention of the great polarity inherent in human existence of individuation and union, in contrast to these otherwise cognate works, this paper, in its sometimes obsessional precision, feels somewhat disenchanted. Although many of the papers I cite were written after "Internalization," and it is no more legitimate to take Loewald to task for not knowing what he would write subsequently than for not knowing what others would write,[7] it is striking that magical connection, primal density, and depth of experience, whether by name or by implication, do not find a place in this piece. Instead we find a language of mutual cathexis, mutual projections, the child's and the parent's projective fantasies, and so forth.

[6] I am grateful to the members of my seminar on Loewald (referred to earlier; see footnote 1) for noticing these surprising references to magic in Loewald.

[7] Elsewhere, I have discussed this matter of retrospective criticism in relation to Loewald's writing in the context of what was learned subsequent to his time in the field of infant development (Chodorow 2003).

How do we use Loewald clinically? His "Therapeutic Action" (1960) is, according to Friedman (1991; see also Cooper 1988), "one of two or three landmarks in the history of the theory of therapeutic action" (p. 93), yet this long paper has no clinical material in it. "Primary Process, Secondary Process, and Language" (1978b) is perhaps the most carefully elaborated description in our literature of what exactly happens in the mind of a patient when we make a good interpretation, one that is heard and used by her; yet this description is formulated in terms of the dynamic unconscious, the preconscious, thing-presentations, word-presentations, thing-cathexis, and hypercathexis. "Internalization," equally characteristically for Loewald, describes in the briefest contours three patients' differing ways of dealing with loss, and otherwise refers in the most general terms to "analysis," "termination," "the analyst," and "the patient." Like Hartmann, Loewald writes about the mind and not about particular minds and how they change. It is hard to draw upon Loewald for specified, moment-to-moment technical recommendations or images of the psychoanalytic process.

At the same time, I do not think we can work without a tacit, both implicit and explicit conceptualization of what is happening in an analysis as it develops and winds down—what, in a larger sense, constitutes the analytic process or psychic change; what the role of the analyst is and should be; and what is happening in the patient, in the analyst, and between them. These are all addressed in Loewald's work. Perhaps, as Schafer implies, we can use Loewald's insights not through remembering specific recommendations, but by, in the Loewaldian sense, "internalizing Loewald" (Schafer 1991), such that our working egos are fundamentally transformed through structure-building internalizations.

Implicit in "Internalization" is an image of analysis that involves the focus of analyst and patient on past, present, and future internalizations and externalizations—on identification, on how images of the future are held, on unpacking and making structure conscious. Although it is certainly the case that Loewald concentrated on conflict and defense in his work, one gets the sense in reading this paper and others that he would not accord the analy-

sis of defense and conflict the near-exclusive or privileged atten-
tion given by more classical ego psychologists.

Specifically, in this paper, Loewald focuses on termination.
Termination, for him, of necessity involves mourning, because
there looms the loss of the analyst and of the analytic relationship
(true for both analyst and patient, but Loewald addresses only the
patient's perspective in this article, although elsewhere he focuses
on the relationship from both sides). Preceding, constituting, and
resulting from this mourning of termination are further internali-
zation and structuralization in the patient (and in the analyst—ad-
dressed elsewhere by Loewald, but not in this paper). The analyst,
like the oedipal parent, is no longer a lost object imaged and ca-
thected by the patient or child, but has, through internalization,
become a constituent part of psychic structure. Loewald explains
what is happening when, as the analyst, one listens in surprise as
formerly struggled-with and rebelled-against interpretations or
modes of thinking are—unnoticed and in passing—mentioned and
used by a terminating patient as if they had always been known and
always employed.

How do we situate this work of Loewald's? I noted earlier
that Loewald chose to place "Internalization" (1962a) in his *Papers
on Psychoanalysis* immediately following "Therapeutic Action"
(1960). The latter paper set the standard for a reconceptualiza-
tion of psychoanalytic process—including the view of analysis as
the resumption of development where it has internally been ar-
rested; of the analyst as new object, of "an objectivity and neutral-
ity the essence of which is love and respect for the individual and
for individual development" (1960, p. 229); and of the analyst, like
the parent, trying to sense through empathy exactly where the pa-
tient is and what kind of intervention is apt at that particular mo-
ment. I think that "Therapeutic Action" also set the standard for
conceptualizing the goals of analysis through the radical claim that
"there is neither such a thing as reality or a real relationship with-
out transference" (1960, p. 254)—that we are not in the business of
getting rid of, or curing, transference distortions, but of bringing

those unconscious transference meanings that have been repressed into live connection to present actuality.

All of this, directly and indirectly, as we see throughout Loewald's work, challenges both the image of the analyst as objective, scientific observer/researcher, and of the analytic relationship and process as modeled on paradigms in the natural sciences (see also Loewald 1970, 1975). For Loewald, the analytic relationship is intrinsically intersubjective, consisting of two subjects who interact and affect one another. As he puts it:

> We become part and participant of and in the field as soon as we are present in our role as analysts . . . . The mental processes and structures we study in our patients are essentially the same as our own and of the same order of reality (psychic reality), as well as of the same order as the processes and structures by means of which we study them. [1970, pp. 278-279]

"Internalization" (1962a), I think, is tacitly meant as a challenge —not to classical ego psychological conceptualizations of the analytic relationship, the analyst's role, and the analytic process, as was the case with "Therapeutic Action" (1960) and Loewald's later papers on the analytic process—but to another mainstay of ego psychology, the structural theory. In fact, a few years after the publication of "Internalization," Loewald (1966) published a quite critical review of *Psychoanalytic Concepts and the Structural Theory* (Arlow and Brenner 1964). Here Loewald claims that a central argument of Arlow and Brenner's—that the structural theory can entirely replace the topographic—gives up crucially necessary elements in psychoanalysis, particularly the distinctions and interplay between unconscious and preconscious and primary and secondary processes. Loewald feels that Arlow and Brenner reify the three structures of the mind as sets of functions rather than in terms of mode or process. In Loewald's view, these authors also give unwarranted primacy to defense and intersystemic conflict over the equally important (and perhaps more so) concept of identification—which, beginning with Freud's description, should

be seen "not as one of the defense mechanisms, but as a crucial factor in the formation of ego and superego" (Loewald 1966, p. 57).

Identification, Loewald goes on to say, is also extremely important in clinical psychoanalysis, because it is through identifications that structure is particularly formed:

> The more we advance in our understanding of psychoanalytic problems, the more, I believe, we become impressed with the importance of the deeper problems of deficiency and deformation of the psychic structures themselves, over and above the problems of conflict between these structures and defenses against it. [1966, p. 58][8]

Loewald's writing hovers between the topographic and the structural theories, and he does not want us to choose one over the other. "Therapeutic Action" seems to have as one goal a conceptualization of therapeutic action and psychoanalytic process that restores the topographic theory to its rightful place, implying an argument elaborated in later Loewaldian writings: that we cannot understand the mind or conduct analysis without having a firm grasp of the topographic theory. "Internalization," by contrast, advocates for structural theory, but for a structural theory that has different emphases than *the* structural theory of id, ego, and superego, of intersystemic conflict and defense.

For Loewald, internalization is the basis of structure formation, and structuralization is a psychic *process,* rather than an outcome. The three structures of the mind are differentiated not so much by how they interact intersystemically, but by differences in quality and mode of functioning that can be understood only by considering them in terms of the mental processes that each exhibits—

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[8] Loewald (1973b) reviewed Kohut's *The Analysis of the Self* (1971) quite favorably. Not surprisingly, he expresses appreciation here for Kohut's attention to disturbances of narcissism and to his conceptualizations—formulated in a manner quite consonant with "Internalization"—of the idealized selfobject and grandiose self. Loewald takes issue with some aspects of metapsychology and theory in Kohut, and, in mirrored contrast to his critique of Arlow and Brenner (1964), he feels that Kohut does not sufficiently address conflict and resistance.

qualities and modes that include many elements best described by the topographic and drive theories.

Loewald's unstated project is the creation of an alternative, intersubjective, ego psychology/structural theory within American psychoanalysis. Characteristically, he does not say he wants to revolutionize the theory; he just does it. "Internalization, Separation, Mourning, and the Superego" does not have the words *structuralization* or *structure* in its title, but that is its project.

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THE PSYCHOANALYST AS A NEW OLD OBJECT, AN OLD NEW OBJECT, AND A BRAND NEW OBJECT: REFLECTIONS ON LOEWALD'S IDEAS ABOUT THE ROLE OF INTERNALIZATION IN LIFE AND IN PSYCHOANALYTIC TREATMENT

BY MARTIN A. SILVERMAN

INTRODUCTION

Hans Loewald is one of the most important contributors whom the field of psychoanalysis has had. In a relatively soft-spoken way, he has been a seminal voice in effecting the transition that has taken place —away from the authoritarian, complacent, overly certain, theoretically narrow, and reductionistic form in which psychoanalysis tended to be understood and practiced during the first half century of its existence, and toward the increasingly open, egalitarian, fallibilistic nature of psychoanalytic art and science that has characterized it during the past fifty years.

What has made Loewald's contribution all the more remarkable is that he never succumbed to the temptation to belittle or scoff at the achievements of his predecessors in order to elevate himself to a position of preeminence or superiority. Unlike those who move from apotheosis to apostasy, he always remained appreciative of and respectful toward the pioneers who established the foundations of our discipline, while he allowed his patients to educate him and his colleagues to inform him from the vantage

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points of their particular investigative interests. Harold Bloom (1975) once observed that his graduate students, eager to make their mark as new writers, assiduously read and studied the works of the great authors who had come before them so that they could learn from them—and tear them down so that they might surpass and replace them as the leading figures on the literary scene. Loewald never fell prey to that all-too-common human tendency.

Via a limited number of presentations, papers, and book reviews, Loewald deftly articulated a rationale for viewing psychoanalysis as a two-person rather than a one-person psychology, a view that has become a central feature of the *Weltanschauung* that currently prevails in our field.[1] In doing so, furthermore, Loewald has been clear-headedly attentive to the principles of child development and to the biopsychosocial framework that defines human existence.

LOEWALD'S CONCEPTUALIZATION OF THE SUPEREGO

Loewald's 1962 paper "Internalization, Separation, Mourning, and the Superego" addresses the topic of superego formation in accordance with traditional Freudian structural theory. In actuality, however, it goes far beyond that. Most saliently, it examines the development of psychic structure in toto, particularly with respect to its emergence out of the interaction between the baby (with its innate, genetically programmed potentials) and what Winnicott (1965, 1971) designated as the (more or less successful) facilitating environment. Loewald, however, goes even further than Winnicott in his depiction of parental input as not merely facilitating, but also shaping, molding, and building the child, not only in infancy but throughout the child's entire development.

The child's side of the interplay between it and its parents, Loewald emphasizes, is characterized by an ongoing conflict between a powerful need to maintain the illusion of oneness with the

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[1] The work of McLaughlin (e.g., 2005) admirably exemplifies this development within psychoanalysis.

primary parental figure (at first the maternal one, but then an increasingly more inclusive figure) that is gradually, albeit reluctantly, recognized as separate and apart from the child, and to break away from the extreme emotional dependence upon the parent(s) that is increasingly experienced as an oppressively stultifying obstacle to the child's sense of internal cohesion and integrity as an independent and self-reliant being. The parents' side of the interaction, Loewald indicates, is one of oscillation between the exercise of power and authority that inherently resides within them as bigger, stronger, and better equipped to exert influence over their initially weak, helpless, utterly dependent, more or less malleable offspring, and the acceptance of responsibility for both allowing and assisting the child to increasingly take over command and ownership of its own powers and self-determination.

In his earlier, more well-known, and more frequently cited paper, "On the Therapeutic Action of Psychoanalysis" (1960), Loewald clearly indicated that he viewed drives as not merely innate, instinctual, constitutionally determined imperatives, but rather as psychological end products that emerge out of the interaction between the infant's potentials and environmental shaping:

> The understanding recognition of the infant's need on the part of the mother represents a gathering together of as yet undifferentiated urges of the infant, urges that in the acts of recognition and fulfillment by the mother undergo a first organization *into some directed drive* . . . . These acts are not merely necessary for the physical survival of the infant but necessary at the same time for its psychological development, insofar as they organize, in successive steps, the infant's relatively uncoordinated urges. [1960, p. 237, italics added]

Loewald emphasized, not only in his 1962 paper but throughout the corpus of his written work, that via a process of intermittent but ongoing detachment from, opposition to, giving up of, and losing of one's parents, accompanied by feelings of loss, sadness, and mourning of the parents as idealized, perfect providers, vital aspects of parental images and the interaction with them are

incorporated as structure-building components of the child's in-dependent self system. The very process of facilitation of structur-alization and building of strength is internalized, so that the child increasingly becomes its own parent as it undergoes psychologi-cal development that mediates movement toward becoming an autonomous adult.

Loewald remains true to Freud's structural conceptualization of human psychology in his 1962 paper, but he develops it and brings it much further by expanding Freud's one-person, child-fo-cused configuration of id-ego-superego into a two-person, devel-opmentally oriented schema that centers upon the concept of an increasingly internalized process of bidirectional interaction be-tween self and other, between the child and its primary objects of affection as well as of resentment, of love as well as of hate—not only in early life but throughout the life cycle.

For the time at which this paper was written (as indicated on the first page, earlier versions had been presented in 1959 and 1960), Loewald begins traditionally enough by citing Freud's con-cept of a two-step process of the development of the superego as a structural agency within and to one side of the ego—an agency that serves to watch over the self and render favorable or unfavor-able judgments, admiring or critical ones, that are intended to guide the attitudes and behavior of the child in a more or less helpful manner. The first step is a preoedipal one in which the child incorporates images and communications from its earliest libidinal objects via "introjections and identifications" that con-tribute to the development of the ego. The second step occurs in the course of (at least temporary) dissolution of the Oedipus com-plex in recognition by the child of its inability to win a battle for which it is as yet inadequately equipped, and which at best would be a Pyrrhic victory anyway, given the love the child feels toward its parents and its recognition that it still needs them for its very survival. The child's acceptance of the reality of its inability to fend for itself in the world is a central feature in this process.

The child incorporates the images of the oedipal objects that are "relinquished as external objects, even as fantasy objects, and

are set up in the ego, by which process they become internal objects cathected by the id,—a narcissistic cathexis" (Loewald 1962, p. 1114[2]). This second step creates the superego proper. Loewald emphasizes that "the early ('ego') identifications take place during stages of development when inside and outside—ego and objects—are not clearly differentiated," while the "later type of identifications, the superego identifications . . . are identifications with differentiated objects of libidinal and aggressive cathexis,—objects which themselves cathect in such ways." Loewald makes the further observation that "in actuality, of course, there is a continuum of stages between these two types and much overlapping and intermingling of them" (p. 1114). Like Freud before him, he does not clearly distinguish between *ego* as agency and *self* as identity, apparently viewing them as integrally connected with one another.

THE ANALYST AS A NEW PARENT

Loewald then directs his attention to certain important similarities that exist between what takes place in the interaction between parents and their children and what takes place between analysts and their analysands. In an analysis, significant internalized object relations are reexternalized onto the person of the analyst, who is prepared to interact with the analysand in a manner that in certain ways is not at all unlike what parents do with their children. Two aspects of the internalization process that contribute to childhood psychological development also make it possible for analysis to be successful. One is that internalization of parental objects, and of the interactional experience with them, does not necessarily involve losing them in the same way that this occurs with the internalization of someone who is lost through death or through permanent disruption of a romantic relationship later in life. The child continues to interact with its parents in an ongoing process of internalization that provides ongoing opportunity for revision,

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[2] *Editor's Note:* In this article, page numbers from Loewald 1962 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1962.

change, and growth in the child's inner world. In addition, as the child matures and develops, it becomes increasingly capable of parenting itself.

Loewald emphasizes that a good analyst, like a good parent, appreciates and respects the patient's need both to internalize the analyst and what the analyst provides in the way of growth-facilitating assistance, *and* to reject and push away from what the analyst offers in favor of shaping her or his development to her or his own specifications.

THE CHILD'S AMBIVALENCE TOWARD THE PARENTS AND THE ANALYSAND'S AMBIVALENCE TOWARD THE ANALYST

Loewald observes that in the developing child—and again in the course of an analysis—separation is desired as well as dreaded. The dialectic tension between the two can be resolved, when things go well, via an interaction in which the parent (or the analyst) provides child-oriented (or analysand-oriented) assistance that permits internalization of useful *aliment*—to use Piaget's felicitous term—from the analyst as a *new object,* at the same time that stultifying, incestuous, oedipal relational involvement is given up in favor of true independence.

As Loewald (1962) puts it:

Emancipation as a process of separation from external objects . . . goes hand in hand with the work of internalization which reduces or abolishes the sense of external deprivation and loss. Whether separation from a love object is experienced as deprivation and loss or as emancipation and mastery will depend, in part, on the achievement of the work of internalization. [p. 1120]

All relationships, he emphasizes, are ambivalent because of

. . . the polarity inherent in individual existence of individuation and "primary narcissistic" union . . . . Separation from love objects, while in one sense something to be over-

come and undone through internalization, is, insofar as it means individuation and emancipation, a positive achievement brought about by the relinquishment and internalization of the love objects. The change of function taking place here is that a means of defense against the pain and anxiety of separation and loss becomes a goal in itself. [pp. 1120-1121]

Loewald stresses the importance of differentiating between preoedipal and oedipal desires—although this is not an easy task, given the developmental relationship that still in part exists between them. The oedipal identifications that contribute to the formation of the superego proper, he points out, are

. . . new versions—promoted by new experiences of deprivation and loss—of identifications which precede the oedipal situation. The narcissistic cathexis, replacing object cathexis in internalization, is secondary and is founded on an older, "primary" narcissism of which it is a new version. [p. 1121]

This is so, furthermore, for aggressive as well as libidinal aspects of oedipal identifications. Internalizations are always, in part, reinternalizations of aspects of self, powered by intrinsic drive energies, that have been externalized onto need-fulfilling and desire-fulfilling external objects of those needs and desires—but they can never again be the same as they originally were, since they have now acquired characteristics of the objects. Loewald elaborates:

Figuratively speaking, in the process of internalization the drives take aspects of the object with them into the ego. Neither drive nor object is the same as before, and the ego itself becomes further differentiated in the process. Internalization is structure building. [p. 1122]

At first, Loewald emphasizes, there is nothing defensive about the processes of internalization and externalization. Inside and outside are not distinguished from one another, initially, but very quickly, beginning soon after birth, they are increasingly demarcated via boundary creating—projective-introjective mental activi-

ties that promote differentiation. This at first takes place merely as a result of simple sensorimotor activity, outside of emotional conflict (Silverman 1971), but as a result of the increasing complexity of the interaction that takes place with the outside world—which at times is soothing and gratifying, but at other times is disappointing or frustrating, even in the best of circumstances—it inevitably becomes colored by internal conflict.

Winnicott's (1965, 1971) observations about the importance of good-enough mothering and of early experience in shaping the true self versus the false self are pertinent in this regard. Bion's (1962) observations on the importance of maternal holding or containing, and Balint's (1968) concept of the *basic fault,* are also meaningful in connection with what Loewald is addressing here. Equally significant are Lacan's (1977) observations about the mirror stage in development, during which the child's perception of itself as a defined entity crystallizes out of what its parents reflect back to it about who and what the child is to them.

THE SIGNIFICANCE OF THE OEDIPUS COMPLEX

The relinquishment and internalization of oedipal objects represent a continuation and a "resumption on a new level" of these differentiating and "boundary-creating processes" (Loewald 1962, p. 1122). Loewald accepts Freud's concept of superego formation as deriving from incorporation of the image of the child's controlling and inhibiting father, who threatens castration as punishment for oedipal rivalry, but he adds to it and goes beyond it in an important way. The child, he maintains, is forced to give up oedipal strivings not only out of a fear of punishment (and of failure), but also because these strivings threaten the integrity of the child's sense of its boundaries as a separate self. It has to give up its genital sexual longings in order to prevent dissolution of the differentiation and demarcation it has made between inside and outside, between self and non-self, which it acquired during separation-individuation, as eloquently described by Mahler (1972a, 1972b; Mahler, Pine,

and Bergman 1975). Reider (1959) also elaborated on this aspect of the significance of the Oedipus complex.

Observers of infants and toddlers can only be impressed with the degree to which these little ones experience intense frustration over the degree of utter helplessness and dependence on others, imposed by humans' secondarily altricial state at birth. Equally impressive is the degree to which they are delighted, even intoxicated, as they acquire the capacity to turn over, push up on all fours, feed themselves, crawl, walk, run, make their wants known via language, obtain items on their own, and so on (Silverman 1986).

It is noteworthy that Loewald retains Freud's drive-defense and structural models as descriptively and developmentally useful, even as he increasingly appears to doubt that these suffice to fully explain what transpires within the child as it traverses the various phases and stages of interaction with its parents. Loewald appears to firmly believe in preserving the usefulness of early formulations, rather than dispensing with them altogether as we move on to new and novel formulations. This belief is clearly demonstrated in his 1966 review of Arlow and Brenner's *Psychoanalytic Concepts and the Structural Theory,* in which he warmly embraces the authors' championing of structural theory for its utilitarian usefulness, while chiding them for overlooking the continuing usefulness of the topographical model. Again, in his 1973 review of Kohut's *The Analysis of the Self*, Loewald praises the author for contributing to our understanding of certain disorders of self organization, but criticizes him for scanting aspects of the "more mature integration of the personality" (p. 348) in favor of an emphasis instead on the significance of more primitive selfobject issues. Loewald also criticizes Kohut for being "biased in favor of the analysis of the archaic ego [while he] . . . neglects the analysis of ego defenses" (p. 349).

Loewald's uneasiness with inclinations to discard earlier formulations and models in favor of embracing new ones is quite in keeping with his view of psychological development as taking place as the result of continual and ongoing incorporation of new input that contributes to steady revision and modification of that which has already been internalized and developed, rather than destroying and replacing what is already there.

FACILITATION OF INDEPENDENCE
AND AUTONOMY

Loewald makes two important observations in this paper that pertain to our understanding of the developmental process, and also to our understanding of the way psychoanalytic treatment works. One observation (not fully developed) is that, in the course of interacting with their children, at least in favorable circumstances, parents themselves also grow and develop emotionally, just as analysts do in working with their analysands. The other is that ambivalent feelings are inevitable between children and their parents, just as they inevitably arise in the course of analytic work—in the analyst as well as in the patient.

In discussing this, Loewald harks back to Freud's use of the terms *ideal ego* and *ego ideal:*

> The ideal ego, by identification with the parental figures—perceived as omnipotent—represents, in Freud's view, a recapturing of the original, primary narcissistic, omnipotent perfection of the child himself. It represents an attempt to return to the early infantile feeling of narcissistic sufficiency, so rudely disillusioned by the inevitable frustrations and deprivations inherent in the conditions of extrauterine existence. [1962, p. 1125]

The child at first clings to the illusion of "symbiotic" union with the mother, and then to "reliance on the seeming parental omnipotence" (p. 1125), Loewald continues. In fact, "both the child and the parents can be said to have fantasies—some would say illusions—about the other's state of perfection . . . or at least . . . perfectibility" (p. 1126). Such illusions are very difficult to maintain, however. The child inevitably finds itself disappointed by and angry with its parents (and vice versa) for thwarting its aims to exert dominance and control. These experiences, so long as they remain within the bounds of tolerability, lead to an increasingly realistic appraisal by the child of the parents and by the parents of the child, along with increasing maturity and effectiveness within the egos

of both. Self psychologists, in particular, have come to focus analytic treatment heavily upon past failures of helpful, empathic attunement, and upon the mutative effect of the repair of these breaches of empathy.

Loewald (1962) emphasizes that:

> The parents are to be the guides in this process of clearing and resolving which leads to a more rational mutual relationship externally, as well as to a reasonably balanced internal relationship within the ego-superego system, in so far as the internalized demands lose their archaic insistence on narcissistic perfection. [p. 1127]

He uses Ferenczi's observations on "sphincter morality" as a superego precursor to illustrate how parental failure to be "in tune with the maturational stage of the child—a lack of empathic interaction . . . interferes with internalization" (Loewald 1962, p. 1128). When parents are tuned in to the child's maturational stage and are aware of what the child needs to negotiate that stage, the child internalizes the parental assistance it receives, including its perception of what the parents favor and disfavor, approve and disapprove, and transforms it into something internal that it can continue to use to enhance and expand its effectiveness in dealing both with its own impulses and with the outside world. Loewald emphasizes that this process takes place throughout the life span, and that it is its continuing operation that allows psychoanalysis to be successful later on.

With each significantly disappointing loss, there is an experience of something that is somewhat similar to the way that children and adults mourn someone who is actually lost to them:

> Elements of the lost object, through the mourning process, become introjected in the form of ego-ideal elements and inner demands and punishments [that] . . . over long periods of time . . . may be found to be progressive, so that eventually what was an ego-ideal or superego element becomes an element of the ego proper and is realized as an ego trait rather than an internal demand. [pp. 1128-1129]

In other words, the taking in of external restraints and prohibitions in the service of facilitating realistic adaptation to the external world promotes autonomous self-regulation and self-control, as well as a more mature relationship with the object world. By inference, the analyst's appropriate and well-timed deprivation of gratifications, and/or expressions of disapproval of inappropriate behavior, is necessary if an analysand is to receive maximal benefit from analysis.

Loewald indicates, finally, that analysis affords the analysand opportunities to project or externalize superego elements onto the person of the analyst. This enables the analysand—as Loewald discussed in "On the Therapeutic Action of Psychoanalysis"—to utilize the analyst as a parent figure:

> [This is] representative of a higher stage of organization [that can offer] . . . integrative . . . experiences of interaction, comparable in their structure and significance to the early understanding between mother and child . . . which in its full implications and in its perspective is a radical departure from the classical "mirror model." [1960, p. 239]

The analyst is thus afforded an opportunity to utilize the power conferred by the analysand to become a new preoedipal and oedipal parent—that is, to function as a guide and assistant who is perceived simultaneously and alternately as an omniscient, omnipotent being whom the analysand desperately needs, and/or as a de-idealized equal who can be questioned, doubted, criticized, competed with, at times defeated, and ultimately given up as no longer needed. And the analyst needs to be able to recognize when it is important to accept and go along with the use that the analysand is making of him or her at a particular time.

Loewald appears to recognize the duality of what takes place within an analysis, but he nevertheless focuses more on what occurs in the child than what occurs in the parent, and more on what is taking place in the analysand than what is taking place within the analyst. As Wesley (2000) points out, Loewald was "distinctly modern" in his belief that "early life experiences caused later psycho-

pathology," but "postmodern" in his "emphasis on the relational factor in psychoanalytic cure—Loewald's idea of the analyst as a 'new object'" (p. 401), even as he "fashioned his quite radical innovations within the terms of classical psychoanalytic theory" (p. 404).

Loewald notes that a parent is only human, and so is a psychoanalyst. Both are still evolving, and both bring to their interactions their own needs, biases, struggles, conflicts, ambivalent feelings, and limitations. Every parent and every analyst oscillates between being helpful and facilitating independent growth, on the one hand, and pursuing his or her own needs and desires in ways that are not necessarily in the other's best interests, on the other. The myth of the perfectly analyzed analyst is just that—a myth (Silverman 1985).

Loewald (1960) expressed caution about the power the analyst has in influencing the process of rebuilding "the core of himself and 'objects'" (p. 229), which the analysand allows to emerge during the analytic process: "If the analyst keeps his central focus on this emerging core, he avoids molding the patient in the analyst's own image or imposing on the patient his own concept of what the patient should become" (p. 229).

Wesley (2000), similarly, expressed hesitancy about certain aspects of a recent tendency to emphasize the real relationship in the course of analytic interaction with the patient:

> But what exactly does "more self expression by the analyst" mean in practice? . . . If we abandon the goals of neutrality and abstinence, what are the dangers at the margin? Does awareness of our subjectivity become a license to impose our personal views on an analysand, who, because he or she is a patient, is vulnerable to such impositions? Has a technical problem in psychoanalysis been transformed into a technical recommendation? [p. 408]

Such challenges—apt to face the analyst daily—are epitomized in the following vignette, shared with me by a colleague:

> A 14-year-old patient, P, announced at the beginning of an analytic session that her dog had just died, apparently of

cancer. The analyst, Dr. R, spontaneously reacted by being sympathetic and comforting. The patient, however, drew back from this, and indicated that she did not at all find it helpful to be soothed and comforted. She expected to talk to friends about what had happened, she said, and was certain that *that* would make her feel better.

In thinking about this, Dr. R realized that P's negative response to being comforted probably stemmed in part from her adolescent need to move away from adults and toward her peers for solace and assistance. Her response could also be viewed in light of the fact that her divorced mother had not only gone through a period of not liking P (connected with the mother's unsatisfactory experiences with her own parents), but had also held back from allowing herself to get close to P, while the patient's father, who had suddenly reappeared on the scene, threatened to take P away from her.

Dr. R also realized that she had responded to P in the way she did in part because she was being reminded of a time a number of years earlier when she had gone through cancer surgery and chemotherapy herself, and, overwhelmed by physical and emotional distress, she had not been able to adequately help her own daughter cope with the threat of possible maternal loss. Dr. R further realized that, in the past, her own mother had failed to help her deal with the fact that the mother was herself undergoing cancer treatment—just as she had failed to help Dr. R with childhood issues of growing up, many years earlier.

The analyst was exquisitely aware of the need to "disentangle the intertwined" issues in her patient and in herself, if she were to be able to help P effectively, and to refrain from an inclination to use the interaction over the illness and death of the dog for her own purposes. During the sessions that followed, aware that she would have to wait until P might be ready to delve into what had been stirred within her by the loss of her dog, she was able to largely sit and listen, without being unduly intrusive, while P continued to mourn this loss. The patient subsequently indicated that she had felt helped and was grateful to Dr. R.

CONCLUSION

In sum, the analyst plays a triple set of roles on the analytic stage. She allows the analysand to externalize and to project upon her the imagoes of past objects of the patient's own loves and hates, with all their positive attributes as well as their defects, deficiencies, and disturbances. The analyst must allow this to happen even when it makes her feel abandoned, dehumanized, or misused. In this role, she needs to weather the barrage of—at various times—puerile demands, complaints, and vilifications that she can expect the analysand to heap upon her, and she must do so without complaint, demurral, or seeking any retribution.

The analyst, secondarily, permits the patient to invest her with the powers, realistic and unrealistic, that previously resided in the analysand's parents, as well as in siblings, other relatives, teachers, doctors, and all the other significant figures who populated the analysand's world while she was internalizing them and their interactions with her, in the process of building her inner world and developing her own self as a person with power and emotional strength. In this regard, the analyst must provide the kind of responses that assist with the definition of self and other—the reactive as well as spontaneous emotional expressions that convey recognition and appreciation, in addition to the intermittent admonitions, cautions, and prohibitions that the patient received, and/or should have received, from parents and other players on the patient's stage during childhood and adolescence.

Furthermore, the analyst must exercise the self-restraint necessary to resist straying too far from the qualities exhibited by the original models upon which the dramatic role she is being asked to play are based. Otherwise, the analyst will be experienced as too far from the original models to be usable as an assistant, as the patient resumes the internalization process through which her psychological structure was constructed, so that the patient can continue to build and be rebuilt. It is vitally necessary, for example, as Busch (1999) and Goldberg (2004) have stressed, for the analyst to

hear the music as well as the words, and to be on the same page as the patient in the analytic drama that is unfolding.

Finally, the analysand needs the analyst to be a brand new object, different from the original objects and able to present a new model for dealing with people. In this role, the analyst must be herself, and must be spontaneous and real as she interacts with the patient. This role may be easier and more comfortable than the other two roles, but imposes its own stresses. It requires the ability to be sensitive about how far to go, and how far not to go, in functioning as an altogether new object. Care must be taken not to intrude upon the analysand's agenda or to use the patient for the analyst's own emotional ends.

Psychoanalytic work entails clear-sightedness, deftness, and the ability to know when and how to play each role, at times more or less sequentially and at times simultaneously. Hans Loewald, in the paper spotlighted in this commentary and in his other contributions, has been extremely helpful in assisting us in carrying out this task, by greatly clarifying the second role mentioned without losing sight of the first one, and casting important illumination on the third role as well. For this we can be grateful.

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A LETTER TO HANS LOEWALD

BY RICHARD B. SIMPSON

October 1, 2007

Dear Dr. Loewald,

I'm writing to you as a way of getting through some difficulty I'm having in putting together a commentary on your paper "Internalization, Separation, Mourning, and the Superego" (1962). I feel I've gotten to know you pretty well over the years as I've read and reread your papers. Rereading your papers usually surprises me because I find more there than I realized at first. I have come back to you often, seeing your work as based on something quite deep that comes through persistently in your approach to any psychoanalytic topic, whatever it may be.

Although it may seem a bit strange for me to write this letter, I somehow find it more natural to address you directly than to refer to you as an object in the third person. I often find myself consulting you, so to speak, when I am having trouble getting back to what psychoanalysis is all about. Recently, you helped me through a very difficult time with a patient with whom there seemed to be a total impasse. It was an idea you put forward in "Internalization, Separation, Mourning, and the Superego"—the idea about the superego relating to the future-as-possibility—that helped both the patient and me get through the impasse.

For me, this paper of yours engenders a kind of mourning that your work was not more appreciated for its depth and originality during your lifetime. Death and mourning do not seem to be talked about a lot in psychoanalysis these days, but this paper, in

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particular, reminds me of the importance of the role that death and mourning play in our work.

Although I have been asked which of your papers I consider to be your best, I tend not to think about your work in that way. Each of your papers offers something different. Like a filmmaker whose camera tracks around the subject, shooting from one angle, then a different one and yet another, your writing circulates, giving it motion and fluidity that defies reduction into simplistic formulas. Your writing also defies linear commentary or being précised. There is no fat to it; each word is there for a reason, and repetitions do not so much repeat as recirculate what was said before and integrate it into another layer of meaning.

So, in writing to you, Dr. Loewald, and in commenting on your work, I have the challenge of trying to say something that is not already there in the work itself. I found myself searching for a red thread that would help others through the labyrinth of this paper. Finally, I gave up on this linear approach and decided to concentrate instead on different points in "Internalization, Separation, Mourning, and the Superego" at which your thinking crosses paths with that of three French psychoanalytic authors: Laplanche, de M'Uzan, and Lacan. I will also discuss some intriguing influences of Heidegger to be found in your work and add a few words about your views on the matter of psychoanalysis as science. But first I will discuss some of your comments about Freudian theory and make some general remarks about your 1962 paper.

FREUD AS A STARTING POINT

I hope to approach your work in the spirit of reexamination and redefinition, Dr. Loewald, in order to further the transmission of what you took from and added to Freud. I will begin by noting that your use of Freud's language (which has turned off many readers, we must acknowledge, leading them to cast aside your views as old-fashioned) has been a revelation for me. In recently rereading "On the Therapeutic Action of Psychoanalysis" (Loewald 1960), I was amazed by its vitality and scope. It is very dense and

forward looking—especially considering that it was among your earliest publications. In fact, the paper we are most interested in here, "Internalization, Separation, Mourning, and the Superego," published two years after "On the Therapeutic Action of Psychoanalysis," could have been called "The Therapeutic Action of Separation and Mourning."

The Structural Theory and Oedipal Versus Preoedipal Issues

In a review of Arlow and Brenner's book on the structural theory,[1] you chide them for the way they read Freud as a closing down of ideas, and suggest an alternative reading:

> To my mind, Freud's earlier way of conceptualizing and ordering his observations, deductions, and ideas, comprised under the term "the topographic theory," is reduced by the authors to a scheme more rigid and final than it actually was . . . . By the same token, their own exposition of the structural theory which they consider superior, is equally rigid, oversimplified, and final in tone and quality. There seem to be no open ends, debatable issues, genuinely obscure phenomena and meanings. But most psychoanalytic concepts, and above all the more basic ones, are subject to a continuous process of reexamination and redefinition, of expansion and deeper or new understanding; new meanings of old concepts become apparent and unexpected connections between early and later formulations move into sight. [Loewald 1966, pp. 432-433]

You begin "Internalization, Separation, Mourning, and the Superego," Dr. Loewald, by clearly setting out your vision of the differences between the oedipal and preoedipal phases of the development of psychic structure. This division into two developmental phases forms the basis for an important form of psychoanalytic logic that you use throughout your work. By and large, in your thinking, *preoedipal* designates the earlier domain where primary process predominates, and *oedipal* indicates the domain

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[1] Arlow, J. & Brenner, C. (1964). *Psychoanalytic Concepts and the Structural Theory.* New York: Int. Univ. Press.

where secondary processes begin to form and interact with primary forces. Initially, this seems simple, but what follows from the "nondifferentiation" of the preoedipal phase has very important consequences for how one conceptualizes the mind and human life.

A crucial question arises here about the relation of primary nondifferentiated phenomena to later, secondary phenomena. One of your major insights was that "earlier" stages are not left behind, but continue to exist side by side with later ones. You described this very well in your first published paper, "Ego and Reality" (Loewald 1951):

> Freud has raised the problem of psychological survival of earlier ego-stages side by side with later stages of ego-development; a problem which he says has as yet hardly been investigated. If we look closely at people we can see that it is not merely a question of survival of former stages of ego-reality integration, but that people shift considerably, from day to day, at different periods in their lives, in different moods and situations, from one such level to other levels. In fact, it would seem that people are more alive (though not necessarily more "stable"), the broader their range of ego-reality levels is. Perhaps the so-called fully developed, the mature ego is not one that has become fixated at the presumably highest or latest stage of development, having left the others behind it, but is an ego that integrates its reality in such a way that the earlier and deeper levels of ego-reality integration remain alive as dynamic sources of higher organization. [p. 20]

I view your concept of *ego-reality integration* as a much more nuanced view of what constitutes the range of potential human experiences of "reality"—or, to put it more simply, the range of potential human realities. The way you use the word *integration* in this first paper parallels your later development of the notion of *internalization*. Integration allows for the articulation of distinguishable entities within a larger whole, which is one aspect of internalization. Psychopathology—or, depending on how one views the world, the human condition—relies heavily on the possibility

of *articulating* these early phases of ego-reality integration with later phases. When secondary processes profoundly predominate over primary process, we end up with an obsessional world full of isolated subjects and objects: in order and under control, but lacking in vitality. And, as you pointed out in your first paper, Dr. Loewald, this obsessional version of reality has too often been taken as the psychoanalytic norm, the life to be strived for. Conversely, when secondary process structures are lacking and cannot bind the energy of primary phenomena, we end up with a kind of inability to sustain tension or to elaborate a dynamic unconscious and preconscious, especially in character structures where excitation is discharged into others or into the body, as de M'Uzan (2003) described.

In "Internalization, Separation, Mourning, and the Superego," you state that, in the preoedipal phase, "early ('ego-') identifications take place during stages of development when inside and outside—ego and objects—are not clearly differentiated, which is to say that the stage where 'objects' can be 'cathected' is not yet reached" (p. 1114[2]). I believe you are making the point here, Dr. Loewald, that in the early phases, *what comes to be the ego* is not yet capable of cathecting an *object as an object*. But the parents, proto-objects of the environment for the child at this stage, are—hopefully—capable of cathecting the young child. The ways in which the child is cathected by the parents include a whole range of libidinal and aggressive investments of the child's body/mind as sources of pleasure/pain for the parents.

THE INTERFACE WITH FRENCH PSYCHOANALYSIS

If you and I could have a conversation, I would be curious about how you would respond to connections I make between your work and that of certain French psychoanalytic authors. Over the years,

[2] *Editor's Note:* In this article, page numbers from Loewald 1962 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1962.

I have grown more interested in French psychoanalysis, probably because French analysts tend to emphasize their return to Freud. In your book *Sublimation* (republished in 2000 in *The Essential Loewald*), you spoke about reconciliation as a "return, on a higher level of organization" (p. 517), and I think you strove always to bring about your own reconciliation with Freud. In again reading "Internalization, Separation, Mourning, and the Superego," I find that my knowledge of certain French authors—Laplanche, de M'Uzan, and Lacan, to be specific—helps me appreciate the richness and depth of your work more fully. And, in a reciprocal manner, your work helps me to integrate their seemingly diverse forms of theorization into a larger, more complex unity.

My resonance with this paper also brought to mind a concept frequently employed by French analysts—the "transmission" of psychoanalysis—that questions how we, as analysts, let go of and yet keep what came before us. Transmission on a cultural level is parallel to internalization on a personal level. For transmission indicates all kinds of interactions, conscious and unconscious, that happen in the social milieu of analysis and eventually take up residence within the psyches of those of us who identify themselves as analysts. I think that the more difficult-to-read authors, those who demand personal engagement with their ideas—such as you—are those who most profoundly transmit psychoanalysis and psychoanalytic ideas.

Jean Laplanche: Cathexis, Seduction, and the Decentering of Psychoanalysis

I think you might have had an interesting discussion with Laplanche about the early world of the child, Dr. Loewald; for one could argue that to be *cathected by the other* amounts to a kind of seduction. Laplanche (1997) puts it this way:

> It is true, in this sense, that I give a kind of essential primacy to "seduction," every time the child is confronted with the parental universe. Seduction, as an enigmatic message addressed, unilaterally, by the adult to the child, is to

be found at the very heart of the other "primal fantasies," and particularly in what renders the "primal scene" enigmatic and traumatising. [p. 661]

Drawing on your previous work, you could have made a further point to Laplanche: that when there is an "enigmatic message," *enigmatic* could refer equally to the fact of nondifferentiation of subject–object at this stage, which in turn implies that some early impressions are actually traces of nondifferentiation left to reside in the psyche. Furthermore, because the child has some capacity to interact, the development of the child's capacity to express itself is still in process, still being formed in the interplay between child and its surround. Thus, implicit in your view of internalization, Dr. Loewald, is that enigmatic messages can include identifications and other forms of internalization that come to constitute the unconscious of the child.

Implicit in Laplanche's view of the internalization of otherness is something that you lay out as part of your schema of how we progress from a primary condition (primary identifications, primary narcissism, and primary aggression) to processes of externalization, during which what has been externalized is changed and then reinternalized. You expressed it this way:

> They are not quite the same drives as they were before externalization; they have been qualified and differentiated by externalization, that is, by having become object-cathected. (Freud [1917, p. 249] wrote: "The shadow of the object fell upon the ego.") Figuratively speaking, in the process of internalization the drives take aspects of the object with them into the ego. Neither drive nor object is the same as before, and the ego itself becomes further differentiated in the process. Internalization is structure building. [Loewald 1962, p. 1122]

Here is a description of Laplanche's (1997) approach to the process of internalization:

> What is missing in Freud—preventing him from maintaining the alterity of the other person (the seducer) who in

turn guarantees the alterity of the other-thing (the uncon-
scious)—could be given different names, but in the end
they are not greatly distinct: address, message, index which
"makes a sign."

   To address someone with no shared interpretive sys-
tem, in a mainly extra-verbal manner—or, which amounts
to the same thing, with verbal signifiers outside of their
linguistic "usage"—such is the function of adult messages,
which I claim to be simultaneously and indissociably enig-
matic and sexual—in so far as they are not transparent to
themselves, but compromised (in the psychoanalytic sense
of the term) by the adult's relation to his own uncon-
scious, by unconscious sexual fantasies set in motion by
his relation to the child.

   Internal alien-ness "held in place" by external alien-
ness; external alien-ness, in turn, held in place by the enig-
matic relation of the other to his own internal alien—such
would be my conclusion concerning the de-centring revo-
lution I have proposed here in continuation of the Freudi-
an discovery. [p. 660]

Whereas Laplanche emphasizes alterity—both of the other to
the developing child, and of the unconscious as an inner alterity
to the self—you emphasize the process of differentiation. When
you say that "neither drive nor object is the same as before," we get
the sense that both you and Laplanche see the drives and the un-
conscious as being formed in this process of interaction. Both of
you accomplish a decentering of psychoanalysis from the view of
the mind as a closed system. Dr. Loewald, I think that you also de-
center psychoanalysis from a prejudice that takes subject–object
differentiation as a given, rather than as something that develops
and oscillates with dedifferentiation in health and pathology.

   Another ramification of the way you think about internaliza-
tion leads to yet a different kind of decentering of psychoanalysis.
I will develop the argument that you decenter psychoanalysis from
a focus on psychic structure as localization in space, to psychic
structure as differentiation and interaction of temporal phenome-
na. This argument proceeds from your discussion of the relinquish-
ment of incestuous oedipal objects. One might say that on top of,

or side by side with, primary identifications, primary narcissism, and primary aggression—out of which the psychic apparatus forms—secondary phenomena are added or produced by further differentiation of the psyche. Thus, secondary or oedipal identifications and secondary drive phenomena have the quality of having interacted with external objects, which is to say that the child starts to form cathexes of objects-as-objects within the flux of cathexes from the parents (conscious and unconscious) that leave their impressions in the child.

Interestingly, here you make a subtle but profound move: you place Freud's comment that "the shadow of the object fell upon the ego" into the context of a renouncement of incestuous object cathexes during the oedipal phase. Your major innovation here is to view *mourning*, seen originally by Freud as a phenomenon of later life, as having already started to occur in the resolution of the Oedipus complex, and so this resolution conditions one's capacity to mourn later in life. I get the sense here that the "shadow" of the object is neither the object itself, nor a simple identification with the object; it is something more subtle than that. It has to do with the interactions of the child with the parent, which include the child's first experiences—unique for each child—of the loss of union with the parent.

What is internalized in the resolution of the Oedipus complex is the relinquishment of the parental figure as an incestuous object, so that what is internalized is not a primary identification, but rather a *relinquished incestuous object*—and here the most important word is *relinquished*. One might think of *relinquished* as like a minus sign, creating a kind of *minus incestuous object*. And it is this external minus sign that gets internalized as the *differentiating grade in the ego* that eventually becomes the superego. I would place the emphasis here on structural difference—that is, the gradient in the ego that becomes the superego takes on a different form in the psyche, and thus the gradient is in the *form* and not in the *content* of the form.

One might think of the "minus sign" as indicating a "not now," a delay or a deferment, for those indications that we think of as *superego identifications* or *secondary identifications*. And out of there being a "not now" comes "if not now, then later"—the temporal mode of the future. This is simply another way to state that your view of the super-

ego as the acquisition of an "inner future," (a view to which I will return), follows logically from the central role you give to external relinquishment. Once delay is internalized, we move away from hallucinatory, magical, omnipotent wish fulfillment—one could call it *primary wish fulfillment*—and toward the binding of energy in thought and language. This process includes the possibility of representation of the wish in fantasy development—call it *secondary wish fulfillment* (or what many French authors, including de M'Uzan [2003], would call it: *desire*). And indeed, as you wrote about later on, the "resolution" of the Oedipus complex is merely an ideal; it is generally more realistic to speak in terms of "The Waning of the Oedipus Complex," to use the title of your 1979 publication.

To summarize the conclusions that you draw here: the "relinquishment of incestuous object cathexes" leads to a more complex psychic structure and is the prototype of mourning. This process is crucial to the therapeutic action of psychoanalysis. Resolution of the Oedipus complex is the first relinquishment, the first loss, and the loss upon which the capacity to mourn is founded.

Michel de M'Uzan: Psychic Energy and the Repetition of the Same and the Identical

I would like to point out an interesting comparison about how you use the concept of *psychic energy* and how de M'Uzan (2007) uses it (see pp. 1205-1220 of this issue of the *Quarterly*). First, I will quote the paragraph in which you note that the energy freed up in the renunciation of incestuous object cathexes leads the way to change:

> The parents remain present during this period but change their attitude; they promote a partial detachment, a decathexis of libidinal-aggressive drives from themselves as external objects so that an amount of such drive energy is freed for narcissistic recathexis. Moreover, some drive en-

ergy becomes available for eventual recathexis in non-incestuous external relationships: parents promote emancipation. Decathexis of drive energy from the incestuous object relations promotes, in varying proportions, both narcissistic recathexis (internalization) and recathexis in nonincestuous object relations. However, to the extent that incestuous object cathexis does not undergo some degree of internalization (change into narcissistic cathexis) prior to recathexis in external object relations, the new external object relations remain incestuous in character; without further differentiation of the inner world no further differentiation of the object world takes place. [Loewald 1962, pp. 1123-1124]

To put it another way, one might say that the less there is a renunciation of incestuous object cathexes, the more the pattern of involvement of the person with other people and the world will be a *repetition of the identical,* as de M'Uzan calls it. De M'Uzan describes how important it is to look for differences in the way a patient repeats things, however small the differences may be. To illustrate on a microscopic scale a point that you have discussed macroscopically, he gives the clinical example of a woman who frequently counted to ten in her head, and then began to count to eight instead. He states:

The "eternal return of the same" that Freud evokes is not at all the unlimited repetition of the identical. Even if limited in the extreme, a change in the analytic situation that is revealed in a new version of what has previously been expressed always indicates important work—the call of unrelenting desire. [de M'Uzan 2007; see p. 1207 of this issue]

What I would like to focus on here is de M'Uzan's description of the metapsychology of these small changes in the *repetition of the same,* as opposed to the absence of even small changes in the *repetition of the identical.* Again, I would read desire as secondary wish fulfillment that involves the delay, release, and rebinding of energy into new constellations of representation in words and images.

