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THE AGE OF CERTAINTY

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The two classic papers we republish in this first issue of *The Psychoanalytic Quarterly* for 2008, Jacob A. Arlow's "Unconscious Fantasy and Disturbances of Conscious Experience" (1969) and Ralph R. Greenson's "The Working Alliance and the Transference Neurosis" (1965), represent the final installment in our 75th anniversary year celebration. Both were written in the 1960s, and, set against the background of the articles we have examined from preceding decades, they have a distinctive rhetorical voice. It is different from the adventurous spirit we found in Horney (1936) and Waelder (1936) from the 1930s, with Freud's voice still in the air; more closely related to—but still distinct from—the bold challenges of Deutsch (1942) and Hendrick (1942), shortly after Freud's death. Our third issue of 2007 saw Fliess (1942) and Racker (1957) breaking new ground in their exploration of the analyst's experience and the nature of the interaction with the patient; and in our fourth issue, we watched both Alexander (1950) and Loewald (1962) attempting in different ways to push American ego psychology beyond its perceived limitations.

ARLOW

These two papers by Arlow and Greenson represent mid-century American psychoanalysis at its most triumphant, and—more like the venture capitalist than the adventurous toddler (though with some of the characteristics of both)—they sing with confidence and certainty of their place in the world of psychoanalysis. I am grateful to both Theodore Shapiro and Arnold Cooper for their scholarly commentaries, placing Arlow and Greenson, respectively, in their

historical contexts. But I would like to focus for a minute on Donald Moss's more personal reflections on the language of Arlow's paper: its "declarative voice," as he puts it, its "audacity," its "European complexity converted into straight lines" of "American lingo," the analyst as "subject" that suffers no "difficulty . . . hesitation or . . . doubt," the patient as "object," as "specimen." "A sense of certainty," Moss writes, "feels both present and necessary" (p. 65). He contrasts his initial admiration of this paper with his refusal, thirty-five years later, to accept the assumptions and authority of its authorial voice, its certainty now a warning.

Turning the tables on the author, Moss illustrates Arlow's "audacity" with what he calls "specimen sections" (p. 61) of both Arlow's theory ("Our understanding of the role of the unconscious fantasy has been hindered greatly by drawing too sharply the line of distinction between unconscious and conscious," Arlow, p. 25[1]; see Moss, p. 67) and Arlow's practice ("While squeezing oranges in reality, he is destroying breasts in fantasy," Arlow, p. 36; see Moss, p. 70). I share Moss's frustration in trying to find evidence for such clinical assertions with anything like Arlow's degree of certainty, only to come up repeatedly against something more puzzling, data that doesn't quite fit either the patient or the model, confusing mixtures of both patient and analyst that seem to defy categorization.

I wonder, did Arlow know these confusions, too? Did he use them as data before turning them into the clarity of his published writing? We get a glimpse that this may have been so from some of his more clinical papers, when he writes in "The Genesis of Interpretation" (1979), for example, of "the complexity of the analyst's inner reaction to the patient's material":

> More often what the analyst experiences takes the shape of some random thought, the memory of a patient with a similar problem, a line of poetry, the words of a song, some joke he heard, some witty comment of his own, perhaps

[1] In this article, page numbers from Arlow 1969 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1969.

> a paper he read the night before, or a presentation at the local society meeting some weeks back. The range of initial impressions or, more correctly, the analyst's associations to his patient's material, is practically infinite. [pp. 203-204]

It is true that the patient is still very much the object here and the analyst still certain of his focus, his personal life present but not integrated into the work. If Arlow had uncertainties on that score, he did not feel that our literature was the place to share them. But while I agree with much of what Moss writes, I have some uncertainty about Moss's certainties, his clarity about Arlow's misguided clarity, and his declaration that "specimen-oriented work may indirectly damage the very objects it is meant to illuminate" (p. 76). This is a powerful charge that demands attention.

We have all seen patients—or have *been* patients—who suffered under the sort of specimen-oriented work that Moss posits, if not on Arlow's couch then on the couches of those who imitated what they imagined he did. And we have also heard testimonials of those who felt their lives were saved by the apparent certainty of mid-century American psychoanalysis. I say *apparent* because I do not think we can assume that the audacity of a writer's voice necessarily appears in his consulting room. Moreover, even if we assume that we can hear the same tone in Arlow's conversations with patients that we hear in his papers (and despite the damage we imagine it could do), might there also be an advantage in the clarity of his confidence? Might so single-minded a focus be useful to patients in a way that our more fluid exchanges are not? Can we say that it is *not* a more effective way to analyze? We have no way of testing these hypotheses, but I am struck by the resemblance of Arlow's tone to those contemporary voices amongst us in the British Kleinian and the French schools.

It seems to me that both the analyst's certainties and uncertainties have their risks and benefits. Do they each have a place in analyzing? Just as we do not have the tools to assess the therapeutic value of different approaches, neither can we assess the value of different degrees of conviction. When is conviction helpful and when is

it not? If helpful, is it best as foreground or background? Like Hoffman's (1998) call for a spontaneity that is effective only if contained in a ritualized structure, might we speak—the other way around—of therapeutic voices of conviction that succeed precisely because they emerge from within an atmosphere of spontaneous, collaborative inquiry?

There are moments in my own work when I suddenly see—or think I see—exactly what is going on within the patient, or between the two of us. I say it, and the patient sees it, and it seems useful. Sometimes what I think I see is the operation of an unconscious fantasy manifest in the patient's words or enacted between us, and then I think, *Yes. This is the sort of vision that Arlow had and that he wanted to teach us.* With some patients, I see that thread of unconscious fantasy not fleetingly, but repeatedly and for long periods of time, though more often it comes and goes, and I wonder: Even though it was Arlow's theory that unconscious fantasy infuses every moment of perception, perhaps he wasn't so naive as to think we could catch it as a continuous clinical thread, but rather that we might find it and lose it again and refind it in a different form, and always in the midst of something fluid and often confusing. Or perhaps not. We cannot ask him.

I alluded to the fact that there is inevitably a difference between the way analysts write and the way they analyze. It may have been Greenson (1965) who first noted that "some analysts take theoretical positions apparently in accord with their manifest personality and others subscribe to theories that seem to contradict their character traits" (p. 97).[2] Be that as it may, there is no doubt about the clarity and conviction of Arlow's writing, and his theory in this paper is emphatic on one major point. It is a point we have absorbed so fully in the decades since the paper was written that it is difficult to remember a time when we did not take it for granted. I am thinking of Arlow's argument that every moment of waking life and most moments of sleeping life (he is precise on this) are shaped by un-

[2] In this article, page numbers from Greenson 1965 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1965.

conscious fantasy—"in one part of our minds we are daydreaming all the time" (p. 25)—which makes every perception, as he was fond of saying, a moment of creation.

If we take this seriously, then Arlow's theory—like Brenner's (1982) that every mental event is conflictual—leads us to the very questioning and disidentification that Moss supports. For if every moment is shaped by fantasy, by conflict, and by compromise—including the analyst's mentation—the ground beneath us is constantly shifting, and we must question the certainty of any voice, including our own, that does not question its own certainty. It is precisely when we feel such conviction, and the patient feels it too, that, no matter how useful the shared conviction proves to be, we must examine the inevitable enactment. For there are not simply two projectors in the room—one from external reality and the other from unconscious fantasy—but four: two in the patient and two in the analyst, and the two unconscious fantasy projectors continuously shape the perception of each person by the other.

Within this expanded four-projector model, which is where Arlow's theory logically leads, any interpretation, no matter how useful, is also just another step in the ongoing enacted process, and it becomes a little less clear how we can "know the dancer from the dance," as Yeats (1928) put it, or one dancer from the other. How do we distinguish useful conviction from *folie à deux*? Or, more accurately, if there is a bit of *folie à deux* in every relationship, how do we differentiate useful *folie à deux* from shared psychosis?

In this paper, Arlow understands the ubiquity of daydreaming as a built-in "rebellion against reality" (p. 25). It is no coincidence that at about the same time he was writing this article, he was also working out one of his better-known clinical theories in his paper on "Character Perversion" (1971). In reading the two side by side, one is struck that Arlow's ideas on unconscious fantasy are closely related to—perhaps even derive from—his view of perversion. In the latter, following Freud, a rebellion against—or disavowal of—reality exists side by side with an acceptance of it. Freud's paradigmatic illustration was that of the little boy's simultaneous acceptance and repudiation of the reality of his mother's absent penis.

Here then are the two projectors, the one showing accurate images from external reality (e.g., the absent penis) and the other showing the distortions of unconscious fantasy (e.g., mother with a penis).

In contemporary work, we are used to observing the so-called perverse defenses in many patients. I have suggested that there is an element of disavowal in every moment of analytic process, contributed to by both the patient and the analyst, which demands to be analyzed (Smith 2006). But if one embraces the rebellion against reality as a core feature of perception itself, as Arlow did, then it becomes the analyst's goal—indeed, responsibility—to keep the difference between fantasy and reality as clear as possible: "One immediate technical goal of the therapist is to help the patient learn to distinguish between reality and the effects of unconscious fantasies" (Arlow 1969, p. 43). The risk of not doing so was dire because of the pathology that would ensue. Thus, in "Character Perversion" (1971), Arlow wrote:

> It is a short step from grasping the fetish and having fantasies about women possessing penises to dressing up in a fetishlike outfit or in women's clothes and then acting out the fantasy of being a woman with a penis. These fundamental features of the transvestite may be transformed and may become the basis of the pathological character trait of the practical joker. [p. 185]

We may dispute the shortness of this step from fantasy to action (and indeed I think there is clinical evidence to suggest that Arlow's view here is not accurate, so ubiquitous are the fantasies he has in mind), but there is no doubt that, for Arlow, the danger was real and ever present. And if the analyst failed to guard the patient's sense of reality, the looming alternative—beyond neurosis—was perversion, on the one hand, or psychosis, on the other. No wonder Arlow needed to be clear. The stakes were so high.

GREENSON

In Greenson (1965), we find a paradox. Despite the fact that he is arguing, along with others in his era and earlier, against a too-rigid

adherence to some of Freud's technical principles—in particular, the rule of abstinence and the metaphor of the mirror—Greenson reasons with much the same certainty as Arlow and to much the same purpose. Here again is the analyst as guardian of reality in an even bolder form. Says Greenson: "The analyst . . . *interprets* reality to the patient" (p. 97, italics added). Even Arlow, I think, would argue that the analyst interprets unconscious fantasy, leaving the development of a reality sense as the outcome of such interpretive work.

Here, too, is the linear, declarative style, the argument by assertion. We hear it from the first reassuring sentence: "The clinical material on which this presentation is based is derived from patients who developed unexpected difficulties in the course of psychoanalytic therapy" (p. 77). This is language that promises to help us with those patients and to spare us embarrassment and shame. Arming the analyst against such patients was very much in the air in the 1950s and 1960s. Think of the literature on the borderline patient and the suspicion enshrined in its diagnostic labels, "pseudoneurotic schizophrenia" (Hoch and Polatin 1949), and "the so called good hysteric" (Zetzel 1968).

But wait a minute. "Patients who developed unexpected difficulties". . . as opposed to what other sorts of patients, one wonders? Those who do not develop any difficulties? Or develop only expected ones? In either case, the voice is of an analyst whose goal is to know everything and to be prepared for it. How far we are here from the stance of the analyst who is immersed in the unexpected all the time. Bion's (1970) "suppression of memory, desire, and understanding" (p. 46) would seem to positively invite unexpected difficulties. And Arlow (1992) himself, challenging our view of him as the too-certain analyst, would one day write to me (albeit still in his characteristic, declarative voice):

> Analysts behave as if nothing surprises them. The fact is that they should be surprised all the time. An unusual word, a striking figure of speech, an irrelevant reflection, an observation out of context, an intrusive thought, a strange metaphor (or any metaphor), all of these should occasion

> surprise and curiosity on the part of the analyst . . . . Those who are immune to the process of being surprised and who listen in a stilted way must have some inhibition of curiosity. In treatment they will only discover what they have been taught, if that much. I wouldn't expect any new insights from people who are never surprised.

To be fair, what Arlow is speaking about is *not* what Greenson means by "unexpected difficulties." Greenson has in mind therapeutic stalemate and failure. And for this problem, Greenson has what he calls "the key": "The key to understanding the essential pathology as well as the therapeutic stalemate was in the failure of the patient to develop a reliable working relation with the analyst" (p. 77).

To be sure, Greenson does not ascribe the problem totally to the patient's failure. There are those analysts who adhere too rigidly and even inhumanely to the old model. But neither does he seem to recognize the failure as his own, even when he encounters evidence of exactly this in his reanalysis of a patient where he had missed something the first time around. He *almost* shares the responsibility, but not quite: "Whenever I tried to confront the patient with a misuse of one of the analytic procedures, we would be sidetracked by her reactions to my confrontation . . . . In her second analysis, I would not be put off" (p. 85). The patient remains the culprit; the analyst has renewed resolve. So, I ask, is the failure to develop a working alliance the cause of the problem or the result of it? If there is a failure in understanding, whose failure is it? The literature of the 1960s does not allow for a fuller, more even-handed exploration of this problem, in which analyst and patient might be seen to be joining in opposition to the process they are allegedly trying to promote.

Like Moss with Arlow, I came to Greenson's paper remembering how useful I had found it during my psychiatric residency thirty-five years ago, but also aware that, more recently, I had formed an image of it as simplistic and categorical in its definitions. I found evidence for this image again: "For a reaction to be considered transference it must have two characteristics: it must be a repe-

tition of the past and it must be inappropriate to the present" (p. 79). Greenson wants to include certain moments in this definition of transference and exclude others. But is there any moment of any experience, I would ask, that is not suffused with a repetition of the past and with transferences derived from an earlier period? Do not these characteristics argue for the ubiquity of the phenomenon? In contrast to Greenson's distinction between *transference* and the *real relationship,* is it not transference that makes the so-called real relationship feel real?

Friedman and Brenner long ago convinced me that the concept of the therapeutic alliance is deeply suspect, serving to quell the analyst's anxieties (Friedman 1969) and to exclude aspects of the transference from analytic scrutiny (Brenner 1979). On the matter of the work itself and the patient's capacity to work purposefully, which is the essence of Greenson's working alliance, I refer you to Friedman's many exegeses on how the idea of work reassures the analyst as to what exactly the two people in the room are doing together (see, for example, Friedman 2007).

So on this reading I was surprised to find that Greenson, like Alexander, whom we discussed in the October 2007 issue of the *Quarterly*, seems at times to be grappling with something he cannot quite define that presages a different era in psychoanalysis. Moreover, like Fliess in an earlier *Quarterly* issue, Greenson seems confined by the categorical thinking of his own era, as he defines a working alliance and contrasts it sharply with a transference neurosis, even though he recognizes that the nature of the alliance—and, more especially, its failure—is an aspect of transference itself that needs to be analyzed. Greenson does not appear to realize the complications this poses. If we wish to retain both the transference neurosis and the working alliance (dubious strategies, in my view), do we not have to find other ways to describe how both are entangled aspects of a transference that need to be analyzed consistently, no one aspect of the transference treated any differently from any other?

The rigidity of Greenson's categories—the analyst as subject and the patient as object, for example—prevents him from investigating his discovery more fully. What he calls the failed alliance

would appear to be the patient's relentless use of the analyst's interventions in the service of transference actualization, whether it be a wish not to be penetrated, as both Greenson and Arlow note (even while failing to acknowledge the complicity of their penetrating interventions); the effort not to be understood, as Joseph (1989) would later elaborate; or the more general attempt to draw the analyst into a sadomasochistic interaction. In all these, the analyst is a participant in the patient's transference, as Greenson reveals in his wonderfully emphatic way: "In her second analysis, I would not be put off" (p. 85).

Greenson teases us with his descriptions of the subtleties he recognizes in his patients: his description of his patient's "sleep-talking," for example, but when he deals with the problem, he relies on confrontation and insistence ("I . . . kept her to this subject," p. 86), not yet able to analyze her apparent unwillingness to think: "I did not work with any new material until convinced the patient was in a good working alliance with me" (p. 86). Although we know that the tenacity he urges on us is essential in treating patients of this sort, even if it inevitably feeds the continuing enactment, we hear the analyst convincing himself that all will be well if he can simply make sure the alliance is reestablished, without worrying about how he may be browbeating her into compliance or assuming responsibility for her mind.

Greenson comes close to analyzing the sadomasochistic enactment that develops with this patient's "spiteful obedience," as he calls it, but, again, his awareness of his own participation is missing. I am not thinking so much of his being led astray, which he acknowledges, but rather of the very words he uses to justify his pursuit of the patient. They are scolding words, as he locates the problem in her "failure," her "defective working alliance" (p. 86). Thus, the master confronts, pursues, and punishes as he keeps his patient on point.

Greenson's behavior with his fourth patient, which he judges "not well controlled," is another example (like the outburst from Alexander [1950] that we examined in an earlier issue) of a useful countertransference disclosure that also fails to recognize the ana-

lyst's participation in the construction of a scolding, sadistic relationship. Intriguing, too, is his description of this patient's "persistent reasonableness" (p. 91), or what we might think of as the *too-intact working alliance* (representing one of the hazards of the concept itself)—which, as Greenson adds, had become in this case a "facade" for the transference neurosis. Only by threatening the patient with loss of the object—rather than by analyzing either the persistent disavowal inherent in the patient's reasonableness and its presumed aggressive intent, or her wish to stir aggression in the analyst (he calls her behavior "spiteful" and "teasing")—can he turn things around. And yet how close he comes to recognizing all this, especially when he advocates "the constant scrutiny of how the patient and the analyst seem to be working together" (p. 97).

And so what ultimately disappoints us is that Greenson appears to be discovering something essential in the work, but does not quite let himself get there, as, like a sculptor with only a single tool at his disposal or a too-blunt instrument, he retreats from the complexity of the interaction and collapses his more detailed clinical observations into a single category: the defect in the working alliance. His solution invites persistence, persuasion, and confrontation, rather than the analysis of the nature of the interaction itself.

We note in passing how frequently in the literature of this period the many ways in which analyst and patient can collaborate to render ineffective an analyst's interventions boil down to one of two all too simple generalizations (we see them in Arlow's work as well): the male patient's homosexual fantasy of penetration, or the female patient's fantasy of masochistic provocation. It would be left to future generations of analysts from many different schools to work out the inherent subtleties.

GREENSON, GRAY, AND STERBA

In her commentary in this issue, Marianne Goldberger compares Greenson's work to that of Paul Gray, someone who at first blush seems cut from an entirely different cloth. Gray did his best to

distance himself from analysts such as Arlow and Greenson, who could not resist the "gratification of naming id content," as he put it (1982, p. 641), and he contrasted his own approach with Arlow's in particularly stark and (some would say) exaggerated terms. He saw Arlow as one of those id-directed, natural listeners whose interventions appeared magical, whereas he characterized his own method as ego-directed, unnatural, and rational, requiring hard work to resist the siren song of the id. (For his part, Arlow [1991] found Gray unempathic and mechanistic.)

But Goldberger, in her study of Gray and Greenson—the latter surely more like Arlow than Gray in his approach to the clinical material—makes clear the simplistic nature of any such conclusions, as she discovers unexpected similarities in the details of their work. Thus, she notes the quality of their respect for the patient that leads each to educate and explain why the analyst acts in bizarre and unfamiliar ways. As Greenson puts it, "only those methods of approach that seem understandable to . . . [the patient] may lead to realistic reactions" (p. 93) (as opposed to transferential ones). Goldberger further suggests that the two would have agreed on Greenson's interest in pursuing insight into "*any* and *all* of the patient's material *and* behavior" (Goldberger, p. 123, italics in original). But in this, she notes, they also differ. For whereas Gray (2005) insists on analyzing "transferences of affectionate safety" (p. 134; see Goldberger, p. 135), including the very collaboration that forms the basis for Greenson's working alliance, Greenson appears not to subject the positive aspects of the alliance to the same intense scrutiny.

Here Goldberger introduces a matter that bears elaboration in terms of the ancestry of the concept of the alliance and the views both Greenson and Gray have of that history. In surveying the early literature, Greenson mentions Sterba's focus on "the patient's identification with the analyst which leads to the patient's concern with the work they have to accomplish in common," and he adds, signaling his own intention, "but he gave this aspect of the transference no special designation" (p. 81).

Compare this to what Sterba (1934) actually wrote: "The capacity of the ego for dissociation gives the analyst the chance, by means of his interpretations, to effect an alliance with the ego against the

powerful forces of instinct and repression" (p. 120). This is the only mention Sterba makes of an "alliance" in his paper, but it seems surely to be the source of Greenson's concept. Indeed, Greenson notes, referencing but not quoting Sterba, "the working alliance comes to the fore in the analytic situation in the same way as the patient's reasonable ego: the observing, analyzing ego is split off from his experiencing ego" (Greenson, p. 80).

Greenson's goal here seems problematic. Although he was not alone in doing so, in designating the "working alliance" as a formal entity—a "special designation"—in the therapeutic relationship, Greenson borrowed a term that Sterba had used in its everyday sense to characterize the analyst's experience of allying himself with a portion of the patient's ego, and in so doing virtually turned the concept of the alliance into a therapeutic industry.

Moreover, it appears that Greenson did not read Sterba quite correctly. First, Greenson suggests, "the actual alliance is formed essentially between the patient's reasonable ego and the analyst's analyzing ego" (p. 80), and he attributes this viewpoint to Sterba, despite the fact that Sterba, as I have quoted above, clearly speaks more colloquially of an alliance between the *analyst* and "a portion of the patient's ego." Thus, Greenson makes it sound as if Sterba is describing an even more mechanistic approach to the patient than is the case. Others picked up Greenson's misreading of Sterba and continued to attribute it to Sterba (see, for example, Adler 1980).

And then, curiously, despite this initial emphasis on the mechanistic alliance of a portion of the *analyst's ego* with a portion of the *patient's ego*, when Greenson gets to his clinical material, he seems much more interested in the alliance formed simply between the analyst and the *patient,* an alliance that he forecasts in his introduction:

> The key to understanding the essential pathology as well as the therapeutic stalemate was in the failure of the patient to develop a reliable working relation with the analyst. In each case the patient was either unable to establish or maintain a durable working alliance with the analyst. [p. 77]

At any rate, in Greenson's hands Sterba's everyday word *alliance* becomes a reified, technical mechanism, the *working alliance*. Thus, this "special designation" becomes an objective thing in the work, something to be assessed, encouraged, and nurtured.

Elsewhere (Smith 2007), I have suggested that this is the fate of many psychoanalytic terms—*containment* is another—that begin as simple observations gathered in the experience of analyzing and described in everyday language, and that end up years later reified as technical mechanisms that seem to grant a new level of legitimacy to the process signified by the original term. In this way, terms such as *alliance*, *containment,* and the *holding environment* have been so removed from their roots—in Sterba, Bion, and Winnicott, respectively—and so broadened in their meanings that they have become mental health clichés with little clarity as to what is meant by them, now that they have been set loose from their original contexts. I suggest that the appeal of these terms is that *they each give the analyst something to do to and with the patient,* something that feels therapeutic: to ally, to work, to contain, or to hold. All of these doings also appear to protect the analyst from his or her own more dangerous libidinal and aggressive doings; they all misleadingly appear to be well-sublimated, benign, deinstinctualized doings; and they are all more concrete in their assigned tasks than that most elusive of doings, *to analyze*.

Greenson was not alone in building a special place for the alliance, based on Sterba's informal description. Before his effort, there was Zetzel's *therapeutic alliance* (1956), which Greenson cites.[3] In this early paper, Zetzel's brief treatment was modest, her notion closer to Sterba's than Greenson's was to be, as she wrote of a "therapeutic alliance between the analyst and the healthy part of the patient's ego" (p. 370). She attributed the elaboration of the concept itself to Bibring (1937), whose contribution to the 1936 Marienbad Symposium is rarely cited in the later ego psychological literature, despite its being an extensive working out of the role both of the

[3] He does not cite a more extensive presentation Zetzel gave on the subject at a 1958 meeting of the American Psychoanalytic Association, which she later adapted for a chapter in her book (Zetzel 1970).

different components of the ego in the therapeutic action of analysis and of the ego's capacity for self-observation: "Through making the unconscious ego-relations conscious, the defending part of the ego becomes the object of the observing, conscious ego . . . . This is necessarily followed by a changed attitude of the conscious ego towards its behaviour" (Bibring 1937, pp. 179-180).

Moreover, it would appear that Zetzel (1956) had already established the distinction between the transference neurosis and the therapeutic alliance a decade before Greenson claimed it as his own, when she contrasted a Kleinian view with an ego psychological one in which "a differentiation is made between transference as therapeutic alliance and the transference neurosis, which, on the whole, is considered a manifestation of resistance" (p. 370).

All of which takes us to Gray and his focus on the ego's capacity for self-observation. While Gray did not cite Bibring, he (1982) acknowledged his debt on this point to Sterba, who recognized the importance of "intellectual contemplation" (Sterba 1934, p. 121) and "self-contemplation which from all time has been regarded as the most essential trait of man in distinction to other living beings" (p. 125). Gray, moreover, described the factors that "make 'rational alliance'[4] with the patient's observing ego difficult, and in some instances impossible" (1982, p. 643):

> Although there does not seem to have been an explicit formulation of these trends, I believe they allow for an inference or hypothesis that the therapeutic results of analytic treatment are lasting in proportion to the extent to which, during the analysis, the patient's unbypassed ego functions have become involved in a consciously and increasingly voluntary co-partnership with the analyst. [pp. 623-624]

It is clear from his writings that Gray's view of the alliance was dramatically different from Greenson's, as he praised Brenner and Friedman for pointing out the "hypno-suggestive influences" (p. 639) that the concept of the alliance encouraged. Goldberger, too,

[4] *Rational alliance* is a term that Gray (1982, p. 624) attributed to Gutheil and Havens (1979).

suggests that Gray would differ with Greenson in focusing on interpretation rather than on persuasion in the building of an alliance. But despite the fact that he owed so much of his approach to the very dissociation in the ego that Sterba first posited, Gray, too, seems not to have given Sterba sufficient credit for advocating interpretation in building that alliance. On a panel of the American Psychoanalytic Association in 1991, Gray argued that Sterba relied on "hypno-suggestive technique, that is, an exploitation of the positive transference rather than the analysis of resistance," and that Sterba thereby failed to understand that "the defensive inhibition of the ego's autonomous functions must be analyzed, not bypassed" (Friedman and Samberg 1994, p. 866).

Did Sterba not say that "the capacity of the ego for dissociation gives the analyst the chance, *by means of his interpretations,* to effect an alliance with the ego against the powerful forces of instinct and repression" (1934, p. 120, italics added)? Now, Sterba and Gray may have differed on just what constituted an interpretation as opposed to a suggestion, and Sterba surely considered identification with the analyst a more significant factor in therapeutic action than did Gray. But Sterba was writing in 1934 on the cusp of an era. Were he alive today, he might have reason to feel misread by both Greenson and Gray, considering how seminal his observations were to the work of both.

Notice that, starting from a common source—Sterba's concept of the dissociation of the ego—Greenson and Gray arrive at very different notions of an alliance with that ego, providing yet more evidence for the wide range of theoretical and clinical approaches that have been subsumed under the rubric of ego psychology. This comparison also provides a unique look at what I once termed "creative misreading" (Smith 1995, 1997), extending into our own field Harold Bloom's (1973) idea that "strong poets" (p. 5) misread their predecessors in order to create space for their own work. Both Greenson and Gray have done just that in elaborating Sterba's work in different directions, beginning with their own specific misreadings of his ideas.

I am grateful to Goldberger for leading us into some of these complexities. From them we see once more that the stereotypes we so quickly pin on our most influential authors are stifling in their mischaracterizations, many of which begin when later authors misread the original work and distort its emphases. The subtler similarities and differences between one author and another become apparent only in returning to the original papers, rather than to the bulk of accumulated secondary sources in which these stereotypes and misreadings become encased, to be taken as truth by future generations of students.

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This marks the end of *The Psychoanalytic Quarterly's* 75th anniversary year celebration. It is a celebration that began in late 2006 with the publication of Charles Brenner's most recent book, *Psychoanalysis or Mind and Meaning;* continued with the four issues of 2007, each of which contained republications of two classic and controversial papers from our first four decades, accompanied by contemporary commentaries; included a supplement to the 2007 volume entitled "Comparing Theories of Therapeutic Action," edited by Sander M. Abend—the first supplement in the *Quarterly's* history; and concludes now with these two final classic papers and accompanying commentaries in this, our first issue of 2008. My thanks to all who have made this anniversary celebration possible and especially to our managing editor, Gina Atkinson, for her outstanding work. We hope that you, our readers, have enjoyed these efforts, and we thank you for making our work possible and meaningful.

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UNCONSCIOUS FANTASY AND DISTURBANCES OF CONSCIOUS EXPERIENCE

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The role of unconscious fantasy in mental life has been recognized as of primary importance in psychoanalytic theory and clinical practice from the very beginning. Expressing the fulfillment of unconscious wishes, such fantasies were recognized by Freud as the common basis of dreams and the symptoms of hysteria (Freud 1900, 1908b). He showed how hysterical attacks proved to be involuntary daydreams breaking in upon ordinary life. He had no doubt that such fantasies could be unconscious as well as conscious. Under favorable circumstances, it was possible to account for otherwise inexplicable disturbances of conscious experience in terms of the intrusion of an unconscious fantasy. The example he gave involved an upsurge of affect. He reported how a patient burst into tears, without apparent cause, while walking on the street. Thinking quickly, she came to realize that she had been involved in an elaborate, sad, and romantic daydream. Except for the psychotherapeutic experience in which she was involved at the time, the awareness of the fantasy and of its connection to her otherwise unaccountable outburst of emotion might have eluded her completely. Observations of this kind have since formed part of the experience of every practicing psychoanalyst.

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Freud went on to demonstrate other ways in which the drives may find discharge by way of the intrusion of unconscious fantasies upon ordinary conscious experience (Freud 1919). These may not only influence daily activity, as part of the psychopathology of everyday life, but they may also become part of the character. Certain hysterical persons may express their fantasies not as symptoms; they may instead consciously realize them in action and by doing so bring about assault, attacks, and sexual aggressions. The masochistic character, Freud noted, may represent the repetitive translation into action of a persistent, unconscious fantasy with a relatively fixed mental content, namely, the fantasy of being beaten. He said, "People who harbour phantasies of this kind develop a special sensitiveness and irritability toward anyone whom they can include in the class of fathers. They are easily offended by a person of this kind, and in that way (to their own sorrow and cost) bring about the realization of the imagined situation of being beaten by their father" (Freud 1919, p. 195). In the situation just described, the patient may be seen as operating on two levels of mental activity, i.e., he responds inappropriately to realistic events because he misconstrues them in terms of an unconscious fantasy.

Many authors have written of the intrusion of unconscious fantasy into conscious experience, apart from symptom-formation, dreams, and the psychopathology of everyday life. Anna Freud, for example, demonstrated the connection between social maladjustment, delinquency, and distorted ego functioning, on the one hand, and the effects of repressed masturbation fantasies on the other. She described cases in which the struggle against masturbation is abnormally successful and in which masturbation is totally suppressed. "As a result, the masturbation phantasy is deprived of all bodily outlet, the libidinal and aggressive energy attached to it is completely blocked and dammed up and eventually is displaced with full force from the realm of sex life into the realm of ego activity. Masturbation phantasies are then acted out in dealing with the external world, which becomes, thereby, sexualized, distorted and maladjusted" (A. Freud 1949). In a clinical communication

(Arlow 1953), I described how such a process resulted in a transient change of identity and social role in a hysterical patient during adolescence. This transformation took place shortly after she had voluntarily suppressed all masturbatory activity. Her fantasies, until that time, were masochistic in nature. They were fantasies in which she imagined herself working for a harsh employer who subjected her to many indignities, culminating in humiliating sexual relations. After she abruptly stopped masturbating, she left home, wandered though a public park, avoided being picked up by a seedy-looking man, and finally accepted a job as a domestic, assuming the name of the Negro servant who had recently been employed by her parents.

In what has been said so far, we can see how Freud first delineated the role of unconscious fantasies in symptoms, dreams, and parapraxes. There are other ways, however, in which unconscious fantasies affect mental life. My purpose in this communication is to focus on other less familiar manifestations of the influence of the unconscious fantasy.

It would seem that a concept so well founded clinically and so much a part of the body of our theory would long since have ceased to be a problem for psychoanalysts. This is not the case however. Freud called attention to some of the difficulties involved in the idea of unconscious fantasies. Methodologically, the difficulty arises from the fact that such fantasies, although unconscious, are composed of elements with fixed verbal concepts. In addition, these fantasies have an inner consistency, i.e., they are highly organized. According to the topographic theory such attributes are alien to unconscious processes. They are associated with preconscious derivatives which operate according to the laws of the secondary process. Freud stated this succinctly. "Among the derivatives of the *Ucs.* instinctual impulses . . . there are some which unite in themselves characters of an opposite kind. On the one hand, they are highly organized, free from self-contradiction, have made use of every acquisition of the system *Cs.* and would hardly be distinguished in our judgment from the formations of that system. On the other hand, they are unconscious and are incapable of becom-

ing conscious. Thus *qualitatively* they belong to the system *Pcs.*, but *factually* to the *Ucs.* . . . . Of such a nature are those phantasies of normal people as well as of neurotics which we have recognized as preliminary stages in the formation both of dreams and of symptoms and which, in spite of their high degree of organization, remain repressed and therefore cannot become conscious" (Freud 1915, pp. 190-191). These were among the considerations which led Freud to the conclusion that accessibility to consciousness is not a reliable criterion on which to erect psychic systems. The passage cited above was indeed an adumbration of the structural hypothesis.

Within the structural hypothesis, however, many questions remain to be resolved concerning unconscious fantasies. This was brought out by Beres, who wrote the most recent review of the problem. He states: "In clinical work psychoanalysts have found the concept of unconscious fantasy to be a working tool of great value, if not indispensable. When we attempt to understand it theoretically, we are faced with difficult questions, some at present unanswerable. Paradoxically, the state of consciousness appears to be of secondary importance in the understanding of fantasy, its formation, and structure. Of greater significance are the cathectic shifts, the structure of mental content, the relation to verbalization and imagery, and the role of other ego functions—especially the synthetic or organizing function" (Beres 1962, pp. 326-327). He states it is difficult to conceptualize unconscious mental content but that the unconscious fantasy is devoid of imagery or verbal concepts and that verbalization enters only during the process of making the fantasy conscious.

Thus it would appear that unconscious fantasies embarrass our methodology. The evidence is clear that such fantasies do exist but precisely where is one to place them in our conceptual frame of reference? What is their nature and in what form do they exist? Are they merely vehicles for the instinctual energies of the id or do the other components of the psyche, the ego and the superego, play a role in their formation? How high a degree of organization can we ascribe to unconscious fantasy?

A further purpose of this communication is to attempt to answer these questions from an examination of pertinent clinical material. It is my impression that a clearer understanding of the functioning of the mind may be achieved from examining the role that certain aspects of unconscious fantasy play in mental life.

Before we proceed let me make clear how the term fantasy is used in this paper. It is used in the sense of the daydream. Our understanding of the role of the unconscious fantasy has been hindered greatly by drawing too sharply the line of distinction between unconscious and conscious. It would be more useful, in my opinion, to speak in Brenner's terms of different mental contents which are fended off with a greater or lesser measure of countercathectic force (Brenner 1955). In other words, ease of accessibility of a particular mental representation to consciousness may vary. The appearance in consciousness of a fantasy or of a derivative expression of a fantasy is governed by the same rules that apply to the emergence of any repressed material, i.e., it depends upon the balance between the cathectic potential and the opposing, repressing forces. The specific way in which unconscious fantasies influence conscious experience depends on several factors: the nature of the data of perception, the level of cathectic potential, and the state of the ego's functioning. Of the ego's functioning, reality testing, defense, adaptation, and integration are most significant. How the interplay of these factors determines the mental products which finally emerge will be considered in the light of clinical examples.

Some general comments on the phenomena under consideration are in order. Instead of unconscious fantasies, it would be more appropriate to speak of unconscious fantasy function. The purpose of this variation in terminology is to emphasize a very important point, namely that fantasy activity, conscious or unconscious, is a constant feature of mental life. In one part of our minds we are daydreaming all the time, or at least all the time we are awake and a good deal of the time we are asleep.

The private world of daydreams is characteristic for each individual, representing his secret rebellion against reality and against

the need to renounce instinctual gratification (Freud 1908a). Fantasy reflects and contains the persistent pressure emanating from the drives (Arlow 1953, 1961). In earlier communications (Arlow 1952, 1953, 1960, 1961, 1963), I have described the hierarchy of fantasy formations in the mental life of each individual. Fantasies are grouped around certain basic instinctual wishes. Each group is composed of different versions or editions of the fantasy, each version indicating how at different stages of development the ego attempted to integrate the instinctual wishes with moral considerations and with reality. The same wish may find expression in various fantasies of which some may be pathogenic by virtue of the intrapsychic conflict which they engender, while others may occasion no conflict whatsoever. Under ordinary circumstances, the more recently organized fantasy expressions are usually readily accessible to consciousness without provoking anxiety reactions. The most primitive fantasy expressions may be barred from consciousness by the defense function of the ego. Every instinctual fixation is represented at some level of mental life by a group of unconscious fantasies. The specific expressions in conscious mental life of a fixation or of a repetitive trauma may be traced to the ever-present, dynamic potentiality of the specific details of that individual's unconscious fantasy activity to intrude upon his ordinary experience and behavior.

While it is true that the world of daydreams is individual and largely idiosyncratic, there is nonetheless a certain communality of elements in the fantasy life from one individual to another. Communality is the result of similarities of biological endowment and developmental experiences. The communality of the fantasy life is more pronounced in members of the same cultural or social group or of any group of individuals whose early childhood experiences are patterned more or less in the same way and who share a common tradition. The element of communality establishes the empathic base which makes possible communication and empathy, and at a higher level of mental organization it is an indispensable aspect of such group phenomena as religious experience and the enjoyment of artistic creations (Arlow 1964, 1965).

The concept of persistent unconscious fantasy activity may be used to elucidate certain elements of language, with regard to both general and individual usage. Sharpe wrote as follows: "Metaphor fuses sense experience and thought in language. The artist fuses them in a material medium or in sounds with or without words . . . . When dynamic thought and emotional experiences of the forgotten past find the appropriate verbal image in the preconscious, language is as predetermined as a slip of the tongue or trick of behavior. Metaphor, then, is personal and individual even though the words and phrases are not of the speaker's coinage. The verbal imagery corresponding to the repressed ideas and emotions, sometimes found even in a single word, will yield to the investigator a wealth of knowledge" (Sharpe 1950). In my own experience, and in some of the examples to be given, I have found the examination of metaphor to lead directly to concrete representations of an unconscious fantasy. Metaphor constitutes an outcropping into conscious expression of a fragment of an unconscious fantasy. The aesthetic effectiveness of metaphor in literature is derived, in large measure, from the ability of metaphorical expression to stimulate the affects associated with widely entertained, communally shared unconscious fantasies (Kris and Kaplan 1952; Sachs 1942).

The fact that the analysis of metaphorical expressions may lead associatively to repressed fantasy material comes as no surprise to the analyst, versed as he is in dream interpretation. It is a well-known technical rule that the words and adjectival phrases which the patient uses to describe a dream are to be considered part of the dream proper and may be used as a point of departure for eliciting associations. When patients characterize their dreams as "vivid," "eerie," "consisting of X number of parts," etc., we customarily treat these elements as part of the manifest dream. The insight which we gain thereby enables us to infer unconscious mental content. Thus in metaphor, as in dreams, a single phrase or expression may be the conscious representative of unconscious fantasy activity. Later in this paper, I hope to demonstrate how the same principle may be applied to the analysis of alterations of how one experi-

ences the external world and even how one experiences the self. Very often the words which the patient uses to characterize such states represent, in the same way as does metaphor, a derivative of unconscious fantasy activity.

There is a mutual and reciprocal effect of the pressure of unconscious fantasy formations and sensory stimuli, especially stimuli emanating from the external world. Unconscious fantasy activity provides the "mental set" in which sensory stimuli are perceived and integrated. External events, on the other hand, stimulate and organize the reemergence of unconscious fantasies. In keeping with its primitive nature, the basic fantasy is cathected with a highly mobile energy, and presses for gratification of the sort which Freud characterized as tending toward an identity of perception. The pressure may affect many of the functions of the ego. Derivatives of fantasies may influence ego functions, interfering, for example, with the neutral processes of registering, apperceiving, and checking the raw data of perception. Under the pressure of these influences, the ego is oriented to scan the data of perception and to select discriminatively from the data of perception those elements that demonstrate some consonance or correspondence with the latent, preformed fantasies (Linn 1954).

Situations of perceptual ambiguity facilitate the foisting of elements of the life of fantasy upon data of perception. This plays a very important role in such experimental situations as the Rorschach test and subliminal sensory stimulation (Fisher 1954). Kris noted the importance of ambiguity in the aesthetic experience (Kris and Kaplan 1952). This feature is related to the fact that the lack of specificity of elements in a work of art makes it possible to stimulate a wider range of unconscious fantasy activity. In this context, sensory stimuli become significant, but not because of their indifferent or inconsequential nature, as is supposed to be the case in the day residue and the dream. On the contrary, the perceptual data which facilitate the emergence of unconscious fantasies are effective precisely because they are not indifferent, because they contain elements which correspond to features already present in

the preformed unconscious fantasies. This interplay between the inner mental set, which is determined by the fantasy life and the stimuli afforded by experience, is a complex of interactions that can be expressed at another level of conceptualization in the language of electronics, in terms of reciprocity of signal and feedback.[1]

When the cathectic potential of the fantasy activity is high, under appropriate circumstances the pressure for discharge may organize and structure the data of perception into illusions, misconceptions, and parapraxes. Thus, for example, a patient in a very angry mood, occasioned by an altercation with an authority figure and entertaining fantasies of revenge, reported the following illusion. While crossing the street on the way to the session, out of the corner of his eye he saw a sign in bold red letters which read, "murder." When he looked again he saw that the sign actually read, "Maeder," the name of the proprietor of the shop. He had seen the sign many times before.

The intrusion of fantasy upon conscious experience may at times be so overpowering as to seem relatively independent of the influence of perceptual data. Hallucinations, fugue states, and certain transient confusional episodes may eventuate under these conditions, depending upon the degree of intactness of the function of reality testing. Let me cite an example which is common enough in analytic practice. This material was taken from the analysis of a patient whose transference relationship was dominated by an unconscious wish to castrate the analyst. Among the specific manifestations of this wish were attempts to deprive the therapist of time and money. On occasion, when these impulses were frustrated, the patient would act out by means of some drinking episode or homosexual activity, an unconscious fantasy of castrating the analyst. After a short but stormy period of protest over being charged for a session which he could not attend, the patient paid

[1] A closer examination of the relationship of the day residue to the manifest dream would probably demonstrate also that the elements of daytime experience enter into the structure of the dream precisely because they are characterized by a high degree of consonance with the unconscious fantasy activity.

his bill. Two days later, as he entered the consultation room, entertaining a fantasy of recouping his money, the patient was overcome by a sense of confusion. Suddenly he was convinced that he had not paid the bill. This vengeful undoing of the payment in fantasy was so vivid that for the moment he could not tell whether his fantasy was real or whether his memory was fantastic. The momentary inability to distinguish which of the two sets of experiences, fantasy or memory, was the real one resulted in the state of confusion.[2] The confusion experienced by the patient, upon being presented the task of distinguishing between two sets of data, is comparable to the confusion which is experienced by patients with fugue states and hallucinatory hysteria. As the patients emerge from their daydreaming experience, there is a momentary, confusing inability to distinguish between fantasy and perception.