De M'Uzan continues: "I evoke . . . one aspect of this: the mobilization of the counterinvestment,[3] which is the *objective* alliance concluded between preconscious refusal and the attraction exercised on the representation in question by its unconscious prototypes" (p. 1207 of this issue; italics in original). De M'Uzan's "preconscious refusal" refers to the way in which these counterinvestments act to censor drive expression from the "unconscious prototypes," where *prototypes* refers to the incestuous cathexes that are repeated. And I think, Dr. Loewald, that you would refer to de M'Uzan's "counterinvestment" and Strachey's "counter-cathexis" as *narcissistic cathexes* of a secondary process nature that can act as ego defenses.

Returning to de M'Uzan (2007):

> In this respect, I suggest that this attraction does not have to be conceived in an absolutely uniform way as an expression of the repetition compulsion (Freud 1926). The representation does not return to the unconscious in order to get stuck to the aforementioned prototypes; it first of all reaches a place where energy circulates more freely in order to find new momentum. We then have the right to speak of a recouping of energy. Moreover, this backward movement is the period of time necessary for a redistribution of representations that uses condensation and displacement and implies the presence of a number of terms. [See p. 1207 of this issue.]

This freeing up of energy is reflected clinically in the capacity to experience a greater range of associations to the same recurrent psychic stumbling block. The mechanisms that process this energy in the preconscious are condensation and displacement—in other words, modes of movement of representational content and investment. This movement proceeds due to the beneficial effects of the articulation of primary process energy with secondary

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[3] *Translator's Note: Investment* and *counterinvestment* are translations of the French *investissement* and *contre-investissement,* respectively. The corresponding translations in Strachey's *Standard Edition* of Freud's works are *cathexis* and *counter-cathexis.*

processes. De M'Uzan also states that there is a "backward move-ment" in the period of time, which I take to indicate that the factor of a delay of discharge is crucial in order for change to occur. De M'Uzan continues:

> Faced with this distortion of the figures that are destined to return in order to express the play of desire, we have the right to speak of a true dramatization, completely governed by the pleasure principle. In our *praxis*, at least, it would be risky to prematurely rule out such a dramatization: this is the case even in those situations where everything we observe seems to belong to resistances that make one talk in terms of the negative therapeutic reaction. [2007; see p. 1207 of this issue.]

The dramatization that de M'Uzan speaks of here is the moving forward of the patient's capacity to historicize herself, and, in this case, it involves a story of early loss. It is interesting to note that de M'Uzan works with this patient by using his own associations and by talking to her about counting only as far as eight rather than ten. He immediately asks her, "There are two missing, who are they?" This is not really an interpretation, but the marking of a change that points to loss.

Later, the patient's fantasy of incestuous impregnation by the analyst comes to light, and connected to that fantasy is the loss of the patient's father when she was quite young. I think you would agree that your own emphasis on differentiation and higher orders of complexity, Dr. Loewald, corresponds to the thrust of de M'Uzan's argument that small differences in the repetition give us an opening to an interaction with the patient that will lead to change in analytic treatment.

Jacques Lacan: Formation of the Superego and the Loss of Primary Ideality

The third part of your 1962 paper traces out the formation of the superego. Using your rubric of primary and secondary, one might say that there is a primary form of ideal—the *ideal ego*—and

a secondary form of ideal—the *ego ideal*. From the total nondifferentiation of primary narcissism proceed states that fluctuate between omnipotence and helplessness, depending upon how much the external environment is willing and able to match the needs of the young child. To quote your words:

> The ideal ego, in contrast to the child's frequent experience of an impotent, helpless ego, is then a return, in fantasy, to the original state; it is an ego replenished, restored to the wholeness of the undifferentiated state of primary narcissistic union and identity with the environment, by identification with the all-powerful parents. The process could be described—naively yet perhaps quite aptly—as one whereby the child reaches out to take back from the environment what has been removed from him in an ever-increasing degree since his birth: identification that attempts to reestablish an original identity with the environment. This identity of the past, at first "hallucinated" by the child in the manner of hallucinatory wish fulfillment, gradually becomes something to be reached for, wished for in the future. [Loewald 1962, p. 1125]

Thus, you see the ideal ego as an attempt to reestablish an original identity with the environment through identification with idealized, omnipotent parents. Frustration and a sense of narcissistic insufficiency trigger this identification with the ideal when the attempt is to take back what has been progressively removed since birth—an original or originary identity with the environment.

You bring in the element of *time* at this point. In its primary form, this attempt to take back an originary identity with the environment is by hallucination, in order to recover an *identity of the past*. But, if all goes well in the process of superego formation, the secondary form of the ideal develops as the ego ideal. And then the category of time that comes into existence is the future, because the ego ideal is something to be reached for, to be wished for in the future.

It is here that one of the most innovative and provocative ideas in your paper comes into view. It is the idea that the essential fea-

ture of the superego is the "inner future" aspect of its structure. You discuss the interactions of ideals between parents and children in a similar manner to the way in which you discuss *cathexis* as an interactive process with the parents. Here you outline the various interactions possible between the protoideals of the child, on the one hand, and the illusions or fantasies of perfection that inhabit the parent and are conveyed to the child in one way or another, on the other hand. The parallel to renunciation of the incestuous object cathexis is disillusionment with the parents as ideals. If frustration is not overwhelming and the disillusionment can be managed within the child's capacities, the child develops expectations and demands that are much modified from the archaic insistence on narcissistic perfection. As you summarize: "The superego is constituted of those authorities that are clearly internal and have become a 'differentiating grade in the ego,' thus being clearly differentiated from external love-hate authorities and ideal images" (Loewald 1962, p. 1127).

You emphasize, Dr. Loewald, that the superego results from a first edition of mourning, the mourning of a lost ideal of union with the perfection and absolute authority of archaic incestuous figures of primary narcissism. Although you might not always have liked his style, Lacan had some important ideas that correlate to your thinking about ideals. When you speak about an attempt to take back an originary identity with the environment, I think this is the same territory that Lacan discussed in terms of "*das Ding*" and the *objet petit a*.[4]

As I understand Lacan's theory, at the point of symbolic castration—the point when identificatory merger must give way to psychic separation and symbolic communication, most notably in language—it is *le nom du père*, the name/*no* of the father, structured within the paternal metaphor, that acts to block union with the mother. Or, to put it in a more Lacanian way, the block is to *being* the *desire of the mother* or to being the imaginary phallus of the

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[4] Lacan (1978) spoke of the mother as *das Ding*, from the German for *the thing*. But the concept of *das Ding* later mysteriously disappeared from Lacan's writing, apparently replaced by that of the *objet petit a*.

mother. The *no* that comes about through the *name* corresponds
to what you describe from the child's side as relinquishment of the
incestuous cathexes.

Lacan interpreted Freud's use of *the thing* as primordially un-
knowable, unrepresentable, and outside signification in the realm
that Lacan called the *real*. To merge with this "thing" would be an
impossible psychotic experience of terminal *jouissance* in a total
loss of all boundaries. Lacan's use of *objet petit a* represents, for
our purposes here, his particular theorization of an originary lost
object. This concept is perhaps most accessible in Lacan's discus-
sion of envy related to St. Augustine's observation of a child on see-
ing his brother at the breast. St. Augustine (397-398 A.D.) noted that
his observation showed:

> . . . that if babies are innocent, it is not for lack of will to
> do harm, but for lack of strength. I have myself seen jeal-
> ousy in a baby and know what it means. He was not old
> enough to talk, but whenever he saw his foster-brother at
> the breast, he would grow pale with envy. This much is com-
> mon knowledge. [p. 28]

Lacan uses the image depicted here by St. Augustine to illus-
trate that what is envied is not really the breast. His reference here
to *objet petit a* is to one of its forms as the *gaze*. When one sees a
particular image, it is as though something looks back at the view-
er, according to Lacan, and that something is what he calls the *gaze:*

> In order to understand what *invida* [Latin for *envy*] is in its
> function as gaze, it must not be confused with jealousy.
> What the small child, or whoever, envies is not at all nec-
> essarily what he might want . . . . Who can say that the child
> who looks at his younger brother still needs to be at the
> breast? Everyone knows that envy is usually aroused by the
> possession of goods which would be of no use to the per-
> son who is envious of them, and about its true nature he
> does not have the least idea.
>
> Such is real envy. What is in front of him that makes
> the subject pale with envy?—he is in front of the image of a
> completeness that closes on itself, an image of that which

the little *a,* the separated *a* from which the younger brother hangs, may be for an "other" the possession that gives satisfaction. [Lacan 1978, p. 116]

I take it from this passage that what is envied, what the child reaches for, is "the completeness that closes on itself." This corresponds to what you described, Dr. Loewald, as the child reaching out "to take back from the environment what has been removed from him in an ever-increasing degree since his birth: identification that attempts to reestablish an original identity with the environment" (Loewald 1962, p. 1125).

When looked at from your perspective on primary identification and primary narcissism, what Lacan called the *imaginary,* as opposed to the *symbolic* and the *real,* is the whole force field that pulls us ineluctably towards totalizing experiences of union with ideals of perfection. Lacan took the totality of the form of the body in the mirror as the image par excellence from which the illusion of our supposed perfection springs. His attacks on the principles of ego psychology were, I think, primarily attacks on the whole movement of obsessional perfectionism as exemplified by the idea of the well-analyzed ego and the autonomous ego. Among the things that distinguished you from ego psychologists of the time, Dr. Loewald, was the sense of movement in your writing about the psyche: movement within the psyche, movement between inside and outside, and the continual possibility of transitions of one form of the psyche into another form. And all this movement is underpinned by what you call the *deepest root of our ambivalence:* "Neither separation nor union can ever be entirely unambivalent. The deepest root of the ambivalence . . . seems to be the polarity inherent in individual existence of individuation and 'primary narcissistic' union" (Loewald 1962, p. 1120).

THE INTERFACE WITH PHENOMENOLOGY

You are a methodical, demanding, frustratingly logical, and ultimately strangely rewarding writer, Dr. Loewald. If there can be said

to be an American psychoanalyst who writes like a phenomenologist, it is you.

Martin Heidegger: Being-unto-Death and the Structure of Time

For me, your early philosophical training with Heidegger is an important aspect of your work, and I will point out places where I think that this shows through in spite of what must have been a highly ambivalent relationship with Heidegger. I imagine it was difficult to both renounce Heidegger—the Nazi party member—and yet somehow also to retain something valuable from his teaching as you left Germany, going first to Italy to pursue medical and psychiatric training, and then to the United States to train as a psychoanalyst. Forgive me if I read something about these life experiences of yours in the following excerpt from "Internalization, Separation, Mourning, and the Superego":

> The death of a love object, or the more or less permanent separation from a love object, is the occasion for mourning and for internalization. The unconscious and conscious experiences of threats to one's own existence as an individual, heightened by the increasing awareness of one's own eventual death, is, I believe, intimately connected with the phenomenon of internalization. [Loewald 1962, pp. 1116-1117]

One does not have to look too deeply into this quotation to see the echo of Heidegger's view of man, *dasein,* as a being-unto-death. Nor is your fascination with time in terms of psychic structure unconnected with the relations between *being and time* in Heidegger's thought. So I am taking the fact that you don't speak of Heidegger—"most of the time" (to quote Bob Dylan's strangely moving lyric about loss)—as evidence of how difficult that separation must have been.

At the end of "Internalization, Separation, Mourning, and the Superego," you propose a view of the psyche as a structure of time:

> The greater or lesser distances from the ego core—the degrees of internalization of which I spoke—perhaps are

best understood as temporal in nature, as relations be-
tween an inner present and an inner future. Such structur-
alization obviously is not spatial. Physical structures are in
space and organized by spatial relations. It may be that we
can advance our understanding of what we mean when we
speak of psychic structures if we consider the possibility of
their mode of organization as a temporal one, even though
we do not as yet understand the nature of such organiza-
tion. It might well be useful to explore further not only
the superego in its relations to the temporal mode future,
but also the time dimensions of id and ego and their rela-
tions to the temporal modes past and present. [Loewald
1962, p. 1131]

And, ten years later, you expand on this question of time and
psyche:

When we consider time as psychoanalysts, the concept of
time as duration, objectively observed or subjectively ex-
perienced, loses much of its relevance. We encounter time
in psychic life primarily as a linking activity in which what
we call past, present, and future are woven into a nexus.
The terms themselves, past, present, future, gain meaning
only within the context of such a nexus. The nexus itself
is not so much one of succession but of interaction. Past,
present, and future present themselves in psychic life not
primarily as one preceding or following the other, but as
modes of time which determine and shape each other,
which differentiate out of and articulate a pure now. There
is no irreversibility on a linear continuum, as in the com-
mon concept of time as succession, but a reciprocal rela-
tionship whereby one time mode cannot be experienced
or thought without the other and whereby they continual-
ly modify each other. As terms they are correlative, like the
terms father and son; as experiential phenomena they in-
terpenetrate. [Loewald 1972, p. 407]

This excerpt confirms that you have stepped far outside the
reaches of linear time. And quite logically so, for if primordial
space implies indetermination of outside and inside, then time itself

has more fluid possibilities than does a simple succession of past, present, and future.

A reading of Heidegger (2001) may reveal some of his influence on your way of thinking, Dr. Loewald. Reading Heidegger's Zollikon seminars gave me a feeling of what it might have been like for you to listen to him speak. It is difficult to express how Heidegger—addressing here primarily physicians, not philosophers—continually pushes against one's conceptions of time and being to reveal more than one has thought possible. Previous ways of thinking start to feel very constricted. What comes through in these lectures is sense of thinking and questioning being almost synonymous.

The way in which you, Dr. Loewald, keep your work open may be related to what Heidegger here calls the *fundamental rule of phenomenology:*

> This rule requires us to let each phenomenon show itself explicitly in its unique features. One is not permitted to infer from the elucidation of one phenomenon [that is, anxiety] the constitution of another phenomenon [time]. This must not be done, even if the modes of expression of "having anxiety" and "having time" are similar, and even if both of them affect us as human beings. Within phenomenology, conclusions cannot be drawn, nor are dialectical "mediations" allowed. It is crucial to keep open a reflexive attitude toward phenomena. [Heidegger 2001, p. 64]

Your writing makes you unique as a psychoanalytic theorist, Dr. Loewald, in that you do "keep open a reflexive attitude toward phenomena," even when the phenomena are psychoanalytic concepts themselves. This brings me back to something I mentioned earlier in this letter: your criticism of Arlow and Brenner for the way they closed down certain concepts in their method of theory building (Loewald 1966). I suspect it is the way you work as a phenomenologist that keeps you from getting stuck in a fixed mode of thinking about theory. In my view, one of the ways that analysts tend to get stuck in their thinking about theory nowadays is by limiting their view to the idea that psychoanalysis can have validity only if it is an empirical science.

PSYCHOANALYSIS AS SCIENCE

Toward the end of your life, you referred to psychoanalysis as the "troublesome outcast" of nineteenth-century natural science (Loewald 1988, p. 51). I think it has been little appreciated in Anglo-American psychoanalysis that, although Freud stepped through the door of positivistic, empirical, nineteenth-century natural science in order to find the unconscious, that door opened onto something that revolutionized the very paradigm of natural science itself. The following quotation gives a very clear picture of where you stood theoretically on the issue of psychoanalysis as science:

> What Jung labeled Freud's concretistic terminology and personalistic view of the unconscious manifests Freud's awareness that authentic transcendental experiences and insights ("spirituality") are anchored in the individual's personal life history and its instinctual roots. Psychoanalysis, I believe, shares with modern existentialism the tenet that superpersonal and transcendental aspects of human existence and of unconscious and instinctual life (so much stressed by Jung) can be experienced and integrated convincingly—without escapist embellishments, otherworldly consolations and going off into the clouds—only in the concreteness of one's own personal life, including the ugliness, trivialities and sham that go with it. It would seem that Jungian psychology and psychotherapy jump all too readily from the here-and-now of individual life, from concrete-personal experience, to the collective unconscious, myth, archetypes, religiosity and "spirituality"—as refuge and healing visions to cling to, leading easily to evasions and hypocrisy instead of to genuine transcendence or, in psychoanalytic terminology, to sublimation and true ego expansion. [Loewald 1977, p. 525]

Here I think you came closer to laying your cards on the table in your use of the words *modern existentialism*. This gives me justification to read your work as *existential*—with the term here denoting a nuanced articulation of the power of Freud's particularizing vision of very specific aspects of the individual's psychic life within a field

of wider possibilities. This field of possibilities includes the phenomenologist's respect for the clinical phenomena in themselves, where two psyches interact and where Freud's theoretical innovations are retained as provisional—open to influences brought about by further experience—and where the ineffable encounter of two individuals can never be reduced to precalculated formulae based on empirical generalizations.

CONCLUSION

Perhaps your paper raises questions about how we as analysts mourn our dead, Dr. Loewald. In order for psychoanalysis to have an inner future, we may need to develop a collective superego based on mourning our dead, neither denying that they ever existed nor the fact of their loss. If mourning is a kind of paying off of a debt, you paid your debt to Freud explicitly, it would seem, by your lifelong engagement with all of his works. And, perhaps implicitly, you paid your very ambivalent debt to Heidegger by taking what you could use from him to think about Freud in your own way. Dr. Loewald, I hope the rich heritage you have bequeathed keeps pressing us to stay open.

Adieu,
Richard B. Simpson

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EDITOR'S NOTE

This year marks not only the 75th anniversary of *The Psychoanalytic Quarterly,* but also the 80th anniversary of the *Revue Française de Psychanalyse.* In joint tribute and by agreement between the Editors, each journal is publishing an article representative of the other's psychoanalytic tradition. In July 2007, the *Revue* published Loewald's "Internalization, Separation, Mourning, and the Superego," introduced and translated for the first time into French by Richard B. Simpson, and in this issue of the *Quarterly* we are publishing Michel de M'Uzan's "The Same and the Identical," introduced by Dominique Scarfone and translated for the first time into English by Richard B. Simpson (with the assistance of Monique Panaccio). I am very grateful to Simpson, Scarfone, and to the Editor of the *Revue Française de Psychanalyse,* Denys Ribas, for making this joint celebration possible.

HENRY F. SMITH

INTRODUCTION TO "THE SAME AND THE IDENTICAL," BY MICHEL DE M'UZAN

BY DOMINIQUE SCARFONE

English-speaking readers who have had an opportunity to read Richard B. Simpson's excellent introduction to "Slaves of Quantity" (Simpson 2003) and his equally excellent translation of that paper (de M'Uzan 2003) are already acquainted with the work of Michel de M'Uzan, an important French author whose writings have thus far been scantily translated into English (de M'Uzan 1973, 1974, 1978, 2000). The article I now have the privilege of introducing to *Psychoanalytic Quarterly* readers is another faithful rendering by Simpson of one of my de M'Uzan favorites, if I judge by the number of times that I find myself referring to it. "The Same and the Identical" is indeed a text addressing what I deem the central dimensions of psychoanalysis and providing a clear view of where de M'Uzan stands regarding key issues of clinical practice and psychoanalytic models of the mind. Throughout his career of more than fifty years, his thinking has revolved around classical Freudian metapsychology, which he has continued to enrich with his personal clinical experience and his original array of carefully crafted concepts.

De M'Uzan's thinking is something I do not dare call a *theory* for fear that the word might induce readers to fall back on the common stereotype regarding "French" psychoanalysis: the idea that it is "all theory" and that it rests on scant clinical facts. The stereo-

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type, to be sure, is just that, and one could show that much of "French" psychoanalysis is actually deeply rooted in the clinical experience, even when it does not rely as much on illustrative vignettes as its North American counterpart. If, however, one seeks a clear-cut example of a strong interweaving of theoretical elaboration and clinical thinking in French psychoanalysis, it can certainly be found in this paper of M'Uzan's.

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Michel de M'Uzan is one of the most respected analysts in France today. While maintaining a full practice, he teaches an ongoing seminar at the Paris Institute of Psychoanalysis and regularly convenes a research group in psychosomatics, while also doing psychoanalytic supervision in Paris and Geneva. He has introduced a number of useful notions and concepts during his long career, though he has never sought to establish a new paradigm. He reaches quite a large audience, but his thinking does not lend itself to becoming a trendy school of thought, and this, in my view, speaks in favor of the free and elegant thinker he incarnates—very thorough in his use of psychoanalytic theory and always firmly grounded in the analytic experience. His fidelity to Freud never prevents him from adopting sometimes strongly critical positions toward parts of his theory, as the paper published here well illustrates.

"The Same and the Identical" was first presented in 1969 at a symposium of the Paris Psychoanalytic Society on "Repetition and the Death Instinct." It was published the following year in the *Revue Française de Psychanalyse* and later reprinted in the author's first series of collected papers (de M'Uzan 1977). It is perhaps worth noting what epoch we are talking about: these were years when psychoanalysis, at least in France, was at the apex of its influence upon intellectual life; and, accordingly, the death instinct, with its specific aura of depth and tragedy, was "alive and well," as de M'Uzan himself jokingly writes. It must then have taken a measure of courage for de M'Uzan to adopt the critical stance regarding the death instinct that is apparent in this paper.

As we know, the introduction by Freud of the concept of a death drive in the early 1920s divided the psychoanalytic commu-

nity. Freud expounded both the clinical and theoretical reasons that brought him to propose this controversial new way of looking at the workings of the mind, but few of his disciples followed him at the time. We shall see that de M'Uzan's take on the matter is not as simple as one of being for or against it. To begin with, he does not quarrel with the necessity of introducing a new tool for dealing with rather challenging clinical phenomena. What he is struggling with (or against), however, is one of the radical interpretations of the death drive, one that, if followed to its logical consequence, should in his view induce psychoanalysts to close shop. For if, indeed, a death drive actively and continually promotes the destruction of the organism along with its psychical form of life—and, what is more, if such a tendency is the most fundamental one, as some are inclined to suggest—then we analysts should be quite discouraged, since our clinical work would be doomed to failure in every instance.

De M'Uzan argues that his clinical experience has shown him otherwise. His less tragic view of the forces at work in the mind rests upon, among other things, his experience with patients affected by terminal illness. In a number of papers and a book that have not yet been translated into English (de M'Uzan 1977, 1994, 2005), he recounts his unique experience with terminally ill patients who came to him for psychoanalytic work. In those articles, de M'Uzan suggests that one should consider the so-called death instinct (or death drive) as part of the *life program* that is implemented in various shades in every organism from its inception— a program that more or less fixes the limits of one's biological existence. He therefore considers the forces leading to death as much a part of living human beings as the other—self-preservative and sexual—drives.

In a personal communication, de M'Uzan (2007) quoted a mother who found a very creative yet precise way of calming her child's anxieties after the young one had discovered the existence of death: "You don't need to worry, you will not die until you have finished living." Thus, in what may at first look like a witty expedient on the part of the mother, de M'Uzan finds the kind of

wisdom that has helped him work with patients who are close to death. De M'Uzan, indeed, always situates his work within the logic of *what still remains for the patient to live,* rather than focusing on impending death. And while this may seem an attitude appropriate only for work with the terminally ill, de M'Uzan actually applies it to all his work and thinking.

The view is, again, that death is part of life, and that if something like a death drive must be considered, one should not fall prey to its sometimes esoteric halo, but rather see it as playing a role in the unfolding of life's complexity. In de M'Uzan's view, what is closer to the destructive aspects of the so-called death instinct is instead the psyche's inability to bind and process an excess in the quantity of excitation, opening the way to a process of discharge—which was the main subject of "Slaves of Quantity" (see de M'Uzan 2003).

In a way, de M'Uzan is not bothered by the death instinct, as long as one refrains from invoking it as a "special" force extraneous to life itself. One cannot help noticing that Freud himself never assigned a specific energy to the death drive, which induced thinkers such as Loewald (1971) and Laplanche (1970) to consider it a principle rather than an actual drive. As for de M'Uzan's approach, it is one that, instead of discussing the matter from an epistemological or a speculative point of view, chooses instead to "get [the death instinct] out of the way" and start from the clinical phenomena. In "The Same and the Identical," he notes that repetition, usually deemed the clinical hallmark of Freud's later instinct dualism, actually manifests itself in two forms; while *repetition of the identical* is the form more easily subsumed under the definition of repetition compulsion, what we most often encounter clinically is *repetition of the same.* The difference between the *same* and the *identical* here is not merely a matter of playing with words, and de M'Uzan makes it quite clear that repetition of the same implies the important fact that some difference, if only a slight one, is somehow introduced in the process, deviating it from a fixed, repetitive course leading to an unpredictable outcome.

This contrasts with the boring circularity of the identical, which one is all too easily tempted to ascribe to the death instinct. As his clinical example illustrates, de M'Uzan suggests that one had better resist the temptation and expect novelty—a life event—to enter the analytic scene at some point. De M'Uzan even shows how one of Freud's (1920) examples of a repetition compulsion (Tancred's twice-repeated, unconscious assault on his beloved Clorinda in Tasso's *Gerusalemme Liberata*) actually includes displacement and symbolization.

In "The Same and the Identical," de M'Uzan clearly states the difference between the two sorts of repetition, a definition that does not rely on subjectively chosen nuances of the phenomenon itself, but rather makes use of a third, distinctive factor—an external validator, so to speak—which is the *category of the past:*

> It is a good idea to distinguish clearly two types of phenomena among those that, classically, we attribute to the repetition compulsion. Some of these are related to a reproduction of the *same* and are due to structures in which the category of the "past" has sufficiently developed. The others, which are related to a reproduction of the *identical,* are due to structures in which this elaboration of the "past" malfunctions. [p. 1211 in this issue; italics in original]

The role attributed to the category of the past cannot be overemphasized if one considers that, through such reference to the time dimension, de M'Uzan situates the two forms of repetition within a clinical-theoretical series of facts that end up pertaining to the whole psychoanalytic endeavor (see de M'Uzan 1974). Thus, starting from the seemingly limited clinical context of repetition, de M'Uzan's views eventually reveal themselves to pertain to a whole clinical-theoretical ensemble. If, indeed, distinguishing between the two kinds of repetition requires the insertion of a third element, the category of the past, then one sees how this time dimension itself relates to the functionality of the preconscious and of fantasy life, since elaborating the category of the past implies a "rewriting" of one's subjective story—i.e., a "dramatization" where

fantasy and fact mingle into a unique personal narrative that is typical of the psychoneurotic complexion.

A failure in this kind of elaboration signals the presence of another sort of mental functioning in which fantasy, and therefore the binding and processing of the quantity of excitation, are not predominant. We are then in the realm of the *identical,* which can also be spelled in another clinical vocabulary: that of the *actual neuroses.* By contrast with the genuinely "psychoneurotic" mental structures, what Freud called the actual neuroses (which de M'Uzan mentions in his paper) must be addressed, if only briefly, since they evoke another major contribution of de M'Uzan's to psychoanalysis: his work in psychosomatics.

This is a field in which de M'Uzan has been working from very early in his career and to which he has contributed greatly, in collaboration with the late Pierre Marty and a few other exponents of what has come to be known as the "Paris School." Marty and de M'Uzan (1963) were notably the first to describe a particular mental state they called *pensée opératoire,* or, more generally, *état opératoire.* There is no satisfactory English translation for *pensée (état) opératoire,* and one must certainly beware of the false friends frequently encountered in English: "operative" thinking (or state) and "operational" thinking (or state). These English adjectives, indeed, qualify a positive state of affairs, a readiness for effective work, whereas *pensée opératoire* is meant to describe an *impoverished* and rather dysfunctional state of the mind, a state leaning toward concreteness, lack of fantasy life, poor dream life, little or no usage of metaphorical expressions or of analogy—a state often heralding serious physical illness. In spite of its resemblance, *concrete* thinking does not accurately render the idea either, as it usually refers to a feature of schizophrenic thought processes.

Some of the elements of an *état opératoire* were independently described on this side of the Atlantic a few years after Marty and de M'Uzan, by Nemiah and Sifneos (1970), under the name of *alexithymia*—i.e., literally, the incapacity to recognize or to name (*a-lexi*) one's moods or feelings (*thymia*). But this term is also unsatisfactory because, by centering on the affective side, it highlights

but one major feature of the mental structure (as Nemiah and Sifneos were well aware).

In de M'Uzan's works, the actual neuroses to which he refers when discussing *repetition of the identical,* while reflecting a specific development in his clinical thinking—psychosomatics—nevertheless keep him firmly rooted in the psychoanalytic field. Contrary, indeed, to what has happened with most psychosomatic research carried out elsewhere, de M'Uzan's approach to bodily illness always remains a psychoanalytic one. As is clear in "The Same and the Identical," Freud's concept of actual neuroses (namely, neurasthenia and anxiety neurosis, with the later addition of hypochondria), although initially describing a specific form of pathology that he deemed not amenable to psychoanalytic treatment, were later considered by Freud as contributing the "actual" kernel of many if not all cases of the classical psychoneuroses. De M'Uzan builds on this more general view of what is "actual" in the actual neuroses—i.e., that which is not elaborated or "rewritten," that which did not become genuinely psychical.

But, as the paper shows, this by no means implies a staunch separation between the domains of the "actual" and the "psychoneurotic." If there is a kernel of actual neurosis in every psychoneurosis, then we are dealing, rather, with a continuum. For de M'Uzan, this opens the way toward a general model of psychopathology that includes all the clinical categories, from somatic illness to classical psychoneurotic structures, through psychotic and personality pathology. In the concluding chapter of his most recent book (de M'Uzan 2005), he offers an overview of the intricacies of psychopathology and metapsychology, endorsing in the most creative way Freud's contention that psychopathology should serve as the magnifying glass of mental structures in general.

De M'Uzan makes good of this intricacy. If we read him carefully, we will be progressively enticed to consider the logical line that links a series of clinical facts, such as: repetition of the identical, failed elaboration of the category of the past, failed "dramatization" of psychical contents (poor fantasy life, or "thinness" of the preconscious stratum of mental life)—which leaves them op-

pressed under the raw economic rule of discharge (see also de M'Uzan [2003]). That is, the failed mentalization of *pensée opératoire* occurs, opening the way for eventual serious somatic illness.

Classical Freudian metapsychology is thus put to work in de M'Uzan's thinking, in richly defining clinical realities that could otherwise elude a superficially descriptive classification. The crux of the matter is that the analyst is thereby provided with useful indicators of the kind of psychoanalytic work that can be hoped and strived for.

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One notices that, when looked at in retrospect, "The Same and the Identical" points toward yet another major development in de M'Uzan's psychoanalytic *oeuvre:* his work around the issue of *identity*. De M'Uzan devoted a number of papers to this dimension, a dimension that for him is intimately interwoven with what happens inside the analytic consulting room. It would require much more time and space than is presently available to give a full account of this line of thinking. Let me simply indicate that, if for de M'Uzan the distinction between actual and psychoneurotic functioning stands as a major signpost in psychoanalytic psychopathology, there is another important marker that must be considered, one that circles around the problem of *depersonalization*. Obviously, this complicates the picture we have been sketching up to this point, but the fact is that, whereas the kernel of actual neurosis, if not elaborated, was said to be conducive to possible somatic illness, we must also stress that the somatic issue can be more or less severe depending on the constitution of what de M'Uzan calls *identity*. A poor elaboration of such identity leaves the subject prone to depersonalization, a phenomenon that the author believes is more prevalent than is usually thought. The failed elaboration of identity signals the failure to achieve what de M'Uzan considers a vital step in the structuring of the mind: the necessary cleavage between self and not-self—a crucial early differentiation, in the absence of which all subsequent development of psychic structures is hampered (de M'Uzan 2005).

Here again, however, one should refrain from installing staunch divides, since a kernel of depersonalization is to be expected in each of us, however well established is our identity. Actually, the possible reactivation of the capacity for depersonalization is a marker of analyzability, since it implies less rigid ego boundaries and hence a greater capacity for change. In what may seem a provocative stance, de M'Uzan contends that borderline pathology[1] is the best indication for psychoanalytic treatment—more so than the classical neuroses, as these are usually more rigidly organized in terms of identity, and therefore not as easily accessible to the measure of transient depersonalization that, according to him, must occur during the course of analysis in order for the patient to change.

These last remarks bring us to one of the most interesting areas of de M'Uzan's writing, that of the metapsychology of the analytic session. But this carries with it another array of concepts and notions that would require a much longer paper than is suitable for a brief introduction to "The Same and the Identical." I have the more modest hope for this introduction of having given enough reference points to emphasize the importance of the paper presented here for the first time in English. This is a paper that stands at the crossroads of many important and original clinical and theoretical contributions by one of the keenest and most intriguing psychoanalytic minds alive.

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[1] In French literature, borderline pathology is referred to as *états limites* ("border states"), which usually corresponds to the so-called neurotic fringe of borderline personality disorders in North America, but de M'Uzan has in mind more severe forms of borderline pathology as well.

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THE SAME AND THE IDENTICAL

BY MICHEL DE M'UZAN

It is not in vain that I underline a contrast each of us readily identifies: analysts usually agree on the *clinical* notion of repetition, whereas interpreting this phenomenon always stirs up controversies, not to say passionate confrontations. The ambiguities and contradictions found in *Beyond the Pleasure Principle* (1920), which Freud in no way tried to hide, are themselves part of the situation. We know that only Ferenczi, Eitingon, and Alexander totally welcomed the highly speculative views developed in this work. For his part, Freud did not hesitate to write that "the third step in the theory of the instincts, which I have taken here, cannot lay claim to the same degree of certainty as the two earlier ones" (Freud 1920, p. 59).

In *Inhibitions, Symptoms, and Anxiety* (1926), he explicitly maintains the clinical value of the previous instinctual duality. Finally, in the 1920s, when it emerged that there was enormous disappointment about the therapeutic range of analysis—a fact that we perhaps underestimate—a very agitated Wilhelm Reich personally questioned Freud, asking him if his real intention was to introduce the death instinct as a clinical theory. Freud replied, "It was only a hypothesis"; he advised Reich not to worry about it and continue his clinical work (see Reich 1927).

In these few preliminary remarks, I find myself without doubt already going against the trend of current positions taken most often about the repetition compulsion. A delicate undertaking, I

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dare say, because the death instinct is alive and well. Nevertheless, I will put it bluntly: by no means do I intend either to acknowledge or to challenge the notion of the death instinct, which is often an act of faith. But I do want to get it out of the way before starting to examine clinical facts.

Actually, the stipulated connection between the repetition compulsion and the death instinct, which has perhaps become conventional, especially when made prematurely, is responsible, in my opinion, for quite a lot of the difficulties which often confront us. To be sure that there is no misunderstanding and to specify better the perspective that I am adopting, I will say that I am not rejecting the existence of expressions and behaviors situated at the margin of the pleasure principle. Quite the opposite; even in the framework of a compromise, there are phenomena that have nothing to do with the fulfillment of a repressed desire. For me, there are actually good reasons to distinguish—on one hand—very classic repetitions governed by the pleasure principle, such as those neurotic symptoms in which the repressed looms up—and, on the other hand—repetitions, certainly of a different order, where there is no reason to immediately connect these to a fundamental characteristic of instinct or the activity of a death instinct, even if these repetitions have a lethal effect.

The thesis I want to set out is based upon a clinical observation that I would readily describe as an opposition between the *same* and the *identical*. Only in appearance is this an artificial opposition, since the dictionary already provides a distinction to one of the meanings of *same,* imparting to it the value of approximate identity, the order of similarity or resemblance, whereas "identical" has to do with objects perfectly similar, and even constitutes, according to *Le Robert,* a kind of superlative of the similar. We would not, for example, mix up a situation in which we go back constantly to the same text—in order to redraft the same story—with a situation in which, like Bouvard and Pécuchet,[1] we would be limited

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[1] *Translator's Note:* Bouvard and Pécuchet are characters in a novel of the same name by Gustave Flaubert: two middle-aged men whose naive quest for scientific knowledge leads them into comic situations.

to an identical recopying of the text. In the first case, the repetition always implies a change, however minute it might be. The "eternal return of the same" that Freud evokes is not at all the unlimited repetition of the identical. Even if limited in the extreme, a change in the analytic situation that is revealed in a new version of what has previously been expressed always indicates important work—the call of unrelenting desire.

But I will examine later the profound economic modification that takes place with the act of repetition. I evoke here only one aspect of this: the mobilization of the counterinvestment,[2] which is the *objective* alliance concluded between preconscious refusal and the attraction exercised on the representation in question by its unconscious prototypes. In this respect, I suggest that this attraction does not have to be conceived in an absolutely uniform way as an expression of the repetition compulsion (Freud 1926). The representation does not return to the unconscious in order to get stuck to the aforementioned prototypes; it first of all reaches a place where energy circulates more freely in order to find new momentum. We then have the right to speak of a recouping of energy. Moreover, this backward movement is the period of time necessary for a redistribution of representations that uses condensation and displacement and implies the presence of a number of terms. Faced with this distortion of the figures that are destined to return in order to express the play of desire, we have the right to speak of a true dramatization, completely governed by the pleasure principle. In our *praxis*, at least, it would be risky to prematurely rule out such a dramatization: this is the case even in those situations where everything we observe seems to belong to resistances that make one talk in terms of the negative therapeutic reaction, which is no longer attributed to the superego but to the repetition compulsion. Maurice Bouvet certainly reminded us of this, as did Glover.

[2] *Translator's Note: Investment* and *counterinvestment* are translations of the French *investissement* and *contre-investissement,* respectively. The corresponding translations in Strachey's *Standard Edition* of Freud's works are *cathexis* and *counter-cathexis.*

When clinical illustrations are absent, misgivings are expressed; but when put forward, they are criticized and interpreted differently. Nevertheless, I will take a chance and offer one. The case was of a young woman, in analysis for a long time, who developed a stubborn resistance that was certainly of the kind we readily attribute to the repetition compulsion. One aspect of this that I want to describe was how she would continually—or rather, repetitively—count internally to herself: "1, 2, 3 . . . ," etc. Sometimes she let me know about this; not always—far from that, probably. This behavior kept on being repeated. To be true to what happened and to mark in these situations the role of the countertransference—whose form and intensity is determined by luck, by chance—I will disclose to you the sequence of a poem by Armen Lubin that started going around in my head, also quite repetitively. The poem involved a mythical being who counts: "He counts, he counts, he starts again," writes the poet, who goes on to say, "all sorrows are called absence, sorrows bearing lances." The repetition of these lines did not seem at all painful to me.

One day, after this scene had been restaged very often, the patient said to me: "I counted up to eight, usually I count up to ten." Here is just the change that I was talking about. I responded to her immediately, "There are two missing, who are they?"—"The father and the son," she replied. Now—in the colloquial sense—one was missing, the Holy Ghost, I immediately told her. At this point, the young woman was pregnant for the second time in her analysis. It was a pregnancy to which she had never clearly made reference. But, as we can imagine, from that moment, the tempo of the session speeded up in the remarkable acceleration that happens in these situations. The underlying fantasy took shape: she was pregnant by the Holy Ghost, or, more prosaically, without physical contact. So it was certainly the analyst to whom she owed her child, and soon the figure of the absent father emerged; he had died prematurely during the patient's childhood ("sorrows bearing lances").

I cannot possibly pursue the rich developments subsequent to this sequence now, but I can say that it was a decisive turning

point in the analysis. How unfortunate it would have been, had chance supported the very understandable feeling that I was dealing with a manifestation of the repetition compulsion! Thus, I do not think we can always follow Freud when he asserts that the neurotic's propensity to repeat in the transference is independent of the pleasure principle (Freud 1920, p. 22). I believe that we are witness here not to a pure and limitless reedition, but actually to a new elaboration of the same—capable, moreover, of integrating a piece of reality within itself.

I think that we can find another illustration of this precisely in *Beyond the Pleasure Principle.* Freud, in order to introduce this *propensity that expresses itself without taking account of the pleasure principle, putting itself above it* (Freud 1920, p. 22), mentions Gerusalemme Liberata. *But actually, when the hero Tancred cuts a tree in two where the soul of his beloved Clorinda had been sheltered, he did not, strictly speaking, repeat what had happened previously. He did the same thing and, simultaneously, he did something completely different from the murder he had committed when he killed her, not knowing she was clothed in the armor of an enemy knight. A changing of masks, an alteration of substances: the poet had wanted more or less intentionally to represent a series of transformations going from one figure—brute fact—to another figure, its symbolic representation.*

By way of concluding this first part, I recall that, in the realm of clinical work, the area where what is situated at the margin of the pleasure principle should be, to begin with, scaled down as much as it can be, or even better, shifted. This could be thought of in different ways. I think in particular of Maurice Bouvet's words; he more or less said: "What are we to do, if we analysts do not believe in the idea of progress and thus of change?"

Nevertheless, there remains, as I have just noted, a separate area that exists as a realm of repetition situated beyond, or rather below, the pleasure principle. I intend to approach this area without any preliminary reference to the death instinct, and only from the point of view of the contrast between the *same* and the *identical.* In order to do this, I must briefly recall the positions that I had the opportunity to set out during the conference on "Analysis

Terminable and Interminable," and during the "Congrès des Psychanalystes de Langues Romanes" in 1965 and on "Acting Out"[3] in 1967.

At that time, I distinguished two principal orientations of personality based on the idea of whether or not there was a solid elaboration of the *category of the past.* By the term *past,* I do not mean the sum of lived events, but rather their *internal rewriting*—as in the family romance—based on an early narrative. I use the term *narrative* because there is a homology in form and structure between this internal story and the working out of a novel. The first narrative, first real "past" of the individual, is elaborated at the time of the Oedipus. This is a time when all previous stages are reapprehended—that is, taken up anew within the framework of the problematic of castration and of a desire that subsequently is constantly mediated. Thus, everything happens as if the real events, once lived through, yield in importance to the internal narrative that is formed and reformed from them. From this point on, and for the greater part of his existence, the subject continues day in and day out to elaborate his "past," that is, the precedent of truth for times to come. And the subject does this based on the description that he gives—through the style of his activities—of his situation in the world as a being who desires.

Such would be the natural fate of what we call normal or neurotic organization: those who in the analytic situation enter into and develop a genuine transference neurosis, the evolution of which follows a trajectory that leads to an ending. Otherwise, when this category of the "past" has not been able to develop properly, a sort of "chronology" takes precedence over a novel made up of yesterdays, and one sees, in extreme cases, the *scattered-island (archipelago) personalities* that I have previously described. In those cases, we are witness either to violent eruptions of conglomerates of affect-representation, or to thinking predominated by a regime of *pensée operatoire,* or even an interweaving of the two. These situations, in any event, can in no way enter into this narra-

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[3] See *Revue Française de Psychanalyse,* 1968, Volume 12, Numbers 2, 5, and 6.

tive, this novel that the transference neurosis forms. It is no longer a question of transference, but of postponements, and the analysis can become interminable, littered with acting out that is immediate, mechanical, and reduplicating—always identical—giving the feeling of a repetition of the repetition.

I think I am now in a position to better define the thesis that I am defending here. I will summarize it schematically in the following way:

> It is a good idea to distinguish clearly two types of phenomena among those that, classically, we attribute to the repetition compulsion. Some of these are related to a reproduction of the *same* and are due to structures in which the category of the "past" has sufficiently developed. The others, which are related to a reproduction of the *identical*, are due to structures in which this elaboration of the "past" malfunctions.

I have already distinguished the same and the identical quite clearly in order to move quickly through the formal characteristics of these two types of repetition. So I will add just a few words before approaching their metapsychological examination. It is certain that the repetitive return of what has previously been expressed leads us to overlook, even ignore, changes that it conceals. But, in the end, one cannot confuse the repetition of the same with the repetition of the identical because, in its hidden variations, the same in fact involves a recollection that is expressed through a range of circumstances in a sometimes subtle style. In repetition of the identical, nothing is remembered: here we can recognize a strange similarity in vocal tones and inflections; we find verbal stereotypes, language tics, and even the use of an unchanging, absolutely reproductive style that gives a feeling of a permanent disposition in the subject to change places topographically with the object. Beyond first appearances, this form of repetition is fundamentally different from the one that Verlaine alluded to in a poem. For in the poem, a dream is in question—precisely, a repetitive dream in which a woman constantly returns, an unknown

woman whom he loves and who loves him, but each time she is nei-
ther quite the same nor quite a different woman.

Now, at the risk of presenting only a sketch, it is time to discuss
some of the metapsychological aspects. I will begin with the repeti-
tion of the *same.* The forces that are at work here appear somewhat
subtle in their intensity and variable, especially in their direction.
Those that emanate from the unconscious, dare I say—as if in dia-
logue—meet with those that belong to the counterinvestment. This
interplay takes on the appearance of a developed story and, more
to the point, is completely located in the psychic sphere. At the
heart of this complex dynamism, rather than being a simple addi-
tion, the observable change comes by means of the working out of
a new narrative that starts from two other narratives, although all
three are almost alike. Pressure from the economic side is undoubt-
edly quite present, but does not appear dramatically urgent, and,
above all, the presence of counterinvestments confers a more
complex rhythm, more gradual, serving first of all as a delaying
tactic. How the tendency toward discharge becomes organized
plays a key role in the way repetitions are constructed, which can
be seen first in a very discrete and very gradual redistribution of
investments.

As for the *sequence* of repetitions of the same, including the
discharge that is inherent with them, they trace out a trajectory. By
this, I want to indicate that we are not dealing with a simple series
of perfect back-and-forth movements. In fact, what happens is a
very gradual shift with each repetition, and these repetitions form
the markers of the trajectory about which I am talking. From one
repetition to another, the economic configuration is impercepti-
bly modified—but *modified,* all the same. The unremarkable meta-
psychological conceptualization is nothing but another reading of
what is clinically observable. Thus, if I turn back to the clinical vi-
gnette to which I referred previously, a redistribution of dynamic
and economic elements can be detected in the speech and the be-
havior of the patient. She counted, mentioning it immediately or
afterward. A turn of phrase such as "I have nothing to say" could
come a few seconds or minutes before; a gesture of the hand could

accompany or replace the action of counting, and it was to signify an "Oh, well" or "I don't want it." The tone of voice, which at first glance was perfectly level and similar from one repetition to another, was in fact marked by quite variable subtleties ranging from defiance to resignation: variable but so discrete that it was only *après-coup* that they became perceptible—almost a difference, for example, when a more important variation happened.

Such was the case when the patient announced: "I counted up to eight, usually I count up to ten." As we have seen, it was a situation that showed a real elaboration, as in a novel: the narrative of a desire in which successive figures who call each other and overlap with each other had remained hidden. In short, a real labor whose author, all volition having been dismissed within her, was nevertheless functioning as its field. This is why, in order to speak about the motor of this labor, I do not hesitate here to use the expression *compulsion to symbolize,* proposed by Groddeck, which defines a force that certainly, by rights, belongs to the subject but is not available to the subject—a force that is the unconscious, or, as I would say, is in the unconscious (Groddeck 1969).

Now to repetition of the *identical:* the contrast is striking. To begin with, we note an erosion of topographical distinctions. Actually, repetition here occurs within the scope of a transference that is quite different from the transference neurosis, which is in the realm of the repetition of the same. The repetition of the identical can be part of a bare-bones id—not to be confused with the psychic unconscious—as well as part of a type of sensory reality in which the border separating inside from outside remains uncertain. For example, repetitions result from this that—dare I say—mimic a particular characteristic of the object's perceived activities, which is taken in and later faithfully reproduced. I have in mind here the effacements of topographical structures that seem to me to follow best Freud's note in "Analysis Terminable and Interminable," in which he speaks of resistances that can no longer be localized, but seem to depend on fundamental relationships within the psychic apparatus.

The forces at work in the repetition of the *identical* set themselves apart by their orientation and persistence in the same direc-

tion. We do not come across the play—which I described regarding the repetition of the same—with the momentary recovery of a free circulation of energies in higher systems, which is quickly followed by a link to unconscious representations in a fashion that forms a narrative. In repetition of the identical, it appears that getting as close as possible to the sensorimotor is always what is targeted. What preceded is expressed just as it was—unvarnished, no detours. Nevertheless, if we have to mention a phenomenon that is something like counterinvestment, we would have to situate it outside of the subject, so to speak, or within his physical organism, which to some extent always has an ambiguous location—at the very least, one of extraterritoriality.

Michel Fain's expression, when he said that "poverty of elaboration is the miserable companion of automatic repetition," applies well here. Given impoverished representation and symbolization together with rudimentary condensation, displacement, and dramatization, one can imagine that the energies, already very poorly bound, give the impression that they could erupt. The importance of the tendency toward discharge in repetition of the identical is heightened. The repetition in question is virtually the experience of discharge where the economic dominates absolutely: it is a kind of going back to zero, often resulting in an episode of exhaustion. It is obvious that the principle that rules this repetition is the principle of inertia or nirvana, if you like. In this respect, I have to say that I do not follow the interpretation of the nirvana principle that makes it into the psychoanalytic equivalent of the principle of constancy. If one wants to establish equivalencies or relationships, I would adopt the following: on one hand, a connection between the principle of constancy and the pleasure principle, and on the other hand, a connection between the principle of inertia and the principle of nirvana. From this perspective, the distinction is once again clear between the repetition of the identical and the repetition of the same, where the play in the balance of investments, limited and differential discharges, shows the effect of the principle of constancy—that is to say, the pleasure principle.

It is convenient here to insert a few comments on the usage of the term *viscosity of the libido*. Let us pass over the difficulty of de-

fining the quality of a substance. In any event, if, on one hand, one can consider that the repetition of the *identical* indicates what would be equivalent to fixations maintained because of a special viscosity of the libido, one sees, on the other hand, that while erupting during the act of repetition, this libido shows a remarkable fluidity. Besides, from the point of view of logic, it seems tricky to me, on one hand, to connect the repetition compulsion to a defined quality (viscosity) of energy (the libido), and, on the other hand, to link this same repetition compulsion to the death instinct, doubtless another energy. The aporia no doubt is not as abrupt as it appears when I state it; I admit this. But it prompts me to venture out just a little and suggest that, in the repetition of the identical, one would observe instead—parallel to the change in the system of energy described—a sort of transformation of the qualitative value of energy (we would be, as it were, in a situation comparable to the one that came up in the comparison of the topographical and functional definitions of the unconscious). By *transformation of the qualitative value of energy,* I am referring to an alteration more or less important, sometimes extremely so, of the libidinal characteristics of energy, and not to the putting to work of a different energy. Thus, the propensity for discharge in the most direct ways develops.

Furthermore, the question is even asked of knowing what energies could remain available to maintain or bind an investment of those representations suited to being incorporated in the elaboration of desire. Criticism of the notion of viscosity of the libido certainly requires a far deeper examination. However, it seems to me that this notion concerns instead fixations of libido, which one can justify exclusively on the basis of the pleasure principle. In the repetition compulsion that is situated beyond the pleasure principle, energy with few of the features of libido seems in fact relatively unfit to join with a representation complex and remain there long enough for the potential process of dramatization to take place. There energy only builds up and discharges. One would do better to speak of excessive fluidity. Lorenz's model, quoted by Hollande and Soulé (1970), provides a rather good illustration of

this regime in which the language of the economic is the only valid language, because the dominant mechanism has become one of returning the charge to the zero position. This really has to do with an urgent demand typical of need, the repetition of an experience of discharge—a need always identical in being undifferentiated from prior need and one that short-circuits memory.

It is not possible to deal with the repetition compulsion without tackling the problem of memory, which is always heavily involved. I will restrict myself, however, to a few comments in this regard, especially as I would have had to first conduct an extensive examination of Freud's "Remembering, Repeating, and Working-Through" (1914), and this is not the place for that. So I will say only that, if it is justified to contrast repetition with remembering, it is at least as important to wonder about the remembering value that repetition takes or does not take, whether it is in behavior or in acting out. In other words, one has the right to speak of remembering when what is repeated reclaims a sequence of the "past" elaborated in the form of a narrative.
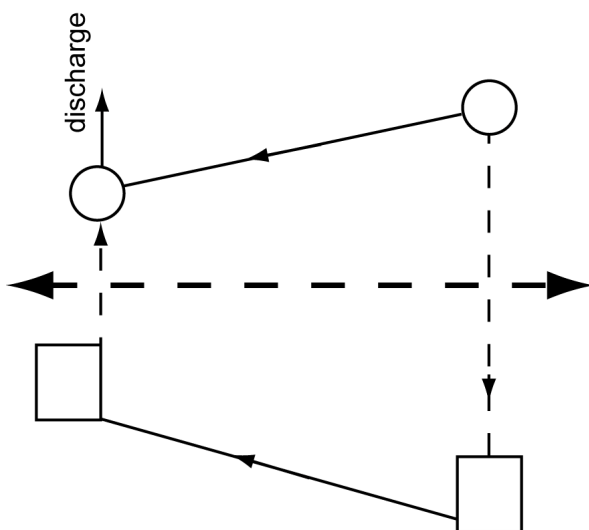
This is the case, for example—I quote Freud—in those events in earliest childhood that took place but were not understood, and that were *understood and interpreted* afterwards (Freud 1914, p. 149). I would add the following: events that were the object of successive dramatizations, and their screen memories, are so many markers of these dramatizations. Besides, when this organic reference to the *theatrical past* is lacking, we cannot actually speak of remembering. This is the case for repetition of the identical for which Freud, in my opinion, has given us a sort of model. In "Dreams and Telepathy," he writes:

> A dream without condensation, distortion, dramatization, above all, without wish-fulfillment, surely does not deserve the name . . . . There are *other* mental products in sleep to which the right to be called "dreams" would have to be refused. Actual experiences of the day are sometimes simply repeated in sleep . . . . The purely "telepathic dream" lies in its being a perception of something external, in relation to which the mind remains passive and receptive. [Freud 1922, p. 208]
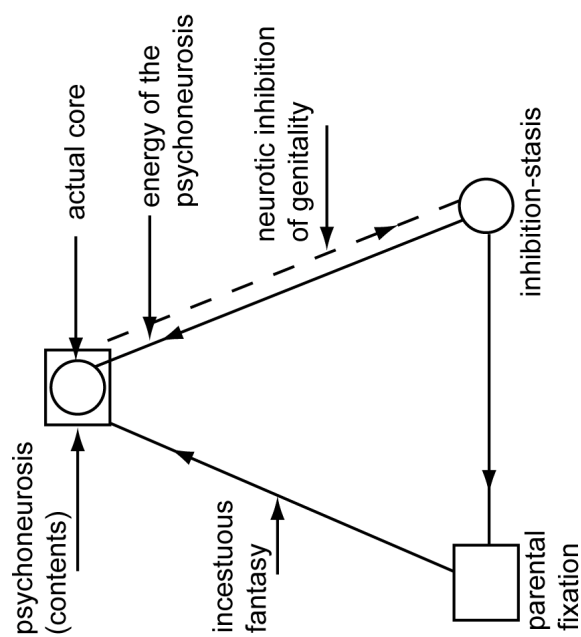
And since I just quoted Freud again, I will acknowledge and accept a new repetition in referring once more to him in taking an overview of what I have already described. One will have noted that the contrast I set out between the same and the identical is in many respects similar to a contrast that Freud defined, but to which he never returned—namely, the psychoneuroses and the actual neuroses. The actual neuroses, for their part, are closely connected with traumatic neuroses, which form precisely one of the clinical anchoring points of the last formulation that Freud made about the repetition compulsion. The same deficiency of activities of representation exists in both situations—the same prevalence of the quantitative factor, accounted for either by powerful external stimuli or by a somatic stimulation. In this way, trauma and actual factors are equivalent and, moreover, in each situation there is the same danger of breaking the *Reizschutz* (the stimulus barrier).

So would the repetition compulsion, in the full sense of the term, be the prerogative of a type of personality that is at risk of developing actual neuroses? This formulation is without doubt too clear-cut; a clinical argument could also be put forward against it. Namely, there are genuine neurotic structures in which one can sometimes observe real repetitions of the identical, or rather a tendency leading in that direction. But it is easy to give a reply to this, and once again it is Freud who provides the material when, for example, in *Introduction to Psychoanalysis,* he assumes the existence of a core of actual neurosis at the center of the psychoneurosis (see Freud 1933). However, it was left to Reich, to whom I will now refer, to develop this thesis more fully (Reich 1927).

For Reich, libidinal stasis, constant yet variable, constitutes a real and actual factor. It operates in two ways. In the first instance, libidinal stasis induces the parental fixations from which the incestuous problematic develops and gives content to the psychoneurosis. In the second instance, libidinal stasis, through another route, directly feeds the core of the actual neurosis, which provides most of the energy of the neurosis. (See the First Scheme in the diagram on the following page.) It looks to me that the connection that ties together neurosis with its "actual" core, if I dare say it,

discharge

Second Scheme

actual core

energy of the
psychoneurosis

neurotic inhibition
of genitality

inhibition-stasis

psychoneurosis
(contents)

incestuous
fantasy

parental
fixation

First Scheme (Reich)

is likely in certain circumstances to come undone, more or less. And this core is then expressed directly (see the Second Scheme on the opposite page).

Have we not noticed most often the presence of symptoms called "actual" alongside classic neurotic symptoms, in almost all neuroses? An essentially energetic phenomenon, this dissociation of the "actual" core and the neurosis is an always-possible eventuality that could happen any time—for example, under the impact of traumatic factors. Then again, there are personalities formed on the basis of this dissociation in which it constitutes, as it were, the fundamental trait of the personality.

In any case, from these schema, we can give an account of certain clinical facts. I am thinking in particular of those analyses that unfold in a paradoxical way. They seem to move along in the usual manner with the working out of the complexes of representation, but otherwise, they appear thin, as if emptied of substance. The analytic work touches the superstructure, which is not well invested, and we would be tempted to say of such patients that they do not have very rich libido available; while simultaneously, at a deep level, considerable energy builds up and discharges, often obscurely, in behavioral or even organic repetitions of the identical, all the while completely hidden.

Finally, one wonders about the origin of those personality tendencies that are dominated by repetition of the identical. I will allow myself the right to formulate very schematically my hypothesis, whose development I reserve for another occasion. I will say that in the cases where one can justifiably refer to the decisive effect of the repetition compulsion, there are, at first glance, no good reasons to appeal to a special quality of the libido, viscosity—no more so than to the operation of a death instinct. Actually, we are dealing with a certain type of organization or, to be more precise, with something that becomes a part of the course of the individual's development. We can imagine that this forms during at least two points in time. We have seen that the second time is the oedipal confrontation and its destruction, the formation of the first true "past" of the individual. The first time, upon which all others

depend, of course, has to be located at the moment of the failure of hallucinatory satisfaction with the founding of the increasing prevalence of the reality principle. We know that with the appearance of this latter principle, a particular activity breaks away, independent of reality testing, subject only to the pleasure principle: fantasizing activity. Thus, I will postulate the decisive intervention of a traumatic factor that is probably real, although its nature is variable. This trauma through a precise mechanism—perhaps rejection (*Verwerfung*[4])—dissociates the necessary connection between representation of the real and fantasizing activity, while destroying or severely inhibiting the latter. From then on, the dynamic foundations of what constitutes the "past," as I have defined it, are degraded. For example, no real family romance can be elaborated, and the neurotic route of repetition of the same is blocked, while more and more the reduplication of the identical rules.

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[4] One could connect what I have in view here with the Lacanian notion of *foreclosure.*

A PLEA FOR A BROADER CONCEPT OF *NACHTRÄGLICHKEIT*

BY HAYDÉE FAIMBERG

The broader conceptualization of Nachträglichkeit *proposed by the author can play an active part in the process of assigning new meaning retroactively (usually through interpretation)—and even giving a meaning, for the first time (usually through construction)—to what the analysand says and cannot say. It gives us a conceptual frame of unconscious psychic temporality with which to explore how psychoanalysis produces psychic change. Winnicott's "Fear of Breakdown" (1974) is paradigmatic of this broader conceptualization of* Nachträglichkeit *(see Faimberg 1998).*

A clinical example is presented (Kardiner 1977) to illustrate why the author believes that her proposal remains true to Freud's (1937) conception of psychic temporality and construction.

INTRODUCTION

This essay is a tribute to Freud's subversive conception of psychic temporality and causality. It is my conviction that the notion of *Nachträglichkeit* indeed subverts the "common-sense" concept of psychic temporality.

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As we know, Lacan (1953, 1965) was the first author who, in studying the case of the Wolf Man, called attention to Freud's particular conception of temporality, which is *Nachträglichkeit*. At this point, Lacan considered it a mechanism that operated exclusively in psychosis. Laplanche and Pontalis (1964, 1967, 1985) revealed for the first time the importance of this concept (translated in French as *après-coup)* as a *general mechanism* in psychoanalysis.

In this paper, I shall take up some ideas on *Nachträglichkeit* put forward in my previous works. I have used an enlarged concept of *Nachträglichkeit*—first, implicitly (Faimberg 1985, 2005a), and, more recently, explicitly (Faimberg 1993, 2005a, 2005b). This broader conceptualization is not the same as the one formulated by Freud in speaking of *Nachträglichkeit*. But I think that, in Freud's clinical work, this enlarged concept of *Nachträglichkeit* is to be found at the root of a particular way of interpreting that he himself called *construction* (Freud 1937)—a point I shall develop for the first time in this paper. With this aim, I will present a fragment from Kardiner's (1977) account of his analysis with Freud in 1921-1922, which forms another elaboration of my argument not previously discussed. I hope to show from an in-depth look at a vignette from this case that the broader conceptualization is not only pertinent, but also remains true to Freud's concept of psychic temporality.

My plea for enlarging the concept arises from my own clinical experience.[1] I have also utilized this enlarged concept in reexamining Winnicott's (1974) reports of his clinical work. In this paper, I will return to an earlier thesis of mine (which, to my knowledge, had not been previously formulated)—namely, that Winnicott's "Fear of Breakdown" (1974) is paradigmatic of this broader concept of *Nachträglichkeit* (see Faimberg 1998).

The broader conceptualization of *Nachträglichkeit* that I have proposed plays an active part in the process of assigning new

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[1] More details of my clinical work—showing the articulation between *après-coup*, listening to the patient's listening, reconstructing narcissistic unconscious alienated identifications where there is a telescoping of three generations, and other subjects—have been elaborated elsewhere (Faimberg 2005a).

meaning, retroactively (usually through interpretation)—and even giving a meaning, for the first time (usually through construction) —to what the analysand says and cannot say. Thus, *Nachträglichkeit,* in its broader conceptualization, is an operation that intervenes in the clinical situation, in the psychoanalytic process, and gives us a conceptual frame of unconscious psychic temporality with which to explore and understand how psychoanalysis produces psychic change. The effectiveness of psychoanalysis thereby comes to the fore.

When does the operation of *Nachträglichkeit* come into effect in the psychoanalytic process? It does so in the clinical situation (which is my focus in this essay)—that is, it always takes place in the present time of the analytic session, giving retroactive meaning to a previous experience. The two points in time are linked by a relationship of meaning.

THE VARIABLE FATE OF THE CONCEPT

Though *nachträglich* is a common adjective in German, the concept of *Nachträglichkeit*—in the sense that, in French, we understand the concept[2] of *après-coup,* and not, of course, as a word— has not acquired the same importance in the German psychoanalytic culture that it has in the French one, since translation has called for reflection. It may very well be that, for once, something has not necessarily been lost in translation![3] Let us say it once again: *après-coup* is the French word that has been chosen to express *Nachträglichkeit* (and *après-coup,* by the way, is also of common use in French as a word). Freud did not write an article centered on this concept. And his first use of it appears before the essential Freudian discovery of infantile sexuality.

In an International Psychoanalytical Association conference on psychoanalytic intra- and intercultural dialogue, held in Paris in

[2] This concept must be integrated with other psychoanalytic concepts in order to fully understand how it produces structural changes. This integration deserves an essay in its own right. My own standpoint has been developed in Faimberg 2005a.

[3] I am referring here, of course, to Hoffman (1989).

1998, the central position occupied by the concept of *après-coup* in French psychoanalysis was highlighted, as well as the fact that, by contrast, this concept is either lacking or of lesser importance in other psychoanalytic cultures. I have noticed that the number of publications on *après-coup* has increased since the time of that conference.[4] It could very well be that the conference stimulated an interest in *après-coup* in both groups—that is, among psychoanalysts who consider it fundamental to their clinical work and in their thinking,[5] and among those who are relatively unfamiliar with the concept.

EMMA: A CASE OF *NACHTRÄGLICHKEIT*

Freud used the concept of *Nachträglichkeit* for the first time in the case of Emma.[6] In describing the "Hysterical Proton Pseudos," Freud (1895) notes that Emma is

> . . . subject at the present time to a compulsion of not being able to go into shops *alone*. As a reason for this, [she produced] a memory from the time when she was twelve years old (shortly after puberty). She went into a shop to buy something, saw the two shop-assistants (one of whom she can remember) laughing together, and ran away in some kind of *affect of fright*. In connection with this, she was led to recall that the two of them were laughing at her clothes and that one of them had pleased her sexually . . . . Further investigation now revealed a second memory . . . . On two occasions when she was a child of eight, she had gone into a small shop to buy some sweets, and the shopkeeper had grabbed at her genitals through her

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[4] Among authors who addressed the concept of *après-coup* prior to 1998 are: Lacan (1953), Laplanche and Pontalis (1964, 1967, 1983), Le Guen (1982), Cournut (1997), Neyraut (1997), and Sodrè (1997). Among those who presented at this conference are: Laplanche (1998), Green (1998), Roussillon (1998), and Faimberg (1998).

[5] I might add that the French-speaking Psychoanalytical Conference of 2009 will be devoted to the concept of *après-coup*.

[6] This case has been studied and discussed in detail by Laplanche and Pontalis (1964), Le Guen (1982), and Neyraut (1997).

clothes. In spite of the first experience, she had gone there a second time; after the second time, she stopped away. She now reproached herself for having gone there the second time, as though she had wanted in that way to provoke the assault. In fact a state of "oppressive bad conscience" is to be traced back to this experience. [pp. 353-354, italics in original]

In this discussion, Freud is seen to view sexuality as intruding from the outside, constituting a first scene. At this point, that is—at the time of Freud's theory of "Hysterical Proton Pseudos"—sexuality is not yet considered as coming from the child; in a certain sense, the child is viewed as "innocent."[7, 8] Freud considers that the second stage, the second scene, depends on the pressure of puberty, something felt by Emma as alien. In a certain way, the "sexual release" (in the words of Freud) also provokes *unpleasure;* this unpleasure is attributed to the recollection of the first event, the first scene, when sexual release was not possible.

Freud (1895) concludes that:

The change in puberty had made *possible a different understanding of what was remembered* [italics added]. This case is typical of repression in hysteria. We invariably find that a memory is repressed which has only *nachträglich* become a trauma. The cause of this state of things is the retardation of puberty as compared with the rest of the individual's development. [p. 356]

This means that *the scene of puberty (scene 2) gives retroactive meaning to the scene of childhood (scene 1).*

[7] A year or two later, Freud will modify his approach when he poses his theory of infantile sexuality; see Strachey's footnote in Freud 1895 (p. 356n).

[8] In my view, Ferenczi (1932) refers to this theory—but *only* in a certain sense—when he speaks of a confusion of tongues—i.e., the confusion between the adult's sexuality and the child's search for tenderness. Like Ferenczi, Laplanche and Pontalis (1964) support Freud's theory of seduction, finding it not incompatible with Freud's concept of unconscious psychic reality, and propose retaining both formulations. As we know, Freud created the concept of unconscious psychic reality after giving up his "Hysterical Proton Pseudos" theory (see Freud 1895).

In Freud's early version of trauma, therefore, the scene of childhood was understood as *dormant* or *inactive* because Freud had not yet discovered infantile sexuality. However, I suggest that, after his discovery of infantile sexuality, it became appropriate to view the first scene as a moment of *anticipation*—that is, as active, even though unconscious.

The first step in the operation of *Nachträglichkeit* is constituted by an event that leaves a trace. This is what Laplanche and Pontalis (1964, 1967, 1985) call an *already there* (*déjà là*) that remains *something excluded at the very inside of the psyche.* What is essential here is that the second step, another moment chronologically separated in time, gives *retroactive* meaning to an *already there.* This already there is what Freud called "reminiscence suffered by hysterics" (Freud and Breuer 1895, p. 7). Without an already there, the operation of *Nachträglichkeit* would not be different from Jung's conception of an adult's fantasy that is retroactively attributed to a moment in childhood (as accurately pointed out by Laplanche and Pontalis [1967]). Jung's concept of retroactive fantasy (*Zurückphantasieren*) leaves aside Freud's discovery of infantile sexuality, which we know to be crucial to Freudian theory.

To sum up: In the operation of *Nachträglichkeit,* there is a phase I call *anticipation* (an *already there*) and a phase of *assignment of retroactive meaning.* These two phases are necessary; both are always present when I refer to *Nachträglichkeit.* Let us keep this structure in mind; we shall find it as well in the broader concept of *Nachträglichkeit* that I propose.

THE BROADER CONCEPT OF *NACHTRÄGLICHKEIT*

In 1896, Freud wrote to Fliess: "The material present in the form of memory traces [is] . . . subjected from time to time to a *re-arrangement* in accordance with fresh circumstances—to a *re-transcription*" (p. 233). Therefore, from this strictly Freudian point of

view, the concept of *Nachträglichkeit* should be defined exclusively as "the assignment of new meaning to memory traces."[9]

In view of my interest in exploring the narcissistic links between generations, I was led to give new meaning, and even to assign a meaning for the first time, to what exists at the origin of the analysand's narcissistic way of psychic functioning. This meaning, given by the operation of *Nachträglichkeit*, allowed me to listen to and modify the position of the patient as what may be called *a subject,* in relation to something that took place in the psyche in an early period, sometimes even before speech. Hence the giving of retroactive meaning *for a first time* is, by definition, *not a re-transcription* (as Freud writes to Fliess). Thus, I have been using the concept of *Nachträglichkeit* in a broader sense than the one given by Freud. Nonetheless, I think that this enlarged conceptualization of *Nachträglichkeit* is consistent with Freud's idea of temporality and construction, as has been previously discussed (Faimberg and Corel 1989), and as I hope to show in this paper in the case of Kardiner, analyzed by Freud.

In what follows, I will discuss Freud's and Winnicott's clinical work in the light of the broader notion of *Nachträglichkeit* that I propose.

The Broader Concept of Nachträglichkeit *and "Fear of Breakdown"*

The phenomenon described by Winnicott as "Fear of Breakdown" (1974) may be considered a paradigm of *Nachträglichkeit—on the one condition that we do not restrict the concept to a re-transcrip-*

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[9] Modell (1990) retains this concept, noting that: "Freud's deep insight that memory is retranscribed in accordance with later experience has received confirmation from an unexpected quarter. Gerald Edelman, a Nobel Prizewinner for his work in immunology, has turned his attention to the neurosciences and has proposed a revolutionary theory of memory based on recent advances in that field. In Edelman's theory, memory is not a record in the central nervous system that is isomorphic with past experience; instead, memory is conceived as a *re-categorization* of experience" (p. 16).

tion.[10] Rossi, in his account of the 1998 conference mentioned earlier, in which this thesis was presented, noted that:

> The presentation by Haydée Faimberg [on Winnicott and the "Fear of Breakdown"]—[was] a perfect example of intercultural style, since it articulated the concept of *après-coup* with the Winnicottian foreboding of a breakdown that has already taken place. Wherefrom, in analysis, [it is] the construction of a past that up to then had not existed as such. [1998, pp. 634-635]

To consider "Fear of Breakdown" a paradigm of the enlarged conception of *Nachträglichkeit,* as I do, might at first seem inappropriate because Winnicott never spoke of *Nachträglichkeit.* And in terms of the explicit formulation by Freud, that of its constituting a *re-transcription*, Winnicott's notion does not seem to fit. Why, then, do I insist on drawing a parallel between *Nachträglichkeit* and the "fear of breakdown"? I think that, as described in my earlier work (Faimberg 1998, 2005a), the enlarged conception of *après-coup* enables us to consider this kind of temporality as an operation that reveals *early* psychic events and gives them *a retroactive meaning*. This is exactly what Winnicott does. I consider these early psychic events to be a *presentation* (*Darstellung*), one to which a meaning, a *representation* (*Vorstellung*) will be given for the first time. I will show why I think this is exactly what Winnicott does.

As we know, Winnicott writes that some patients fear a breakdown that they are convinced will inexorably occur in the future. Winnicott says that the breakdown feared by the patient, and believed to be coming in the future, has already taken place at a time when there was, properly speaking, *no subject to experience it.* Winnicott stresses the associated sense of helplessness (*Hilflosigkeit*) when he speaks of a *primitive agony*. He provides a temporal link when he writes that what the patient fears will happen has already happened. He proposes a construction whereby this primitive

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[10] To my knowledge, *Nachträglichkeit* and Winnicott's "fear of breakdown" (1974) had not been conceptually linked prior to my earlier paper presentation (see Faimberg 1998).

agony, *with its non-accessible traces,* is constituted as *past.* As I have noted previously (Faimberg 1998):

> What happens in the present (fear of breakdown) is linked to what has *already* occurred (a primitive agony) by a *relationship of meaning.* And this relationship is established, *as an operation of Nachträglichkeit by means of a construction.* I consider this process as an operation of *Nachträglichkeit in the larger sense I am proposing* and [I repeat] not in the sense given by Freud in his letter to Fliess.

In other words, as I understand the *fear of breakdown,* the broader concept of *Nachträglichkeit* is needed *in order to understand Winnicott's construction and his implicit conception of psychic temporality.* The primitive agony is a presentation *(Darstellung)* with non-accessible traces; Winnicott gives a meaning, retroactively, for the first time—that is, a representation *(Vorstellung)*. Thus, my conceptualization of *Nachträglichkeit,* encompassing a linkage with the Winnicottian fear of breakdown, does not fit with the original Freudian concept of a re-transcription, as noted above.

The Broader Concept of Nachtraglichkeit *and Construction*

To address Freud's conception of psychic temporality from another standpoint, let us recall Freud's belief that dreams do not predict the future, although they may seem to do so because of a particular relationship between unconscious desire and temporality. In Freud's (1900) words: "By picturing our wishes as fulfilled, dreams are after all leading us into the future. But this future, which the dreamer pictures as the present, has been moulded by his indestructible wish into a perfect likeness of the past" (p. 621).

I view psychic temporality as encompassing what occurs in the psyche over the passage of time.[11] To mark the distinction between temporality and chronological time, Neyraut (1978) writes that, while there is no representation of time in the unconscious, the

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[11] For further elaboration on psychic temporality, see my discussion of a short story by Italo Calvino (Faimberg 1989).

unconscious is submitted to temporality in the process of manifest-
ing itself when the patient speaks. An example of this manifestation
may be a *lapsus,* an account of a dream.

Kardiner (1977) provides an example of Freud's interpreting
of psychic temporality in the account of a dream (p. 55). During
Kardiner's analysis with Freud, Freud told him that a figure who
appeared in the dream

> . . . was a projection into the future of what you actually
> feared in the past. What you feared was therefore not what
> was going to happen but *what actually had happened,* and
> which you not only forgot, *but feared to recall.* [Kardiner
> 1977, p. 55, italics in original]

I shall come back to the analysis of Kardiner by Freud in a mo-
ment.

In stating that what the patient is afraid will happen has already
happened, Rivière (1936), too, followed Freud: *"The worst disasters
have actually taken place;* it is this truth that [the patient] will not
allow the analysis to make real, will not allow to be 'realized' by
him or us" (p. 312, italics added).

There is a perfect correspondence in the conceptions of psy-
chic temporality formulated by Freud (in both his theoretical and
clinical approaches), by Rivière, and by Winnicott. My own con-
ception, elaborated with Corel, is concordant with these (Faim-
berg and Corel 1989; Faimberg 2005a). We wrote that in some
cases, there is nothing to remember: only repetition allows us to
grasp "a piece of his early history that [the patient] has forgotten"
(Freud 1937, p. 261), and to propose a construction that provides
a new and unprecedented link—*Nachträglich.* Through this link,
the past is constituted as such and the patient acquires a history,
his history. Indeed, this is what I understand by *temporalization* or
historicization (Faimberg 1985, 2005a). " 'A piece of his early history
that [the patient] has forgotten,' as Freud writes of construction,
may be equivalent to the 'disaster that already took place when
there was not a subject to experience it' mentioned by Winnicott"
(Faimberg 1998).

Let us now consider in detail what Kardiner tells of his analysis with Freud. He writes that he had been analyzing his unconscious homosexuality. Freud tells him that "by identifying himself with the mother, the child surrenders his identification with the father, thereby discontinuing his role as rival to the father. This guaranteed him the continued protection of the father, thereby answering his dependency needs" (Kardiner 1977, p. 60). Kardiner continues:

I had left the last hour feeling quite calm but somewhat intrigued by these new insights. But apparently the material having to do with my association with the female began to stir things up a bit, and I had a dream about a mask, from which I awoke with great apprehension. The dream stimulated very important associations which led to the discovery of a childhood phobia that I had had, namely, the fear of masks and clothed wax figures. Freud asked, "What was there about the mask that frightened you so?" My first response was that it was the facial immobility, the lack of expression, the fact that it neither smiled nor laughed, and that the face was immobile. I myself had had several dreams in which *I could see myself in the mirror*, and *the face would not reflect my emotional expression;* that is, *I would smile or I would frown, but the expression in the mirror did not change.*

Freud drew the conclusion that the possibility was that "the first mask you saw was your dead mother's face." Now, this idea sent shivers through me when I first thought about it, but the circumstantial evidence from this dream and the associations led to the striking possibility that I had discovered my mother dead, while I was alone with her in the house.

I told Freud, "Well, if you wanted any evidence for the basis of identification with my mother, here it is." I was, in all likelihood, alone with her when she expired. There was also a superstition popular at that time that if you were with someone who died, you would breathe in the soul of that person, which was expelled with his last breath. When I returned to New York, my sister confirmed this.

She was old enough to remember the events very accu-
rately because she was at that time eleven years old [Kard-
iner himself was three] and she told me what had hap-
pened. She said that nothing unusual had happened on
that day, because my mother was chronically ill and she
was left home alone. I was with her, playing on the floor.
Apparently, I wanted something and I shook her. She did
not respond or answer, and I was frightened. When my sis-
ter came home for lunch, she discovered that my mother
was dead and that I was alone in the room crying.

    "Well," said Freud, "it's obvious from your associations
that the mask represented your mother's dead face. There-
fore, all masks or wax figures were associated with death,
and brought back the old terror." [Kardiner 1977, pp. 61-
62, italics added]

Here we see Freud proposing a construction that gives retro-
active meaning both to the dream and to the phobia of masks. In
this formulation, Freud's basic assumption seems to be that some-
thing is *already there:* the mother's unresponsive face, the dead
mother's face. At that point, he constructs a piece of historical truth
—as revealed in the history of the transference. In this sense, we
may say that Freud abides by the analytic rule, which implies an
epochè, the phenomenological reduction that consists in putting
something between brackets. In other words, there is a suspension
of judgment about the status of reality of the analyst's construc-
tion. Here we might recall the comment of Laplanche and Ponta-
lis (1964) that a new field is created by the psychoanalytic method:
the field of speech.

    I give the name of *historical truths* to the discovery conveyed
as a (re)construction. I reserve the name of *material, external real-
ity* for that which is usually called *historical reality.* Historical re-
ality can be known as a piece of information, without a need to
work through the transferential process.[12] The historical truths
constructed in Kardiner's analysis, as described by Kardiner him-

[12] For an elaboration of the concept of historical truths, see Faimberg 1995,
2005a.

self (1977), are the result of the operation of *Nachträglichkeit.* Freud does not ask Kardiner to come up with any particular confirmation or disconfirmation of the correspondence between the historical truths they have discovered and material, external reality (historical reality).

We may add an interesting point regarding the history of the (positive) transference. As noted, Kardiner says to Freud, "Well, if you wanted any evidence for the basis of identification with my mother, here it is." He then speaks of a popular superstition (one that, we may add, coincides with Freud's idea that perhaps the only way to give up an object is by identifying with it). So this is my reading of how Kardiner heard Freud's interpretations and constructions: the transferential movement led Kardiner to look for what had actually happened in external reality. But, already in the session, *he found in his own associations* what Freud (1937) described as the "assured conviction of the truth of the construction" (p. 266). Kardiner's eagerness to confirm what he had discovered as historical truths in the session springs from unconscious forces born of the transference to Freud.[13] For his part, Freud appears lively and responsive—so much so that the fragment looks strikingly like a piece of contemporary psychoanalysis. We see how important, how necessary, it is to use the broader concept of *Nachträglichkeit* in fully understanding and appreciating what has transpired.

Let us keep in mind the two phases required for the operation to constitute one of *Nachträglichkeit.* The first phase, which I call that of *anticipation*—the *already there*—is, in this case, *the mother's unresponsive face.* This is not a matter of a representation (*Vorstellung*) that could be re-transcribed into an other, as in Freud's early formulation to Fliess, but rather one of a presentation (*Darstellung*). The second phase in the operation of *Nachträglichkeit* is here given by Freud as *a first retroactive meaning, a first representation* (*Vorstellung*). Had we considered *Nachträglichkeit* in its restricted,

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[13] The problem of solipsism and historical truths, and the correspondence or lack of correspondence between historical truths and external reality, have been previously elaborated (Faimberg 1995, 2005a).

original conceptualization, given by Freud in 1896 to Fliess, we would not be able to appreciate its essential characteristic of having two phases. Moreover, the two points in time are linked by a relationship of meaning (Faimberg 1993a, 1998; Faimberg and Corel 1989; Neyraut 1997).

From what point in time does the operation of *Nachträglichkeit* come into effect in the psychoanalytic process? As we see in the example of Kardiner's analysis, in the clinical situation, it *always* comes into effect in the present time of the session, giving retroactive meaning to a previous experience. The second phase occurs in the present time of the session—here exemplified by Freud's construction—and gives retroactive meaning to the *first phase*—the *already there*, the *mother's unresponsive face. Unresponsiveness* constitutes the *relationship of meaning* that allows Freud to propose his construction. We may note in passing Freud's *responsiveness* to Kardiner's words, which is expressed by the style of his construction.

Let us briefly reexamine the sequence with the aim of discovering the relation of meaning on which Freud's construction is based, in the light of my concept of the enlarged operation of *après-coup*. Kardiner dreams about a mask; his associations lead him to discover a childhood phobia of masks and a repetitive dream. "What was there about the mask that frightened you so?" asks Freud (Kardiner 1977, p. 61). "It was the facial immobility, the lack of expression, the fact that it neither smiled nor laughed, and that the face was immobile," Kardiner replies. Then he associates to the repetitive dream in which "I could see myself in the mirror, and the face would not reflect my emotional expression; that is, I would smile or I would frown, but the expression in the mirror did not change" (p. 61). Kardiner is conveying that, in the dream, there is a gap between the different affects he shows and the nonresponsive face in the mirror.

Looking again at Winnicott's work, we find support for this view of the session. Winnicott (1967) writes that he read Lacan's *mirror stage* as follows: the mirror is the mother's eyes reflecting the way the child is seen by her. In the case we are considering, the

mirror shows that the mother's eyes reflect that *she does not see her child any more;* Freud's inference that she was dead now becomes even more understandable. We may say that the mother's death *exists* as such for the first time—in Kardiner's psyche—*after* Freud's construction, *after* the operation of *Nachträglichkeit.*

Here we clearly see that Freud uses an implicit enlarged concept of *Nachträglichkeit,* because he is giving a first meaning to something that had not previously had an articulated meaning. In other words, the operation of *Nachträglichkeit* makes the first scene —the *already there,* the death of the mother—come to exist in Kardiner's psyche as *historical truth,* and then to become *the condition of possibility for psychic change and for understanding the nature of the efficacy of psychoanalysis.* Because of Freud's construction, the death of the mother exists as such in Kardiner's psyche, *a process of disidentification takes place* (see Faimberg 1985, 2005a), *and Kardiner's own face becomes "alive."*

Let us compare what has been said with what a common-sense perception of temporality would make us believe, namely, that the death of the mother "contains" the explanation of Kardiner's phobia and repetitive dreams. The death of the mother *in itself* (at the moment when Kardiner was three years old) can in no way *predict* what will happen in the child's psyche. Only through the operation of *Nachträglich* (after the working through introduced by Freud's construction) can the phobia and the repetitive dream be understood. This is why I believe that the concept of *Nachträglichkeit* constitutes a *subversive conceptualization of unconscious temporality in the clinical situation.*

Let us note that, in another chapter of his book, Kardiner (1977) writes that he does not accept Freud's interpretation concerning his unconscious homosexuality. In the passage we are considering, Kardiner accepts Freud's interpretation in one way, and in another way, his associations say, in effect: "It's not that I wanted to give up rivalry with my father; it was my mother's death that led to the identification." And it is precisely Freud's construction that allows Kardiner to express, creatively, his oedipal rivalry by contradicting, in a certain way, Freud's previous interpretation.

An area for further exploration is the status of the "traces" (the *already there,* the *presentation*) and their relationship to Kardiner's phobia and his repetitive dream.[14] Within the limits of the present paper, I will say only that Freud proposes a construction, an *unprecedented link* between the analysand's *old terror* and the associated representations.

PROBLEMS OF TRANSLATION

Following this detailed analysis of our understanding of *Nachträglichkeit,* we may now approach the theoretical and clinical consequences that flow from the various linguistic translations of the word. By choosing to translate *Nachträglichkeit* as *deferred action,* Strachey tried to convey the idea of *a link between two moments.*[15] But the word *deferred* may suggest, in addition, a *linear chronological conception of temporality.* It also expresses a *before* and an *after* —i.e., a direction in time, like the pointing of an arrow, that lacks the reverse direction of retroactivity (provided by the concept of *après-coup*).[16]

We should add that there is no word in either English or French to express the bidirectional movement implied in the concept of *Nachträglichkeit.* Strachey had to choose one direction only; his choice was *deferred action.* Lacan chose the other direction: retro-

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[14] In this paper, I consider that the following four terms have the same status: *traces, already there, something excluded in the psyche,* and *presentation (Darstellung);* I also give an equivalent status to *representation* (*Vorstellung*) and *re-transcription.* Additional studies might usefully consider the articulation of these concepts in the light of issues raised by the account of Kardiner's analysis: i.e., the *presentation* of the dead mother's unresponsive face seems to have been transcribed into other representations—into the mask in the dream preceding the analytic session, earlier into the feared masks and wax figures of childhood, and into the analysand's own unchanging facial expression in the mirror in the repetitive childhood dream.

[15] Laplanche writes that *deferred action,* in some cases, is a correct translation of *Nachträglichkeit.* For the different meanings of the word in Freud's work, see Laplanche (1998) and Green (2000, 2002).

[16] To avoid this translation, other terms have been proposed by Thomä and Cheshire (1991)—*retrospective attribution*—and by Laplanche (1998)—*afterwardsness* (Laplanche's spelling). See Laplanche (1998) for comments on Thomä and Cheshire's translation.

activity. Le Guen (1982) accurately observes that, before there is an *après-coup* (after), there must be an *avant-coup* (before). Translation choices here may reflect a particular way of conceiving *temporalization and psychic causality.*

As I have noted, the concept of *Nachträglichkeit* subverts the common-sense concept of temporality. In general, common sense takes into account the *before* that forms the basis of the *after. Nachträglichkeit* implies a direction of causality in which assignment of a meaning from the session of the present (considered as a future —i.e., a fear of breaking down in the future) constructs the past. In turn, this past opens the possibility of constructing a future, thereby providing a specific form of psychic causality. Here cause is considered a condition of possibility and not a relation of one term to another. Winnicott's (1974) primitive agony *becomes the past,* and an opening to a future is created.

THE BROADER CONCEPT OF *NACHTRÄGLICHKEIT:* A PROVISIONAL CONCLUSION

We might ask if the ideas presented in this paper are theoretically essential to an understanding of what psychoanalysts are *already* doing. Or would it be closer to the aim of this paper to say that, when we take these ideas into consideration, a change in our psychoanalytic listening results?

This leads to an interesting question: how did analysts work *before* certain concepts were created? In relation to new ideas recently introduced, Glover (1931) asked: "When [such] advances occur we are bound to ask ourselves, 'What happened to our cases *before* we were in a position to turn this fresh knowledge to advantage?'" (p. 397, italics added).

I would say that, if the ideas I present here were meaningful, it would be because they speak to what, in some way, the reader is *already* doing as an analyst. These ideas may also give a new meaning to problems he or she is dealing with, or help in the resolution of new problems. At the same time, this perspective may offer innovative ways of listening to the patient and thus produce quali-

tative changes in some analyses. It is interesting to speculate about how this paper will be read in the light of different psychoanalytic experiences, and about what kinds of questions it might generate. For my part, the enlarged concept of *Nachträglichkeit* lies at the heart of my psychoanalytic thinking and listening.[17]

A question comes readily to the fore: would this perspective increase interest in the idea of construction in psychoanalysis? Strachey (1934), Loewald (1960), and many other analysts have addressed the issue of what is mutative in psychoanalytic work. In this paper, I address only one dimension of the problem: psychic temporality and the enlarged notion of *Nachträglichkeit.*

Now we may come back to what I consider a provisional conclusion of this essay, one that is open to further research. As I hope I have conveyed above, the broader conceptualization of *Nachträglichkeit* that I have proposed plays an active part in the process of assigning new meaning, retroactively (usually through interpretation)—and even giving a meaning for the first time (usually through construction)—to what the analysand says and cannot say. Therefore, *Nachträglichkeit,* in its broader conceptualization, operates in the clinical situation, in the psychoanalytic process, and gives us a conceptual framework of unconscious psychic temporality with which to explore and understand how psychoanalysis produces psychic change. No less than the nature of the efficacy of psychoanalysis is at stake.

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[17] See, in particular, chapters 2, 3, 4, 8, and 10 of Faimberg 2005a.

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SEDUCTION AND THE VICISSITUDES OF TRANSLATION: THE WORK OF JEAN LAPLANCHE

BY JOHN FLETCHER

This paper aims to analyze Jean Laplanche's revision of Freudian metapsychology, which emerged from a critical return to Freud's officially abandoned seduction theory of 1895-1897. Where Freud gradually replaced the model of traumatic seduction with a theory of infantile sexuality and its drives, Laplanche articulates both trauma and sexual drive in a new theory of primal seduction, the fundamental anthropological situation in which human subjectivity is formed. The author concludes by considering Laplanche's modeling of the psychoanalytic situation and his reformulation of transference in relation to mourning and sublimation within the framework of the general theory of seduction.

INTRODUCTION

In the Anglophone world, it is probably still the case that Jean Laplanche is known mainly as a commentator on the work of Freud. His great theoretical dictionary coauthored with Jean-Bertrand Pontalis, *The Language of Psycho-Analysis* (1967), translated into more than fifteen languages, has over the last thirty or so years acquired the status of a classic, and has become an essential

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reference work for anyone working with psychoanalytic theory. On a lesser scale, Laplanche's essay on the primal fantasies, also coauthored with Pontalis (1964), has had considerable influence in psychoanalytically inflected film studies in English, and to a lesser extent in literary studies (Burgin, Donald, and Kaplan 1986). Both the fantasy essay and *Life and Death in Psychoanalysis* (Laplanche 1970) were closely related to the dictionary project, which was an attempt not just to provide definitions for an alphabetical list of Freudian terms, but also, through a critical-historical method, to map the Freudian conceptual field *as a field;* a field marked by internal transformations, displacements, repetitions, and exclusions—in other words, as a *problematic.*

Although most Anglophone readers will have encountered the term *problematic*, if at all, only in the work of Marxist philosopher Louis Althusser (1969), it derives from the history and philosophy of science in the French tradition, and especially the work of Gaston Bachelard and Georges Canguilhem.[1] Laplanche uses it as the title for his now six-volume series, *Problématiques* (1980a, 1980b, 1981, 1987a, 2006), which is based on his series of lecture courses on Freud's metapsychology, given at the University of Paris between 1970 and 1990. Except for the recent, sixth volume, these were mostly published in the early 1980s, at a point when, as the scientific director of a team of translators, Laplanche embarked on a new 21-volume translation of Freud's complete psychological works from German into French, the first proper *Oeuvres Complètes*, a project to rival Strachey's great 24-volume *Standard Edition* in English.[2]

As we know, Freud made an explicit affiliation of psychoanalysis to the Copernican revolution as a break from the Ptolemaic model of a geocentric universe centered on man, the human subject, to a decentered model of the universe that is in principle infinite. He viewed psychoanalysis as following on from the discover-

[1] For Laplanche's brief critique of Althusser's progressivist epistemology, see Laplanche (1980a, pp. 13-14) and Fletcher (1999).
[2] For an exposition of the principles of this translation, see Laplanche, Cotet, and Bourguignon (1989).

ies of Copernicus and Darwin, and thus as the last in a series of three world-historic blows to human narcissism or decenterings: the decentering of the earth in relation to the movements of the planets, with Copernicus's challenge to the old geocentric Ptolemaic synthesis; the decentering of the human species in relation to the whole of the animal world with Darwin's theory of evolution; and, finally, the decentering of the individual in relation to himself, for with the discovery of the unconscious, the ego was no longer master in its own house (Freud 1917a).[3]

Laplanche argues, however, that "if Freud is his own Copernicus, he is also his own Ptolemy" (1992b, p. 60). He traces Freud's continual oscillation between concepts and arguments that pose a radical decentering of the human psyche in relation to a primordial other, on the one hand, and a continually resurgent movement of Ptolemaic recentering back on the individual as the origin or center of his own development, on the other hand—a recentering that either abandons those other-centered elements or draws them back into an endogenous model of psychic life.

Laplanche demonstrates that Freud's key concepts—the ego, narcissism, the unconscious, repression, the drive—are marked by an alternation between distinct and competing problematics in which an original, decentering, "Copernican" break is covered over by a recentering "Ptolemaic" revision that initiates a certain *fourvoiement,* or *going astray,* of the concept along structurally determined lines. Laplanche (1993b) elevates the term *fourvoiement* to the status of a methodological concept in his analysis of the Freudian *oeuvre:*

> What I have proposed to call "going astray". . . is born of an almost inevitable recoiling, which is not to be held against Freud, before the consequences of the priority of the other in the constitution of . . . the sexual human being. [p. 188]

[3] Althusser (1969) was later to add as a fourth decentering Marx's formulation of history as a history of class struggles entailed by successive modes of production (pp. 200-201).

The paradox of such a Ptolemaic going astray, Laplanche argues, is that it is the product of the same exigency that drives the Copernican dynamic of Freud's thought. Both are magnetized and drawn by the object of psychoanalytic thought, "the sexual human being" in its otherness: "There is a covering-over of the unconscious and sexuality in Freud's own *oeuvre,* which traces and reproduces the covering-over of the unconscious and sexuality in the human being itself" (1993b, p. 188). Laplanche parodies Haeckel's law (that ontogenesis, the development of the individual, reproduces phylogenesis, the development of the species), which Freud was fond of citing, with his own formulation: "'Theoreticogenesis,' which is to say the very evolution of the theory with all its avatars, tends to reproduce ontogenesis, which is to say the fate of sexuality and the unconscious in the human being" (1993b, p. 188).

Having inhabited the interior of the Freudian *oeuvre* for nearly sixty years as analyst and translator, elaborating a critical archeology of its conceptual field and dynamics, Laplanche, since the mid-1980s, has originated a radical revision of Freud's metapsychology. He sees his "new foundations for psychoanalysis" (Laplanche 1987b), a revision of Freud's thought in the interest of prolonging and developing its Copernican, other-centered trajectory, as carrying through its "unfinished Copernican revolution" (Laplanche 1992b).

In the main part of this paper, my aim is to analyze the core conceptual components of Laplanche's "new foundations" and to situate them in relation to the classical Freudian positions that they both revise and develop. In particular, I aim to present his revision of Freud's theory of traumatic *seduction* to produce a model of enigmatic communication with its complementary model of *translation*, and to trace the theoretical development of this problematic of a generalized primal seduction through the progressive elaboration of the twin axes of seduction-communication on the part of the adult and translation-repression on the part of the infant. *Seduction* and *translation*, the terms of my title, are thus central for my argument, which is concerned with Laplanche's elaboration of a model of the infant–adult relation that is bilateral but radically asymmetrical.

Very early on in his theoretical career, in the wake of his theoretical break with Lacan at the beginning of the 1960s,[4] Laplanche returned to what has often been presented as a key turning point in psychoanalysis: Freud's so-called abandonment of the seduction theory (which supposedly occurred in his famous letter to Fliess of September 21, 1897) and its replacement by a theory of infantile sexuality, with its expression in unconscious fantasy and its major formation being the Oedipus complex.[5] The seduction theory had been a *restricted* or *regional* theory, first of hysteria and then of obsessional neurosis and paranoia, pathological anomalies or exceptions to the norm. What Freud moved to in *Three Essays on the Theory of Sexuality* (1905) was a *general* theory of sexuality as such—sexuality as a set of drives and as a normative sequence of sexual development, in which neurosis was repositioned as one of its vicissitudes.

In this shift, Laplanche argues, for all the gains in the discovery and conceptualization of infantile sexuality, something was lost; for what was at stake was not just a set of factual claims about the incidence of sexual trauma in the infantile prehistory of neurosis. What was lost was a particular model of trauma and of its temporal functioning (the key concept here being *Nachträglichkeit*, translated in French as *après-coup* and by Strachey as *deferred action*, but for which Laplanche [1999a] proposes an English neologism, *afterwardsness*).[6]

Freud's grasp of this model developed rapidly in the years 1895-1897, as the model of traumatic hysteria that he had inherited from Charcot was transformed by the difficulties encoun-

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[4] It was in a paper delivered at the 1960 Bonneval conference (Laplanche and Leclaire 1966) that Laplanche began his movement away from Lacan's linguistification of the Freudian unconscious, which culminated in his systematic critique in *The Unconscious and the Id* (Laplanche 1981). For further discussion of Laplanche's break from Lacan, see Fletcher 1992.