The function of reality testing may be interfered with by the fantasy life, even when the fantasy does not become conscious. Only a fragment of the unconscious fantasy may find representation in conscious experience and this fragment need not necessarily be only a derivative of an instinctual wish of the id. It may represent the effects of the defense function or other functions of the ego and of the activity of the superego. The example which follows is a temporary disturbance of the sense of reality, namely an attack of déjà vu. In this example, it will be possible to illustrate what has just been mentioned and to indicate, at the same time, that unconscious fantasies are highly structured and contain verbal concepts and imagery. The attack of déjà vu was unusual in the following respect. It occurred in surroundings with which the patient was thoroughly familiar. He had, in fact, seen the sight many times before. Thus the false judgment of déjà vu which seems so strange when one is in unfamiliar surroundings was all the more mystifying in this case. Clearly, the sense of unwarranted familiarity had nothing to do with the physical location in which the attack occurred.

[2] I am indebted to Dr. Peter Manjos for this example.

Since I have presented this material in another communication (Arlow 1959), only a condensed account will be given here. Among the patient's symptoms were claustrophobia, specifically anxiety about tunnels. The anxiety was not associated with entering tunnels; it began to appear only after the patient had been in a claustrum for a while. The analytic work demonstrated that these symptoms were based upon an unconscious fantasy of a murderous encounter, inside the mother's body, with the father and/or his phallus.

The attack of déjà vu took place under the following circumstances: the patient had an interview with the financial officer of the institution for which he was working. This interview was in response to a letter of complaint the patient had written regarding a delay in receiving his salary. He went to the treasurer's office, where the attractive secretary told him that the treasurer was busy at the moment. She invited him to sit down and talk for a while. Her manner was reassuring. It was at this moment that the patient looked out of the window at the fields and the surrounding landscape, with which he was thoroughly familiar and felt, "I've seen all of this before. I've been through this before." This experience was accompanied by an unpleasant affective state, a mixture of anxiety and feelings of uncanniness.

Let us compare the objective situation with the patient's unconscious fantasy. In reality, the patient found himself with a sexually tempting woman while waiting to enter the inner office. In the office was an authority figure, an adversary, with whom he might quarrel over money. This configuration corresponded to the elements of his unconscious fantasy—namely, an encounter with the father and/or his phallus within the body of the mother. The anxiety which he experienced was appropriate to the concomitant fantasy which he was unconsciously entertaining at the time. The feeling of déjà vu, of having been through all this before, was connected with defense against castration anxiety and was stimulated by the reassuring presence of the secretary. He felt she was on his

side and in his fantasy imagined that she would side with him against her employer, even as his mother had taken his part against his father. In fantasy he had often identified himself with Jacob in the Bible story in which Rebecca helps her son deceive his father and steal the blessing. In his old Hebrew schoolbook, which he resurrected from his library at this point in the analysis, was a picture of Rebecca at the entrance of the tent, reassuring Jacob as he is about to enter. When the patient was a child, his mother used to help him overcome his fears of the barber and the doctor (his father was a doctor) by telling him, "Don't be afraid. You have been through all of this before and everything came out all right. The same will happen now."

Thus we see that both danger and defense were part of the unconscious fantasy activity. The danger contributed to the consciously experienced feeling of anxiety and the defense became evident in the feeling of déjà vu, to wit, "You have been through all of this before and you came out all right because mother was at your side. The same will happen now." The transposition of affect in the déjà vu experience is similar to the transposition of affect in the typical dream of missing trains or failing an examination. The disturbing, manifest content of the dream contains the reassurance against anxiety connected with a currently experienced danger. So too, the disturbing, conscious experience of déjà vu, in this case, arises in response to the emerging danger of retaliation and punishment. Not all attacks of déjà vu necessarily convey this specific form of reassurance in fantasy. Other forms of defense connected with unconscious fantasies may be involved. This has been demonstrated by Marcovitz (1952). In the déjà vu experience cited above, unconscious fantasy activity, in the service of defense against anxiety, intruded momentarily upon the function of reality testing.

Is it possible to demonstrate other ways in which unconscious fantasy contributes to the function of defense? Clinical practice indicates that the answer to this question is affirmative. It is not possible, however, to say that all defense mechanisms are mediated through unconscious fantasy. The use of fantasy in defense was de-

scribed by Anna Freud in connection with the mechanism of denial in fantasy (1946). Defensive uses of identification, undoing, and denial are readily incorporated into unconscious fantasies. One of the best known of fantasies, a fantasy which is oriented almost exclusively toward the ego function of fending off anxiety, is the unconscious conceptualization of the woman with a phallus. Although this fantasy serves as the essential condition for sexual gratification of the fetishist, the fantasy itself is primarily defensive in nature. The function of this particular fantasy is to reassure the subject against castration anxiety. It was in discussing this phenomenon that Freud described the split of the ego in the defensive process (1940). He was referring to the contradiction between the accurate conscious conceptualization of the female anatomy as opposed to the unconscious concept which in fantasy endows the woman with a phallus. What the fetishist perceives in reality, he denies in fantasy. Certainly this demonstrates that unconscious fantasy may involve definite visual and verbal concepts. The fantasy of the phallic woman is a specific example of denial in unconscious fantasy and it is a common feature of many clinical entities, e.g., voyeurism, exhibitionism, transvestitism, some forms of homosexuality, and some special types of object choice in men.

A defensive use of identification with the aggressor, a mechanism described by Aichhorn (1925) and Anna Freud (1946), may be incorporated into an unconscious fantasy and be utilized at different times to fend off feelings of humiliation, anxiety, or reproach from the superego. In a case of depersonalization, which I have described (Arlow 1963, 1966), the patient had grown accustomed during childhood to master feelings of humiliation by identifying herself in fantasy with her tormentors. As a child, whenever she felt humiliated, she would fantasy that she was one of the group who were laughing at her, the unfortunate victim from whom she felt alienated. In her adult neurosis, in which the principal presenting symptom was depersonalization, the patient would unconsciously resort to this for purposes of defense: under circumstances which ordinarily would have aroused anxiety or humiliation,

the patient would become depersonalized. The analysis of these attacks demonstrated the influence of a fantasy in which the patient once again defensively split her self-representation into two parts. One self-representation was an observer and retained the quality of selfness; the other self-representation was the object of observation and was seen as involved in some painful situation. From this second self-representation, the patient felt detached and alienated.

How the external situation in which a person finds himself, or how the activity in which he is engaging at the moment, may facilitate the contribution that unconscious fantasy makes to conscious experience can be observed in everyday analytic practice. From the technical point of view, the analysis of this interplay constitutes the immediate tactical approach of the therapist. In this regard, it is advantageous to note the introductory statements patients make in transmitting a communication, especially if it is the opening statement of the session or if something in the way the patient says it impresses the analyst that the statement is superfluous. One should be alert on such occasions to the possibility that superfluous comments of this nature point to the influence of unconscious fantasy. Thus when a patient states, "While riding in a bus, I had the following thoughts . . . ," what usually follows in the patient's associations is some derivative of a fantasy of being in an enclosure. Or if the patient begins with, "On my way to the session . . . ," the ensuing associations almost invariably lead to some fantasy concerning the analyst.

Let me cite a particularly illuminating example at greater length. "While squeezing some oranges this morning for juice," a patient began, "I had the following thoughts." The associations that emerged may be summarized as follows. He was thinking of nourishment, liquid in bottles, and poison. Suddenly he recalled that this was his sister's birthday. He thought of presenting her with a bottle of 3-Star Scotch, when the thought flashed through his mind of presenting her instead with 3X poison. At this moment he became aware of the hemispherical shape of the sections of the oranges which he had cut and which he had been squeezing with unusual violence.

Parenthetically, this patient had been abandoned twice by his mother. The first time was when he was less than a year old; she weaned him abruptly and turned him over to the care of his grandmother so that she herself could go back to school to finish her professional training. The second time was when his younger sister was born. The sister had a congenital defect which caused the mother to be occupied with her almost exclusively.

The patient's thoughts continued. He was concerned about his mother. The doctor had reported that the cancer of the breast from which she was suffering was now in an advanced stage. Some years earlier, the patient, a physician, had given his mother injections of estrogenic hormones to control menopausal symptoms. Had these injections caused her illness? He had never forgiven his mother for abandoning him. He thought of his previous treatment with a woman analyst. He felt it had not been successful. She had a child while he was in treatment and sometimes she would sew during the analytic sessions. He was sure that she was sewing for her newborn child. The patient then began to think of the time when his grandmother used to care for him. He had been told that when his mother left him to go to professional school, he refused to take the bottle. He was so importunate in his demands for the breast that his grandmother gave him her dry breast to suckle. He grew up to become an inconsolable pessimist. Another memory came back at this point. He recalled watching his grandmother grind meat for hamburger. The patient would stand by and eat the raw meat as it came out of the machine.

This material may be formulated in terms of the interaction of unconscious fantasy and conscious experience. Against the background of his lifelong hostility toward his mother and sister, the patient's mental set is intensified by his sister's birthday and his mother's illness. In this setting, the ordinarily routine activity of squeezing oranges becomes the activity which facilitates the emergence of derivatives of an unconscious fantasy, cannibalistic in nature, i.e., of destroying and devouring his mother's ungiving, frustrating breasts. This fantasy in turn influences the manner in which

the patient perceives the shape of the oranges and the violence with which he extracts the juice. While squeezing oranges in reality, he is destroying breasts in fantasy.

To this point we have been discussing unconscious fantasies that emerge in the course of psychoanalytic treatment, but an even broader problem is involved, namely the precipitation of neurotic illness in general. In his early studies of neurosogenesis, Freud (1912) traced the onset of illness primarily to a disturbance in the quantitative relationship between drive and defense. He emphasized especially those features which tended to intensify the pressure of the drives upon the mental apparatus. Later, Freud (1939) demonstrated the existence of what is perhaps a more common mode of onset of neurotic illness. A neurosis may be precipitated when the individual finds himself in a realistic situation which corresponds to some earlier traumatic experience. The new experience contains in it elements that are unconsciously interpreted as a repetition of the original trauma. An addition to, or perhaps an elaboration of, the concept of how neurotic illness may be precipitated in adult life may be found in the consonance between the realistic situation and the specific, unconscious fantasy which it reactivates. That may be illustrated with material from the analysis of a patient who suffered from claustrophobia, especially while riding in subway trains. Ten years before the onset of his illness, his twin brother, whom the patient had momentarily abandoned, collapsed in a train and subsequently died. The patient held himself responsible for his brother's death. Years later, a week before the onset of his illness, the patient was in the unhappy position of having to decide whether to take his uncle to the hospital or to risk having him treated at home. The patient decided to take the uncle to the hospital, but the latter died in the ambulance before they reached their destination. The patient grieved, but did not develop claustrophobic symptoms until several days later *when he was traveling in a subway in the company of a group of sibling figures.* The analysis demonstrated that this symptom was connected with unconscious fantasies concerning his twin brother and the interior

of the body. In these fantasies, the patient would imagine himself inside the mother's body with or without his twin. On other occasions, the fantasy concerned the activities of the brother within the patient's body. The specific details of the symptoms were directly related to the behavior which he unconsciously fantasied the introject to be carrying on within the claustrum.

Returning to the point of this discussion, we can see that the uncle's death reactivated the earlier trauma of the brother's death. However, it was the precise experience of traveling in the subway with sibling figures which precipitated the neurotic symptoms. This experience corresponded to elements from a set of unconscious childhood fantasies. In these fantasies, he imagined himself and his twin engaged in various activities inside the mother's body, e.g., struggling with his twin for food, fighting over who should emerge first, and above all, destroying his sibling within the womb so that he could be born as an individual and not as one of a set of twins. It was indeed the conflicts over these childhood fantasies that had caused him, at eighteen, to respond traumatically to his brother's death. The actual death of his brother constituted an actualization of his fantasy wish to have been born without a twin. The uncle's death confirmed his guilt and finally the experience in the train—claustrum—triggered the onset of his symptoms.

Writing about neurotic reactions to the symptoms of neurological disease, Beres and Brenner (1950) stated that such symptoms become traumatic psychologically because of the existence of an antecedent, unconscious conflict. What is pathogenic, they add, depends upon a fixation. To extend these ideas and the concept which I have been developing, I would add the following. Since fixation is specifically expressed in a set of unconscious fantasies, the precipitation of mental illness under such circumstances is determined by how the symptoms of organic disturbance affect the fantasy life of the patient and how they facilitate the emergence of pathogenic fantasies.

Even in highly organized symptom-formations, the specific details of the symptomatology may vary from time to time. A careful

examination of these variations will demonstrate how the details of the symptoms are exquisitely related to the different versions of the unconscious fantasy. In the case of the twin patient cited above, he experienced various intra-abdominal sensations, depending upon what his daydreams were at the moment about the behavior of the introject within the body. In his studies of claustrophobia, Lewin (1935) showed how a patient's symptomatology reflected the patient's immature grasp of reality and of the physiology of the fetus at the time when the conflict was given expression in the form of an organized fantasy. Whenever he found himself within a claustrum, the patient could breathe only intermittently. This detail of the symptom corresponded to the patient's childhood concept of intrauterine physiology. He knew that there was fluid within the maternal enclosure and as a child became apprehensive as to how the fetus, with whom he had identified, could breathe. He solved the problem by utilizing what he knew of the operation of the flushing mechanism of a toilet. When the water level receded it left the chamber with air. The bobbing ball of the flush mechanism resembled the head of the fetus. Based on this model, the patient, as a child, had an idea which he incorporated into an unconscious fantasy that the water level within the womb receded intermittently whenever the mother urinated and that only during this interval could the fetus get air to breathe. This material demonstrates how an unconscious fantasy may be studied to gain insight not only into infantile sexual theories, but also into forgotten primitive concepts of reality and of the self. The fantasy which is regressively revived in neurotic illness reflects the immature state of the ego at the time of the origin of the fantasy. Unconscious fantasy represents an area which remains to be explored for the purpose of furnishing data concerning the early phases of ego development.

The quick and facile interaction between external events and the appearance of derivatives of unconscious fantasies furnishes ample proof of the hypothesis that fantasy activity is a persistent and constant function. It suggests that what Freud (1900) said about

the formation of dreams may be applied with equal validity to many disturbances of conscious function. Commenting on the rapid organization of a dream in response to an external stimulus experienced during sleep, Freud said that there must be preformed, readily available unconscious fantasies which can be woven instantaneously into the structure of the dream. The clinical material presented shows how the same holds true for experiences in waking life. This concept contributes to the understanding of such diverse phenomena as wit, illusion, misperception, *pseudologia phantastica* (Fenichel 1939), imposture (Abraham 1935; Deutsch 1955; Greenacre 1958), and transient disturbances of identity (Jacobson 1959).

For purposes of presentation, till now, it has been necessary to isolate the specific functions that unconscious daydreams may serve. It must be remembered, however, that in common with all other mental products, the effects of unconscious fantasy are governed by the principle of multiple function (Waelder 1936). Id, ego, and superego derivatives may all become manifest in a conscious experience that is determined by unconscious fantasy even though the conscious disturbance is only of minor significance.[3] This may be illustrated in the following example demonstrating a disturbance of the sense of time. A woman patient entered the consultation room on a Monday and said that she felt very strange because she felt as if she had not seen me for one hundred years. She spoke at some length about this feeling of an extraordinarily extended lapse of time since the last meeting of the previous Friday. This session took place on the Monday following Father's Day. Her father was dead. The patient blamed herself for his death. For certain reasons, during adolescence, she had willfully and stubbornly insisted that the family return home from a relative's house, although it was snowing. This house was many miles from the patient's home and the family had expected to spend the night there. Because the

[3] See also Eidelberg (1945).

patient was adamant, the family reluctantly acquiesced and undertook the hazardous drive back. The car skidded and the father sustained injuries from which he died one week later.

I was struck by the patient's introductory phrase which reflected her subjective sensation of having been away from the analysis for one hundred years. Her associations to this statement ultimately led to the legend of the Sleeping Beauty. This fairy tale appealed to her as the fulfillment in fantasy of a wish to be reunited with her father, either in life or in death. For her, the Sleeping Beauty story made it possible to undo the finality of her father's death and her guilt. In the story, when Sleeping Beauty is awakened after a sleep of one hundred years, the redeeming lover represents a member of another generation. Through this magical suspension of the barrier which time interposes, it becomes possible to breach the barrier of the incest taboo. Oedipal wishes may be fulfilled and the dead father reemerges as the resurrecting prince. Thus the subjective sensation of an unnaturally extended period of time represented in a condensed way the unconscious fantasy of Sleeping Beauty. The distortion of the sense of time expressed at the same moment the fulfillment of oedipal wishes and the warding off of superego reproaches, in a fantasy which made it possible to undo the death of her father.

Unconscious fantasy activity has a special relationship to clinical phenomena involving the psychology of the self. This is an area of psychoanalysis that deserves a much more extensive discussion than is possible at this time and in this communication. Alterations in the experience of the self are very common, especially as transient phenomena in the psychoanalytic setting. These disturbances usually fall under one or more of the following three headings: problems of identity, disturbances of the body image, and disturbances of the sense of self. Difficulties pertaining to the first two of these categories may be conscious or unconscious. The manifest dream often contains a concrete visual representation of the self. From the study of dreams, we observe how wide is the range of possible self-representations.

Let us apply what has been stated earlier about the function of fantasy to the realm of self-representation. The multiplicity of self-representations is organized into many different fantasies and fantasy systems. Self-representations in unconscious fantasy, persistently and selectively reactivated and fused with each other, help make up the individual's identity. There is a similarity between these ideas and the concept of "pooled self-representations" (Spiegel 1959).

From time to time, under the impact of conflict, the organized identity, built up from many different self-representations, may begin to disintegrate into its component parts. One or another self-representation comes to the foreground of consciousness, mediated by way of an unconscious fantasy in which the self-representation is expressed in concrete terms. Identical considerations apply to the self-representations involved in the body image and the concept of self. The impingement of such fantasies upon consciousness contributes to the clinically observable alterations of the experience of the self. The structure and meaning of many alterations of self-experience can be determined by reconstituting and analyzing the concomitant, unconscious fantasy.

Language furnishes many clues to the nature of the unconscious daydreaming which accompanies altered experiences of the self. Several examples have already been given; a few relatively uncomplicated ones follow. For example, unless they are unusually sophisticated, patients rarely complain that they suffer from depersonalization. Instead they describe their sensations in some form of imagery, oftentimes quite dramatic. One patient who was suffering from depersonalization, expressed her discomfiture in the statement, "I feel like a Zombie." The analysis subsequently revealed that she had indeed identified herself with a dead relative and that when she was depersonalized she was under the influence of an unconscious fantasy of suspended animation. Other patients say they feel empty inside, or like a passively manipulated puppet, wrapped in cotton, etc. Rangell (1955) described a patient who had transient alterations of the sense of self while on the couch.

The patient described this experience in terms of disappearing into the background or becoming fused with the couch. These sensations were based upon an unconscious fantasy of merging into the body of the mother. Joseph (1959) reported a case in which the emergence of an unconscious self-representation intruded into conscious experience and took the form of what was, for all intents and purposes, a hallucination. This patient was one of a set of twins. In his unconscious fantasy life, he often represented himself and his brother as a sexual couple, with himself in the role of the woman. During the treatment of this borderline patient, a series of events culminated in the two brothers separating. In this state of longing for his twin, the patient experienced an upsurge of homosexual feeling. While passing a highly polished store window, the patient saw himself as a woman, reflected in the glass. Similarly, in the seminar of the Kris Study Group, Milton Horowitz presented material from a patient whose behavior constituted exquisite acting out of a very detailed unconscious fantasy of identification with his dead mother. In addition, Jacobson (1959) has written of conflicts of identity within the ego as the basis of certain disturbances of the self. Such conflicts between different identities are probably mediated through unconscious fantasies derived from specific experiences in the patient's life and tend to influence conscious experience simultaneously or alternately (Arlow 1963). Finally, disturbances of the body image during analytic sessions are perhaps the most common of the phenomena under discussion. The wish-fulfilling aspect of the intrusion of unconscious fantasy in such situations is too well known to require comment. The defensive and self-punitive aspects could be investigated with profit.

To summarize the main points of this paper: Unconscious daydreaming is a constant feature of mental life. It is an ever-present accompaniment of conscious experience. What is consciously apperceived and experienced is the result of the interaction between the data of experience and unconscious fantasying as mediated by various functions of the ego. Fantasies are grouped together around certain basic childhood wishes and experiences. In these systems of fantasies, one edition of the fantasy wish may represent a later ver-

sion or defensive distortion of an earlier fantasy. Which fantasy version of the unconscious wish will contribute to conscious experience depends upon a number of factors that have been discussed. Unconscious daydreaming is closely allied to instinctual fixations. It is this activity that supplies the mental set in which the data of perception are organized, judged, and interpreted.

The contribution that unconscious fantasy makes to conscious experience may be expressed illustratively through the use of a visual model. The idea for such a model occurred to me several years ago. It was after Thanksgiving dinner and a friend had brought a movie projector to show the children some animated cartoons. Since we did not have a regulation type movie screen, we used a translucent white window shade instead. During the showing of the cartoons, I had occasion to go outdoors. To my amusement, I noted that I could watch the animated cartoons through the window on the obverse side of the window shade. It occurred to me that an interesting effect could be obtained if another movie projector were used to flash another set of images from the opposite side of the screen. If the second set of images were of equal intensity to the first and had a totally unrelated content, the effect of fusing the two images would, of course, be chaotic. On the other hand, however, if the material and the essential characters which were being projected from the outside and the inside were appropriately synchronized according to time and content, all sorts of final effects could be achieved, depending upon the relative intensity of the contribution from the two sources.

The concept of unconscious fantasy activity has two implications of general import for psychoanalytic theory. One concerns the theory of technique, the other methodology. One may describe the psychoanalytic situation as structured in a way that is most favorable for obtaining data indicating the influence of unconscious fantasies. One immediate technical goal of the therapist is to help the patient learn to distinguish between reality and the effects of unconscious fantasies. In order to do this, the analyst maintains a neutral position and avoids getting involved in his patient's life. Transference analysis becomes the proving ground in which one

can demonstrate to the patient how he confuses the past with the present, the daydream with reality. This is how I understand Nunberg's (1951) view that the transference is a projection; it represents a foisting upon the analyst of the patient's preformed, latent, unconscious fantasies. Thus analysts who minimize the role of unconscious fantasy in mental life (Alexander 1950) are also ready to play roles in therapy.

The point about methodology is simple but fundamental. If we are cognizant of the tendency of unconscious fantasies to influence conscious experience and behavior, then we must be very careful in evaluating data from a superficial, i.e., from a strictly phenomenological, point of view. Unless one knows the patient's unconscious fantasy, one can easily be led into a confusing dilemma as to whether a certain action represents activity or passivity, masculinity or femininity, self-punishment or masochism, etc. Anna Freud (1951) pointed this out in analyzing different types of male homosexuality. She showed how a patient, whose actual role in homosexual relations could be described as passive, receptive, masochistic, and feminine, was in fantasy unconsciously identifying himself with the so-called active, sadistic, masculine partner. His behavior was one thing, his fantasy another.

In the introduction to this paper, a number of questions were posed concerning the nature of unconscious fantasy. In the light of the material presented, we can formulate our answers to these questions. No sharp line of distinction can be made between conscious and unconscious fantasies. In the framework of the structural hypothesis, it seems more appropriate to speak of fantasies which are fended off to a greater or lesser extent, bearing in mind that the role of defense may change radically with circumstances. A very high degree of organization may be attributed to unconscious fantasy, though this need not always be the case. Fantasies are not exclusively vehicles for discharge of the instinctual energies of the id. The ego and superego play a part in their formation. The contribution which unconscious fantasy makes to conscious experience may be dominated by defensive, adaptive, and self-punitive trends as well.

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UBIQUITOUS DAYDREAMS AND UNCONSCIOUS FANTASY: A REASSESSMENT OF ARLOW'S "UNCONSCIOUS FANTASY AND DISTURBANCES OF CONSCIOUS EXPERIENCE"

BY THEODORE SHAPIRO

I was privileged to have been taught by Jacob Arlow and later to have participated on panels, conferences, and in private discussions with him. During the 1980s, I spent three days at the University of California, San Francisco, with him and others in a research laboratory, listening to case recordings from an investigative project that was designed to provide rigor in the process of how we understand clinical data. This exercise permitted me to see him and others firsthand as he used clinical sequences to piece together larger units of meaning derived from verbal exchanges.

Arlow was expert at seeing the themes and derivatives of unconscious processes as they emerged in therapeutic talk. Indeed, his mantra, repeated by his disciples and others in the tradition, was the careful scrutiny of clinical process. He believed strongly that by scrupulous attention to the data of analysis, we could resolve differences in our views of what has happened and our understanding of the deeper meaning of the patient's productions. Thus, he held that psychoanalysis was an empirical science. Today we hear similar argument from Dale Boesky, Charles Brenner, and

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others who believe that the root of understanding is embedded in the quotidian psychoanalytic experience.

The most telling concept of Arlow's pre-postmodern era was the ubiquitous unconscious fantasy, which furthered our clinical understanding without the need for reference to constructs such as intersubjectivity, the analytic third, selfobjects, or a two-person psychology, which were to appear only in future years. In that sense, Arlow's "Unconscious Fantasy and Disturbances of Conscious Experience" (1969) elaborates the author's continuities with Freud, as well as his application of the structural theory to unconscious fantasy, making the latter the root assumption with which to create sense out of formerly unfathomable symptoms, dreams, and parapraxes. Arlow made it clear in his clinical reports that his aim was in part to teach the patient how his or her mind worked. In so doing, he brought the observing ego to the forefront and enhanced what some now refer to as reflective functioning, thus eliciting the patient's greater control over behavior formerly driven by blind unconscious determinants.

The era in which this paper was written is crucial to understanding its form and content. When confronted with this article, the modern reader misses today's carefully detailed case process descriptions and elaborations of countertransferential experiences, as well as the vocabulary of twoness. Arlow and others were at the time reacting to the provocative issues raised by Anna Freud (1937) in *The Ego and the Mechanisms of Defense,* in which she presaged the future in her pronouncements that psychoanalysis sees the drives only through the window of the ego, and that, while it remains a depth psychology, analysis also closely studies defenses. Historically, this view, along with Hartmann's adaptational standpoint and Erikson's focus on social determinants of drive expression, was the beginning of the rise of what came to be known as ego psychology.

The modern reader should be aware that many analysts of the time thought considerations of adaptation and ego defenses betrayed the earlier exclusive devotion to the primacy of drives and their derivatives as the depth "stuff of analysis." I was told by Berta

Bornstein, a child analyst and émigré from middle Europe, that the abandonment of the topographic theory for the structural theory in 1923 had been uniquely disruptive to the practice of psychoanalysis. The likes of Kubie and Glover, and certainly the French psychoanalytic community, held tightly to topography, even as Arlow and his colleagues Brenner, Beres, and Wangh struggled to bring the structural theory into the best light by exploring its ramifications and potentially expanded significance for clinical practice. They were then the "moderns." Nonetheless, they remained steadfast in their theoretical commitment to infantile sexual and aggressive unconscious fantasy as the lodestone sought by psychoanalysis.

These analysts' concerns were registered in many theoretical revisions, which included the notion that the system *pcs.* no longer served any purpose (Arlow and Brenner 1964)—an idea foreshadowed in "Unconscious Fantasy and Disturbances of Conscious Experience" in the proposition that unconscious fantasies are well formed and structured, and that the linguistic elements of metaphor are derivatives of these mental formations. The other decisive blow to traditional analysts of the time took the form of Freud's new proposition that the status of an idea in relation to consciousness had to be considered not in terms of topographic "locales," but rather in terms of the idea's access into awareness —i.e., an adjectival attribute of fantasies.

Freud's (1923) discussion in *The Ego and the Id* clearly outlined his appraisal of the portion of ego functioning that remained descriptively unconscious, precluding the prior notion that only unstructured unconscious drives occupied the system unconscious. Arlow states the idea rather succinctly in "Unconscious Fantasy and Disturbances of Conscious Experience": "[Freud was led] to the conclusion that accessibility to consciousness is not a reliable criterion on which to erect psychic systems" (p. 24).[1]

The overall thrust of this paper, of course, is the proposal that, in addition to dreams and hysterical symptoms, we should add al-

[1] *Editor's Note:* In this article, page numbers from Arlow 1969 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1969.

tered states of consciousness—such as déjà vu, depersonalization, and defensive splits in the ego—to the list of phenomena that arise from unconscious sources. Indeed, unconscious fantasies such as the phallic woman and denial in fantasy are outcomes of the encroachment of unconscious ideas into the surface layer of awareness. Arlow's approach to these phenomena remains the mainstay of how psychoanalysts view symptom formation based on the relative push of unconscious ideas into behaviors and experienced symptoms. It is an extension of Freud's economic theory, too, in which the relative pressure of the drives essentially determines whether or not derivatives emerge as psychological and behavioral symptoms.

In this paper, Arlow uses the image of the two-sided home movie screen as a metaphor about how the projections from within contribute to the distortion of percepts from without (i.e., illusion). He elaborates on the continuous likelihood that we color our percepts in accord with our organized propensity to see the world through the eyes of children. He offers a wise aphoristic phrase regarding a patient: "He responds inappropriately to realistic events because he misconstrues them in terms of an unconscious fantasy" (p. 22).[2] Arlow wrote that fantasy "may organize and structure the data of perception into illusions, misconceptions, and parapraxes" (p. 29), and "unconscious daydreaming is a constant feature of mental life" (p. 42). The latter statement is one of the first occasions in our psychoanalytic corpus on which the daydream was permitted into the observational pool as a powerful datum alongside unconscious fantasies.

The masturbation fantasy, of course, is also a close relative of the daydream, and it is certainly suffused with drive derivatives and the pressure for discharge. Arlow cites his paper on masturbation and symptom formation (1953), noting that conscious fantasies had previously been relatively neglected as a source of understanding human behavior (see Laufer 1976). Indeed, nowhere in our literature are the consequences of economic factors so clearly high-

[2] Sandler (1976), too, notes that there is no immaculate perception.

lighted in regard to the pressure for discharge as in "Unconscious Fantasy and Disturbances of Conscious Experience." This may have been so because these notions were already conceptually suspect by the late 1960s. Yet one had to account for what Arlow referred to as the trigger of symptom expression in *nachträglichkeit,* that moment of truth that the French elaborate as *après coup.*[3]

Nachträglichkeit is not mentioned in Arlow's 1969 paper, but it is the keystone of his argument. In his case descriptions, he brings home the fact that there is a moment of truth when the symptom takes hold because the life circumstance of the moment taps into a trace of a past memory. Like the sham lying next to the gold cited in Freud's (1926) paper on the fetish, the subway becomes the metonymic association to symptom emergence in the case report related in "Unconscious Fantasy and Disturbances of Conscious Experience," where we note that the symptom-formation system is continuously ready to be activated by mental linkages because of the affective associations of the patient. The twin who survived his brother and who then collapsed on a train became symptomatic only when he revived the constituent fantasy by entering a subway some time after he began mourning the more recent death of his uncle. Existential death was not the significant trigger; rather, the subway was the referential sign that connected his thoughts.

This linkage surely has its parallel in phobia formation and in the relative unfathomability of some symptoms, where the innocuous nature of the precipitant makes its dangerousness seem mysterious to the casual observer. This is the rear projection on the screen in Arlow's homely image.

These careful descriptions of neurosogenesis are not unique to Arlow, for they are major constituents of other Freudian narratives. Arlow's complete Freudianism is evident in every line, even as he moves into less common locales, such as sensations of bodily

[3] In addition, from outside the clinical arena, Ricoeur (1970) was approaching the hermeneutic concerns of our discipline, but he also had to account for what he called the *energetics,* in order to make a full accounting of the emergence of meaningful symbolic transformations and their pressure to expression.

change, perceptions like déjà vu, and other perceptual distortions of the sense of self. While we are again reminded of Freud's (1936) report on his first sighting of the Acropolis, Arlow has taken a new high ground in elaborating a role for these phenomena by using conflict theory, with depth determinants resulting from memorial traces both as daydream and unconscious fantasy. He was not content—as future analysts would be—to suggest the idea of endopsychic projection of bodily states. Rather, he reached for a further role for conflict resolution as a means to grasp what were later to be thought of as self states. Indeed, this is one of the earlier descriptions of the *self* as itself a fantasy.

Arlow approaches these disturbances of self-perception in relation to body image and identity distortions, including distortions of the sense of self with momentary lapses in both the sense of reality and reality testing. He aptly describes the patient's verbalizations that can lead one to believe that imagery is "the thing itself" rather than a compromise formation—a result of unconscious fantasy in interplay with a defensive process coupled with anxiety. "I feel like a zombie," "I feel empty," or "I feel like I am wrapped in cotton" have been subsequently added to the vocabulary of self psychologists, but under Arlow's scrutiny, they are seen as yet another datum of the clinic to be analyzed and understood. The ubiquitous unconscious fantasy and daydream are the underpinnings of these vivid images, subsuming all of metaphor as well. Arlow offers an almost lyrical pronouncement about daydreams: "The private world of daydreams is characteristic for each individual, representing his secret rebellion against reality and against the need to renounce instinctual gratification" (pp. 25-26). Furthermore, such fantasies "are composed of elements with fixed verbal concepts" (p. 23)—i.e., they are linguistically organized.

This proposal was indeed new, insofar as psychoanalysis had previously fixated on the earlier Freudian notion of unconscious fantasies as being under the sway of primary process, and therefore in the grasp of a mobile cathexis, allowing a wide extent of indeterminacy and associational fluidity. Unconscious fantasies thus had to be relatively unformulated and subject to transformation.

No one before Arlow had asked how they could be both unformed and formed to be tapped by the experience of congruence at the same time. Arlow, as far as I know, never queried the fluidity of primary process, but he does seem to say in this instance that unconscious fantasy is indeed linguistically fixed, or it would not have explanatory power. He wrote that "unconscious fantasies embarrass our methodology," and asked, "How high a degree of organization can we ascribe to unconscious fantasy?" (p. 24).

Let me illustrate his point with the biological analogy of the formation of antibodies, a process that is actually a form of memory. We would not have an allergic response or an ability to fight off infection if we did not biologically record a response to the foreign proteins introduced into the body. Had these proteins not stimulated a change in the parallel bodily chemicals that make up antibodies, no future recognition would be possible. Thus, there can be no immune response unless these dormant antibodies can recognize the reintroduction of the same protein. Similarly, in "Unconscious Fantasy and Disturbances of Conscious Experience," had the surviving twin of the case report not already been sensitized by the subway death, and had he not formulated this event in a belief in the danger of subways, he would not have experienced panic.

Arlow's clinical cases are quintessentially ego psychological constructs, and his clinical analysis, reaching as it does for unconscious determinants in order to understand behavior and feeling states, reveals a classical analyst at work. How does this approach fit into our modern polytheoretical psychoanalysis? In Arlow's careful descriptions, where are the self states and the countertransferential issues we have learned to refer to as intersubjectively determined? Where are the analytic third, the two-person psychology, and the enactments so prevalent in our literature during the past thirty years? In answer, I will discuss the historical challenges that I believe have given rise to these constructs.

Among those who forced classical ego psychoanalysts to notice the expanding scope of patients to be treated were Ferenczi (1949), Stone (1954), and Kohut (1982). All these critical thinkers sought to expand the stance of the analyst—i.e., the way the analyst acts with patients. They primarily assaulted what they viewed as the au-

thoritarian, surgical model of neutrality. They focused on the alliance and the creation of a better climate in which patients could be comfortable and safe, rather than being forced into further retreat and defensiveness. At the same time, they tended to ignore the intrusion of the distorting effect of universal unconscious fantasies. They also became supervigilant about the role of countertransference as a therapeutic tool.

Others who diverged from ego psychological principles were the Kleinians and the object relationists, most effectively represented in the United States by Schafer (1997) and Kernberg (1988). According to this school of thought, internalized object relations are to be analyzed as distortions resulting from early rearing and enacted in dyadic transference and countertransference oscillations. A focus on the dyad and the field of the relationship has also taken analysts farther afield from unconscious fantasy and toward a virtual reification of Winnicott's (1966) dictum that there is no such thing as a baby. However, in his comments, Winnicott was alluding to the immature cognitive state and physical dependency of the human infant, whose survival depends on the caretaker. But Arlow, I believe, would have suggested that these theoreticians threw the baby out with the bath water and seriously ignored the potent effect of unconscious fantasy on life, thought, and affective organization.

Arlow favored keeping the psychoanalytic eye on the premise that there *is* an intrapsychic structure to be *discovered* and analyzed. I never knew him to be doctrinaire regarding how one approaches the quest for such knowledge of the patient, but that was the unstinting aim of the inquiry, in his belief.

Just as Freud had to give up the idea that analysis worked by the acquisition of insight and the analysis of unconscious fantasy and catharsis, his followers found a need to elaborate on the determinants of symptom formation. Self psychologists saw some symptoms as a result of the vicissitudes of narcissism and unempathic child rearing. Other analysts were influenced by the infant watchers, and attachment issues took a new high ground, as did timing and being attuned in analytic sessions. What had formerly been attributed to ego structural deficits—and sometimes considered

unanalyzable—became accessible to more recently trained analysts. Even bad habits and poorly evolved interpersonal, procedural problems were to be addressed in the two-person mode, along with variants of projective identification.

These ideas have led to new ways of looking at clinical phenomena that I believe Arlow would have accounted for on the basis of unconscious patterns giving rise to various propensities for distorted human interactions, which in turn derive from unconscious fantasies and daydreams constructed to protect the developing child from a sense of harm. These are essentially adult anachronisms based on universal fantasies that have been confronted with the mind-set of infants and children.

Arlow believed in free association as a means of reaching for unconscious precursors of derivatives seen in the clinical setting. (He was, after all, trying to show the patient how his or her mind worked.) For him, unconscious precursors of derivatives were to be studied as technical impediments and as resistance to analysis.

Arlow's close collaborator, Brenner (2006), has in recent years stripped psychoanalytic theory of the ego and made a bare-bones plea for work that identifies the core of the ego psychologist's working model as compromise formation. Curiously, the very ego of the ego psychologist is deemed unnecessary in Brenner's system. Occam's razor is very sharp in his hands. I know that Arlow did not share the latter adjustment. In addition, knowing of my own interest in language, Arlow confessed to me that he would have liked to have had more education concerning how modern linguistics approaches behavior and symbol formation. Here I will take the opportunity to augment Arlow's approach and argue that his grasp of psychoanalytic theory is quite compatible with an approach that rests on symbol formation and linguistic analysis, and in that sense is quite cross-disciplinary and thus modern.[4]

[4] One may correctly infer some irony in this remark. I am not a fan of idly supporting modernity merely to foster a sense of belonging, but I am eager to subscribe to any help we can get from our sister disciplines that bolsters our understanding and empirical stance. Arlow, as well, was cautious of change for change's sake, and remained devoted to what William James called the *cash value* of an idea.

Freud's iterations of theory that led to dominance of the structural theory, as noted earlier, led many to give up topography. And this change in turn permitted many to miss the fact that the ideas of unconscious fantasy and compromise formation rest upon *signifier* and *signified* relational terms—a point that was more carefully elaborated in Freud's earlier theory and well spelled out in chapter VII of *The Interpretation of Dreams* (Freud 1900). The *symbol* or *symptom* refer to deeper psychic representations that have undergone transformations on the basis of changes in the representational vehicle (words, thoughts, bodily states), and have a structure, i.e., a syntax, that can be represented in signs and symbols (Shapiro 1979). The latter are what we encounter empirically in our consulting rooms; they are the phenomenological stuff that we analyze.

The rest of the arrangements within the dyad and the clinical relationship concern the conditions under which we elicit thought. The ways we interact and create a surround that promotes exposure are technical devices designed to promote a sense of safety, confidence, and trust that aids in the discovery and the analysis. The arrangements and their vicissitudes have been the source of various constructs of the modern schools, but I believe, as Arlow did, that psychoanalysis is still a discipline in which the vantage point of the skilled observer, working from a classical scientific stance, is an appropriate position. If this were not essential, why would the process require such careful observation and scrutiny and guided listening? (See Makari and Shapiro 1993; Schwaber 1986.)

I also believe, as Arlow certainly did, that the analyst analyzes the unconscious determinants of the patient's mind by grasping the patterned fantasies that dictate distorted and skewed behavior based on childhood views of the world. They are indeed *discovered* by listening to our patients, and are not created in the dyad. The various surface manifestations result from changes that are afforded to protect the patient from what his or her adult mind finds offensive, and to protect him or her from having to confront intolerable ideas. The patient's internal judgments prescreen desires and ideas for acceptability. Indeed, these drive derivatives are rendered into opposites—denied or projected, or they appear

as condensations and other symbolic transformations that permit emergence into representations that disguise intent and make the root desire difficult to discern in its disguised form. These are dynamic transformations that arise because of unconscious emotional judgments, rather than simple cognitive and transformative symbols. The latter belong to a similar species of symbolic tropes that are less emotively driven and are cognitively neutral, as in language forms like poetry, narratives, and rebuses.

This mental construct is the basis of "Unconscious Fantasy and Disturbances of Conscious Experience." Arlow was not a social constructivist, nor was he a perspectivist, and, as already noted, he considered psychoanalysis one of the empirical sciences. In its observational stance, psychoanalysis is like other naturalist endeavors that use a specific method to accumulate data. Thus, technique is essential to the ability to expose the workings of the mind in conflict. The analytic method includes free association, defense analysis, and a relatively composed and unrevealing analyst. Too much has been made of the curse of neutrality, for it was never meant to represent total non-exposure or a lack of attention to the analyst's role or style—or disavowing of the analyst's humanity.

All of Arlow's writing belied any relativism, and he rejected outright any attempt to remystify the experiences of patients. Instead, he evoked a shifting defensive operation for protection against the prime influence of the fixed fantasies: the daydream and unconscious fantasy, which defined the limits of the patient's behavior. In fact, Arlow was an eager student of the impediments to freedom of behavior that were introduced by the patient's unknowing commitment to unconscious fantasy.

Arlow's paper presented here is a gem that, at the time of its publication in 1969, lay just at the cusp of many new ideas in psychoanalysis. It presented the idea that there are unconscious determinants of many states of mind and human feelings that may subsequently have eluded further depth understanding, because they have instead been looked at as self states or resultants of interaction, without being further analyzed for their inner meanings.

Let me end with a few words about the current excitement regarding enactments. Arlow would have noted that the analysis

of such impasses rests on the fortuitous interplay of mutual or complementary unconscious fantasies. Just as in former years we changed our view of resistance from one of an impediment to analysis to one of an opportunity to analyze the phenomenon as a compromised id–ego interaction, some of us might now analyze enactments as an unconscious collusion based on mutual blind spots. Successfully negotiating such a collusion requires one of the parties to recognize the ongoing interplay as something to be further understood.

Indeed, I believe Arlow would have rejected the earlier Freudian advice to permit the unobjectionable portion of the transference to linger as a positive addition to the analytic attachment. He would have smiled and explained further the responsibility for seeking further understanding in the flux of the analysis and in the ebb and flow of life itself. His gift was at every turn an uncanny observational skill; he was constantly scrutinizing new behaviors within the context of the dyad as grist for the mill in his understanding of the double image on the screen. His metaphor has stuck with us, for although the idea was not exactly new at the time, it was newly applied to psychoanalysis. If that relegates it to the realm of old-fashioned observational science, so be it.

Academic psychologists studying perception have long taught that perception is more than sensation. Designating colors, for example, is determined not only by the wavelength of the color spectrum, but also by the relativism of our linguistic terms and the conventional boundaries set by those codes. Arlow's paper recognizes these facts and shows how they are operative within complex social and psychological systems, and how they idiosyncratically affect the behavior and symptoms of patients who are trying, as best they can, to live within the constraints of their grasp of permissible action, even as they struggle to achieve pleasure in a reasonably adaptive manner.

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TWO READINGS OF ARLOW'S "UNCONSCIOUS FANTASY AND DISTURBANCES OF CONSCIOUS EXPERIENCE": ONE OLD AND ONE "GREEN"

BY DONALD B. MOSS

In the thirty-five years between my first and last readings of Jacob A. Arlow's "Unconscious Fantasy and Disturbances of Conscious Experience" (1969), the essay's impact, status, meaning, place, power, and authority have all shifted dramatically in my mind. Those shifts will serve as the focus of this commentary.