[5] In fact, as a careful reading of the Freud–Fliess correspondence for the years 1897-1899 makes clear, there was no simple break from the problematic of seduction in its different forms, but rather an oscillation between different positions and a gradual modification of them with the introduction of the concept of fantasy.

[6] For further commentary, see Laplanche (1999b, 2006).

tered in his clinical practice. As Laplanche and Pontalis (1967) point out, the word *trauma* comes from the Greek for *wound,* which itself derives from the verb *to pierce.* They note that:

> "Trauma" is a term that has long been used in medicine and surgery . . . . In adopting the term, psycho-analysis carries the three ideas implicit in it over on to the psychical level: the idea of a violent shock, the idea of a wound and the idea of consequences affecting the whole organism. [p. 466]

The relatively simple cause–effect model described in the "Preliminary Communication" of 1893 (Breuer and Freud 1895), which traced each hysterical symptom back to the repressed memory of a traumatic event, gives way in the course of Freud's writing of *Studies on Hysteria* (Breuer and Freud 1895) and *Project for a Scientific Psychology* (Freud 1895) to a more complex temporal structure, one in which the initial traumatic scene is supplemented by a series of later auxiliary scenes that orchestrate the production of symptoms. According to this account, it takes at least two scenes and the time lag between them to create a trauma, rather than simply the overwhelming impact of a single event. The configuration of later scenes rhymes with the early traumatic scene, acting back selectively upon certain features of the earlier scene that have remained unassimilated and unprocessed. It is what is unassimilated and excluded in the first moment—*untranslated,* to use the term of Laplanche's later theory—that has a toxic afterlife in the generation of neurotic symptoms.

The classic schematic instance of this logic is the much-discussed case of Emma from the *Project.*[7] Here a phobic inability to enter shops alone is traced back by the subject in analysis to an apparently "innocent" scene in which she entered a department store and saw two young male assistants (one of whom pleased her) apparently laughing at her clothes, whereupon she fled the scene in a panic attack, which was the beginning of her phobia. It is only in the course

[7] For further discussions of the Emma case, see Laplanche (1970, chapter 2; 1981, pp. 102-107; 2006). See also Lyotard (2002).

of the analysis that the memory of two earlier childhood scenes emerges, of sexual molestation through her clothes by a shopkeeper. Freud traces the belated release of sexual feeling (the pleasing assistant) and the accompanying production of the phobia to the action of the first childhood event with its repeated scene, through the reconfigured details of its mise-en-scène (the shop, the shopkeeper/the pleasing assistant, the clothes) in the second event. Freud (1895) argues:

> Here we have the case of a memory arousing an affect which it did not arouse as an experience, because in the meantime the change [brought about] in puberty had made possible a different understanding of what was remembered . . . . In this interplay of two moments, neither of them producing a symptom by itself, "a memory is repressed which has only become a trauma by deferred action." [p. 356]

Other cases described by Freud, especially those of Anna O and Miss Lucy R in *Studies on Hysteria* (Breuer and Freud 1895), are more complex and indicate a whole memorial system of scenes and closely connected sequences that constitute an elaborate scenography of trauma. In the case of Anna O, for example, the "theme of becoming deaf, of not hearing" was organized into "seven sets of determinants, and under each of these seven headings, ten to over a hundred individual memories were connected in chronological series" (Breuer and Freud 1895, p. 288). The hysterical or obsessional symptoms are then understood as the overdetermined end result of a palimpsestic superimposition of scenes. This is a stratified scenography of trauma in which the earlier scene, rather than acting "like an *agent provocateur* in releasing the symptom, which thereafter leads an independent existence, . . . acts like a foreign body which long after its entry must continue to be regarded as an agent that is still at work" (p. 6).

The figure of the *agent provocateur* was one of Charcot's favorite metaphors to indicate the merely secondary role of experiences of shock or trauma in precipitating an inherited predisposition to hysteria. Breaking from Charcot's hereditarian framework, in which the traumatic event or accident has merely a mechanical and

extrinsic connection to a symptom that is sustained by a hysterical constitution, Freud proposes a mode of direct causation, in which the memory traces and associated excitations of the traumatic event continue to work in the present like a still-potent foreign body.

Fundamentally, what was encountered but misconceived in the traumatic drama of seduction during the years 1895–1897, Laplanche argues, was the priority of the adult other as a fully formed subject in the formation of the infant's psychic life. Laplanche cites the relation of the external, adult other (Freud's *der Andere*) to the internal, psychical foreign body—i.e., the other thing in the unconscious (Freud's *das Andere*)—which results from the intrusion of the other into the infant's psychosomatic life. Freud's move from trauma to drive, i.e., from a trauma-based theory to a drive-based one, is also a move away from a regional theory restricted to psychopathology (but one that is, nevertheless, other-centered or "Copernican"), and to a general theory (of sexuality as such) that is, however, recentered on the subject, and is thus "Ptolemaic." It is in this move, Laplanche argues, that the foundational relation to the other, the other *of personal prehistory* (to borrow Freud's formulation) —whom Freud calls in his letters to Fliess the "prehistoric, unforgettable other person who is never equaled by anyone later" (December 6, 1896), the "prime originator" (October 3, 1897)—is lost (Masson 1985, pp. 213, 268).

PRIMAL SEDUCTION

Laplanche's project is to formulate what he calls a generalized theory of primal seduction that articulates the other-centered elements from the "abandoned" theory with Freud's radical discovery of infantile sexuality. Laplanche's reproach to Freud, as it were, is that he failed to realize the universal situation that he had encountered in the pathological material on which he based his restricted seduction theory of 1896–1897. He failed to move beyond the narrow sphere of psychopathology, of the perverted adult and the abused child, to the universal situation of primal seduction. This is not seduction as an abusive event; for Laplanche, seduction is or-

dinary and inherent in the normal gestures of child care and parenting by which the infant's needs are met. Primal seduction constitutes what he calls the *fundamental anthropological situation* of the human being:

> The *primal* situation is one in which a newborn child, an infant in the etymological sense of the word (*in-fans:* speechless), is confronted with the adult world. This may even mean that what we call the Oedipus complex is subject to contingency. [Laplanche 1987b, pp. 89-90, italics in original]

> I am, then, using the term *primal seduction* to describe a fundamental situation in which an adult proffers to a child verbal, nonverbal and even behavioural signifiers which are pregnant with unconscious sexual significations. [1987b, p. 126, italics in original]

Freud encounters this "ordinary" seduction in his description of infantile sexuality in *Three Essays* (1905). In the third of these essays, "The Transformations of Puberty," Freud gives a compelling description of maternal seduction—the theoretical implications of which, one might say in the light of Laplanche's argument, he fails to conceptualize adequately:

> A child's intercourse with anyone responsible for his care affords him an unending source of sexual excitation and satisfaction from his erotogenic zones. This is especially so since the person in charge of him, who, after all, is as a rule his mother, herself regards him with feelings that are derived from her sexual life: she strokes him, kisses him, rocks him and quite clearly treats him as a substitute for a complete sexual object. A mother would probably be horrified if she were made aware that all her marks of affection were rousing her child's sexual instinct and preparing for its later intensity . . . . She is only fulfilling her task in teaching the child to love. [1905, p. 223]

Freud describes two phases of this seduction. The first is that of the joint satisfaction of a need, the need for nourishment if the

child is to survive, located in the register of what Freud calls self-preservation, and, along with it, in another register, the co-excitation and satisfaction of a nongenital erogenous zone, the lips and mouth: "The child's lips, in our view, behave like an erotogenic zone, and no doubt stimulation by the warm flow of the milk is the cause of the pleasurable sensation" (1905, p. 181). The child's first sexual activity and its satisfaction coincide with its performance of a vital function in sucking at the breast. The mother's "marks of affection," the offer of the breast that arouses the infant's sexual drive, produce an excitation that is more than the satisfaction of a need. In the second phase, the repetition of sexual satisfaction in the act of sucking becomes a pleasure-seeking activity independent of need, and, through an autoerotic turn, becomes independent also of the mother and of the object of need that she supplies—prototypically, her milk.

The elements are there in the *Three Essays* for a general theory of seduction. On the side of the infant, there is Freud's differentiation of sexual excitation *from* the satisfaction of a biological need, of the sexual drive *from* the self-preservative instinctual functions—a differentiation that comes after a primary moment of the *leaning* (Freud's *Anlehnung*) of the sexual drive on the function. There is also an arousal of these sexual excitations by gestures of care and tenderness that are themselves derived from the other's sexual life. Freud argues that infantile sexual drives, which are multiple and dispersed around various bodily sites—mouth, anus, skin surface—have no preestablished functional aim other than "organ pleasure," i.e., the reduction of local tension or excitation, and have no fixed or given object, and certainly no necessary orientation toward or by sexual difference.

However, it is clear in the light of Laplanche's argument that what is lacking in Freud's work is a systematic conceptualization of this purely descriptive recognition of the role of the other. Despite the differentiation of drive from instinctual function, of sexuality from need, the sexual drives are ultimately integrated by Freud into a normative developmental sequence that has reproduction as its preordained goal (although this is a goal that is accomplished

only with difficulty, as the end result of a tortuous process, and is likely to come undone along the fault lines of its own formation). Those Copernican glimmers of the other are closed off by Freud in what one might call a Ptolemaic teleology of reproduction. What is missing in Freud's account, Laplanche argues, is, first, the category of the message on the side of the adult, and, second, the model of translation on the side of the infant.

The adult message belongs to the relations of attachment and care, theorized and developed by Bowlby, Brazelton, Dornes, and the school of attachment theory and infant observation. Attachment theory highlights a wealth of reciprocal, intersubjective relations and mechanisms of an essentially prelinguistic nature that occur between mother and child. The mother is attuned to her child's needs, and this elicits and facilitates the child's preprogrammed instinctual processes and behaviors—e.g., the feeding-digestion sequence. Laplanche stresses the implied Freudian distinction between the notion of instinct and that of the sexual drive. (While Freud does not explicitly theorize the distinction between them, he maintains a largely though not entirely consistent set of differential usages between the two German terms *Instinkt* and *Trieb*.) Instinct is innate, not acquired; it is species specific and oriented toward the meeting of biological needs and the maintenance of a series of homeostatic levels and thresholds: body temperature, blood sugar levels, and so forth. However, in the premature human neonate, instinctual functioning is weak and dependent on the activity of the parenting adult. Attachment, instinctual functioning, self-preservation, interaction, and the exchange of messages between parent and child are all grouped together by Laplanche as bearing on the infantile organism and its survival.

The messages from the adult, however, are parasited by something else; the preestablished wavelength between mother and infant carries an element of interference or *noise* (a term derived from communication theory). The parental messages are scrambled or compromised due to the profound asymmetry of the adult–infant situation. For the adult has an unconscious and a developed sexuality, and the messages of comfort, reassurance, and

love communicated to the infant are, in the strictly psychoanalytic sense, compromise formations—i.e., carriers of inhibited and unconscious sexual excitations and fantasies on the part of the adult. Hence they are enigmatic messages, not just because the infant lacks at this stage an unconscious and the codes to translate them, but crucially because the adult also is unconscious of their significance.

Laplanche emphasizes not only the difference between the adult with an unconscious constituted by repression and the infant as yet without one, but also the difference *internal to the adult*, for the presence of the infant reactivates the child that lives on in the adult—that is to say, the adult's own repressed infantile sexuality. Laplanche argues, however, that the enigmatic message is *not* a two-tiered one with a conscious message doubled by an unconscious message. There is no unconscious message as such, he insists, but rather a message formulated at the conscious-preconscious level of attachment and tenderness that is compromised or surcharged by an unconscious excitation and its accompanying fantasy. As in the model of the compromise formation, however, something of both contributory forces is transmitted: the unconscious excitation *and* the conscious message, which it skews or inflects and by which in turn it is inhibited, displaced, or sublimated.

From the giving of the breast—which, as Lanouzière (1991, 1994) argues, is a significant sexual zone and organ for the mother—to the assignation of gender, the infant is bombarded by a range of signifying gestures and behaviors, of prelinguistic and paralinguistic messages that, over and above their intentions, transmit an exciting but enigmatic meaning and force. They are, in Lacan's distinction invoked by Laplanche (1987b, p. 45), *signifiers*—whose function as a signifier *of* a possible signified is veiled or lost, while it still functions as a signifier *to* a possible recipient, that is, it remains addressed to and aimed at the infant. They are implanted, Laplanche argues, in the primitive body ego or skin-ego, especially at those orifices, the folds and turnings of the body surface, the thresholds between inside and outside, which are in that very process mapped and zoned as targets of parental attention, care, and

fantasy (1987b, pp. 134-136; 1990, p. 136). The infant is interpellated, summoned and excited by these intimate intrusions into its body-space that derive in part, as Freud suggests, from the adult's own sexual life.

Laplanche (2002) proposes:

> The language of the adult is enigmatic, not due to confusion or total strangeness, nor due to polysemy (for in the latter case all messages would be enigmatic), but through a one-sided excess that introduces a disequilibrium into the interior of the message. Excess, disequilibrium, the need to translate, there is (to invoke Ferenczi's terms) an intrusion of the signifiers of "passion" into the language of "tenderness" common to both adult and infant. [p. 13, my translation][8]

The infant is impelled to master these enigmatic excitations and defend against them, to translate and bind them into its own signifying sequences and fantasies and its own evolving self-representation, and this includes the whole fantasmatic field of what Freud (1908) calls *infantile sexual theories.*

TRANSLATION AND THE FORMATION OF THE DRIVES

The model of translation that is central to Laplanche's theory of seduction and his account of the fundamental anthropological situation of the human being is derived from a much-commented-on letter of Freud's to Fliess (December 6, 1896). Here Freud offers a model of the psychical apparatus as constituted by a process of stratification. The memory traces of perceptual elements coming from the outside are inscribed not once but many times over, Freud proposes, and they are subject to successive rearrangements and retranscriptions that belong to successive epochs or phases of psychic life.

[8] See Ferenczi (1933).

Freud writes: "At the boundary between two such epochs, a translation of psychic material must take place . . . . Every later transcript inhibits its predecessor and drains the excitatory process from it" (Masson 1985, p. 208). Freud goes on to explain psychopathology (and Laplanche the formation of the psychical apparatus as such) by reference to the vicissitudes and permutations of that translation process:

> I explain the peculiarities of the psychoneuroses by supposing that this translation has not taken place in the case of some of the material . . . . Thus an anachronism persists: in a particular province *fueros* are still in force; we are in the presence of "survivals."[9] A failure of translation—that is what is known clinically as "repression." [Masson 1985, p. 208]

Translation here is conceived as part of a process of forming the psychical structure and as defensive—i.e., inhibiting and draining excitation from previous inscriptions, a binding process akin to what Freud will later call *sublimation.* However, it also entails a partial failure in translation, in which some resistant material is not carried across into the new psychical strata, an outcome Freud identifies with *repression.*

Laplanche picks up and develops this connection between translation, repression, and later sublimation. He articulates it with the model of *Nachträglichkeit* or *afterwardsness* as the motor force of trauma from the old seduction theory. This is a model in which a primary traumatic inscription, one that is excessive and remains unassimilated in a first moment, is reactivated in a second or later moment, and its enigmatic sexual meaning is precipitated out and becomes subject to reinscription and/or repression.

It is in this second moment of translation in the dialectic of afterwardsness that Laplanche locates Freud's later concept of primal repression (*Urverdrängung*). This obscure founding process,

[9] Masson adds the following editor's note: "A *fuero* was an ancient Spanish law still in effect in some particular province, guaranteeing that region's immemorial privileges" (1985, p. 215).

in which the first elements of the unconscious as a separate system are laid down, according to Freud (1915), consists of "the psychical (ideational) representative" (*Vorstellungrepräsentanz*) of the drive being denied entry into consciousness; henceforth, that first repressed representative persists unaltered and the drive remains permanently attached to it (p. 148).[10] It might be inferred that the drive preexists primal repression, simply welling up from within; however, Freud's emphasis on exclusion and fixation, such that "the representative in question *persists unaltered from then onwards* and the instinct *remains attached to it*" (p. 148, italics added), suggests that it is by this very process that a given idea or mental representation (a *Vorstellung*) becomes a representative or delegate (a *Repräsentanz*) of the drive.

In a later text, Freud (1926) invokes the model of trauma to explain the first primal repression: "It is highly probable that the immediate precipitating causes of primal repressions are quantitative factors, such as an excessive degree of excitation and the breaking through of the protective shield against stimuli" (p. 94). Here Freud again invokes the old economic model of trauma as a breach of protective boundaries or defense mechanisms. It is these excessive and traumatic inscriptions that provoke the defensive process of translation and binding, a process in which what is too painful or unacceptable to be processed and assimilated is excluded and repressed.

Laplanche's argument is that it is primal repression, through the process of exclusion and fixation, that constitutes the repressed, unassimilated, untranslated remainders of the excessive *Vorstellung* as the representative (*Repräsentanz*) of the drive. He argues that this is the very constitution of the drive as such (in particular, the constitution of what he calls the *source-object* of the drive, a formulation I will return to later). Furthermore, primal repression does not target just the generality of perceptual data, but precisely those that

[10] Freud's term *Trieb* is translated by Strachey in the *Standard Edition* as *instinct,* thus obscuring the distinction in Freud's German between *Trieb* and *Instinkt.* Except when directly quoting from the *Standard Edition,* I have used the term *drive* in this paper.

make a sign—a sign addressed to the infant and implanted by the other, one that carries an enigmatic and provoking excitation (Laplanche 1992b, p. 74). Primal repression selectively targets the enigmatic—because compromised—signifiers of the desire of the other as they bear on and address the infant.

There is a double result of this process of binding and translation: something is successfully translated, carried across into the homeostatic economy of the body-ego as a contribution toward an intensely invested, narcissistic self-representation; and the ego as agency is gradually formed, a process of metabolization is successfully carried out (Laplanche 1987b, pp. 134-136). However, for every process of translation, there is a remainder, something resistant to metabolization that remains *à traduire*, yet to be translated. Laplanche sees these untranslated remainders as *designified signifiers* —i.e., signifying elements that are disconnected from their original context, reified by repression, and that consequently lose their ordinary semiotic function, assuming a congealed, thinglike status in the unconscious.

In the Freudian unconscious constituted by repression, verbal material—word-presentations, to use Freud's idiom—are replaced by thing-presentations, or by words treated as if they were objects. Laplanche's argument is that in the unconscious, as a result of repression, all presentations, whether verbal, behavioral, or perceptual, are *designified,* reduced to thing-presentations—not in the sense of presentations of a perceptual object, for they no longer function semiotically, but as *thingified* presentations, presentation-things (1984, pp. 120, 129; 1993a, pp. 90, 92). By contrast with Lacan, Laplanche sees the Freudian unconscious as radically delinguistified, *alinguistic* (which is, of course, how Freud saw it), and not as "structured as a language" along Saussurean lines, according to Lacan's founding axiom. Whereas *secondary* repression acts on already constituted representatives of the drives and their derivatives, the process of *primal* repression, Laplanche argues, actually *creates* the representative of the drive as such. It produces that excluded, remaindered, designified, thinglike *Vorstellung* become a *Vorstellungrepräsentanz*, to which the drive is now permanently fixed

and anchored in Freud's account of primal repression—fixed and thereby constituted as the drive, according to Laplanche.

Now the Freudian drive (*Trieb*) is distinguished from the instinct (*Instinkt*) by its lack of a preassigned aim or fixed object, the object being acquired and displaceable just as its multiple sources are dispersed around the body at various zones of the skin surface. However, for Freud, even the *Trieb* is finally conceived as a mental representative of a stimulus coming from a somatic source, having an endogenous development through successive stages. Laplanche rejects this endogenous account and insists on a "Copernican" perspective: he argues that the drives are the exogenous byproducts of implantations by the other, on the one hand, and, on the other hand, they are byproducts of the infant's partially successful, partially failed attempts at translation and binding of those exciting implantations. It is the unbound, untranslated remainder of the enigmatic parental message that becomes the first repressed *Vorstellungrepräsentanz* constituted by primal repression, and so the first representative of the drive.

Every act of translation produces two results: first, something is successfully carried across and incorporated, bound into the ego and its internal objects, and this partially successful binding Laplanche (1999c) identifies with sublimation. The second result, the correlative of every successful act of translation/sublimation, is the resistant, untranslated remainder of the implanted adult message that is repressed. This repressed remainder thereby becomes what Laplanche (1984) calls the *source-object* of the drive. This portmanteau term collapses the classical Freudian distinction between the object of the drive (an external object that enables the drive to achieve satisfaction) and its source (a stimulus or excitation localized in an erotogenic zone). Laplanche's source-object is a repressed, internalized fragment, the designified fragment of a signifying object (whether of verbal, intonational, behavioral, or gestural signifiers) that has *become* a source (just as the *Vorstellung* has *become* a *Repräsentanz*). It is a *psychical thing* that has become the source of the exciting, traumatizing drives pressing toward absolute discharge, drives that attack the homeostatic body-ego from

within. Laplanche infers that Freud's primal repression, through its processes of exclusion-fixation that create a permanent representative of the drive, thereby creates its *source*—a psychical source, not just a somatic excitation or need.

Laplanche exemplifies his notion of how a metabolized external object becomes an internal source in his commentary on Klein's description of the good and bad breast as they function in infantile fantasy, part of his extensive critique of Kleinian theory. Klein posited a process of splitting of the infant's variable experiences at the breast into polarized good and bad opposites. The bad breast is constituted by the infant's projection of its aggression against the breast, which then returns to sender in the form of a persecutory, bad internal object. By contrast with the Kleinian account, Laplanche sees the infant as translating the enigmatic and seductive experience of the breast into the fantasy of the comforting, appeasing, good breast, leaving as an untranslated residue the exciting, traumatic elements that he correlates with the Kleinian fantasy of the persecutory and attacking bad breast. "In my view, this 'bad' exciting breast is a sexual breast" (Laplanche 1981, p. 218). The excitation it transmits is the internal attack of what he calls the *sexual death drive.*

In Laplanche's theory of the drives, the drive does not emerge naturally or spontaneously from the body as the transparent expression of its needs; rather, it is the byproduct of the desiring and signifying relations between the subject and the other. In particular, the drive is the byproduct of the psychical *work* of the infant, both opening up to and defending against the seductive ministrations of the adult.

Laplanche goes on to recast Freud's final grandiose metaphysical struggle between Eros and the death drives, arguing that this is really a distinction between different regimes of the sexual (he points out that Freud never posited a separate energy source for the death drive—a *destrudo,* as it were, distinct from libido). Whereas Eros, in alliance with the ego and its stabilized objects, engages in the work of sublimation, binding, and translation, the death drives (or, more properly, Laplanche [1995] insists, the *sex-*

ual death drives) are constituted by precisely those untranslated, remaindered source-objects, component drives anchored in the orifice-thresholds of the primitive skin-ego (Anzieu 1985), repetitively pressing toward absolute discharge and undoing the homeostatic ego from within.

THE MESSAGE AND ITS VICISSITUDES

The essential matrix of Laplanche's revision of classical metapsychology comprises two axes: the seductive-traumatic action of the other that impacts on the infant subject, on the one hand; and, on the other hand, the defensive, metabolizing processes of translation and binding by the subject of the other's implantations, with their twin correlates of sublimation and repression.

We have a second moment of translation in the dialectic of *afterwardsness* (*Nachträglichkeit*) that is provoked by a primordial implantation *in* the subject *by the other* in a prior, first moment. It is within this framework that Laplanche recasts the theory of the drives, of the unconscious, of the formation of the agencies of the ego and superego, and the different outcomes of normality/neurosis and psychosis. This problematic of primal seduction has subsequently developed through elaborations in two closely related dimensions: first, elaboration of the different modes of implantation and of the different kinds of message transmitted *by the other;* and, second, elaboration of the vicissitudes of translation *by the recipient*—the different modes of translation, partial translation, or the radical default or absence of translation.

In contrast with everyday, normal implantation, in which "the signifiers brought by the adult are fixed, as onto a surface, in the psycho-physiological 'skin' of a subject in whom the unconscious agency is not yet differentiated," Laplanche (1990) postulates a violent variant of implantation that he calls *intromission:*

> While implantation allows the individual to take things up actively, at once translating and repressing, one must try to conceive of a process which blocks this, short-circuits the differentiation of the agencies in the process of their for-

mation, and puts into the interior an element *resistant to all metabolisation.* [p. 136, italics added]

It is this violent intromission of adult signifiers that paralyzes the ordinary processes of primal translation-repression by the infant. It results in something that cannot be processed in the ordinary manner—what Laplanche calls a *psychotic enclave* of untranslatable parental wishes and fantasies that persists as an unmetabolizable foreign body, attacking and dominating the psychotic ego. This distinction between implantation and intromission differentiates Laplanche's position from that expressed by another founding Lacanian axiom: that the unconscious is the discourse of the other. For Laplanche insists on the normal operation of the child's metabolizing processes, which would ordinarily subject the other's enigmatic messages, or *discourse,* to a breaking down and working over.

It is this normal metabolizing and binding process of translation that leads to the formation of the ego as a unified, narcissistically invested self-representation and its correlate, the unconscious as a separate, relatively closed mental system. By contrast, the Lacanian conception of *the unconscious as the discourse of the other* would be a more appropriate description of Laplanche's *psychotic enclave,* which results from the violent inscription of parental signifiers and fantasies, and from the subsequent radical *default* of the subject's own processes of primal translation-repression (as distinct from the normal partial failures *in* translation).

THE SUPEREGO AS PSYCHOTIC ENCLAVE

Laplanche also suggests in passing that the process of intromission has consequences for the formation of the structure of the psyche. In particular, it constitutes a blockage of the process of translation, which short-circuits the differentiation of the agencies of the id, ego, and superego as distinct psychical subsystems. He follows this, however, with the statement: "I have no doubt that a process related to intromission also has its role in the formation of the *superego,*

a foreign body that cannot be metabolized" (1990, p. 136). These cryptic, if not contradictory, propositions seem to imply simultaneously that intromission "short-circuits" the differentiation of, e.g., the superego from the ego and the id, while defining the superego itself as just such an intromitted, untranslatable "foreign body."

These propositions refer us back to *New Foundations for Psychoanalysis* (1987b), where in the earlier text Laplanche had anticipated the later explicit formulation of intromission and its effects by connecting the themes of blocking and untranslatability with both psychosis and the superego. There he proposed that the superego and its injunctions might have to be conceived as a "psychotic enclave in the human personality as such" (p. 139). His reconsideration of the superego begins with the apparent opposition between (1) the earliest drive-based superego described by Klein, with its return of aggression back to the subject, and (2) the later, postoedipal, legislative superego described by Freud, "made up of cultural imperatives" and "signified by commandments" (Laplanche 1987b, p. 137). In the context of the general theory of primal seduction, however, this opposition is overcome, for where the drives and their source-objects are the byproducts of the enigmatic signification of the adult and its translation-repression by the infant, there is no essential opposition, Laplanche concludes, between the drive and the intersubjective, between the drive and the cultural.

In his introduction to *Totem and Taboo* (1912-1913), Freud compared the taboo, with its exemplary oedipal prohibitions on parricide and maternal incest, with the Kantian categorical imperative: "Though expressed in a negative form and directed towards another subject matter, they do not differ in their psychological nature from Kant's 'categorical imperative,' which operates in a compulsive fashion and rejects any conscious motives" (p. xiv). Furthermore, Freud explicitly identifies the superego with the categorical imperative: "The ego submits to the categorical imperative of its superego" (1923, p. 48). The taboo, the superego, and the categorical imperative are thus aligned in Freud's thought: "Kant's categorical imperative is thus the direct heir of the Oedipus Com-

plex" (1924, p. 167). Laplanche points out that the *categorical* imperative, with its claim to autonomy, is contrasted in Kant's argument with the *hypothetical* imperative, where the latter is heteronymous and not centered on the self. Rather, it is focused on something else from which the ethical injunction is deduced: God, the idea of the good, the race, the nation, the species, etc. It takes the form of "If you want that, then do this"; "If you want to be saved, to please God, to have a harmonious society, etc., then behave in such-and-such a way."

However, with Kant's categorical imperative, there is, as Laplanche puts it, no *if* clause. There is simply an absolute injunction: "Do this!" Although Kant proposed the categorical imperative as autonomous and attempted to deduce it from the notion of free will, as Laplanche notes, no concrete imperatives can be deduced in this way. As Laplanche puts it: "A true categorical imperative would not be autonomous, and it could not even be deduced from the notion of free will: it would be an implacable 'do this!' which did not have to be justified at all" (1987b, p. 138). As with the great Abrahamic monotheisms, where the law is simply handed down from God, the categorical imperative does not require justification. The injunctions of the superego, like those of the taboo and the Kantian categorical imperative as described by Freud, are compulsive and beyond justification.

Laplanche argues that, in not being justified, categorical imperatives are nonmetabolizable: "This means that they cannot be diluted and cannot be replaced by anything else. They exist, and they are immutable . . . . They resist the schema for the substitution of signifiers" (1987b, p. 139). Laplanche poses the question as to whether the imperatives of the superego can be subject to translation-repression, or whether indeed they are "trapped between the two stages of primal repression" (p. 139)—i.e., inscribed in the first moment, but not susceptible to translation and reworking in second or later moments; thus, allowing no afterwardsness, they are untranslatable into anything other than themselves. If this is the case, Laplanche asks, then what is to distinguish them from the violently intromitted, enigmatic messages that persecute the psy-

chotic subject? "Should we not see them as psychotic enclaves in-
side the human personality as such?" (p. 139). Like the power of the
taboo in tribal cultures, their compulsion and transgenerational
reproduction cannot be explained by pragmatic considerations as
forms of practical reason.

INTROMISSION AND PSYCHOSIS

Scarfone (1994) discusses the connection between the different
modes of implantation and intromission by the adult and the cor-
responding processes in the infantile recipient that they enable or
disable. He elaborates the implications of Laplanche's proposition
that, normally, "seduction is a parapraxis" (Laplanche 1992a, p. 170):

> If the breast appeases thirst or hunger, it quenches them
> on the level of self-preservation, but elsewhere awakens a
> hunger and a thirst from now on inextinguishable. It is the
> enigmatic character of the message emanating from the hu-
> man other which causes the loss and the thirst. [Scarfone
> 1994, p. 69]

This appeasing external object at the level of need, then, is al-
so an exciting object, Scarfone argues, as it is the bearer of *noise*
(as in information theory). This noise is the interference of the re-
pressed *other thing in the other,* the repressed source-object of the
drive in the other, that makes the other *an exciting other,* not just a
Winnicottian good enough other, so to speak. Marked thus by an
essential negation—that of repressed infantile sexuality—both the
external object and the other whose message it bears are marked
by a hollow or absence that makes them *other to themselves,* gives
them psychical depth, Scarfone argues, so that they thereby be-
come psychically real to the infant. It is this negation in the other,
the inhibition in the enigmatic message, that renders it precisely a
compromise. As Scarfone (1994) elaborates:

> The adult of the compromised message is the adult who
> allows a compromise-formation; it is necessary to realise
> that his own repression has two sides: the repressive side

> responsible for the enigma which is enigmatic for the adult himself, and the translating side which *also translates for the infant.* The quality of the translating function is of great importance here. We can invoke here the sexual life drives (the work of binding), whereas on the side of the enigmatic message it is an unbound sexuality that is at work. [p. 73, italics in original]

Scarfone's argument goes back to the original Freudian idea of translation, in which something is successfully carried across into a new formation where the excitation is bound, and what remains untranslated is repressed and remains relatively unbound. However, Scarfone posits a translatory function on the side of the adult message, and not just on the side of the infant recipient. He relates this translatory function of the message to the sexual life drives (and so to the work of binding and sublimation in the adult), as well as to its work of interpellation, to the fact that it is addressed to and "also translates for the infant."

It is this mixture of binding and unbinding, of inhibition and excess in the adult message, that, according to Scarfone, provides the crucial enabling precondition that stimulates and provokes the defensive translations by the infantile recipient of the other's message. It is the hollowed-out negation in the other that allows the infant the psychical space to breathe, as it were—to translate, to reprise, and rework the enigmatic and exciting messages that address him, to substitute his own signifying sequences, fantasies, and "infantile sexual theories," to interpret the blanks or gaps in the parental discourse, to sublimate by symbolizing otherwise.

However, Scarfone writes, "my practice has taught me that, on the side of the adult in relation to the future psychotic, there is a transmission of signifiers, enigmatic certainly, *but without compromise*" (1994, p. 73). He cites the proposition of Aulagnier (1975) that the psychotic's delusions are related to parental obsessions that were never the object of repression or inhibition in the parent. The violence of the uninhibited parental obsession is then doubled by a secondary violence from the transmitter, in the form of a prohibition on translating the message into anything other than its

own terms: "There are things about which the future psychotic is not allowed to exercise his autonomous thinking . . . . The forbidden things cannot be identified. A *void* is thus created in the subject's thinking, soon filled with delusional thoughts" (Scarfone 1994, p. 74, italics in original).

To illustrate, Scarfone cites a psychotic patient's postdelusional explanation of the relations between himself and his father, who had attempted to impose his thoughts on his children through a systematic indoctrination:

> [The father's] . . . thought (*pensée*) was . . . a dressing or bandage (*pansement*) . . . . [The patient] was conscious of the play on words, however, and he said "dressing" with the utmost seriousness, meaning that if he had dared to contest his father's thought, if he had managed to do that, his father would have definitely been destroyed: he would have gone mad or committed suicide. This "thought-bandage" (*pensée-pansement*) of his father wasn't a mere metaphor: my patient thought of it as a bandage on the live wound in the soul, a bandage destined to mask, through some overweening, esoteric verbosity—to all appearances delirious—an unbearable flaw of the father. [1994, p. 74]

So Scarfone describes his clinical conclusions:

> What we observe in psychosis is that, where the translatory function of the adult should diminish excitation, violence has been inflicted instead . . . the violence (excitation) of the message itself; the violence of the transmitter-translator and his prohibition on translating and thinking. [p. 74]

Where the blanks in the parental messages in "ordinary" primal seduction are marked by negation, by inhibition, and so allow space for interpretation, translation, and thinking otherwise on the part of the recipient, by contrast, the malign positivity of an *uncompromising* parental discourse, a discourse without negation, invades the psychic space of the future psychotic, allowing no empty spaces either in itself or its recipient.

Lacan's axiom that the unconscious simply *is* the discourse of the other comes to seem, then, more like a recipe for psychosis. This

paralysis of the processes of translation/repression condemns the recipient to the catastrophe of a psychosis that results not from the *partial* failure inevitable in all translation, but from the radical absence or default of the translation and binding process; for we remain possessed by those messages we are unable to translate or metabolize—messages whose violent positivity, lacking negation and without compromise, persecute the psychotic subject, driving him to those desperate measures of expulsion described by Freud as *Verwerfung*/repudiation, by Lacan as *forclusion*/foreclosure, and by Klein as projection.[11] Unlike Klein's *projection,* however, *repudiation* and *foreclosure* result from attempts by Freud and Lacan to formulate a mechanism different from repression and specific to psychosis—to describe strategies of expulsion of a traumatic and intolerable element that lead to hallucination: "What was abolished internally returns from without" (Freud 1911, p. 71); and "whatever has been refused in the symbolic order, in the sense of *Verwerfung*, reappears in the real" (Lacan 1955-1956, p. 13).

Laplanche's critique of these classic formulations is that they remain centered on the subject: that is, they are all subject-operated mechanisms—*I repudiate, I foreclose, I project, I encrypt*—that belong to the second or subsequent moments of the dialectic of *afterwardsness*. These mechanisms need to be understood in relation to the kind of violent intromission—the other *intromits,* the other *implants violently*—imposed in its primary moment. For something to be repudiated or foreclosed, it has to be first registered in a prior moment, in however provisional a form.

It is this violence of signification, forbidding, and paralyzing all primal translation-repression on the part of the subject that Scarfone identifies with what Laplanche calls the intromission that "puts into the interior an element resistant to all metabolisation" (Laplanche 1990, p. 136). It is this unrepressed and unmetabolizable intromission from the other, and the violent prohibition accom-

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[11] The mechanism of encrypting described by Abraham (1975), although a specialized form of *internalization* rather than expulsion, is also a defensive strategy for binding the invasive "phantom" of the other through the construction of a "crypt" or enclave within the psychic structure of the possessed subject.

panying it, that provokes the psychotic's desperate expulsionary strategies of repudiation, foreclosure, and projection, with their hallucinatory consequences.

This returns us to the aporia that resulted from Laplanche's paradoxical argument about the superego, which can be summed up as follows: intromission, a violent form of implantation, introduces into the subject a highly charged, signifying sequence or message that is untranslatable, one that blocks the formation of the psychical agencies; however, it is "a process related to intromission" that also plays a part in the very formation of the superego as "a foreign body that cannot be metabolised" (Laplanche 1990, p. 136). Scarfone's development of Laplanche's thought suggests different modalities of the superego in relation to the different forms of transmission of the adult other. Normally, Scarfone (1994) suggests, "the translatory function of the adult for the child merely carries the prohibitions of the surrounding culture, which would not be offered as such, but would appear to the recipient as blanks in the parental discourse, hollowed out prohibitions" (p. 75)—that is, a discourse marked by the inhibition of the adult's infantile sexuality and its return in displaced or symbolic expressions. To this corresponds what Scarfone calls

> . . . a hollowed out superego (*surmoi en creux*), inviting the child as translator to make for himself a morality in relation to which he keeps a certain freedom of manoeuvre, and especially a freedom to fantasise the risks incurred in the breach of that morality. [1994, p. 75]

Here the discourse of the other remains enigmatic by virtue of its inhibition and its double-edged nature as compromise-formation, allowing the recipient a freedom of maneuver—to translate, to transpose, to sublimate. By contrast, in psychosis and the more extreme pathologies, Scarfone suggests that:

> The superego would be filled in (*surmoi en plein*), it would be what is strongest in the psychotic ego; it would be always alien, but not absent; it would be the object without

a hole, without a fault, not allowing an approach from any angle whatsoever. [1994, p. 75]

The *lack* of inhibition and compromise in the discourse of the adult, and the violence that accompanies it, produces the paralysis of translation on the part of the recipient, giving rise to the psychotic experience of transparency in relation to others, the delusion of being observed. There is "no hollow in the object, no loss, no absence. Rather a constraining, invading presence. The space is filled"; and, Scarfone adds, "How can one not contrast this presence, this 'positivity' of the object invading the psychic space of the psychotic, with the negativity, the loss, the hollow in the object of 'ordinary' primal seduction?" (pp. 75-76).

Scarfone relates the psychodynamic dimension of the seductive and/or traumatizing parental discourse, the function of inhibition and negation or their absence, to its enabling or disabling impact on the infant's capacity for reception and processing, for translation and symbolization. In particular, he contrasts metaphorically different modes of superego functioning as filled in or hollowed out—*en plein* versus *en creux*—in a metaphor taken from Laplanche.[12] Laplanche employs this metaphor to reformulate the Freudian notion of transference and the model of the psychoanalytic situation in terms of the framework of the general theory of seduction, to which I will now turn.

LAPLANCHE'S TUB

Laplanche's conception of the psychoanalytic situation and the transference that characterizes it is based on his understanding of primal seduction, the fundamental anthropological situation of the human being. The analytic space is a situation artificially established by certain rules, both exclusions and injunctions, whose topography rhymes with various spatial models to be found in Freud's

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[12] This metaphor turns on a technical distinction in French between *en plein* and *en creux*, that is, between embossed carving that stands proud of the surface, as in bas-relief, and what contrasts with it as concave to convex, an incised form of engraving, as in intaglio.

work—models to which Laplanche has repeatedly returned over the years to map and elaborate. These include two models that Laplanche distinguishes from each other: first, the living vesicle of *Beyond the Pleasure Principle* (1920), which models a homeostatic entity defending its boundaries and internal energy levels against traumatic incursion; and, second, the input-output, "reflex" model of the psychic apparatus, with its stratified systems of memory traces, as described in chapter VII of *The Interpretation of Dreams* (1900). (The latter had already been sketched out in the letter on translation to Fliess cited earlier.) In a volume dedicated to the transference and its relation to Freud's models of enclosed space (versions of what he calls *le baquet*—the *tub* or *vessel*—a term that derives from Mesmer, the proponent of the theory and practice of animal magnetism, forerunner of hypnotism), Laplanche (1987a) explores the kind of enclosure that the analytic situation enables.

In particular, like other psychoanalytic writers such as Green, Laplanche draws an analogy between the analytic situation and the enclosed space of the dream, embedded within the state of sleep, where the withdrawal from the external world and the shutting down of normal functioning allow the emergence of a space for a different kind of psychical activity, that of unconscious fantasy and desire. Laplanche argues that, like the dream, the analytic session should be recognized as a formation of the unconscious (along with the symptom, the screen memory, the joke, slips of the tongue, and other parapraxes). However, while these are spontaneous, the analytic situation is an artificial formation established through a set of rules—especially the fundamental rule of free association, along with associated conventions such as the set length of the session, its agreed frequency and payment, the classic physical setting of the analyst seated behind the couch that substitutes communication through language (the talking cure) for visual cues and face-to-face interaction, and the refusal to give advice or to set life goals or ideals for the analysand. All these mark out the limits of the analytic enclosure as a *baquet* or tub, which is organized so as to facilitate manifestations of the unconscious.

Laplanche is concerned that this delimitation of the analytic space should not be mapped, as it often is, onto an opposition between fantasy (the infantile, the regressed, the transference as role play) and the real (of which the analyst is positioned as representative and adjudicator—implicitly or, in some versions, explicitly). The power of the analytic situation, he argues, with its delimitation of an inside and an outside, comes from its repetition of the fundamental anthropological situation of primal seduction, with its founding differentiation of the dimension of sexuality, of fantasy, and the drive from what Freud called *Selbsterhaltungstriebe:* the self-preservative instincts, in Strachey's translation—that is, the organism's vital needs and life interests (later addressed by ego psychology under the heading of *adaptation*).

It is this latter dimension that is set to one side by the rules and conventions establishing the analytic situation, and such filtering out and differential framing of the analytic space, Laplanche argues, echo both the enclosure of the dream and of the unconscious itself. What is at stake is not a counterposition of an order of unreality, of fantasy and transference as forms of illusion, from which the analysand must be weaned and an order of reality to which he must adapt pragmatically and efficiently, Laplanche insists. Rather, it is a mutual articulation of two interdependent dimensions of human reality—each of them equally both psychic and somatic (therefore, this represents a displacement of the classic mind–body problem).

Laplanche seeks to represent this differentiation and articulation as a real process in the human being by which the drive, with its pressure to absolute discharge, is differentiated as a sexual byproduct from the homeostatic functioning of the preformed, self-preservative instincts on which the drive originally leans (as in the model of *Anlehnung*) and from which it deviates. In his various returns to the question of psychic topography and its correlative of an energetics—every psychic space requires an energy function that inhabits and structures it—Laplanche comes to articulate the model of a self-regulating, homeostatic functioning with the input-output model of the systems of perceptions and memory traces. His

commentaries on these two models are extensive (Laplanche 1980a, pp. 159-229; 1987a, pp. 30-86; 2000, pp. 59-76).

Laplanche attempts to think the articulation of these two models by an ingenious development of a brief remark of Freud's in a footnote added in 1919 to Chapter VII of *The Interpretation of Dreams* (1900). Freud's footnote to his model of the succession of systems of memory traces, of the unconscious and the preconscious, positioned between input (perception) and output (motility)—see Figure 1 on the following page—turns on a metaphor of unwinding and rewinding that is unfortunately lost in Strachey's translation. In Laplanche's (1987a) retranslation, it reads: "The further development of this schema unwound in linear fashion must take account of our supposition that the system following on from the *preconscious* is the one to which we must attribute *consciousness*, thus Pc (perception) = Cs (consciousness)" (p. 70, my translation).

Laplanche notes the problem posed by Freud's schema in which perception (Pcpt) of the external world is located at the left-hand end of the linear representation, while consciousness of internal processes, coming after the preconscious system (Pcs) and its censorship and giving access to motility (M), is at the opposite, right-hand end, with the series of memory systems (Mnem) lying between them (Figure 1, p. 1272). The direction of the waking function of the apparatus from left to right (from perception to action) in Freud's schema is reversed in sleep. In hallucinatory dreams, in particular, Freud argues, there is a regression of the hybrid unconscious-preconscious formations of the dream back from the right-hand side, where access to motility is blocked, to the perceptual system on the left, which becomes the site of an internal awakening to the hallucinatory dimension of the dream in the "paradoxical" or REM phase of sleep.[13]

Laplanche infers from the metaphor in Freud's cryptic aside that the schema is linear only because it has been *unwound*, and that the only way the different functions of consciousness at either end of Freud's schema (see Figure 1) can be articulated together, following

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[13] Laplanche (1987a) comments on the relation between Freudian dream theory and recent work on sleep and dreaming (pp. 48-49).

FIGURE 1
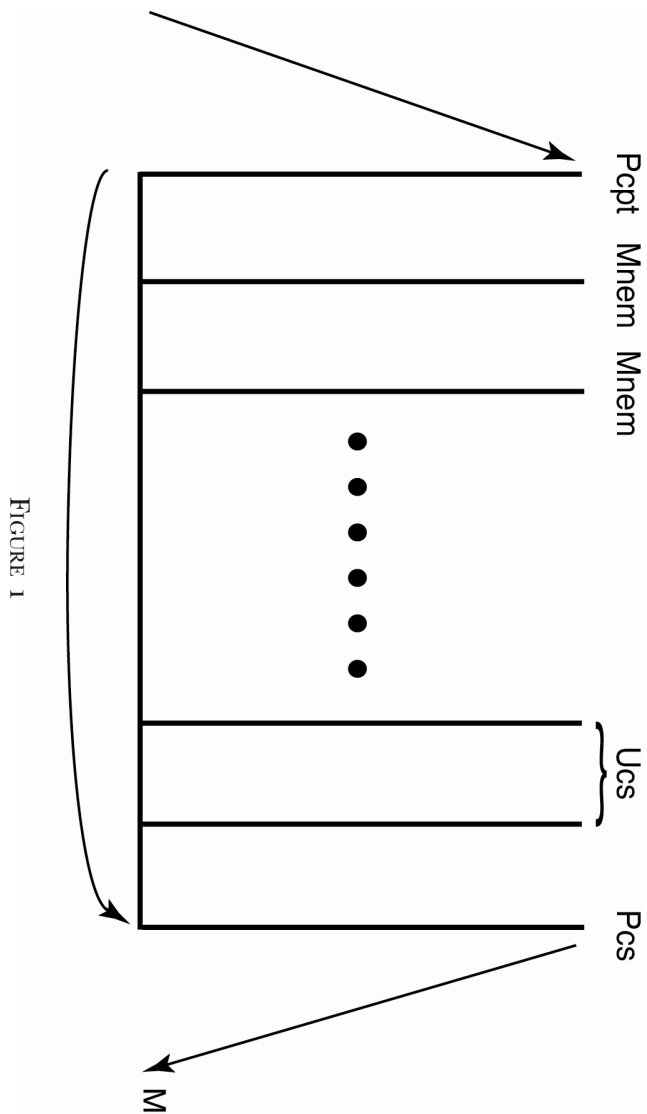
Freud's supposition, is for the unwound linear representation to be *rewound* to form a circuit in which the two left and right extremities of perception and internal consciousness become adjacent. The circuit or loop of the memory systems thus formed is potentially closed in on itself, but, at the joining or meeting point of the perceptual system (Pc) and the system of conscious representations leading to motility, it connects up with both the afferent pathway indicating the perceptual input and the efferent pathway indicating the gateway to action. See Figure 2 below (see also Laplanche 2000).
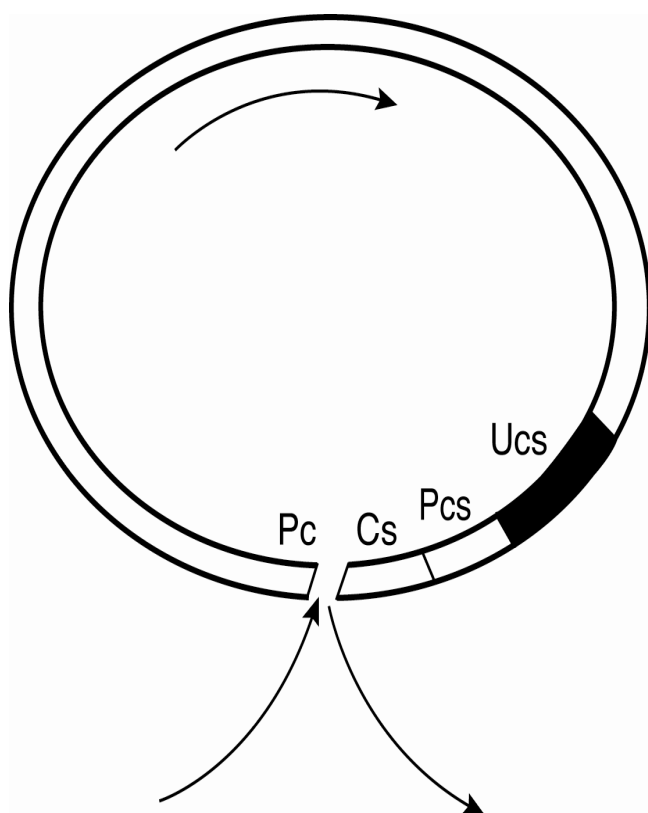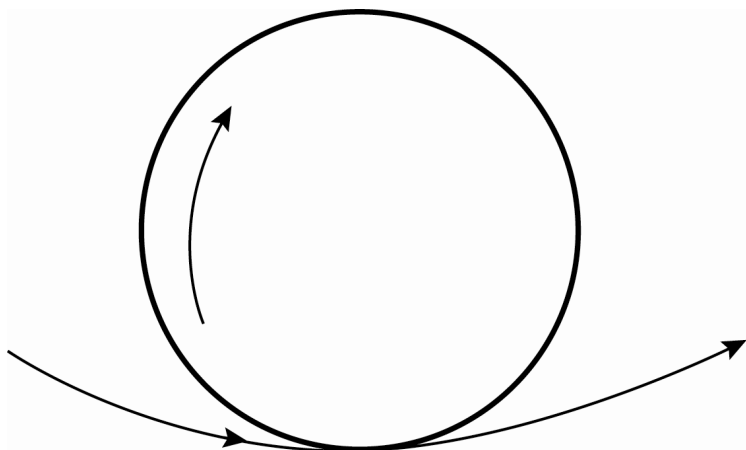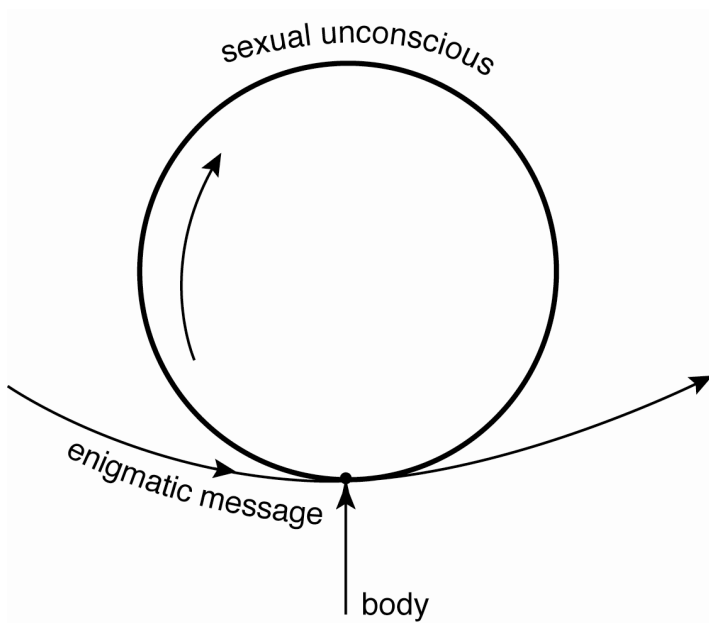

FIGURE 2

FIGURE 3

FIGURE 4

Laplanche suggests that what we have here is a point of tangency between two circuits; see Figure 3 on the facing page. The outer circuit represents the functioning of an organism capable of perception and reaction. The inner circuit represents the memory systems, unconscious and preconscious. With both the afferent and efferent pathways closed off in the state of sleep, it represents the disconnection of the space of the dream from the outer circuit, from which, ultimately, it derives. Laplanche argues that this model of tangency allows a generalization from the dream to other formations of the unconscious where a comparable enclosure operates. It maps the marginality that Freud attributes to the upsurge of the sexual, its deviation in relation to the instinct as in the model of *leaning on* (*Alehnung*), which he regularly designates with the prefix *neben-* (*Nebenprodukt*, byproduct, and *Nebenwirkung*, marginal effect).

In particular, Laplanche has in mind the analogy between the space of the dream and the psychoanalytic space. For the analytic situation reprises the fundamental situation of primal seduction; and Laplanche argues that the topography of the two circuits at a tangent to each other models the process of differentiation and articulation between (1) the vital order of adaptation and self-preservation, and (2) the circuit—sexual, fantasmatic, and to a great extent unconscious—that branches off from it (1987a, p. 72).

Whereas Freud (1900, chapter VII) proposed the infant's first "experience of satisfaction" and its hallucinatory repetition as the virtual origin of the primitive psychical apparatus, Laplanche proposes instead *the experience of seduction,* turning on the enigmatic message of the nurturing adult; see Figure 4 on the facing page. The impact of the enigmatic message is figured by the point of tangency between the outer circuit of perceptions where the message is implanted, a sign from the other on the level of adaptation/self-preservation, and the inner circuit where the sexual excitation as byproduct (*Nebenprodukt*) of the message is registered in the infant's primitive skin-ego and processed in fantasy, rather than spontaneously emerging from within (Laplanche 2000, pp. 73-74). On this basis, the point of tangency can also figure what Laplanche calls a

neogenesis of the sexual in the closed space of the analytic situation and the transferential relation to the other that the latter provokes.

TRANSFERENCE AND THE OTHER

Although the dream and the psychoanalytic session may both be royal roads to the unconscious, they are not, Laplanche insists, the unconscious as such, "in person." In the dream, the unconscious dream-wish—through the primary processes of condensation and displacement—exercises its power on the day's residues, the charged leftover fragments of the dreamer's most recent experience. Freud (1900) argues that the dream-wish does this by

> . . . establishing a connection with an idea that already be-longs to the preconscious, by transferring its intensity on-to it and getting itself "covered" by it. Here we have the fact of "transference," which provides an explanation of so many striking phenomena of the mental life of neurot-ics. [p. 562]

Laplanche notes that the concept of transference first emerges in Freud's description of this displacement.[14] From the dream to psychopathology to the dynamic of the analytic situation, the scope of the concept of transference has had a striking development. In the analytic transference, the circumstances of the analytic setting—in particular, the relation to the analyst—are the equivalent to the day's residues in the formation of the dream, so much so that Freud came to argue that it was only through the formation of a special transference neurosis, in which the symptoms of the analysand's pathology were "transferred" to the analytic situation and the relation to the analyst, that access to the originary infantile neurosis could be gained.

However, Laplanche argues that the transference does not arise as a pathological tendency of neurosis itself, but from essen-

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[14] Laplanche also draws attention to Freud's first use of the term, in French, in the introduction to his 1888 German translation of Bernheim's *De la sugges-tion,* where he referred to the *transfert* by suggestion of somatic symptoms in hys-teria from one side of the body to the other.

tial features of the analytic situation: the analyst's offer of analysis and his accompanying *refus* in relation to the analysand. *Refus* is Laplanche's translation of Freud's *Versagung*, which Strachey translated as *frustration*. Having at one point reluctantly accepted Strachey's translation, with reservations (Laplanche and Pontalis 1964), Laplanche proposed—twenty years later—the term *refus* or the neologism *refusement*. Laplanche and Pontalis (1967) argued that *Versagung* implies not just the lack of an object, a frustration imposed by external circumstances, but also the subject's own denial to himself of possible satisfactions—a *refusal* that would be "the response to a demand that requires a given mode of satisfaction" (1967, p. 176)—i.e., it implies a relation to someone who refuses.

The analytic transference, Laplanche (1987a) later postulates, is produced in part by the analyst's refusals in this sense: the refusals that bear on the domain of ordinary needs and ambitions, as well as on the domain of knowledge (p. 291). The analyst refuses to intervene in the pragmatic issues of the analysand's everyday life, to be drawn into giving practical advice or setting goals. This seclusion, as Laplanche calls it, of the utilitarian or functional realm of needs and worldly ends (except insofar as they return in the analysand's discourse invested with unconscious fantasy as the bearers of something else, like the day's residues in the dream), creates a transferential space that echoes the double dimension of the situation of primal seduction and its differentiation of drive and desire from the order of needs and adaptation.

Laplanche also specifies what he calls a refusal of knowledge, a neutrality that welcomes the reopening of the unconscious dimension in the analysand's discourse—not only without claiming to know what decisions or life choices are in his best interests, but also without claiming to know his unconscious. Yet the question of knowledge or imputed knowledge is crucial in the transference. Laplanche takes up Lacan's formula for the analyst's position at the beginning of the analysis as *the subject supposed to know:* "As soon as the subject who is supposed to know exists somewhere . . . there is transference" (Lacan 1964, p. 232). For Lacan, the attribu-

tion to the analyst of a knowledge of the analysand's unconscious constitutes the beginning of the transference.

Laplanche makes use of this formulation for his own purposes to explore the relation between the analytic situation and the infantile situation of primal seduction. The subject supposed to know is the adult in the primal situation, the other of seduction, whose attentions are necessary and sustaining but also exciting, excessive, and enigmatic. In the face of an adult with an unconscious, confronted with the enigma of adult sexuality and unconscious fantasy, and insofar as its derivatives are addressed to the infant, the infant attributes both a knowledge and a withholding or refusal of knowledge and explanation to the enigmatic adult. This refusal, Laplanche (1987a) insists, is a function of the adult's unconscious, and he asks: "Even the parents . . . after all, what do they know? And what could they communicate of what they know sexually?" (p. 291, my translation). As Freud (1909) observed in his discussion of Little Hans, adult attempts at explanation, such as the fable of the stork, are often regarded with skepticism, if not outright rejection, by their recipients.

For all its centrality to psychoanalysis, however, transference is not unique to the psychoanalytic situation. Laplanche points not only to comparable situations—such as the doctor–patient relation in physical medicine, the teacher–student relation (and, one might add, the relation between priest/rabbi/imam and believer in traditional religions)—but also and in particular to privileged sites of cultural and artistic production. Laplanche (1992c) argues: "If one accepts that the fundamental dimension of transference is the relation to the enigma of the other, perhaps the principal site of transference . . . would be the multiple relation to the cultural . . . to the cultural message" (p. 222).

Beyond the pragmatics of communication, of the rhetorical calculation designed to persuade or move a specific addressee or audience, is an address to the anonymous recipient who is essentially enigmatic: "Characteristic of the cultural is an address to an other who is out of reach, to others 'scattered in the future,' as the poet says . . . the nameless crowd, addressees of the message in

the bottle"; this transference of the enigma onto the future recipient is itself "a repercussion, which prolongs and echoes the enigmatic messages by which the [writer] himself was bombarded" (Laplanche 1992c, p. 224).

The artificial enclosure or "tub" of the analytic situation facilitates this transference or "repercussion," which is the reopening of a relation, the originary relation in which the other is primary for the subject. This reopening puts the subject at risk, for the "constitution of the subject takes place through a closure, which is, precisely, repression, the formation of the topographical agencies, the internalisation of the other and its enclosure within the form of the unconscious" (Laplanche 1992c, p. 226). The analyst provokes this transferential reopening, Laplanche argues, with his offer of analysis, his neutrality, his refusals.

Laplanche (1992c) specifies three functions of the analyst of which the first two imply each other: first, the analyst as the "guarantor of constancy," and second, the analyst as the "director of the method and the companion of the primary process," the "artisan of unbinding" (p. 227). For in Laplanche's account, what is specific to analysis is the combination of transference and the attention paid to it—precisely, *analysis itself*, the method that follows from the fundamental rule of free association on the part of the analysand and its correlative, the evenly suspended attention of the analyst, which places everything the analysand says on a level playing field.

Consequently, the method becomes one of decomposition—as Laplanche insists, it *ana-lyzes,* that is, it unties, dissolves by going back over, to allow unconscious chains of association to emerge, starting from the nodal points in the analysand's discourse. Laplanche distinguishes between two German terms of Freud's, *Assoziation* and *Einfall,* with the former indicating continuous chains of association according to a preconscious, step-by-step logic; while *Einfall* is an "idea that falls" from nowhere, apparently, without any ties to context, or even in an associative void, thus indicating another unconscious chain of which it would be the point of resurgence (1987a, p. 191).

Laplanche also draws on a distinction of Freud's between *interpretation* and *construction,* in which the former is defined as follows: "'Interpretation' applies to something that one does to some single element of the material, such as an association or a parapraxis" (Freud 1937, p. 261). Laplanche stresses the different resonance of Freud's German term *Deutung,* which is "less 'hermeneutic' than our word 'interpretation': *deuten auf* means to indicate with the finger or the eyes—to point" (Laplanche 1991b, p. 162). Interpretation here is something that points up, punctuates, segments, "taking one element at a time; that is, simply replacing a missing link in the associative-dissociative chain" (Laplanche 1994, p. 7).

Freud's understanding of *construction,* Laplanche points out, is as a *reconstruction of the past,* of a memory of a significant event. For Laplanche (1991b), however, the object of the reconstruction is not an event or its memory as such, but rather the encounter with the message of the other, "including the message, the attempt to translate the message, and what was lost in this translation: it is essentially the reconstruction of a defence or a repression" (p. 164). This "deconstructive" view of the analyst's function entails an abstention from synthesis, from construction in the sense of a projection of a new fate for the analysand. Laplanche argues that the human subject, from infancy onward, is a *hermeneut,* a self-interpreter: "The one who translates his primal messages, who constructs his fate, in analysis just as in childhood, is the analysand and only the analysand" (p. 163). The abstention from synthesis on the part of the analyst is part of the refusal to advise, counsel, or project goals or ideals for the analysand. The task of synthesis or retranslation can be carried out only by the analysand, for whom the drive to translate is part of the life drive's sublimatory activity of self-elaboration.

Laplanche (1992c) connects this decomposition of the analysand's discourse, governed by the primary processes, to the death drive—not in the sense of biological death, but as leading to "the dissolution of all formations—psychical, egoic, ideological, symptomatic" (p. 227). To counterbalance and contain this process of

unbinding and reopening, the analyst "offers the constancy of a presence, of a solicitude, the flexible but attentive constancy of a frame"; and, Laplanche adds, "it is because the principle of constancy, of homeostasis, of *Bindung* is maintained at the periphery, that analytic unbinding is possible" (p. 227). It is because of this need to protect the analytic enclosure or *tub* that Laplanche rejects Lacan's controversial innovation of the variable short session, which gives the analyst the power to "cut" the analysand's discourse without warning and manipulates the framework of the analytic space, which—in Lacanian terms—thereby becomes identified with castration and the Law of the Symbolic (Laplanche 1987a, pp. 176-180).

The third function of the analyst is that of "one who guards the enigma and provokes the transference" (Laplanche 1992c, p. 227). In Laplanche's most recent account of this provoking power of the analyst, he stresses the analyst's relation to the enigma, by which he means both the relation of the analyst to his own enigma, to the internal *other thing*—Freud's *das Andere*—in his unconscious, and to the enigma that the analysand comes to deposit there in the place of the analyst who is "supposed to know." The analyst meets this supposition of knowledge (and the demand that accompanies it) with a refusal to know, which Laplanche equates with a benevolent neutrality, an openness to the enigma that makes him other to himself. Laplanche (1992c) states that "it is maintaining the dimension of interior alterity that allows alterity to be set up in the transference," that "*creates, provokes* transference" (p. 229, italics in original).

Laplanche distinguishes between two modes of transference that are provoked by this enigmatic analyst who offers the analysand the "hollow" of his benevolent neutrality toward the unconscious: "The analysand can place there something 'filled-in' or 'hollowed-out'" (p. 229). This distinction between the filled-in transference and the hollowed-out transference can be glossed in terms of Laplanche's model of translation. The filled-in transference indicates a repetition of the familiar and well-loved scenarios, the object relations, and the infantile imagos that are positive translations of the seductive but disturbing enigmatic messages of the other—

translations that defend against the untranslated, disturbing re-mainders of those messages. It is only by working over, dismantling, and detranslating those familiar translations, repeated in the filled-in transference, that the hollowed-out transference can come into play—that is, the emergence of the analysand's originary relation to the enigmatic other of his personal prehistory, Freud's "prehistoric, unforgettable, other person who is never equalled by anyone later" (Masson 1985, p. 213).

TRANSFERENCE AND THE WORK OF MOURNING

This work of detranslation, of decomposition, Laplanche (1987a) places in illuminating relation to the work of mourning. He aligns psychoanalytic work—working through—with the work of mourning, considered as work on the *sayings* or the signifying behavior of the other (pp. 297-298). Laplanche (1991a) relates the work of anal-ysis to the work of mourning through a meditation on the figure of Penelope in Homer's *The Odyssey,* focusing in particular on Penelope's famous delaying tactics for keeping her pressing suit-ors at bay while awaiting the return of her husband, Ulysses. By day she wove a great fabric, "and by night she analysed it," in La-planche's (1991a, p. 252) translation. His translation of the Greek verb *to unweave* or *undo* as *analyze* dramatizes its derivation from the same verb *analuein. To analyze* is *to unweave or to undo into component elements.* He points out that it exactly matches Freud's key German verb family centering on *lösen, to untie* or *to resolve*, and *auflösen, to analyze:* "What it refers to is a resolution, that which operates by 'going back over' (*auf-ana*), that is, by drawing near the elementary or the originary" (Laplanche 1991a, p. 252).

Ostensibly a figure of faithfulness to Ulysses in the hope that he might return, Penelope, as she moves back and forth between weav-ing and unweaving a fabric, is interpreted by Laplanche as a figure of mourning. He thus contrasts her weaving activity to Freud's (1917b) functional, if not downright utilitarian, picture of mourn-ing, as follows.

> Each single one of the memories and expectations in which
> the libido is bound to the object is brought up and hyper-
> cathected, and detachment of the libido is accomplished
> in respect of it . . . . When the work of mourning is com-
> pleted the ego becomes free and uninhibited again. [p.
> 245]

The aim of mourning here is detachment from the lost object,
the breaking of ties—a work that can be completed, leaving the li-
bido free to acquire new objects, as the theory of the drive and the
contingency of the object might imply. The past and its ties are
abolished. In the language of our contemporary clichés, closure is
achieved and we move on. All this, Freud tells us, is fully conscious
(in contrast to melancholia's unconscious processes).

But Penelope, Laplanche (1991a) suggests, unweaves in order
to weave again, as much as the reverse. In this she is engaged in a
work of mourning differently conceived:

> Penelope does not cut the threads, as in the Freudian the-
> ory of mourning; she unpicks them, to be able to compose
> them again in a different way. Moreover, this work is noc-
> turnal, far from the conscious lucidity with which, Freud
> claims, the threads are broken one by one. [p. 252]

This is not the abolition of a relation to the lost object, the oth-
er, but the *ana-lysis*—i.e., the unweaving and going back over
(*ana-*) of past ties—to allow the reweaving of old threads, their rep-
etition and reworking in new combinations. Conceived in this way:

> Mourning as a work of unweaving, as much as it is a pro-
> totype of melancholia, can also be conceived as the very
> model of psychoanalysis: unweaving so that a new fabric
> can be woven, disentangling to *allow* the formation of
> new knots. [Laplanche 1992c, pp. 253-254, italics in origi-
> nal]

Whereas in Freud's account, the transition from hypercathex-
is (overinvestment) to detachment seems something of an unex-
plained leap, the analysis—the repetition and untying—of the re-
peated scenarios and imagos of the transference *en plein,* the

detranslation of old translations, facilitates the emergence of the transference *en creux,* the reencounter with the enigma of the origi-nary other. Laplanche (1992c) describes this mourning work of analy-sis, amidst the memories and expectations of the other, as a work on the legacy of the other's messages, an attempt to grasp anew the not-said and the not-heard in what was signified:

> Mourning is hardly ever without the question: what would he be saying now? What would he have said? Hardly ever without regret or remorse for not having been able to speak with the other enough, for not having heard what he had to say. [p. 254]

TRANSFERENCE TERMINABLE AND INTERMINABLE

No more than mourning can the analytic transference be simply completed, abolished, or dissolved without remainder. If the filled-in transference is a repetition of past translations—that is, of forms of binding and closure in response to the exciting, even traumatiz-ing enigma of the other and a repression of what cannot be trans-lated—then analysis as *detranslation* allows a different kind of repe-tition: repetition as a reopening of the subject toward that origi-nary enigma in the hollowed-out transference. So the end of analy-sis cannot mean the end of transference, any more than it means the abolition of the unconscious (which was Freud's original aspir-ation when he first conceived the unconscious as temporary and pathological). The permanence of the unconscious entails the per-manence of the enigma.

In relation to the hollowed-out transference, Laplanche speaks of the neogenesis of the sexual—not just the unshackling of the in-fantile drive, but a new creation, one that is a new translation, a new experience and openness to the enigma and a making of something new of the enigma that will be less blindly defensive and less con-stricting. The hollowed-out transference is thus a reweaving of a new pattern, one of the analysand's doing, from the materials pro-duced by the analytic method, rather than simply a breaking of old

threads. This will be elaborated not only in the analysis, but also in what Laplanche calls the *transference of the transference* to a new site of working through and elaboration outside the analysis. It is not analysis itself that is interminable, in Freud's famous formulation, but the relation to the enigma in the hollowed-out transference.

Laplanche describes the periodic returns to and passage through the same memories, fantasies, and old translations by which the analysand has lived in terms of a circling movement around a fixed point, which may become a spiraling or helixlike motion around a rising vertical axis, a movement that changes and moves on from what it has returned to. Borrowing from astronautics the notion of a window for the departure from one gravitational system for another, Laplanche (1992c) proposes:

> Likewise for departures from analysis: there are favourable windows, which it can be judged opportune to take advantage of—failing which gravitation asserts its pull for another turn of the spiral . . . . Will one more turn be a turn for nothing, pure repetition, or is a certain potential for elaboration still present in the analysis? [p. 232]

In other words, the hollowed-out transference has a future, a capacity for further transference and renewal, due to what Laplanche calls (in a formulation that is itself provocative or enigmatic) the *transcendence of the transference.* In Laplanche's various citations of this formula, it is connected with the permanence and irreducibility of the enigma, the doubleness of the adult in the situation of primal seduction. The adult's otherness to himself provokes both the infant recipient's supposition of *a subject who knows* the excitation he transmits and the infant's attempt to translate and bind this incursion, which makes the originary situation a moment of originary transference (Laplanche 1992c, p. 229). This enigmatic and provoking otherness means that transference can never be just the repetition of a fixed point and a fixed relation to it; instead, it makes for what Laplanche calls the *transcendence of the originary situation*—hence its openness to the hollowed-out transference and its capacity for a transference and working through elsewhere.

ANALYSIS AND SUBLIMATION

It is clear that, with Laplanche's formulations of the *transference of the transference* and the *transcendence of the transference*, a convergence is taking place between the problematic of the transference and that of sublimation, as previously with that of mourning. In rethinking the problem of sublimation within the framework of the theory of primal seduction and in relation to the work of Leonardo (following Freud) and Giacometti, Laplanche takes up Freud's formulation of a "sublimation from the beginning" (*von Anfang an*): "The libido evades the fate of repression by being sublimated from the beginning into curiosity and by becoming attached to the powerful instinct for research as a reinforcement" (Freud 1910, p. 80). This first or originary sublimation—"the original sublimation for which the way has been prepared on the occasion of the first repression" (Laplanche 1992c, p. 133)—acts as a primal displacement of libido onto the instinct for research, without there being a repression of the drive and a return of the repressed. It contrasts with the more usual account of what one might call a later or secondary sublimation as the desexualization of a preexisting drive or libido, through its redirection toward a nonsexual object and aim.

However, original sublimation accompanies repression as an alternative to it, and is there from the beginning of the sexual drive. Laplanche repositions this original sublimation within the schema of the seduction theory, where he distinguishes three possibilities: first, the enigmatic message can be left untranslated, as with the superego message, or, in psychosis, with the persecutory message; second, it is normally translated and the untranslated remainder repressed. Laplanche (1999c) describes the third possibility as "a repression, but one that preserves the sharp goad of the enigma," which he paraphrases as "I know very well; and what I don't know, I wish to know nothing of its content; but 'all the same,' I sense—endlessly—that I don't really know" (p. 45).

Here Laplanche is outlining a different stance toward the enigma, an attempt to keep it open and not to enclose it entirely in a

translation that represses whatever resists it. Freud's sublimation from the beginning, the "instinct for research" charged with the first excitations provoked by the enigmatic message in the situation of primal seduction, is directed, in an originary transference, back to the other who is "supposed to know." Later taking the form of the *infantile sexual theories* described by Freud (1908), it is invoked by him (1910) as the basis of the various outcomes of inhibition, obsession, and sublimation. This, Laplanche (1999c) suggests, is what Freud is drawn to in Leonardo (and, in particular, in the Leonardo smile of his later works), with whom he pairs Giacometti and his concern with "the human face and above all the gaze . . . the gaze of the other as enigma" (p. 47).

If the creations of these two artists are marked by the drive to investigate, to interrogate the other, "what calls [this] . . . forth and orients it is a trajectory that comes from the other" (p. 47). Laplanche introduces an old term, *inspiration,* to describe the provocation that reopens and renews the primal situation in transferred form. Leonardo's *Mona Lisa,* in Freud's account, as well as the gaze of the dying man in Giacometti's *Death of Van M.* and *Death of T.,* are exemplary artistic engagements with this inspirational or muselike figure: "In his resonance with the originary adult other, this other comes to reopen at privileged moments the wound of the unexpected, of the enigma" (Laplanche 1999c, p. 48). Laplanche describes what this inspiration provokes as a remaining "open to the trauma and by the trauma . . . . Being open to it is precisely being available to the other who comes to surprise me" (1999c, p. 47).

Like certain art works, the analysis has the potential to renew what is primal in the human situation: "The analytic situation repeats the process of questioning experienced when we encountered the enigma of the other: it repeats that process, firmly maintaining its opening-up" (1999c, p. 49). However, Laplanche adds, in recognition of the ego and its renewed attempts at translation-repression: "And ineluctably, indispensably, its opposing force is the psychotherapeutic movement internal to analysis itself . . . corresponding to the incessant tendency towards closure" (p. 49). The tension remains in Laplanche's account between closure, the ego

and its defensive translations, the repetition of the same in the filled-in transference, on the one hand; and, on the other, the sense he describes in the work of mourning as "the irreparable recognition that the speech of the other—of the deceased—will always remain unfinished" (p. 50).

It is this unfinished quality of the enigma that enables the transcendence of the originary situation and the transference of the hollowed-out transference to another site of elaboration and working through:

> Indeed, it is this same unfinished quality that marks the speech of the analyst, in the final minutes of an analysis as throughout its course . . . and in this sense, the often-mentioned fear that analysis threatens to dry up inspiration can be seen to be groundless. [Laplanche 1999c, p. 50]

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PANIC AS A FORM OF FORECLOSED EXPERIENCE

BY JOHN A. SCHNEIDER

Following a discussion of panic states and their relationship to psychosomatic illness and related disorders, the author presents an extended clinical vignette in which he initially viewed the patient's intense anxiety as a manifestation of repressed conflict and, accordingly, used verbal interpretations as the principal mode of intervention. After this approach did not prove effective, the analyst began to make use of nonverbal interventions consistent with his emerging understanding of the patient's distress as a manifestation of the foreclosure (de M'Uzan 2003) and relegation to the body of undreamable experience (Bion 1962).

INTRODUCTION

I have found that, very often, the psychic processes underlying the symptoms of patients who experience states of panic[1] seem very similar to those I encounter in my psychoanalytic work with patients experiencing psychosomatic disorders. Patients experiencing certain types of panic disorders and patients with psychosomatic disorders appear limited in their ability to use verbal interpretations effectively for conscious and unconscious psychological work. In any

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[1] I am using the term *panic* in a phenomenological, not a diagnostic, way— i.e., to refer to a state of intense anxiety experienced almost entirely as a bodily event, about which the person is incapable of thinking or speaking.

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analysis, words themselves convey only a part of what the analyst communicates to the patient, while other parts of the communication are conveyed by tone of voice, facial expression and other bodily movements, lapses of memory, actings-in, and so on. But in analytic work with certain types of patients manifesting panic states, words seem to have particularly little communicative value.

Under such circumstances, I find myself relying on nonverbal dimensions of communication far more heavily than in my work with neurotic patients, and even in that with some psychotic patients. I have further found it useful to view this asymbolic symptomatology as a form of foreclosure: an almost total removal from the psyche (McDougall 1989) and relegation to the body of undreamable experience (Bion 1962) that has its origin in infantile and childhood traumatic emotional experience. The infant, and later the child, due to maternal failure to hold and contain primitive experience (Grotstein 2000; Ogden 2004a), is left to manage on his or her own.

Most often, panic is thought of as severe anxiety associated with phobic states or with psychotic disintegration. Less frequently has it been conceived as a form of foreclosure involving a virtually total repudiation of symbolization that bypasses psychic regulation and settles for a discharge of excitation directly into the body as somatic illness. In this paper, I propose that, in some patients, states of panic involve a form of foreclosure[2] similar to that of dis-affected patients (McDougall 1984, 1989), alexithymic patients (Nemiah and Sifneos 1970), and those with severe perversions (de M'Uzan 2003).

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[2] De M'Uzan uses the term *foreclosure* to refer to a form of rejection or repudiation that overshadows any of the precursors to symbolization. It is closer to Freud's (1894) use of the term *verwerfung*, adapted by Lacan (1966) to describe a specific mechanism at the core of psychotic phenomena, as when de M'Uzan (2003) speaks of "the part *verwerfung* plays in hindering the constitution of the functions of symbolization, understood in the classical sense" (p. 714). The psychic disarray resulting from earlier trauma can be duplicated in an instant within the body when the body bypasses the process of symbolization, a process that would itself be so traumatic that it cannot be utilized.

Although de M'Uzan suggests that "the perverse solution . . . lends itself particularly well to observation [of foreclosure]," he goes on to broaden the terms of this argument:

> But other outcomes are conceivable, such as . . . [the] almost mute development of a severe somatic pathology . . . as if the "somatoses" were the equivalent of an act, admittedly involuntary . . . where it triggers somatic, not hysterical symptoms . . ."acting in." [2003, pp. 717-718]

De M'Uzan is referring here to an "acting in" the body—a non-human-related, nonsymbolic evacuation of excitation into the body as somatic illness, which the organism abides as if the body had a mind of its own. De M'Uzan's psychic foreclosure involves thinking that is operational, i.e., removed from the internal psychic world, non-affective and non-personal.

All of these disorders (psychosomatic illness, disaffected states, alexithymia, and panic states) share a defining characteristic: there is a failure of symbolization and a relegation to the body of what under other psychological circumstances may have become thoughts and feelings. Analysis of these disorders is incompatible with the classic theoretical approach: "Psychoanalytic processes are the antithesis of psychosomatic processes . . . . They demand a different approach from that required to understand the neurotic parts of the personality" (McDougall 1974, p. 439); "in psychosomatic illness, the body does its own 'thinking'" (p. 441).

In the clinical discussion that follows, I describe the movement of a patient who was initially unable to make a connection between his panic state and events in his inner or outer life, or to link ideas in the analysis. From his wordless, asymbolic, unspeakable experience in the body, the patient progressed to the point that he was able to begin to generate a psychological state of mind (more accurately, a state of the psyche-soma) in which he managed to express feelings and create personal meaning from his experience, albeit in quite jumbled, disorganized speech. At a critical point in the analysis, the patient began to make use of his body in a symbol-

ic way in the office waiting room, and, eventually, was able to communicate using verbally symbolic language (including metaphor). The presentation of this clinical work illustrates my conception of panic as a form of foreclosure, as well as an approach to working with such states analytically.

WORKING WITH AND WITHOUT WORDS

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As I opened the door to meet Mr. A for our initial consultation session, he was sitting in a chair in the corner of the waiting room, moving his palm and fingertips along the wall. Though I felt that I had intruded upon him, he gave no indication of being startled. I had the feeling that he was using my waiting room as his private sanctuary.

Once seated in my consulting room, Mr. A carefully surveyed the room in silence. He then commented on the analytic couch, the books on the shelf, and my necktie. After a brief pause, Mr. A said in a matter-of-fact way, "An unpleasant incident occurred today. I'm trying to figure out what happened. It occurred at 9:30 this morning when I was in my boss's office for my annual performance review. My stomach was bothering me. I felt my chest tighten. What if I couldn't read the words on the review my boss was about to hand me? I ran into the bathroom. It was hard to take in air, hard to breathe. My heart was pounding. I felt it getting bigger. The room was spinning, thoughts were racing through my mind—I thought I was dying. I told myself, 'Indigestion—you know you have digestion problems.' I couldn't go back to the meeting, so I just left."

Mr. A seemed oblivious to any emotional connection between his anxiety state and the meeting with his boss or his initial meeting with me. Neither did he seem to notice that he was talking to me as if we had been working together in analysis for a long time. With all this in mind, I said to him, "It seems that your meeting with your

boss and your meeting with me have stirred things up inside of you and let loose a physical reaction that so took you by surprise that you were at a loss to know what to make of it."

Mr. A quickly and pleasantly contradicted me by saying, "Oh, no, my take on the meeting with the boss was that my reaction was just a good old, garden-variety upset stomach—nothing more, nothing less. What I'm trying to figure out is why I wasn't able to say no to eating that brownie."

I was surprised by Mr. A's rejection of my idea that his annual review and his initial meeting with me may have been more frightening to him than he realized, and that his bodily sensations might have something to do with his emotional state. When I tried for a second time to link the patient's physical/emotional response to the meetings with his boss and me, he responded by saying, "I wish I could say that these meetings made today a difficult day, but today was no different from any other day."

After this second dismissal of the seemingly self-evident connections I was suggesting, I felt confused, and wondered if he was acting obtuse in a passive-aggressive way. A patient's dismissal of what I have to say is not uncommon—but what struck me about Mr. A was his almost complete inability or unwillingness to entertain the possibility of a link between his physical state and emotional meaning.

In our next session, Mr. A repeated his description of the meeting with his boss, giving virtually the same details, neither elaborating nor condensing. While I said nothing in response, I was aware that my attempts to attribute psychological meaning to Mr. A's experience had not been utilizable by him. I wondered if he was able to think or dream about (i.e., to do unconscious psychological work with) any of his lived emotional experience.

As he was talking, I had a fleeting memory of consoling my distraught son while driving him to preschool some years earlier—a reverie that later proved valuable in my work with Mr. A.

—2—

After several more sessions, we began meeting four times a week, and Mr. A began using the couch.[3] He was a tall, thin, rather soft-spoken man in his mid-forties, the first of two children of "hard-working parents." He told me his father managed an automobile dealership and was often away from home while traveling to neighboring states to purchase cars. When at home, his father was irritable and hit the patient "to discipline me." Mr. A described his mother as "depressed for as long as I can remember." He said that she was someone who "cooked the meals, did the shopping, changed the beds, and cleaned the toilets." As he told me about his parents, he showed no emotion, speaking in a flat, monotonic voice, as if relating someone else's childhood history, a history completely foreign to himself.

Mr. A was born prematurely and spent his first three months in an incubator under bright heat lamps as a treatment for jaundice caused by blood incompatibility. Due to medical complications, his mother also remained in the hospital for the first five months after his birth, and continued afterward to suffer from poor health. During his childhood, he was required to play outside with his friends so as not to disturb his mother's rest.

When school let out for the summer, Mr. A and his younger sister were immediately sent to their aunt and uncle's home in the country. The patient slept by himself in a small trailer on the corner of the property because there was not enough room in the house. Mr. A told me that he had always been petrified about staying in the trailer. He worried that someone would break into the trailer (he had seen a TV show in which the chest of a man opened up and let out a strange alien creature). He never slept well, but as

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[3] Mr. A was referred by a behavioral therapist following unsuccessful treatment. In this way, Mr. A was following the therapist's direction for referral as well as my recommendations for treatment. His behavior in his first meeting with me involved his playing the role that he imagined a patient played with an analyst. His fantasy of what an analyst was reflected the transference he had to me before we met.

summer approached, his sleep became far more disturbed. When he told his mother how terrified he was, she said, "Oh, what are you afraid of—Auntie and Uncle are right next door." As Mr. A told me about his childhood terror, again, I was struck by the unemotional manner in which he spoke, with no shift in the tone of his voice or in his facial expression.

At this point, I suspected Mr. A's anxiety was a reflection of his only partially successful effort to ward off forbidden, dangerous thoughts and feelings—namely, that his parents had not been parents to him. But I still felt at sea. Often during these early sessions, I found myself fighting to stay awake as Mr. A talked. At other times, I felt anxious and experienced a sense of futility about ever being able to understand what was going on in the analysis. My reveries while with him were sparse and of little help to me.

During the first two years of the analysis, Mr. A often demanded that I tell him the meaning of something by saying, for example, "You surely must know." He would desperately ask me to tell him that "everything was going to be all right" and begged me to "say those words." He believed that I had "the answer," and that I was stubbornly and cruelly refusing to give him "the magic envelope with the answer in it." He was seemingly pleading for more of my words —spoken or written—but as our work seemed at a standstill, I was increasingly convinced that my words were of little use to him.

<p style="text-align:center">—3—</p>

As Mr. A's analysis went on, I came to feel that any effort on my part to attribute meaning to what was happening between us (or in any other sector of his life) was futile. The sessions seemed to last for hours. I very frequently wondered whether the analysis was an analysis in form only. Mr. A seemed to believe that there was no meaning to his anxiety—it just was. It was like the furniture to which he referred at the start of each meeting, apparently in an effort to reacquaint himself with inanimate objects with which he felt familiar.

On several occasions after I had informed Mr. A that I had to cancel an upcoming meeting, he *later* stood at the entry to my of-

fice building and took a mental snapshot—a "picture postcard," as he described it. Once, when he returned from a holiday trip to a city on the East Coast, he told me that he had visited the city's psychoanalytic institute, where he roamed the halls looking admiringly at the photos on the wall. He told me this in a way that might be used to describe a pilgrimage to an art museum or a religious shrine.

I was confused by his seemingly not having any interest, much less awareness, of the meaning or significance of what he told me. He seemed indifferent and unable to distinguish between facts and emotions. I wondered if his lack of affect was the most significant aspect of the communication, that is, his showing me the juxtaposition of his registering my absence while not being able to experience or talk about his emotional response to it.

Only much later did I realize that Mr. A's experience was all "emotionally equivalent"—any one thing was as good or bad as anything else. I was reminded of Ogden's (1982) work on a state of "non-experience" in which "all things, people, places and behaviors are emotionally interchangeable. People, places, and objects are perceived, registered, and physically differentiated" (p. 147). I also reread McDougall's (1984, 1989) descriptions of dis-affected states.

Several months later, Mr. A began a session by saying rather compliantly, "I suppose I should tell you a dream. In the dream, it was morning and I woke up, went to the bathroom, and got ready to come to our session. Then I was here in this office during our regular daytime session—and you were you—and the setting was the same." He went on to say, "I started to collect the data about the dream. Funny, isn't it—the walls and everything else in the room were white. Like a blank screen, so there's not much more to say." I thought that his blank-screen imagery depicted the absence—both in our sessions and in his life—of personal meaning in his thoughts, feelings, and bodily sensations.

As Mr. A spoke, I thought briefly of another patient, Ms. C, who came to me for help with involuntary blinking (blepharospasm). She was extremely sensitive to light and, over the course of years,

experienced increasing difficulty keeping her eyes open. Even while watching television, she preferred to keep her eyes nearly closed so that she would not blink involuntarily. For over forty years, Ms. C had been a partner in a "good" marriage. In our first session, after telling me about the blinking symptom, she said that she was devoted to her husband and felt in love with him. But several months earlier, her husband had begun drinking excessively and having an affair with his secretary. After she gave me a litany of medical causes for her problem, I asked Ms. C what her response was to having discovered that her husband was having an affair. What struck me about her reply was the lifeless monotone of her voice as she told me that everything was "fine," and then blurted out, "I have no reason to feel malice or resentment toward my husband—why would I?" And for emphasis, she restated, "I want it understood—no malice toward him."

Both Ms. C and Mr. A denied the link between their physical symptoms and their emotional experience—a link that I, perhaps overzealously, had tried to demonstrate to Mr. A ("to sell him on" —as Mr. A's salesman father would have put it). With the feelings and images from my reverie of Ms. C in mind, my doubts increased about my earlier hypothesis concerning the underlying nature of Mr. A's anxiety. His inability to respond to my verbal interventions and his capacity to take in only a small part of what I was offering suggested to me that his "denied fearfulness" was not a neurotic anxiety founded on dangerous repressed thoughts and feelings. Rather, it began to occur to me that his "fear" had not become a feeling with meaningful linkages to other thoughts, feelings, memories, bodily sensations, and so on, but instead was experienced almost entirely in bodily form.

I said to Mr. A, "In telling me how your dream became a blank screen, I think you're trying to tell me how bleak the analysis feels to you and how blank I am to you. There are no landmarks, no punctuation, nothing surprising, interesting, or frightening."

Mr. A then said, "To have a thought about you, I have to work on it. Suppose I have a thought and it's wrong. The cost of working it out is high. This is like a tea dance. The answer is, there is no an-

swer; there is no thought. So I have to be right. I have to understand. As frightened as I am, I can see the books on your shelf, and the books are good—words are inside of them and words will make it all okay. At least when I leave here today, I'll know I've done this—I've talked."

I viewed this sudden shift in Mr. A's focus onto my books as a retreat both from my having used words to communicate—which was in itself felt to be dangerous—and from my more accurate use of words. He quickly focused on the books as containers not of ideas expressed by a living person in words, but as sequences of words spoken by no one, which never changed. But I also felt that the patient's speech, in which one sentence was only very loosely tied to the next, was nonetheless an attempt to use words to say something that held meaning for him. Perhaps at this point in the analysis, books were not simply interchangeable things, but sanctuaries in which words, meanings, coherence of feeling could be hidden and preserved. It seemed that Mr. A was caught between two equally terrible choices: on the one hand, risking the disintegration of his mind if he were to attempt to think his thoughts and feel his feelings; and, on the other, living in a world virtually devoid of thought, feeling, or personal meaning.

I said to Mr. A, "I think that when our roles feel rote and fully expected, it helps you feel safe with me." Mr. A did not respond, remaining silent for a very long time. Then he said, "Nothing to say—unless I have some traumatic experience to justify it. I think the best session was when I came in here in the throes of my heart racing. I was all over the place." Mr. A continued, "I should just leave." He said that he could not come up with any more thoughts. (It was very close to the end of the session.) He then got off the couch and walked out of the office.

As I sat alone, I thought that, having begun to open himself up to words, ideas, and feelings—both his own and mine—Mr. A became afraid of hearing the meaning carried by my words, including the words "Time is up." Instead of allowing an emotional event to occur—such as the end of the meeting—he preempted the opportunity to experience a feeling by leaving. Perhaps he was also

beginning to "make a statement" with his actions. In this instance, the statement may have involved the feeling and idea that his physical absence was more real than anything he could say about absence, and that it was important for him to feel in control of that absence in any way he could.

Less than an hour after this session in which Mr. A abruptly departed, I had an episode of rapid, irregular heartbeat (I was not aware of experiencing fear). I had first experienced an arrhythmia of this sort on a recent trek in Nepal at very high altitudes; I was afraid that the current episode of arrhythmia meant that I had permanently affected my heart in Nepal and that I was having a heart attack. This fear was so pressing that I decided a few hours after the session to get an EKG. Only when the results showed that my heart was functioning normally did I wonder if my reaction was a primitive identification—an instance of my temporarily experiencing Mr. A's unfelt fear.

With this hypothesis in mind—that Mr. A was making use of me to feel the "unfelt" emotions associated with his bodily states—my experience of being with him began to change. His physical states and other forms of nonverbal experience felt increasingly like primitive efforts to think and to communicate with me in the form of direct communications.

—4—

I had noticed from the beginning of our work together that Mr. A would often use a string of words to start our meetings. On many occasions, after commenting on a new magazine in the waiting room, a notepad on my desk, or the quality of light in the room, he would say, "Okay, okay, okay, come on, come on. I don't know where to start today—I don't know what to do." I had come to understand that in so saying, Mr. A was grasping for thoughts and ideas.

I said to him on one of these occasions, "From the sound of your voice, there is no mistaking that things are anything but okay. If things were okay, and you were able to have thoughts and feelings that you were able to connect with one another, you wouldn't

feel so empty and feel that there is no option other than to have me think and speak for you. That leaves you in a state of terrible paralysis."

Mr. A responded by saying, "On Monday [which was the first session after we had agreed to meet at a new time] when I left here, I was really frightened. It seemed like the plant behind my head had claws. You're part of what's frightening. What happened was I wasn't able to shut you out. It's like walking off the edge of a cliff and falling forever. Or looking out the window and not being able to close the blinds." He went on to say, "I couldn't speak. It was as though I was in this room and all the oxygen was taken out. I could open my mouth, but I couldn't speak."

I told Mr. A that, for the first time, he seemed able to hold onto a feeling that had upset him during the previous session, and then to bring it in to talk with me about it. (I thought, but did not say, that my not being with him between sessions had led him to feel that he would never be able to live and think on his own, and that he was doomed to live forever with the "blinds closed" to his feelings.) Mr. A was attempting a new openness with me. As he expressed it: "When I see you, I make progress; when I don't see you, I don't step in the right direction. That sounds really confused, like analysis is a touchstone for my self. When I smell the perfume and feel the warmth of your previous patient on the couch, I know you have lots to say to them and they back to you."

The most significant development of this period of analysis was the emergence of the patient's (nascent) capacity to connect different parts of his emotional experience. In this instance, he linked his separations from me with his feelings of bodily terror ("falling forever"). Similarly, he was able to connect his being with me with his feelings of sensorial groundedness and (in fantasy which was experienced as fact) his being able to have a genuine conversation with me ("I know you have lots to say to them and they back to you").

It seemed to me that Mr. A was beginning to speak to me in a way that suggested he was in a transitional state in which he was moving in and out of verbally symbolic thinking and communicat-

ing. At one point, he described his tension by saying, "The tension builds up to the point of feeling like I'm being charged up with energy—like having D batteries in my fingers." His use of metaphor represented a significant advance from a virtually asymbolic state to one in which he was beginning to genuinely feel his emotions: "I can talk here, so I can experience something."

—5—

At this point in our work, something occurred that clarified for me the nature of Mr. A's experience and alerted me to the critical role of our nonverbal communication. As I approached the waiting room to meet Mr. A one day, I expected the room to be empty because I could not see a human figure through the frosted glass panel in the center of the door. To my surprise, as I opened the door, I found him stretched out on his back on the floor in a way that filled the space. His eyes were bulging slightly and his eyelids were slowly opening and closing.

I stopped in my tracks and said hesitatingly, "Mr. A?" in a tone of voice that suggested I was not sure whom I was addressing. I felt alarmed. Was I witnessing a petit mal seizure or a heart attack? (I later wondered if he were taking back into himself the heart attack —tachycardia, or an "attack" on my heart—that I had earlier experienced "for him.") He lay still, making no move to get up. As I towered over him, I felt removed, so I pulled up a chair and sat close to him. I sensed his fear and began talking calmly to him. I found myself describing what I imagined it felt like to lie on the floor. I said, "The feel of the floor on your back must feel solid to you."

As I sat there with Mr. A, I was again reminded of an incident that had occurred while I was driving my son to preschool (which, in a sense, had also included an "attack on the heart"). My son was sitting silently in the back seat of the car, looking self-absorbed and dejected. When I asked him how things were going at school, I could see in the rearview mirror a look of sadness on his face as he said, "Good." He said nothing more as tears welled up in his

eyes and began rolling down his cheeks. I asked a number of questions in an attempt to determine what was wrong. Was he upset about something that had happened at school or at home, with me or with his friends? As we neared his school, I could see that he was becoming increasingly frightened but trying to keep his feelings in check. Then I did something I had never done before: I pulled the car over to the side of the road, got out, and sat in the back seat next to him. I just sat quietly with him—not waiting for a response, but just being with him.

As my thoughts returned to Mr. A lying on the floor in front of me, it became all the more clear to me that my physical presence and the sound of my voice were more important than the content of what I was saying. We continued in this way for several minutes—I talked slowly, pausing often to think. He told me that he had felt overwhelmed and full of anxiety and did not know what to do. He had stretched himself out on the floor to feel something firm against his back as he sometimes did at home. After a while, he settled down and was able to get up. As I followed him into the office, a word came to mind, which I thought but did not say—grounded. Mr. A was trying to achieve groundedness, and I had achieved groundedness from getting to know him over the time we had worked together. So even though this was a surprising event, it did not lead me to feel anxious. I had felt useful to Mr. A in the waiting room—which was a very rare event in this analysis.

Mr. A was then silent for several minutes. I suspected that he had no words or even feelings, but only sensations of something unknown, frightening, and without definition. After a time, I broke the silence by saying, "I may be wrong, but I think that you didn't have even a trace of a thought, or even of a feeling, to bring into the office with you today. In a sense, you were disconnected from yourself and had nothing with which to connect yourself with me."

He responded, "What you say makes sense, but you and the office did not even exist. I was in the middle of a strange experience. I'm still feeling disconnected and anxious. I was rushing to your office. By the time I got here, I was so tightly wound, I was out of my head."