I will cite several specimen sections from the essay. First:

> [1] A woman patient entered the consultation room on a Monday and said that she felt very strange because she felt as if she had not seen me for one hundred years. She spoke at some length about this feeling of an extraordinarily extended lapse of time since the last meeting of the previous Friday. This session took place on the Monday following Father's Day. Her father was dead. The patient blamed herself for his death. For certain reasons, during adolescence, she had willfully and stubbornly insisted that the family return home from a relative's house, although it was snowing. This house was many miles from the patient's home and the family had expected to spend the night there. Because the patient was adamant, the family reluctantly acquiesced and undertook the hazardous drive back. The car skidded and the father sustained injuries from which he died one week later.

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> I was struck by the patient's introductory phrase which reflected her subjective sensation of having been away from the analysis for one hundred years. Her associations to this statement ultimately led to the legend of the Sleeping Beauty. This fairy tale appealed to her as the fulfilment in fantasy of a wish to be reunited with her father, either in life or in death. For her, the Sleeping Beauty story made it possible to undo the finality of her father's death and her guilt. In the story, when Sleeping Beauty is awakened after a sleep of one hundred years, the redeeming lover represents a member of another generation. Through this magical suspension of the barrier which time interposes, it becomes possible to breach the barrier of the incest taboo. Oedipal wishes may be fulfilled and the dead father reemerges as the resurrecting prince. Thus the subjective sensation of an unnaturally extended period of time represented in a condensed way the unconscious fantasy of Sleeping Beauty. The distortion of the sense of time expressed at the same moment the fulfillment of Oedipal wishes and the warding off of superego reproaches, in a fantasy which made it possible to undo the death of her father. [pp. 39-40][1]

Arlow here does three things at once: (a) he gives voice to the essay's basic idea: the relation between unconscious fantasy and disturbances of conscious experience; (b) he provides us with a sense of the clinical/theoretical platform from which he works; and (c) he writes to us in his characteristically declarative voice.

Nowhere in this section—in the idea, in the method, or in the written voice—do we sense a moment of difficulty, of hesitation, or of doubt. The patient presents; Arlow receives. Arlow's ideas slice from the superficial to the deep: from the patient's ostensibly quotidian "one hundred years" to the theoretical and topographic reach of "oedipal wishes" and "undoing the death of her father." The movement is characteristic of Arlow: agile and easy, with nei-

[1] *Editor's Note:* In this article, page numbers from Arlow 1969 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1969.

ther patient nor theory offering any sign of resistance or impediment.

And now to the second specimen from the essay that I will discuss:

> [2] The contribution that unconscious fantasy makes to conscious experience may be expressed illustratively through the use of a visual model. The idea for such a model occurred to me several years ago. It was after Thanksgiving dinner and a friend had brought a movie projector to show the children some animated cartoons. Since we did not have a regulation type movie screen, we used a translucent white window shade instead. During the showing of the cartoons, I had occasion to go outdoors. To my amusement, I noted that I could watch the animated cartoons through the window on the obverse side of the window shade. It occurred to me that an interesting effect could be obtained if another movie projector were used to flash another set of images from the opposite side of the screen. If the second set of images were of equal intensity to the first and had a totally unrelated content, the effect of fusing the two images would, of course, be chaotic. On the other hand, however, if the material and the essential characters which were being projected from the outside and the inside were appropriately synchronized according to time and content, all sorts of final effects could be achieved, depending upon the relative intensity of the contribution from the two sources. [p. 43]

Arlow here provides us with a positional metaphor: he locates a properly theorizing analyst for us, and that location is "outdoors." Arlow leaves the room in which he and others are looking at the same moving image. He finds a way to be alone, outside, to look at the images by himself. It is from there—outside and by himself—that he arrives at his metaphorical insight. It is from there that he links imagination to images, projections to fantasies, and seems, in an act of apparently casual brilliance, to cinch the place of "unconscious fantasy" in conscious experience.

This move "outdoors" replicates and represents the clinical/theoretical epistemology of the essay. The analyst might at first be located in the room with others—i.e., the patient. He then, however, finds a way to separate, and from there, from this point of separation outside the room, the analyst generates his powerful thought. This move "outdoors" strikes me as a metaphor for both method and epistemology. Finding one's way "outdoors" is the setting and precondition for powerful psychoanalytic thinking.

In my first reading thirty-five years ago, both the two preceding sections—and, like them, the entire essay—seemed to me the product of an impersonal, enduring, and entirely persuasive logic. Both analyst and theory seemed to be positioned perfectly. The problem for me, the reader and analyst-trainee, was simply to find my way into the proper position. From there, so the essay seemed to promise, I would be able to see and to interpret "disturbance," whatever form its expression.

In my most recent reading, these first two sections, and indeed the entire essay, seem the product of a personal and contingent set of unpersuasive assumptions. Both analyst and theory seem defensively positioned. From this defensive position, an analyst-subject describes a patient-object; the object functions as a specimen. There seems a methodological assumption that the object alone can demonstrate disturbance. The subject-analyst in the consulting room, text on the page—remains beyond the reach of perturbation. Neither patient nor reader is meant to "disturb" the premises or the conclusions of analyst and author. The subject's unperturbed observations are, in principle, both reliable and valid.

What once read to me as a straightforward study of "disturbances of conscious experience" in patients now reads as a thick, indirect example of "non-disturbance of conscious experience" in the analyst. Where once, as a reader, I wanted to identify with the text's non-disturbed subject, I now want to identify with the text's "disturbed" object. Where once my questions focused on interpretation of the object's manifest "disturbance," they now focus on interpretation of the subject's manifest "non-disturbance."

There have been a number of transitional readings between my first and last, but the direction of change has been steady. From uncritical belief through progressively confident critique, my reading now places the essay itself, rather than the patients it describes, in the position of specimen. More precisely, I now think of the "original" essay and my initial ways of reading it as constituting a two-part specimen: this kind of writing linked to that kind of reader. Joined, the two—receptive reader and transmitting author—function for me now as a useful artifact illustrating a particular mode of authority at work. Reader and text formed a complementary couple; there was no obvious resistance. Arlow wrote from an idealized, epistemological vantage point. I granted him this point and aspired to someday arrive there myself. Now I find that this artifact, this coupled essay and reader, seems to surface from a distant and radically different past. That is, my current reading of this text is laced with resistance; I refuse its assumptions, dispute its authority, and so on. Whatever the validity of my current reading, the distance and the difference between it and its predecessor seem certain.

And yet when I land, reflectively, on this retrospective sense of being "certain" that now, as a reader, I possess the strength to resist what then I had to accept, the difference between the two moments vanishes. Just as I was certain then, I am certain now. The certainty that allows me to read differently and to clearly mark the difference in my two readings has the paradoxical effect of eliminating the very difference it notices. Then and now, in both first reading and last, a sense of certainty feels both present and necessary—the sense of standing on ground firm enough to support thought. Freud called this ground a *scaffolding,* the foundation for speculative thought—and, I think, for ambitious reading. The scaffolding itself is neither the product of thought nor can it withstand becoming the direct object of thought.

That an essay like this one can, upon first reading, seem both self-defining and classical, and later turn into a warning example, raises profound questions regarding reading and thinking about psychoanalysis.

I am reminded of Wile E. Coyote, the cartoon character of "Roadrunner" fame. Wile E. Coyote inevitably finds himself in hot pursuit of the Roadrunner. He chases the Roadrunner as though his life depends on it, and, without realizing it, he follows him so closely that he runs off a cliff. Then, for a short time, Wile E. Coyote continues to pursue the Roadrunner by running on air; his legs continue to churn. But suddenly, Wile E. Coyote makes an error: he looks down. He then realizes (unlike the Roadrunner, who is oblivious to reality and beeps while continuing merrily on his way) that what he has just been doing is, in fact, impossible, and at this point, the coyote falls on his face. Reading Arlow now, and remembering what I do about having read him the first time, I have a sense that doing, reading, and thinking about psychoanalysis have been for me like having a Wile E. Coyote adventure: the moment I look too closely at the "ground" that holds me up, I fall on my face.

This essay's nominal subject, unconscious fantasy, is for me now overshadowed by the fact of this vanishing ground. A new, unpredicted, untitled, and indirect subject emerges. In effect, I mean here to add a colon, a subtitle, to Arlow's classical essay. The subtitle would be something like: "Some Implications for Reading and Thinking When One Experiences a Classic Disturbed—Its Assumptions Exposed, Its Contingencies Revealed."

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I first read "Unconscious Fantasy and Disturbances of Conscious Experience" in 1971. I knew I wanted to become a psychoanalyst, and here, in Arlow's essay, was an essential ingredient of what I was looking for. Here were mastery and competence, Freud transposed into straightforward American lingo. Here was European complexity converted into straight lines—a touchy Mercedes Benz transfigured into a powerful Ford Thunderbird. And here, perhaps most attractively, was consciousness not only mastering its object, but also audaciously and quietly mastering itself. Here was a consciousness that, in a recognizably American manner, walked softly and carried a big interpretive stick.

In this essay, Arlow writes declarative sentences that brook no argument. Unlike what we see in so much of Freud's writing, Arlow proceeds without need of an interlocutor, imaginary or otherwise. His essay is an expression of authorial autonomy. While clearly placing himself in a line-up constituted by something like "psychoanalytic science," Arlow writes here with the kind of confidence and self-authorization we might easily associate with a personal memoir.

In this essay, we do not actually get much of a chance to see how Arlow thinks. There is little hint of process and hesitation, of trial, advance and retreat/retreat and advance. Instead, Arlow presents us with conclusions, endpoints, a memoir-like tone of reflection after the fact. Arlow assumes our trust; he betrays no need to win it. Rather than how Arlow thinks, we see here what he knows. This is writing that cannot be gainsaid.

And that is exactly what I was looking for in 1971: writing that seemed so confident that it had no need to persuade, to show, to demonstrate, to address doubts and questions. This was the kind of writing I could find in Adorno, in Barthes, in Lacan, in R. D. Laing, in Norman O. Brown—writing that jumped ahead of the pack, that took the lead and didn't pause to see if you were following. If you weren't following, that was your problem. Arlow here, curiously enough, was for me writing in the way my countercultural heroes were writing. He shared with them a kind of confidence and certainty of being on the right—the only—track. That's what I wanted, people showing me where the right track was.

There is audacity to this writing. Listen to my third specimen from the subject essay:

> [3] Before we proceed let me make clear how the term fantasy is used in this paper. It is used in the sense of the daydream. Our understanding of the role of the unconscious fantasy has been hindered greatly by drawing too sharply the line of distinction between unconscious and conscious. It would be more useful, in my opinion, to speak in Brenner's terms of different mental contents which are fended off with a greater or lesser measure of

> countercathectic force . . . . In other words, ease of accessibility of a particular mental representation to consciousness may vary. The appearance in consciousness of a fantasy or of a derivative expression of a fantasy is governed by the same rules that apply to the emergence of any repressed material, i.e., it depends upon the balance between the cathectic potential and the opposing, repressing forces. The specific way in which unconscious fantasies influence conscious experience depends on several factors: the nature of the data of perception, the level of cathectic potential, and the state of the ego's functioning. Of the ego's functioning, reality testing, defense, adaptation, and integration are most significant. How the interplay of these factors determines the mental products which finally emerge will be considered in the light of clinical examples. [p. 25]

This is what I mean by *audacious,* the kind of writing that won me over: "Our understanding of the role of the unconscious fantasy has been hindered greatly by drawing too sharply the line of distinction between unconscious and conscious"; "the appearance in consciousness of a fantasy or of a derivative expression of a fantasy is governed by the same rules that apply to the emergence of any repressed material."

This kind of writing can be nailed up on institution walls. It's writing that, like Luther's on the walls of Wittenburg, announces a reformation. It grabs psychoanalytic history by the throat: Hitherto, the following errors have been made . . . . Those errors have been the result of fundamental misunderstandings . . . . These misunderstandings are hereby corrected . . . . No such errors need occur in the future. . . .

My next example seems to bear the fruit of this reformation. Complications fade out; mediations vanish. The analyst seems in direct contact with the unconscious. Its rules of activity are transparent, its operations legible to the keen eye, proceeding from the proper vantage point:

> [4] "While squeezing some oranges this morning for juice," a patient began, "I had the following thoughts." The associ-

ations that emerged may be summarized as follows. He was thinking of nourishment, liquid in bottles, and poison. Suddenly he recalled that this was his sister's birthday. He thought of presenting her with a bottle of 3-Star Scotch, when the thought flashed through his mind of presenting her instead with 3X poison. At this moment he became aware of the hemispherical shape of the sections of the oranges which he had cut and which he had been squeezing with unusual violence. Parenthetically, this patient had been abandoned twice by his mother. The first time was when he was less than a year old; she weaned him abruptly and turned him over to the care of his grandmother so that she herself could go back to school to finish her professional training. The second time was when his younger sister was born. The sister had a congenital defect which caused the mother to be occupied with her almost exclusively.

The patient's thoughts continued. He was concerned about his mother. The doctor had reported that the cancer of the breast from which she was suffering was now in an advanced stage. Some years earlier, the patient, a physician, had given his mother injections of estrogenic hormones to control menopausal symptoms. Had these injections caused her illness? He had never forgiven his mother for abandoning him. He thought of his previous treatment with a woman analyst. He felt it had not been successful. She had a child while he was in treatment and sometimes she would sew during the analytic sessions. He was sure that she was sewing for her newborn child. The patient then began to think of the time when his grandmother used to care for him. He had been told that when his mother left him to go to professional school, he refused to take the bottle. He was so importunate in his demands for the breast that his grandmother gave him her dry breast to suckle. He grew up to become an inconsolable pessimist. Another memory came back at this point. He recalled watching his grandmother grind meat for hamburger. The patient would stand by and eat the raw meat as it came out of the machine.

This material may be formulated in terms of the interaction of unconscious fantasy and conscious experience.

> Against the background of his lifelong hostility toward his mother and sister, the patient's mental set is intensified by his sister's birthday and his mother's illness. In this setting, the ordinarily routine activity of squeezing oranges becomes the activity which facilitates the emergence of derivatives of an unconscious fantasy, cannibalistic in nature, i.e., of destroying and devouring his mother's ungiving, frustrating breasts. This fantasy in turn influences the manner in which the patient perceives the shape of the oranges and the violence with which he extracts the juice. While squeezing oranges in reality, he is destroying breasts in fantasy. [pp. 34-36]

This is not argument; it is assertion—the writing of an author who senses himself hooked in to the way things are. It is the kind of writing I wanted to find in psychoanalysis—the kind that, in effect, was familiar to me from other types of literature. The material, of course, was new, but the assumptions were not. Here was a leader. And here I was, eager to follow. In seeking to be a psychoanalyst, I was seeking to find this kind of power, this capacity to read through, to read into, to read beyond.

Then and now, I notice that the methodological core of Arlow's text rests on a premise of "disidentification," on finding a way to go "outdoors" in order to see and in order to think. Here was Arlow, "outdoors," and here was American psychoanalysis, also "outdoors," each on its own, proceeding as though all were well—as though, no matter all this noise and commotion around us, of course the center would hold. It had always held and would always continue to hold.

Disidentification is an act of self-definition, of apparent autonomy. Alongside whatever conceptual daring I could find in the essay, then, I could also find, in the heart of the essay, a clear and quiet confidence in continuity, in the steady accrual of what we had already gathered, in the sense that progress had been and would continue to define the psychoanalytic movement within the United States. The essay seemed to be then—and still seems—linked to the American dream or dreams, each dream the realization of

a nation's wish to be the world's bright and shining light, the place of guns and butter, of pragmatism and genius, of fast cars and beautiful women, of unconscious fantasy and conscious adaptation, of human rights and imperial success.

Arlow writes in the spirit embodied by Picasso's famous remark *"Je ne cherche pas; je trouve"* ("I don't search; I find"). I remember reading Arlow long ago, trying to position myself where he seemed to be and then imagining a trout waiting for the next mayfly to appear. The trout finds his spot, his setting; he stays still; the mayfly appears; he strikes.

"While squeezing oranges in reality, he is destroying breasts in fantasy." This is the kind of sentence I yearned, unsuccessfully, to be able to write. I had hundreds of hours of supervision during the years when Arlow's written work served as the ideal model. I worked hard at matching that model, but couldn't. What I did, then, was to fake it—to my supervisors, to my patients, and to myself. I tried to persuade all of us that, in fact, like Arlow in this essay, I could see unconscious fantasy forming through and just beyond the haze of various disturbances of my patients' conscious experiences. I worked with the strain of trying to shape my own experience so that it would coincide with that of an idealized figure. I treated "gaps" as markers of my own deficiencies, my own "disturbances." I, too, did my best to step "outdoors" whenever necessary, to look at things from an unimpeachable vantage point, and to build my thinking on the resulting "interesting effect that could be had."

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What first strikes me in my current reading of this essay is that neither the analyst nor the patients described seem to actually speak. My fourth specimen section (see above) provides an example, as do my fifth, sixth, and seventh, below:

> [5] The attack of déjà vu took place under the following circumstances: the patient had an interview with the financial officer of the institution for which he was working. This

interview was in response to a letter of complaint the patient had written regarding a delay in receiving his salary. He went to the treasurer's office, where the attractive secretary told him that the treasurer was busy at the moment. She invited him to sit down and talk for a while. Her manner was reassuring. It was at this moment that the patient looked out of the window at the fields and the surrounding landscape, with which he was thoroughly familiar and felt, "I've seen all of this before. I've been through this before." This experience was accompanied by an unpleasant affective state, a mixture of anxiety and feelings of uncanniness.

Let us compare the objective situation with the patient's unconscious fantasy. In reality, the patient found himself with a sexually tempting woman while waiting to enter the inner office. In the office was an authority figure, an adversary, with whom he might quarrel over money. This configuration corresponded to the elements of his unconscious fantasy—namely, an encounter with the father and/or his phallus within the body of the mother. The anxiety which he experienced was appropriate to the concomitant fantasy which he was unconsciously entertaining at the time. The feeling of déjà vu, of having been through all this before, was connected with defense against castration anxiety and was stimulated by the reassuring presence of the secretary. He felt she was on his side and in his fantasy imagined that she would side with him against her employer, even as his mother had taken his part against his father. In fantasy he had often identified himself with Jacob in the Bible story in which Rebecca helps her son deceive his father and steal the blessing. In his old Hebrew schoolbook, which he resurrected from his library at this point in the analysis, was a picture of Rebecca at the entrance of the tent reassuring Jacob as he is about to enter. When the patient was a child, his mother used to help him overcome his fears of the barber and the doctor (his father was a doctor) by telling him, "Don't be afraid. You have been through all of this before and everything came out all right. The same will happen now." [pp. 31-32]

[6] That may be illustrated with material from the analysis of a patient who suffered from claustrophobia, especially

while riding in subway trains. Ten years before the onset of his illness, his twin brother, whom the patient had momentarily abandoned, collapsed in a train and subsequently died. The patient held himself responsible for his brother's death. Years later, a week before the onset of his illness, the patient was in the unhappy position of having to decide whether to take his uncle to the hospital or to risk having him treated at home. The patient decided to take the uncle to the hospital, but the latter died in the ambulance before they reached their destination. The patient grieved, but did not develop claustrophobic symptoms until several days later when he was traveling in a subway in the company of a group of sibling figures. The analysis demonstrated that this symptom was connected with unconscious fantasies concerning his twin brother and the interior of the body. In these fantasies, the patient would imagine himself inside the mother's body with or without his twin. On other occasions, the fantasy concerned the activities of the brother within the patient's body. The specific details of the symptoms were directly related to the behavior which he unconsciously fantasied the introject to be carrying on within the claustrum.

Returning to the point of this discussion, we can see that the uncle's death reactivated the earlier trauma of the brother's death. However, it was the precise experience of traveling in the subway with sibling figures which precipitated the neurotic symptoms. This experience corresponded to elements from a set of unconscious childhood fantasies. In these fantasies, he imagined himself and his twin engaged in various activities inside the mother's body, e.g., struggling with his twin for food, fighting over who should emerge first, and above all, destroying his sibling within the womb so that he could be born as an individual and not as one of a set of twins. It was indeed the conflicts over these childhood fantasies that had caused him, at eighteen, to respond traumatically to his brother's death. The actual death of his brother constituted an actualization of his fantasy wish to have been born without a twin. The uncle's death confirmed his guilt and finally the experience in the train—claustrum—triggered the onset of his symptoms. [pp. 36-37]

> [7] Language furnishes many clues to the nature of the unconscious daydreaming which accompanies altered experiences of the self. Several examples have already been given; a few relatively uncomplicated ones follow. For example, unless they are unusually sophisticated, patients rarely complain that they suffer from depersonalization. Instead they describe their sensations in some form of imagery, ofttimes quite dramatic. One patient who was suffering from depersonalization, expressed her discomfiture in the statement, "I feel like a Zombie." The analysis subsequently revealed that she had indeed identified herself with a dead relative and that when she was depersonalized she was under the influence of an unconscious fantasy of suspended animation. [p. 41]

Instead of speaking, patients here are demonstrating; they are functioning as sites in which to find variations of a particular phenomenon. Without doubt, the site Arlow finds is *within* the patient. In each example, that is, the analyst is located "outdoors," behind or above the immediate scenes of "projection." This location "outdoors," which might once have contributed to the text's tone of authority, now seems to detract from that authority. A clinical text written from "outdoors" no longer seems capable of persuasion; the result now appears dry and academic. In using *academic* here, I mean that it seems written in apparent tranquility, a text in which the relation between assertion and demonstration appears self-fulfilling—a text about "disturbance" written from a point of view that is intentionally beyond the reach of "disturbance."

This text lacks the force of a firsthand report—for nowadays, such force comes from a sense that we have access to patients and analysts speaking to one another. We now need a sense not so much of what can be inferred from having been there, but rather *what it is actually like to be there.* Arlow makes no effort to provide that. The objects in his text simply house "unconscious fantasy and disturbances of conscious experience." Since they never speak, they have no opportunity to either object to or modify that which is said about them. But today, without hearing from the objects them-

selves—or, in fact, more directly from the analysts themselves—the resulting assertions have the weakened character of hearsay.

I do not mean to suggest that Arlow's conclusions seem false or misconceptualized. I mean instead to say that, without more *presence,* the conclusions seem insufficiently weighted. Perhaps all this means is that Arlow's inferences have by now so infiltrated our ways of thinking about "clinical" material that they seem commonplace, the language of their rationale a bit stilted and excessive. But perhaps it also means that we have made a substantial epistemological move since 1969, that we insist now on an "insider's" vantage point, one from which we can hear the speaking voices of both analyst and patient.

In the almost forty years since Arlow's essay was first published, we analysts—as well as the patients who might once have served as our specimen objects—have, in our various ways, certainly begun to speak out. We can no longer safely assume, as it seems Arlow could, that the best place to look for our "object" is *within* the mind of the patient. Looking also inside ourselves, we are necessarily driven to speak of ourselves, of the "disturbances" that we, as implicated sites of projection, will likely house. And patients, perhaps led first by feminists and then by gays and lesbians, have by and large also rejected the fixed framework of disidentified analyst and specimen patient that seems to have been so firmly in place only forty years ago.

In much of contemporary psychoanalysis, our objects now display a kind of ferocious mobility. They are everywhere at once. No site in the psychoanalytic set-up is protected from the object's insistent presence. The object can neither be ignored nor fixed in place. We no longer assume the right to proceed as disidentified subjects extracting theoretical power from specimen objects.

In this sense, since the initial publication of Arlow's essay, the movement in much of psychoanalysis can be thought of as eco-congruent. By *eco-congruent,* I mean that, as our clinical-theoretical strategies shift away from disidentification and toward identification, we all in effect become more "green": we become better

able to sense unwanted consequences of treating objects as specimens.

Perhaps psychoanalysis is not best thought of as an autonomous discipline, laboring "outdoors" in relation to its social and historical surround. Arlow gives voice here to a dominant American sentiment of his time: a sense of confidence, a sense that we got it right, that we are, indeed, positioned "outdoors," and that from there we can spot disturbance, theorize its roots, and intervene to calm it down. And now as I and many of us turn away from such disidentificatory strategies, we, too, can feel links to the current social historical surround, a sense that specimen-oriented work may indirectly damage the very objects it is meant to illuminate.

The move over these forty years is unidirectional, perhaps irreversible, from Freud's Mercedes Benz, to Arlow's Ford Thunderbird, to today's Toyota Prius.

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THE WORKING ALLIANCE AND THE TRANSFERENCE NEUROSIS

BY RALPH R. GREENSON

The clinical material on which this presentation is based is derived from patients who developed unexpected difficulties in the course of psychoanalytic therapy. Some of these patients had undergone one or more analyses with other analysts; others were patients of mine who returned for further analysis. In this group there were patients who were unable to get beyond the preliminary phases of analysis. Even after several years of analysis they were not really "in analysis." Others seemed interminable; there was a marked discrepancy between the copiousness of insight and the paucity of change. The clinical syndromes these cases manifested were heterogeneous in diagnostic category, ego functions, or dynamics of personality. The key to understanding the essential pathology as well as the therapeutic stalemate was in the failure of the patient to develop a reliable working relation with the analyst. In each case the patient was either unable to establish or maintain a durable working alliance with the analyst and the analyst neglected this fact, pursuing instead the analysis of other transference phenomena. This error in technique was observable in psychoanalysts with a wide range of clinical experience and I recognized the same shortcoming in myself when I resumed analysis with patients previously treated.

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In working with these seemingly unanalyzable or interminable patients I became impressed by the importance of separating the patient's reactions to the analyst into two distinct categories: the transference neurosis and the working alliance. Actually this classification is neither complete nor precise. However, this differentiation helps make it possible to give equal attention to two essentially different transference reactions.

My clinical experiences in regard to the working alliance were enhanced and clarified by Elizabeth Zetzel in "Current Concepts of Transference" (1956). In that essay she introduced the term "therapeutic alliance" and indicated how important she considered it by demonstrating that one could differentiate between the classical psychoanalysts and the British school by whether they handled or ignored this aspect of the transference. Leo Stone (1961) gave further insight and fresh impetus in my attempts to clarify and formulate the problem of the working alliance and its relation to other transference phenomena.

The concept of a working alliance is an old one in both psychiatric and psychoanalytic literature. It has been described under a variety of labels but, except for Zetzel and Stone, it either has been considered of secondary importance or has not been clearly separated from other transference reactions. It is the contention of this paper that the working alliance is as essential for psychoanalytic therapy as the transference neurosis. For successful psychoanalytic treatment a patient must be able to develop a full-blown transference neurosis and also to establish and maintain a reliable working alliance. The working alliance deserves to be recognized as a full and equal partner in the patient-therapist relationship.

DEFINITION OF TERMS

Transference is the experiencing of feelings, drives, attitudes, fantasies, and defenses toward a person in the present which are inappropriate to that person and are a repetition, a displacement of reactions originating in regard to significant persons of early childhood

(Freud 1905, 1912a, 1916-1917). I emphasize that for a reaction to be considered transference it must have two characteristics: it must be a repetition of the past and it must be inappropriate to the present.

During analysis several transference phenomena can be distinguished. In the early phases we see usually sporadic, transient reactions, aptly called "floating" transference reactions by Glover (1955). Freud described more enduring transference phenomena which develop when the transference situation is properly handled. Then all the patient's neurotic symptoms are replaced by a neurosis in the transference relation of which he can be cured by therapeutic work. "It is a new edition of the old disease" (Freud 1914, 1916-1917). I would modify this concept and say that the transference neurosis is in effect when the analyst and the analysis become the central concern in the patient's life. The transference neurosis includes more than the infantile neurosis; the patient also relives the later editions and variations of his original neurosis. The "floating" transference phenomena ordinarily do not belong to the transference neurosis. However, for simplification, the phrase, transference neurosis, here refers to the more regressive and inappropriate transference reactions.

The term, working alliance, is used in preference to diverse terms others have employed for designating the relatively nonneurotic, rational rapport which the patient has with his analyst. It is this reasonable and purposeful part of the feelings the patient has for the analyst that makes for the working alliance. The label, working alliance, was selected because it emphasizes its outstanding function: it centers on the patient's ability to work in the analytic situation. Terms like the "therapeutic alliance" (Zetzel 1956), the "rational transference" (Fenichel 1941), and the "mature transference" (Stone 1961) refer to similar concepts. The designation, working alliance, however, has the advantage of stressing the vital elements: the patient's capacity to work purposefully in the treatment situation. It can be seen at its clearest when a patient, in the throes of

an intense transference neurosis, can yet maintain an effective working relationship with the analyst.

The reliable core of the working alliance is formed by the patient's motivation to overcome his illness, his conscious and rational willingness to cooperate, and his ability to follow the instructions and insights of his analyst. The actual alliance is formed essentially between the patient's reasonable ego and the analyst's analyzing ego (Sterba 1934). The medium that makes this possible is the patient's partial identification with the analyst's approach as he attempts to understand the patient's behavior.

The working alliance comes to the fore in the analytic situation in the same way as the patient's reasonable ego: the observing, analyzing ego is split off from his experiencing ego (Sterba 1940). The analyst's interventions separate the working attitudes from the neurotic transference phenomena just as his interventions split off the reasonable ego from the irrational one. These two sets of phenomena are parallel and express analogous psychic events from different points of reference. Patients who cannot split off a reasonable, observing ego will not be able to maintain a working relation and vice versa.

This differentiation between transference neurosis and working alliance, however, is not absolute since the working alliance may contain elements of the infantile neurosis which eventually will require analysis. For example, the patient may work well temporarily in order to gain the analyst's love, and this ultimately will lead to strong resistances; or the overvaluation of the analyst's character and ability may also serve the working alliance well in the beginning of the analysis, only to become a source of strong resistance later. Not only can the transference neurosis invade the working alliance but the working alliance itself can be misused defensively to ward off the more regressive transference phenomena. Despite these intermixtures, the separation of the patient's reactions to the analyst into these two groupings, transference neurosis and working alliance, seems to have clinical and technical value.

SURVEY OF THE LITERATURE

Freud spoke of the friendly and affectionate aspects of the transference which are admissible to consciousness and which are "the vehicle of success in psychoanalysis" (1912a, p. 105). Of rapport he wrote: "It remains the first aim of the treatment to attach him [the patient] to it and to the person of the doctor. To ensure this, nothing need be done but to give him time. If one exhibits a serious interest in him, carefully clears away the resistances that crop up at the beginning and avoids making certain mistakes, he will of himself form such at attachment . . . . It is certainly possible to forfeit this first success if from the start one takes up any standpoint other than one of sympathetic understanding" (1913, pp. 139-140).

Sterba (1940) wrote about the patient's identification with the analyst which leads to the patient's concern with the work they have to accomplish in common—but he gave this aspect of the transference no special designation. Fenichel (1941, p. 27) described the "rational transference" as an aim-inhibited positive transference which is necessary for analysis. Elizabeth Zetzel's emphasis on the importance of the "therapeutic alliance" was discussed above. Loewald's paper on the therapeutic action of psychoanalysis is a penetrating and sensitive study of the different kinds of relations the patient develops toward the analyst during psychoanalysis (Loewald 1960). Some of his ideas are directly concerned with what I call the working alliance. Leo Stone devotes himself to the complexities in the relation between analyst and patient. He refers to the "mature transference" which he believed to be: (a) in opposition to the "primordial transference" reactions and (b) essential for a successful analysis (Stone 1961, p. 106).

The Symposium on "Curative Factors in Psychoanalysis" presented before the Twenty-Second Congress of the International Psychoanalytical Association (1962) contained many references to the special transference reactions that make for a therapeutic alliance and also some discussion of the analyst's contribution to the "good" analytic situation. Gitelson (1962) spoke of the rapport on which

we depend in the beginning of analysis and which eventuates in transference. He stressed the necessity for the analyst to present himself as a good object and as an auxiliary ego. Myerson (1962), Nacht (1962), Segal (1962), Kuiper (1962), Garma (1962), King (1962), and Heimann (1962) took issue with him on one or another aspect of his approach. In some measure the disagreement seems to be due to failure to distinguish clearly between the working alliance and the more regressive transference phenomena.

This brief and incomplete survey reveals that many analysts, including Freud, recognized that in psychoanalytic treatment another kind of relation to the analyst is necessary besides the more regressive transference reactions.

DEVELOPMENT OF THE WORKING ALLIANCE

Aberrations

The first clinical examples show how the course of development of the working alliance deviated markedly from that of the usual psychoanalytic patient. The reason for proceeding this way stems from the fact that in the classical analytic patient the working alliance develops almost imperceptibly, relatively silently, and seemingly independently of any special activity on the part of the analyst. The irregular cases highlight different processes and procedures which take place almost invisibly in the usual analytic patient.

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Some years ago an analyst from another city referred an intelligent middle-aged man who had had more than six years of previous analysis. Certain general conditions had improved but his original analyst believed the patient needed additional analysis because he was still unable to marry and was very lonely. From the beginning of the therapy I was struck by the fact that he was absolutely passive about recognizing and working with his resistances. It turned out that he expected them to be pointed out continuously

as his previous analyst had done. It also impressed me that the moment I made some intervention he had an immediate response, although often incomprehensible. I discovered that he thought it his duty to reply immediately to every intervention since he believed it would be a sign of resistance, and therefore bad, to keep silent for a moment or so to mull over what had been said. Apparently his previous analyst had never recognized his fear of being silent as a resistance. In free association the patient searched actively for things to talk about and, if more than one idea occurred to him, he chose what seemed to be the item he thought I was looking for without mentioning the multiple choices. When I requested information, he often answered by free association so that the result was bizarre. For example, when I asked him what his middle name was he answered: "Raskolnikov," the first name that occurred to him. When I recovered my composure and questioned this he defended himself by saying that he thought he was supposed to free associate. I soon gained the impression that this man had never really established a working relation with his first analyst. He did not know what he was supposed to do in the analytic situation. He had been lying down in front of an analyst for many years, meekly submitting to what he imagined the previous analyst had demanded, constant and instant free association. Patient and analyst had been indulging in a caricature of psychoanalysis. True, the patient had developed some regressive transference reactions, some of which had been interpreted, but the lack of a consistent working alliance left the whole procedure amorphous, confused, and ineffectual.

Although I realized that the magnitude of the patient's problems could not be due solely or even mainly to the first analyst's technical shortcomings, I thought the patient ought to be given a fair opportunity to see whether he could work in an analytic situation. Besides, this clarification would also expose the patient's pathology more vividly. Therefore, in the first months of our work together, I carefully explained, whenever it seemed appropriate,

the different tasks that psychoanalytic therapy requires of the patient. He reacted to this information as though it were all new to him and seemed eager to try to work in the way I described. However, it soon became clear that he could not just say what came to his mind, he felt compelled to find out what I was looking for. He could not keep silent and mull over what I said; he was afraid of the blank spaces, they signified some awful danger. If he were silent he might think; if he thought he might disagree with me, and to disagree was tantamount to killing me. His striking passivity and compliance were revealed as a form of ingratiation, covering up an inner emptiness, an insatiable infantile hunger, and a terrible rage. In a period of six months it became clear that this man was a schizoid "as-if" character who could not bear the deprivations of classical psychoanalysis (Deutsch 1942). I therefore helped him obtain supportive psychotherapy with a woman therapist.

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A woman I had previously analyzed for some four years resumed analysis after an interval of six years. We both knew when she had interrupted treatment that there was a great deal of unfinished analysis, but we agreed that an interval without analysis might clarify the unusual obscurities and difficulties we encountered in trying to achieve a better resolution of her highly ambivalent, complaining, clinging, sadomasochistic transference. I had suggested her going to another analyst, since, in general, I have found a change in analysts is more productive than a return to the old one. It usually offers new insights into the old transference reactions and adds new transference possibilities. However, for external reasons this was not feasible and I undertook the resumption of her analysis, although with some reservations.

In her first hours on the couch I was struck by the strange way the patient worked in the analysis. Then I quickly recalled that this had often happened in the past; it appeared more striking now since I was no longer accustomed to it; it seemed almost bizarre. After a certain moment in the hour the patient would speak al-

most incessantly; there would be disconnected sentences, part of a recital of a recent event, an occasional obscene phrase with no mention of its strangeness or that it was an obsessive thought, and then back to the recital of a past event. The patient seemed to be completely oblivious to her odd way of speaking and never spontaneously mentioned it. When I confronted her with this she at first seemed unknowing and then felt attacked.

I realized that in the previous analysis there had been many such hours or parts of hours whenever the patient was very anxious and tried to ward off her awareness of anxiety as well as analysis of it. I recalled that we had uncovered some of the meanings and historical determinants of such behavior. For example, her mother had been a great chatterer, had talked to the child as a grownup before she could understand. Her incomprehensible talking to me was an identification with her mother and an acting out in the analytic situation. Furthermore, the mother had used a stream of talk to express both anxiety and hostility to her husband, an essentially quiet man. The patient took over this pattern from her mother and reenacted it in the analytic hour whenever she was anxious and hostile and when she was torn between hurting me and holding onto me.

We came to understand that this mode of behavior also denoted a regression in ego functions from secondary process toward primary process, a kind of "sleep-talking" with me, a reenactment of sleeping with the parents. This peculiar way of talking had recurred many times during the first analysis and although various determinants had been analyzed it still persisted to some degree up to the interruption of that analysis. Whenever I tried to confront the patient with a misuse of one of the analytic procedures, we would be sidetracked by her reactions to my confrontation or by new material that came up. She might recall some past event which seemed relevant or, in the next hours, dreams or new memories would appear and we never really returned to the subject of why she was unable to do some part of the psychoanalytic work. In her second analysis, I would not be put off. Whenever the merest trace

of the same disconnected manner of talking appeared, or whenever it seemed relevant, I confronted her with the problem and kept her to this subject until she at least acknowledged what was under discussion. The patient attempted to use all her old methods of defense against confrontations of her resistances. I listened only for a short time to her protestations and evasions and repeatedly pointed out their resistive function. I did not work with any new material until convinced the patient was in a good working alliance with me.

Slowly the patient began to face her misuse of the basic rule. She herself became aware of how she at times consciously, at others preconsciously, and, at still other times, unconsciously, blurred the real purpose of free association. It became clear that when the patient felt anxious in her relation to me she would let herself slip into this regressive "sleep-talking" manner of speech. It was a kind of "spiteful obedience"—spiteful in so far as she knew it was an evasion of true free association. It was obedience inasmuch as she submitted to this regressive or, one might say, incontinent way of talking. This arose whenever she felt a certain kind of hostility toward me. She felt this as an urge to pour out a stream of poison upon me that led her to feel I would be destroyed and lost to her and she would feel alone and frightened. Then she would quickly dive into sleep-talking as though saying: "I am a little child who is partly asleep and is not responsible for what is coming out of me. Don't leave me; let me sleep on with you; it is just harmless urine that is coming out of me." Other determinants will not be discussed since they would lead too far afield.

It was fascinating to see how differently this analysis proceeded from the previous one. I do not mean to imply that this patient's tendency to misuse her ability to regress in ego functioning completely disappeared. However, my vigorous pursuit of the analysis of the defective working alliance, my constant attention to the maintenance of a good working relation, my refusal to be misled into analyzing other aspects of her transference neurosis had their effects. The second analysis had a completely different flavor and

atmosphere. In the first analysis I had an interesting and whimsical patient who was frustrating because I was so often lost by her capricious wanderings. In the second, though still a whimsical patient she also was an ally who not only helped me when I was lost but pointed out that I was being led astray even before I realized it.

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The third patient, a young man, entered analysis with me after he had spent two and one half years with an analyst in another city, which had left him almost completely untouched. He had obtained certain insights but had the distinct impression that his former analyst really disapproved of infantile sexuality even though the young man realized that analysts were not supposed to be contemptuous of it. In the preliminary interviews the patient told me that he had the greatest difficulty in talking about masturbation and previously often consciously withheld this information. He had informed the former analyst about the existence of many conscious secrets but nevertheless stubbornly refused to divulge them. He had never wholeheartedly given himself up to free association and reported many hours of long silence. However, the patient's manner of relating his history to me and my general clinical impression led me to believe that he was analyzable despite the fact that he had not been able to form a working alliance with his first analyst.

I undertook the analysis and learned a great deal about this patient's negative reactions to his previous analyst, some of which stemmed from his way of conducting that analysis. For example, in one of the first hours on the couch the patient took out a cigarette and lit it. I asked him what he was feeling when he decided to light the cigarette. He answered petulantly that he knew he was not supposed to smoke in his previous analysis and now he supposed that I too would forbid it. I told him that I wanted to know what feelings, ideas, and sensations were going on in him at the moment that he decided to light the cigarette. He then revealed that he had become somewhat frightened in the hour and to hide this anxiety from me he decided to light the cigarette. I replied that it was

preferable for such feelings and ideas to be expressed in words instead of actions because then I would understand more precisely what was going on in him. He realized then that I was not forbidding him to smoke but only pointing out that it was more helpful to the process of being analyzed if he expressed himself in words and feelings. He contrasted this with his first analyst who told him before he went to the couch that it was customary not to smoke during sessions. There was no explanation for this and the patient felt that his first analyst was being arbitrary.

In a later hour the patient asked me whether I was married. I countered by asking him what he imagined about that. He hesitantly revealed that he was torn between two sets of fantasies, one that I was a bachelor who loved his work and lived only for his patients; the other that I was a happily married man with many children. He went on spontaneously to tell me that he hoped I was happily married because then I would be in a better position to help him with his sexual problems. Then he corrected himself and said it was painful to think of me as having sexual relations with my wife because that was embarrassing and none of his business. I then pointed out to him how, by not answering his question and by asking him instead to tell his fantasies about the answer, he revealed the cause of his curiosity. I told him I would not answer questions when I felt that more was to be gained by keeping silent and letting him associate to his own question. At this point the patient became somewhat tearful and, after a short pause, told me that in the beginning of his previous analysis he had asked many questions. His former analyst never answered nor did he explain why he was silent. He felt his analyst's silence as a degradation and humiliation and now realized that his own later silences were a retaliation for this imagined injustice. Somewhat later he saw that he had identified himself with his first analyst's supposed contempt. He, the patient, felt disdain for his analyst's prudishness and at the same time was full of severe self-reproach for his own sexual practices which he then projected onto the analyst.

It was instructive to me to see how an identification with the previous analyst based on fear and hostility led to a distortion of

the working relationship instead of an effective working alliance. The whole atmosphere of the first analysis was contaminated by hostile, mistrustful, retaliative feelings and attitudes. This turned out to be a repetition of the patient's behavior toward his father, a point the first analyst had recognized and interpreted. The analysis of this transference resistance, however, was ineffectual, partly because the first analyst worked in such a way as to justify constantly the patient's infantile neurotic behavior and so furthered the invasion of the working alliance by the transference neurosis.

I worked with this patient for approximately four years and almost from the beginning a relatively effective working alliance was established. However, my manner of conducting analysis, which seemed to him to indicate some genuine human concern for his welfare and respect for his position as a patient also mobilized important transference resistances in a later phase of the analysis. In the third year I began to realize that, despite what appeared to be a good working alliance and a strong transference neurosis, there were many areas of the patient's outside life that did not seem to change commensurately with the analytic work. Eventually I discovered that the patient had developed a subtle but specific inhibition in doing analytic work outside the analytic hour. If he became upset outside he would ask himself what upset him. Usually he succeeded in recalling the situation in question. Sometimes he even recalled the meaning of that event that he had learned from me at some previous time, but this insight would be relatively meaningless to him; it felt foreign, artificial, and remembered by rote. It was not his insight; it was mine, and therefore had no living significance for him. Hence, he was relatively blank about the meaning of the upsetting events.

Apparently, although he seemed to have established a working alliance with me in the analytic situation, this did not continue outside. Analysis revealed that the patient did not allow himself to assume any attitude, approach, or point of view that was like mine outside the analytic hour. He felt that to permit himself to do so would be tantamount to admitting that I had entered into him. This was intolerable because he felt this to be a homosexual assault, a

repetition of several childhood and adolescent traumas. Slowly we uncovered how the patient had sexualized and aggressivized the process of introjection.

This new insight was the starting point for the patient to learn to discriminate among the different varieties of "taking in." Gradually he was able to reestablish a nonhomosexual identification with me in adapting an analytic point of view. Thus a working relation that had been invaded by the transference neurosis was once again relatively free of infantile neurotic features. The previous insights that had remained ineffectual eventually led to significant and lasting changes.[1]

* * * * * * * * *

Those patients who cling tenaciously to the working alliance because they are terrified of the regressive features of the transference neurosis should be briefly mentioned. They develop a reasonable relation to the analyst and do not allow themselves to feel anything irrational, be it sexual, aggressive, or both. Prolonged reasonableness in an analysis is a pseudo-reasonableness for a variety of unconscious neurotic motives.

* * * * * * * * *

For about two years a young social scientist who had an intellectual knowledge of psychoanalysis maintained a positive and reasonable attitude toward me, his analyst. If his dreams indicated hostility or homosexuality he acknowledged this but claimed that he knew he was supposed to feel such things toward his analyst but he "really" did not. If he came late or forgot to pay his bill he again admitted that it might seem that he did not want to come or pay his bill but "actually" it was not so. He had violent anger reactions to other psychiatrists he knew, but insisted they deserved it and I was different. He became infatuated with another male analyst for a period of time and "guessed" he must remind him of me, but this

[1] This case is described in greater detail in a paper entitled "The Problem of Working Through." In *Tribute to Marie Bonaparte,* edited by Max Schur (in process of publication).

was said playfully. All of my attempts to get the patient to recognize his persistent reasonableness as a means of avoiding or belittling his deeper feelings and impulses failed. Even my attempts to trace the historical origins of this mode of behavior were unproductive. He had adopted the role of "odd ball," clown, harmless nonconformist in his high school years and was repeating this in the analysis. Since I could not get the patient to work further or consistently on this problem, I finally told him that we had to face the fact that we were getting nowhere and we ought to consider some alternative besides continuing psychoanalysis with me. The patient was silent for a few moments and said "frankly" he was disappointed. He sighed and then went on to make a free associationlike remark. I stopped him and asked him what in the world he was doing. He replied that he "guessed" I sounded somewhat annoyed. I assured him it was no guess. Then slowly he looked at me and asked if he might sit up. I nodded and he did. He was quite shaken, sober, pale, and in obvious distress. After some moments of silence he said that maybe he would be able to work better if he could look at me. He had to be sure I was not laughing at him, or angry, or getting sexually excited. I asked him about the last point. He told me that he often fantasied that perhaps I was being sexually excited by what he said but hid it from him. This he had never brought up before, it was just a "fleeting idea." But this fleeting idea led quickly to many memories of his father repeatedly and unnecessarily taking his temperature rectally. He proceeded to a host of homosexual and sadomasochistic fantasies. The persistent reasonableness was a defense against these as well as a playful attempt to tease me into acting out with him. My behavior, in the hour described above, was not well controlled, but it led to awareness that the patient's working alliance was being used to ward off the transference neurosis.

The working alliance had become the façade for the transference neurosis. It was his neurotic character structure hiding as well as expressing his underlying neurosis. Only when the patient's acting out was interrupted and he realized he was about to lose the transference object did his rigidly reasonable behavior become

ego-alien and accessible to therapy. He needed several weeks of being able to look at me, to test out whether my reactions could be trusted. Then he became able to distinguish between genuine reasonableness and the teasing, spiteful reasonableness of his character neurosis and the analysis began to move.

The Classical Analytic Patient

The term classical in this connection refers to a heterogeneous group of patients who are analyzable by the classical psychoanalytic technique without major modifications. They suffer from some form of transference neurosis, a symptom or character neurosis, without any appreciable defect in ego functions. In such patients the working transference develops almost imperceptibly, relatively silently, and seemingly independently of any special activity or intervention on the part of the analyst. Usually signs of the working alliance appear in about the third to sixth month of analysis. Most frequently the first indications of this development are: the patient becomes silent and then, instead of waiting for the analyst to intervene, he himself ventures the opinion that he seems to be avoiding something. Or he interrupts a rather desultory report of some event and comments that he must be running away from something. If the analyst remains silent the patient spontaneously asks himself what it can be that is making him so evasive and he will let his thoughts drift into free associations.

It is obvious that the patient has made a partial and temporary identification with me and now is working with himself in the same manner as I have been working on his resistances. If I review the situation I usually find that prior to this development the patient has experienced some sporadic sexual or hostile transference reaction which has temporarily caused a strong resistance. I patiently and tactfully demonstrate this resistance, then clarify how it operated, what its purpose was, and eventually interpret and reconstruct its probable historical source. Only after effective transference-resistance analysis is the patient able to develop a partial working alliance. However, it is necessary to go back to the beginning of the analysis to get a detailed view of its development.

There is great variety in the manner in which a patient enters into the preliminary interviews. In part this is determined by his past history in regard to psychoanalysts, physicians, and authority figures and strangers, as well as his reactions to such conditions as being sick or needing and asking for help (Gill, Newman, and Redlich 1954). Furthermore, his knowledge or lack of it about procedures of psychoanalysis and the reputation of the psychoanalyst also influence his initial responses. Thus the patient comes to the initial interview with a preformed relationship to me, partly transference and partly based on reality, depending on how much he fills in the unknowns inappropriately out of his own past.

The preliminary interviews heavily color the patient's reactions to the analyst. This is determined mainly by the patient's feelings about exposing himself as well as his responses to my method of approach and my personality. Here too I believe we see a mixture of transference and realistic reactions. Exposure of one's self is apt to stir up reverberations of past denudings in front of parents, doctors, or others, and is therefore likely to produce transference reactions. My technique of conducting the interviews will do the same the more it seems strange, painful, or incomprehensible to the patient. Only those methods of approach that seem understandable to him may lead to realistic reactions. My "analyst" personality as it is manifested in the first interviews may also stir up both transference and realistic reactions. It is my impression that those qualities that seem strange, threatening, or nonprofessional evoke strong transference reactions along with anxiety. Traits the patient believes indicate a therapeutic intent, compassion, and expertness may produce realistic responses as well as positive transference reactions. The clinical material from the third case indicates how the manner, attitude, and technique of the analyst in the beginning of both analyses decisively colored the analytic situation.

By the time I have decided that psychoanalysis is the treatment of choice, I shall have gained the impression that the patient in question seems to have the potential for forming a working alliance with me along with his transference neurosis. My discussion with the patient of why I believe psychoanalysis is the best method

of therapy for him, the explanations of the frequency of visits, duration, fee, and similar matters, and the patient's own appraisal of his capacity to meet these requirements will be of additional value in revealing the patient's ability to form a working alliance.

The first few months of analysis with the patient lying on the couch attempting to free associate can best be epitomized as a combination of testing and confessing. The patient tests his ability to free associate and to expose his guilt and anxiety-producing experiences. Simultaneously he is probing his analyst's reactions to these productions (Freud 1915; Greenacre 1954). There is a good deal of history telling and reporting of everyday events. My interventions are aimed at pointing out and exploring fairly obvious resistances and inappropriate affects. When the material is quite clear I try to make connections between past and present behavior patterns. As a consequence, the patient usually begins to feel that perhaps I understand him. Then he dares to regress, to let himself experience some transient aspect of his neurosis in the transference in regard to my person. When I succeed in analyzing this effectively then I have at least temporarily succeeded in establishing a reasonable ego and a working alliance alongside of the experiencing ego and the transference neurosis. Once the patient has experienced this oscillation between transference neurosis and working alliance in regard to one area, he becomes more willing to risk future regressions in that same area of the transference neurosis. However every new aspect of the transference neurosis may bring about an impairment of the working alliance and temporary loss of it.

ORIGINS OF THE WORKING ALLIANCE

Contributions of the Patient

For a working alliance to take place, the patient must have the capacity to form object relations since all transference reactions are a special variety of them. People who are essentially narcissistic will not be able to achieve consistent transferences. Furthermore, the working alliance is a relatively rational, desexualized, and deaggressivized transference phenomenon. Patients must have been able to

form such sublimated, aim-inhibited relations in their outside life. In the course of analysis the patient is expected to be able to regress to the more primitive and irrational transference reactions that are under the influence of the primary process. To achieve a working alliance, however, the patient must be able to reestablish the secondary process, to split off a relatively reasonable object relationship to the analyst from the more regressive transference reactions. Individuals who suffer from a severe lack of or impairment in ego functions may well be able to experience regressive transference reactions but will have difficulty in maintaining a working alliance. On the other hand, those who dare not give up their reality testing even temporarily and partially, and those who must cling to a fixed form of object relationship are also poor subjects for psychoanalysis. This is confirmed by the clinical findings that psychotics, borderline cases, impulse ridden characters, and young children usually require modifications in the classical psychoanalytic technique (Garma 1962; Gill 1954; Glover 1955). Freud had this in mind when he distinguished transference neuroses which are readily analyzable from narcissistic neuroses which are not.

The patient's susceptibility to transference reactions stems from his state of instinctual dissatisfaction and his resultant need for opportunities for discharge. This creates a hunger for objects and a proneness for transference reactions in general (Ferenczi 1909). Satisfied or apathetic people have fewer transference reactions. The awareness of neurotic suffering also compels the patient to establish a relationship to the analyst. On a conscious and rational level the therapist offers realistic hope of alleviating the neurotic misery. However, the patient's helplessness in regard to his suffering mobilizes early longings for an omnipotent parent. The working alliance has both a rational and irrational component. The above indicates that the analyzable patient must have the need for transference reactions, the capacity to regress and permit neurotic transference reactions, and have the ego strength or that particular form of ego resilience that enables him to interrupt his regression in order to reinstate the reasonable and purposeful working alliance (cf. Loewald 1960). The patient's ego functions play an important part in

the implementation of the working alliance in addition to a role in object relations. In order to do the analytic work the patient must be able to communicate in a variety of ways; in words, with feelings, and yet restrain his actions. He must be able to express himself in words, intelligibly with order and logic, give information when indicated and also be able to regress partially and do some amount of free association. He must be able to listen to the analyst, comprehend, reflect, mull over, and introspect. To some degree he also must remember, observe himself, fantasy, and report. This is only a partial list of ego functions that play a role in the patient's capacity to establish and maintain a working alliance; we also expect the patient simultaneously to develop a transference neurosis. Thus his contribution to the working alliance depends on two antithetical properties: his capacity to maintain contact with the reality of the analytic situation and also his willingness to risk regressing into his fantasy world. It is the oscillation between these two positions that is essential for analytic work.

Contributions of the Analytic Situation

Greenacre (1954), Macalpine (1950), and Spitz (1956) all have pointed out how different elements of the analytic setting and procedures promote regression and the transference neurosis. Some of these same elements also aid in forming the working alliance. The high frequency of visits and long duration of the treatment not only encourage regression but also indicate the long-range objectives and the importance of detailed, intimate communication. The couch and the silence give opportunity for introspection and reflection as well as production of fantasy. The fact that the patient is troubled, unknowing, and being looked after by someone relatively untroubled and expert stirs up the wish to learn and to emulate. Above all the analyst's constant emphasis on attempting to gain understanding of all that goes on in the patient, the fact that nothing is too small, obscure, ugly, or beautiful to escape the analyst's search for comprehension—all this tends to evoke in the patient the wish to know, to find answers, to find causes. This does not deny that the

analyst's probings stir up resistances: it merely asserts that it also stirs up the patient's curiosity and his search for causality.

Freud stated that in order to establish rapport one needs time and an attitude of sympathetic understanding (1913). Sterba (1934) stressed the identificatory processes. The fact that the analyst continuously observes and interprets reality to the patient leads the patient to identify partially with this aspect of the analyst. The invitation to this identification comes from the analyst. From the beginning of treatment, the analyst comments about the work they have to accomplish together. The use of such terms as "let us look at this," or "we can see," promotes this. Loewald stressed how the analyst's concern for the patient's potentials stimulates growth and new developments (1960).

Fenichel (1951) believed it is the analytic atmosphere that is the most important factor in persuading the patient to accept on trial something formerly rejected. Stone (1961) emphasized the analyst's willingness to offer the patient certain legitimate, controlled gratifications. I would add that the constant scrutiny of how the patient and the analyst seem to be working together, the mutual concern with the working alliance, in itself serves to enhance it.

Contributions of the Analyst

It is interesting to observe how some analysts take theoretical positions apparently in accord with their manifest personality and others subscribe to theories that seem to contradict their character traits. Some use technique to project, others to protect, their personality. This finding is not meant as a criticism of either group, since happy and unhappy unions can be observed in both. Some rigid analysts advocate strictest adherence to the "rule of abstinence" and I have seen the same type of analyst attempt to practice the most crass manipulative, gratifying "corrective emotional experience" psychotherapy. Many apparently carefree and easygoing analysts practice a strict "rule of abstinence" type of therapy while some of this same character provoke their patients to act out or indulge them in some kind of mutual gratification therapy. Some analysts practice analysis that suits their personality; some use

their patients to discharge repressed desires. Be that as it may, these considerations are relevant to the problems inherent in the establishment of the working alliance. Here, however, only a brief outline of the problems can be attempted. The basic issue is: what characteristics of personality and what theoretical orientation in the analyst will insure the development of a working alliance as well as the development of a full-blown transference neurosis?

I have already briefly indicated how certain aspects of the analytic situation facilitate production of a transference neurosis. This can be condensed to the following: we induce the patient to regress and to develop a transference neurosis by providing a situation that consists of a mixture of deprivation, a sleeplike condition, and constancy. Patients develop a transference neurosis from a variety of different analysts as long as the analytic situation provides a goodly amount of deprivation administered in a predictable manner over a suitable length of time. For a good therapeutic result, however, one must also achieve a good working relationship.

What attitudes of the analyst are most likely to produce a good working alliance? My third case indicates how the patient identified himself with his previous analyst on the basis of identification with the aggressor, on a hostile basis. This identification did not produce a therapeutic alliance; it produced a combination of spite and defiance, and interfered with the psychoanalytic work. The reason for this was that the personality of the first analyst seemed cold and aloof, traits which resembled the patient's father and he was not able to differentiate his first analyst from his regressive transference feelings. How differently he reacted to me in the beginning. He was clearly able to differentiate me from his parent and therefore he was able to make a temporary and partial identification with me, and thus to do the analytic work.

The most important contribution of the psychoanalyst to a good working relationship comes from his daily work with the patient. His consistent and unwavering pursuit of insight in dealing with any and all of the patient's material and behavior is the crucial factor. Other inconsistencies may cause the patient pain, but they do not interfere significantly with the establishment of a working

alliance. Yet there are analysts who work consistently and analytically and still seem to have difficulty in inducing their patients to develop a working alliance. I believe this may be due to the kind of atmosphere they create. In part, the disturbance may be the result of too literal acceptance of two suggestions made by Freud: the concept of the analyst as a mirror and the rule of abstinence (Freud 1912b, 1915, 1919). These two rules have led many analysts to adopt an austere, aloof, and even authoritarian attitude toward their patients. I believe this to be a misunderstanding of Freud's intention; at best, an attitude incompatible with the formation of an effective working alliance.

The reference to the mirror and the rule of abstinence were suggested to help the analyst safeguard the transference from contamination, a point Greenacre (1954) has amplified. The mirror refers to the notion that the analyst should be "opaque" to the patient, nonintrusive in terms of imposing his values and standards upon the patient. It does not mean that the analyst shall be inanimate, cold, and unresponsive. The rule of abstinence refers to the importance of not gratifying the patient's infantile and neurotic wishes. It does not mean that all the patient's wishes are to be frustrated. Sometimes one may have to gratify a neurotic wish temporarily. Even the frustration of the neurotic wishes has to be carried on in such a way as not to demean or traumatize the patient.

While it is true that Freud stressed the deprivational aspects of the analytic situation, I believe he did so because at that time (1912–1919) the danger was that analysts would permit themselves to overreact and to act out with their patients. Incidentally, if one reads Freud's case histories, one does not get the impression that the analytic atmosphere of his analyses was one of coldness or austerity. For example, in the original record of the case of the Rat Man, Freud appended a note, dated December 28, to the published paper (1909), "He was hungry and was fed." Then on January 2, "Besides this he apparently only had trivialities to report and I was able to say a great deal to him today."

It is obvious that if we want the patient to develop a relatively realistic and reasonable working alliance, we have to work in a man-

ner that is both realistic and reasonable despite the fact that the procedures and processes of psychoanalysis are strange, unique, and even artificial. Smugness, ritualism, timidity, authoritarianism, aloofness, and indulgence have no place in the analytic situation.

The patient will not only be influenced by the content of our work but by how we work, the attitude, the manner, the mood, and the atmosphere in which we work. He will react to and identify himself particularly with those aspects that need not necessarily be conscious to us. Glover (1955) stressed the need of the analyst to be natural and straightforward, decrying the pretense, for example, that all arrangements about time and fee are made exclusively for the patient's benefit. Fenichel (1941) emphasized that above all the analyst should be human and was appalled that so many of his patients were surprised by his naturalness and freedom. Sterba (1940), stressing the "let us look, we shall see" approach, hints at his way of working. Stone (1961) goes even further in emphasizing legitimate gratifications and the therapeutic attitude and intention of the psychoanalyst that are necessary for the patient.

All analysts recognize the need for deprivations in psychoanalysis; they would also agree in principle on the analyst's need to be human. The problem arises, however, in determining what is meant by humanness in the analytic situation and how does one reconcile this with the principle of deprivation. Essentially the humanness of the analyst is expressed in his compassion, concern, and therapeutic intent toward his patient. It matters to him how the patient fares, he is not just an observer or a research worker. He is a physician or a therapist, and his aim is to help the patient get well. He keeps his eye on the long-range goal, sacrificing temporary and quick results for later and lasting changes. Humanness is also expressed in the attitude that the patient is to be respected as an individual. We cannot repeatedly demean a patient by imposing rules and regulations upon him without explanation and then expect him to work with us as an adult. For a working alliance it is imperative that the analyst show consistent concern for the rights of the patient throughout the analysis. Though I let my patient see that I am involved with him and concerned, my reactions

have to be nonintrusive. I try not to take sides in any of his conflicts except that I am working against his resistances, his damaging neurotic behavior, and his self-destructiveness. Basically, however, humanness consists of understanding and insight conveyed in an atmosphere of serious work, straightforwardness, compassion, and restraint (Greenson 1958).

The above outline is my personal point of view on how to resolve the conflict between the maintenance of distance and the closeness necessary for analytic work and is not offered as a prescription for all analysts. However, despite great variation in analysts' personalities, these two antithetical elements must be taken into account and handled if good analytic results are to be obtained. The transference neurosis and the working alliance are parallel antithetical forces in transference phenomena; each is of equal importance.

SUMMARY

Some analyses are impeded or totally thwarted by failure of patient and analyst to form a working alliance. Clinical examples of such failure are examined, showing how they were corrected. Formation of the working alliance, its characteristics, and its relation to transference are discussed. It is contended that the working alliance is equally as important as the transference neurosis.

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COMMENTARY ON GREENSON'S "THE WORKING ALLIANCE AND THE TRANSFERENCE NEUROSIS"

BY ARNOLD M. COOPER

It is timely to review Ralph R. Greenson's "The Working Alliance and the Transference Neurosis," published in 1965 and later elaborated in his book *The Technique and Practice of Psychoanalysis* (1967). This paper contributed to a significant debate around a fault line in the development of our theories of psychoanalytic technique: namely, the question of the appropriate role of the personality and personal attitudes of the psychoanalyst toward the patient in the conduct of psychoanalysis, and how to understand that role theoretically. The issue that Greenson identified at that time has, in modified form, remained important to this day. It is a theoretical and technical problem that has deep reverberations for all our notions concerning the therapeutic core of psychoanalytic technique.

I shall attempt briefly to outline the problems of psychoanalytic procedure that Greenson perceived and to which he was attempting to respond. I will then describe his proposed solution to the problem and discuss some of the problems of that attempted solution. Finally, I will describe some of our current attitudes regarding those same problems.

The concern at the time was how to reconcile the residual effects of Freud's surgical metaphor for analytic process—in which the analyst has the objectivity of a surgeon, with the actuality of the

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analytic situation—in which the analyst, as well as the patient, whether wittingly or unwittingly, consciously or unconsciously, is involved in the full array of emotional responses that will arise in any long-standing, intimate relationship. Freud (1912) wrote:

> I cannot advise my colleagues too urgently to model themselves during psycho-analytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skillfully as possible. Under present-day conditions, the feeling that is most dangerous to a psycho-analyst is the therapeutic ambition to achieve by this novel and much disputed method something that will produce a convincing effect upon other people. This will not only put him into a state of mind which is unfavourable for his work, but will make him helpless against certain resistances of the patient, whose recovery, as we know, primarily depends on the interplay of forces in him. The justification for requiring this emotional coldness in the analyst is that it creates the most advantageous conditions for both parties: for the doctor a desirable protection for his own emotional life and for the patient the largest amount of help that we can give him to-day. A surgeon of earlier times took as his motto the words: "Je le pansai, Dieu le guerit." The analyst should be content with something similar. [p. 115]

While this extreme position was surely no longer official policy at the time that Greenson was writing—and Freud had written often about the human face of psychoanalysis—I am not aware that Freud ever explicitly disavowed this statement, and it continued to color analytic work during succeeding decades. As Greenson demonstrates with his case examples, both in this paper and in his book (1967), it had become increasingly apparent that the so-called classical technique was being used in formalistic, even harsh ways that defeated any possibility of therapeutic intent. This paper was intended to provide some balance to the discussion of the psychoanalytic attitude, to permit humane, physicianly sympathy and em-

pathy without disturbing the boundaries of what at that time might have properly been considered psychoanalysis.

Beginning conspicuously with Ferenczi, analysts have struggled over the necessity or legitimacy of the constraints of an orthodox or classical neutrality that apparently never played any significant role in Freud's own therapeutic behavior, but had developed primarily out of Freud's early papers on technique, as indicated in the quotation above. "Neutrality" was also used as a part of the evidence for the scientific validity of psychoanalysis. Analysts were (and often still are) haunted by the idea that they were sliding into psychotherapy, and that the purity of classical analysis was being abandoned.

This belief in the idea of a pure psychoanalytic technique was powerfully supported—one might say enshrined—by Eissler's 1953 paper, "The Effect of the Structure of the Ego on Psychoanalytic Technique," in which the author described the pure essence of the psychoanalytic method as one that confined itself to two actions on the part of the analyst: questions and interpretations. Everything else was "a parameter," an idiosyncratic term intended to refer to deviations from technique that may be required at times; however, for the treatment to qualify as analysis, the consequences of the parameter, i.e., of having engaged in any extra-analytic interventions, must be erased before termination (Eissler 1953).

For most analysts at that time, Eissler's paper was seen as setting the standard for what might properly be called analysis. Deviations from this view carried the danger to the analyst of being read out of the movement (i.e., declared not a truly Freudian analyst), as had happened to many who objected to the rigidity with which classical technique was being practiced. Notions of neutrality and anonymity were being carried to extremes that made a caricature of psychoanalysis, in which the rigid, silent, and unempathic analyst seemed to be the model for Freudianism.

It may be difficult for us today to recognize the ferocity that was aroused by these issues. The sanctity of the couch, a minimum of four and preferably five sessions per week, and analytic neutrality and abstinence, which for many analysts translated into unre-

sponsiveness, were regarded as definitional for the field of psychoanalysis. For Greenson and others, the problem was how to get around the anti-therapeutic consequences of an excessive ardor of classical technique without being accused of abandoning Freudian psychoanalysis.

Greenson was one of a number of analysts who were trying to find a way out of the bind of the version of orthodox analysis that Eissler had described, while still retaining their psychoanalytic credentials. Ferenczi, Alexander, Zetzel, and Stone, among others, had attempted to solve the dilemma of how to retain the classical concepts of analytic abstinence, neutrality, and anonymity—some version of the "emotional coldness" that Freud recommended—in the face of the actuality of the complex, highly personal range of affective responses on the part of the analyst, fleeting or enduring, conscious or unconscious, enabling or crippling, that occur in the conduct of every psychoanalysis. It was not that analysts had not always known about this, but the classical interpretation of Freud's technique that dominated American analysis inhibited the open acknowledgment of it.

Contrary, for example, to Sullivan's idea that the analyst was a participant observer, the more classical notion maintained that analysts were capable of observing without contaminating the field. In this view, change was produced without suggestion, entirely the result of the power of interpretation of unconscious conflicts. Such a pseudoscientific rigor was an essential part of the early zeitgeist of psychoanalysis, encouraging early practitioners' sense that they were pioneers, engaging in an activity never before seen in intellectual or therapeutic discourse, which could be understood totally in terms of general scientific concepts. There was a concern that any hint of ordinary human influence through kindness or suggestion could potentially lead to the destruction of the entire theoretical edifice that had been constructed to understand the human mind in startling new ways. Psychoanalysis was to be understood as an objective procedure similar to surgery, the success of which depended upon the precision with which the practitioner could carry out prescribed actions—i.e., interpretations of transference and re-

sistance. Eissler's (1953) paper was perhaps the clearest statement of this view.

Greenson (1965), attempting to oppose this version of technique, is sharply critical of an excessive use of the concepts of the analyst as mirror and the rule of abstinence as leading to an "austere, aloof, and even authoritarian attitude toward their patients" (p. 99).[1] He clarifies that the idea of the analyst as mirror

> . . . refers to the notion that the analyst should be "opaque" to the patient, nonintrusive in terms of imposing his doctrines and standards upon the patient. It does not mean that the analyst shall be inanimate, cold, and unresponsive. The rule of abstinence refers to the importance of not gratifying the patient's infantile and neurotic wishes. It does not mean that all the patient's wishes are to be frustrated. [p. 99]

Greenson's strategy was to describe two quite independent components of the analytic process: the therapeutic alliance and the infantile neurosis. He hoped by this method to separate the personal attitudes of the analyst from the technical aims of the psychoanalytic process. Both concepts, therapeutic alliance and infantile neurosis, have come under sharp critical scrutiny as lacking real content. I shall return to this point presently.

Beyond the issue of orthodoxy itself, there were a number of genuine problems. These included:

1. The basic theoretical problem of understanding exactly how and why psychoanalysis works.
2. How to preserve an identity for Freudian psychoanalysis that would distinguish it from other versions of psychotherapy or "bogus" psychoanalysis. There was, and may still be, a deep conviction that maintenance of the notion of psychoanalysis as a science required that all

[1] *Editor's Note:* In this article, page numbers from Greenson 1965 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1965.

hints of suggestion or personal influence be removed from the analytic procedure.

3. Increasing numbers of patients no longer fit earlier definitions of the analyzable patient, raising the problem of how the modifications required for treating these people (e.g., narcissistic personality disorders, perversions, "as-if" personalities) might mesh with the criteria for the procedure labeled *psychoanalysis.* Greenson refers to "unexpected difficulties" in the opening sentence of his 1965 article. This already reflects a different era in psychoanalysis, as if there had been a time when one could predict the difficulties to be expected.

4. It was an era in the United States in which interpersonal aspects, countertransference reactions, enactments, the corrective emotional experience, etc., were all considered failures of, or at least deviations from, proper analytic technique.

Our contemporary analytic atmosphere, whatever its defects, differs radically from the ambience that pervaded analytic technique in Greenson's era. For example, Greenson himself (1967), in his book on technique, wrote:

> I want to stress that the safeguarding of the patient's rights does not do away with or nullify the necessary deprivations. Although the working alliance is an essential part of the process of psychoanalysis, *there must be a preponderance of deprivations if we expect the patient to be able to regress to the infantile transference neurosis.* [p. 216, italics added]

In contrast, contemporary analysts emphasize an atmosphere of safety, unintrusiveness, the primacy of the patient's productions, and an environment of reflection rather than action, and it is unlikely that they see themselves as deliberately engaged in "deprivation"—even when, as is usually the case, one is not gratifying the patient's desires.

Greenson (1967) goes on to say, "The analyst must be able to oscillate between imposing deprivations and showing concern" (p. 216). Most analysts today would not see that as an oscillation. When we do not answer a patient's question, we are not imposing a deprivation or failing to show concern; we are encouraging introspection, reflection, self-respect, and often a new variety of intimacy for the patient with himself, in the presence of another, which has never been experienced by the patient before. Few analysts today would conceive of themselves as taking on the task of deliberately imposing deprivations—especially with patients whose lives have already been overflowing with emotional deprivation.

An alternative view—proposed by Ferenczi and, significantly, in the United States by Alexander—claimed that psychoanalysis, in addition to its intellectual depth and provision for the patient of an entirely new way of understanding himself, also constituted a second child rearing, now being conducted by a wise, warm, devoted, empathic parent. This second rearing was designed to correct the emotional malformations caused by the patient's perception—whether true or false—of having originally been in the hands of harsh, cruel, unempathic, or unloving parents (Alexander 1950). Presumably, this aspect of the technical procedure was to be understood as an inherent part of the core of interpretive methods.

This position was stated most clearly, perhaps, by Loewald, who described the analyst's role as similar to that of the parent, more advanced in understanding than the child and able to guide the child toward his own best interests. Loewald (1980) wrote:

> The parent–child relationship can serve as a model here. The parent ideally is in an empathic relationship of understanding the child's particular stage of development, yet ahead in his vision of the child's future and mediating his vision to the child in his dealings with him. This vision, informed by the parent's own experience and knowledge of growth and future, is, ideally, a more articulate and more integrated version of the core of being that the child presents to the parent . . . . In analysis, if it is to be a process leading to structural changes, interactions of a comparable nature have to take place. [p. 229]

It is of interest that Greenson does not cite Loewald in his paper. Loewald's position is rather directly confrontational toward the orthodox view, precisely the stance that Greenson also wishes to avoid.

The so-called orthodox or classical analysts severely castigated Alexander (1950), who put forth a rather crude version of "corrective emotional experience," and Loewald's paper was effectively ignored. These views potentially undermined the foundation of a psychoanalytic technique that rested on our understanding of the infantile neurosis and its adult consequences within the transference neurosis. The historical disasters of Ferenczi's loving behavior toward his patients and his proposal of mutual analysis were very much on the minds of analysts as models to be avoided, and Eissler's (1953) concept of parameters dominated the conversation about technique.

Although Alexander's view was quickly buried under an avalanche of criticism, his idea of the corrective emotional experience never died. Kohut's later description and advocacy of the empathic stance, while not specifically a call for increased "warmth" in the analyst's office, surely came to be seen that way. I have elsewhere (Cooper 2005) referred to the "global warming of the analyst's office" (pp. 60-61) that ironically took place during the harsh rebuke being delivered to Kohut for his dilution of proper analytic technique. Analysts who had never previously bothered with the issue now felt called upon to say that, of course, they too had always been warm and empathic therapists.

In his 1965 paper, Greenson tries to have it both ways. He wants not to disagree with the classic psychoanalytic tenets of the times, but also to introduce aspects of empathy, corrective emotional experience, and common human decency that were not considered legitimately psychoanalytic at that time. One may view Greenson's paper as a back-door attempt to smuggle humane attitudes into the consulting room, where, for many analysts, they seem to have been barred by the concept of analytic neutrality. By sharply separating out the working alliance from the transference neurosis, Greenson attempts to have his psychoanalytic cake and eat it too.

Classical analytic propositions and techniques will not be altered, while the analyst—in some vaguely split role—maintains an appropriately personal, humane, communicative, and gratifying (rather than depriving) attitude toward his patient.

Greenson (1965) was surely being cautious, attempting to justify appropriate human responsiveness without abandoning official, classical views. In his opening paragraph, he states:

> The key to understanding the essential pathology as well as the therapeutic stalemate was in the failure of the patient to develop a reliable working relation with the analyst . . . . The patient was either unable to establish or maintain a durable working alliance with the analyst and the analyst neglected this fact, pursuing instead the analysis of other transference phenomena. [p. 77]

This is referred to as an error in technique, rather than as a consequence of faulty theory. Greenson then goes on to discuss "the importance of separating the patient's reactions to the analyst into two distinct categories: the transference neurosis and the working alliance" (p. 78). By sharply separating out a clinical concept—the *working alliance,* previously referred to as the *therapeutic alliance*—from the theoretical concept of the transference neurosis, he intended to allow analysts to begin to acknowledge the need for empathy, warmth, love, and ordinary human responsiveness as part of the core of the analytic setting, without requiring any theoretical alteration. The validity of each of these concepts—transference neurosis and therapeutic alliance—has been challenged by later writers, but they were a necessary part of Greenson's approach.

The working alliance, the term that Greenson prefers to therapeutic alliance, is formed by "the patient's motivation to overcome his illness, his conscious and rational willingness to cooperate, and his ability to follow the instructions and insights of his analyst" (p. 80). Greenson attempts to make a sharp distinction of the transference from the "relatively nonneurotic, rational rapport which the patient has with his analyst" (p. 79). In effect, the working alliance reflects the mobilization of the relatively healthy por-

tions of the psyche that have not been distorted by neurotic mechanisms.

One is struck by the sharp boundaries that Greenson creates among various psychological functions, as if they might truly be separate from each other. His definition of transference as inappropriate responses of the patient to the analyst, generally supported during his time, would be unacceptable to most analysts today. Freud (1905), in his footnote to the Dora case, did not think of her reactions to him as being simply inappropriate, but as touched off by observations she made about him, which related to her earlier psychological constellations. A contemporary, more intersubjective point of view would insist that the analyst plays some role in the patient's repetition of infantile wishes and fantasies. The *working alliance* is a newer phrase designed to justify the abandonment of anonymity and neutrality without disputing older ideas of the transference neurosis.

The working alliance quickly became a topic of controversy, reviewed in considerable detail by Brenner (1979, 1982). For Brenner, the issue is not whether or not the analyst is "nice," but whether the analyst has correctly understood and interpreted the patient's feelings and reactions. Resistances are best overcome by correct interpretations. A separate concept of therapeutic alliance would seem superfluous.

Brenner agrees with Stone that one cannot generalize rules of analytic behavior, and since the patient counts on the professional behavior of the analyst, it is incumbent upon the analyst to act always in the patient's best interest, regardless of the "rules." Brenner (1979) says:

> Whatever an analytic patient feels about the analytic situation, whether it be suffering, indifference, or gratification, is analytic material. It should, in principle, be treated like any other material: understood if possible and interpreted if appropriate. It is neither inhumane nor inhuman for an analyst to be guided by this principle in his attitude and behavior toward his patients. [p. 153]

Brenner insists that every patient behavior is an occasion for examination and questioning, rather than instruction or sympathy. Brenner (1979, 1982), in his insistence on understanding and interpretation as the only valid analytic techniques, perhaps ignores the emotional meaning to the patient of being understood—not only interpreted.

At a later date, Stein (1981), speaking of the patient's positive response to the analyst, relates this at least in part to Freud's concept of the unobjectionable component of the positive transference, saying: "In its more developed phases, it may be called the working alliance" (p. 878). Stein, referring to our reluctance to analyze positive transference, writes:

> The loving, conscious, unobjectionable part of the transference is directed toward the analyst as the one who soothes, who induces sleep and allows the patient to feel less frightened, for he is in "good hands"; but not for a long time can this love be directed toward the one who accomplishes the awakening . . . . Whether, without fulfilling one's role as awakener, one may be rewarded by having accomplished effective analysis is another matter. I would say not. [pp. 881-882]

In effect, the working alliance is not to be treated differently in analysis from any other aspect of the patient's behavior, and its negative, hostile, aggressive components must be analyzed. Kohut emphasized the importance of allowing idealization of the analyst for long periods, and Stein would agree that one does not necessarily analyze positive components in very early stages of analysis. He does, however, insist that these positive components are not conflict free.

Maintenance of the concept of transference neurosis is integral to Greenson's definition of analytic process. This allowed Greenson to attempt a separation of infantile material from mature, adult responses. In effect, the therapeutic alliance is not part of analytic process, but is an external aid in furthering the analytic work. Throughout this paper and in his later work, Greenson tends

to make sharp demarcations between early and late aspects of mental functioning, between mature and immature responses, and between reality and fantasy. Most analysts today would tend to see far greater admixtures of these processes, even in all mature, "healthy" behaviors.

The idea that the transference neurosis is a hallmark of analytic process, and that the patient must regress to his infantile neurosis, is central to Greenson's thesis, but it has, I believe, been largely abandoned as false and misleading. Although the concept of transference neurosis was unquestioned in Greenson's mind, for many analysts, it has long since been demonstrated to be an empty phrase without agreed-upon meanings within psychoanalysis (Brenner 1979; Cooper 1987). Brenner was one of the first to point out not only that the therapeutic alliance cannot be separated from other aspects of the transference, but also that transference neurosis is a theoretical concept with no grounding in the reality of psychoanalysis. I, from a somewhat different viewpoint, have shown that the concept of the transference neurosis is confused and misleading, lacks any agreed-upon definition among psychoanalysts, and is damaging to our understanding of psychoanalytic process. Few analysts, if any, observe the phenomenon in which the patient's neurotic behavior is confined to the analytic session, while his nonanalytic life returns to normal.

It is difficult to understand what Greenson (1965) might mean when he says:

> Though I let my patient see that I am involved with him and concerned, my reactions have to be nonintrusive. I try not to take sides in any of his conflicts except that I am working against his resistances, his damaging neurotic behavior, and his self-destructiveness. Basically, however, humanness consists of understanding and insight conveyed in an atmosphere of serious work, straightforwardness, compassion, and restraint. [pp. 100-101]

This seems rather self-contradictory. Of course, the analyst is taking sides, and Greenson is very specific about what sides he has

taken. He is, in a way, a forerunner of Loewald, unable to be as bold as Loewald in stating that the analyst's attitude is one of the loving parent, some steps ahead of the patient, guiding the way toward the future.

Greenson, despite his heroic effort at independent thought, cannot quite abandon the categorical thinking of American analysis at that time. For example, he says that the patient who has a chance at success in analysis "must have had, to some extent, the ability to form realistic and deinstinctualized object relations in his past life. The psychoanalyst's devotion and skill contribute realistically to the formation of the working alliance" (1967, p. 218). I believe that today we would take for granted that all relationships, even the most successful and nonneurotic, include fantastic and instinctualized components.

Greenson (1965) reveals how his true sympathies run at the end of the paper:

> We cannot repeatedly demean a patient by imposing rules and regulations upon him without explanation and then expect him to work with us as an adult. For a working alliance it is imperative that the analyst show consistent concern for the rights of the patient throughout the analysis . . . . Basically, however, humanness consists of understanding and insight conveyed in an atmosphere of serious work, straightforwardness, compassion, and restraint. [pp. 100-101]

Greenson seems apologetic for this statement, because he goes on to say:

> The above outline is my personal point of view on how to resolve the conflict between the maintenance of distance and the closeness necessary for analytic work and is not offered as a prescription for all analysts . . . . The transference neurosis and the working alliance are parallel antithetical forces in transference phenomena; each is of equal importance. [p. 101]

Greenson attempts to soothe his opponents by disclaiming generalization of his prescription; it works for him, and he is not necessarily advocating it for others. We are today much more likely to insist that the working alliance and transference phenomena are inseparable, and that the analyst is at all times a partner in the patient's productions. The sharp separations of mental functions and analytic behaviors that Greenson attempts to make seem quite artificial in today's analytic atmosphere. He believes, however, that the working alliance and the transference neurosis—"antithetical elements" (p. 101)—are always present.

We are indebted to Greenson for the fact that his decent, humanitarian impulses helped him become one of the leaders of the movement to preserve the human face of psychoanalysis. It is a tribute to analysis as an advancing field that many of Greenson's ideas now seem a bit archaic. His paper is a reminder of how far we have come from Eissler's (1953) avoidance of parameters in moving to a contemporary two-person, or object relational, or intersubjective point of view. In our current climate, we are apt to forget how the rule of abstinence and neutrality was translated in many analysts' consulting rooms in the past. It was not uncommon for the analyst to maintain total silence, session after session, with a patient who was unable to speak. I suggest that such a patient, involved in his own internal struggles with rage over having been deprived, and with furious, guilty determination not to give out what he himself was not given, was not helped by the analyst's demonstration that the analyst was stronger and could maintain this depriving attitude longer than the patient could maintain his angry refusal to beg for what he needed.

A recent issue of *Psychoanalytic Inquiry* (2007) is entitled "The Analyst's Love: Contemporary Perspectives." Such a topic was unimaginable during Greenson's lifetime. The gradually expanding role of the analyst's actual person in the analytic process was a disrupting thought for many analysts, until recently. By contrast, Meissner (2007) contributed an article titled "The Therapeutic Alliance: Themes and Variations," in which he detailed the indispensability

of a therapeutic alliance in every form of psychotherapy. In his view, the capacity to work together is an obvious requirement for success in any therapeutic endeavor. A great deal of research has shown that a positive relationship between patient and therapist early in treatment is a reliable predictor of therapeutic gain (Luborsky 1996).

Thanks in large part to the initial efforts of Greenson and others, today's analyst works in a very different atmosphere. Intersubjectivity is taken for granted as a part of the psychoanalytic setting. Countertransference has lost its connotation as an entirely negative intrusion into successful analysis, and enactments by both patient and analyst are assumed to be inevitable, even necessary and informative aspects of analysis. The transference neurosis is rarely referred to, and regression is not considered the hallmark of successful analytic process.

As Stern (Stern et al. 1988) pointed out, while interpretation holds its place as an essential activity of the analytic process, other such essentials include some version of empathic resonance on the part of the analyst, acknowledgment of one's presence as a person in the analytic process, attunement and responsiveness to the patient's emotional oscillations, the provision of an atmosphere of safety, and acceptance that important communications from both sides of the couch are conveyed nonverbally, to name only some. Today's analytic world includes as valid aspects of analytic technique the analyst's self-disclosure at appropriate times, projective identification and role responsiveness on the part of the analyst, the significance of nonverbal communications and implicit procedural components of the transference, an empathically resonant stance, the co-created psychoanalytic third, an emphasis on the here and now, acceptance of enactments as both inevitable and valuable sources of information from both sides of the couch, and so on.

Now our concern has shifted from how to expand out of the prison that Eissler (1953) described, to how to set boundaries for what may still be legitimately considered psychoanalysis. As Tuckett (2005) recently asked, "Does anything go?"

Greenson was one of the great teachers of psychoanalysis, and his textbook (1967) was an important source for many of us. The excitement, diversity, innovation, and controversy that distinguish contemporary psychoanalytic discourse is due in no small measure to the earlier clear and courageous (although cautious) vision of Ralph Greenson.

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DISCUSSION OF "THE WORKING ALLIANCE AND THE TRANSFERENCE NEUROSIS," BY RALPH R. GREENSON

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Ralph R. Greenson's 1965 article on the working alliance is certainly a landmark paper. His concept, along with Zetzel's (1956) of therapeutic alliance, has been part of the vocabulary of many mainstream psychoanalysts for the last thirty years. With the recent increased emphasis on the interpersonal (as opposed to the intrapsychic), including a major focus on the mind and the experience of the analyst, these concepts are often assumed to be theoretically well founded.

However, my own training and experience have led me to be part of the "unconvinced minority" described by Brenner (1979). His succinct statement, "It is as important to understand why a patient is closely 'allied' with his analyst in the analytic work as it is to understand why there seems to be no 'alliance' at all" (p. 150), gets to the heart of the matter. I also agree with Brenner that Greenson's clinical examples are largely unconvincing and do not contain sufficient clinical detail. However, we need to contextualize Greenson in his era and to understand the atmosphere that he thought required more thoughtful discussion. In his paper written with Wexler a few years later (Greenson and Wexler 1969), he addresses the "non-transference relationship between patient and analyst" and explains that their emphasis "is a result of our dissatis-

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faction with the current one-sided stress on transference interpretations as the main, if not the only, therapeutic tool" (p. 36).

In this commentary, I will utilize illustrative material from the close process attention approach of Paul Gray in order to be detailed and specific in my discussion of Greenson's "The Working Alliance and the Transference Neurosis" (1965). My own psychoanalytic training emphasized a clinical approach that maintained an analytic attitude utilizing as much neutrality as possible, thereby facilitating the analytic enterprise as a collaboration between patient and analyst aimed at understanding the patient's mind, without requiring the additional concept of the "working alliance." The major influence in my development as an analyst in this regard was Gray, as supervisor during my candidate years and then later as periodic clinical consultant. This paper will incorporate examples from my discussions with Gray, giving details of his approach that do not appear in his series of papers on technique.