Mr. A was telling me about a profound sense of alienation from himself and from everything and everyone else. His use of the phrase "out of my head" suggested that his bodily reaction had taken over his mental state. He was out of his mind and existing almost completely in a world of bodily sensations, in a body that did not even feel like his own. He was showing me in the waiting room that his panic was a bodily explosion that substituted for a thought, dream, feeling, or fantasy. But to leave it at that would be to miss the way in which Mr. A was no longer simply experiencing these things; he was beginning to show them to me and to tell me about them. In other words, we had the beginnings of two people talking to one another. My reacting calmly to the waiting room event seemed to have been instrumental in helping Mr. A show me and tell me his difficulties in a more symbolically mediated way —first by the use of his body and later in words.

Mr. A began the next session by telling me what had become a familiar dream about getting up and coming to my office, but this time, he added, "There was a difference in your office colors—purple and lavender. The wall colors were very clear in the dream; in the past, the walls were a chalky white. You handed me some notes —very specific things—very clear, as if saying, 'Here are the notes.' And I took them from you and put them on the table. I didn't need them. I started saying something." He was again silent for several minutes, during which a subtle shift in feeling tone occurred.

In contrast to previous dreams, which were "black and white," in this dream, Mr. A colored the walls purple and lavender. It seemed to me that he both wanted me to think and speak for him (to give him my notes) and at the same time felt that he no longer needed that from me (he put the notes on the table). I said to Mr. A, "In this dream, the office has more color; you have your own thoughts, and you don't need mine as substitutes for yours." He was silent for a very long time, and then responded, "Yes, that feels true—I can't say any more than what I've already said today."

Midway into the fifth year of analysis, after starting an hour with a brief period of silence, Mr. A said: "Funny, but this thought just

popped into my head. Every June, my uncle bought a wild stallion at government auction and hired a guy named C. J. to train it. C. J. set up a round corral to work in. With a rectangular corral, the horse will run into a corner and stop because it has to. In a circular corral, it will run longer and stop because it wants to rather than being cornered and kicking. I hadn't thought of it like this before, but C. J. taught me the difference between breaking a horse and training it. With training, a gradual teamwork forms—a shared knowledge of one another. The horse will come to you. And when roping cows, it will stop before you rein it in. A broken horse needs to be steered, it is in constant fear, and will only respond when you are on its back, telling it what to do."

He became silent and I said nothing, but I recognized that he had just told me a genuine thought that had "popped into" his head, a thought about what it felt like being with me at that moment. Not only was this a genuine thought in the moment; it also gathered into itself the history of the transference. In the beginning of my work with Mr. A, it was as if I were chasing him around and trying to corral him, but as my way of working with him changed over time, Mr. A's response to me also changed.

DISCUSSION

My initial response to Mr. A's report of his anxiety attack was to attempt to understand his words as if they were symbolic representations of his thoughts, feelings, bodily states, and so on. I made (projected) links between his symptomatology and the unconscious content I attributed to it—for example, by viewing his anxiety during his meetings with his boss as a reflection of unconscious conflict. Rather than staying with his wordless (sensation-based) experience and living with the anxiety of not knowing (Schneider 2005a), of proceeding while feeling completely in the dark, I was giving my own verbally symbolic form to his asymbolic fear. It was as if I were saying, "There's nothing to be afraid of [echoing his mother's response to his childhood fear of staying in his uncle's trailer]—I can give you words for the wishes and fears from which you are fleeing."

In retrospect, I realized that when I met Mr. A for our first session, his initial communication to me was a nonverbal, sensation-based experience of moving his hand along the waiting room wall, feeling the realness of its texture, which in turn lent a sense of realness to him through a "second skin formation"[4] (Bick 1968, 1986; Tustin 1981, 1990). In the consulting room, Mr. A continued his focus on objects in the room, which he connected like a child's dot-to-dot puzzle, forming a physical safety net within which to attempt to maintain the sense of a perimeter. He then told me about what had happened to him earlier that day—"The room was spinning, thoughts were racing through my mind—I thought I was dying." He was not telling me about having become frightened by the emotional situation; he was telling me about a sensation storm that had occurred suddenly, unexpectedly.

When he returned the following day and recounted almost verbatim the same story, I realized that he had not processed the panic state or the experience of meeting with me, and that he was unable to dream his experience, to use Bion's (1962) expression. He was showing me (without conscious or unconscious intention) that he was not able to experience the most elementary events that made up his life—what Bion calls beta elements, which begin as protomental sense impressions associated with emotional experience. Because the protomental system is one "in which physical and psychological or mental are undifferentiated . . . it stands to reason that, when distress from this source manifests itself, it can manifest itself just as well in physical forms as in psychological" (Bion 1959, p. 102).[5] These "raw sense impressions—related to an emotional experience" (Bion 1962, p. 17), or beta elements, must be-

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[4] Second skin formation was described by Bick (1968, 1986) as the attempt by an individual to defend against the experience of the self, which is based upon the ordering of sensory sensations at the skin surface.

[5] Some years later, Bion (1987a) was more specific about the physical manifestations of beta elements when he posed the questions: "Has the parasympathetic got a brain? Does the thalamus do a parasympathetic sort of thinking?"—sounding as though these anatomical entities had "a mind of their own" (p. 253). He referred to a "'sub-thalmic fear,' meaning the kind of fear that one would have if no check on it at all was produced by the higher levels of the mind" (Bion 1987b, p. 319).

come symbolic (converted into alpha elements) through a process of mentalization termed alpha function. In the absence of alpha function, two alternatives exist for dealing with unmediated psychic experience: expulsion either into space or into the body.

At the start of the analysis, I was attempting to make sense of Mr. A's anxiety symptoms in terms of the emergence of repressed conflicts. The failure of my early interpretations led to a long period of seemingly unproductive analysis. Only over time was I able to reframe for myself what was going on. I was then able to talk to Mr. A in a way consistent with the view that his symptoms reflected a severe compromise of both his symbolizing function and his capacity for conscious and unconscious psychological work. My own formulations became less focused on unconscious conflict and regression, and more concerned with Mr. A's difficulty in attributing meaning to his experience.

Only when I was able to sit beside Mr. A as he lay on the floor of the waiting room did I fully understand how premature my previous verbal interpretations had been. It was only after the situation began to change, during and following the waiting room incident, that I became aware of the degree to which he had relied on encapsulating reactions[6] (Tustin 1986, 1990) and on the use of autistic objects[7]—a narrowing down of focus. Both these forms of defense had served—and, to a large extent, were continuing to serve—to limit his stimulation at the bodily level (which he was helpless to convert into thinking).

I hypothesized that Mr. A converted potential thoughts and feelings into sensation-based shapes and forms in the immediate environment (for example, the feel of the texture of the wall in the waiting room as he ran his hand along it). In this way, he created a place of safety at the skin surface, a "second skin formation" (Bick 1968, 1986), attempting to maintain the continuity and integrity of

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[6] The defense of encapsulating reactions is one in which "attention has been deflected away from the objective world . . . in favor of a subjective sensation-dominated world, which is under their direct control" (Tustin 1986, p. 25).

[7] Autistic objects involve the sensory experience of a hard, angular surface created when an object is pressed against the infant's skin, which acts as a safety-generating sensory impression (Tustin 1980).

his skin surface. This helped him fend off the sensation/feeling of panic, which for him took the form of a feeling of falling into endless space. Mr. A's use of an encapsulating form of defense may have been influenced by separation from his mother for an extended period of time shortly after birth—a separation that must have constituted a severe failure of maternal containment.

I was straddling the sensory and the verbal in a number of ways, which is best exemplified in the session that began with the patient lying on the waiting room floor. The sound of what I was saying was as important as the meaning of my words. Moreover, in both my thinking and speaking, I used words that were sensory in meaning. For example, I said to Mr. A that "the floor must feel solid," and in my mind, I used the word *grounded* to describe both the feeling of Mr. A's back against the solid floor and his being centered in himself. The different meanings of the word reflected my awareness of the patient's movement from one form of registering his psychic experience to another—from the concrete/sensory to the abstract.

Mr. A's thinking was "operational," an extension of action (de M'Uzan 2003), and even though it appeared that we were talking, the exchange was two-dimensional, devoid of affect or self-reflection on the patient's part, and to a considerable degree lacking reflection on my part as well.

There was an autistic quality to the way he thought and the way he related to shapes and textures—potential thoughts and feelings were foreclosed from psychic elaboration and from connection with other thoughts and feelings in the process of thinking and dreaming his experience. The ultimate foreclosure is autism. Over time, I came to understand this state in terms of what Bion (1962) referred to as a beta screen[8] (a pseudocommunication—or, per-

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[8] Mr. A attributed to "indigestion" the events that began in his boss's office —which is how Bion refers to beta elements: "undigested or non-dreamed facts" (1962, p. 7) or "objects compounded of things-in-themselves" (Bion 1963, p. 40). Central to Bion's (1962) thinking is the idea that, when an emotional experience is not transformed by alpha function into symbolic representations that can be used in dreaming, thinking, and remembering, there is no alternative to evacuating these "accretions of stimuli" (beta elements) in the form of hallucination, excessive projective identification, psychosomatic disorders, or beta screens (anticommunication).

haps more accurately, an anticommunication). As I now conceive of it, his racing thoughts were not thoughts that could be linked in the process of dreaming or thinking, but an epiphenomenon of an adrenergic, autonomic nervous system response—a direct bodily response to danger. His fear that his heart was beating so fast that he would die strongly suggests he was generating experience primarily in a sensation-dominated way (what Ogden refers to as an "autistic-contiguous mode of generating experience" [1989, p. 51]). The objects in my office environment (furniture, books, etc.) provided Mr. A with a way to organize himself by means of their complete predictability.

The analysis underwent a significant change once I was able to make psychological use of my reverie concerning the event while driving my son to preschool, a reverie in which I had no words to express my feelings. This helped me to symbolically represent for myself my experience of sitting quietly with the patient as he lay stretched out on my waiting room floor. I simply sat with Mr. A, thinking and talking quietly—not waiting for a response, but being with him and witnessing the experience that he was unable to put into words. I was able to hear what was not spoken, and I responded to him calmly and patiently in a way that was informed by my reverie. I was transforming the situation analytically (and yet not using verbal interpretations).[9]

As I became more receptive to direct, unmediated communications from Mr. A, I was better able to contain the patient's raw projections, and to hold them without blocking or projecting them back into him too quickly and without adequate containing/dreaming.[10] Eventually, I was able to register and do psychological work with (something like) his experience.

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[9] Bion (1990) wrote, "But it is not all a matter of 'words.'" In fact, what a child picks up is not in "verbal" form; it is "infra-verbal, ultra-verbal, pre-verbal, post-verbal. There is no way of describing what sort of verbal it is. This language is communicated by . . . something which is not words" (p. 149).

[10] Bion's (1962) concept of the container-contained addresses "not what we think, but the way we think, that is, how we process lived experience and what occurs psychically when we are unable to do psychological work with that experience" (Ogden 2004a, p. 1354; see also Ogden 2004b; Schneider 2003, 2005b).

My reverie concerning Ms. C, a former patient with a psycho-somatic disorder, led me to think of the confusion I had felt in treating her, and the way that she foreclosed her experience from psychic elaboration. I began to understand Mr. A's symptomatol-ogy, including his panic states, as foreclosed thoughts and feelings that were experienced somatically. His descriptions of his experi-ence sounded as if he were talking about feelings such as anxiety, fear, terror, or panic. But, as I gradually learned, he was speaking of disturbing physical sensations that I associated with the experi-ence of fear or panic, whose ancestor in nosological terms was Freud's actual neurosis occurring right now—with no connection to the past and no regulation of the present through mentaliza-tion. In Bion's language, "he [the patient] cannot be unaware of any single sensory stimulus: yet such hypersensitivity is not contact with reality" (Bion 1962, p. 8).[11]

Mr. A was suffering from a psychosomatic disorder (soma split off from psyche) no less than Ms. C had been. In psychosomatic disorders, the patient presents pathology of the psyche-soma in the form of a dysfunction of the body. In the case of Mr. A, there was a storm of adrenergic, autonomic nervous system activity—his body went nuts instead of his mind going nuts. Mr. A's body be-came the repository of the strain of unthinkable thoughts and feel-ings that could not be felt—a realm of racing thoughts, racing heart, hyperventilation, vertigo, and so on. Furthermore, my episode of irregular heartbeat seems to have represented my own experience of a feeling of fear that Mr. A had been unable to experience as a feeling.

As Mr. A began to be able to give symbolic form to his thoughts, feelings, and bodily sensations, he was at times difficult for me to

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[11] Freud's *actual neurosis* represents the ancestor of the nosological entity of *panic*. An actual neurosis was considered to be without symbolic meaning, not amenable to analytic treatment, and believed by Freud to be a reaction to actual, everyday tension, rather than related to sexual conflict occurring from early childhood on. As it is now used, *actual neurosis* is unmediated symbolically from the body, "so that 'actual' connotes the absence of the mediations which are to be encountered in the symptom-formation of the psychoneurosis . . . . The origin of the actual neurosis is not to be found in infantile conflicts, but in the present" (Laplanche and Pontalis 1973, p. 10).

follow. His sporadic incoherence in later sessions did not appear to be a return to operational and asymbolic experiences; rather, it seemed to me that his thinking reflected his beginning to be able to generate thoughts and keep them in mind (as opposed to in body), albeit in fragmented, disjointed form. I came to regard him as caught between two terrifying choices: psychotic breakdown if he were to allow potentially overwhelming feelings to be felt; or feeling nothing at all by foreclosing lived experience before it could be psychically elaborated. As he moved out of a foreclosed state of non-experience, his first experience (which had been previously avoided) was a psychotic one of fragmented, symbolic meanings—a treacherous first step out of foreclosure.

After a significant period of work, Mr. A was genuinely able to begin to experience feelings in association with symbolic thinking —for instance, in his use of verbal symbols to create the metaphor of the electrifying effect of "the size D batteries" in his fingers. The experience that occurred in the waiting room while Mr. A lay on the floor and I sat close to him seemed to consolidate the gains of the previous years of analytic work. Shortly after that, Mr. A began a session by speaking of his smelling the perfume and feeling the warmth of my previous patient. In contrast to his almost exclusive reliance on foreclosure, he was now experiencing bodily sensations that felt real, and that he could think about and convey in words.

In a dream that occurred in this period of the analysis, Mr. A was able for the first time to elaborate dream-thoughts in a way that went beyond "operational" thinking. In this dream, he and I were having "a conversation," and he was able to tolerate "what came up" long enough to talk and think on his own, not needing my "notes" —i.e., my thoughts as substitutes for his own. Later in the work, he experienced a thought that just "popped into" his head, about which he was able to think and dream.

SUMMARY

I have described a patient who initially could make virtually no connection between a disturbing meeting with his boss and his

panic state, nor use linking ideas that I presented in the analysis. As the analysis progressed, the patient began to function in a fragmented state in which he was able to make use of my ideas and create connections that involved primary process and rudimentary secondary thinking, albeit connections that were fragile and that easily fell apart. From this disorganized state in which he could begin to think thoughts and feel feelings (e.g., fear) as feelings, he progressed further to a level at which he was not only able to use verbal symbols to express personal meaning, but he could also use metaphors with transference meaning to do conscious and unconscious psychological work. Thus, initially foreclosed emotional experience that manifested itself in the form of a bodily state of panic was gradually transformed into forms of experience that could be thought, felt, spoken, remembered, and reflected upon.

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ACTUAL NEUROSIS AS THE UNDERLYING PSYCHIC STRUCTURE OF PANIC DISORDER, SOMATIZATION, AND SOMATOFORM DISORDER: AN INTEGRATION OF FREUDIAN AND ATTACHMENT PERSPECTIVES

BY PAUL VERHAEGHE, STIJN VANHEULE, AND ANN DE RICK

Starting from a contemporary critique of the DSM-IV, *this paper argues that the diagnostic categories of panic disorder, somatization, and undifferentiated somatoform disorders can be understood as belonging to a common type of psychopathology—i.e., the Freudian* actual neuroses. *In addition to their strong clinical similarity, these disorders share an etiological similarity; and the authors propose a combination of Freud's focus on this type of patient's inability to represent an endogenous drive arousal with the post-Freudian focus on separation anxiety. An etiological hypothesis is put forward based on contemporary psychoanalytic attachment theory, highlighting mentalization. Concrete implications for a psychoanalytically based treatment are proposed.*

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INTRODUCTION

In the Western world, current psychiatric and psychotherapeutic practice and research are primarily based on the classification system provided by the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) of the American Psychiatric Association (APA 2000). Whereas its first two versions were clearly inspired by psychoanalytic concepts, the later versions, starting with the third edition in 1980, changed to a more empirical approach, based on a description of clinically observable patient characteristics (behavior and complaints). As a result, in its current (fourth, further revised) version, a multitude of disorders are listed in a coordinate manner.

Notwithstanding its popularity, a diagnostic process based on the *DSM* is a questionable undertaking. From a scientific point of view, the value of the system itself is problematic. Up to now, there has been a manifest lack of evidence supporting the reliability and validity of the classificatory system as a whole, as well as of several of the categories and axes implied (Maleval 2003; Widiger 2003). From a psychoanalytic point of view, even more important is its manifest neglect of psychic processes, and, consequently, its limited usefulness for psychotherapeutic intervention (see Shedler 2002). It is our argument that a priori theoretical clustering of disorders based on their dynamic unity provides us with better diagnoses and more useful therapeutic implications.

In this paper, we will focus on panic disorder, on the one hand, and somatization disorder and undifferentiated somatoform disorder, on the other hand—disorders that in recent years have become increasingly prominent in clinical practice (Kaplan, Sadock, and Sadock 2000). In *DSM* terms they are not clustered, but in our opinion they are indeed connected.

Our argument puts forward two theses. First, we believe that there is a common, underlying psychic structure of panic disorder, somatization, and somatoform disorder, and that this structure can best be understood on the basis of the Freudian concept of the *actual neuroses*. Second, we claim that such a psychic structure can be considered a deficiency in the psychic processing of the drive,

which results, in a broader context, from a failure in the relationship between subject and significant other.

We will first outline the respective disorders in terms of their current psychiatric and psychological formulation. Next, we will relate them to Freud's category of the actual neuroses, and, in particular, the anxiety neurosis. In the third section, we will explore Freud's etiological theory. In section four, we discuss important post-Freudian clinical findings and combine them with the theory of actual neurosis. The next section proposes an etiological hypothesis based on current ideas in attachment theory. In integrating the previous sections, we map out the typical failure of psychic representation and the characteristic way of relating to others associated with the disorders in question. Finally, in our conclusion, we discuss the diagnostic importance of actual neurosis from a broader point of view and the therapeutic implications of this specific type of pathology.

PANIC, SOMATIZATION, AND SOMATOFORM DISORDERS

Contemporary thinking on panic disorder dates back to a discovery by Donald Klein (1964) concerning the pharmacological treatment of schizophrenia. One group of schizophrenic patients, characterized by the absence of delusions and hallucinations and the presence of acute anxiety attacks, failed to respond to the then-current pharmacology. This particular kind of acute anxiety was identified as the so-called panic disorder. In subsequent years, panic disorder became an object of study beyond the field of psychosis. In line with this broader orientation, the *DSM-IV-TR* (APA 2000) describes panic disorder (*DSM* codes 300.01 and 300.21) as a mental condition characterized by recurrent panic attacks, a pattern of worrying about these attacks, and consequent behavior changes.

A panic attack itself is defined in the *DSM* as "a discrete period of intense fear or discomfort" (APA 2000, p. 432), with bodily symptoms such as palpitations, pounding heart, or accelerated heart

rate; sweating, trembling or shaking; sensations of shortness of breath or smothering; feelings of choking, chest pain, or discomfort; nausea or abdominal distress; dizziness, unsteadiness, lightheadedness, or fainting; chills or hot flushes; and paresthesias (numbness or tingling sensations), on the one hand—and psychic symptoms, on the other hand, such as derealization (feelings of unreality) or depersonalization (being detached from oneself), fear of losing control or going crazy, and fear of dying.

Most of the symptoms on this list are notably of a physical nature and consist of uncomfortable or painful sensations. This can be further substantiated through reference to the discussion concerning the somewhat paradoxical *nonfearful panic disorder* (or NFPD), which has not yet been included in the *DSM*. Patients associated with NFPD meet criteria for panic disorder, but do not report subjective fear or anxiety (Beitman, Thomas, and Kushner 1992). In such cases, the psychic symptoms listed in the *DSM* description are absent.

Also important to note is the distinction *DSM-IV* makes between panic disorder with agoraphobia (300.21) and panic disorder without it (300.01). Agoraphobia is described as:

> . . . anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having an unexpected or situationally predisposed panic attack or panic-like symptoms. Agoraphobic fears typically involve characteristic clusters of situations that include: being outside the home alone; being in a crowd or standing in a line; being on a bridge; and traveling in a bus, train, or automobile. [APA 2000, p. 433]

This coupling of panic attack with agoraphobia arises from the recognition that the two are often found to be closely associated in clinical practice. The many studies devoted to this association invariably come to the same conclusion: agoraphobia is a consequence of a previous panic attack (Clum and Knowles 1991).

In somatization disorder (300.81), as well, discomforting bodily symptoms are prominent. In his classic definition, Lipowski

(1988) defines somatization as the "tendency to experience and communicate somatic distress and symptoms unaccounted for by pathological findings, to attribute them to physical illness, and to seek medical help for them" (p. 1359). *DSM-IV-TR* (APA 2000) adds that, in order for a problem to be considered a somatization disorder, the following complaints should be present: four pain symptoms related to at least four different sites or functions (e.g., head, abdomen, back, joints, extremities, chest, rectum, etc.); two gastrointestinal symptoms other than pain (e.g., nausea, bloating, vomiting other than during pregnancy, diarrhea, or intolerance of several different foods); one sexual symptom other than pain (e.g., sexual indifference, erectile or ejaculatory dysfunction, irregular menses, excessive menstrual bleeding, vomiting throughout pregnancy); and one pseudoneurological symptom not limited to pain (conversion symptoms such as impaired coordination or balance, paralysis or localized weakness, difficulty swallowing or lump-in-the-throat aphonia, urinary retention, etc.).

In the case of undifferentiated somatoform disorder (300.82) —a problem sometimes referred to in the current literature as "medically unexplained symptoms," or MUS (De Gucht and Fischler 2002)—medically unexplained physical complaints are once again central. More precisely, chronic fatigue and gastrointestinal and/or genito-urinary symptoms constitute this category.

As one compares the *DSM* descriptions of somatization and somatoform disorders with that of panic disorder, striking similarities appear. First of all, in each case, bodily symptoms are predominant. These symptoms cannot be medically explained, but neither are there clear psychological causes. Several of these symptoms overlap in both groups of disorders (e.g., bodily pain, nausea, and abdominal problems). Concerning psychic symptoms, both similarity and difference can be discerned. The similarity is that the symptoms are a quasi-direct expression of bodily discomfort, accompanied by worrying. The difference can be found at the level of the specific content of the psychic symptoms. In the first case, preoccupation with physical illness stands at the fore, whereas in the second case, anxiety is central. Nevertheless, em-

pirical research concludes that there is a high correlation (up to 40%) between somatization and anxiety disorders (Fink 1995). Conversely, anxiety can be absent in panic disorder, as in the non-fearful variant.

Thus, the most obvious similarity in all these disorders is that the psychic symptoms are poorly elaborated. Current research concerning the etiology of both categories of disorders is mainly neurobiological and cognitive-psychological. The results remain inconclusive, coinciding with the description of anxiety in panic disorder as "occurring spontaneously."

We believe a third line of research is more promising, as it focuses on the absence of psychic elaboration—referred to as *alexithymia* (Sifneos 1973). The word literally means "no words for feelings," and refers to a deficit in the cognitive processing and regulation of emotions (Bagby and Taylor 1997). Research demonstrates a high prevalence of alexithymia in patients with panic disorder (from 47% to 67%), as well as in patients with medically unexplained symptoms or MUS (from 33% to 55%) (Taylor 2000). A closer analysis (De Gucht 2001) concludes that a significant correlation exists between alexithymia and the number of reported MUS manifestations, and that, when compared to control groups of healthy people, patient groups show a significantly higher presence of alexithymia.

Although studies indicate temporal stability of alexithymia both in clinical and in nonclinical populations (Salminen et al. 1994), it remains unclear whether alexithymia is a causal factor or an accompanying side effect of the disordered state. The question of why some people develop alexithymia while others do not remains unanswered as well. Only occasionally in the literature do we find a vague reference to the early infant–caregiver relationship (Kraemer and Loader 1995) as a possible factor. Moreover, the concept of alexithymia can be criticized for its static character—it merely describes a mental state—and for its hypothetical link to a biological defect (McDougall 1980).

COMPARISON WITH THE FREUDIAN ACTUAL NEUROSES

If one considers the symptomatic similarities between the separately categorized *DSM* disorders under discussion with the Freudian theory of the mind, and especially with Freud's category of the actual neurosis, a common ground between the categories can be discerned.

From 1894 onward, Freud discussed a differential diagnostic distinction, which he retained throughout the course of his *oeuvre*. First, he distinguishes the "Neuro-Psychoses of Defence" (Freud 1894, 1896a) or psychoneuroses. These are disorders whose cause can be found at the level of psychic elaboration—representational and defensive—of infantile sexuality. The accompanying symptoms are signifying, and the typifying characteristic for this group is a defense against an inner conflict concerning sexual desire.

Then Freud introduces the category of the *actual neuroses*. Their cause is similarly located at the level of the drive, but specifically relates to the patient's present life, not the past. Symptoms are limited to bodily phenomena—unprocessed anxiety and somatic anxiety equivalents—and have no defensive significance (see Freud 1892-1899, 1895, 1896b).

At this point in our discussion, it is necessary to consider the drive concept, a problem present in Freud's thinking from the outset, years before the concept itself was introduced (Freud 1905). One problem that bothers him from the start concerns the inner rise in tension, the famous "Q"-factor—i.e., the energetic flux that arises from within the body and therefore cannot be escaped. Later on, this becomes a central characteristic of the drive, namely, the pressure (*Drang*) or excitation (*Erregung*) (Freud 1915, p. 122). This pressure has to be abreacted and the necessary condition for that is its binding via representations. In cases of psychoneurosis, the representation has been distorted by defense mechanisms; in cases of actual neurosis, the step toward representation has not been successful and the innervation remains on the level of the

body. Following this line of reasoning, we will use the terms *pressure, tension, excitation,* and *arousal* as synonyms for the drive.

The categories of psychoneurosis and actual neurosis, however, are not to be regarded as mutually exclusive. In stating that psychoneurotic symptoms hardly ever appear without actual ones, but "the latter can appear without the former," Freud (1910, p. 218; see also Freud 1925, p. 26) legitimizes the fact that actual neurotic pathology is a domain of study on its own. Even more so, he considers the actual neuroses as the nucleus and first stage of the psychoneuroses, particularly within the relationships of *neurasthenia–conversion hysteria; anxiety neurosis–anxiety hysteria;* and *hypochondria–paraphrenia* and *paranoia.* The actual neuroses "provide the psychoneuroses with the necessary 'somatic compliance'; they provide the excitatory material, which is then psychically selected and given a 'psychical coating'"; along the way, "the nucleus of the psychoneurotic symptom—the grain of sand at the centre of the pearl—is formed of a somatic sexual manifestation" (Freud 1912b, p. 248).

In the course of his career, Freud focused primarily on the psychoneuroses, leaving the actual neuroses relatively unexamined, despite the fact that he continued to confirm their existence (Freud 1925, 1926). The reason for this is pragmatic: he did not further examine cases of actual neurosis, since he considered them to be unresponsive to his psychoanalytic treatment (Freud 1910, 1912b, 1925).[1] After all, as the symptomatic superstructure and associated fantasmatic development are completely lacking, there simply isn't anything to analyze. Despite this, he did describe this group thoroughly, first distinguishing between two types of actual neuroses: anxiety neurosis and neurasthenia (Freud 1895, 1896b). Later, he added hypochondria to this list (Freud 1912b, 1914). In each case, the focus is on the drive arousal and on the damming up of libido, along with the impossibility of psychic elaboration. A primary excitatory excess and distress is pivotal to all. And all three actual

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[1] It should be noted, however, that this opinion did not prevent Freud (1912b) from granting that "analytic treatment can have an indirect curative effect on 'actual' symptoms" (p. 249).

neuroses are consequently to be considered different manifestations of a similar underlying process.

The category of actual neurosis Freud stresses most is *anxiety neurosis,* to which he can lay claim to both the discovery and naming (Freud 1895, pp. 92-99; 1898). As a matter of fact, he detached it as a separate entity from James M. Beard's larger conception of *neurasthenia,* first described in the 1880s.[2] In cases of anxiety neurosis, Freud distinguished seven clinical characteristics:

1. General irritability: Inability to tolerate excitation.

2. Anxious expectation: A quantum of anxiety in a free-floating state ready to be linked up with any suitable ideational content.

3. Anxiety attacks: Sudden feelings of anxiety without any associated idea, or accompanied by the interpretation that is nearest to hand, such as ideas of death, a stroke, or of a threat of madness, often accompanied by disturbances of one or more bodily functions—spasms of the heart, difficulty in breathing, outbreaks of sweating, ravenous hunger, and the like.

4. A continuum of rudimentary anxiety attacks and their somatic equivalents (not always experienced as anxiety). As equivalents of anxiety attacks, Freud includes disturbances of the heart action; disturbances of respiration; attacks of sweating, tremor, and shivering; attacks of ravenous hunger; diarrhea; locomotor vertigo; congestions; and paresthesias.

5. Waking up at night in a fright (*pavor nocturnus*), usually combined with somatic equivalents of anxiety.

6. Vertigo: The patient is disrupted by sensations of the ground rocking, of the legs giving way, and of finding it impossible to stand up. Although the legs tremble and

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[2] For an extensive discussion of neurasthenia and its post-Freudian counterparts, we refer the reader to Hartocollis (2002).

feel as heavy as lead, or the knees give way, this vertigo never results in a fall.

7. Two groups of typically associated phobias: The first relates to general physiological dangers (fear of darkness, thunderstorms, etc.) and to typical moral over-scrupulousness and forms of doubting mania. The other group includes agoraphobia. For both kinds of phobias, Freud emphasizes the distinction from psychoneurosis: the affect is always anxiety and does not originate in a repressed idea.

In comparing Freud's clinical descriptions of the actual neurosis with the *DSM* categories we focus on here, our conclusion is that similar problems are surfacing under different labels.

In our interpretation and that of many others (e.g., Compton 1998; de Poderoso and Linetzky 2000; Taylor, Bagby, and Parker 1999), the Freudian anxiety neurosis shows a remarkable overlap with the *DSM* descriptions of panic attack and panic disorder, meaning that the traits listed in the *DSM* can easily merge into Freud's description. The only *DSM* characteristics not explicitly mentioned by Freud are derealization and depersonalization, but these can be understood as a reaction to the failed psychic elaboration of the arousal coming from one's own body. The lack of psychic elaboration determines the dissociative character of these phenomena.

However, the fact that the *DSM* description can merge into the Freudian category does not mean that the reverse is true. Freudian thinking clearly adds an understanding of the dynamics of the phenomena at hand. In the case of anxiety neurosis, for example, Freud stresses the interconnected nature of the problem as he observes that somatic anxiety equivalents can take the place of anxiety, with the absence of experienced anxiety in the patient as a result. In this respect, Freud somewhat foresaw the development of the contemporary concept of nonfearful panic disorder or NFPD (Beitman, Thomas, and Kushner 1992).

Turning now to somatization and somatoform disorders, we find that the overlap with Freud's clinical descriptions is once again remarkable (see also Taylor, Bagby, and Parker 1999, p. 117n). Besides the fact that neurasthenia has been classified as an undifferentiated somatoform disorder in the *DSM-IV*, the actual *DSM* criteria are included in Freud's description of anxiety neurosis (especially the somatic anxiety equivalents). The most conspicuous detail in the *DSM* description of somatization disorder, however, is the presence of conversion in the list of somatic complaints. From a psychoanalytic-therapeutic point of view, we would exclude this symptom from the list, because different dynamic processes underlie the phenomenon. Conversion symptoms are signifying neurotic symptoms that give expression to an underlying conflict; these are clearly to be differentiated from somatization or actual neurotic bodily phenomena (Taylor 2003). The latter are direct consequences of the drive and the associated anxiety; consequently, they are nonsignifying (Freud 1916-1917, pp. 387–388).

Green (1977) made a very apt comparison between (psycho) somatic reactions and expulsion via action, on the one hand, and conversion symptoms and parapraxis, on the other. The latter are constructed in a symbolic fashion; the first are merely discharges to ward off psychic reality. (However, this is a distinction that one can only make based on a theory of psychic functioning, which is absent in the *DSM*.)

We can conclude that at the level of the clinical pictures of the disorders discussed, there are clear similarities between the classical Freudian description of the actual neuroses (especially anxiety neurosis) and contemporary panic, somatization, and somatoform disorders. One reason these similarities are undoubtedly so predominant is that cultural change has little or no effect on the bodily phenomena we discuss. Cultural changes will, however, affect the meanings people attribute to these phenomena, and hence the descriptions of the psychoneuroses.

This conclusion is already worthwhile in itself because it permits us to combine three different diagnoses into one larger category. Nevertheless, from a psychoanalytic point of view, we need

to go further. Instead of accepting the mere descriptive stance of the *DSM,* we must ask questions concerning the etiology as well. In this respect, Freud's theory gives us a good start, but it clearly has its limits. An examination of post-Freudian theory will be much more enlightening here, as it will permit us to address the question of the other. Moreover, it will become clear that it is possible to give the idea of actual neurosis a broader scope, and that a psychoanalytically inspired treatment of this disorder is indeed possible.

FREUD'S THEORY ON CAUSATION

Differences between psychiatric and psychoanalytic understanding of the phenomena most clearly emerge when considering their origin. In discussing Freud's theories on these origins, we want to distinguish clearly between his metapsychological theory on causation and his thoughts on the direct etiology. We believe his reflections on direct etiology were strongly influenced by common theories and preoccupations of his time (such as those of Beard and Krafft-Ebing; see Hartocollis 2002), views that nowadays seem outdated. His metapsychological theory on causation, however, maintains its relevance as a starting point for contemporary causal considerations.

In his metapsychological formulations, Freud locates the dynamics of the actual neuroses in the interplay between a somatic-sexual factor that serves as an endogenous source of excitation and the subject's failure to psychically master this excitation and thus discharge it associatively via a representation. As a result of this failure, excitation exerts a "toxic effect on the body" (Freud 1895, 1912b, 1926). Freud's reflections on causation converge in the idea that, in the case of actual neurosis, the drive is handled in a nonrepresentational way: quanta of somatic-sexual excitation are not coupled to psychic representations, as a result of which excitation remains present in a "free-floating" or "automatic" state. Whereas endogenous excitation obtains a representational coating in psychoneuroses (see Freud 1912b) and finds its symbolic ex-

pression via classically analyzable symptoms, the representational process is short-circuited in cases of actual neuroses, as a result of which excitation reaches excessive proportions and is expressed in bodily phenomena.[3]

The direct etiologies linked by Freud (1925) to these metapsychological formulations concern patients' "abusive" sexual practices (i.e., the way in which they handle somatic-sexual excitation). In the case of anxiety neurosis, Freud points more precisely to the role of an inhibited sexual life: one of abstinence, imperfect or interrupted coition (Freud 1895, 1896b), or, in the case of neurasthenia, "(immoderate) masturbation or spontaneous emissions" (Freud 1896b, p. 150; see also Freud 1912b).

Freud paid little further attention to the causal mechanisms of the actual neuroses in his later work, which has resulted in this part of his theory being nearly forgotten by post-Freudians. This also undoubtedly has to do with the specific direct etiologies that Freud attributed to the actual neuroses (Hartocollis 2002). Nowadays, sexual abstinence and masturbation do not have the same significance that they had in the early 1900s. Our main argument is that these are merely a particular expression of a much broader metapsychological etiology (i.e., the failure to psychically process endogenous excitation via representations) (Freud 1898, pp. 90-115, 1905, p. 204). As such, abstinence points to inhibition (Vanheule 2001), whereas masturbation can be interpreted as a reaction of discharge (i.e., the expulsion via action that Green [1977] points to).

From the perspective of Freud's broader theory, it is not surprising that he links the direct etiology to sexuality. After all, he qualified somatic excitation as sexual (see, e.g., Freud 1895, p. 111). For him, it was "an expression of libidinal instinctual impulses (*libidinöser Triebregungen*)" (Freud 1926, p. 110). In this context, the sexual nature of excitation does not refer specifically

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[3] This focus notwithstanding, Freud also indicates that direct changes at the level of bodily excitation can have an effect on actual neurotic symptomatic manifestations. A starting point for reflections on this topic can be found in Freud 1895, p. 111.

to genitality, but more broadly to the way quanta of endogenous excitation are processed. Neurobiological research, too, shows how the increase of stimuli can be linked to more than one bodily system (McNally 1994). It is this mechanism of arousal that Freud (1895, 1905, 1925) qualifies as sexual.[4]

We now turn to the failure of psychic representation that Freud indicated; this is the psychodynamic basis for panic disorder and somatization, which we interpret as belonging to Freud's actual neuroses. We believe that the failure of this psychic representation needs to be studied in the context of psychoanalytic therapy, which Freud neglected to do in his later work. More specifically, we think that the two most prominent factors in psychoanalytic treatment should be taken into account: the patient's style of free association and his/her position in transference. What needs to be examined is the patient's relation to representation and verbalization, as well as the concomitant style of relating to significant others. After all, in current literature, we find clear indications that, at both levels, patients with the disorders under discussion take a specific stance.

THE "NEW" PATIENT: SEPARATION ANXIETY AND LACK OF SYMBOLIZATION

In 1975, Green put forward the idea of a malaise in psychoanalysis. One of the causes for this crisis has to do with what he describes as changes in the post-Freudian patient. He reads these changes from a generic interpretation of the borderline state and psycho-somatics.

Some twenty-five years later, Hartocollis (2002) argued that, in the second half of the twentieth century, psychoanalysts from dif-

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[4] This opens a discussion of whether there is an original sexual energy that can later become desexualized or neutral, or whether it is the other way around. In our reasoning, we prefer the thesis that psychic development starts at the confrontation with a somatic arousal that must be answered, both in a psychological and a physical way, and for which the intervention of the other is necessary (Freud 1892-1899, pp. 317-322). The sexual drives will be grafted onto these original self-preservative instincts (Freud 1912a, pp. 180-181).

ferent backgrounds studied patients with predominant actual neurotic problems and, in doing so, they pinpointed the poor or even absent psychic representation in domains of functioning where an analyst would classically expect to find conflict and defense, and therefore representation. Nevertheless, neither Green nor Hartocollis presents a clear etiological reasoning in relation to these comments. It has been observed that such patients tend to deny any relationship between their problems and an emotionally significant situation, event, or thought; it seems to be difficult for them to express conflictual situations or even to experience these situations in a psychic way (see Milrod et al. 1997).

A recent publication aptly summarizes this thesis in its title: "When Words Fail: Psychosomatic Illness and the Talking Cure" (Kuriloff 2004). Several concepts refer to this same phenomenon of poor psychic processing: unmentalized experience (Mitrani 1993, 1995); bad mentalization (Marty 1980; Smadja 1990); operational thinking[5] (Marty 1980; Marty and de M'Uzan 1963); borderline states of analyzability (Green 1975), in which the patients' structures of meaning and their capacities for symbolization are hampered or even nonexistent; or McDougall's (1972) concept of the *anti-analysand.* Alexithymia, too—a construct first introduced by a psychoanalyst (Sifneos 1973)—has been linked with Freud's actual neuroses (Taylor, Bagby, and Parker 1999; Vanheule, Desmet, Meganck, and Bogaerts 2007; Weinryb 1995). The question remains: What causes the absence of psychic representation in these patients?

This question brings us to this kind of patient's typical style of relating to significant others. Reports on the psychoanalytic treatment of patients with panic disorder show evidence for the occurrence of negative life events implying separation, either emotional or physical, from a significant person in the patient's life *before* the onset of the disorder (Busch et al. 1991; Milrod 1998). Research-

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[5] Marty (1980) situates this kind of mental functioning, as well as actual neuroses, in the context of so-called *essential depressions,* in which positive depressive symptoms are absent, the value attributed to representations is dramatically diminished, and somatic disorganization is at the fore.

ers such as Faravelli and Pallanti (1989) also conclude that such patients have been confronted significantly more often than control subjects with the death or severe illness of a relative or friend in the year prior to symptom occurrence. These findings indicate the presence of combined separation and trauma.

The importance of taking into account the role of significant others is also confirmed by the frequent appearance of a combination of panic disorder and agoraphobia, as mentioned by both Freud and by the *DSM*. We find the perspective of Klein and Gorman (1987) to be the most interesting one; they present the following progression as typical: the spontaneous occurrence of the first panic attacks is followed by help-seeking behavior, whereupon chronic expectation anxiety appears, followed by the final development of avoidance behavior. We find this sequence particularly noteworthy because here the focus is not on the phobic object to be avoided—the *agora*—but rather on the underlying motivation of the patient in adopting this behavior. In our interpretation, a panic attack always contains a reaction to an internal, unmanageable arousal, as a consequence of which a number of patients appeal to a significant other. The so-called agoraphobia is an expression of this need for the other and the avoidance of all situations in which this other could be absent—in short, separation anxiety.

Similar observations have been made in regard to patients with a somatization or somatoform disorder; the intensity and frequency of the somatic phenomena always increase when the patient feels abandoned by significant others (Blaustein and Tuber 1998; McDougall 1980). During the treatment, separation anxiety tends to arise every time a session nears its end or whenever the analyst goes on holiday (Mitrani 1993, 1995).

Obviously, this combination of separation anxiety and lack of symbolization demands further explanation. Two psychoanalytic authors, Green and Mitrani, have produced milestone papers in this respect.

Following Khan, Green (1975) argues that the post-Freudian patient has changed in such a way that a change in the analyst is needed as well. He understands this patient from a generic inter-

pretation of the borderline state, which he compares to Freud's actual neurosis. He describes four mechanisms of defense as characteristic for them. On one side are the mechanisms of psychic short-circuiting in which drive impulses are internally channeled in somatic reactions or are externally expelled via action; on the other side are the two basic psychic defense mechanisms of splitting and decathexis. The net result of these four defenses is a blindness to psychic reality, combined with a lack of secondary elaboration by means of a representational system. The accompanying anxiety is not castration anxiety, but a combination of separation and intrusion anxiety. There is no repression; the pathology is not situated on the level of desire and conflict, but has everything to do with the lack of thought formation.

Even when such a patient produces an extreme associative release, obsessively compulsive thinking, and dreams and fantasies, these do not belong to normal symbolization. On the contrary, they belong to an *action model,* as a primitive system of defense against the massive quantity of affects. For Green, the combination of separation/intrusion anxiety and lack of symbolization finds its etiological ground in what he calls *blank psychosis,* and in a regression to what he considers a fundamental psychotic kernel.

Mitrani (1995) discusses the same problem from a different perspective. Unlike Green, she states that unmentalized experience is not a matter of regression; these experiences have never been symbolically processed. She defines them as:

> . . . elemental sense data, internal or external, which have failed to be transformed into symbols (mental representations, organized and integrated) or into signal affects (anxiety which serves as a signal of impending danger, requiring thoughtful action), but which are instead perceived as concrete objects in the psyche or as bodily states which are reacted to in corporeal fashion (e.g., somatic symptoms or actions). [p. 70]

Mitrani understands such unmentalized experiences as Freud's actual neurotic anxiety equivalents, although with a different eti-

ology. In her reading, a premature separation from the primary caregiver results in the combination of primordial terror and the inability to mentalize this experience. She refers to Bion's *alpha function* of the mother (i.e., the function of receiving and transforming the infant's *beta elements* [raw sensory data] into meaningful thoughts [*alpha elements*] that allow a differentiation between the internal and the external and between fantasy and reality). The failure of this function is then repeated during the therapy, leaving the therapist with a countertransferential experience of "changelessness and numbness" (Mitrani 1995, p. 104).

In her many clinical examples, Mitrani stresses the separation anxiety the patient feels during the actual sessions and his/her need for holding. For example, one patient managed several times to be hospitalized for a physical condition only during weekends or on holidays because of an otherwise unbearable sense of separation from the therapist. More subtle is the patient who buries the therapist under a "barrage of words" at the end of the week (Mitrani 1995, p. 92). Interpreting these words has no effect until the therapist understands their function as a protection against the terror of being abandoned. In our reading, this barrage of words is similar to the crying appeal of the baby to the mother when confronted with distress and the possibility of her absence.

Based on both Green's and Mitrani's conceptualizations, it can be argued that this "new" patient represents a reemergence and expansion of Freud's original concept of actual neurosis. Freud's finding that some patients fail to symbolize the inchoate part of the drive arousal is thus broadened to include a tendency toward failure in relations with others. We believe that the best way of understanding the dynamics of the actual neurosis is to combine into one model the typical failure in representation and the specific style of relating in which separation is considered especially problematic. As we will discuss further in the following sections, support for our thesis is to be found in contemporary psychoanalytic attachment theory and research.

THE ACTUAL NEUROSES REVISITED: THE IMPORTANCE OF THE OTHER

Based on Freudian theory, actual neuroses may be understood as a category unsuitable for a classic psychoanalytic approach. Indeed, compared to what is seen in the psychoneuroses, there is a lack of symbolization, and a transferential relationship seems to be absent. Considered from a different angle, this double lack comes down to the same etiology and presents us with an important basis from which to reconsider the treatment of these patients within a psychoanalytic frame of reference.

The combination of the lack of symbolization, affect regulation, and the other is described in contemporary attachment theory. Whereas its original emphasis was on the infantile attachment style and its determining effects on adult relationships, the goal of attachment has been reformulated as the creation of a symbolic representational system through which affect regulation and the development of a self can come into being. Authors in this field have empirically demonstrated that identity arises through the caregiver's mirroring of what the child internally experiences as "arousal," together with the possibility for regulating affect (Fonagy et al. 2002, pp. 145-251). At moments of arousing alarm, the infant performs attachment behavior, such as proximity seeking and proximity maintaining, in an effort at self-preservation and protection. As a consequence of this appeal to the other, a representational system is created that enables the child to cope with situations of distress on his or her own (Fonagy et al. 2002; Main 2000; Slade 2000). It is in interaction with a caregiver that automatic primary affects can be transitioned into secondary representations. Parallel to this development of the representational system, identity, too, is formed in an interactive process with the caregiver.

The representational system achieved through the other's mirroring action permits the child to gradually acknowledge and master its own bodily arousal. However, for this to occur, the other's mirroring must meet a number of conditions. First, the mirroring

has to be congruent (not identical) with the emotional state of distress of the child. It is the return of one's own experience in a modulated form that makes this experience manageable (Fonagy and Target 1998, 2000). Second, it is important that the child realize that the reaction of the other is not real, but merely a reflection of the child's inner state. This occurs through "marking," which is an exaggerated parental imitation of the child's experienced emotions. The anchoring of the latter to one's own state finally results in the construction of a separate representation: a second-order representation of the primary somatic and affective experience, which has the effect of making this experience manageable. In other words, through the internalization of representations coming from significant others, arousal becomes regulated while identity is being formed at the same time. More specifically, a "physiological self" changes into a "social self" (Fonagy et al. 2002, pp. 203–251).

It is not too difficult to consider this part of attachment theory to be a better explanation for Freud's causal reasoning concerning actual neuroses.[6] Both for Freud and for attachment theory, an internal pressure or arousal functions as a starting point that normally leads to psychic processing via representation. Attachment theory explains how the appeal to the other sets into motion a mirroring process that provides the basis for psychic representation of arousal, as well as for a primary identity through which the child gains both access to this arousal and the possibility of regulating it. In light of Freud's conclusion that, in actual neuroses, the process of psychic representation is lacking, attachment theory permits us to assume that actual neurosis originates from a deficient mirroring process.

[6] In making this claim, we of course acknowledge that constitutional factors, too, play an important role in the etiology of the disorders under discussion. Research indicates that precisely the interplay between genetic determinants and environmental factors, like attachment relationships, strongly determines biochemical abnormalities in the nervous system and/or illness symptoms (see, e.g., Mohammed et al. 2005; Shear 1996). In this paper, we focus on the attachment system since psychoanalytic interventions specifically relate to the patient's representational and relational systems.

In order to specify deficient mirroring as the basis of actual neuroses, some fundamental information can be drawn from empirical studies that have examined the relationship between self-reported attachment styles and panic disorder (Fonagy and Target 2003; Shear 1996), somatization (Ciechanowski et al. 2002; Fonagy and Target 2003; Stuart and Noyes 1999), and somatoform disorders (Stuart and Noyes 1999). Throughout these studies, the anxious-avoidant substyle of insecure attachment has proven to be most typical. Studies starting from implementation of the Adult Attachment Interview have observed that, compared to matched controls, patients with somatoform disorders have considerably more dismissive attachment (Scheidt et al. 1999; Waller, Scheidt, and Hartmann 2004). A common etiological hypothesis that we can distill from these studies, which reported anxious-avoidant and dismissing attachment styles as typical, is that in each case attachment figures are seen as unresponsive. We suggest that this illustrates that the roots of the actual neuroses are a deficient mirroring and symbolization in the relationship between attachment figure and child.