But first, a few general remarks are in order. Strongly influenced by Sterba, Anna Freud, and Fenichel, Gray spoke of the importance of the observing ego, and, in fact, more than most analysts, he emphasized that analysis of inhibited ego functions is a crucial object of the analytic work. The capacity for collaborative work is based on multiple ego functions (as also described by Curtis [1979]), and need not require a new theoretical construct. Wanting to go beyond Sterba's (1934) important observation that the fate of the ego is one of therapeutic dissociation in the course of treatment, Gray sought to make a changed self-observing ego more than merely a byproduct of analysis. He noted that "systematic attention to self-observation . . . should become an integral part of analysis of the ego's manifestations of resistance through its forms of unconscious, defensive activities in the face of analytically mobilized conflict" (2005, p. 85).

In other words, persistent, detailed analysis of defenses produces ego strengthening by increasing tolerance of intense affects in the analytic experience. Gray was keenly aware of this as a slow incremental process, as indicated in the following quotation.

> It takes a long time for most patients to risk emotionally . . . accepting the analyst as *analyst* and as actually working with a *morally neutral* attitude. It is often safer for the patient to choose between the fantasy of a critically restraining image or an affectionately forgiving one. [2005, p. 134, italics in original]

Greenson states that the analyst's "consistent and unwavering pursuit of insight in dealing with *any* and *all* of the patient's material *and* behavior is the crucial factor" (p. 98, italics added).[1] Gray would agree with such an attitude. However, he frequently criticized what he considered an exaggerated presumption of regression during analysis. He felt that the patient's ability to use self-observation was facilitated by allowing the treatment to proceed in a manner that would not lead to an increased need for defenses. In contrast with Greenson, he was not inclined to use confrontation, exactly because it often tends to provoke defenses. He was not trying to avoid patients' anger, and when he felt that very difficult things could be assimilated by patients, he was able to find analytic (i.e., neutral) ways to communicate them.

The detailed descriptions that follow are meant to convey the atmosphere created according to Gray's teaching. (We do not have comparable descriptions of Greenson's procedure as would be provided by those who were supervised by him.) I want to draw attention in particular to certain characteristics of Gray's attitude: (1) he did not expect the patient's "cooperation" except as possible within the patient's character repertoire, and (2) he was acutely aware of the ever-present threat experienced by any individual who is asked to speak freely. As soon as the threat becomes stronger, defenses inevitably come into play; those defenses are habitual for each person. Gray's respect for defenses was profound, and perhaps that was why he did not display frustration with them; there was no hint of impatience with "resistance" since forces counter to speaking freely could be assumed to emerge sooner or later. Per-

[1] *Editor's Note:* In this article, page numbers from Greenson 1965 refer to the numbering in the republication in this issue, not to the original *Quarterly* publication of 1965.

haps the expectation of cooperation—or the lack of such an expectation—is a significant difference between the thinking of these two analysts.

Gray stressed that, during an analytic hour, the patient is often in a state of self-immersion, so that whenever the analyst speaks, he is interrupting that state. The impact of the interruption will vary from patient to patient, but it is always there, and with each intervention, the analyst risks asking the patient to take on "too much." And by *too much,* what is meant are too many different things, too much complexity, too much affect or incorrect affect. Once the analyst initiates an exchange at a given moment, the complexity can be increased.

In analysis, we ask patients to keep going back and forth between self-immersion and listening to the analyst. Gray was acutely aware that patients have to lift themselves out of the state of self-immersion in order to respond to an intervention. In the immersed state, patients are often less cognitively tuned to other aspects of the present situation, and therefore must adjust their focus to hear and comprehend. Whatever we ask of patients' minds at such times, they may have to gather all their mental forces in order to respond, and subsequently it may be harder to move back into the associative mode. During my years of training, Gray was the only analyst to point this out to me.

So, close process attention includes an ongoing awareness of and respect for the subtleties of the back-and-forth nature of the analytic situation. Greenson also refers to "respect" for the patient: "Humanness is . . . expressed in the attitude that the patient is to be respected as an individual" (p. 100). But we have few specific details about how he implements that attitude, and that is a major purpose of this discussion. The following section will continue with a series of detailed descriptions of Gray's practical suggestions.

When the analyst refers to something that happened several days or a week before, the patient has to raise her consciousness to retrieve that memory, in order to look back with her analyst to that time. When the immersion is deep, such a retrieval may be difficult, even jolting, and in any case requires a shift to a higher cognitive

level. Gray did not say that one should never refer to past sessions, but thought that one should be aware of the task imposed in doing so, as compared with a comment referring to something happening within the current hour. Why is this important? It is important because, if the goal is to work at a level where a patient can most readily observe her mind struggling with conflictual issues, then an intervention requiring a different level of cognition can interfere with optimal self-observation. Greenson does not disagree, but he does not address such issues explicitly.

A more striking example comes from an analytic case of mine that was supervised by Gray. Almost every time I spoke to this patient, he would counter with "What?"—apparently not having heard what I said. Early in the treatment, I had to repeat myself several times before he understood me. Gray suggested that I continue to repeat when necessary, and in time we would understand what this was about.

This patient's mother, by his description, had been extremely stimulating, both physically and verbally. From his childhood through his adolescence, his mother habitually invited him to nap with her. After some weeks of supervision, Gray began to wonder whether the sound of a woman's voice in the analytic hour was so startling to the patient that, before he could start listening, he had to get used to that intrusion, as if it were an assault. He suggested that, in future sessions, whenever I spoke, I might begin with a prelude of "filler" words before getting to the meaningful content, giving my patient a chance to get used to the presence of my voice. Gray demonstrated for me: "Well . . . um . . . I just had a thought . . . um . . . what I thought I wanted to say . . ." And only after this opening should I make my observation.

His suggestion made a big difference: the patient started to understand me the first time around. Gradually, after a couple of years, the filler became less necessary, and we started to understand that the patient had needed to protect himself against feeling overwhelmed by excessive stimulation. As a boy, only by creating distance—such as by not hearing or not understanding—could he ward off the intense affects and bodily sensations aroused by his mother's way of interacting.

A patient's state during an analytic hour determines what he or she can process. Gray taught that awareness of a patient's momentary state during a session should influence every one of the analyst's communications—even factual information, such as schedule changes. He pointed out that, particularly at the end of the session, the patient often cannot immediately register the details of what the analyst is saying. He suggested that one prepare the patient to hear such information by saying, "Before we stop today, I just want to tell you . . ." In this way, the patient has time to come out of the immersion without unnecessary strain.

Gray chose words carefully, and he explained his reasons for that care. He said it was important for each analyst to develop a vocabulary of words and expressions that are devoid of even the subtlest pejorative overtones. When I once mentioned this point in a discussion group on supervision of training analysts, one person objected, saying that the choice of words could not matter that much, and warned against conveying its importance to candidates for fear that they would feel inhibited. He argued that, instead of putting the onus on the candidate, who is in training to learn how to become the best possible analyst, one should teach that, if a patient feels criticized, well, that is simply something to be analyzed ("grist for the mill"). Gray, of course, agreed that such reactions need to be analyzed, but he believed the analyst could actively develop a more reliably neutral repertoire, precisely to avoid feeling constricted. By having those expressions readily available—the more, the better—one comes to be at ease with such a way of speaking. And Gray also knew that, for every individual, there are particular words that touch a nerve, and it is important for the analyst to know what they are for each patient. He was sensitive to what might be jarring to the patient—not because he feared the patient's anger at being jarred, but, on the contrary, because insensitivity to a patient's vulnerabilities stimulates defenses rather than helping to analyze them.

Another new approach that I learned from Gray was how to deal with the patient's lateness. He said that there is no need for the analyst to bring up lateness per se unless the patient chooses

to bring it up. Since we know that in some way, lateness is a manifestation of conflict over coming to the hour, we can wait until something is revealed within the hour that reflects what the issue might be on that particular day. It is preferable to wait until that conflict arises in a context different and additional to the act of being late, since the analyst's addressing the lateness is invariably heard as superego tinged.

I have confirmed the correctness of this approach through my own experience over the years, having also tried interpreting the lateness in various ways in line with other supervisors' and colleagues' viewpoints and practices; I had some supervisors who said, "You have to bring up the lateness." Gray noted that, if the analyst believes in conflict theory, the point at which she brings up the conflict is elective. She does not have to bring it up in an intervention that the patient will most likely defend against as an accusation. It is there: it was there on the way to the hour and remains during the session. In following this approach, I have found that most patients will bring up their lateness themselves. And when they do, they demonstrate their readiness to process it and provide the opportunity for a piece of superego analysis.

Here is an example: A patient, late for an analytic hour, starts talking about the analyst's having looked annoyed when he came in. The patient is almost never late, and he goes on to describe the events that led to today's lateness. Although he does not think there was any "unconscious" motive making him late, he speculates about some possibilities. Then his thoughts turn to the real (reality-based?) adversities encountered en route today, and he emphasizes that they made him late despite the ample time he had given himself.

The analyst comments that the patient sounds as if he is defending himself against an unspoken accusation. The patient agrees, and again mentions the annoyed expression he saw on the analyst's face. The analyst wonders if perhaps he has some ideas about what might be annoying about lateness. After protesting that he "knows" this is probably not true, the patient speculates that, since the analyst herself is almost always on time, punctuality must be important to her, and therefore she might think he does not take his analysis

seriously enough if he is late. He says, "It's not so much that you dislike being kept waiting; it's the implied insult that's irritating, that it'll seem as if I don't think you're important enough." Here is a made-to-order reexternalization of authority.

I once had a patient who was chronically late and habitually missed some appointments. My previous supervisor had often questioned the patient's motivation for analysis and had emphasized the resistance aspect of this behavior. When I discussed the case with Gray, as usual, he focused closely on the details of this patient, inquiring, "How late was she?" and "How often did she miss?" I told him she was usually about ten minutes late, sometimes more, and missed about one hour out of five per week. He said, "Well, if you think of this in terms of conflict, she's mostly there, so you can see that her ambivalence weighs more strongly *for* the treatment than against it."

This attitude was amazingly refreshing and gave me a different feeling about the case. The point is that the analyst's job is not to teach the patient to behave well or how to be a proper analytic case, but rather to understand the patient's mind, and in so doing, to understand the resulting behavior. To repeat what was said before, the focus was on understanding the defensive function of non-cooperation rather than on correcting it.

If, on the other hand, the analyst was late by more than a few minutes, Gray advocated an approach that informs us about the creation of a collaborative atmosphere. In such a circumstance, he suggested not making an apology, but asking if the patient would be able to make up the time that day, or whether it would be more convenient to do it on another day. The respect for the patient's time is obvious. Gray's practices were always informed by the utmost respect for patients and the hard work they commit to in undergoing analysis. Similarly, if a patient requested a change of appointment time and this was not possible, rather than the analyst's simply saying so, Gray suggested adding, "If something changes in my schedule, would you like to be called about such a change?" Regrettably, we do not have information from Greenson's writings about how he might have responded in similar situations.

With regard to issues about the fee, Gray thought it important to consider what each member of the analytic pair could tolerate. For instance, when lowering the fee, the analyst should do so only by the amount that would not cause him resentment or strain in reality, with the fee still being meaningful to the patient. Gray was particularly helpful in dealing with difficulties around setting a new fee, as, for example, after the analyst proposes an increase and the patient does not bring up the subject again at all. If there is no new fee agreement by the first of the following month, he suggested giving the bill as usual with the dates on it, but no dollar amount, saying, "I was not able to put the amount on the bill since our discussion about the fee is still ongoing."

This approach demonstrates that the fee agreement depends on a genuine, two-way discussion, and that the analyst is willing to wait for an agreement to evolve. This way of working has been helpful to me and to many of my supervisees over the years. Candidates are surprised by this entirely new attitude and amazed at how it furthers the analysis. As an example of Gray doggedly—even frustratingly—always analyzing and not reacting, readers may be amused to learn that he thought it preferable that an analyst be viewed as dull and uninteresting as a person. Greenson does not espouse the opposite opinion in his writings, but I would guess he would not explicitly suggest that the analyst seem uninteresting.

The kind of close process awareness that Gray demonstrated creates an atmosphere of safety for both analyst and analysand, supervisor and supervisee. It is an atmosphere in which a patient can feel safe in unearthing the most savage impulses that his superego tries to keep buried. And, in fact, this is exactly what Greenson emphasizes in his paper, though what is not available from him is more clinical detail.

Gray was acutely aware of the myriad of subtle ways that an individual can feel startled, assaulted, or criticized. Some therapists disagree with such carefulness, saying that it is just a way of avoiding the patient's anger or that it stems from the analyst's need to be "perfect." On the contrary, Gray wanted to help patients become increasingly tolerant of expressing aggressive impulses in the hour.

He agreed with Fenichel (1941) that acting in ways to make the patient angry was not the optimal way of analyzing inhibitions involving aggression. Central to his way of working was the goal of helping patients dare to express their strongly felt emotions by asking them to observe what risk they experienced if they continued to associate. But he balanced this goal with his deep respect for patients' autonomy, letting them set the pace of how much affect they could tolerate.

I realized Gray's wealth of experience at being the object of patients' aggression when he said to me more than once—when I thought *I* had had a big dose of aggression—"You haven't seen anything yet!" Gray emphasized the analysis of aggression, or rather the *fear* of aggression, which was how he would put it. He thought the fear of libidinal impulses was becoming less problematic in our culture, and that the more crucial issue was fear of the consequences of the *frustration* of libidinal drives, leading to fear of "frustration aggression." With regard to erotic impulses, he was particularly interested in the defenses against integrating the caretaking part of sexuality with the sensual part.

Gray's approach to enactments followed directly from his "inside" focus. Analysts commonly ask patients for the context in which thoughts about particular actions occur; they ask, "What just preceded those thoughts?" Gray added a notable intervention: he addressed the urgency that often accompanies such contemplated actions. He would say things like, "I get a sense of urgency in what you're saying; can you say more about that urgent feeling?" Mentioning urgency in this way recognizes the patient's feelings and does not belittle him—instead, it is clear that the analyst wants to know more about that feeling in detail, not just get rid of it.

Closely related to the "urgency" suggestion are Gray's recommendations for dealing with patients who are in a quandary about decisions and who have a tendency to press the analyst for suggestions. Gray said the analyst should invite the patient to imagine the analyst's suggesting each alternative. The emphasis here is on gathering a description of all the hypothetical ideas, and on the analyst's not being hesitant to play a role in that fantasy. The analyst

should be willing to take whatever the patient imagines as far as it will go, as, for example: "And can you describe your experience were I to say, 'Yes, take that first choice that you described'?" and then soon thereafter to add, "And if I say, 'Pick the second of your alternatives,' how would that feel?"

This way of helping patients use their imagination in problem solving also opens the door to an increased facilitation of transference fantasies. For example, when a patient says, "You're not gonna like this" or "You're gonna disagree with this," Gray would ask, "Can you say more about that picture of me feeling that way?" The patient's initial response to such an intervention is often that he does not know; he cannot think of anything. This would not stop Gray, however; he would say, "Well, let's ask, what kind of person am I when I view you (or what you say) in that way?" He emphasized that we have to be willing to be seen as *any* kind of person whom the patient pictures. This approach is especially useful when the patient imagines us as being critical.

Sometimes a patient says, for example, "Well, you *did* sound critical when we were talking about this yesterday." And here is one of the most important things I learned from Gray; I call it *"Take it on!"* Those were actually his words when I relayed a patient's description of something that had occurred in our session. The patient said to me, "You had an edge in your voice yesterday and that was hurtful to me." Gray suggested that I respond to the patient by saying, "*When* I had that edge in my voice . . ." or "*When* I was hurtful to you . . ." He recommended this approach in such situations regardless of how the analyst remembered what had gone on, because that was what had happened to the patient in *his* experience of the analyst, and the analyst must go on from there—he must "take on" what the patient perceived in him. Don't waffle and say it was just the patient's perception, Gray would counsel; that would be defending yourself and arguing about the "reality." As the analyst, you need to respect the patient's reality.

My experience has been that when I do "take it on," most often, patients are spontaneously willing to look at their own contributions to what happened. This reminds me of another of Gray's

sayings that has always stuck with me: "You have to let a patient chew on you!"

Perhaps the most important and original part of Gray's contributions is the analysis of the superego. Here again, the increasing development of the self-observing function is paramount. Analysts who continue to use structural concepts agree that analysis of the superego is important, but almost no one writes about how to do it. In the process of superego analysis, Gray emphasized the reexternalization of authorities, a concept that in practice is hard to grasp. The difficulty has to do with seeing in each moment the way the perception of an external authority—often the analyst—is used as an inhibitor, unconsciously helping the ego attempt to protect itself from danger in the analytic situation. Gray stressed that every time the transference makes itself felt, the ego immediately works to preserve what feels like a condition of safety. Of course, the sense of danger is a fantasy, a transference distortion. The danger is genuinely felt as external, and Gray's way of working with it in the clinical moment was unique.

The following is an example of this from supervision. My patient had an early-morning appointment for some time, and one day began to haltingly express the idea that he liked having this particular time to come to his sessions. I commented on his hesitant manner. Soon thereafter, he had a fleeting thought about my husband (the existence of whom he assumed). His thoughts then went in a different direction. As I recounted this to Gray, he interrupted at this point and asked whether I had noticed at what moment the patient had brought my husband into the room. Other supervisors might have picked up on the same phenomenon, but they would have emphasized the repetition of an oedipal dynamic, that is, that the patient had created a triangular situation. Gray would not deny the oedipal significance, but his focus was on the patient's anxiety having led him to bring in an external inhibitor in order to deal with his discomfort. To make the distinction clear: was it the association to my husband that made the patient anxious, or was he anxious about expressing out loud that he liked his morning visit with me, and he therefore "reached" for the ex-

istence of my husband in order to inhibit any further thoughts of being alone with me?

Everyone knows the importance of putting feelings about the analyst into words in the presence of the analyst. Said out loud, "This is what I feel toward you" leads to a sense of danger (a fantasy danger). Gray's emphasis on superego analysis led him to suggest particular kinds of interventions at such times. We know that Anna Freud introduced an emphasis on "transference of defense" seventy years ago, but this continues to be conceptually difficult. Colleagues often groan when I mention that phrase. Only through Gray's instruction did I truly understand it. It is harder to work with the transference of defense than with the transference of drive. Our patients often mention the impulse about which they were uneasy (rather than looking at the defense), trying to be "good" and to say everything obediently, but this is usually an intellectual pursuit, not affectively experienced. Such obedience expresses the human tendency to look for external authority rather than engaging in the more rigorous pursuit of autonomous functioning. As Ritvo (2005) wrote in his introduction to Gray's book:

> Patients are reluctant to analyze that aspect of transference because it is so effective in protecting the ego from risky revelations. The patient feels safer against the dangers of instinctual drives if he views the analyst as inhibiting, as were the parents of childhood. [pp. xvii-xviii]

One notable similarity between Greenson and Gray is apparent from Greenson's third case, in which there was an issue about the analyst's response to questions. "I told him I would not answer questions when I felt that more was to be gained by keeping silent and letting him associate to his own question" (p. 88), says Greenson. He later generalizes about his attitude by saying, "We cannot repeatedly demean a patient by imposing rules and regulations upon him without explanation and then expect him to work with us as an adult" (p. 100). Gray might not emphasize the "demeaning" aspect of such situations; he thought many patients, early in analysis, require "education" about this admittedly strange relationship

(much like Stone's [1961] view). Gray did not think it "unanalytic" to make educational interventions in situations with naive patients.

Furthermore, Gray said that one's technique should be "transparent"—that is, it is helpful if the reason for one's interventions is apparent to the patient. This is similar to what Greenson says in his section on "The Classical Analytic Patient" in "The Working Alliance and the Transference Neurosis," where he states, "Only those methods of approach that seem understandable to him [the patient] may lead to realistic reactions " (p. 93). Here the two analysts sound remarkably similar, and in fact, Gray's contributions are directed mainly toward "classical analysis" (or, to use his preferred phrase, "essential analysis").

Greenson's description of the development of an analytic situation is basically identical with how this process was taught in my own training. One significant difference from Gray is in Greenson's use of the word *regress*. Greenson describes the way a patient, once feeling understood, "dares to regress, to let himself experience some transient aspect of his neurosis in the transference in regard to my person" (p. 94). Gray might describe this as the patient's willingness and ability to risk feeling more anxiety (or any other painful affect) in the presence of the analyst.

Greenson goes on, "Once the patient has experienced this oscillation between transference neurosis and working alliance in regard to one area, he becomes more willing to risk future regressions" (p. 94). Gray would agree with the idea of oscillation, but the "risk," for him, would refer to increased tolerance for strong affects connected to nonrational thoughts. And the increased tolerance for risk is the result of "appropriate defense analysis [that] does gradually strengthen the ego" (Gray 2005, p. 43). In other words, the courage comes from detailed attention to the externalization of authority, which paradoxically may lead to a temporarily lessened cooperativeness as the patient's autonomy increases.

One might well ask why this distinction is significant. It has to do with compliance and how much the patient has developed autonomy or continues to require the protection or approval of the

analyst. Since both Greenson and Gray create a certain atmosphere, why not simply say that Gray's attitude is alliance fostering? Gray is interested in ego strengthening through analysis that includes both the positive transference aspect of alliance and the reexternalization of inhibiting authority, while Greenson does not make explicit that he is aware of such subtle differentiation.

In his published papers, Gray does not refer to the working or therapeutic alliance. He prefers to address himself to strengthening patients' motivation for developing a capacity for intrapsychic observation. He considers the patient's two basic tasks to be: (1) to free associate, and (2) "to enter into a rational observing alliance with the analyst" (2005, p. 67), at intervals determined by the analyst's interventions. Gray continues:

> Traditionally, motivation for the work of analyzing . . . relies heavily on response to or compliance with transferentially endowed authority; that is, it stems from fear of punishment or a need to express devotion and gain love. This use of the positive transference is a form of suggestion that is still widely used to overcome resistance . . . . My interest lies in identifying technical ways of reducing the irrational, that is, use of suggestion, and increasing the rational use of autonomous learning as early in the analysis as the patient's characteristics permit. [pp. 67-68]

In a footnote, he adds, "In practice, there is always a mixture of rational and irrational motivating factors" (p. 68).

In an allusion to alliance concepts, Gray (2005) notes:

> The greater difficulty in analyzing transferences of affectionate safety lies especially in the degree to which they blend in with the analyst's wish to be regarded as noncritical . . . . We are naturally reluctant to examine the supportive elements of transference . . . . *Acts* of kindness, of humaneness, and the provision of empathic communication or consolation about life outside the analytic situation may render the experience too similar to the fantasy to demonstrate transference convincingly. [p. 134, italics in original]

More clinical detail and notable similarities with Gray are found in Greenson and Wexler (1969)—for example, an awareness of the patient's "state" in analysis, as well as the importance of "dosage" (pp. 35-36). Reference is made to the ego-strengthening aspect of analytic work: "Some procedures used by psychoanalysts do not add insight into the unconscious per se, but strengthen those ego functions which are required for gaining understanding" (p. 28). The subject is not sufficiently elaborated for us to know how much this might coincide with Gray's views of strengthening the ego.

An important illustration of Greenson and Wexler's views is found in their discussion of a patient called Kevin, in the fifth year of analysis. This vignette demonstrates both similarities and differences from Gray in their approach. Quotations are necessary to clarify my point.

> After I had made an interpretation he hesitated and then told me that he had something to say which was very difficult for him. He had been about to skip over it when he realized he had been doing that for years. Taking a deep breath he said: "You always talk a bit too much. You tend to exaggerate. It would be much easier for me to get mad at you and say you're cock-eyed or wrong or off the point or just not answer. It's terribly hard to say what I mean because I know it will hurt your feelings." [Greenson and Wexler 1969, p. 27]

Greenson and Wexler continue:

> I believe the patient had correctly perceived some traits of mine and it was indeed somewhat painful for me to have them pointed out. I told him he was right on both accounts, but I wanted to know why it was harder for him to tell it to me simply and directly as he had just done than to act in an angry fashion. He answered that he knew from experience I would not get upset by an exhibition of temper since that was obviously his neurosis and *I wouldn't be moved by it*. Telling me so clearly about my talking too much and exaggerating was a personal criticism and that would be hurtful. [p. 27, italics added]

Here is an impressive example of a patient autonomously recognizing his defense, à la Gray. But the phrase I have italicized, *I wouldn't be moved by it,* is not elaborated. The idea of "moving" the analyst, and where that might lead, is not explored on this occasion, though the case of Kevin is more compelling than the clinical material in Greenson's 1965 paper.

In conclusion, I might note that all competent analysts probably create a collaborative atmosphere in working with their patients. However, there is a crucial if subtle difference if those collaborative capacities are not themselves subjected to the analytic work in the transference. Stein's (1981) paper on the unobjectionable part of the transference makes a powerful argument for not exempting the patient's cooperative side from analytic examination. My guess is that, if the alliance aspect is viewed as separate, as Greenson suggests, the potential for continued uses of authority and compliance are increased. The rewards and pleasures of working together in the analytic situation with an engaged, cooperative partner—even in intensely aggressive and sadistic encounters—are great. We analysts will serve our patients better if we are aware of our reluctance to analyze such collaboration.

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THE MIND: PSYCHOANALYTIC UNDERSTANDING THEN AND NOW

BY MARTIN S. BERGMANN

The author discusses the evolution of psychoanalytic understanding from Freud's time to the present, citing the influence of various sociocultural changes. He addresses Freud's proper place in history and notes ways in which Freud's contributions cast him as belonging to Romanticism. Freud's shift from the topographic model of the mind to the structural one, and the influence of this on psychoanalysis, is discussed, as well as important developments in the field since Freud. The author focuses particularly on difficulties encountered in psychoanalytic practice today, and he describes what he has termed organizing interpretations *as uniquely valuable in the treatment setting.*

In composing these remarks, I am aware that I am speaking to you at a time when psychoanalysis as a whole and Freudian psychoanalysis in particular are under siege. The following evidence supports this premise all too well:

1. We are challenged by a powerful pharmacological approach that is promising, in the not-too-remote future,

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to discover drugs that will mitigate and even undo the effects of every known mental illness.

2. We have evoked the ire of some powerful social groups, such as the Feminist Movement and the Gay Rights Movement. The fact that psychoanalysis has broken up into a number of schools competing with each other has confused and alarmed the public as to which school is the best, if any.

3. We have lost much of the unique place that, in the past, psychoanalysts had in the lives of their patients. It is not unusual for analytic patients to be involved in marital therapy or to be on medication at the same time that they are undergoing individual treatment. This arrangement tends to weaken and divide the transference.

4. Globalization—the fact that many professionals work from more than one place—has tended to render difficult the four to five sessions per week traditionally allotted to psychoanalysis.

5. We are in the midst of major cultural changes, and a changing society offers new opportunities to a new generation of curious psychoanalysts. The fact that a large number of women are in the workforce and often are the major breadwinners for their families has changed traditional roles. Fathers are more involved in what used to be maternal functions, like feeding children, putting children to bed, and purchasing groceries. Sexual abstinence before marriage is no longer demanded of women. Pornography is more easily accessible, and the Internet has made it easier to talk to strangers about topics that could not be mentioned in earlier generations. The concept of the latency period, regarded as so very important in directing the libido away from the familial, incestuous relationship and toward new and non-incestuous channels, may be on the way out. Amer-

> ican parents are adopting children of diverse races and cultures—for example, baby girls from China. Some of my students have in treatment boys and girls who are being raised by lesbian or gay couples. These relatively unfamiliar family constellations open up new vistas to study child development under new conditions. We have much to learn about love and its vicissitudes from investigating how the Oedipus complex takes shape under such nontraditional circumstances.

Because I have been teaching psychoanalysis since 1953, I have another point to add to these well-known difficulties. Contrary to what Freud and his original followers expected, it has proven very difficult to train good psychoanalysts. Psychoanalysis is not easy to teach. It seems that it demands from each practitioner more creativity than do many other professions. To make the right interpretation at the appropriate moment is an art that is difficult to convey. I find it essential to stress a new term, the *organizing interpretation,* to describe what I consider crucial in psychoanalysis.

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Whatever the future of psychoanalysis as a treatment for mental disorders will be, the place of Freud among the great thinkers of the twentieth century is assured. As W. H. Auden (1945) put it in his "In Memory of Sigmund Freud":

> He wasn't clever at all: he merely told
> the unhappy Present to recite the Past
> like a poetry lesson till sooner
> or later it faltered at the line where
>
> long ago the accusations had begun, . . .
>
> to us he is no more a person
> now but a whole climate of opinion. [pp. 163-167]

Freud has entered the company of the "immortals" of the Western world. It is worth noticing that these are people who were cre-

ative writers like Homer and Shakespeare, great philosophers like Plato and Aristotle, great explorers like Columbus, or great scientists like Newton and Einstein. Freud is not only the sole psychiatrist among them, but also the only one about whom opinions vary as to what the essence of his contribution to our knowledge has been.

Studies on Hysteria (1895) was a traditional book written by two specialists, Breuer and Freud, for fellow specialists treating nervous disorders, but already in *The Interpretation of Dreams* (1900), Freud no longer spoke exclusively to these specialists. As he made the basic discoveries that constituted psychoanalysis, he addressed a wider audience: those who were searching and those who were dissatisfied with things as they were. His next writings—*The Psychopathology of Everyday Life* (1901), *Jokes and Their Relationship to the Unconscious* (1905a), and *Three Essays on the Theory of Sexuality* (1905b)—targeted the very same nonprofessional but intellectually alive audience. Only after this audience had been reached did Freud start writing for the new profession that he had created.

After 1920, when his next radical change in thinking took place, Freud once more addressed a general audience in *Beyond the Pleasure Principle* (1920), *The Future of an Illusion* (1927), and *Civilization and Its Discontents* (1930). However, his reasons for writing for the general public were now very different from those of the past. Recognition of the power of aggression, and particularly Freud's new emphasis on the death instinct and the danger it posed to civilization as a whole, lessened his interest in psychoanalysis as a therapeutic endeavor, and increased his fear for the survival of civilization. If we take the trouble to read Freud's papers on technique written between 1911 and 1915, and compare them to his last contribution on technique, "Analysis Terminable and Interminable" (1937), we will immediately sense the darker outlook that pervades the latter work. Freud's choice to change his audience of readers determined to a significant extent the history of psychoanalysis. It prevented psychoanalysis from becoming a special school within psychiatry, a situation that the American Psychoanalytic Association tried hard to achieve. For a significant period in the twentieth century, this decision of Freud's contributed to the

popularity of psychoanalysis; but it also contributed to a special kind of hostility toward him.

Great contributors to civilization fall into two distinct groups. In the first, we find those who made major contributions, but had they not made them, someone else would have stepped into their shoes. If Columbus had not sailed for the New World, for example, someone else would have done so not too many years later. At the time when Darwin announced his theory of evolution, which shook the foundations of the Western world, Wallace had already reached similar conclusions. In contrast to these great contributors, in the second group are those whose contributions and ideas no one else could have propounded in the same manner. For example, Plato and Aristotle were not the only Greek philosophers, but had they not lived, the history of philosophy would have developed very differently.

Freud, in my view, belongs to the second category. Different parts of the psychoanalytic edifice may have been discovered by others: a form of therapy that used "the talking cure" may have been created by individuals like Pierre Janet, Freud's contemporary; and a pediatric physician may have discovered infantile sexuality. The technique of free association, one of Freud's greatest ideas, was in fact not discovered by Freud, but by a writer wishing to cure a creative writing block; Freud only adopted it as a technique to replace hypnosis. It is more difficult to imagine anyone else discovering the Oedipus complex, however, since the drama by Sophocles had been known for over 2,000 years, and yet no one else drew the inference from it that Freud did.

Unlike the situation with Darwin (whom Freud so much admired and wished to equal), if Freud had not lived, psychoanalysis would have remained "undiscovered," as Freud would maintain, or "uninvented," as I prefer to term it. For I consider psychoanalysis Freud's creation, not his discovery. Freud himself used the language of discovery; for example, when he formulated the new idea of the superego, he said, "we succeeded in explaining" (1923b, p. 28), when in fact he was *creating* the concept of the superego.

We can say that Harvey discovered that blood circulates because it circulated before him, but the fact had not previously been

known. The same can be said about Kepler and Darwin and their discoveries, but not about Freud; the former group caused phenomena that had already existed to be understood in a new way, while Freud created something new. In a famous letter to Pfister, a Protestant clergyman, Freud wondered why psychoanalysis had not been discovered earlier by someone other than a "godless Jew"—but psychoanalysis, unlike the geographical entity of the New World, did not wait to be discovered; it was created by one man. A discovery, once made, cannot be undone; it can only be reinterpreted. The fate of a creation, on the other hand, depends on the vicissitudes of social forces that are beyond the control of its creator.

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In 1998, the Berlin Psychoanalytic Society asked me to give the annual Karl Abraham lecture. I chose as my title "The Conflict between Enlightenment and Romantic Philosophies as Reflected in the History of Psychoanalysis." In this lecture, I characterized psychoanalysis as born at the crossroads between the rational philosophy of the Enlightenment and the new ethics of Romanticism. The Enlightenment created a cult of reason, and Romanticism, a cult of feelings. The Romantics glorified the night side of human nature; they ranked the "will" more highly than rational intellect.

In his philosophy of life, Freud remained loyal to the Enlightenment, the movement that made it possible for Jews to participate in the social life of the country, but on a personal level, he was strongly drawn to the Romantic movement. Under the banner of the natural sciences, psychoanalysis explored the world of dreams, fairy tales, myth, and religion—all topics that had hitherto been examined only under the domain of Romanticism. By creating psychoanalysis, Freud conquered for the Enlightenment philosopher a psychic domain that had belonged exclusively to the Romantics; and here I might quote Fenichel's (1945) insight that "the subject matter, not the method of psychoanalysis, is irrational" (p. 4). Fenichel's formulation expresses an idealized version of what psychoanalysis should be. Freud's writings show that dealing with

the realm of Romanticism awakened dormant Romantic inclinations in him that had been repressed during the long period before he created psychoanalysis, while he was working in the laboratory of Brücke strictly as a natural scientist.

Seen from this perspective, psychoanalysis was more than just a new way to cure mental illness; it was a movement that attempted to bring the philosophical realm of Romanticism under the domination of a rational outlook on life. We know from many of Freud's statements that he did not have an overly high opinion of philosophers, and he would not have liked being placed among a line-up that included Schopenhauer and Nietzsche. Freud's proper place in the history of Western thought is still a matter of controversy.

Thomas Mann (1933) characterized psychoanalysis as Romanticism that has become scientific, and characterized Freud as a *Selbstdenker* (self thinker):

> Freud's interest as a scientist in the affective does not degenerate into a glorification of its object at the expense of the intellectual sphere. His anti-rationalism consists in seeing the actual superiority of the impulse over the mind, power for power; not at all in lying down and groveling before that superiority, or in contempt for mind. [p. 193]

> "We may," says Freud, "emphasize as often as we like the fact that intellect is powerless compared with impulse in human life—we shall be right. But after all there is something peculiar about this weakness, the voice of the intellect is low, but it rests not till it gets a hearing. In the end, after countless repulses, it gets one after all." [p. 194]

In a paper titled "Was Freud a Romantic?" (1986), Madeline Vermorel and Henry Vermorel cited Freud's 1919 paper "The Uncanny" as the most "Romantic" of his writings. They considered the dual instinct theory to be derived from Schelling. Freud's word *trieb* (drive), they believed, was derived from Novalis, and such terms as *Urfater* (primal father) and *Urphantasie* (primal fantasy) were derived from Goethe's *Urphenomena* (primal phenomena).

Vermorel and Vermorel also considered bisexuality an idea of Romanticism that was transmitted to Freud through Fliess, whom they considered a Romantic physician. Freud's adherence to Lamarck's idea of the inheritance of acquired characteristics was another example of the influence of Romanticism upon him, they maintained. Vermorel and Vermorel cited Freud's (1915) statement that "the man of prehistoric times survives unchanged in our unconscious" (p. 296) as another example of his Romantic thinking, as well as the following observations: "This attitude of ours towards death has a powerful effect on our lives. Life is impoverished, it loses in interest when the highest stake in the game of living, life itself, may not be risked" (Freud 1915, p. 290).

Vermorel and Vermorel may have been right to regard "The Uncanny" as Freud's most typically Romantic work. (Another point to support this is the fact that Freud quotes extensively from E. T. A. Hoffman in that essay.) But there is another work that may well deserve that title, the 1913(a) paper "The Theme of the Three Caskets," in which Freud makes the following observation:

> [There are] three forms taken by the figure of the mother in the course of a man's life—the mother herself, the beloved one who is chosen after her pattern, and lastly the mother earth, who receives him once more. But it is in vain that an old man yearns for the love of woman as he had it first from his mother; the third of the fates alone, the silent goddess of death, will take him into her arms. [p. 301]

These are not free associations by a patient of Freud's, but reflections by Freud himself. His words are a thinly disguised Romantic statement, revealing thoughts that emerged from Freud's own "creative unconscious."

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Because I believe psychoanalysis is a creation and not a discovery, I will now turn to the question of whether it is only a technique of treatment, or whether it contains a philosophy of life of its own.

If the line of reasoning given so far is convincing, then psychoanalysis, although the personal creation of a man of genius, is nevertheless also the product of certain social forces. It could not have been created in the form it was at any other time in history. It also follows that the same larger forces will determine its future, and our wishes as psychoanalysts can influence its future only to a limited degree.

One of the important tasks we face is to liberate psychoanalysis from the accidents of its own development. In my view, it is important to master the history of psychoanalysis in order to be able to differentiate the accidental elements from the core of psychoanalysis. For example, it was an accident that psychoanalysis was created by a reluctant physician—a man more interested in solving puzzles of human nature rather than in curing them. This accident determined much of the early history of psychoanalysis, but not its very essence, which consists of the possibility of an amalgam between greater self-knowledge and cure. Most of the dissidence in the history of psychoanalysis has been in this sense accidental, based on a prevalent state of knowledge.

We know that when Breuer and Freud wrote *Studies on Hysteria* (1895), Freud believed that hysteria had a traumatic origin in the seduction of the young daughter by her father or a father substitute. At the turn of the century, he substituted oedipal wishes for these supposed reminiscences. It was Ferenczi (1929) who restored the role of trauma. Due to this accident of history, traumatic neuroses were kept separate from ordinary neuroses. The interaction of oedipal desire with traumatic childhood experiences lies at the very core of psychoanalysis, but the debate as to which is more important—intrapsychic conflict or traumatic experience—has occurred through an accident of psychoanalytic history.

Every student of psychoanalysis knows that between 1900 and 1920, the psychoanalytic model was the topographic one. It dominated Freud's thinking from *The Interpretation of Dreams* (1900) to *Beyond the Pleasure Principle* (1920). What is less familiar is that, under the influence of the topographic model, the psychoanalytic point of view was more optimistic. All that the analyst had to do was to

make the unconscious conscious by interpreting the free associations of the analysand. This aim was achievable within a few months.

As late as 1934, Freud was negotiating with Bryher about the possible analysis of her lover, the poet Hilda Doolittle (in the correspondence, she was disguised as her cousin). In reading Freud's letter to Bryher, one is surprised not only by how personal and intimate Freud was about himself when writing to his patients or their relatives, but also by what he considered the minimum time for a psychoanalysis:

> With me things are no longer the way they used to be. I am old, often ill, and only work for five hours with students or patients. There isn't a long waiting list anymore, clients in need of help prefer younger people. But material circumstances force me to keep on earning money. Until recently my free was $25 per hour; as a result of the general impoverishment I have lowered this to $20 or $15. I donate one of my five hours free of charge, something which I would like to be able to do in general anyway. But I can't do that. Some of my adult children are out of work and have to be assisted or supported.
>
> If you designate £100 for your cousin's analysis, I calculate that this sum won't last beyond one month, and I am worried that this time frame and number of hours will not be sufficient to achieve anything for her. With such a limitation it seems more ethical not to begin anything at all. We consider three months the shortest possible time limit for a trial period. [Freud quoted in Friedman 2002, pp. 8-9]

To read this letter today is to realize how much of our present common psychoanalytic knowledge was not evident to Freud. How is H. D. to react to the fact that her analyst is "old, often ill" and is willing to treat her only because his children are unemployed? And for us, the letter is a sad one because Freud no longer feels that he wants to see patients, when there is still so much for him to discover.

Freud uses the term *trial period*, an expression he introduced in 1913(b) when he recommended that, if the analyst knows little

about the patient, he or she should take the patient provisionally for one or two weeks, in order "to spare the patient the distress of an attempted cure having failed" (p. 124). One could not expect that, in 1913, Freud would have known that a trial period itself may evoke anxiety in analysands. To designate three months as a trial period must be judged as a slip of the pen, an indication of Freud's ambivalence.

When the topographic model prevailed, three months could be considered an adequate period, but Freud wrote this letter in 1934, more than ten years after his introduction of the structural model. We learn from this letter that Freud failed to absorb the technical implications of his transition to the structural point of view.

As the structural model became more popular, the psychoanalytic paradigm changed from a process of counteracting the effects of repression to the understanding of intrapsychic conflict. Analyses became longer, the expected results less certain. Under the domination of the topographic model, the aim of analytic work was to counteract the work of repression and resistance. Under the structural model, repression was considered the most desirable of all the defense mechanisms of the ego, less damaging to reality than projection or reaction formation. As a result, the psychoanalytic movement became more conservative, and the alliance with the progressive forces active elsewhere in Europe became more tenuous.

The last chapter of Freud's *New Introductory Lectures,* written in 1933, only six years before his death, is titled "The Question of a *Weltanschauung*." Contrary to his usual habit, Strachey, Freud's English translator, chose to retain the German word rather than seeking an English equivalent. In so doing, he echoed Freud's view:

> *Weltanschauung* is, I am afraid, a specifically German concept, the translation of which into foreign languages might well raise difficulties. If I try to give you a definition of it, it is bound to seem clumsy to you. In my opinion, then, a *Weltanschauung* is an intellectual construction which solves all the problems of our existence uniformly on the basis of one overriding hypothesis, which, accordingly, leaves no question unanswered and in which everything

> that interests us finds its fixed place. It will easily be understood that the possession of a *Weltanschauung* of this kind is among the ideal wishes of human beings. Believing in it, one can feel secure in life, one can know what to strive for, and how one can deal most expediently with one's emotions and interests. [p. 158]

Freud went on to deny that psychoanalysis has a *Weltanschauung* of its own, claiming that it merely uses the *Weltanschauung* of science. For the moment, I will leave aside the important question of whether Freud was right to claim a *Weltanschauung* for science, and instead concentrate on the question of whether psychoanalysis has a distinctive philosophy of life. I will do so by taking you back to a statement by Freud from 1912—that is, twenty-one years earlier—in a paper titled "On the Universal Tendency to Debasement in the Sphere of Love":

> Thus we may perhaps be forced to become reconciled to the idea that it is quite impossible to adjust the claims of the sexual instinct to the demands of civilization; that in consequence of its cultural development, renunciation and suffering, as well as the danger of extinction in the remotest future, cannot be avoided by the human race. This gloomy prognosis rests, it is true, on the single conjecture that the non-satisfaction that goes with civilization is the necessary consequence of certain peculiarities which the sexual instinct has assumed under the pressure of culture. The very incapacity of the sexual instinct to yield complete satisfaction as soon as it submits to the first demands of civilization becomes the source, however, of the noblest cultural achievements which are brought into being by ever more extensive sublimation of its instinctual components. For what motive would men have for putting sexual instinctual forces to other uses if, by any distribution of those forces, they could obtain fully satisfying pleasure? They would never abandon that pleasure and they would never make any further progress. It seems, therefore, that the irreconcilable difference between the demands of the two instincts—the sexual and the egoistic—has made men cap-

> able of ever higher achievements, though subject, it is true, to a constant danger, to which, in the form of neurosis, the weaker are succumbing today. [p. 190]

In the paragraph quoted, Freud transmitted to us two astonishing ideas: first, that civilization made impossible full sexual gratification. We are told that we are all, to some extent, sexually inhibited. Every man is to some degree impotent, and no woman is as sexually uninhibited as she could be.

In our clinical work, we often hear men and women report that they had a sexual experience that went deeper and was more pleasurable than any previous experience; usually, in such experiences, an inhibition has been overcome. This universal inhibition, Freud believed, arose from the fact that "the nature of the sexual instinct itself is unfavorable to the realization of complete satisfaction . . . . The final object of the sexual instinct is never the original but only a surrogate for it" (1912, pp. 188-189).

This was a startling assumption because it postulated that the young child before the sixth year, that is, before the latency period sets in, is fully capable of desiring and loving one or both parents; it is the time that the Oedipus complex is experienced with its fullest intensity. The subsequent latency period forces the wishes of the Oedipus complex to undergo repression, and in adolescence, a new sexual wave directs the sexual wishes toward new and nonincestuous persons, but by then the sexual current has already been weakened, particularly when neurosis sets in. Freud now states that this weakening of the sexual drive is not confined to neurotics, but is universal. The once powerful and united libido splits into two currents, so that "where they love they do not desire and where they desire they cannot love" (p. 183).

Not only does civilization impose on us "renunciation and suffering," but Freud also foresees "the danger of extinction in the remotest future." And in the second part of the cited paragraph, Freud espouses another contradiction: it is the incapacity of the sexual drive to yield complete satisfaction that is the source of our "noblest cultural achievements." Thus, the very same instinctual renun-

ciation causes the suffering of neurosis, but it is also the source of the best in civilization. Freud the therapist shows his patients the importance of creating a richer sexual and love life, while Freud the cultural historian ascribes to this "renunciation" the best in civilization. The renunciation of complete sexual gratification can either lead to neurosis or, through sublimation, to new cultural achievement. Sublimation is the hoped-for alternative to neurosis.

In the early work of Rank (1909), this dichotomy led to a view of the artist as the opposite of the neurotic—until artists became psychoanalytic patients, when it became clear that one could be both an artist and a neurotic. When we read Freud's 1912 paper today, it becomes evident that impotent men, those suffering from premature ejaculation, and frigid women incapable of orgasm were very common among Freud's patients.

The long quotation from Freud, with or without my exegesis, can only be interpreted as his *Weltanschauung*. But he draws no line between personal views and what psychoanalysis has taught him.

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Freud's statement also forces us to reflect further on the concept of sublimation. It is of interest that Fenichel (1945) defined sublimation as a successful defense. "The ego develops abilities with which it can observe, select, and organize stimuli and impulses: the functions of judgment and intelligence" (p. 16), he noted. Fenichel put forth a strictly psychoanalytic definition of sublimation—namely, what this activity achieved for the inner stability of the creator. Whether it is significant to civilization is not relevant.

I invite you now to look at the same paragraph written by Freud in 1912 not from a psychoanalytic point of view, but from a cultural perspective. The danger of extinction is no longer in the remote future. Freud thought that the danger would come from further sexual renunciation, but in fact it comes first from the atomic bomb that came into being as a result of World War II, as well as from global warming, the result of industrialization. We are today

in the midst of a debate on whether we should use atomic energy to reduce pollution, and on which of the two is the greater danger.

Major cultural changes, especially in the West, have greatly reduced the amount of sexual renunciation that the culture demands. Masturbation is no longer seen as dangerous, as it once was, nor is premarital virginity demanded of women, as noted earlier. At the same time, a new dividing line—between those who are still loyal to cultural forces that insist on the older, repressive attitude toward sexuality, and those who advocate greater sexual freedom—is replacing other dividing lines of class and race. This division is taking place within the American culture, as well as in the clash between the West and the Islamic world. A post-World War II "baby boomer" generation has reached maturity. Are these individuals happier and less neurotic than the Victorian generation that Freud knew so well? Or have we only succeeded in increasing narcissism at the expense of neurotic inhibition? Perhaps future cultural historians will offer answers.

In my own meditations on the nature of love, described in *The Anatomy of Loving* (Bergmann 1987) and in a series of articles, I have reached a more optimistic conclusion than Freud did in 1912. The very exultation and happiness that characterize the state of falling in love are due, I believe, to the fact that large quantities of libido hitherto attached either to narcissism (love of the self), or to an unconscious attachment to the early incestuous love objects, have now been successfully transferred to a new and non-incestuous love object. True, this transfer may not always retain its power, and the entire effort may have to take place again. One may "fall out of love," which means that a second liberation from the incestuous love object has been necessary.

The very fact that many men and women can and need to fall in love many times in the course of life is a sign, in my opinion, that the transfer from the incestuous love object of early childhood to non-incestuous adult love relationships is a dynamic process that is not settled in adolescence once and for all, as we used to believe. This is not true for everybody; some transfers are permanent. Freud was right when he stated in 1905(b) that in love, all findings

are refindings—but some refindings are happy and permanent, while others have to be repeated. On the other hand, the fact that so many couples who are married or live together for a long time report that they have no more sexual relations, or have them only rarely, implies, in my view, that the incest taboo has reentered the life of the couple. Thus, in the unconscious, the couple has become brother and sister or the nonsexual parents that the child wishes he or she had.

When the parents are adequate and fulfill their roles, all that love has to achieve is displacement from the incestuous object to a non-incestuous one. However, when the parents have not fulfilled their roles, not only is the clinging of the child to them stronger, but it is also the case that much more than refinding has to take place. Thus, if the daughter of an alcoholic father chooses an alcoholic husband, the refinding process that Freud considered the very success of love has taken place, but instead of the bliss of love, the daughter finds only new unhappiness, because she will not be any more successful than her mother was in the effort to "cure" the alcoholic mate. The very process of displacement, upon which love depends, thus miscarries.

It is not very difficult to explain these issues to an analytic patient, but to persuade the id to find a new way of loving is much more challenging. Furthermore, when a childhood trauma has caused there to be a fixation point, falling in love often returns to the point where the traumatic fixation took place. In such situations, love is played out in the service of the repetition compulsion, and the lovers, in their relationship to each other, recapitulate the painful events in childhood that caused their development to come to a stop and proceed no further.

I hope I am making myself clear to you, because this is an idea of mine that I consider important: the happiness of falling in love is really a celebration of the transfer of painful and guilt-provoking incestuous love to culturally permissible channels. For this love to be successful, two conditions must be met: (1) The incest taboo must not be transferred, in spite of the necessary similarity between the original incestuous love object and the new one, and (2) the

undesirable features of the original objects must not participate in the refinding process.

I recall a lesbian patient telling me that she cried for many months when she realized she was homosexual. I interpreted her crying to be based on the unconscious realization that she had succeeded only in exchanging her forbidden incestuous love feelings for members of her family into another forbidden love: homosexual love.

In *Civilization and Its Discontents* (1930), Freud returned to the same subject he had touched upon in 1912: the hatred of civilization. Much had changed in the intervening years. In 1930, Freud saw civilization as the battlefield between Eros, "the builder of cities," and the death drive that threatens the very existence of civilization. Instead of seeing psychic conflict as occurring between sexual needs and self-preservation needs, Freud now saw the conflict from a broader perspective: between libido (the life force) and aggression (the death drive). Not all analysts followed Freud in this belief, and thus one of the great controversies within psychoanalysis came into being. The dual instinct theory, as this new psychoanalytic paradigm was called, had a profound influence on the direction of Freud's thinking; a notable shift took place from an interest in psychoanalysis as a technique of cure for neurosis, to a view of psychoanalysis as a catalyst to the broader understanding of what it means to be human—that is, the deeper problems of civilization itself.

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Returning now to the question of whether psychoanalysis has a *Weltanschauung* of its own, we can point out that what Freud said in 1912 comes very close to a *Weltanschauung*. Since a *Weltanschauung* is not arrived at as a result of any controlled experiments, nor is it the result of a series of logical operations, we can speak about the Enlightenment as a *Weltanschauung*, but not about science as having a *Weltanschauung*. We can even try to understand *Weltanschauung* from a psychoanalytic point of view as a set of convictions arrived at as a result of our life experiences, and of

their interactions with conscious and also unconscious forces acting within us and not entirely under our control.

What Freud thought about the relationship between sexuality and civilization can be neither proven nor disproven; it was not the result of a series of well-controlled scientific observations. Rather, Freud's thinking comprised a set of highly original ideas that had occurred to him and became incorporated into the psychoanalytic edifice. These ideas arose as a result of Freud's analytic work, but they were his own creative inference. This is true not only for Freud and his thinking, but also for all creative psychoanalytic endeavors. The data stimulate creative thinking, but the idea is never simply present in the data themselves, awaiting discovery. Melanie Klein struggled heroically to convince her readers that her findings arose as a result of what she found in the children she analyzed, but careful reading will demonstrate, in my opinion, that her ideas are not "in the data," but are a creative imposition on them.

One of the unique features of psychoanalysis as a scientific discipline is its continuous struggle to define what it is. In my most recent book (Bergmann 2004), I pointed out that, during a discussion of Adler's dissidence, Freud exclaimed, "This is not psychoanalysis." We learn from the protocol of the Vienna Psychoanalytic Society (Nunberg and Federn 1974) that those present at this discussion failed to understand the difference between Adler's point of view and Freud's. Adler's putative dissidence and consequent expulsion may or may not have been real or necessary, but they helped Freud define what psychoanalysis was not, and by contrast what is was.

That psychoanalysis was still not easy to define even much later is indicated by an encyclopedia article written in 1923(a), in which Freud defined psychoanalysis as follows:

> Psycho-analysis is the name (1) of a procedure for the investigation of mental processes which are almost inaccessible in any other way, (2) of a method (based on that of investigation) for the treatment of neurotic disorders, and (3) of a collection of psychological information obtained

> along those lines, which is gradually being accumulated into a new scientific discipline. [p. 235]

Earlier (Bergmann 1976), I commented on this passage as isolating psychoanalysis from contact with other disciplines:

> This unique combination of therapeutic procedure, investigation, and theory reflects the genius of Freud. However, it has also tended to isolate psychoanalysis from other disciplines. Strictly as a therapeutic procedure, psychoanalysis could have been compared in efficacy with other techniques. As a method of investigation, it could have been compared in its rigor and experimental proof with other scientific methods. Finally, as a scientific theory, it could have been compared with other disciplines in the way that its "operational definitions" are set up and "correspondence rules" formulated. [p. 3]

In 1959, under the chairmanship of the New York philosopher Sidney Hook, a meeting took place between leading psychoanalysts and prominent philosophers. A young psychoanalyst at the time, I—like a number of my friends—was deeply disappointed that analysts could not defend psychoanalysis as a science before a rigorous but not unfriendly group of philosophers.

A few years later, in 1962, Waelder wrote an essay that for many years was for me and for many others the best defense of psychoanalysis as a scientific discipline. Waelder classifies what he calls the "essentials of psychoanalysis" in six broad groups, according to their distance from the clinical data and the level of abstraction to which they belong:

> The first level includes all the facts the analyst has gathered about the analysand, facts such as biographical data —all that was conscious to the analysand—as well as new information that emerged in the course of the analysis (the varieties and intensities of the transference reaction, the type and strength of resistances, the predominant sexual fixations, and so forth). Together they constitute *the level of observation.* The word *fact* is, therefore, interpreted in its

> broadest sense to include childhood memories, screen memories, dreams, fears, wishes, and so forth.
>
> In the course of an analysis, new connections are made among the various data of observation. These connections are usually made by the analyst and, broadly speaking, are called interpretations. In addition, under the impact of psychoanalytic ego psychology, the analysand is encouraged to make such connections himself. When the raw data become organized into meaningful constellations, we deal with the second level, *the level of clinical interpretation.*
>
> From groups of data organized on the second level, generalizations can be made: for example, about the structure of the anal character (Freud 1908), or about differences in development between boys and girls, such as the paths by which they reach the Oedipus Complex (Freud 1925). [Waelder 1962, pp. 619-622, italics in original]

Waelder called this last level *clinical generalization.* Gradually, when the clinical generalizations of different analysands are assembled, a fourth level, that of clinical theory, is reached. It is on this level that the basic concept of psychoanalysis as a language emerges.

Waelder designated two more levels—a fifth level of metapsychology and a sixth level of Freud's philosophy—both of which I will discuss in what follows.

Many investigators would have been glad to stop at Waelder's level of clinical generalizations, but Freud, being a child of his time, felt compelled to go one step further. Like his famous teacher Brücke, he felt that the laws of psychology must be written in the language of physics and chemistry, and he therefore added a fifth category, metapsychology. On the metapsychological level, psychoanalysis mimics physics: it speaks the language of abstract forces such as cathexis and countercathexis, neutralization of the sexual drive and its opposite, resexualization (and similar terms). The explanatory language of metapsychology was designed to describe in impersonal terms how the human mind works, avoiding all references to purpose. The most valued part of metapsychology turned out to be the most abstract, described in chapter seven in *The Interpretation of Dreams* (1900).

Metapsychology, Waelder's fifth category, acquired a history of its own in the 1970s and became the subject matter of another controversy. It so happened that the most ardent defender of metapsychology was Rapaport—first in the Menninger Clinic in Topeka, Kansas, and then in New York and at the Austin Riggs Center in Stockbridge, Massachusetts. It was therefore probably not an accident that, in the 1970s, the main opposition to metapsychology broke out among Rapaport's students. The most prominent among these disciples was George Klein (1976), who argued that what was exciting about psychoanalysis was not the metapsychology of chapter VII of *The Interpretation of Dreams,* but the discovery of meaning in many behaviors previously thought to be random, such as dreams, jokes, and slips of the tongue. George Klein wrote:

> The existence of two theories—the two cultures of psychoanalysis—is, I believe, a historical aberration traceable to Freud's philosophy of science. Freud's philosophy assumed: (1) that concepts of purposefulness and meaning are unacceptable as terms of *scientific* explanation; (2) that an acceptable *explanation* must be purged of teleological implications; (3) that regularities described with purposivistic concepts will ultimately be explainable through the use of purely psychological models, which disclose the causes of which the purposive principle is simply a descriptive expression. [p. 43]

Somewhat bitterly, Klein concluded that the whole metapsychological structure that Freud had built, known as the drive reduction model, was "more appropriate to a rat than to a human being" (p. 47).

The controversy over metapsychology has died down in the intervening years. It is even hard for today's more recently trained psychoanalysts to understand why it took such a vehement turn, but metapsychology never recovered the prestige it once had. No one considers it an extraordinary feat to translate psychoanalysis into a language that sounds like chemistry or physics. However, the controversy has not really disappeared; it has only been transformed

into an effort by certain analysts to develop a common language with neuroscience.

Waelder (1962) proposed still another level, which he called the level of Freud's philosophy. Waelder deplored the fact that Freud's philosophy was the best-known part of his work, and claimed that it was personal to Freud and not binding on the discipline of psychoanalysis.

If we keep Waelder's classifications in mind and reexamine the paragraph that Freud wrote in 1912, quoted earlier, we must conclude that it belongs to Freud's final level, that of philosophy. The clinical material reported by his patients did not lead to his conclusions, but acted as the stimulus for their formation. Thus, we may conclude that what characterizes Freud's creative thinking is his capacity to move freely from one level to another.

Waelder was one of my teachers, and his impact on the psychoanalysts of my generation was very great. It took me a very long time to realize that his classification system, while original, did not actually reflect either the history or the essence of psychoanalysis.

As already indicated, Freud did not set out to collect data of observation and to go through a process of increasing abstraction until he reached the level of philosophy, as Waelder suggested. Rather, Freud started with the conviction that hysteria is the result of the early seduction of the daughter by her father, and that the cure is the recall and abreaction of the trauma under hypnosis. Nor did he, after 1900, extend his observation and conclude that what he considered trauma was in many cases an expression of the oedipal desire. The change in Freud's thinking is reflected in the Fliess correspondence that had been available to Waelder in an abridged form since 1951 (although not yet in the latest version, published in 1985 in the Masson translation).

We know now that the transition from the seduction model to the model of the centrality of the Oedipus complex during infancy was the result of Freud's own self-analysis. Self-analysis was one of Freud's great discoveries and has continued to play a major role in the history of psychoanalysis. It often looks as if it is the clinical data that force psychoanalysis to abandon one paradigm for anoth-

er, but in reality, it is the restless mind of the investigator that is the engine of change in our discipline.

Because we have the Freud–Fliess correspondence, we can say that psychoanalysis proper, and with it the topographic model, was born in a letter that Freud wrote to Fliess on October 15, 1897. In that famous letter, Freud acknowledges, "My self-analysis is in fact the most essential thing I have at present and promises to become of the greatest value to me" (Masson 1985, p. 270). Freud then proceeds to tell Fliess the story of his self-analysis and how his mother later confirmed many of his discoveries. The letter culminates in his description of the discovery of the Oedipus complex:

> A single idea of general value dawned on me. I have found, in my own case too, [the phenomenon of] being in love with my mother and jealous of my father, and I now consider it a universal event in early childhood, even if not so early as in children who have been made hysterical. (Similar to the invention of parentage [family romance] in paranoia—heroes, founders of religion.) If this is so, we can understand the gripping power of *Oedipus Rex* . . . . Everyone in the audience was once a budding Oedipus in fantasy and each recoils in horror from the dream fulfillment here transplanted into reality, with the full quantity of repression which separates his infantile state from his present one. [Masson 1985, p. 272]

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Before my time runs out, I wish to address the difficulties that confront our profession due to current cultural changes. From the point of view of the potential analysand, the present situation can be formulated as follows. "I have two choices for solving my anxieties, my depressive feelings of worthlessness, my perverse inclination, or my paranoid suspicions: I can take a combination of pills, or I can try to achieve the same goal by a longer, more difficult road of greater self-knowledge with a competent guide."

From the point of view of the developing therapist, the situation can be summed up by the following: "I can acquire an ever-greater knowledge of the interaction between personality structure

and available drugs, so that I can become a consummate 'cocktail' expert who discovers the ideal mixture for each patient, or I might wish to acquire an ever-growing skill in the art of interpretation, because I want to be part of a Western tradition that goes back to the Delphic temple, with its injunction: 'know thyself.'"

At this moment, a truce seems to prevail between the two ways of handling mental distress, and a combination of both psychotherapy and medication is often judged as superior to either one or the other, but we do not know whether better or more finely tuned drugs will appear on the market. Assuming that drugs become more successful than they are now, will there still be people who will choose to be analyzed rather than taking pills, and will there be therapists who will choose to be interpreters of the unconscious rather than experts at adjusting the combination of pills?

In spite of considerable diversity within schools of psychoanalysis, we all agree that the first years of life leave a profound impact on the individual's future inner development. All schools also agree that a significant amount of mental suffering is due to a faulty interaction of the infant with the significant early caretaker. I assume that, within a decade or so, we will learn to what extent chemical substances can correct whatever imbalance this early relationship brought about. The success or failure of pharmacology will tell us much about what constitutes human nature. Will human beings always be needed to correct what other human beings failed to do in the past, or will chemical substances be capable of substituting for human failure that occurred in early infancy?

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The next question I would like to address is that of interpretation. Psychoanalytic experience has, in my view, amply confirmed the fact that all but a few very gifted analysands—in fact, most analytic patients—will after a short time begin to go in circles if left to their own devices. The analysis can deepen only through the interpretation that the psychoanalyst provides. In bygone days, the silent analyst burdened patients too much. It is not reasonable to expect that psychoanalytic patients can, by their own efforts and

through the use of free associations alone, find their way to what is unconscious and repressed in themselves. An analytic interpretation is always an abstraction from the material the analysand presents, in which unexpected new connections between the data presented are made. When these are given to the patient, they can evoke as reactions either anger at being misunderstood—that is, resistance—or gratitude for the understanding provided.

A third possibility, usually the most difficult for the analyst to work with, is that the analysand ignores the interpretation either temporarily or permanently. On-target interpretations are often conducive to the emergence of new memories, and yet, at the present time, the central role of interpretation is becoming eroded in contemporary analytic work. It seems that new psychoanalytic schools have emerged that instead advocate a friendly, curious, emotionally available therapist who makes no interpretations or exceedingly few of them, but is encouraging and supportive. I have had a number of such therapists among my students, and I can testify that, with such sympathetic participation by the therapist, many patients, including very disturbed ones, make noticeable progress —even without meaningful interpretations by the therapist. The "talking cure" may be more verbal than many other human relationships, but much that is not verbalized enters the therapeutic relationship as well.

I have coined the term *organizing interpretations* to designate those interpretations with the following attributes:

1. Interpretations that can illuminate both what is unexpected and what is unique about the person. These interpretations do more than just apply to the patient what is already common psychoanalytic knowledge.

2. Interpretations that address the point of fixation in the patient's development. These interpretations explain why the patient has not developed beyond the point he or she has reached.

3. A third characteristic of the organizing interpretation takes place within the therapist, who feels that, after a

> long period of groping, he or she now has the answer. An organizing interpretation may be incomplete or ill timed, but when it is made, the therapist has an inner feeling that it says something important—as well as something new—to the patient. Even the most resistant patient, after hearing an organizing interpretation, feels that something novel has been put on the analytic table. The organizing interpretation is a creative moment in which the analyst understands and can transmit to the analysand an understanding of the analysand that was not available before.

Freud's commitment to the science of his time led him to underestimate what he had *created* rather than *discovered*. We have paid a heavy price for this attitude of Freud's.

I am aware of the fact that I may be a minority of one today in the competitive currents of psychoanalysis, but I wish to share my conviction that our future lies in specializing even more in understanding what is unique and nonrecurrent in the lives of our patients. At a crucial point, the analyst can say to the patient, "You presented your life story with yourself as a victim of what others did to you, but together we have discovered that you were not only the victim, but also the architect of the house you built that caused you so much suffering. Now that, together, we have come to understand what happened to you, it is time to build another house." Thus, the work done in psychoanalysis should liberate new energies so that the neurotic structure can be replaced by one that offers greater satisfaction.

The ideal therapist performs three different tasks. He or she must know how to listen carefully not only to the words of the patient, but also to the inflection and tone in which they are uttered. The therapist's second task is to abstract the data so that a coherent image of the analysand exists in her or his mind, and this image bears some similarity to the actual person. The third task is then to translate that image into organizing interpretations. As a result of this effort, the analysand will understand her- or himself in a new way.

Psychoanalysis was created under social conditions that no longer prevail. As it developed, it became more a movement than a scientific discipline. It became a force to be reckoned with in the twentieth century. How it will fare in the twenty-first century we cannot predict, but to a world that has become indifferent to the uniqueness of the individual human being, psychoanalysis has much to say that is unique.

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ON KNOWING ONESELF DIRECTLY AND THROUGH OTHERS

BY LUCY LA FARGE

For certain patients, the experience of self lacks solidity and conviction. These patients appear to be unable to know themselves directly and turn to others in their environment and in fantasy in order to discover or confirm a vision of themselves. The author argues that we can come to understand these patients' shadowy sense of self by looking at direct self-knowledge and knowledge of the self that is acquired through others as two storylines. Detailed clinical material from the analysis of a woman who came to analysis feeling shadowy and insubstantial illustrates the value of attention to both storylines and to the changing relationship between them.

There is a certain group of patients for whom the experience of self appears to lack solidity and conviction. These patients complain of feeling shadowy, inauthentic, or unreal. Often they turn to others in their environment to discover or confirm a vision of themselves, and when they are alone they may turn to internal figures that serve the same purpose—to see themselves as mother or father or spouse would see them. If these patients turn from one mirror-

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ing, defining figure to another, their identities may seem to us, and even to themselves, to be quite discontinuous. If they find a stable anchorage in a single mirroring other, their identities will likewise be more stable and continuous, but their self-experience will continue to feel somewhat hollow.

How can we understand the picture these patients present? Clearly, there is some ordinary experience of self—an experience of self unmediated by the presence of another person—that is diminished or absent for them, or, at the very least, difficult for us to discern. One might say, using the idea of storylines, that these patients flee from a storyline where self-knowledge is available directly to the self and instead cling to a second storyline, one where self-knowledge is acquired through the observations of others.

When we follow this line of thought, we can see that it opens many questions: Most obviously, why do these patients operate in this way? What is the pull toward being known in a two-person way, through the mind of another? What is the push away from knowing in a one-person way, that is, away from knowing one's self directly? And, more subtly, how do these two storylines, each with its different kind of self-knowledge, operate in patients who fall outside this special group, patients whose mode of self-knowledge does not generally capture our attention?

Clearly, this larger group of patients, those who feel more authentic and rely less on others to find out who they are, are more comfortable with the one-person storyline and spend more time knowing themselves directly. But what has happened, for them, to the two-person storyline? Does it remain present? And if so, how do the two storylines play out in relation to one another?

The group of patients who feel shadowy and unreal belong to the broad category of narcissistic disorders. Psychoanalytic understanding has approached their reliance upon the figure of a defining other from a number of organizing perspectives. Deutsch (1942), perhaps the first to identify this group, captured the shadowy quality of their self-experience with the apt label "as-if," but was unable to conceptualize their psychopathology clearly, or to address it clinically using the theoretical models of her era (Bass 2007; Goldberg 2007; Kite 2007; Smith 2007).

With the great advances in the psychoanalytic understanding of narcissism that have occurred since Deutsch's time, these patients' reliance upon others to determine and maintain a sense of self has been considered from a host of different theoretical perspectives. Although it would be impossible to bring together the myriad characteristics of the self, and the object upon whom the self relies, as they are defined within so many disparate frames of reference, I will sketch a broad outline of the way this phenomenon has been understood.

Often such patients are seen as turning toward a mirroring other—in external or internal reality—because they have failed to internalize the capacity for more direct, one-person self-experience. They have not taken in the necessary recognition of the "good enough mother" (Winnicott 1960), the mirroring selfobject (Kohut 1971), or an effective containing object (Bion 1957, 1959); or they have not had sufficient experience with an object who is both attuned to their experience and recognizes it as distinct from the object's own (Fonagy et al. 2002). In these models, the mirroring object has not been internalized as part of the observing self—and hence cannot afford a solid foundation for the one-person, unmediated kind of self-knowledge—because it has been felt to be insufficiently attuned (Kohut 1971), alien to the self (Fonagy et al. 2002; Winnicott 1960), or split (Britton 1998).

The mirroring, defining object toward whom these patients turn for two-person knowing has often been seen as an *external* one, a substitute sought in external reality to replace the missing internalization (Fonagy et al. 2002; Kohut 1971). Alternatively, from another, very different perspective, the mirroring object upon whom these patients rely has been seen as an *internalized* one, a pathological containing object that may serve a host of functions within the patient's internal world. This containing object may be split (Britton 1998); here the presence of an idealized aspect of the mirroring object guarantees an idealized view of the mirrored self, and wards off a catastrophic view of the self through the eyes of a sadistic or unrecognizing object. The internalized mirroring-containing object is often quite distorted as well, and is highly in-

dividualized in form and function (LaFarge 2004). (In these versions, the external object to whom the patient turns for mirroring is the representative of an internalized object, and mediated, two-person self-experiences can occur in fantasy without the presence of an external mirroring object.)

In this paper, I will take a somewhat different approach, developing the proposition that I have already introduced—that the unmediated, one-person kind of self-experience and the two-person kind of self-experience, where self-knowledge occurs through the activity of a mirroring, defining other, can usefully be thought of as different *storylines*. From this perspective, each mode of experiencing the self—the one-person mode and the two-person mode—is represented in fantasy by a series of stories. These stories may be conscious or unconscious. They depict the different ways a person believes that each kind of self-experience operates, and the meanings and consequences that are associated with it. Like other storylines, storylines about knowing one's self are highly individualized and draw upon different aspects of a person's history while with objects and alone, and like other storylines, they serve the purpose of wish and defense; they are not direct representations of historical experience.

An approach to one-person and two-person knowledge as different storylines highlights the way these two modes of knowing can be understood and interpreted in terms of wish and defense for any individual, as well as the unique developmental history by which each storyline has arisen. It also brings to our attention the way these two modes of experiencing the self relate to one another, the way that, for any individual person, they may be interwoven or held apart.

Because this is a clinical approach and its data is the data of the analytic situation, it does not provide broad answers to developmental questions concerning the origins of the two kinds of self-experience and their relation to deficient and pathological internalization. It does, however, suggest some interesting hypotheses, and I will return to these in my concluding discussion. From the perspective of the clinical analyst, this absence of certainty concerning

developmental origins is advantageous, in any case, for it allows us to listen freely for both kinds of self-experience without privileging one or the other or fitting each within a fixed framework.

In the clinical situation, I think, we are more accustomed to listening for the two-person kind of self-experience. Two-person self-knowledge comes alive more easily in the transference, with the analyst readily cast in the role of the mirroring other. I have explored this two-person mode of knowing one's self, and the way it is represented in fantasies that come alive in transference and countertransference in the analysis of narcissistic patients, in two previous papers (LaFarge 2004, 2006). Here I hope to demonstrate the usefulness of our attention to the more reticent, one-person kind of self-experience as well.

Looking in depth at the analysis of a woman who came for treatment because she felt shadowy and unreal, and who perpetually turned to others for confirmation in the external world and in fantasy, I hope to show the unfolding meanings she attached to one-person and two-person experiences of self-knowledge and the effect that interpreting these had on analytic change. For this woman, Mrs. P, the storylines of one- and two-person knowing were held very far apart, and each storyline was used defensively against the other.

In the early weeks of the analysis, both storylines were present in Mrs. P's associations, and she appeared to shift defensively between them. However, she quickly established a transference paradigm organized around a fantasy that she would come to know herself exclusively through me. Experiences of direct self-knowledge, and fantasies associated with them, receded and appeared only in glimpses. Through our analytic work, the meanings of both modes of self-knowledge grew clearer, and Mrs. P became better able to sustain the one-person kind.

It would be erroneous, however, to see the analysis simply as a movement from two-person to one-person knowing. As the analysis progressed further, Mrs. P found that a full and authentic self-experience involved keeping both kinds of self-experience in op-

eration, and also bringing the two modes into a closer relation to one another. I will consider the reasons for this as well.

MRS. P[1]

Mrs. P first came to see me with the complaint that she felt shadowy and inauthentic. Often, she said, her feelings were muffled, and she did not really know how she felt. In the broadest sense, Mrs. P felt that she did not know herself, and she feared that there was no solid self for her to know. She was concerned that there were gaps in her knowledge of herself and her history; and although she could describe her parents and herself evocatively, with wit and detail, so that I felt I could easily imagine them, she believed that in some fundamental way her knowledge did not grasp the heart of them. At the same time, she was acutely aware of other people's visions of her and responses to her, and she felt that she had built her own identity in the image of her parents' wishes for her, even when those wishes were somewhat contradictory. Thus, she had struggled to be simultaneously quiet and socially successful, compliant and autonomous.

Mrs. P was a married woman in her thirties when she first came to see me. Her marriage appeared to be a loving one, although Mrs. P was often concerned about her capacity to give to others. A first child was born during the course of therapy, a second in the third year of analysis. Mrs. P was well established in her career and had had considerable success, but she felt that she had difficulty making claims for her own value at work.

Mrs. P had been an only child. Of her parents, I will say only that her father had been very uncertain of his own identity; and that her mother's knowledge of her own early history, which had been a traumatic one, was filled with gaps.

As I came to know Mrs. P, I often felt that her sense of herself was largely made up of pieces of the ways that she felt other, important people viewed her. When she tried, as she put it, "to know

[1] I have discussed Mrs. P's analysis briefly in an earlier paper (LaFarge 2004).

herself from inside," she would say that she felt insubstantial; her feelings did not stay with her long or feel fully connected with her thoughts, and she did not really know, with any conviction, how she felt or who she was.

In the terms that I have laid out, Mrs. P was unable to maintain a solid, continuous sense of self either directly or through the mediation of her internal objects. When she tried to know herself directly, she was unable to hold onto a firm sense of how she felt, or what she saw or knew. When she viewed herself, in fantasy, through her parents' eyes, her sense of herself was fragmented and felt disconnected from her own more direct but shaky self-perceptions.

During several years of twice-weekly psychotherapy, Mrs. P and I looked into the reasons for her feeling so filmy, and the kinds of feelings and fantasies that might be screened by her chronic sense of being unreal. I think that in this period of our work together, which Mrs. P found very helpful, what we accomplished was to strengthen the idea that Mrs. P might come to know herself directly in a more stable way—that there was a Mrs. P who could look at herself through her own eyes and a Mrs. P there to be known, although neither of us knew her well.

In the fourth year of therapy, an event in external reality crystallized this developing sense of self for Mrs. P and led to her decision to begin psychoanalysis: Mrs. P's father died, and after his death, Mrs. P learned that important facts about his past had been kept secret from her. Mrs. P was shaken by the information that had come to light. Who had her father actually been, she wondered, and who was she? Her own sense of inauthenticity now felt connected to gaps in her knowledge of her history and, as well, to her father's secrecy. In the wake of her father's death, she felt greater curiosity and greater authority. The shift to analysis reflected her wish to go deeper, to *know* more about her inner world and the historical realities that had shaped it.

I will now describe the way the two storylines I have proposed —the storyline of knowing one's self directly and the storyline of knowing oneself through others—unfolded in Mrs. P's analysis, the way we worked with these storylines, and the way our work ap-

peared to help Mrs. P establish a sense of self that felt more solid and authentic.[2] I will focus on two moments in Mrs. P's analysis: First I will describe the time at the beginning of the analysis when a central fantasy about self-knowledge emerged in the transference; this was a fantasy in which Mrs. P could come to know herself *only* through me and had no access at all to direct self-knowledge. Then I will move to the time at the end of the fourth year of analysis when the storyline about Mrs. P's knowing herself directly became more dominant and came into active conflict with her fantasy of being known only through me.[3]

The Beginning of Mrs. P's Analysis: The Crystallization of a Fantasy of Acquiring Self-Knowledge Only Through Others

With Mrs. P's shift to the couch, her concerns about feeling real, and about knowing herself and seeing herself in the responses of others, quickly gave rise to a series of thoughts and fantasies about the different ways she might come to know herself through the analysis. What would it be like to come to know herself with *me*? Who would do the knowing?

Mrs. P spoke of giving herself over to me entirely. She needed to be heard and known by me, she said, in order to know that she existed. Yet when she had my attention, she felt smothered, and often my attention felt false, as if she had gone after it too strongly or adapted herself to what she thought I might hear. When she imagined simply having her own thoughts or thinking aloud in my presence, that seemed comforting and hopeful, but frightening as well. Alone, she could get tangled up in feeling. But then, if she tuned herself in to my voice, like the voices of her parents that she still heard in her thoughts, my view of her might be intolerably critical.

[2] Mrs. P's analysis was conducted on the couch at a frequency of three sessions per week.

[3] I am aware that with my focus on the single theme of self-knowledge in the unfolding of Mrs. P's analysis, I am neglecting many other important themes; but I will try, when I can, to show the way the unfolding of other themes was connected with evolving fantasies about self-knowledge.

Over several weeks, Mrs. P moved back and forth between different fantasies about the way she might come to know herself in the analysis without fully engaging any one of them in the transference or countertransference. Each set of fantasies appeared to place Mrs. P in a situation of danger and conflict, and her quick shifts from one set of fantasies to the next had the appearance of a flight in which she found only temporary respite from anxiety. Gradually, the fantasies became more elaborated, and I saw that they were of three distinct kinds.

In one kind of fantasy, Mrs. P would do the knowing. She imagined herself alone with her thoughts. She wished, she said, that she could develop her own thoughts and feelings in the quiet space of the analysis where I was present. Doing this, it seemed, might enable her to find a peaceful core state of being, one in which she would feel more authentic and solid. But this kind of solitary knowing felt terribly unstable to Mrs. P. In the face of powerful feelings, she knew from experience that it would be swept away and that she would feel agitated and chaotic. Mrs. P used the image of the ocean to describe this state. The calm sea could darken and become terrifying, and before she knew it, she would be in a "perfect storm," threatened by the towering waves and, even more, by the twenty feet of foam that rose above them, where one could not gain purchase by swimming. It was disorienting and dangerous. In Mrs. P's view, it was a state of being both unable to express herself and unheard.

Mrs. P's concern about the fragility of her *capacity* to think compounded her anxiety about the specific *contents* of the thoughts that might emerge if she permitted herself to think freely.[4] It was hard for Mrs. P, as it is for everyone, to tolerate the wishes and fantasies that begin to surface with the beginning of analysis—her harsh criticisms of her parents, for instance, or her guilty preference for her father—but for Mrs. P, such wishes posed the added concern of feelings that might threaten her capacity to think.

[4] Bion's (1962a) distinction between thoughts and the apparatus for thinking them is useful in clarifying these two concerns of Mrs. P's.

And fantasies of thinking in my presence easily led, for Mrs. P, to a sense of herself as unheard, and associated feelings of being unreal or even nonexistent. She could not keep an idea of me as nearby while she was thinking, the state that Winnicott (1958) describes as one of being alone in the presence of the mother.

Fantasies in which I was doing the knowing and Mrs. P discovered herself through me established a more secure connection between us, but presented dangers of their own. In one version of these fantasies, Mrs. P saw me as a woman who took in everything she said. She felt heard by me and sure that she existed. For this reason, she was relieved at the thought that I took notes during her sessions, she said.

In this set of fantasies, Mrs. P felt that I would transform her by my listening into whatever shape I thought best. She connected me with the reassuring Mary Poppins, someone who would transform her charge by skill and magic. She would become exactly what I wished, and, in Mrs. P's depiction of this process, there would be little of the original Mrs. P in the end product. She would no longer be a shy girl who could not please her parents, or even a woman with a sad past. Past and parents, all causes for woe, would be swept away and she would be forged in a new mold. As Mrs. P put it, she was "completely subject to interpretation."

Although the end product would reflect my vision rather than Mrs. P's, Mrs. P said that she saw this result as a happy one. This fantasy was reassuring, but it was unstable, threatened by the repeated experience of feelings and immutable facts that it was evident I could not transform, as well as by the number of Mrs. P's own wishes that were left unsatisfied.

In a second version, my coming to know Mrs. P took the shape of an ill-fated sexual affair. I was cast as an older man, a crazy psychic, who would read her mind and misuse her sexually. Again, Mrs. P would surrender herself utterly to me. Mrs. P associated the psychic with her father. She did not need to feel guilt about her sexual wishes, she felt, because she was so passive in the fantasy. *I* was the one in complete control. In this fantasy, unlike the Mary Poppins fantasy, I was a separate person and my powers were less

magical and fantastical. However, this fantasy bound us together less securely, and the sexual fantasy entwined with the fantasy of self-discovery was a dangerous and guilty one that itself called for further defensive measures.

In these early sessions, I was struck by the urgency with which Mrs. P approached the analysis. Although she spoke of anxiety about my getting to know her more deeply, Mrs. P, with her open acknowledgment of intense feelings and powerful wishes toward me, effectively gave herself over to me from the beginning. And although she voiced fears that she would be unable to think or feel, Mrs. P spoke fluently and evocatively. She was brilliant at free association, drawing upon metaphors, visual images, and associations to books and movies that engaged me and helped me understand her feelings. I felt able to associate freely during the sessions and to remain in good emotional contact with Mrs. P, despite her rapid shifts. When I spoke, it was to restate what Mrs. P said, or to clarify the conflicts that she described; and Mrs. P tended to use my interventions to reflect upon her associations or deepen them.

At the end of several weeks, Mrs. P's shifting fantasies about the ways she might come to know herself in analysis were succeeded by a more stable transference fantasy in which she would come to know herself only through me. I will describe the sessions when this occurred in some detail.

Mrs. P arrived a few minutes late for the first of these sessions. She reported a dream, which she described as "almost a caricature of a dream you would tell your analyst":

> She was walking with her child along a walkway. On one side was the edge of a cliff, on the other a steep drop down to the ocean. Her child hurried ahead, and Mrs. P suddenly became aware of how risky the situation was. She gathered the child up and went back and asked if there was another way to go. She was told that there was, a yellow pipe or tube miles long, like a chute. She was concerned that they would gain too much momentum sliding through it, but there was a train that ran through the tube, and they took that. Outside the windows along the train's route, they could see miniature scenes like dioramas.

Mrs. P associated to the dream: It was clearly about analysis, she said; the train, like the treatment, provided her with an alternative way of going ahead, less direct but safer. The view from the cliff reminded her of the seaside village to which she had traveled after her father's death.

Mrs. P paused. All of a sudden, she said, she was having an Alice-in-Wonderland feeling. Things were both familiar and strange. For a moment, she hadn't been able to think. She had lost track of pronouns; she didn't know if it was herself or her child who was the central figure of the dream. It was hard to describe. She was silent for a minute, then said she was editing her thoughts so quickly that she couldn't keep up with them.

I said that some of her thoughts must seem dangerous to have or to say to me. Mrs. P replied that if she connected the dream to the analysis, she felt anxious. She tried to look at the details of the dream, but she found that she couldn't think clearly. She felt dumb, stupefied, drugged. When she thought of the chute or tunnel now, it reminded her of the tunnel that the subway entered when she traveled to my office. But the image was so vivid! It disturbed her to discover a part of herself that was so outside of her control.

She thought of the chute again and was reminded of the story of Temple Grandin, an autistic woman, who had devised humane slaughterhouses for animals. These chutes had been part of the slaughterhouses, a way of calming animals as they traveled toward death.

With this thought the session ended, and I was left quite shaken. I felt that Mrs. P had drawn me in a different way than she had before, a way that was disturbing and did not end with the end of the session. When she first presented the dream, I had felt engaged as I usually did with her, interested and able to associate freely; but with Mrs. P's sudden sense of disorientation and derealization, my thoughts and feelings had broken apart, and I had felt perturbed in a way that, like Mrs. P, I found difficult to articulate.

Then, with her association to Temple Grandin, Mrs. P had again begun to free associate, and I began to feel engaged in the way I had before, able to free associate and imagine, but the world that

I imagined now had been overtaken by a sense of evil and horror. In this new world, I thought as I reflected on the session afterward, I was cast in a double role: Closer to Mrs. P's awareness, I was a calming, containing figure, someone who would close off her view of the disturbing reality of a murderous world outside. Further from Mrs. P's awareness, though, I was also, in some less well defined way, connected with the dangerous world outside the chute, the person who presided over the slaughterhouse/analysis, perhaps —or I might even be, in a dehumanized version of myself and the analysis, the slaughterhouse itself—an unfeeling mechanism designed to cut Mrs. P into pieces.

The next day, Mrs. P returned to the subject of the dream and the altered state she had experienced. She felt that she had shut herself down in a way she did when she became too angry or too sad. She said that in her life, *she* was like Temple Grandin, shutting out the world as best she could, looking for narrow, closed-off spaces where she could feel safe. Analysis was frightening because there were no little corners. As she had begun to allow herself to think and feel more in analysis, she said, she had felt terrible, bad, sad things. The dream represented a solution to the danger of these feelings: Now *I* would be Temple Grandin. I would open her head and look inside at all her thoughts and feelings; then I would tell her that everything was fine, that everything would end happily. Nothing would be changed, but my telling her would be reassuring and she would be satisfied with that.

But this would not really help, I protested. I was leading Mrs. P along a path where there was terror on every side, and danger lay ahead! All I was doing was helping her to be unaware of the danger, not helping her to make things come out differently. And if I was leading her to slaughter, I was not only reassuring her but also endangering and betraying her at the same time!

Mrs. P disagreed. This was an antidote to her suffering, she said, a good solution. When she returned for her session the next day, her mood was calmer, and she reported for the first time that she had looked forward to coming. She now felt sure that the analysis would be of help.

With these sessions, Mrs. P left a very fluid mental state, in which she shifted rapidly between different fantasies about knowing herself directly and through me, and entered a stable state, organized around the image of Temple Grandin, in which she would come to know herself exclusively through me. The storyline in which Mrs. P would come to know herself directly was eclipsed and did not reappear, except in brief glimpses, for several years. How did this occur?

I think that the dream of Temple Grandin marked the opening of a rift in Mrs. P's mental life between the two storylines about self-knowledge that I have depicted. Previously, these two storylines had been in some communication with each other. Now Mrs. P split them apart, and began to use the two-person storyline where she came to know herself through me to ward off the other, one-person storyline. The dream depicted the two storylines and Mrs. P's entry into the two-person storyline. Then, in the dream session and the one following, Mrs. P lived out the dream and drew me into it as well.