In their discussion of deficient mirroring, Fonagy and colleagues (2002, pp. 192-198) distinguish three pathological mirroring styles. In the first, mirroring is absolutely congruent with the affective state of the child, but marking is absent. As a consequence, the secondary representation of the infant's primary emotional state cannot materialize, resulting in a deficiency of self-perception and self-control of affect. Negative emotions are not modulated but, on the contrary, escalate. Furthermore, the child experiences his/her own negative affect as belonging to the other (projective identification). A history of this type of mirroring is typical in cases of borderline pathology.

In the second case, marking is present; however, the mirroring is not congruent but distorted. Hence, although a secondary representation is constructed, it does not match the constitutional self. The result is a distorted representation of the self state and an alien self. Fonagy and associates (2002) postulate this type of mirror-

ing as causing sexual pathologies in which libidinal excitement is perceived as aggression.

We suggest that this is a fruitful model for understanding pathologies in which discomfort is expressed through physical illness symptoms as well. When attachment figures are preoccupied with physical illness, manifestations of arousal in a child will easily be translated as indicative of illness, and not as affective responses. Discomforting arousal is thus introduced in an objectifying medical discourse and not in a subjectifying discourse that frames arousal as a result of an affected mind, which is exactly what we expect in cases of congruent mirroring. The result is that the subject becomes alienated to a medical discourse for expressing arousal. The subject lacks agency: the mind is framed as powerless in affecting arousal, and relief is only expected from external interventions that address physical functioning. This type of mirroring clearly has a function of solution as it at least tries to grasp the disturbing arousal. The disadvantage of this solution is that it makes the subject strictly dependent on external agents that address the body.

In a third type of deficient mirroring, which they link up with panic disorders, Fonagy and colleagues (2002, pp. 35, 219) focus on incongruence or absence of mirroring. In cases where mirroring is "absent, not readily forthcoming, or contaminated with the mother's own preoccupation," internal states will remain unlabeled and undifferentiated, and therefore difficult to regulate. We suggest that if marking is also absent or barely present, arousal will manifest itself in a raw and unprocessed manner. This unrepresented arousal is manifested through somatic pathways, especially in panic attacks—evoking psychic helplessness due to the impossibility of mental regulation.

This discussion of pathological mirroring enables us to understand the problematic relation of actual neurotic patients to failures in psychic representation and to separation. In cases where mirroring has been deficient, a person remains dependent on the physical presence of the other. This dependency can find its expression in at least two ways: first through a continuing attempt to acquire identity and to regulate arousal by means of others, and second by

taking the other as a screen onto which parts of self-representation that are experienced as alien and incompatible with the self are projected.

By combining contemporary attachment theory with Freudian theory, we can connect the impact of the relation to the other with the original Freudian division between psychoneuroses and actual neuroses. In the case of psychoneuroses, the pressure from the drive is elaborated by means of a relatively congruent and marked mirroring reaction by the other. This forms the basis upon which the subject acquires a representational identity that permits a psychic processing of the drive. Its further oedipal elaboration eventually gives rise to the construction of signifying symptoms. By these means, the original automatic or free-floating somatic excitation is at least partially mastered by a defensive representation.

In the case of an actual neurotic development, this psychic defense has not adequately been established through mirroring. A short circuit between the other's mirroring function and the subject's inner arousal becomes the cause of the actual neurotic structure. As a result of this failure of the other, the pressure of the drive (Freud's damming up of the libido) continues to function on an unelaborated, bodily level, thereby giving rise to automatic anxiety and/or somatic anxiety equivalents without psychic processing (i.e., somatoform disorders with exclusion of conversion phenomena). Note that Freud (1939) considers such a quantitative factor traumatic (p. 73)—meaning that here again we meet with the combined effect of separation and trauma.

The clear advantage of combining current attachment perspectives and classic Freudian theory is that it enables us to integrate the nonrepresentational style of handling endogenous excitation that Freud and many other analysts have observed in actual neurotic patients who exhibit the problematic style of relating to others (whereby separation, especially, comes to the fore) that was likewise observed. The relational style thus becomes the context within which poor psychic processing needs to be considered.

In a recent study, we found preliminary evidence to support this idea. Starting with data collected in a psychiatric population,

we observed that, compared to depressed patients without alexithymia, alexithymic and depressed patients—i.e., those with an explicit nonrepresentational style—had substantially more somatic depressive symptoms and were more distant in relation to others (Vanheule, Desmet, Verhaeghe, and Bogaerts 2007).

CONCLUSION: DIAGNOSTIC AND THERAPEUTIC IMPLICATIONS

We have argued that panic disorder, somatoform disorder, and undifferentiated somatoform disorder are three different manifestations of Freud's actual neurosis. Based on post-Freudian developments, this category can be applied to a generic reading of borderline states and unmentalized experience. From an attachment perspective, their etiology can be understood as a lack in representational coping strategies concerning arousal and drives, based on an original failure in the mirroring relationship with the primary caregivers. One of the consequences is that the subject becomes extremely dependent on the presence of the other, in the sense that he/she persistently clings to the other and appeals to the other for his/her own identity and arousal regulation—and hence, the presence of separation anxiety that both empirical research and clinical practice have indicated.

Following Freud, classically analyzing actual neurosis is impossible, precisely because there is no symbolic symptom formation. Short-term outcome studies seem to demonstrate that cognitive-behavioral therapy produces the best results (Barlow 1997; Gould, Otto, and Po 1995). Outcome studies in long-term treatments that focus solely on the somatic phenomena present a considerably less rosy picture: residual symptoms, relapse, alcoholism, and co-morbidity with anxiety and affective disorders are the rule for 40% to 80% of patients (Milrod and Busch 1996; Rosenbaum 1997; Shear, Cooper, and Klerman 1993; Shear and Weiner 1997).

These new studies resulted in the surprising discovery that the majority of patients (up to 80%) underwent additional treatment

during the follow-up period after the first treatment that the outcome studies were attempting to measure. Because most of the studies following the first treatment failed to inquire into the possibility of additional treatment during the follow-up period, their results are dubious (de Beurs et al. 1999). A review of empirical outcome studies of mainly cognitive treatments for panic disorder (Bakker 2001) demonstrates that with longer follow-up periods, the risk of relapse is considerable, and that patients run a significantly higher risk of developing depression.

Clearly, a cognitive focus on somatic phenomena and/or anxiety is not enough for treatment to succeed. Even more, the failure of such an approach, which has recently become increasingly clear, leads to a repetition of the original problem. From a psychoanalytic point of view, we can predict that the original failure in the relationship to the primary others will be repeated in all later relationships, including the (counter)transference during treatment. It has been noted that these patients tend to develop demanding relationships in which they assume a dependent role and expect to be cured according to a medical model (Taylor, Bagby, and Parker 1999). Conversely, they typically install a distance between themselves and others so as to avoid relational closeness and conflict (Vanheule, Desmet, Meganck, and Bogaerts 2007; Vanheule, Desmet, Rosseel, Verhaeghe, and Meganck 2007).

Realizing that medical science is inapplicable to such patients (see the information about medically unexplained symptoms in the foregoing sections), the physician experiences such patients as "difficult and frustrating" and refers them to a psychiatrist or psychotherapist (Hahn et al. 1996; Walker et al. 1997). If the latter is expecting a patient with "psychological mindedness" and does not find it, a negative countertransferential reaction is to be expected. This can go quite far: such patients have been designated "therapy resistant" (Lydiard and Brawman-Mintzer 1997; Rosenbaum 1997), and a recent empirical study describes the therapist's predominant reaction as one of contempt (Rasting, Brosig, and Beutel 2005)!

In terms of the dialectics of the therapeutic relation, this amounts to blaming the patient: it is the patient who is the reason for the therapeutic failure, s/he is "resistant." In our reading, the reaction of both the physician and the psychotherapist comes down to a modified repetition of the original failed relationship between the patient and the primary other. In both cases, the inability to cope with the discomforting arousal is foremost. The primary other was unable to present the subject with an adequate representational mirroring of what was going on internally, and both physician and psychotherapist experience the ineffectiveness of their usual intervention strategies.

As clinicians, we need to be aware of the risk of blaming the patient for the sense of failure that inevitably slips into the therapeutic relationship. We suggest that we must address this particular (counter)transferential relationship both as a diagnostic tool and a therapeutic medium. Mitrani (1995) aptly describes the feelings of flatness and numbness experienced by the therapist in confrontation with these patients. In actual neurosis, the first aim of the treatment is the restoration—or even the onset—of the primary relation between the patient and the other. This is the condition necessary for the patient to embed the original bodily arousal into meaningful secondary representations.

According to Green (1975), these "new" patients do not only present a challenge for the countertransference: "It is his [the analyst's] mental functions which are demanded, for the patient's structures of meaning have been put out of action" (p. 38). The analytic setting must be used to make the onset and development of a meaningful object relation possible. Mitrani (1995) defines the goal of the treatment as shifting the body memories into verbal representations. Instead of interpretation, the therapist has to contain these states of the patient, to think and even to suffer them "prior to the formulation and delivery of an interpretation" (p. 94). It is as if the therapist has to give the patient a piece of the therapist's mind in order to make the process of mentalization possible. In our reading, the link to the original mirroring process during the holding and containing relationship between child and primary

caregivers is obvious. It fits with the focus that contemporary attachment theory places on the aim of early attachment as the development of a secondary representational system.

This brings us to the second part of our conclusion, namely, the diagnostic status of what we call *actualpathology*. Indeed, as indicated by Green and Mitrani, the idea of actual neurosis can be understood in a broader way than Freud's original conception and its reappearance in panic disorder and somatoform disorders. After all, at the time when Freud formulated his theory of actual neurosis, *neurosis* was a generic term indicating psychiatric disorders. Following Freud, we postulate that a quantum of drive impulses constitutes the *actualpathological* kernel of all pathology, and, usually, it is the starting point for further development into a psychopathological problem. In this sense, the possibility of a regression to this original kernel is indeed open. Even more so, as Green (1975) correctly states, during a classic analysis of a psychoneurosis, this original level can be identified as well. Nevertheless, for the etiological reasons we have discussed above, in a number of cases, the development is arrested at the *actualpathological* level. As a consequence, arousal and drives have to be coped with at a level prior to symbolization.

In this respect, we do not agree with Green's (1975) understanding of these states as belonging to an original and general psychotic kernel (*blank psychosis*). It seems more appropriate to speak of an actualpathological kernel that is present at the start of psychological development as such. We are convinced that such a kernel can be found in psychosis as well.[7] Let us not forget that the rediscovery of anxiety neurosis as panic attack took place within the study of psychosis. The Freudian psychotic actualpathology is hypochondria, the desperate attempt of the psychotic patient to try to give meaning to what s/he experiences at the level of the

[7] This means that the question concerning the specific etiology of neurosis and psychosis is not answered by this reasoning. The idea we put forward here is that an actualpathological form of psychosis is possible as well. For reasons of clarity and space, we have not elaborated the application to psychosis in this paper; the interested reader is referred instead to Verhaeghe 2002, pp. 443-450.

body. For Freud (1911), hypochondria stands in the same relation to paranoia that anxiety neurosis does to hysteria (p. 57). In this paper, we have argued that panic disorder and somatoform disorder can be categorized under the heading of *actualpathology*. And, given our hypothesis that deficient mirroring is the etiological basis of actualpathology, other manifestations are possible as well.[8]

From a psychoanalytic point of view, it can be argued that psychological development starts at the point where drive and affects need to be processed representationally through the mirroring and holding processes presented by primary caregivers. If this takes place, a further development is set in motion, with the possibility of a further psychopathology (in the proper meaning of the prefix *psycho*). If this further development is lacking, an arousal will be expressed at a much more primitive, body- and action-oriented level, for lack of symbolization. Instead of the classic psychopathological symptoms, we will then meet with what we call *actualpathological phenomena*.

The therapeutic and diagnostic consequences are both obvious and far-reaching. On the descriptive level, the original anxiety (i.e., separation anxiety) reappears in the form of unprocessed anxiety, with panic attacks and somatic anxiety equivalents as the most prominent manifestations. Expulsion via action and somatic acting in can be expected and will result in problems that are structurally different from classic symbolic symptoms. On the transferential level, there will be a combination of a clinging, demanding separation anxiety and an inherent difficulty in entering a meaningful relationship. This transferential result of the original relation to the primary caregivers produces the risk of a countertransferential repetition of the pathogenesis, meaning that the therapist does not produce a meaningful answer and even rejects the patient as therapy-resistant.

[8] In another paper, we have demonstrated how post-traumatic stress disorder—and possibly borderline personality disorder as well—can be understood in terms of an insisting, unprocessed, actualpathological kernel that disturbs the patient (Verhaeghe and Vanheule 2005).

Indeed, the therapeutic goal in such treatments must be defined as the exact opposite of that in cases of psychoneurosis: instead of deconstructing symptoms via interpretation and analysis of the transference, the analyst has to construct a subjectively significant meaning for the actualpathological phenomena via the establishment of a working relationship. A purely cognitivist approach does not work, and the mere presentation of interpretations does not help much either. The primary therapeutic instrument here is the analyst him- or herself, who has to take in the experiences of the patient, internalize them—even, in the words of Mitrani (1993, 1995), *suffer them*—in order to be able to present and represent them back to the patient in such a way that s/he can handle them on a symbolic level.

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THE DREADED PROMISE OF CHRISTMAS AND THE NEW YEAR

BY LEONARD SHENGOLD

For many patients, mixed feelings of promise and dread that can accompany the holiday season appear in consciousness faintly and fleetingly, usually in the form of bad expectations. But the "dreaded promise" (an oxymoron) of change can come to full life and is always potentially present, especially at separations, and is usually perceptible by the analyst. The dread can be accompanied by expectations full of wonderful promise. The promise of Christmas is followed by the promise of New Year's Day—a time for new beginnings and resolutions aimed at changes for the better. But, for some, happy expectations evoking change have in the past been succeeded by bad ones, and the revival of predominant dread can be cruel and repetitive.

> The New Year, like an Infant Heir to the whole world, was waited for, with welcomes, presents, and rejoicings.
> —Charles Dickens (1844, p. 26)

The basic danger situations of early psychic development come to consciousness in feeling and in action as experiences of severe pain, murderous rage, and fears of mutilation, castration, and separation from the parent. Evocative repetitions of these early traumata and

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the reactions to them subsequently lurk in the unconscious mind and come to life in a variety of intensities as part of everyone's daily life and emotions. Optimally, they are confined to signals of danger (mild anxiety and depression) provoked by awareness of current conflicts and troubles.

The dangers to the mind in early development seem inevitably tied to revivals by events like holidays (see epigraph above), graduations, weddings, and birthdays—one's own and family birthdays, above all—which can make one conscious of the passage of time and the possibility and expectation of loss and separation. Sadness and anxiety, of course, are usually accompanied (and, optimally, overwhelmed) by happy expectations and pleasure on anticipated happy occasions. But compulsive repetitions of painful emotions can, for some, predominate on these occasions that mark the passage of time and so involve change—even, and sometimes predominantly and paradoxically, change for the better (see Shengold 2006).

Every psychotherapist who works with transference and resistance is familiar with how frequently events that mark separation and the passage of time, minor and major in duration and significance, bring out bad expectations and bad feelings focused on the analyst—losses in relation to the analyst who evokes the parent from childhood outweighing the promised happiness of birthdays and holidays. The dangerous regressive load of the bad expectations of loss, separation, and pain exists alongside promises of gain, reunion, and pleasure.

Painful emotions—rage and depression, usually accompanied by anxiety—can appear before, as well as reactively after, the promise of the present. Awareness of the ravages of time is always accompanied by expectations of decline and death—the ultimate separation—and this brings on anxiety. Happy celebrations, therefore, can also be understood as defensive denials of our fears and our ultimate tragic fate.[1]

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[1] The all-knowing Wotan cannot deny the forthcoming twilight of the gods, and this is expressed in his resounding, repetitive, fearful, and tragic exclamations of "Das Ende!"—a *leitmotif* in Wagner's *Ring* cycle (1885).

ANTICIPATIONS

I emphasize here the anticipation and arrival of Christmas, leading to the celebration of New Year's Eve and the coming of the new year. There is a kind of climactic, end-of-year ambivalent mood pressure as December and the onset of winter approach.[2] The Christmas/Chanukah/Kwanzaa/New Year's Day sequence seems especially fraught with intensities involving promise together with, for some, conscious or unconscious expectation of the disappointment that will ensue. (Depression during this seemingly joyous time is common enough, especially for psychoanalytic patients, whose regression to feeling like a child in relation to the analyst has made separations even for a weekend—or sometimes even at the end of a session—potentially traumatic.) For Jews, a similar progression takes place in the fall, when the promise of the Rosh Hashanah holiday, marking the Hebrew New Year, is followed by the dread of judgment and possible deadly punishment by the Divine Parent on Yom Kippur a week later.

Holidays (derived from *holy days;* see Partridge 1958, p. 392) evoke the ambiguous expectation of the beginning of both good and evil. This is reflected, for example, in the names of *All Hallows Day* (*All Saints Day*, celebrating all the saints in heaven) and *Halloween* (*All Hallows Eve*, the preceding evening when spirits, notably evil ones, can roam at will). Holidays, in relation to their original counterparts from the distant past, can be haunted by the ghosts of humans sacrificed on ceremonial and celebratory occasions during the childhood of mankind—at primitive religious rituals often involving the changing of the seasons, harvest time, and the observances of victories by the torture, killing, and sometimes eating of captives. Affect-laden, contradictory feelings are still evident in traditional celebrations of current and recent primitive peoples, as they were, memorably, in the comparatively recent (his-

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[2] And there is a similar evocation of sadness and loss at the generally happy prospect of spring and summer: "April is the cruellest month, breeding/Lilacs out of the dead land" (Eliot 1922, p. 744). See also Shengold 2006.

torically speaking) burning of heretics during the Spanish Inquisition.[3]

HOLIDAY REACTIONS IN PSYCHOANALYTIC TREATMENT

I write this shortly after having taken a weeklong vacation between Christmas and New Year's Day. In years past, I have usually taken off only a day or two in addition to the holidays, so my desertion this time was especially emotionally charged for my patients. I noticed that, during sessions immediately before the break, patient after patient reacted to the separation with great ambivalence—wishing me well alongside the open or concealed display of disowned angry and accusatory sentiments. Three patients, as they were leaving their last sessions before the holidays, said to me, "See you next year!" In each instance, the partly joking, genial tone was belied by the predominantly dark emotional climate of the preceding portion of the session.

Most patients did not openly acknowledge the depth and the contradictory nature of their feelings. But I was well aware that each of them had revealed a profound mixture of anger, depression, anxiety, and accusation (all these sometimes expressed in intonation rather than in words) at my abandoning them. Moreover, I was seen as acting for selfish reasons that were clearly not based on attending to *their* feelings and welfare.

One analysand, A, nearing the end of his analysis, had talked bitterly of the festive gaiety and colorful decor displayed "*all* over and by *all* around [him]" at this time of year, of how *"everyone"* except him seemed happy, of how sad his life was, how terrible the world situation was—how could he look forward to the new year? And now *I* was going away! This gloom was not typical for this rea-

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[3] The joyous music of the excited crowd at the *auto-da-fé* scene in Verdi's marvelous anticlerical opera *Don Carlo* (1867), which predominates over their reactive sad music and the beautiful heavenly voice that accompanies the actual burning of the heretics, demonstrates the ambiguity of celebratory emotions: the holiday ends with torment and death. The celebration can also be seen, of course, as a kind of manic defense.

sonably healthy and contented husband and father. I felt that the emotionally dark and misery-laden world of A's childhood, dominated by unhappy, quarreling, and quickly divorced parents and frequently changing stepparents, had returned transiently in dramatic fullness.

CHRISTMAS

Christmas, a holiday meant to celebrate the birth of Christ with joy, is frequently a source of depression and unhappiness in lonely people (whether or not they are Christian) who mourn the loss of either the happy childhood they no longer have or the one they never had. Unwanted emotional reactions can begin with the early display of public decorations, advertisements for sales, and crowds of shoppers—all phenomena that begin to burgeon before Thanksgiving. It becomes easy to feel that almost everyone else is looking forward to a happy family occasion, feelings originally stemming from longing for and feeling initially entitled to love and loving presents from parents, Santa Claus, and God.

Even though many of my patients experienced realistically appropriate happy anticipations about the December and New Year holidays, almost all still react at this time to perceived desertion by the analyst—the parent substitute who has acquired such significance with the regression that is part of an intensive psychoanalytic therapy. During these months, most of my patients express a variety of ambivalent reactions that include depressive feelings and bad expectations.

Clinical sessions *following* New Year's Day confirm my impression of the evocation of abandonment and resentment. The revival of a patient's childhood in psychoanalysis—when past psychic conflicts come fully alive, occurring especially at separations—brings a regression to early childhood, to when the child had an imperfect grasp of the passage of time. A short period of being left alone by the parents, at that confusing stage of the child's development, seems devastatingly empty, interminable, and—in relation to the parents—unforgivable. For very young children, feeling

abandoned is at first experienced as a terror of being abandoned *forever,* and this primal terror continues, latent in our unconscious minds, even if we go on, as most of us do, to be capable of tolerating and even enjoying being alone.

MURDEROUS RAGE

For my patients, my weeklong disappearance evoked not only these universally held, lurking early expectations of irreversible loss of the parent or parents on whom we all once felt completely dependent, but also intense, cannibalistic rage at the godlike, "bad" early parents responsible for a world in which such loss is allowed.[4] We can all be caught (to individually varying extents) in this psychic double bind, easily revivable with regression under stress, of wanting to get rid of the parents without whom we once felt we could not survive (and without whose care young children realistically cannot survive). Not only can a week without the primal parent seem like a year; it can also (in expectation) seem like eternity, an eternity of rage, terror, depression, and guilt—in short, of hell.

And so the analyst who threatens abandonment inevitably comes to play the dreadful role of the bad, primal, mothering figure (whose presence marks the loss of the good figure). The threatening desolation from early childhood can even be revived, of course, by only one session's cancellation, or a weekend break, or by the last few minutes of an analytic hour. But holidays and anniversaries supply even more emotional pressure.

For many patients, dread of the holidays appears in consciousness faintly and fleetingly, usually in the form of bad expectations. But it can spring into full life and is always potentially present, especially at the partings that frequently occur with holidays, and is

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[4] Experiencing the diminution of power of—and then the possibility of loss of—the godlike, good parents who promise everything is one of the inevitable transient traumas of later infantile life. As our centrality in the universe shrinks, so does the sense of narcissistic promise. Eden must be abandoned.

usually perceptible by the analyst. Cruelly, the dread can be accompanied by expectations full of wonderful promise.[5]

THE PROMISE OF THE GOOD AND OF GOOD RESOLUTIONS

New Year's Day is a time for new beginnings and resolutions aimed at changes for the better, but the change from happy expectations to bad ones can be a miserable one. We can all be haunted by traumatic experiences, some of us even to the point of masochistic avoidance of success and pleasure—experiences during which opening ourselves up emotionally as children led to frustration, humiliation, and rage.

One patient, B, whose analysis ended some years ago, first came to see me after reading a paper of mine in which he quite rightly saw himself as resembling one of the patients described. B, who had been sexually abused and beaten as a child by his mother, was helped by his treatment to lead a much better life, I believe, but he was not able to do more than considerably reduce the motivational power of his identification with—alongside his need to submit to—his sadistic mother.

B had not repeated the sexual trauma of his childhood in relation to his own children, but his outbursts of arbitrary discipline, temper tantrums, and malevolence did not cease, although they were much modified so that they could be contained in feelings and impulse rather that expression and action. Of course, his children's growing up and becoming less vulnerable, and especially his having become able to love them, had also greatly helped B control himself. Some of this improvement had occurred in his life before his work in analysis, and more was gained afterward.

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[5] The two contradictory emotional states, especially where the dread predominates, can defensively be separated into two regressive (infantile), psychically walled-off compartments. These compartments resist compromise and toleration of ambiguity—they represent not loss-*and*-gain, but complete loss *or* complete gain.

The Christmas/New Year period had been especially traumatic for B as the first of two children. When he was four, his mother was hospitalized for complications of late pregnancy. The family was separated at Christmas, and there was neither celebration nor presents. When B's mother returned with her new child after New Year's Day, she had a psychotic break and was hospitalized for months. B's usurping sibling had been born along with the New Year. It was an emotional catastrophe. His mother never fully recovered.

Remembering and reliving some of this in his analysis, especially the loss of his mother—which B came to realize he had felt was his fault because of his deep hatred of her and his sibling—was painfully difficult. Resistance to change was strong. Giving up his incestuous and sadomasochistic intrapsychic bonds to his mother meant repeating catastrophic loss.

As an adult before his treatment, B had tended to make New Year's resolutions that he would change his ways, moderate his angry feelings and actions, change his depressed modes, and get rid of his tendency to punish himself. There was an almost delusional insistence that *this time, this new year,* it would really come to pass. For years, he had passively awaited these changes (unconsciously still waiting for the mother of his childhood to become different and make good things happen for him), rather than actively using his will to accomplish them himself.

Only when B became able to own that his repetitive and insistent New Year's vows had never been fulfilled and to reverse his passive denial was he able to modify the power and nature of his compulsion to repeat his traumatic past. Years after the analysis had finished, B wrote to me, "I can now accept that I can only do my imperfect best not to become my mother. And this is enough to make for an at-least partly happy New Year."

For many people, making resolutions (not only at New Year's) operates essentially as a defensive replacement that avoids the need to actually carry out promises to change. This habit is a form of denial or nonacceptance of what one part of the person's mind knows ought to be accomplished or given up (the part labeled "I

want to change") by the other part of the mind (labeled "I don't want to change"). The two contradictory compartments of the mind cannot be connected and so cannot be assimilated. The motivation to change for the better is cancelled out by a kind of word-magic under conditions of danger about which the subject may very well not be aware, and therefore cannot be responsible for; thus, the existence of the contradictory wishes cannot be emotionally owned, and repetition of the past triumphs.

SUMMARY

The early psychic dangers of overstimulation, murderous rage, castration, and especially of separation from and loss of the internalized, godlike early parents, who promised eternal life and care in the Garden of Eden, are evoked by repetitious occasions, especially those that involve change. The Christmas/New Year's holidays can provide the psychoanalytic observer with specific, evocative instances of changes that always involve (and sometimes predominantly involve) catastrophic losses from the past. The resulting bad expectations, if not brought to responsible consciousness where they can become subject to the sufferer's will, possess considerable motivational power and can result in vicissitudes of rage directed toward the self or toward others, which can compromise maturational achievements in the present and can dim promising prospects for the future.

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A VARIANT OF JOKING IN DREAMS

BY SANDER M. ABEND

Introduction

Upon reading Eugene Mahon's charming, brief clinical paper, "A Joke in a Dream: A Note on the Complex Aesthetics of Disguise" (2002), I was reminded of some notes I made a number of years ago about a psychoanalytic patient who presented a dream in which a joke was hidden in the manifest content of the dream. Not only was the dreamer himself consciously unaware of the dream joke, but the analyst, too, was taken by surprise in the course of listening to the report of the dream. Though obviously related to Mahon's observation, and to Freud's original comments on absurdity in dreams (1900), the incident I recalled seems to me to represent a variant on those themes not elsewhere described, and is offered herewith as a matter of clinical interest.

Clinical Background

My patient, a man in his late twenties, had come to analysis because of a near-paralytic degree of inhibition in his sexual life and in his ambition to establish a career. He had managed with some difficulty to be graduated from a prestigious university. He had had but one rather serious sexual liaison, which was broken up by his parents, who objected to his girlfriend's ordinary, middle-class background. He came from a socially elevated, quite wealthy family; he

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resented his parents' controlling influence and their emotional cold-
ness, and he was quite contemptuous of what he regarded as their
hollow and pretentious life style. He was, however, all but totally
incapable of expressing his anger and rebellious inclinations to-
ward them directly, except through his failures, which frustrated
and disappointed them. At the beginning of his treatment, he was
not at all consciously aware of that aspect of his complex needs to
defeat himself at every turn.

In analysis, the patient always behaved in an unusually formal
manner for someone of his generation. He seemed obsessively con-
scientious and polite, and expressed great interest in how psycho-
analysis works and in what he was expected to do in order to coop-
erate with the treatment. In his sessions, although he was quite soon
able to speak of the anger and contempt he felt toward his parents
and siblings, he always treated the analyst with great respect, and
never displayed the slightest evidence of resentment or doubt
about analysis in his behavior or his verbal productions.

The Dream Session

In a session that took place toward the end of his first year of
analysis, the patient reported a dream whose content I shall recon-
struct. It should be borne in mind that I was not in the habit of re-
cording sessions or making verbatim notes during sessions; I made
some terse notes afterward. The dream, and the analytic work which
followed, are therefore reconstructed as faithfully as the analyst's
memory permits. The dramatic nature of the joke rendered this ma-
terial especially vivid.

> I was flying in a two-seater plane with my friend, X, to go
> up to his family's place in Bar Harbor [Maine] on a beauti-
> ful day, when suddenly it was raining heavily on us, even
> though the surrounding sky was still clear. I looked down
> and saw that we were actually flying over my uncle's *finca*
> [estate] in Spain.

Now the reader should be aware of the analyst's mind-set while
listening to the account of the dream. All the events, locales, and

personae of the dream material were in fact real aspects of the patient's life as I had come to know it. The only sense of dreamlike strangeness was the sudden shift of weather and location. However, at the moment the patient identified the view of his uncle's place in Spain (which, as mentioned, actually exists, and which the patient had frequently visited), the phrase, "The rain in Spain falls mainly on the plane" thrust itself into the analyst's consciousness. Altogether startled, and also a little amused, I blurted those words aloud. The analysand was, if anything, even more startled by my exclamation, and said, "What? You're making fun of me."

Not even with the benefit of hindsight am I able to suggest that I had an analytically coherent rationale for my intervention. It was totally spontaneous and lacking any planned, conscious intent as far as aiding the work of analysis was concerned. I was simply overcome by a burst of pleased surprise at recognizing the familiar, then quite popular phrase as the verbal translation of the dream's imagery, and I said it aloud, doubtless in a tone of voice that indicated my affective state of the moment. This was quite out of character as far as my usual analytic demeanor was concerned. Fortunately, in my opinion, I was able to recover and then to address the patient's unexpected response to my interjection in a more conventionally analytic fashion.

We quickly ascertained that he had no conscious awareness of the joke concealed and expressed in his description of the dream. He had no difficulty in agreeing with my translation of its imagery into words once we discussed it, and he was, of course, thoroughly familiar with the musical comedy *My Fair Lady* and the famous song from which the phrase "the rain in Spain falls mainly on the plain" was taken. We pursued his immediate impression that I was making fun of him, and in short order arrived at an explanation.

Consciously, he was still just as hopeful and enthusiastic about analysis as his usual behavior indicated, but he soon acknowledged being aware at times of an underlying attitude of skepticism, both about the process and about at least some of what I had to say to him. His habitual politesse, and his ingrained restraint about acting in any way that he imagined might displease me, had up to that

time prevented him from mentioning any such thoughts. Although
we had of late spoken about the intense negativity of his feelings
toward his family and their behavior, he had always believed that
he harbored no such attitude toward me, or about analysis and its
conventions and restrictions. The analytic work on this dream and
our subsequent interchange exposed for the first time his uncon-
scious wish to rebel and ridicule. "This dream analysis stuff" (which
stood for the entire analytic enterprise) "is just a lot of nonsense" was
what he wished to be able to say aloud. His first defensive response
was to project the wish to ridicule onto me, but in the course of
that single session, he was able to see and acknowledge his own
concealed hostility, his fear of expressing it directly, and his antici-
pation of retaliatory punishment, all neatly encapsulated into the
dream and its sequelae.

Discussion

In Mahon's (2002) paper, a sarcastic, joking remark appeared
in the manifest content of his patient's dream, though it was attrib-
uted to the analyst. The analytic work revealed the underlying con-
flicted, sadomasochistic wishes expressed and disguised in the
dream. Mahon contrasted his emphasis on defensive disguise of for-
bidden wishes as motivators for the dream joke with Freud's ideas
about jokes and dreams.

It is certainly the case that when Freud was writing *The Interpre-
tation of Dreams* (1900) and *Jokes and Their Relation to the Unconscious*
(1905), he was mainly interested in clarifying the nature of the pri-
mary process in operation, and in demonstrating the nature of the
instinctual wishes that dominate unconscious mental life, seeking
expression through various outlets. Perhaps the closest he came to
the kind of material that captured Mahon's interest, and my own
as well, is in his discussion of absurdity in dreams (1900, pp. 431-
435). He said:

A dream is made absurd, then, if a judgment that some-
thing "is absurd" is among the elements *included* in the
dream thoughts—that is to say, if any one of the dream-

er's unconscious trains of thought has criticism or ridicule
as its motive. [p. 434, italics added]

Here Freud was talking about dreams where elements of absurdity
were evident in the manifest content, but not explicitly the idea of
joking, whether manifest or concealed.

As mentioned above, I think that my own clinical material, like
Mahon's, demonstrates surface variations on the same sort of psy-
choanalytic situation. Since the appearance of Freud's (1900) sem-
inal work on dreams, there is no news in the observation that
dreams express forbidden unconscious wishes in disguised forms.
The many different forms these disguised expressions may take, in-
cluding the use of jokes, conscious and unconscious, demonstrate
the fascinating adaptability of mental life, and highlight the end-
lessly surprising challenge of doing analytic work.

Addendum

Freud was certainly aware that dreams have many layers of
meaning, only some of which may be recoverable at any given ana-
lytic moment. This proved to be true of the dream of my patient
as well. It was some years later, close to the end of his analysis, that
we came to recognize that among his several fantasies of how analy-
sis cures (see Abend 1979), there was a version of the Pygmalion
story, in which the analyst is the doctor who transforms him into
someone new and wonderful. At the time the dream was present-
ed, however, all that material was far from the working surface.
What was then pertinent was the hidden joke that, for the first time,
allowed us access to his aggression in the analysis itself.

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A PUN IN A DREAM

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Recently, I have written about a joke in a dream (Mahon 2002a), a parapraxis in a dream (Mahon 2005), and a dream within a dream (Mahon 2002b), bringing attention to the dream work's reasons for employing such extra flourishes in the service of disguise. In this brief communication, I would like to give an example of a pun in a dream and then comment on the cunning of the dream work as it selects what it needs to fulfill infantile wishes, using the most beguiling disguises.

Mr. J, a professor of English literature, in analysis for many years, recently reported the following dream:

> I am at the closing of a real estate transaction. All the parties are assembled around an official looking table in a typical room of a bank or some such institution. The lawyers are present, but the deal cannot go through because the *didn'ter* isn't present.

The strange word *didn'ter* seemed to make sense in the dream, as if the *didn'ter* were as expectable a presence as the lawyers or bank officials who attend closings. *Didn'ter* was pronounced in the dream like *didn't* (the contracted form of *did not*) with an *er* attached to it, turning the verb into a noun. Initially, Mr. J did not recognize the pun that *didn'ter* concealed. When he did, he was

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jolted: *didn'ter,* with a slight change in pronunciation, became *did inter,* meaning *did bury the body.*

The verb *inter* had been on the analysand's mind for two very significant reasons: (1) He had just reread Shakespeare's *Julius Caesar* (1599), and the lines "The evil that men do lives after them;/ The good is oft interred with their bones" (III, 2, 75-76) had jolted him as if he had just read them for the first time. (2) A friend had just died and was buried the day before Mr. J had this dream.

Further associations eventually made it possible to reconstruct the latent dream thoughts that the dream work had disguised in the manifest content. Mr. J's friend was buried in his hometown, a village called New Place. The analysand knew that New Place was also the name of the house Shakespeare had acquired in Stratford-upon-Avon after he became famous and prosperous. Mr. J began to sense that the coincidental irony of two *New Places* had been co-opted by the dream work while the unconscious scaffolding of the dream was being constructed. In playing free-associatively with the manifest content, it became clear that, not only was a closing being stalled because the *didn'ter* was not present, but also the alternative meaning, *did inter,* was being concealed lest the reality of the burial of his friend be exposed.

On deeper reflection, it became clear that it was not just the reality of the burial that was being denied: the psychological reality of Mr. J's death wishes toward his friend was even more objectionable. The analysand had visited his friend in the hospital just prior to his death, when he was semicomatose and close to the end. Mr. J left the hospital with a great sense of sadness and a great sense of his own mortality and how tenuous the human lease of life seemed upon reflection on occasions such as these. He was not aware of how angry he was with his friend for reminding him to "ask not for whom the bell tolls," since "it tolls for thee." Nor was he aware of how happy he was to be alive, and how happy he was that it was his friend who was dying and not he.

When his friend did die a day later, Mr. J became aware of his sense of paralysis and deadness—as if he, too, had died, or at least would do so very soon. This "identification" with his friend re-

minded him of how deeply he had been identified with his own father since childhood. Like Mr. J himself, his father had been a professor of English literature, but alcoholism had destroyed his academic career as well as his social life. His wife finally left him after trying for years to put up with his exasperating behavior, but the analysand was aware that he himself had never left him, so profound was the ambivalent identification with him. The death of Mr. J's friend stirred up all these issues, which had been the daily subject matter of analysis for many years.

As mentioned, when he learned that his friend was to be buried in his childhood village of New Place, Mr. J was reminded of Shakespeare's ownership of a house of the same name. What would not become conscious until the analysis of the dream was more complete, however, was the wish to usurp the place of his friend and the place of his father (not to mention the usurpation of the literary status of the father of all playwrights, William Shakespeare!), and to make his oedipal conquest permanent by carving *his name only* on the *new place*.

Ironically, the word *assassination* makes its first entrance as a verbal entity in the English language in *Julius Caesar,* a play that had recently captured Mr. J's attention, as noted—especially the line "the good is oft interred with their bones." The analysand was all too aware that the evil men do or feel not only "lives after them," but also lives with them, no matter how desperately they attempt to conceal it. These kinds of ruminations, self-accusations, and free associations led eventually to an understanding of the latent dream thoughts and how the pun had become a useful sop for the dream work to employ in keeping an unwitting Cerberus (the dream censor) beguiled.

Many sessions of analytic process made it clear that the latent dream thoughts were stark, oedipal, acquisitive designs to plunder "the old man's" estate once death had "closed" his eyes permanently! The dreamer, after years of analysis, was quite familiar with the "professorial" ego style that shaped the manifest content not only of his character, but of his dreams as well. The "gift" of a "literary" dream with which to seduce the "intellectual" analyst is a transfer-

ence-countertransference issue of no small importance, but, in this brief communication, I want to focus almost exclusively on one aspect of dream work, which Mr. J came to appreciate over time. As compressed and polished as his impressive character traits and defenses were, he came to realize that the unconscious compression of his own dream work was a marvel of condensed meanings as well, meanings that had eluded him earlier.

In the dream under discussion, for instance, as Mr. J's free associations opened his eyes to the many meanings of *closing*, the analytic process edged its way toward the hidden meaning embedded in *didn'ter*. What began as bemused puzzlement upon awakening, as the dream and its strange new word left the nocturnal realm to enter consciousness, was transformed into the insight that removed the mask from *didn'ter* to reveal *did inter*. This could not have been accomplished had Mr. J's ego not become more and more comfortable, over years of analytic process, with the recognition of its own murderous wishes—a revelation that transference, and its ongoing interpretation, had largely made possible. It was the gains of analysis, and the attendant expansion of the ego, that allowed the analysand to deconstruct the dream work's compressions and put the unconscious energies to alternative, adaptive uses.

Let us return to the details of the dream. I have suggested that the latent thoughts are stark, oedipal, ferocious. The dream work has to disguise all this raw ambition or the dream would stand no chance of sneaking past the censor. The dream work proposes a real estate closing as a disguise for the closing of the eyes of the dead or the closing of the earth after interment. All are assembled to see the closing through, but since the *didn'ter* is absent, the closing cannot be finalized. Mr. J's wishes to inter the body of his friend (father), to make off with his goods, and to make out with his wife in the newly acquired New Place have been completely covered up. The *didn'ter*, a verb transformed into a noun, struts its disguised representation of the death wish center stage in prime dream time, so to speak, and it is only upon awakening that a hardworking analysand has the courage to retrieve from cunning

wordplay the "evil" that was repressed. "Evil" retrieved in this manner becomes integrated into insightful self-possession, of course, and becomes the hallmark of "good" character development that is not afraid to get to know the conflicted complexity of psychic life.

Why did the dream work need a clever pun to maintain disguise? Is it possible that the dream without the *didn'ter* pun was in danger of exposing the infantile wish to an alert censor? There was disguise, to be sure, but perhaps the closing of a real estate deal was an inadequate cover-up of the wish to make a financial killing and appropriate the earthly belongings of the deceased. A humorous pun that revealed one meaning in dream time and its other, hidden meaning only to an astute analysand upon awakening might be the ideal last-minute, manifest flourish to keep the latent content from being exposed. Only upon awakening is it possible to identify the *didn'ter* as a double-talking pun, so effective was the dream work's linguistic sleight of hand. Strictly speaking, *didn'ter* is an *unconscious* pun in a dream: it becomes a conscious pun that can induce a smile of recognition only when the dream has handed off its bundle of disguises to the awakener, and new insights can then allow appreciation of the comic in what was presented realistically (or even tragically) in dream time.

Did inter gets pretty close to the infantile wish to bury the rivalrous oedipal object, and it is impressive how a small shift of accent, a minor modification of pronunciation, can so radically change meaning. A dactyl (*didn'ter*) changed to half an iamb followed by an iamb (*did inter*) makes a world of semantic difference! Little wonder that the dream work can use prosody for its purposes. The greater wonder might be that it is not used more frequently. In this instance, the murderous intent of the infantile wish is turned into its opposite by a change of accent from one syllable to another.

There is irony in the fact that, even as the infantile wish wants to pronounce the father (friend) dead, disguise insists on an alternative pronunciation of *did inter,* so that the resultant *didn'ter* throws the censor completely off the scent of the imagined crime.

One can almost see the dream work at first coming up with the idea of a pun as a disguise, and then realizing that this is not a sufficient cover-up of the offending desire. What to do? The dream work consults with the prosody experts; a different pronunciation of *did inter* is suggested; and *didn'ter*, the perfect disguise, is born!

This personification of the dream work and its consultants gives a whimsical glimpse into the alchemy of the unconscious atelier as desire and disguise work out the compromise best suited to hoodwink the dream censor. The manifest content in general can be thought of as a cunning compromise that fools the censor into believing that the dream has little if any mischief up its unconscious sleeve. I have focused on only one item out of the totality of the manifest content of this dream, in order to emphasize how a pun and its pronunciation can act like a red herring to steer a sleuthing censor away from the scene of the unconscious crime and beguile it with clever wordplay and prosody.

Freud (1900) compared "the verbal malformations in dreams" to the "linguistic tricks performed by children, who sometimes actually treat words as though they were objects and moreover invent new languages and artificial syntactic forms" (p. 303). Freud argues that these linguistic tricks of childhood are the common source of verbal malformations in dreams and psychoneuroses alike. Children revel in the nonsensical as they attempt to overthrow the rules of logic and reason that mature development insists upon. The Lord of Misrule in adult social playacting and permissible mischief (such as at Mardi Gras, etc.) celebrates this childish love of nonsense and rule breaking. *Didn'ter* does have the ring of a childish argument in which one child says "Did not!" and the other says "Did too!" and they continue to chant "Did not!"/"Did too!" until exhaustion sets in!

If one compares the dynamic "game" of the dream work to children's word warfare in the "Did not!"/"Did too" game, the dream strategy seems to be to place one-half of the dialogue into manifest content (*didn'ter*) and the other half into latent content (*did inter*)—a game that cannot be fully appreciated, perhaps, until the awakener becomes aware of the concealed pun, the pronunci-

ation issue, and all the dynamics of concealment and revelation that the manifest and latent aspects of the dream represent. After the awakener has analyzed his dream and fully appreciates the complexity of its wordplay, he perhaps cannot help feeling like Alice in her puzzling conversation with Humpty Dumpty about the words *glory* and *impenetrability*. In this celebrated passage (Carroll 1872, pp. 238-239), when Alice challenges Humpty Dumpty's definition of *glory*, Humpty Dumpty says, "When *I* use a word, it means just what I choose it to mean—neither more nor less." Later, when Humpty Dumpty explains the word *impenetrability* to her in a complicated way, Alice says, "That's a great deal to make one word mean." Humpty Dumpty explains: "When I make a word do a lot of work like that, I always pay it extra."

If the dream work behind the dream described here can be compared to the inscrutable Humpty Dumpty, perhaps we can assume that it paid the word *didn'ter* quite a bit extra for all the work it made it do.

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PSYCHOSIS AND NEAR PSYCHOSIS: EGO FUNCTION, SYMBOL STRUCTURE, TREATMENT,[1] BY ERIC R. MARCUS

BY NORMAN DOIDGE

This book is full of brilliant observations, distinctions, and clarifications about how to better treat two difficult mental conditions with psychoanalytic methods: the psychoses, and what the author calls the *near psychoses*—a range of subtle disturbances that include, among other symptomatology, borderline phenomena and pseudodelusions. The author also has important observations about patients with "different" wiring, including those with learning disabilities and Attention Deficit Disorder. It is not an easy book, but rather one to be studied; for the most part, the difficulties it presents lie in the fact that it is one of the most probing books on psychosis ever written by anyone in any field, and one of the most important books in psychoanalysis in the last fifty years—a true classic.

Analysts have made important theoretical errors in thinking about psychosis in the past, leading some in the field to swing away from Freud's cautions and toward an overly keen *furor therapeuticus*—and, when that failed, to delegate its treatment to biological psychiatrists. This is unfortunate because, as Marcus shows, modified psychoanalytic treatments have a significant amount to offer patients with such conditions; new medications can actually repair or ameliorate damaged ego functions, so that some psychotic patients can now benefit from psychoanalytic approaches as never before. The irony is that medication, properly used, can actually widen the scope of psychoanalytic practice rather than narrow it, as many have feared.

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Twenty years ago, as a resident in psychiatry at Columbia University, I witnessed a most remarkable series of interviews, the likes of which I have not seen since. A young staff psychiatrist who was also an analyst, Eric Marcus, entered the room wearing a white medical coat and listened as a staff member on an inpatient unit for psychotic patients recounted the history of a schizophrenic patient who was out of control, noncompliant with treatment, and in denial about the illness. No one was certain why the patient, who had been doing reasonably well for a while, had had a mysterious exacerbation that led to his hospitalization. Marcus was invited to hear this presentation because he had been head of one of the few remaining inpatient units that treated psychotic patients with the use of psychoanalytic concepts alongside biological interventions.

After the history was read, the patient was brought in, and Marcus began discussing his hallucinations and delusions with him. Marcus quickly plunged into minute detail about them, and, in a way that did not bring any attention to the process, he got the patient's associations to each component, engaging this hitherto inscrutable and unreachable man, and actually found the day residue for the hallucination in a seemingly trivial (but actually quite meaningful) event that had triggered the decompensation. Soon the patient was no longer talking about his delusion or using hard-to-understand symbols, but instead discussed his feelings about a disruption that had occurred in his family. He no longer seemed bizarre, was notably more relaxed, and had begun to use more secondary-process thinking. By the end of the interview, the patient had more self-understanding, was less paranoid, and had agreed to comply with the treatment plan.

What I have just described might seem routine in work with a neurotic patient; but the interview seared itself into my memory, for I had never seen anyone so effectively and rapidly learn to speak a patient's psychotic language and decode its symbolism on the fly—and in a way that was so clinically useful. Marcus had a sys-

tem for doing so, and when I asked him to explain, it became clear that it was too complicated to be revealed on the spur of the moment. Hence, this book, which lays out Marcus's system, was long awaited by those of us who had seen him at work.

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As is well known, Freud argued that specific psychoses were "constitutional" in origin and inaccessible to analysis. But some analysts who followed him were less pessimistic and began to consider psychoses as products of emotional triggers and very deep regressions—deeper than Freud had investigated. It was a time when some analysts assumed that the worse the psychopathology, the earlier the fixation upon which it was based. Instead of factoring in biology as a co-contributor to observed differences among people, as Freud did, these thinkers tended to focus almost solely on the role of psychological experience. When psychotic patients had dynamic conflicts, these analysts assumed that such dynamics were, in some way, the *cause* of the psychoses. Many prominent psychoanalytic thinkers, as Marcus points out, held various versions of the conflict-as-cause assumption, including Arlow and Brenner,[2] as well as Klein, Pao, and others.