In the dream, the storylines of one-person and two-person are represented by, respectively, Mrs. P's experiences *outside* the tube /chute and her experiences *inside* it. The way that lay outside the tube was, in Mrs. P's words, a "direct" way. To describe this outside landscape, she drew upon the ocean imagery that she had used earlier to describe the experience of thinking by herself. The cliff and the sea below were frightening and dangerous, and the landscape was marked as a sad and lonely one by her association to her father's death. There was a broad vista, but there was no solid ground beneath Mrs. P, no safe place to be. The image was one of utter absence of containment, of being at the mercy of wind, waves, and void.

By contrast, the image of the rigid tube, and Temple Grandin who provided it, reflected a fantasy in which Mrs. P came to know herself only through being known by another. In Mrs. P's words, this was an "indirect" route, one that she identified with the analysis. Entering the tube, Mrs. P lost direct access to the world outside. She now knew only what Grandin permitted. Mrs. P's view of

the greater world was replaced by the miniature, artificial dioramas shown inside the tunnel. The image was of a rigid, pathological containing figure that securely encased Mrs. P and blocked *awareness* of danger and pain, but was only weakly able to *modify* these.

As the fantasy of Temple Grandin came alive between us, Mrs. P identified herself with different pieces of the fantasy and projected other parts onto me, and I felt this in the countertransference. With her Alice-in-Wonderland feeling, Mrs. P entered a state of mind where she could not think and placed me in the position of thinking for her. The abrupt and dramatic quality of her shift, which disrupted my own capacity to think, made me into a Temple Grandin-kind of containing figure: I was able to take in Mrs. P's feeling of perturbation and to connect it to her feeling of being endangered, but I was not able to hold onto the broader picture—to make connections between the part of Mrs. P's psychic reality that lay inside the chute and the part that lay outside—and I could not help Mrs. P to begin to understand her total situation or to modify it.

In the second session, when Mrs. P was somewhat more reflective and I had recovered my own analyzing capacity, Mrs. P continued to identify me with Temple Grandin, but I was able to stand a bit apart from this identification and to bring together in my own mind the parts of Mrs. P's psychic reality that lay inside and outside the tube. In this session, while Mrs. P explicitly identified me with Grandin in her associations, I think that she herself was also identified with Grandin in her actions, offering me empty reassurance with the expectation that that would suffice.

These early sessions, with their vivid imagery of Temple Grandin and her world, set in place a durable group of transferences that were to dominate Mrs. P's analysis for a very long time. For the next several years, Mrs. P fundamentally took the position that *her* voyage of self-discovery would be defined and framed by *my* readings of her. As we analyzed the series of mirroring, defining figures that I came to represent for Mrs. P, these figures underwent an uneven but perceptible evolution. First, I was seen as a patho-

logical Temple Grandin-kind of container, who was felt to reinforce Mrs. P's own denial of her feelings and the fantasies and experiences that gave rise to them. Somewhat later, I was seen as a more effective kind of container, one that could tolerate and give voice to painful feelings and fantasies and help make them bearable. Still later, I was more often cast in the role of an observer who would simply put the stamp of reality on the well-elaborated feelings and thoughts that Mrs. P herself would express.

In parallel with this latter shift, the *content* of the material that Mrs. P brought for me to know developed greatly and came to reflect a more complex, conflictual version of Mrs. P and her history. However, it remained important for Mrs. P to see the final versions of the stories and feelings that emerged as *my* productions rather than *her*s.

During this long phase of the analysis, our work most often focused on the different ways that Mrs. P used me to define her self-experience and the series of imagining, defining figures that I came to represent. In the countertransference, I often unconsciously identified with these imagining, defining figures (LaFarge 2004), and it was important for me to reflect upon the kind of knowing that I was doing for Mrs. P and the underlying fantasy about my knowing her that we might be playing out.

It was also important for the unfolding of the analysis that I retained an idea in my own mind of Mrs. P's coming to know herself directly, and that I continued to ask myself, and to ask Mrs. P, why this storyline was absent. Had I not done so, I think, I would have been engaged throughout these years in a prolonged and ultimately immobilizing enactment with Mrs. P, one in which we actualized Mrs. P's underlying fantasy that she could know herself only through me—in the guise of a host of different imagining figures—and warded off a second, split-off set of fantasies, in which she herself came to know herself more directly. To put it somewhat differently, if I had focused my interpretations exclusively on each successive imagining figure that appeared in the transference and the way this figure functioned in relation to Mrs. P, I would have been missing the obvious question of why, if Mrs. P attributed

different parts of the process of knowing her to me at some moments and kept these same parts within herself at other moments —that is, if each aspect of the process of knowing was something that she herself was demonstrably able to carry out—why did she continue to believe that I must do the knowing for her?

The Fourth Year of Analysis: The Reemergence of One-Person Self-Knowledge

I will now turn to the time, at the end of the fourth year of analysis, when the storyline in which Mrs. P was able to know herself directly began to reappear and came into active collision with the storyline in which she knew herself only through me.

Toward the end of the fourth year, Mrs. P herself began to speak at times of her own wish to *be* a presence, to be able to know what she wanted and to press her claims upon others. She wanted to feel "a sense of herself from inside out" and began at times to do so. Gradually, a conflict with me began to take shape: Mrs. P felt that her sense of herself rested upon my presence and recognition—and indeed, she felt unable to hold onto her new sense of herself when the analysis was interrupted even for a short time—but at the same time, she felt that I would respond negatively to her own new self-experience. It seemed to her that as she defined herself more, I would be opposed not only to the contents of her newly defined self, but also to her very act of self-definition, which would be a terrible rebellion against my authority to define her.

For reasons manifestly having to do with practical arrangements, we had sometimes conducted sessions over the telephone. During this period, telephone sessions had become more frequent. Mrs. P said that she could hold onto a sense of herself better on the phone with me than in person. I will describe in more detail a series of sessions when the conflict between us became more intense, and there appeared to be a shift in Mrs. P's center of gravity toward an ongoing internal experience of self.

The first of these sessions occurred over the phone: Mrs. P had called in the morning and told me that her younger child was sick, and she could not come in to see me; she would call me later in the

day at the time of our appointment. She called at our regular time and began the session by talking about pressures at work. I felt somewhat disoriented, as I had expected to hear about her child, and my sense of disorientation increased when I realized that Mrs. P was calling me from her office. Now Mrs. P began to talk about her child, and as she did so I felt a sense of anxiety and even terror. Her child had been very sick. Mrs. P spoke of a high fever, of the child's having been "limp and unresponsive." Mrs. P's description of what had happened was very unclear. I asked for details, and Mrs. P told me that her son was much better after a visit to the doctor. However, I did not feel reassured. Rather, her calm tone left me more and more anxious.

Mrs. P went back to talking about a host of other anxieties at home and at work: "I feel as if I have so many things to do," she said. "It is as if I have no core. An image comes to mind: it is as if I am a gingerbread man, and I am just pieces that come apart, with no center that is me."

I said that I wondered if, while she was talking about having no core, being a gingerbread man, she was using that idea, the different worries she described, and even the session itself to get away from very powerful feelings that she had in relation to her child's illness. At the same time, I said, I thought that, although some of the feeling might be my own, she was making me feel the very powerful feelings that she was avoiding.

Mrs. P made an inarticulate noise, a cry of anguish, and said, "I must go home *now*!" and she hung up the phone. I was left with an awful, unsettled feeling, a mixture of anxiety about the child and about what I had said. I felt that I had said something necessary, and at the same time that it was something Mrs. P could not bear to hear, and for the first time in our work together I felt afraid that Mrs. P would disappear and I would never see her again.

Mrs. P called the next day to say that we would have a telephone session. She had stayed home with her child. The child was much better, but she found that it still felt more important to stay with him than to go to work.

She had had a powerful reaction to yesterday's session, she said. "I felt that you were telling me that it was important to take care of myself. It was a powerful feeling. Then the image came back, of the gingerbread man with no core, just pieces. I feel as if there is no me, as if all of me is just in relation to other people and what they want, how they see me."

I asked if my concern about her child yesterday had felt like more of that—whether her going home had felt like a piece of her that responded to my wish.

"No," Mrs. P said. "It felt like a piece of me, but it was as if I could only be aware of it when you saw it, not on my own. I couldn't feel it. It's as if a core of feeling—what I feel and want most—is missing in me until you see it. And then I felt it all at once.

"We see it in different ways," Mrs. P continued. "You feel that I have a self, that there is a core that I'm not feeling, but that I bring it out in you. I'm not sure. I think sometimes—I am very afraid—that I have no core, no self at all. I think sometimes that I did not get something as a child, and I do not have it to give out. Perhaps really something of a mother–child kind, that I did not get that kind of love—I'm talking about love, really—and that I do not have it to give my children, and when I am called upon to give it, I run away."

Yet even as Mrs. P disputed whether she possessed a core of goodness, or any core at all, the direction of her inquiry began to shift. If she had a core, why would she give it up, she asked herself. Her thoughts turned to painful quarrels with her father, and the way she would blank out her own feelings in order to forgive him as he wished. And what were the feelings that she had given up? It was her own anger and destructiveness that she did not wish to feel, and yet these had been so powerful that she had destroyed the mementoes of her father after his death.

This session marked a shift for Mrs. P toward a stronger sense of having an internal world, a core of herself. In one more telephone session, she reported a new feeling: her experience was less compartmentalized, and she knew what the main thing was that

she was feeling. In an argument with her mother, she had been aware of a new sensation, a pull to give up her own view and join her mother. That was a painful feeling, a kind of dread, but it was also a feeling of space and choice. She could choose to hold onto her own view, and she did so.

It was this set of feelings—a kind of authenticity—that she had lacked, she said, when she had first come to see me all those years ago, and now she was aware of having them. It seemed, though, that despite the feelings having come out of our work together, it was easier for her to have them by phone. She was not sure why, but it was hard to have them in person with me.

At the following session, the last I will report, Mrs. P returned to see me at my office. In the first part of the session, she described vividly an event that had happened on the way to my office: While she had been sitting on the subway, a boy who appeared strange and out of touch with reality had screamed loudly in her face from very close up. The boy's mother had responded wordlessly by picking him up and throwing him against the wall of the train.

As I listened, I felt disturbed by the incident that Mrs. P described, but not shaken in my ability to think and free associate.

Mrs. P said that she had felt shaken by the encounter. It had disrupted the nice, integrated feeling that she had had and had wanted to bring in to me.

I said that although the event had really happened, it also seemed like a metaphor for her anxieties about the encounter that we would have as she brought her new, more integrated sense of self in to me.

Mrs. P agreed. The incident had not seemed so important while it was happening, she said. It had begun to preoccupy her while she was walking from the train to my office . . . . how hard it was to advocate for oneself, to bring one's own point of view into contact with others. There could be an angry collision—she thought of her boss or her father—but what came to mind was an image that made her sad: She had read once that in olden days, the Dutch, after people had died, would hang veils over the things that the dead had loved so that the dead would not miss them so

keenly as they left the mortal world. In a way, the violent incident that she had brought in, and even the shadowiness that she felt sometimes, was like a veil which she drew over the feeling of loss that she had when she felt more herself. Perhaps having her own story meant for her the loss of her parents. "In order to be loved," she reflected, "I had to be drawn into *their* story of me."

I think that in the session where she told me about her sick child, Mrs. P put into me in succession both the pain and anxiety of her child's state and her response to it, and then the painful sense of unheardness that she feared she might encounter if she brought her distress into contact with me (and that she feared her child encountered when he brought his distress to her). By projecting these feelings into me, Mrs. P rid herself of them and gave them over to me to contain and modify. In addition, I think, she actualized in a powerful way the fantasy of knowing herself through me —a fantasy that was otherwise becoming less dominant for her.

In the sessions that followed, as Mrs. P took back into herself the anxieties that she had projected into me, I think she experienced in a new way a sense of ownership of her feelings—that her internal experience was at the center of herself and that other experiences existed in relation to it. Mrs. P's sense of knowing herself through me now shifted more to the background, and we were able to see a new vision of the dangers that it had warded off. These dangers were first of a violent collision between the internal emotional life that she wished to make known to others, and the experience that others had of her, and then, more profoundly, of the loss of a tie to those others—her parents and me—who, she felt, needed to keep her locked within our own world of fantasy, a player in our stories rather than in her own.

DISCUSSION

In the clinical material presented, I have tried to show the way in which Mrs. P's analytic quest for self-knowledge was shaped by fantasies *about* the processes of knowing herself and being known through others. At the beginning of the analysis, Mrs. P believed

that knowing herself directly would be extraordinarily dangerous. Thinking for herself posed the danger of an unbearable kind of aloneness in which her objects and even her own self would disappear, and threatened her with the loss of her capacity to think—a capacity that she felt to be fragile and easily swept away by strong feelings. Turning to the fantasy that she would know herself only though me protected Mrs. P from the dangers of knowing herself directly. Fantasies of being known through me provided Mrs. P with a secure connection to me, guaranteeing that I would not be lost, and allowed her to use me to manage her thoughts and feelings.

Over a period of several years, the main focus of our analytic work was the different ways that Mrs. P used *me* to know *her self,* as well as the necessity of her knowing herself only in this indirect way. At first, cast as Temple Grandin, I served primarily as a screen and filter for Mrs. P's expanding self-knowledge, buttressing her denial of painful affects and dangerous fantasies. Later I served as a container, helping Mrs. P tolerate and manage feelings and fantasies as she broadened her self-experience. Still later, Mrs. P appeared to manage her own feelings and fantasies quite well, but used me, in fantasy, to give these the stamp of reality.

If the main motor of the analytic work during this four-year period was my interpretation of the successive roles in which I was cast as the imaginer and knower of Mrs. P's experience, another important line of inquiry was my continued questioning of Mrs. P's steady belief that I must necessarily participate in, or preside over, her knowing of herself, and that direct self-knowledge was impossible for her.

After several years of this work, Mrs. P began to wish once again to know herself more directly, and further fantasies about more direct, one-person self-knowledge began to appear. The second piece of clinical material I have provided shows two of these emerging fantasies: Mrs. P now believed that her own direct self-knowledge would bring her into violent conflict with her important objects or would threaten her with their withdrawal and loss.

In the months following the last sessions I have described, as the storyline of knowing herself directly became more dominant

for Mrs. P, other meanings of her flight from direct self-knowledge became clear as well. Fantasies of knowing herself through me had imbued the wishes and feelings of anger, loss, and forbidden sexuality that had already emerged in Mrs. P's analysis with an ongoing sense of filminess and unreality. The fantasy of knowing herself in a derivative way, through my knowing her, had operated for Mrs. P as a kind of dimming of her own affects and sensations. Now these wishes and feelings became more real and terrifying. In the terms of her Temple Grandin fantasy, the shift from two-person to one-person knowing had delivered Mrs. P to the world at the end of the chute; this terrifying world remained to be known and mastered.

The analytic work that I have described centers on the disappearance of the storyline of direct self-knowledge and its reappearance in a strengthened form after a prolonged period during which the storyline of two-person knowing, of coming to know the self through another, was dominant. How can we understand the reemergence and strengthening of the storyline of direct self-knowledge? Once again, I will draw upon disparate frames of reference as they bear upon a specific clinical phenomenon.

Mrs. P's greater capacity to tolerate direct self-knowledge can be seen in part as the result of a process of internalization. From this perspective, my interpretation of deviant forms of containment cleared the way for Mrs. P's internalization of the steadier mode of containment that I offered her (Bion 1957, 1959). This better experience of containment then supported her capacity to know herself more fully and steadily. That is, the better kind of *two-person* knowing that I offered was ultimately absorbed by Mrs. P and became a part of her own capacity for *one-person*, direct self-knowledge. This understanding of the therapeutic action of the analysis also fits with Fonagy's description of the strengthening of reflective function through psychoanalytic work, and as Fonagy (Fonagy et al. 2002) describes, this development was promoted by my own view of Mrs. P as agent and thinker.

However, various aspects of Mrs. P's analysis open the possibility of a more complex relationship between the storylines of one-

and two-person self-experience. Both storylines were well elaborated in fantasy for Mrs. P, and the succession of imaginers whose roles I assumed in the transference served a host of defensive functions in her psychic economy. Although Mrs. P's depiction of one-person, direct self-knowledge early in the analysis could be understood as the representation of a deficiency state—one in which thinking was simply overwhelmed by dangerous wishes and affects—the imagery she used had other important meanings as well. Later, when the one-person storyline made its reappearance in strengthened form, Mrs. P's belief that it stood in direct conflict with the two-person storyline was also well elaborated in fantasy; linked to her history with her early objects, this conflict did not seem to Mrs. P to be a new one—the result of a newly developed capacity—but rather a very old and familiar one that now came into focus. Thus, it would be impossible to say with certainty how much Mrs. P's flight to two-person knowing reflected a solution to a developmental failure, and how much it was a regressive solution to later conflicts.

The idea that the storyline of indirect, two-person self-knowledge is an organization of fantasy that operates to ward off the dangers of an alternative organization of fantasy—that of direct, one-person self-knowledge—fits well with Kleinian concepts. Mrs. P's projection into me of parts of her mental apparatus is clearly a phenomenon of the paranoid-schizoid position, and the mourning that she experienced when she gave up the fantasy of union with me (a fantasy that this mode of operating guaranteed) reflects a shift to the depressive position (Steiner 2005).

It is also enlightening, using the Kleinian model, to see the two-person storyline as a pathological organization (Steiner 1993) that served to ward off the dangers of both the paranoid-schizoid position (Temple Grandin's slaughterhouse) and the depressive position (the Dutch houses of mourning). In this model, our analytic work helped Mrs. P both to relinquish her psychic retreat and to move from dangers that were primarily paranoid-schizoid in nature to the dangers of the depressive position.

That Mrs. P's movement into the depressive position was accompanied by a marked strengthening of her capacity for direct self-knowledge fits well with Britton's (1998) model of the develop-

mental sequence through which the infant acquires the capacity for self-observation. Britton depicts a line of development in which the infant's internalization of maternal containment allows him to tolerate the linked depressive-position recognitions of the mother's separateness and her tie to the father; acceptance of the father's presence, in turn, creates a third position with which the infant can identify and from which he can observe the self. Britton's conceptualization helps us to understand as well that different kinds of self-knowledge—in Britton's rendering, the self-knowledge associated with containment, that is, with looking from inside, and the self-knowledge associated with self-observation, with seeing the self from outside—may be brought together in psychic reality or may be held apart.

Other perspectives help us to understand aspects of one- and two-person self-knowledge that stand out less clearly in the Kleinian model. Although the movement of the analysis was clearly toward a greater capacity for one-person thinking, and this movement corresponded with a movement toward the depressive position, one- and two-person storylines appear to have operated from the beginning of Mrs. P's analysis as two separate lines of fantasy, each with its own qualities and operating independently of the other. In addition, both one- and two-person storylines contained fantasies and experiences ranging from the primitive to the complex.

Thus, although Mrs. P's two-person thinking was framed by a fantasy of an indissoluble bond with me (a paranoid-schizoid fantasy), many of the experiences she came to know *within* this frame were complex and had a whole-object, depressive-position quality. Similarly, although her experiences of direct self-knowledge were framed by a fantasy of having a separate mind, many of the experiences and fantasies that she came to know in this way had a primitive, paranoid-schizoid quality.

Winnicott's (1960) concept of the private or true self helps us understand the way one- and two-person storylines function as separate systems of self-experience. The private self arises from experiences of being known by objects, but once established, it stands somewhat apart from them, anchoring both important modes of knowing and a central current of self-experience.

Winnicott's idea of a private self also captures the sense that one-person, direct self-knowledge involves experiences that are ultimately unknowable to others. Early objects give a shape to the experience of self, but that shape can never be entirely identical to the sensations and affects that it frames (Aulagnier 1975). It seems possible that in its fully developed form, direct, one-person self-experience involves a new integration, one that brings together self-knowledge founded upon containment and self-knowledge founded upon identification with the third position, and unites with these the self-knowledge founded upon proprioceptive and affective experiences that fall outside the shaping influence of others. This fully integrated self-experience might be seen as an aspect of the integrated ego identity that Kernberg (2006) describes.

The material that I have presented focuses on the restoration of Mrs. P's capacity for one-person thinking, but it is important to recognize that the result of the analytic work was not an exclusive supremacy of one-person thinking, but rather a capacity to move back and forth between one-person and two-person thinking. In the years of analysis that followed those I have described, Mrs. P's analytic work often involved the *reconnecting* of her own direct self-experience with the ways she felt that other people might see or know her. It seemed particularly important for her to link the development of her own sense of self with the way it had arisen within the matrix of her parents' experiences of her.

An important example of this process of relinking occurred in the sixth year of analysis, when Mrs. P found herself startled by her reaction to my asking her to consider an increase in the fee. This was not the first time in the analysis that the fee had come up for reconsideration, but this time Mrs. P felt a sense of uncertainty about who I was and what I wanted. She observed that I brought an entire world of my own to the analysis that was different from her own.[5] Now, for the first time since we had begun the analysis, she brought up the pieces of her father's history that, discovered after

[5] Mrs. P's growing awareness of my own separate subjectivity supports Kennedy's (2000) observation that the sense of being a subject entails awareness that others are also subjects.

his death, had led her to shift to the couch. Her father had suffered a series of terrible losses before her birth. Mrs. P wondered now how these had made him feel when he was with her. Did he use her to forget them? Was she a reminder of what was gone?

Looking back, she recalled certain feeling states between them, a kind of sadness when she and her father were together and a feeling of emptiness when he was present physically but had withdrawn from her emotionally. She felt that she had taken these feelings into herself, that they had made up a part of who she felt she was—a sad, empty person. Now she saw that they had originated in her father's feelings for her and the meanings she held for him in relation to his own history, meanings that they had never been able to talk about together. Moments of relinking such as this one led for Mrs. P to a sense of greater emotional depth and ease, feelings that she described as a kind of "flow" and "unity" that she had not known before.

Loewald's (1962) concept of degrees of internalization helps us think about the origins of one- and two-person storylines of self-experience and the shifting relationships between the two storylines that we can observe in Mrs. P's analysis. Loewald depicts a series of identifications built up from early experiences with self and other. Some of these identifications, particularly those that arise from a time when self and other were not well differentiated, are felt to reside at the core of the ego and to be unalterable experiences of self. Other identifications, often later ones, are felt to reside at the periphery of the ego or within the superego, and are experienced as objects separate from the self. The two systems are not static; under the influence of experience in external reality, and of wish and defense, identifications move closer to the ego core and begin to be experienced as part of the self, or, alternatively, move away from the ego core and are experienced as objects separate from the self.

From this perspective, we might connect the one-person storyline with identifications within the ego core, and the two-person storyline with identifications further toward the periphery. Mrs. P's flight from the one-person storyline and her reliance upon the two-

person storyline could be traced to a disturbance of the successive layers of internalizations and of the relationships among them. For Mrs. P, a host of identifications—particularly those connected with experiences of pain and anger—had to be held at a distance from the ego core, and identifications at the ego core were defensively split apart from those at the periphery. The strengthening and reemergence of the one-person storyline that resulted from our analytic work can then be seen to reflect Mrs. P's strengthened ability to include experiences as part of the ego core—her greater tolerance for painful affects and fantasies—and a consequent lessening of her need to keep core and peripheral identifications far apart.

Mrs. P's relinkage of one- and two-person storylines and the easier interplay that came to exist between the two storylines reflects, I think, a restoration of a more usual state of affairs. Direct self-experience arises for all of us in experiences with objects, and continues throughout our lives in dynamic equilibrium with ways that we come to know ourselves through others. Some experiences of ourselves through others are internalized as part of our core experience of self and remain there. Others are sorted out—rehistoricized—and traced back to their origins in our objects, as Mrs. P traced back her experiences with her father. Still other experiences of our selves through others remain, for better or worse, always at the periphery. The changing qualities of self-experience, and our placement of it at the core or at the periphery is influenced by historical experiences with objects. But it is also, again and again, shaped and reshaped to serve purposes of wish and defense.

With Mrs. P, I have given an example of a patient for whom two-person knowing was used to ward off one-person knowing. It is also of interest to consider those patients for whom one-person knowing takes center stage. The transient dominance of one-person knowing in the patient, which may evoke a sense of otherness or witnessing in the analyst, may mark the emergence of the patient's growing capacity to contain and reflect upon his own thoughts, and, related to this, the analyst's recognition that the patient's world is ultimately a private one (Poland 2000). A patient's chronic use of one-person knowing often evokes in the analyst a sense of mutu-

ally respectful distance, quite different from the devaluing distance of the narcissistic patient. This stable state of thinking in parallel nevertheless has a defensive function that needs to be explored. Often it reflects the patient's unconscious belief that the capacity for one-person knowing has been hard won, and that the wishes and anxieties that accompany two-person knowing will disrupt it too greatly if they are admitted to consciousness.

As analysts, we have often seen one-person knowing as an ego function that may be impinged upon by fantasy or conflict, rather than as something that itself is embedded in a matrix of fantasy. One-person knowing involves a fantasy, a representation of the self as thinker and container of one's own inner world. This fantasy of self is shaped by identifications with other thinkers and by experiences and wishes surrounding thinking and feeling. The imagined knowing self may come into collision, in fantasy, with other knowing selves, or may be felt to be isolated, weak, or desolate.

We have also, I think, been too quick to accept the shift to two-person knowing that occurs in many analyses as a simple opening out in the transference of fantasies that were always two-person in nature. One-person knowing in the analytic situation has traditionally been the province of the analyst, who moves back and forth between identification and thought (Beres and Arlow 1974), or from disorganized experience to organization around the selected fact (Bion 1962b), or seeks to refind a neutral position as he is pushed in different directions by his countertransference. Recent analytic contributions have drawn our attention to the intractably two-person nature of the analyst's own thinking, her inevitable responsiveness to the patient's wishes and affects (Hoffman 1998; Smith 2000), and the interpenetration of the analyst's thinking with the patient's (Schafer 2000).

This paper might be seen as an attempt to draw our attention to the current of one-person knowing that is present in the patient, to understand the qualities of this current of experience, the way that it is represented in fantasy, and its relationship to the two-person kinds of knowing that so often capture our attention.

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VICIOUS CIRCLES OF PUNISHMENT: A READING OF MELANIE KLEIN'S *ENVY AND GRATITUDE*

BY HENRY F. SMITH

Staged as a moral drama, Melanie Klein's Envy and Gratitude *(1957) straddles two eras: one reflecting a simpler, more concrete, historical method, and the other an approach of greater complexity, focused on the transferential moment. Embedded within the transference are the vicious circles of envy and punishment that are the hallmark of Klein's text. Punishment itself, which is always punishment of both self and other, creates its own vicious circle, set in motion by a single act. In the sadomasochistic enactments that result, the moral force of Klein's categories fuels the countertransference. A detailed clinical hour is presented.*

In the last several decades, on both sides of the Atlantic, there has been a shift in the analyst's attention toward the moment-by-moment movement of the clinical hour, especially within the transference. In the United States, we have seen the change in the advent of self psychology with its focus on the detailed conscious experience of the patient; in the relational school with its emphasis on the ongoing enacted interaction with the analyst; and in contemporary conflict theory, where Gray (1994) introduced an "inside the hour"

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focus on moments of conflictual interference, especially in the transference, and Brenner (1982, 2002) argued from another perspective that every mental event, when observed analytically—every thought, affect, or action—is a compromise formation, made up of the conflict among wishes (or drive derivatives), defenses, self-punitive trends, and painful affect. In Brenner's view, it is these immediate clinical phenomena that command the analyst's attention, rather than the larger abstract agencies of the mind—the id, ego, and superego—which should be discarded as misleading in their simplifications.

The shift is also evident among the contemporary British Kleinians, who are less inclined than their predecessors to offer the patient early developmental reconstructions or to point out evidence of large abstractions such as the death instinct, as if they could not only be inferred but were concretely represented in clinical material. Instead, contemporary Kleinians are likely to offer a much more immediate scrutiny of the patient's use of the analyst and the analyst's interventions than has been associated with traditional Kleinian technique. Contrast the close attention to nuances in the here-and-now transference that we have come to recognize in the work of Joseph (1989) or Feldman (2007) with the following description by Klein (1957) of her own work in *Envy and Gratitude:*

> The gist of my interpretations was that her grievance about the missed analytic sessions related to the unsatisfactory feeds and unhappiness in babyhood. The two cakes out of the "two or three" stood for the breast which she felt she had been twice deprived of by missing analytic sessions. [p. 205]

In some sense, *Envy and Gratitude* straddles both the older and the newer ways in its rhetorical focus. Reading it now, one cannot escape the feeling of listening to a moral drama played out between good and evil, between persecutory internal objects and good ones, or, for that matter, between envy and gratitude. For the most part, the entities at war seem to represent pure cultures, as if the mind were divided into a series of split entities and affects:

purely good and purely bad objects, pure envy and pure gratitude. I think this rhetorical splitting stems both from Klein's interest in early states of mentation, where, in principle, the splitting of such states is part of development, and from her long-standing interest in drives in conflict with each other.[1]

On the other hand, running as a leitmotif throughout *Envy and Gratitude* is her repeated acknowledgment that there are no pure states: "This does not mean that some element of guilt does not enter into the most genuine feelings of gratitude" (p. 189); "Since the need for a good object is universal, the distinction between an idealized and a good object cannot be considered as absolute" (p. 193). With Brenner, Klein does not appear to feel that there is any state without conflict, even in infancy:

> The absence of conflict in the infant, if such a hypothetical state could be imagined, would deprive him of enrichment of his personality and of an important factor in the strengthening of his ego. For conflict, and the need to overcome it, is a fundamental element in creativeness. [p. 186]

Klein is led to these increasingly complex observations by her own clinical experience, which causes her to modify her pure categories for the sake of clinical truth. But the siren song of the pure or idealized state is almost irresistible, as, shortly before telling us that there is no gratitude without guilt, she speaks of the "*full gratification*" that envy prevents, noting that "the infant can only experience *complete enjoyment* if the capacity for love is sufficiently developed . . . such *unity* means being *fully understood*" (p. 188, italics added). She indicates no awareness here that fullness and completeness are themselves idealizations, or that "complete enjoyment" is an impossibility if conflict is always in the works. In these

[1] This stands in contrast to the viewpoint of Brenner (1982), for whom drives, or more accurately drive derivatives (wishes)—he makes the point that drives are only an abstraction and never observable—are never in conflict with each other unless one drive derivative is defending against the other. Both libidinal and aggressive drive derivatives are represented in every psychic moment, finding expression in every compromise formation.

early pages, phrases such as "full . . . unity . . . fully understood . . . fully accepted . . . fully into play . . . complete enjoyment . . . fully enjoying his feeds" (pp. 188-192) echo insistently throughout the text.

At the end of *Envy and Gratitude*, Klein writes movingly, "when love can be sufficiently brought together with the split-off rage and envy, these emotions become bearable and diminish, because they are mitigated by love" (p. 232). Here the end result is a mixed state, but the drama has already been played out internally between the healing power of love and the destructive power of hate and envy as pure or ideal states in themselves. This is a general psychology expressed in the language of Judeo-Christian morality.

Sprinkled within the qualifiers in this work—and more densely at the beginning of the paper than at the end—there remains the sense of goodness as a pure state. Thus Klein says, "A full gratification at the breast means that the infant feels he has received from his loved object a unique gift which he wants to keep. This is the basis for gratitude" (p. 188). She continues, "Hope and trust in the existence of goodness, as can be observed in everyday life, helps people through great adversity, and effectively counteracts persecution" (p. 194). We know what she means, but the idealized moral categories—"full gratification" in the first passage, "the existence of goodness" in the second—are offered here again as if there were no inherent conflict within them or inevitable ambivalence to temper them.

Notice, in Klein's concession that guilt will enter even "the most genuine feelings of gratitude," her use of the word *genuine* is yet another expression of an ideal or pure state. While we all adopt words such as *genuine, authentic, full, real,* and *whole* (as in *whole object relation*) to qualify the patient's or the analyst's state of mind, the "genuineness" of the patient's presentation—or lack of it—is something that contemporary Kleinians have taught us to observe. The word is almost a proprietary one in their discourse and has proven a unique and durable aspect of the analyst's listening. My point, however, is that there is a seductive, moral tone to this language that compels us to look for moments that feel genuine and

to be alert to others that feel not so, and there are some countertransferential risks in doing just that, which I will discuss in conjunction with the clinical material I present below. However useful the terminology is, it is important to bear in mind that, just as Klein warns us that there is no pure gratitude without guilt, so there is no purely genuine state.

It is probably impossible to analyze or even to think without utilizing idealizations like *genuine* and *real*. As soon as we observe and name anything, it quickly becomes reified and idealized; our psychoanalytic culture, as much as any other, is built on such moral high ground. Thus, the morally seductive concept of forgiveness is currently enjoying its moment in the sun, even in psychoanalysis, though not without criticism (Smith 2007a), and every analytic approach can be shown to have its own idealizations, from the currently much debated idealization of neutrality to the sacrosanct notion of empathy.[2] My point here is that, while pure states and idealized categories are in the nature of concept formation in general and pose a problem for our field in particular, there is something about the moral character of Klein's categories (e.g., *goodness*, *hatred*, *envy*, *greed*, and qualifiers such as *full*, *complete*, and *whole*) that compels them to enter the clinical stage as moral forces.

I do not mean to emphasize these concerns at the expense of the real power and meaning of Klein's approach—to miss, that is, the forest for the trees. For it is in the unfolding structure of *Envy and Gratitude* that her idealized states are shown to be part of a much more complex pattern, as Klein spins a theoretical and clinical tale that is so precise and intricate in its turnings back upon itself that we recognize a lifelike complexity, until she finally concludes, "complete and permanent integration is in my view never possible" (p. 233).

[2] I recently argued (Smith 2007a) that there is no pure state of empathy and that every such moment must have a defensive component, both for the patient and for the analyst. I was told by a member of the audience that I was being hypochondriacal. It is an interesting charge, one that, to be consistent, would have to be leveled more generally at the view that every mental event is conflictual.

One of the great contributions of Klein's paper is the detail with which she spells out what she calls the "vicious circles" that unfold both in development and in the clinical hour as a result of envy: the devalued, envious person attacks the one he or she envies, including the analyst and the analyst's interpretations, but this attack only leads to guilt and further self-attack in response, which compounds the person's devalued state, stirring up more envy, and thus leading to more attack. Also implicit is the so-called *virtuous circle* that results when an individual has internalized the good object and can feel and express love and gratitude as a result, which then "makes it possible to introject a more friendly outer world" (p. 189), thus adding to the goodness within.

Notice how the strategy and structure of *Envy and Gratitude* draws the reader into the very circles Klein is describing. Here I have in mind the way in which she keeps circling back on subjects already covered, continually reasserting the quest for completeness and fullness and then qualifying it with disclaimers as to its improbability, thereby immersing the reader in a pattern similar to the clinical circles of which she speaks. The very recursiveness of Klein's writing seems to draw us into the cyclical process of analysis itself. Thus, the reader experiences firsthand—even viscerally—the debate between Klein's own wish for pure states of goodness and love and her realization that they are impossible, the self-same conflict she is spelling out.

We hear this conflict playing itself out in Klein's clinical illustrations as well, the paper still straddling two eras, an older, simpler, more certain one and a later one of greater complexity and detail. Klein begins by spelling out her constitutional and developmental view in which literal fixed states abound, and where the feeding situation determines important aspects of the adult character. In the interpretation I quoted above, we can note a potential hazard of this theoretical commitment insofar as it encourages analysts to imagine that patients can make direct use of the interpretation of universal and concretized symbols ("the two cakes stood for the breast") and early developmental reconstructions ("unsatisfactory feeds in babyhood"). In contrast, other interventions indicate a distinctly

different and more contemporary view, focused on the transferential moment—see, for example: "I interpreted that this was only a minor feature of the dream: the main meaning was that he had torn up my work and was destroying it" (p. 214), or Klein's observation of the appearance in a dream of the phrase "this kept me going" (p. 215) as evidence of how essential the analysis had become to the patient.

BRENNER AND KLEIN

We can see the nature of Klein's reasoning and rhetoric more clearly if we contrast it, somewhat arbitrarily, with Brenner's. Where Klein's thinking in *Envy and Gratitude* is cyclical, deepening the territory each time she repeats her ideas with added nuances and drawing the reader into an experience of clinical complexity, Brenner's approach is misleadingly simple. His strategy is to demonstrate that everything the analyst observes is a compromise formation and must be analyzed as such; he repeats this again and again in his writing until the reader eventually gets it. If Brenner is the hedgehog in this duo, Klein is the fox.[3]

Brenner's theory does not allow for the idea of anything pure about any state, neither love nor hate. Even genuineness must be a compromise formation defending against painful affect, and every good object, every moment of gratitude, must be made up of aggressive as well as loving wishes, defenses, and self-punishments; the state of mind in question is simply the outcome of these underlying components vying for expression. In such a system, there can be no pure culture of good and bad objects, no gratitude that is not laced with envy, nor envy unmitigated by gratitude, and no pure punishment; every aspect of psychic life—punishment and hatred, no less than love—is a mixture of erotic and aggressive drive derivatives, and every moment has its measure of punishment to mete out at both self and object.

To be sure, the comparison between Klein and Brenner on this point is not fair to either one. Brenner's theoretically spare ap-

[3] "The fox knows many things, but the hedgehog knows one big thing" (Archilochus, 7th century B.C.E.).

proach, when put to the clinical test, yields a field of observation of vastly increased complexity, a cascade of compromises to be analyzed, and Klein could be positively and usefully hedgehog-like in the persistence of her theoretical point of view and clinical practice. Moreover, Klein often uses the terms *good* and *bad*, like *love* and *hate*, in a metapsychological sense, as forces or entities operating within the deep structures of the mind, whereas Brenner's focus is on those conscious and unconscious entities that are the end result of these forces, and therefore always mixtures, always ambivalent. Hence, I am comparing them, quite incorrectly, at two different levels of abstraction.[4]

Nonetheless, I think we can see the different paths that Brenner and Klein have taken to solve the problem of pure states, Brenner by positing within the details of his theory that they are impossible, and Klein by demonstrating that one state is continually modified by another, while both states remain locked within the vicious circles that underlie her argument. My point is that without some check of the sort these analysts develop, the clinician will be led, as we all are, into assuming things are only as they seem.

VIEWS OF PUNISHMENT

Perhaps we can more clearly appreciate the distinction I am drawing between Brenner and Klein—and hence between certain aspects of North American and British approaches—if we compare their views on punishment. I have already indicated that Brenner sees self-punishment and fear of punishment as a component of every compromise formation and hence of every psychic event. Although the issue of punishment runs implicitly through the entire text of

[4] At times, it is unclear just what level of psychic life Klein is addressing in *Envy and Gratitude*. Sometimes she seems to be speaking of conscious envy and conscious gratitude; at other times she seems to be positing a descriptively unconscious envy that is deeply defended against; at still others she seems to see envy as a kind of metapsychological force and a derivative of the death instinct that, like hate, is at war with other forces that are good and life affirming.

Envy and Gratitude, Klein only mentions it late in the work, where she speaks first of the "envious super-ego" that is "felt to disturb or annihilate all attempts at reparation and creativeness . . . [and] to make constant and exorbitant demands on the individual's gratitude" (p. 231). Note that in this instance, envy is in conflict with gratitude itself. Next she says that "to persecution are added the guilt feelings that [stem from the sense that] the persecutory internal objects are the result of the individual's own envious and destructive impulses, which have primarily spoilt the good object." Finally, she adds: "The need for punishment, which finds satisfaction by the increased devaluation of the self, leads to a vicious circle" (p. 231). In this scenario, we watch the forces of good and evil do battle, much as in a medieval passion play (or an exercise in moral philosophy), with punishment as a character who appears on stage to play his requisite part in the drama.

In contrast to Brenner's approach, which is to find punishment everywhere and in everything, Klein plays out the drama that unfolds in theory—and, as it turns out, in practice—by describing (1) an envious superego powerfully interfering with attempts at creativeness; (2) guilt feelings about spoiling one's good internal objects and creating persecutory ones, leading to (3) the need for punishment, which can find satisfaction in an increased devaluation of the self, which then sets in motion (4) a vicious circle, as the defense against envy leads to more self-punishment, which leads to further devaluation of the self, which in turn leads inevitably to more envy.

I would suggest that close attention to the simultaneous or rapidly changing occurrence of these conflicting feelings, impulses, and anxieties, observable in the moment-to-moment movements in the relationship between patient and analyst—the subtle shifts in the session arousing envy or persecutory anxiety—is the cornerstone of contemporary Kleinian technique. And I think we can identify an even tighter vicious circle, implied but not spelled out in the text, as punishment of self leads to punishment of other, which leads to punishment of self, and so on.

It is to this latter circle, which serves many purposes simultaneously, that I would now like to turn. I will start with an illustration from *Hamlet* (Shakespeare 1603).

HAMLET AND PUNISHMENT

In the final scene of Act III, Hamlet, seeking to avenge his father's death, mistakenly kills Polonius and then immediately attacks his mother verbally, punishing her for her incestuous relationship with his uncle:

> Nay, but to live
> In the rank sweat of an enseamed bed,
> Stew'd in corruption, honeying and making love
> Over the nasty sty! [III, iv, 91-94]

Next he is visited by the ghost of his father, following which, with all the loving passion of an oedipal child, he pleads with his mother this night and forevermore to repent and "go not to my uncle's bed." And then he says (and this is my point),

> For this same lord [Polonius]
> I do repent; but heaven hath pleas'd it so,
> To punish me with this, and this with me,
> That I must be their scourge and minister. [III, iv, 174-177]

To punish me with this, and this with me. Hamlet is punished by his deed, even as his deed punishes others. Thus, in this brief sequence, Shakespeare captures several truths about punishment: first, each single act of punishment is at once both punishment of other and punishment of self; second, as Hamlet is trying to bind his relationship to a father lost and to a mother morally lost, whom he still loves passionately, punishment is a desperate if misguided plea for love; and third, punishment, like sadomasochism more generally, is itself a defense against object loss.

Notice, however, that if punishment is *simultaneously* punishment of self and of others, it creates its own vicious circle, with punishment of others requiring punishment of self (because of

guilt) and punishment of self requiring punishment of others (because of envy). Thus the vicious circle is set in motion by a single act of punishment.

We can see these truths in their purest form in the analysis of masochism, where misery is at once both self-punishing and object-punishing, and moral masochism is always also moral sadism—an attempt simultaneously to preserve the object and to destroy it—as what is projected and what is introjected continually and instantaneously trade places. Such complexities come clearest in the countertransference.

AN ILLUSTRATIVE ANALYTIC HOUR

I am thinking of a psychiatrist in her late thirties, now in her second analysis. She complains bitterly that she needs me to love her, but she does so in so self-attacking a tone that I feel attacked both by her request and by her self-attack, at the same time as I become the attacker and feel guilty as a result. To paraphrase Hamlet, she punishes herself with me and me with her self-punishment. And I find I, too, wish to punish and to be punished in my work with her.

My patient's attack on herself is also an appeal for me to stop her. Many years ago, she had tried to take her own life with the hope that her first analyst would come to her rescue. Now she imagines herself ripping the skin off her face, but she is less overtly self-destructive in action, until you listen to the action in the hour and the use she makes of me and my comments.

The hour I will present takes place six years into the analysis and two days before I am to leave for two weeks. My leaving intensifies the feeling of object loss for both of us.

My patient comes in and says, "I'm going too fast. I don't think I have felt this way since I was in analysis before." I feel put on notice. She means when she tried to kill herself. "I feel I'm going to die. I don't really understand why I'm feeling so altogether bereft in relation to your vacation." She says this in a voice that sounds more exhausted and resigned than angry at me, nonetheless posing an analytic question that I am supposed to answer. Her ques-

tion with its academic intonation rings false, given that the stake is survival itself. She needs something from me in exchange for my going away, something to keep her alive. But any feelings of anger or panic have to be mine. She is too tired to have them.