In 1941, Robert Knight published his review of all known studies of psychoanalytic outcomes, which showed that psychoanalysis as practiced at the time was not an effective treatment for psychotic conditions.[3] Though some Kleinian analysts with a broader understanding of the term *psychosis* have claimed to treat it, and others, such as Volkan, have used psychoanalytic interpretations to treat psychotic and near psychotic symptoms with better-than-expected results,[4] for the most part, the psychoanalytic consensus

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[2] Arlow, J. A. & Brenner, C. (1964). *Psychoanalytic Concepts and the Structural Theory*. New York: Int. Univ. Press.

[3] Miller, S. C., ed. (1972). *Selected Papers of Robert P. Knight*. New York: Basic Books.

[4] Volkan, V. (1995). *The Infantile Psychotic Self: Understanding and Treating Schizophrenics and Other Difficult Patients*. Northvale, NJ: Aronson.

became that analytic treatments were not indicated for psychotic phenomena.

There were other exceptions, however—among them the work of Stone et al., who showed that an analytic tradition, going back to the work of Searles and others, had begun to make some headway in facilitating connections with psychotic patients.[5] These authors advocated tailoring standard technique and taking into account some of the new biological contributions to the field. Still, this was a minority report, and the majority of analysts in hospitals increasingly began to move out into private practice. As they did so, much of the unwritten tradition about how to approach such patients was gradually lost. Thus, psychoanalysts and biological psychiatrists gradually came to agree that psychotic conditions were best left to treatment by the latter.

*   *   *   *   *   *   *   *

Marcus integrates three elements, one old and two new, in his approach. The old element is the powerful use of the tools provided by Freud's *Interpretation of Dreams* to analyze psychotic phenomena.[6] To this, Marcus adds the techniques of a revitalized ego psychology and a refined appreciation of ego functions and dysfunctions to give a deeper understanding of psychotic phenomenology. By contrast, many analysts have come to doubt the utility of paying attention to the ego functions; the following passage sums up what many believe about the study of ego functions:

> It is extremely difficult to determine with any degree of certainty how much direct value all this material about ego strength and the strength of the various ego functions has for the day-to-day clinical work of the analyst.[7]

[5] Stone, M. H., Albert, H. D., Forrest, D. V. & Arieti, S. (1983). *Treating Schizophrenic Patients.* New York: McGraw-Hill.

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

[7] Weinshel, E. (1970). The ego in health and normality. In *Commitment and Compassion in Psychoanalysis: Selected Papers of Edward M. Weinshel,* ed. R. S. Wallerstein. Hillsdale, NJ: Analytic Press, 2003, p. 208.

Marcus shows the direct value of assessing the ego functions' strength, and painstakingly specifies which of them are compromised in various psychotic, bipolar, depressive, and near psychotic conditions, showing how these deficits influence development and symptom formation. Marcus is persuasive in arguing that it is biologically based ego dysfunctions, and not conflicts or primitive object relations that are the *primary* underlying cause of the psychotic process, though not of its content.

In nonpsychotics, secondary processes are *autonomous,* meaning not fundamentally distorted by emotional experience or unconscious fantasies; in psychosis, this autonomy is lost, and the ego functions that normally distinguish between reality and fantasies and emotions, and our own internal stimuli from external stimuli, do not function. Secondary processes, which are mostly conscious —such as the use of logic, words, and numbers to arrange information, as well as to develop concepts and generalizations—are frequently contaminated by primary processes. One of the most important tasks of treatment is to use a combination of medication and defense interpretation to restore this autonomy.

Marcus uses six particularly important concepts to explain and interpret psychotic phenomena:

(1) Affect-Percept Presentation

One of Marcus's most original contributions is his understanding of the relationship between affect (feeling) and percept (perception). Affect is a central nervous response encoded in part with percept to form an *affect-percept presentation* in the mind. This affect-percept presentation is a modification and refinement of Freud's notion of the thing presentation:

> Freud used the term object *presentation* to refer to the central nervous system encoding of mental *representation*. He believed that the object presentation had two components: a verbal component called word presentation and a visual component he called thing presentation. [pp. 25-26]

A thing presentation for Freud, therefore, refers to the neurological encoding, by the central nervous system, of a stimulus, which is then encoded as a percept. Then, in a pivotal passage, Marcus argues:

> I believe that affect, also a central nervous system response, is encoded, in part, along with percept to form a combined affect-percept presentation. I believe the crux of the psychotic and near psychotic experience is a particular mental experience of these rigid, formed, stereotyped, repetitive, affect-percepts. These affect-percepts are neuromental phenomena and have no psychoanalytic name. I believe that Freud was getting close to describing them with his thing presentation term. This term has the advantage of calling attention to the perceptual encoding, the presentation characteristics of the representation, and the neuromental relationship. This term may also help remind us that the entire perceptual environment, not just people, is encoded with affect and used symbolically . . . . It is crucial for the understanding of psychosis and near psychosis to understand that thing presentations must express concepts through the medium of perceived physical things and the altering of perceived physical things and events . . . . An example is an image of the female breast used as a metaphor for the concept of a longing to be taken care of . . . . An aspect of reality experience, usually perceptual, has been borrowed by emotional experience . . . . The thing presentation is a way of perceiving, thinking, and feeling at the same time, through the experience of concrete images. [pp. 26-27]

(2) Percept-Affect-Concept Boundary

An ego function universally disrupted in psychosis is the *percept-affect-concept boundary.* This is why a person whose affect experience is to feel lousy or bad or to "feel like shit," if psychotic, may develop the delusion that "I smell like shit" or "this place smells of shit," experiencing internal feelings in the form of a thing presentation. For Marcus, thing presentation does not just refer to a

concrete image; it is also a quality of experience, in which an intense perception of reality is condensed with intense affect, and in which there is a displacement of the "felt reality" away from the concept onto the perceptual qualities of the thing.

(3) Primary Process Condensations

As we know, primary processes are ego functions, which, among other things, organize emotional experience, and in nonpsychotics are unconscious or preconscious, but only sometimes conscious. *Primary process condensations,* which play an important role in Marcus's understanding of psychotic phenomena, are composed of condensed images that he calls *symbols,* which represent many feelings and experiences at once.

For instance, Marcus describes a 75-year old patient who believed that his intestines were filled with worms thrashing about and that his flatus was worm flatus (p. 281). Tests showed the patient did not have worms. With the help of the man's narrative, his associations, and Marcus's active questioning, it was discovered that the image of worms condensed many of the patient's thoughts, perceptions, and feelings. He had had bowel cancer from which he thought he had recovered, though recently, he had had unexplained diarrhea (percept, affect, and thought about something bad inside him), which he did not consciously link up with his fear of a recurrence. Closer to consciousness, the worms thrashing about represented the patient's feelings for his son, who was caring for him but was himself sick following a recent heart attack. He was the patient's last child—originally unwanted—which led to guilt that was "eating away at him," and the patient also felt that he, by rejecting his son, was himself "a worm" who was "repulsive," and that his son had nonetheless "wormed" his way into his affections.

In this condensation, the percept (*worms are inside*) carries the emotional valence of the many feelings and ideas that are condensed together (terror of an alien growth within, guilt, fear, being invaded by a tender feeling, being repulsive, and so on). Condensations make use of reality experience largely "to build the image and express the unconscious emotion" (p. 9). An affect (emo-

tion) may be used to express a percept (perception) or thought, or vice versa. These condensations play an important role in psychoses because the boundary between primary and secondary processes is damaged, so that the primary process "invades" and takes over what are normally secondary-process functions.

(4) Reality Testing as Process

We all know by rote that reality testing is damaged in psychosis and near psychosis. But what does this mean? Reality testing is the mind's ability to test its emotional experience against reality experience by using secondary-process logic, "and, most importantly, to maintain doubt and to change reality conclusions" (p. 19). In other words, reality testing is *a process* of using logic, not a particular outcome. To determine whether a patient is psychotic, the clinician need not know if the patient is in fact correct in concluding that an unknown intelligence agency has bugged his apartment, as such things happen; rather, the clinician must observe whether the patient uses logic and secondary process to develop and reality-test his conjectures and perceptions. In near psychotic states, reality testing is not so much absent as dormant, often because the patient's psychotic condensation or symptom is vertically dissociated (split off). But often the patient can test reality if the defensive dissociation is pointed out to him and the defense interpreted.

(5) The Observing Ego as Decisive

The observing ego, the mind's ability to observe itself, is an ego function that—unlike reality testing—is frequently present in psychotic and near psychotic conditions, and, indeed, must be there for the clinician to engage the patient. Often, defenses interfere with the observing ego, and interpreting these is an early or first step in treating psychosis.

(6) Unconscious Object Representations in Psychosis Frequently   Become Conscious and Confused with the Real Object

Defects in ego functions warp object experience. In normal functioning, object representations, which include archaic feelings

and ideas about the object, are unconscious. In psychoses, the patient fuses his object representation with his experience of the real object, experiencing this fusion in consciousness. In near psychoses, the patient can consciously tell the difference between the object representation and the real object, but because the condensation of the object representation and the object is always just beneath the surface—that is, in the preconscious, where it is easily activated —the near psychotic often does not "care" about the distinction. Thus, near psychotic patients often appear neurotic or normal until this condensation is triggered by an external event. The same fusion can occur between the real self and the self-representation.

* * * * * * * *

These concepts (which I have simplified here) all come together in Marcus's extended chapters on the psychoanalytic psychotherapy and psychoanalysis of psychosis. When treating patients, Marcus always empathizes with the thing-presentation quality of the patient's psychotic experience (e.g., for the patient who feels that he smells like shit, Marcus might say, "That must feel very embarrassing"). Then he locates the observing ego, and if it is warded off by defenses, he interprets the defenses.

Marcus also describes to patients their precise ego dysfunction, which he finds "can be as helpful to psychotic patients as the description of unconscious emotional conflict is to a neurotic patient" (p. 270). In essence, he makes a new kind of interpretation, the "ego function deficit interpretation" (though he does not use this term), pointing out to the patient the missing mental function and its impact on understanding reality, object relations, conflicts, and symptoms. I have tried this technique, and I often find it very helpful.

Marcus attempts to find existing but dissociated ego functions (such as secondary-process ego functions that are defensively kept from operating by the illness) and encourages the patient to use them, to take over from damaged ego functions. He explains how to choose the right class of medication to foster this process, and distinguishes the different effects of mood stabilizers, antidepres-

sants, and antipsychotics on ego dysfunctions—in the best writing I have seen on the subject. He provides a discussion on when in the treatment a therapist can best help a psychotic patient to confront unconscious material without destabilizing him, and when it is best to analyze the symbolic disguises of the day residue and the character conflicts, and how to help the patient distinguish his real object from his object representations, as well as his real self from his unconscious self-representations.

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To get a flavor of this technique in action, consider the following work with a psychotic woman in her eighties. In the first session, the analyst learns that she has had several strokes and heart attacks, leaving her confused. Because of her physical illness, she cannot take psychotropic medication. She presents believing everyone in her neighborhood is talking about her, condemning her for not having paid taxes during the Second World War. She believes her maids and her sister are stealing from her, and says to the analyst, "You work in this neighborhood. You must have heard them saying this" (p. 275).

He replies, "I have not heard this. It may not be true that they are talking about you." Saying so several times, he refuses to support her delusion, hoping to mobilize any dormant secondary process and encourage her to attempt reality testing. He also instructs her husband to say that he has not heard this talk.

In the second session, the patient says she is feeling better in the daytime, but awakens at 1:00 A.M. with a low feeling and hears voices accusing her of stealing. The following is an excerpt from the session. (See pp. 275-276.)

ANALYST: You have a low feeling about yourself.

PATIENT: I always had a high feeling about myself, maybe too high. I was always a leader at work. Then I retired four years ago and they began talking about me. [Marcus notes: "The day residue precipitating event has just appeared! It is not the

strokes, as the analyst first thought, but the retirement! Why has the retirement affected her so?"]

ANALYST: You had a high feeling about yourself, but underneath you felt your feeling about yourself was too high. Then you stopped work, which had helped maintain your high feeling about yourself, and now you feel low, as if your former high feeling about yourself was undeserved—stolen! [Marcus explains that this integrative interpretation ties together manifest content statements that she has made and the delusional content.]

Later in the interview, the patient expresses concern that another associate from a group she used to lead might say bad things about her. The patient stopped leading the group because her memory got bad, and she now avoids going there lest she be criticized. (See pp. 276-277.)

PATIENT: My memory's no good anymore. This makes me feel bad. I used to keep my work in my head.

ANALYST: Did you keep all the business in your head?

PATIENT: No, I had index cards.

ANALYST: So you didn't keep the business in your head. You had index cards.

PATIENT: Why are they saying bad things about me?

ANALYST: It's your feelings about yourself. Your mind is looking in the past for your bad feelings about yourself. The problem is now.

PATIENT: What is the problem now?

ANALYST: After your strokes, your memory went bad. You feel you relied on it. Now at association meetings, you're not a leader any more.

PATIENT: My job! I kept it all in my head.

ANALYST: No, you had index cards.

PATIENT: So what?

ANALYST: So your memory was never perfect. The memory loss is also a symbolic loss attaching itself to a newly revealed low feeling about yourself that really began when you stopped working.

PATIENT: Not being able to do! I feel guilty about not being able to do! As a little girl, I made all my own clothes for myself and my brothers and sisters.

ANALYST: Almost as if you were the mother, an honor that you felt you stole and made up for your guilt by working hard. Now you can't work.

After that session, the patient and her husband both reported that she was feeling much better, realizing the trouble was in her mind and that she was over it. Thus, in this two-session treatment, Marcus supported the patient's observing ego, and engaged her reality testing and her secondary process when he stated that he had not heard the charges against her. He also recruited memories she was not using, interpreted how she regulated her self-esteem and the fusion of her real self with her self-representation, and made integrating comments that wove together her symbols, delusion, dynamics, and her ego dysfunction.

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In the section on the psychotherapy of psychosis, Marcus also describes criteria for those rare times when it is best to use the couch. The section on the psychotherapy of near psychotic states supports the recent focus on the role of object relations and self problems in such patients by providing a probing analysis of their ego dysfunctions, and notes that the tendencies of near psychotics

to act out is based on the fact that, for such patients, "reality experience is used for purposes of expressing emotional experience. I call it *near psychosis* because the resulting condensation has nearly invaded conscious reality experience" (p. 95, italics in original).

For Marcus, near psychosis is distinguished from psychosis by two main features:

> (1) The pathological condensation structure is in preconsciousness and not consciousness, and (2) reality testing processes are not part of the near psychotic condensation. There are two types of near psychotic states. In one type, the near psychotic condensation expresses itself intrusively in behavior. These are the states that are now called borderline personality. In the other, behavior is not severely affected and the near psychotic condensation is intrusively present only in the area of a circumscribed mental phenomenon, usually an idea. I call this the pseudodelusional type. [p. 95]

Near psychotic patients, unlike psychotic patients, have an intact "inside-outside" boundary, and have no trouble distinguishing stimuli that originate inside them from those that originate externally. But they have multiple ego dysfunctions, including nonfunctioning boundaries between unconscious and preconscious, feelings and behavior, reality experience and emotional experience, the concrete and the general, and word and thing presentations, and severe deficits in the ability to integrate mental experience (hence all the splitting and dissociation, allowing near psychotic condensations to exist alongside nonpsychotic parts of the personality). Marcus provides a stepwise approach to reintegrating such personalities in therapy, which includes one of the most helpful explanations of the difference between projective identification and projection, based on the different ego function deficits in near psychotic versus neurotic patients.

This book is best when Marcus gives extensive examples, as he does in the chapters on technique. Indeed, these illustrations are so helpful that readers may wish to read those chapters before

completing the theoretical sections of the book, which I wish had more clinical examples. As the reader will note, this is the book's second edition. The first edition, by Springer-Verlag, came out in 1992; it has been reedited, and this new edition adds a chapter on transference and countertransference.

Though Marcus does not make this claim, I believe his work is one of the first clinical fruits of the neuropsychoanalytic movement, and it shows what a neuropsychoanalytic approach looks like in practice. But it also constitutes the most dazzling, penetrating writing about the microarchitecture of the psychotic mental state that I know of.

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BOOK REVIEWS

PSYCHOANALYSIS AS THERAPY AND STORYTELLING. By
  Antonino Ferro. London: Routledge, 2006. 148 pp.

As successive works by the Italian psychoanalyst Antonino Ferro
have appeared in translation, English-speaking psychoanalysts have
come to appreciate his distinctive voice. This voice is earthy, playful,
even-tempered, and self-reflective. More than most psychoanalytic
authors, Ferro gives us access both to his clinical work and to his
own mental processes as he works and as he considers and recon-
siders his work with the passage of time. For many of us, particu-
larly those who struggle with more disturbed patients, Ferro's
voice has become a presence in our own consulting rooms—ad-
monishing, adjusting, and encouraging. Thus, each new work ex-
tends our acquaintance with a clinical teacher with whom we have
already established a relationship. In addition, Ferro continues to
elucidate, in each new work, the theoretical basis of his clinical
work and its foundation in Bionian concepts and their application
in a relational context. This latest volume does not disappoint in
either regard.

     In reading this book, we become aware—even more, I think,
than with earlier volumes—of the very steady and systematic way
that Ferro listens to his patients. Although he draws upon concepts
that may be unfamiliar to many readers, his model is organized,
comprehensive, and consistent. Drawing upon the work of Bion,[1]
as well as that of Baranger, Baranger, and Mom,[2] Ferro links psy-
chopathology to failure in the transformation of protoemotions in-
to thoughts—or, in Bionian language, of beta elements into alpha
elements. The failure may be global, reflecting a failure in the in-

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[1] Bion, W. R. (1984). *Second Thoughts*. London: Karnac.
[2] Baranger, M., Baranger, W. & Mom, J. (1983). Process and non-process in ana-
lytic work. *Int. J. Psychoanal.,* 64:1-15.

ternalization of the capacity for transformation—or alpha function—
or it may be partial, reflecting inadequate alpha function and the
accumulation of islands of unmetabolized or partially metabolized
emotional experiences. The task of psychoanalysis is to facilitate
the making of meaning, both by strengthening the patient's capaci-
ty for alpha function and by mastering the emotional experiences
that have been left outside the realm of thought.

Ferro believes that the analyst can best foster this movement
toward the generation of meaning by regarding the analytic process
as a bipersonal field in which the two partners, analyst and patient,
jointly develop meaning. In Bionian terms, the analytic dyad func-
tions as a container, processing the patient's ongoing emotional
experience. The analyst's central task is to manage the field in or-
der to maximize its containing function.

This rather abstract idea of a dyadic progression toward mean-
ing—or, as Ferro calls it, "transformational co-narration" (p. 1)—
comes alive in Ferro's depiction of the analytic process as a special
kind of storytelling. As Ferro describes it, the patient is at all times
in emotional contact with the analyst and the analytic process, and
generates a constant stream of unconscious images of this experi-
ence. These *newly generated* unconscious images become known
in the session through the stories that the patient tells. The analyst
in turn joins with the patient in elaborating the patient's stories,
telling and retelling them to expand the meanings that they con-
tain.

In this idea of storytelling, stories and their characters are like a
series of holograms that capture the truth of the current emotion-
al relationship between analyst and patient. Ferro contrasts this
relational Bionian perspective on the patient's stories with other
psychoanalytic perspectives. The stories that emerge in analytic ses-
sions might be seen from the perspective of ego psychology as re-
flections of experiences with real objects—either contemporary
or historical—*outside* the consulting room. Alternatively, from a
Kleinian perspective, the patient's stories might be seen as reflec-
tions of his *already established* internal object world.

Although the stories told by the patient communicate his emotional experience of *all* the emotional relationships currently in play between patient and analyst, the central focus of the analyst's attention is on *the stories that show the way analyst and patient are functioning as joint storytellers.* These signals from the field, as Ferro calls them, enable the analyst to monitor the way in which the field is functioning as a container. Is the movement of the sessions in the direction of *greater* meaning, the analyst asks himself, or is what is taking place a regressive shift toward *less* meaning, toward massive projective identification, somatization, or acting out? Images of violence or intrusion in the patient's stories, for example, are seen as indications that the patient feels persecuted by the analyst's interventions—that instead of generating meaning that the patient can hear and make his own, the analyst has generated elements of thought that cannot be integrated and are felt by the patient to be external and attacking.

In response to these signals from the field, Ferro believes, the analyst should adjust his technique, tailoring his activity to maximize the field's containing function. Ferro's clinical vignettes, and the *post hoc* reflections on his clinical work that he provides, center upon this process of monitoring and titration. These vignettes, with their great sensitivity to the analytic process and their wealth of practical pointers for the fine adjustment of the analyst's interventions, are consistently rewarding and are the basis of the "Ferro voice" that we take with us.

In one brief vignette (p. 125), for example, Ferro contrasts two sessions with a 15-year-old girl, Marcella, whom he sees twice a week. In both sessions, Marcella brings up the same complaint: she does not like to use the toilets at school; there are only two of them, and she has to pass boys on the way to them. Ferro hears the many potential meanings of Marcella's complaint—the problem of an adolescent in external reality, the two toilets that are insufficient like the two sessions, etc. In the first session, where he is working well, he is able to possess this knowledge but keep it in reserve, responding to Marcella's complaint in her own terms by saying that there is a problem at school that certainly has to be

solved. Marcella's response, in turn, gives Ferro a "signal from the field" that he has aimed his interpretation correctly: she smiles and draws a picture of a little dog.

In the second session, when Ferro is tired and not working as well, he loses this sensitivity, and, in his comments to the patient, he links the two toilets to the two sessions. This interpretation is, of course, correct, but it is more than Marcella can take in at the time. In Ferro's words, it is felt as something "violent." Once again, the signal from the field comes in the form of a story, as Marcella tells him that she looked out a window while at school and saw a man beating a puppy to death.

Like many of Ferro's vignettes, this one contains a number of useful technical admonitions, conveying Ferro's way of managing the containing field in order to maximize meaning and its assimilation by the patient. The two interpretations show us the value of what Ferro calls, following Bion, "unsaturated" interpretations—those that do not link the material to a single level of meaning (to the transference, for example, or to the patient's history or current reality). Similarly, we are reminded of the value of the analyst's interpreting *within* the story—that is, extending the story that the patient tells—rather than using it to comment directly upon the analytic process.

The vignette also conveys one of the central ideas of the book: for Ferro, *the most important story that the analyst must identify in his listening is the story of the analyst's functioning as field manager and the way the field is functioning as a result.* The analyst may be cast in numerous roles in the patient's spoken stories—as one of the voyeuristic boys who makes the adolescent Marcella feel uncomfortably exposed, for example, or even as the containing toilet—but these are of secondary interest to the analyst who is working in Ferro's model.

The consistency of Ferro's approach makes his work more accessible to us. His interpretations are elegant; we can understand just where he is coming from and can even begin to formulate similar interventions that we might make with our own patients. This consistency is generally very helpful, I think, to his patients. His

steady listening stance keeps him at an even distance from his pa-
tients, contributing to the containing field that he intends to estab-
lish.

At times, however, the unitary quality of Ferro's approach
seems to me to take him away from the main thrust of the materi-
al, or even to close out important aspects of the analytic process.
His chapter on sexuality as a narrative genre is an example of the
former problem. Certainly, we can read a patient's talking about
sexuality as his or her way of communicating the experience of the
analytic mating of minds, but this seems like a pallid description.
What is being told and what is being played out? Does the patient
wish to excite the analyst or frustrate him? One way that an analyst
might answer this question would be to examine his own counter-
transference. Is he excited, bored, angry? This information might
flesh out or even overshadow the analyst's view of the story as one
of meaning co-creation.

To me, Ferro's treatment of the issue of countertransference
seems here to be a weakness in an otherwise excellent book. Plac-
ing countertransference in relation to field theory, he observes
that, in his work, attention to countertransference has given way
to attention to signals from the field—that is, to such images as
Marcella's beaten dog, or the images of violent intrusion with
which patients may respond to heavy-handed interventions. These
signals regularly precede countertransferences, and progression
to a frank countertransference—to a strong emotional reaction by
the analyst—would mark a serious dysfunction of the field, Ferro
believes.

One wonders, however, whether a steady attention to field sig-
nals and a consequent reduction of attention to—or even a fore-
closure of—the louder, more emotionally charged communications
of the countertransference might not lead to a loss of depth in the
analytic process, even as it assures a steadier course. Such a view,
which might be called a more tragic view of the inevitability of the
analyst's suffering in the analytic process, seems to me to be in ac-
cord with Bion's introduction of the concept of containment. Bion
placed the origin of containment in an early interaction between

mother and child, in which the *mother's* emotional experience of the child's pain was central to the child's experience of containment. Bion depicts a crying child and argues that:

> In order to understand what the child wanted, the mother should have treated the infant's cry as more than a demand for her presence. From the infant's point of view, she should have taken into her, and thus experienced, the fear that the child was dying. [p. 313][3]

Ferro's work with psychotic patients is extraordinary. Nevertheless, I think that an incident in his extended vignette describing work with a psychotic patient, G. L., raises this question of countertransference and its value. Ferro describes the way that G. L. regresses in response to a heavy-handed interpretation. "I'm sort of afraid that pieces of the door will stick to my hands," he says (p. 76).

Ferro responds with a long interpretation, saying that the patient is telling him that he is afraid of getting into a mess and not being able to keep pieces of himself and others separate. Looking back at the session as he writes the book, Ferro reflects that the patient is afraid of being soaked by what Ferro has said to him—that is, that his story will be taken over by Ferro's "saturated" interpretation.

I wonder, though, if both during the session and retrospectively, Ferro's steadying wish to identify cognitively what is occurring during the session, might divert his attention from other dimensions of the material that are communicated in the countertransference. My personal experience is that communications such as G. L.'s about the pieces of the door stir up in me a very painful feeling state, one of alienation and profound disturbance. My own view is that this emotional experience of disturbance and unknowability is a part of what the patient communicates. In this view, G. L. is telling me that he is in a state where he is all mixed up with me, as Ferro says, but, at the same time, he is also telling me that the state is one in which he feels irretrievably *distant* from

[3] Bion, W. R. (1959). Attacks on linking. *Int. J. Psychoanal.*, 40:308-315.

me; my emotional recognition of that irretrievable state would be an important part of our joint process of dealing with it.

These reservations raise interesting questions and are worthy of further discussion. However, they should not be taken as significant criticisms of Ferro's contribution. The current volume is a lovely piece of work—clear, interesting, and clinically useful. I recommend it highly to psychoanalysts of all persuasions.

LUCY LA FARGE (NEW YORK)

SHAKESPEARE BY ANOTHER NAME: A BIOGRAPHY OF ED-
   WARD DE VERE, EARL OF OXFORD, THE MAN WHO WAS
   SHAKESPEARE. By Mark Anderson. New York: Gotham Books,
   2005. 598 pp.

This may be the most exciting biography you will read in a long
time. Freud believed from 1925 until his death that Edward de
Vere, Earl of Oxford (1550-1604), probably wrote the works of
Shakespeare. Anderson's biography of de Vere will persuade many
open-minded readers that Freud may have been correct. Ander-
son not only carefully reviews the documented facts of de Vere's
life; he also shows again and again how those biographical facts
parallel and illuminate numerous passages in the works of Shake-
speare, including details that were hitherto obscure.

   Many of you are probably skeptical at this point. Haven't
Shakespeare experts assured us that there is no doubt whatsoever
about authorship? Haven't there been many harebrained theories
that Shakespeare's works were written by Bacon, Marlowe, or
Queen Elizabeth? Is it not the case that only snobs would question
Shakespeare's authorship, since they cannot abide the well-estab-
lished fact that a commoner with little education penned the great-
est works of English literature? And aren't those snobs also given
to conspiracy theories? Furthermore, the paleographer Alan Nel-
son published a carefully documented life of de Vere, concluding
that de Vere's sometimes abominable character disqualified him as
the author of Shakespeare's works.[1] And Anderson himself agrees

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[1] Nelson, A. (2003). *Monstrous Adversary: The Life of Edward de Vere, Seven-
teenth Earl of Oxford*. Liverpool, England: Liverpool Univ. Press.

that de Vere could be "a tyrannical egomaniac" (p. 221). But I hope you will read on anyway.

Previous books (especially those by Greenwood and Price) have cast doubt on traditional beliefs about Shakespeare's identity, so Anderson does not devote much space to rehashing these arguments.[2] He has the wisdom to know that his book challenges entrenched beliefs about one of the most beloved authors in the world. So he refrains from putting down the man from Stratford whom we have revered for centuries. (And he resists the urge to say that we should instead "re-Vere" Shakespeare.)

The more one delves into de Vere's life, the more impressive the connections with Shakespeare become. Scholars have marveled over the phenomenal erudition displayed in Shakespeare, reflecting a high level of expertise in history, philosophy, politics, religion, science, and the Bible, despite the fact that books were luxuries in early modern England. Scholars agree that the Bible, Plutarch, and Golding's translation of Ovid's *Metamorphoses* were among the most important sources for Shakespeare. Records document that de Vere purchased Plutarch's works in French and a Geneva Bible when he was twenty. Recent scholarship, summarized by Anderson, has demonstrated striking connections between the biblical passages most frequently cited in Shakespeare's works and hundreds of annotations in de Vere's copy of the Bible. In fact, there is a direct, linear correlation between the number of times that Shakespeare quoted a given passage and the likelihood that de Vere marked that same passage in his Bible. While de Vere and his uncle Arthur Golding were both living in the same household, Golding created the translation of the *Metamorphoses* that so deeply influenced Shakespeare. De Vere's guardian, Lord Burghley, had one of the best libraries in the country. One of de Vere's tutors wrote of his intense interest in recent and ancient history. Most Elizabethan plays were published anonymously, and pseudonymous publication of books was common then.

[2] See the following: (1) Greenwood, G. G. (1908). *The Shakespeare Problem Restated*. Westport, CT: Greenwood Press; and (2) Price, D. (2001). *Shakespeare's Unauthorized Biography: New Evidence of an Authorship Problem*. Westport, CT: Greenwood Press.

Those who teach Shakespeare are often at a loss when students ask about obscure passages in the plays. But Anderson has shown that these very passages bear close parallels with details of de Vere's life experiences. If one takes a Shakespeare play and deletes all plot elements that appear in known sources for the plays, what is left often has startling similarities with details of de Vere's recorded life. For example, Anderson writes, "The outlines of *Hamlet* are so pronounced within de Vere's life that one invariably illuminates the other" (p. 190)—noting in particular that de Vere's father died when he was twelve, and Freud believed his mother remarried so quickly that de Vere became permanently estranged from her, out of anger at her disloyalty to his father.

Among other characters whose circumstances bear striking resemblances to details of de Vere's life are Bertram in *All's Well That Ends Well* and Berowne in *Love's Labor Lost.* In the histories, the author shows a partiality to de Vere's ancestors.[3] Scholars know of earlier plays from which Shakespeare borrowed in writing about King Lear, Henry V, Richard III, and King John. In many cases, Shakespeare himself would have been too young to have written the earlier plays, but Anderson shows that de Vere may have written some of these antecedent sources.

There is no single fact that proves beyond dispute that de Vere wrote Shakespeare. But Anderson provides a steady accumulation of hundreds of the sorts of connections that led Orson Welles to comment in 1954, "if you don't believe [de Vere is Shakespeare], there are some awful funny coincidences to explain away" (Anderson, p. xxvii).

In 1920, Thomas Looney was the first to propose de Vere as the author of Shakespeare. Freud had expressed skepticism in the traditional theory of authorship for many years before the appearance of Looney's book. Freud read Looney twice between 1923 and 1927. In 1930, Freud wrote to Theodore Reik, "I have been troubled by a change in me . . . . I no longer believe in the man from Stratford."

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[3] Looney, J. T. (1920). *"Shakespeare" Identified.* London: Cecil Palmer. See in particular p. 187.

The same year, Freud wrote:

> It is undeniably painful to all of us that even now we do
> not know who was the author . . . of Shakespeare . . . . And
> it is unavoidable that if we learn more about a great man's
> life we shall also hear of occasions on which he has in fact
> done no better than we, has in fact come near to us as a
> human being . . . . Our attitude to fathers and teachers is,
> after all, an ambivalent one since our reverence for them
> regularly conceals a component of hostile rebellion.[4] [pp.
> 211-212]

So, in acknowledging his support for de Vere, Freud also began to
speculate about the general unwillingness of many to question
Shakespeare's identity.

Shakespeare is as powerful a transference figure as Freud,
which complicates our efforts to approach the authorship question
objectively. But Freud's monumental discoveries about the mind
were based on his willingness to face unsavory truths. His deep in-
terest in Shakespeare's identity reflected his reverence for Shake-
speare's works, which not only confirmed but contributed to his
psychoanalytic discoveries. Some have speculated that Freud's
doubts about his own paternity may have further deepened his in-
terest in the authorship debate. Such subjective motivations some-
times create blind spots, but in this case, I believe they sensitized
Freud to evidence that others may have overlooked.

Freud's description of de Vere as "passionately wayward" (1930,
p. 212) echoes Sidney Lee's brief biography of de Vere.[5] Lee's ac-
count offers the advantage of having been written decades before
Looney initiated the ongoing controversy about de Vere as Shake-
speare. Describing de Vere as a young man, Lee wrote:

> While manifesting a natural taste for music and literature,
> the youth developed a waywardness of temper which led

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[4] Freud, S. (1930). Address delivered in the Goethe House in Frankfurt. *S. E.,*
21.

[5] Lee, S. (1895). *Dictionary of National Biography, Vol. 56.* New York: Macmillan,
1913.

him into every form of extravagance, and into violent quarrels . . . . Oxford [de Vere] became a prominent figure at Elizabeth's court during his boyhood . . . . Meanwhile his guardian Cecil [Lord Burghley] found his perverse humour a source of grave embarrassment. [1895, p. 226]

When de Vere was twenty-three, a contemporary wrote that "the queen's Majesty delighteth more in his personage . . . than in any other . . . . If it were not for his fickle head, he would pass [all other courtiers] shortly" (Lee, p. 226). In fact, Anderson documents in de Vere's character the complexity we would expect in the man who wrote Shakespeare's works. In describing de Vere, Lee wrote that "Oxford's eccentricities and irregularities of temper grew with his years . . . . Oxford had squandered some part of his fortune upon men of letters whose bohemian mode of life attracted him. He was patron of a company of players" (p. 227). Furthermore:

Oxford . . . wrote verse of much lyric beauty. Puttenham and Meres reckon him among "the best for comedy" in his day; but . . . no specimens of his dramatic productions survive. A sufficient number of his poems is extant, however, to corroborate Webbe's comment that he was the best of the courtier-poets in the early years of Elizabeth's reign. [Lee 1895, p. 226]

What difference does it make, in the end, who wrote the plays and poems? The fact that we raise the question of authorship at all highlights the exceptional position that Shakespeare's works occupy for us as psychoanalysts. It would be surprising to hear such a question raised about any other author. We are always deeply interested in connections among an author's life, psychology, and literary works. But so little is known about Shakespeare of Stratford that has direct bearing on his poems and plays that we have of necessity developed the habit of attributing his remarkable works to sheer genius alone, virtually dissociated from his life experiences. Yeats wrote, "Works of lyric genius, *when the circum-*

stance of their origin is known, gain a second beauty, passing as it were out of literature and becoming life"[6] (p. x, italics added).

Anderson provides us with what would be a more familiar framework that connects biography with artistic output, were we dealing with any other creative writer. Recognizing the hundreds of connections between Shakespeare's works and his life represents a profound but deeply exciting paradigm shift. Ample biographical evidence points to de Vere's bisexuality, for example, which offers a very different reading of the first 126 sonnets. Previous generations went to great lengths to obscure and deny the obvious homoerotic content of those sonnets (including changing pronouns from male to female).

What about the weaknesses of Anderson's *Shakespeare by Another Name?* The book's excellent 157 pages of endnotes are unfortunately not cited in the index. And the author does not devote nearly the same attention to Shakespeare's poetry as he does to his plays. This is a time-honored tradition of neglect, reflected as early as 1623, when the poems were omitted from the First Folio (though writers such as Helen Vendler have done much to correct this imbalance[7]). Looney (1920; see footnote 3 of this review) wrote of the sonnets that de Vere's authorship makes "these verses really intelligible and rational for the first time" (p. 377). The sonnets read like a sort of self-analysis on the part of de Vere.

The first seventeen sonnets, the so-called "procreation sonnets," entreat a young man to marry and reproduce. Critics have speculated that the poet wrote them to the Earl of Southampton in 1590 while the latter's guardian, who was also de Vere's father-in-law, Lord Burghley, was ordering the 17-year-old Southampton to marry de Vere's daughter. One sonnet refers to the poet's being forty years old, which was de Vere's age in 1590 (Shakespeare

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[6] Yeats, W. B. (1937). Introduction to *The Lemon Tree,* by M. Ruddock. London: J. M. Dent.

[7] Vendler, H. (1997). *The Art of Shakespeare's Sonnets.* Cambridge, MA: Harvard Univ. Press.

was then twenty-six—leading traditional scholars to conjecture that the age of forty was merely a figure of speech[8]).

Some reviewers have criticized Anderson for introducing too many speculations about connections between de Vere's life experiences and the works of Shakespeare. It is reasonable to ask for further evidence to support these assertions. But it is also fair to acknowledge the speculative nature of every biography that has been written of Shakespeare of Stratford. Many reviewers have taken Stephen Greenblatt[9] to task for what one critic (Colin Burrow[10]) called his "subjunctive biography." And one of Shakespeare's most respected biographers, Samuel Schoenbaum, justified the many speculations he included with the statement that "the workings of myth have a place in the historical record"[11] (p. xi).

All who love the works of Shakespeare owe it to themselves to read this important and scholarly book. If Anderson is correct about Shakespeare's identity, there should be an explosion of new psychoanalytic studies linking Shakespeare's works with his life.

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[8] Burrow (2002) acknowledges that "references to the poet's age in the Sonnets often defy literal interpretation"—i.e., as long as Shakespeare of Stratford is assumed to be their author. (See *William Shakespeare: The Complete Sonnets and Poems,* ed. C. Burrow. Oxford, England: Oxford Univ. Press, p. 155.)

[9] Greenblatt, S. (2004). *Will in the World: How Shakespeare Became Shakespeare.* New York: Norton.

[10] Burrow, C. (2005). Who wouldn't buy it?" *London Review of Books,* 27(2):9-11, January 20.

[11] Schoenbaum, S. (1970). *Shakespeare's Lives.* Oxford, England: Oxford Univ. Press.

ABSTRACTS

Talking Out Loud with Patrick Mahony. Brian M. Robertson, pp. 1-5.

This issue, as noted in the introduction by editor Brian M. Robertson, is devoted to the "distinguished Freud scholar," Patrick Mahony (p. 5). In an interview with Robertson, Mahony identified "four main themes in his psychoanalytic contributions": applied psychoanalysis, language and writing, the clinical scene, and the history of psychoanalysis (p. 2). Mahony brings a unique perspective to these areas.

Regarding applied psychoanalysis, he seems to prefer the less imperialistic term *co-involved psychoanalysis* to describe his work involving psychoanalysis and the humanities (p. 2). In the area of language and writing, Mahony notes that "when analysts are attacked in the public square, they should be proudly aware that they clinically participate in a complex kind of discourse unique in previous or contemporary history" (p. 2). His experience in the clinical scene leads him to state that "writing a case history constitutes a self-analytic follow-up," and that "every published case history is by its very nature an extensive factual distortion" (p. 3).

Finally, Robertson relates Mahony's belief that "it is more appropriate to talk about a *case* history of psychoanalysis than [about] a history of psychoanalysis" (p. 3, italics added).

"The Moses of Michelangelo": A Matter of Solutions. Patrick J. Mahony, pp. 11-43.

The author explores the underbelly of Freud's essay "The Moses of Michelangelo." Mahony begins by providing a brief history and description of the statue of Moses. He then introduces the cast of this drama: Michelangelo, Pope Julius II, Moses, and Freud. Mahony notes the "superlative qualities of the story," including the importance of the statue for Freud, Michelangelo, Christianity, and the art world (p. 14).

In contrast, despite this importance, Freud's essay "stands as his least psychoanalytic piece of writing" (p. 15). Mahony details Freud's interpretation of the statue and the problems it reveals. He goes on to describe why he thinks Freud had such difficulty. Finally, the author turns his focus to Freud's essay as an art object in its own right.

"Bear Man": The Multiple Roles of Identification in Traumatically Induced Compromise Formation. Patrick J. Mahony, pp. 62-116.

In this essay, Mahony presents the case history of Will, who suffers from "a higher-level narcissistic character disorder with oedipal conflicts marked by an intense castration anxiety" (p. 62). Mahony begins by reviewing the concepts of "trauma, compromise formation, and identification" (p. 63). He then goes on to describe the initial interviews and subsequent analysis of Will. Following this narrative, the author discusses in detail the wealth of data he has gathered, focusing on the patient's "multiform identificatory schema" in relation to his early parenting experience, his cumulative and acute trauma, his behavioral symptoms, and the transference and countertransference (p. 96).

At the beginning of this 48-page paper, Mahony states that his secondary aim in writing it is to defend the case history method itself, which has become something of an "endangered species" in the "intemperate world of publication," replaced by the "more pop-

ular vignette, which, unfortunately, rarely gives details of the analytic process (Tuckett 1993), and is illustrative rather than demonstrative, and does not offer the longitudinal account found in earlier or later case histories" (pp. 62-63).

In a postscript, Mahony provides a short review of the case history method, beginning with Freud's case histories, which, he concludes, "contain[ing] a mixture of writing through and writing out, constituted symptomatic texts, which, in turn, were responded to as if they comprised kinds of Rorschach, thus secondarily becoming case histories about the development of analysis itself" (p. 107). In concluding, Mahony provides a detailed argument as to why analysis is not only a talking cure, but also a writing and seeing cure.

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Towards Clarity in the Concept of Projective Identification: A Review and a Proposal (Part 2): Clinical Examples of Definitional Confusion. Ely Garfinkle, pp. 159-173.

This is the second of a two-part article on projective identification, which the author defines as " an unconscious phantasy in which split-off parts of the self are disowned, projected, and attributed to someone else," with the unconscious intent to "control and/or influence the thinking, feeling, and/or action of the object" (p. 159). The author purposefully excludes any interpersonal or countertransferential aspects from this definition, reasoning that whether and how much the object experiences the pressure of the projection in part depends on the object. This view privileges the unconscious intent of the projector, which the analyst can discern "based on clinical evidence" (p. 159).

In the first part of this article, which appeared in Volume XIII, Number 2 (2005), the author provided a detailed history of the use of the term *projective identification* and a persuasive argument for the author's definition of the term. Here in the second part of the article, the author uses two clinical vignettes to show how the

above definition differs from others currently in use and how this definition could help avoid the current "Tower of Babel" (p. 171) regarding the use of the term.

Self-Punishment as Guilt Evasion: Theoretical Issues. Donald L. Carveth, pp. 174-196.

In this article, Carveth challenges Freud's equation of unconscious guilt with the unconscious need for punishment. He points out that "equating the need for punishment with guilt obscures the defensive function of self-torment (whatever additional functions it may perform) in the evasion of guilt" (p. 179). He sees self-punishment as a defense against guilt. Drawing on a Kleinian viewpoint, Carveth discusses how guilt is associated with the depressive position, concern for the object, and attempts at reparation, while self-punishment is associated with the paranoid-schizoid position and narcissistic concern for the self. He shows how a number of authors have approached this topic, coming near to the idea of—but never actually declaring the necessity of—unlinking unconscious guilt and unconscious self-punishment.

Carveth goes on to discuss some of the clinical issues raised by his thesis, including the importance of not just "soothing the patient's superego" (p. 182), but of getting beyond the self-punishment to the actual guilt that is defended against. This guilt may be related to real or imagined transgression, but it is always at root based on an actual unconscious wish to harm that must be accepted, promoting depressive anxiety, concern for the object, and reparation.

The Concept of Psychical Reality Reconsidered. Siegfried Zepf, pp. 197-211.

Zepf argues that there is currently no consensus regarding the definition of *psychical reality*. He notes that some authors have abandoned Freud's definition as anachronistic, while others have come to varying conclusions about the real meaning of Freud's definition of psychical reality.

Freud, according to Zepf, defines psychical reality as the unconscious, a mental reality no less real than physical reality, and like physical reality, not completely knowable due to the limitations of our sense organs and the fact that our "perceptions are subjectively conditioned" (p. 200). The unconscious, according to Zepf's take on Freud's definition, when viewed from the outside contains "thing presentations that have lost the word presentations corresponding to them" (p. 203). When these thing presentations are again connected to words, it is in the form of a countercathexis of substitutive or intermediate thoughts that are no longer part of psychical reality, but are instead part of subjective experience in which the "real," unconscious psychical reality is "mystified" (p. 206).

Zepf agrees with Michel's proposal that psychical reality is the inner source of subjective experience, in the same way that external reality is the outer source of subjective experience (p. 206). Zepf argues for keeping Freud's definition of psychical reality and details how it relates to issues of constructivism and memory in psychoanalysis.

An Analyst-Suggested Termination: Does It Have a Role in the Resolution of an Interminable Analysis? George A. Awad, pp. 230-251.

In this article, Awad discusses an analysis in which he brought up the issue of termination after eight years, stating to the patient: "I think you have difficulty in accepting that time passes. You have spent nearly half your life in analysis and yet you are adamant about not changing. What is the point in continuing to come if you choose not to change—when even you admit that what you are doing is crazy? Talking about termination may signal to you that this is an analysis and that an analysis ends. I won't terminate unilaterally. I urge you to consider discussing termination and to try to make this a positive experience; however, it is up to you to do that" (p. 239).

Awad notes that after several weeks of alternating anger and acceptance, the patient set a termination date eleven months following. During this time, several "dormant" fantasies came to light, and the patient subsequently terminated. Awad notes that it is too soon to tell if his suggestion of termination was a success or not. He does supply an excerpt from a letter received from the patient fifteen months post-termination, which seems, on the surface, to indicate that the patient views it as a success.

Awad details the different stages of this analysis and his struggles with the question of termination. Some of the issues involved include the patient's having used the analysis to "persist in a hateful preoccupation with her mother," to deny the passage of time, and to promote the idea of time reversal (p. 238). Also, Awad had to work through questions regarding exploitation if he were to continue seeing a patient whose goals he felt he could not meet, as well as questions of his own anger and of the patient's need for a father figure to set a limit. There were also questions of the analyst's possible failure and of his desire not to be involved with a "dead-end" treatment (p. 240).

In closing, Awad states that, in regard to analyst-suggested termination, the "challenge is to distinguish between those [patients] who require actions that cause disequilibriums to help them integrate their split ego and terminate analysis, and those who need a lifeline, perhaps in the form of a lifelong relationship with us" (p. 249).

Countering the Hazards of Psychoanalytic Work. Angela Sheppard, pp. 252-266.

Sheppard details the hazards of psychoanalytic practice for the analyst. These hazards include "the inevitable disillusionment" with insight as a means by which to attain internal peace (p. 254). Such disillusionment can lead to dogmatic attitudes or to an opening up to "the unknowability of the unconscious" (p. 254).

Sheppard argues that, in addition to safeguards mentioned by other authors—e.g., analysis, self-analysis, supervision, and society

membership—we also need the safeguard of "an analytic friend who comprehends the significance of the intrinsic pain of psycho-analytic work" (p. 255). Such a friend knows that "our truths must be being demolished all the time with the faith that they will be found again, in perhaps better forms—yesterday's interpretation won't do today" (p. 162). Such a friend "keeps us honest" and helps us "keep trying the impossible" (p. 262), because being "with people who have all the answers is debilitating" (p. 258).

The Emergence of Freud's Theories in Argentina: Towards a Comparison with the United States. Cecilia Taiana, pp. 267-293.

In this paper, Taiana details the emergence of Freud's ideas in Argentina during the first half of the twentieth century and contrasts this with the development of his theories in the United States during the same epoch. She uses the metaphor of a "cultural filter" to help explain differences in the reception of Freud's ideas in the two countries. Taiana defines such a filter as "the culturally specific paradigm operating in a given place and time" that "articulates an idiosyncratic reception pattern rooted in specific cultural and historical conditions" (p. 290).

Taiana describes three "pre-Freudian" cultural filter factors in Argentina and the United States that influenced the acceptance of Freud's ideas. The first factor is the predominance in both countries of somatic theories, originating in Germany and France, and referred to in the late 1800s to explain degeneracy and insanity from a hereditary perspective. The second common factor in both countries was the application of these hereditary theories to recent immigrants. The third factor, which differentiates the two countries, is the revolt by young American psychologists, psychiatrists, and neurologists against the somatic, hereditary theories. This revolt, based on pragmatic, moral, and statistical grounds, set the stage for the positive reception of Freudian ideas following Freud's lectures at Clark University in 1909.

In contrast, Freudian theories did not receive much welcome in Argentina for several more decades. Taiana cites several factors

that negatively influenced the reception of Freudian ideas in Argentina during the early Freudian period. These included "the role of France as a cultural filter, the type and profile of scientific debates that took place at the turn of the century, the institutional position of the agents of transmission, the availability and accessibility of Freud's original and translated works, and the political perspective in ascendancy at the time in Argentina" (p. 277).