She continues, "I say to myself, look, it will be good, because in the time I have free, I have an upstairs office filled with things to be filed"—thus reducing our relationship to a filing operation. "I have to call five people. This is the kind of thing I do well. I have to call them in person. I feel I'm racing and have nothing underneath me, which of course is not true, but there's the feeling of going so fast there's nothing holding me up."

What she says, in a sense, is true—she has nothing underneath her—but she denies it as soon as she has observed it, an implicit attack on her own insight and any contribution to it that I might make. At this point she starts to weep, but it does not sound genuine to me (an aspect of my countertransference that I will discuss below). "I don't understand what I'm doing and why I'm feeling so awful. I got into this thing with my printer. It ran out of toner, and I said to my husband, 'It's out of toner. I don't understand. It was perfectly fine.' He said, 'Just shake it.' I hate asking him for anything." She hates asking him or me for anything, and I feel momentarily pleased that she sees this and that her hatred is so accessible. "He always says, 'I will show you, and you stand there and watch, so next time you can do it yourself.' So he did, and of course it didn't work." In addition to her abject dependency on her husband, he, like me, is ineffectual. "He said this morning, 'If you tell me what kind of printer you have, I will go to the store and get the toner.' But I don't know what kind it is and if I go to look at it, I'll be late to see you, so I say (I can't bear saying it), 'Could you look at my printer while I'm gone, or it can wait until I get back from Smith's.' And he said, 'I'd like you to go upstairs and tell me, and then I'll go.' I said, 'Fuck it. I can't do it now.'"

Again, I feel encouraged that her rage sounds genuine, but it is gone in a flash, as she backs away to a kind of self-punitive compliance. "I said to him, 'I can do it Saturday. I know you want me to be responsible.' He said, 'Yes. I do,'" at which point she turns

again and in a pleading voice says to me, "Why do I feel so unbearable about you leaving? I don't know why I feel I'm going to die, like I'm giving up the source of life."

In this mix there is a repeated shifting back and forth between a more genuine rage at me and at her husband, as I experience it, and a self-punitive attack that is simultaneously an attack on me and a desperate holding on to me. In fact, the very way she speaks about all this in her familiar defensive misery feels like a continuous punishing assault on our capacity to work together. She feels she is unbearable to me in her misery at the same time as her misery feels unbearable to her—*to punish me with this and this with me.*

My patient then tells me about an encounter with a supervisor, to whom she was presenting her treatment of a very anxious young woman. Her supervisor said that, instead of interpreting the transference directly, she should deal with it in displacement. My patient often complains that I interpret her transference too directly. Of her supervisor she says, "I hate her. She has this moralism, and that drives me up the wall. I can't stand her. Something about her is very severe, but I felt awful afterward. I tell myself, 'You're being paranoid. She makes you worry that you are pressing the patient too much, but there is this absolutely solid relationship with the patient. It's just that she falls into this place of fear.'"

Hearing many pressing and punishing figures here—her supervisor, herself, and me, the same people who are simultaneously being punished—I say (and this is my first comment in the hour), "I think you are telling me that you fall into this place of fear as I am about to leave, but it isn't the only place you inhabit."

She starts to weep again, but again it doesn't sound genuine. She knows I have in mind her rage, but with her forced tears, I am the one who ends up feeling angry, not she. Rather than joining her in her place of fear, I have become the punisher, and I feel guilty, wondering if I have simply missed her point of view. She continues, "I know I'll be fine, but I'm so panicked." Now the tears have completely vanished, gone as quickly as they appeared, as she reasserts her fearfulness.

She continues, "I'm scared about the weekend, scared of going into the old place of wanting to rip my skin off. It feels unbearable. I'm trying to figure out how to deal with the panic about you going away. It's the sense of dying that is weird. I'm not one who is afraid of dying. It's like dying inside, which isn't as bad as the self-attack. That's the worst."

I say, "I think you want me to feel I'm leaving you to die, leaving you all alone in this frightening world to rip your skin off."

She dismisses my comment distractedly, "I don't know. I want to say—but I won't because I know I'm not supposed to"—which feels like an attack both on her impulse to say something and on our relationship—"I want to say, 'Where will you be?' Give me something to hold on to. I feel so borderline. Give me something to hold on to. You would say you'd tell me if I needed you to. I thought, I don't need it. It's coming from a place of boldness. I would really like to know."

In other words, she doesn't really need it; she is simply being bold to ask, and I should tell her because of course I want to support her boldness. I pause, and in that pause—she knows this dance—she takes it back again, each of these takings back more self-punishing and punishing of me than the last. "But now it's become so shameful, I don't want to ask." And then she asks again, "But I don't want to do without. I want you to give me something to contain the attack on my face, something I can use to comfort myself."

And then suddenly she says in her sweetest voice, "You can't imagine how I just want to paint pictures of where you are. If I could imagine where you were going, maybe to England, maybe you are taking someone who graduated on a tour of Europe or going to Tuscany or something like that. That would be so nice. I get all these vicarious pleasures."

Feeling confined by her sweetness, with her rage and her deprivation left for me to bear, I say, "But you pay a price for these vicarious pleasures. You resent terribly the other person. I give this to the other and not to you."

Again she responds dismissively, "I don't know. It's hard to feel that, it gives me so much pleasure. I'm not in touch with the angry part of me that wants you to feel guilty"—so she did hear my earlier message—"because I so much want to wrap myself around you. It's kind of pathetic. isn't it?"

Further along, she speaks about something she might want to call me about while I'm away, but she won't. "That's the only way I could feel my anger at you. I'll take care of it by myself. I'd rather do everything myself than ask for anything. I'll learn how to be responsible with a vengeance. I won't ask for anything. I won't ask again. I'll pretend everything is good. It's very unfair and cruel. I'll deprive you of me. I won't let you be a source of comfort to me. See, I'd much rather have my vicarious, pretty fantasy than feel myself in this position. I hate it. I hate this angry person. This is the anger I hate to feel. I feel it toward my husband. I hate it. I just hate it because then there's nothing good left. You see, I get rid of all the comfort. I don't know how to stop doing that."

Notice that in making these convincing "analytic" observations, my patient continues to punish me by "doing everything herself" in the very moment of observing how she does just that. She does hate the punishing anger she feels at herself and at me, and I say, "I think you are telling me that I cause you this desperate pain by reminding you of your resentment and hatred."

She says, "Maybe," again withholding any real thinking about my comment. "I don't want to feel it, because it's just too alone in a bad place I can see myself creating. I don't know how to get out of it."

For the moment, I take her "creation" of this inner state at face value, and I say, "No, because, as you said, you not only banish anything good about me, you banish anything good about yourself and create this exaggerated 'I live only in hatred.'"

I think I may have been too confrontational—that is, too punishing—but she now says with conviction, "Yes. That's exactly what it is. It becomes intolerable." And she is able to hold it briefly before letting it go: "Oh, God, this is scaring me so much. I think it is important, but it is scaring me so much. I'm so scared of what

you just said. It's exactly true, but right now I can't find a way to reduce the exaggeration or a way out or a way to let you in or let the good part of me in." And then she begins to sound as if she is parroting my words, turning them back into questions. "Why does it get so exaggerated? I want you to patch up this place real fast. Patch it up. I don't want to be stuck here"—the request now clear and bold, if no less punishing and ultimately doomed. "You make it better. You made it bad." The hour is over.

DISCUSSION

To punish me with this and this with me. Throughout this hour, we can hear the vicious circle within which both my patient and I are caught, as her self-punishing misery is also intended as punishment of me, which compounds her need to punish herself, resulting in further punishment of me and further compensatory self-punishment. At times, I feel as if I am a bystander watching a kind of perpetual-motion phenomenon, generated by my patient alone. But I am, as it turns out, a necessary participant, for her punishment of me with her self-punishing attacks has the effect of holding me in place as the object she is about to lose. It is a punishment that begs to be loved and comforted at the same time as it makes it impossible to do so, and in all of this I *feel* punished by her self-punishment at the same time as I feel myself to be the punisher of both her and me.

One of the ways in which I participate in her punishment is in my use of the word *genuine*, which you will have noted several times in my description of the hour. However accurate a characterization of my experience of the patient's affect at certain moments, it is a judgment—like *real* or *authentic*—that carries a moral tone, one that my patient is adept at picking up, even if I am not articulating it, and this reinforces her sense of me as accusatory. And she is right: there is a degree of criticism expressed in the mere thought that she does not sound genuine. Moreover, I have learned that while she experiences many varieties of rage and sadness, they all feel genuine to her and need to be explored for their individual meanings.

Hence there is a hazard in our otherwise useful alertness to whether the patient is in genuine contact with herself or with the analyst—namely, that it can prevent us from questioning in what way any particular affect, however ungenuine it may feel to the analyst, is *genuinely* expressive of some inner condition on the part of the patient. This dilemma is reminiscent of the time when we used to say that a patient was "avoiding the transference," until we discovered that that very avoidance *is* the transference. Our awareness of what sounds genuine and what does not inevitably has countertransferential meaning.

In this hour, my focus is primarily on what is being enacted between us and on my patient's use of me and my comments. While they may be at the back of my mind, I am not aware of assuming or consciously seeking any of the larger and more abstract theoretical ideas that may lie behind either the "North American" or "British" view of the material. I *am* aware that my sense that every moment is a mix of conflicting elements silently informs my listening. And while I am continually assessing the genuineness of my patient's responses to me, my visceral awareness of the vicious circle that is being played out between us reminds me that I am never dealing with pure states of genuineness, gratitude, or envy.

In all of this my patient's envy of others—anyone, that is, who has goodness and health about them—and her envy in turn of me and my comments is palpable and at various times clear to both of us. Sometimes she expresses what feels to me like heartfelt gratitude for the work I have done with her. But soon afterward, her self-punishing attack will reappear. Is it to forestall the envy she feels? Or to deprive herself of what she feels she does not deserve, spoiling the sense of my goodness and her own? I think it is both, for she does not in fact feel the envy at that moment, so quickly is it overridden with shame and self-punishment. She feels no pure gratitude that is not laced with guilt or interfered with by envy, and no pure envy, for that matter, that is not also a plea to be loved and to be able to feel love and gratitude, as she imagines others do.

Amidst all the turmoil of the hour, the patient comes back time and again to her fear of object loss and separateness, repeat-

edly turning herself around the vicious circle and turning me around it too, so that we are both permanently glued to each other in this sadomasochistic, self- and object-punishing unit. I feel it in her transference that suggests I am either very sweet or very sadistic. There is no way out, my role fixed, either as a hated or loved object. Both her punishment and her sweetness are designed to prevent any sense of separateness at all—we are either a punishing unit or a sweet one—so that while all the discussion is *about* a separation, she makes certain not to allow awareness of a single moment of separateness within the actual session.

Thus, the sadomasochism is played out by me on her and her on me and, simultaneously, by each of us on ourselves. But it is designed in part to prevent me from moving away from her *in the session*. Her position of powerlessness, then, is enormously powerful —punishing and appealing for love, while at the same time successfully defending against object loss. Trapped together in this place in which there is no separateness, there is no possibility for the actual experience of envy—or, for that matter, of real object love.

I want to say something about my patient's confusion. For the most part, I think of it as defensive and gratifying—her need to avoid knowing anything, her need to destroy her own thinking, satisfy her masochism, and keep hope alive that I will fill her with knowledge with all its sadomasochistic and erotic implications. It is also a defense against envy. If she is so confused, she cannot then feel envy, and her confusion serves as self-punishment as well as punishment of the analyst she envies, obfuscating our dialogue and any intervention I might make. We cannot help but wonder, however, if her confusion also results, as Klein describes, from "uncertainty as to whether the analyst is still a good figure, or whether he and the help he is giving have become bad because of the patient's hostile criticism" (p. 184).

In time, my patient would say to me, "I get into a muddle because at a certain point I don't know what is you and what is me." Klein notes that when the predominance of envy prevents the identification with a good and whole object, "excessive projective iden-

tification, by which split-off parts of the self are projected into the object, leads to a strong confusion between the self and the object, which also comes to stand for the self" (p. 192). This would seem to be important in relation to my patient's fears about the actual separation of the break. The confusion of herself and me, a result of the constant projective identification of parts of herself into me —to control me, to keep me—leaves her bereft not only of me, but of the parts of her own mind that she needs to have for thinking and dealing with her loss.

All of this would qualify as a demonstration of Klein's view of a negative therapeutic reaction, wherein the defenses illustrated become "a powerful obstacle to the capacity to take in what the analyst has to give" (p. 220), including any potentially helpful comments I might make. I would only add that, judging by the material I have described, the negative therapeutic reaction is participated in by both analyst and patient as part of an endless circle in which the two are engaged, and there can be no working through of any sort that does not pass through this place of mutual torment. In that sense, the negative therapeutic reaction is the focus of the work (analogous to what used to be called the transference neurosis), now enacted in all its precision between the two participants.

In addition to the vicious punishment of this process, there is also a highly pleasurable aspect: the gratification of sadistic and masochistic wishes—what Joseph (2007) calls the patient's "happy masochism"—lived out in the interchange, which cannot be avoided. In this sense, any interpretation I make, no matter how dispassionately, gratifies the very wishes being interpreted, and all interpretatation must be understood as interpretation within an enactment (Smith 2006, 2007b). There is no working through without some greater understanding of what my patient is doing with me and with my comments—and I with her—as we examine the repeated enactments that are taking place between us moment by moment in the real time of the hour.

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ID ANALYSIS AND TECHNICAL APPROACHES

BY CECILIO PANIAGUA

The author argues that the technical advances stemming from Freud's (1923) introduction of the structural theory permit a more naturalistic and specific approach to analyzing unconscious conflict, thus facilitating id analysis. The earlier topographical technique underestimated the role of suggestion; often, it entailed interference with patients' capacity for self-observation, as well as with the exploration of their own drive derivatives. In order to illustrate the type of id material obtainable with a contemporary ego psychology approach, the author presents clinical vignettes and commentaries. It is recognized that clarifications, defense interpretations, and Gray's close-process interventions may need to be adapted to different cultural milieus.

INTRODUCTION

It is not uncommon to hear the opinion that, in the beginning, psychoanalysis was id analysis, and later innovations shifted our interest to the analysis of defenses (cf. Brenner 1976; Kris 1951). The reality is that the latter did not exclude interest in the former, and analysts never ceased being attracted to the exploration of instinc-

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tual drives. Actually, the techniques derived from Freud's structural theory made possible a more reliable and naturalistic access to drive derivatives. Anna Freud (1936) opined, "Only the analysis of the ego's defensive operations can enable us to reconstruct the transformations which the instincts have undergone" (p. 26).

Id manifestations brought forth through the use of a technique based on the structural model seem less colored by the analyst's own mentation than those interpreted or disclosed to the patient through the use of the earlier approach: the *topographical* technique. In post-positivistic times, we are well aware that subjective influences are impossible to eliminate, but quantitative aspects matter, and in this regard the newer approach seems to make a significant difference.

Ever since Freud's (1923) momentous discovery that not only the repressed id, but also the repressing ego, operate unconsciously, it has become apparent that ego counterforces ought to be analyzed, too. There are obvious dynamic reasons why defense mechanisms need to be unconscious. Waelder (1967) reminded us, "One cannot securely repress an idea and yet be aware of having repressed it because this awareness would set the mind on search and so keep the repression insecure" (p. 354). Analysis of unconscious defenses is a necessary part of the analytic task.

However, surprisingly, it has also at times been considered a tedious part of the work. This attitude was expressed by Gray (1982), tongue-in-cheek, when he observed that "at the beginning of the analysis, one is concerned with defenses, but then one gets down to the *real* analysis" (p. 634). Not only is resistance analysis "real analysis," but we must also remember that unconscious defenses cannot be explored without some reference to the id derivatives against which those defenses are directed. For example, how could one analyze unconscious projective mechanisms without referring to the drive aimed at by the projection? It is fallacious to view "ego analysis" and "id analysis" as an either-or proposition (Phillips 2006).

Actually, a special sensitivity to instinctual derivatives is needed in order to detect the moments when these begin to clash with the defenses elicited by the perception of some danger that origi-

nates in the past, but is anachronistically present. Analysts who believe that defense analysis is a prologue, or only a means toward attaining the attractive end of unearthing drive derivatives, might nevertheless appreciate that this end becomes more attractive and "real" when the visible instinctual material emerges as the result of the analysis of id–ego conflict—that is, this end is more significant than it is in situations where, when the ego is eluded, those derivatives can only be assumed.

True, id derivatives are not always simply assumed; they can be quite evident on the clinical surface. However, as Fenichel (1941) pointed out long ago, the analyst who indicates their existence (by saying, for instance, "you are furious" or "you feel excited") without analyzing the underlying intrapsychic conflict deprives the patient of a thorough, dynamic understanding of the clash—and, most important, of the characterological solutions that have been arrived at. Gray (1992) wrote, "Our ears are trained to resonate hungrily with id material" (p. 318). I think that not too much "training" is needed for this type of resonance, but what does require special training is learning to practice what Sterba (1953) called "id-plus-ego analysis" (p. 18).

Gray (1982) delineated some particular "fixations" during earlier periods of the development of analytic theory and practice, which account for the "developmental lag" in the progression of psychoanalytic technique from its basis in the topographical theory to the structural one. The first resistance he listed in the "puzzling reluctance to apply certain ego concepts to . . . technique" was the analyst's "fascination with the id" (p. 640), as opposed to an interest in the myriad defensive and character-determining maneuvers that the mind resorts to in order to counter drives. However, I would like to suggest that (1) this fascination was and continues to be central for analysis, and it does not exclude analysis of the unconscious ego; and (2) the problem with gratification in the use of the early technique lies not so much in the magnetism of the id and its recognition, as it does in the fantasized satisfaction of the analyst's yearnings for omniscience and other grandiose claims (cf. Paniagua 2001).

Indeed, at the dawn of psychoanalysis, the fascinating discovery of id manifestations gave way to mind-reading suppositions by its practitioners. These claims seemed overdetermined by the *attraction of drives*, on one hand, and *counterresistance to the vivid emergence of instinctual material,* on the other. It was this attitude, I believe, that inclined analysts to formulate id interpretations that were somewhat exciting, but were also removed from the patient's genuine sexual and aggressive derivatives, especially in the transference. To this was added the bonus of an arrogation of awe-inspiring wisdom and the possibility of projective solutions to the analyst's own conflicts (Paniagua 2003).

The technique derived from Freud's structural theory is widely recognized as the most appropriate in the analysis of unconscious ego mechanisms. What seems to have been counterintuitive and is seldom acknowledged, at least in some psychoanalytic quarters, is that defense analysis is also superior as a method of exploring unconscious id contents. Contrary to what is frequently assumed, drive derivatives manifest themselves in a more vivid way, calling for a technique more congruous with the structural theory than the topographical one.

The main purpose of this paper is to adduce some arguments and clinical examples in defense of *applying the structural technique for id analysis*, and I hope to demonstrate that paying attention to ego activity improves our chances of more reliable learning about drive derivatives.

THE EVOLUTION FROM TOPOGRAPHICAL TO STRUCTURAL TECHNIQUE

In his editor's note to Freud's Dora case, Strachey (1953) wrote that the interpreting style used in this treatment "represent[ed] Freud's technical methods and theoretical views at the period immediately after the publication of *The Interpretation of Dreams*" (p. 5). Indeed, Freud's (1905) use of "explanatory arts" (p. 116) and "symbolic interpretation[s]" (p. 40) in this case is paradigmatic of the early, prestructural days—i.e., of the topographical technique that

he never fully abandoned and that has been employed by many later analysts.

It is well known that both Anna Freud and her father superimposed the new structural concepts on the first topographical technique (Sandler and Freud 1985). Examples of this are Freud's interpretive conclusions that Dora's statement about her father's being "a man of means" signified in reality that he was "a man without means," and, therefore, "impotent" (p. 47); that Dora's dream of a "jewel-case" clearly alluded to "the female genitals" (p. 69); and that the images of a "railway-court" and a "cemetery" had this same anatomical meaning (p. 99). Similar interpretive equations were used by Freud in later cases. The gratification provided by the use of this thought-decoding approach could fit in with what Fenichel (1941) characterized as "the [analyst's] temptation to be a magician" (p. 12).

When, in 1923, Freud introduced the structural theory, he did not seem to realize that his new division of the mind into the unconscious agencies of the id, ego, and superego would give rise to important changes in psychoanalytic technique (Bergmann 2004). Sterba (1982) documented the reluctance of Freud's colleagues in Vienna to accept this structural remodeling. Gray (1982) and Busch (1993) have discussed Freud's own difficulties in embracing the crucial technical consequences derived from his acknowledgment that defense mechanisms were also unconscious; this recognition should have paved the way for effective analysis of character pathology, but that is not quite what happened. Gray (1992) noted: "Not long after Freud discovered that the part of the patient's ego crucial to resistance was also unconscious, he ungraciously abandoned his colleagues to work out for themselves much of the methodology for making that unconscious ego conscious" (p. 308).

After a hiatus of fifty years following Freud's introduction of his tripartite model of the mind in *The Ego and the Id* (1923), it was Gray (1973) who described a systematic method of close-process listening and interventions based on Freud's more comprehensive structural theory, and on the work of other pioneers of technique, mostly Anna Freud and Otto Fenichel. Up until then,

defense analysis had been relatively ill defined, loaded with practices of earlier days. Gray's laying out of a more coherent way to conduct analysis based on Freud's second *topique* inaugurated the technique of contemporary ego psychology.[1]

I will summarize here some of the features that distinguish the structural technique that Gray proposed from approaches based on the topographical model and on earlier elaborations of structural principles. In this later *structural* mode, the analyst takes into greater consideration the analysand's conflict-free functions in order to form an alliance with his/her observing ego. The patient becomes more of a co-participant in the exploration of unconscious material. Special attention is paid to what analysands can usefully absorb in a regressed state, and interventions are formulated more according to this capacity than to the analyst's real—or presumed—knowledge of the patient's unconscious dynamics.

Followers of the earlier technique usually see themselves as *experts* on the achievement of insight, whereas analysts working according to a structural mode tend to see themselves more as *facilitators* of the patient's own discoveries. In structural technique, the analyst interpretively uses his/her subjective impressions (a potentially valuable source of data about the analysand's projective mechanisms) whenever these counterreactions seem role-responsive to elements that patients can observe by having their attention directed to sequences in the material. This is different from analysts' use of their own reactions (countertransferential or not) as though these belonged to the analysand, who has implanted them via projective identification.

In structural technique, closer attention is paid to nodal points, such as thematic shifts, changes in feeling tone, pauses, omissions, paraverbal communication, and so forth, because these points are particularly suitable for the detailed investigation of psychodynamics (Davison et al. 1996; Paniagua 1985). In using a contemporary technique derived from the structural theory, one sees that the

[1] For a survey of the evolution of technique in ego psychology, I refer the reader to Bergmann and Hartman (1976, chapter 3) and Busch (1995, chapter 5; 1999, chapter 4).

phenomena inviting analytic interventions are those in which there is an "intrapsychic stress which forces the ego to interfere with emerging [id] material, stopping the conflicted drive element from intruding further into consciousness" (Gray 1990, p. 1087). These breaking moments constitute the "urgency points" for a structural analyst. In contemporary ego psychology, this type of *Angstsignal* is considered the preferred "workable surface" (Paniagua 1991) for the analysis of id elements that have motivated the need for defense. Keen sensitivity and "close process attention" are necessary for the detection of precisely where and when, in the flow of the session, the unconscious ego mobilizes mechanisms to relieve the edge of anxiety that signals the emergence of painful memories or fantasies connected with id derivatives (Gray 1991a, 1992).

With this technique, interpretations are *not* formulated according to the idea that a deep, anxiety-provoking fantasy ought to be immediately addressed, as is the case with the Kleinian "urgency point." The latter type of interpretations, based on the tension-reduction model, can be of practical use in circumstances where patients cannot effectively discern conflict by using their own ego capacities. These interventions are supportive inasmuch as they deflect the analysand's attention away from the burning conflict spot and toward id-colored intellectualizations. Gray (1996) reported on a patient who had undergone a helpful first analysis before initiating treatment with a new analyst who was more adept at a contemporary ego psychological approach; Gray noted that, when asked by the new analyst to reflect on some detail of his defensive activities, the patient responded: "I don't want to look at that, just zap me with an interpretation" (p. 91).

Use of a structural technique elicits some special counterresistive difficulties. In short, the analyst who resorts to this technique, in Gray's (1982) words, "will, of course, have to be subjected to drive derivatives of a more detailed and intensive variety" (p. 650) that are addressed to the analyst's perceptions, both real and fantasied. In addition, I would like to mention here another point raised by Pray (1996): in writing about Anna Freud's (1936, p. 3)

problems with acceptance of her original structural approach, Pray wondered if her "apostasy" could be due to the fact that it "cast into virtual irrelevance the investigation of dynamics using . . . other methods [that gave] the appearance of being able to understand conflict that is out of sight" (Pray 1996, p. 100). This reflection may also shed light on our difficulties in changing technical paradigms.[2]

To the accusation that she neglected the id in emphasizing defenses, Anna Freud responded: "It interests me so much that I want to know it *all*" (Gray 1980). With these words, she implied that the approach to defense analysis that she had inaugurated was optimal for the elicitation of the patient's drive manifestations. However, in 1936, she wrote, "The technical difficulties of analysis are relatively *less* when it is a question of bringing the id derivatives into consciousness" (p. 24, italics added). I find it surprising that she did not seem to consider in this statement that these "lesser difficulties" could be due to the *assumption* of id contents that was characteristic of the topographical technique.

Interestingly, most adherents to structural technique have shown a tendency to consider interpretations of absent but presumed id contents not as plainly untrustworthy, but only as "premature." Freud (1913) described "the premature communication of a solution" (p. 140). Classical defense analysts, such as Anna Freud (1936) and Richard Sterba (1953), took for granted that early technique was flawed because it overlooked the unconscious ego, but they still believed that it enabled the clinician to reliably discover drive derivatives. Some analysts within the ego psychology tradition feared that the exploration of the id could be neglected if a technique based on structural theory was applied to its ultimate logical consequences—seemingly not realizing that these technical additions permitted a better analysis of it. Gray (1991a) vigorously argued that a modern version of defense analysis "would attain the most effective access to drive derivatives" (p. 223).

[2] Some colleagues object to the linking of Anna Freud's teachings on defense analysis with the technique espoused by American-based ego psychologists. However, she herself wrote about the interlocking of these approaches (1952, 1954, 1966).

Nevertheless, the inertia of the early technique made itself felt even among contemporary ego psychologists, Gray included. Some continued to hold a "benign" view of topographical leaps into the unknown. In Gray's (1982) opinion, these simply "referred . . . to unconscious matters of which the patient cannot become aware" (p. 631). He felt that what I have synthetically described as topographical technique (Paniagua 2001) in reality did "a great deal for bringing id derivatives into consciousness" (Gray 1992, p. 310). Busch (1995) said of the interpretations of colleagues whom he categorized as "deep divers": "I would not consider these notions incorrect, just premature" (p. 11). This tactfulness I find significant, for it seems to justify partially topographical interpreting, opening the way for maintaining that the evolution of technique is a gradual matter, and no definite replacement is required.

Following Freud's (1923) introduction of the structural theory, why didn't the revolutionary change in *topiques* spark an equally revolutionary modification of technique? Why was it rarely if ever acknowledged that the analyst's verbalized conjectures about assumed id material could not only be extemporaneous, but also driven by fabricated, symbolic equations? Why was it not readily accepted that familiarization with what Kris (1956) called the analyst's "id vernacular" (p. 74) fostered doctrinal compliance in patients at the expense of their ego growth? Why was little heed paid to the probability that the analyst mixed projected elements with the clinical material?

The conclusion seems inescapable that the idea of possessing the power to reveal (and cure!) out-of-sight pathogenic dynamics has had a quasi-magical appeal for analysts, and hence the adhesiveness of this approach. Early technique offered a greater opportunity for the fulfilment of these omnipotent yearnings, countering the anxiety inherent in our limitations and incertitude. I am reminded here of David Hume's pithy statement that "explanation is where the mind comes to rest"—with the *corrigendum* that, in psychological matters, full explanations tend to produce less "rest" than half-truths.

The early period of basic intuitive discoveries has been characterized as "optimistic" (Bergmann and Hartman 1976, p. xiv) because the provision of interpretations and other "anticipatory ideas" (Freud 1910, p. 142) seemed an exercise in certainty. No uneasy negative capability was deemed necessary. There was no "fuzzy intentionality or indeterminacy" of interpretations (Nahum 2005, p. 704). Interpretations could be issued, in Ferenczi's (1933) words, with "the unruffled assurance that one knew better" (p. 186). The cure of the neuroses was then supposed to be a relatively simple process, carried out through the overcoming of the patient's resistance to repressed memories and fantasies that were "transparent" to the analyst. Freud (1913) stated, "It is not difficult for a skilled analyst to read the patient's secret wishes plainly between the lines of his complaints" (p. 140). Needless to say, the analyst's putative clairvoyance tended to promote (instead of analyze) the patient's regressive dependence and/or resistance.

In reality, the analysis of drives tended to become *more difficult* when these were interpreted in what Freud called "lightning diagnoses" (p. 140), because their pristine quality then became harder to grasp. The manifestations of the original impulses can get too mixed—or contaminated—with the analyst's own "deep" interpretations—or personal fantasies. In these circumstances, as Kaiser (1934) stated, "The patient [does] not experience the impulse itself, but only a laboratory replica" (p. 403). This replica will be used by patients in the service of resistance—i.e., perhaps as an explanation for their symptomatology. Nunberg (1931) wrote about "the passionate eagerness with which all men . . . seek after a first cause" (p. 130); why did analysts provide their patients with purported "first causes," instead of clearing the way for them to learn about the intricacies of compromise formation between mental agencies?

The interpreting style that the analyst considers deep may be for the patient a defensive intellectual exercise. But sometimes analysands are the ones who come up with their own deep interpretations in the effort to be transferentially "pleasing." Fenichel (1941) gave the example of the patient who had difficulty driving a car, who stated—supposedly following the dictates of Freudian

theory—that these were due to his sadism, "because unconsciously [he] want[ed] to run over everybody" (p. 6). Wisely, Fenichel identified a defensive intellectualization in such an explanation, conveying to the patient that he did not seem to be talking about his "sadism" as an *experience,* but rather as an abstract *possibility.* The patient protested because, "instead of cooperating with his apparent readiness to analyze, I exposed it as a . . . symptom of a continual protection against . . . the danger of startling experiences by rapid anticipation of them in words," noted Fenichel (pp. 6-7). These fearful feelings were closer, indeed, to authentic id impulses.

The technical styles that attempt to address id processes directly tend to disrupt the patient's basic need for a psychological homeostasis, at times traumatically. Then, understandably, "patients react as anyone would who is feeling under threat" (Busch 1999, p. 48), i.e., unconsciously regressing to the use of defenses that make them feel safer, and sometimes reject the treatment altogether, as in this case described by Waelder in 1941-1942:

> In the first week with [the analyst] . . . the patient . . . brought in a dream in which she slept in the White House. There she had intercourse, she did not know with whom. [Her] . . . analyst said: "Of course with your father, with whom else? Isn't the man in the White House the father of his country?" And so on. When he had finished, the patient got up and said thank you, she had enough. And although this analyst was probably right, the patient was too. [Guttman 1987, p. 16]

However, the inducement to believe the unbelievable is not always heard by the patient as a form of violence (Castoriadis-Aulagnier 1975). At times, the use of a topographical technique, instead of producing defensive hostility, causes a hypnotic-like fascination. Friedman (1969) wrote about the patient's transferential need to honor the analyst's interpretations under the threat of loss of love, characterizing the analysand's attitude of unconditionality and appeasement as "bondage" instead of "alliance." Indeed, patients can adhere to a long and arduous psychoanalytic treatment not only on the basis of a therapeutic alliance, but also under the spell of un-

analyzed suggestion. Underestimating the role of suggestion, Anna Freud expressed puzzlement that so-called deep interpretations did not meet with absolute disbelief or invariably strengthened resistances (cf. King and Steiner 1991, pp. 423-425). The formidable power of suggestion is not always taken into sufficient consideration by some authors, despite the fact that it clearly interferes with the exploration of the patient's genuine id derivatives (cf. Paniagua 2002).

In 1934, Kaiser indicated that, whenever the analyst directly interprets an impulse repressed by the patient and suggests that he/she did once actually experience such a situation or fantasized it, "the patient will probably respond with pleasure and interest, [and] he will eagerly add some thoughts or recollections which confirm the analyst's interpretation" (p. 408). Kaiser was here referring, of course, to the well-known workings of suggestion in the transference. Elsewhere (Paniagua 2003), I have commented on the shortcomings of the old interpretive style that "foster[s] the production of pseudo-confirmations and the creation of symmetrical convictions between analyst and analysand" (p. 1112). In the history of psychoanalytic technique, respect for the patient's ego capacities has frequently taken second place to the exploitation of transferential influence.

I will give an example of my own clinical use of a topographical technique: One of my earliest patients told me of a dream in which he saw himself naked in clear water. Feeling exposed reminded him of embarrassing professional situations in which he feared that his co-workers could easily locate his mistakes. I said, "Your dream took place in the water, and my last name ends with water [*agua*]. Any thoughts on that?"

Now, with interventions like this, how can patients tease out *their* fantasies from *ours*? This man responded, "I find it ludicrous! I feel like you are setting the agenda today—but it's true that I thought of you a lot yesterday."

In retrospect, I believe that my intervention was countertransferential and far removed from the patient's affect; he reacted defensively to this idiosyncrasy of mine. I must say, though, that I

took as a sign of solid therapeutic alliance the fact that he could bring himself to be openly critical of me without fear either that I would retaliate or would be excessively hurt. Nevertheless, quite typically, he tried to ingratiate himself ("but it's true that I thought of you") after his negative comment. When patients feel sufficiently safe, they can blend assertiveness *cum* rejection of the analyst's theses with their transferential compliance.

But why are these guesswork connections so appealing to us? In his technique seminar, Reich (1933) warned against the temptation to try to cut through the Gordian knot of the patient's pathology, yet he wrote repeatedly about discerning the *real* meaning of symptoms before analyzing them. Why is it that assigning a signification to the material is more alluring than helping patients find its real meaning themselves—a meaning, incidentally, that the analyst may or may not have foreseen? The response must surely lie in the attraction of projections, of playing an omniscient role, and in the (misguided) wish to find a curative shortcut to the patient's neurotic riddle. The interpretive style of informing the patient of what the clinical material "really means," especially through the use of far-reaching reconstructions, is characteristic of Freud's *topographical technique*. Frequently, it implies (1) a coalescence of the analysand's material with the analyst's own (personal or theory-driven) associations, and (2) a precarious analysis of the transference of authority (Gray 1991b).

Now I will try to illustrate aspects of what I would consider a *structural technique*, using detailed examples from my clinical practice.

CLINICAL EXAMPLES

These are brief vignettes not accompanied by case histories (which I do not think are necessary to demonstrate the kind of id material obtainable through the use of clarifications, defense interpretations, and close-process interventions). These excerpts were selected to illustrate the unfolding of partially or totally unforeseen id derivatives as a result of the use of a technique that does not aim at revealing these directly to the patient.

I would like to emphasize that, in this rendition of structural technique, not all material is approached in close process in the way that Gray's technique is sometimes portrayed, even to the point of caricature. Not every operation requires microsurgery. I agree with Busch's (1999) opinion that "as analysis progresses, one expects greater autonomy and flexibility in ego functioning, leading to the possibility of interpreting resistances from a large-scale view of the patient's associations" (p. 108). The examination of the trees should not be incompatible with a conjoint look at the forest.

Also, I would like the reader to take into consideration that the semiconversational style of these vignettes is due not only to the selection of more interactive moments, but also to (1) the adaptation of my technique to a cultural milieu in which the tolerance for long pauses is lower;[3] and (2) the fact that I tend to find the use of multiple, shorter interventions more efficacious (Paniagua 1989). In my experience, silence can be utilized by the analyst not only as a technical device to promote regression, but frequently also as a protective maneuver equivalent to medical abstention when in doubt. In any case, I believe that, as Gray (1996) indicated, "the analyst in a defense-oriented analytic situation is, rumors to the contrary, even more often verbal than the one in a traditional interpretive analytic situation" (p. 98).

Vignette 1

The patient is a 24-year-old, single, female medical student. This excerpt is from session 322 of a five-days-per-week analysis.

PATIENT: I couldn't come yesterday because I felt sick to my stomach. I wanted to come, but I imagined myself throwing up in your bathroom. It's so embarrassing talking about bodily functions.

ANALYST: Like in the last session when you had to get up from the couch to go urinate.

[3] See Ronningstam (2006) for a study on the meanings and management of silence in different cultures.

PATIENT: Yeah. Each time I come to a session, I need to remind myself, "Did I use the toilet?" I feel so awkward when people announce they have to go to the bathroom. I remember in Peru that men urinate facing a wall. To be honest, I also have other thoughts—about the genitals. (Pause.)

ANALYST: Can you say more about what the picture is in your mind?

PATIENT: No, not really—just the male and female anatomy.

ANALYST: Do you sense what makes it so difficult to be more detailed?

PATIENT: Well, sexuality is something one is not supposed to think about. (Pause.) I see men and women in underwear. I remember my amazement when I found that priests use bathing suits. They do the same things. They eat like all of us.

ANALYST: They even use the bathroom!

PATIENT: (Chuckles.) Yeah! It's all right for a physician to see all those parts of the body, but not to think of them sexually. I remember when I saw dirty magazines for the first time. (Pause.) As a child, I was pudgy. My brothers made fun of me, calling me "Dumpling." I was never slim, but I didn't develop large breasts either. I'm afraid men would feel repulsed if they saw me without clothes.

ANALYST: You fear they would feel about you the way you feel about your own body.

PATIENT: Yeah, and that's why it seems silly to even try to be seductive, although I always end up going crazy over someone. (She described a series of young men she had fallen in love with as a teen-

ager.) This morning, my friend Carmen and I were talking about what makes guys attractive—their wet look when they come out of the swimming pool. But this is stupid, why am I talking about this?

ANALYST: Observe that, right after evoking sexy imagery, you had to treat it as if it were nonsense.

PATIENT: Because it's so embarrassing. Like, I've been raised to believe only in higher rational ideas, and it's hard to admit animalistic feelings. Last Saturday, I met this guy with a Master's Degree in Spanish at a party, and he really knew how to talk. He was so well mannered, and I didn't want to do anything clumsy. All the sexual stuff was driving me crazy.

ANALYST: What sexual stuff are you referring to?

PATIENT: The way he danced, the way he held my hand, the sensual innuendoes. All my impulses were saying that I wanted to hug this guy and take him home with me. (She described some aesthetic topics brought up by the man in conversation, which struck her as sensuous.) I talked this morning to Carmen about him, and about my dentist, who is also real cute. Well, and also about you. (Pause.) I called you "the shrinko." I know it sounds negative, but it's also endearing. I remember when I thought you were mean and horrible. Things seemed easier when I was angry at you. (She continued talking about the "cute" dentist, her last date, and a previous boyfriend.)

ANALYST: It seems to me that you were saying you preferred feeling angry to contemplating some warmth toward me. Then you switched, talking about men whom you found appealing.

PATIENT: Those guys are not here, and it's easier to speak in the third person.

ANALYST: As though the danger of speaking in the second person were . . .

PATIENT: (She speaks tremulously.) . . . getting carried away, not being logical. The feelings seem so coarse. I fantasize about a lot of specific things that I cannot handle well yet.

In this session, we see a display of sexual derivatives of a transferential and extratransferential nature that become progressively tolerable to the patient's superego and sense of self. I was reminded here of Fenichel's (1941) comment about "the education of the ego to ever greater tolerance," which he considered "nothing else but a gradual alteration of the superego" (p. 70). I tried to direct the patient's attention to the defense mechanisms elicited in response to anxiety-provoking id upsurges.

The progressive revelation of this material would not have been possible, I believe, had I chosen to "reveal" to the analysand the implicit meaning of cloacal fantasies, for instance, or of penis envy, oedipal strivings, etc. Actually, I think that, had I used "absent-content" interpretations (Searl 1936) of this ilk, they would have been put to the service of resistance: the patient would have used them to circumvent the exploration of her genuine feelings and dynamics. At the same time, I would have spared myself the expression of explicit impulses and intense perceptions.

Vignette 2

The patient is a 37-year-old, married man. This excerpt is from session 195 of a four-days-per-week analysis.

PATIENT: (After listing a series of material advantages that he assumed I enjoyed, the patient continued as follows.) As a kid, I wished my dad made more money! And I wish I were so intelligent and ac-

complished that you saw me as a prodigal—er, as a prodigy.

ANALYST: You wish to see me as a powerful dad, and you wish you were my special and favorite son.

PATIENT: Uh-huh. We would make a great team. (Pause.) I'm thinking now of this documentary where I saw a Warsaw ghetto boy. That face of desolation—how terrible! I really see myself as the boy, but, incredibly, I also see my stepfather as both the Nazi and the Jewish boy. I pity him, yet I hate him because it was his boots that kicked me. It's difficult to hate him when he's so pathetic. (Pause.) The people who make me most furious are those who stand above me, like the bosses I used to give so much power to. I would absorb all their crap flung at me. I once told a boss that, personally, he had meant a lot to me as a role model. Then I felt like a wimp—like Patty Hearst thanking her captors, like a menstruating woman, like a crying child. And now I have this wish to get up and leave.

ANALYST: You wished to leave right after describing yourself as powerless.

PATIENT: Yes, it would be an immediate fix. (Pause.) Now I think of playing golf, golf clubs, smashing a club against my stepfather's crotch, killing the man who beat me. I wish I could tell him, "you rotten bastard!" I feel this rage for being overpowered by this mean-spirited fuckhead without apology or sorrow. I have good reasons to hate him deeply, yet I wonder why I am still hooked to people like him. Hatred has to be a mask for something else. What hurts me the most is the feeling of powerlessness.

ANALYST: Hatred restores some sense of power, then.

PATIENT: Yes. I feel this intense wish to attack, but I also know that a small child can barely hurt his father. (Pause.) Isn't it terrible that I depended so much on him for my sense of masculinity? Now I bad-mouth him, but I couldn't do it *with* him —I felt I would destroy any possibility that he could eventually love me.

ANALYST: Uh.

PATIENT: Uh? (He shouts.) Is that *all* you have to say?!

ANALYST: As we have seen before, getting angry at me deflects your attention from the situation that originally made you furious.

PATIENT: Here with you, like with my stepfather, I could become so damn receptive. I perceived that he needed to humiliate me in order to feel competent, and I would comply. It's as though I saw him sodomizing me for his satisfaction. There! A smiley child with a bloodied arse! (He shouts in a loud, menacing way.) Do you understand? (Pause.) When you hold your breath like this, I know I'm affecting you!

I regard my first intervention after the patient's slip of the tongue as an interpretation close to the implicit meaning it held for the patient. Characteristically, after rejoicing in his self-object idealized transference, the patient needed to invoke an example of calamitous imagery (the ghetto boy). In the session, I chose not to explore this shift. I took as a positive sign the patient's freedom to express his vengeful hatred and masochistic fantasies. His intense ambivalence toward paternal figures became apparent, as did his defensive reactions against painful feelings of powerlessness.

My last defense interpretation quoted above reminds me of Kris's (1951) maxim that "the interpretation concerns the warding-

off device, the reaction reveals the impulse warded off" (p. 21). However, I also acknowledge that I was pointing to the genetic aspects of the patient's aggressiveness (the rage at his stepfather) in order to give myself a break from the transferential momentum that, in my opinion, had been brought about by my technique. The patient correctly detected the anxiety behind my holding my breath. Here I did not interpret his probable wish to be overpowered by me; later, a large part of the analysis centered around his sadistic acts of intimidation, as well as his yearnings for and fears of passive surrender in the transference.

Vignette 3

The patient is a 34-year-old, divorced woman. This excerpt is from session 417 of a four-days-per-week analysis.

ANALYST: (After a five-minute silence.) You are protecting yourself by keeping your thoughts to yourself.

PATIENT: So introduce a topic—you should be prodding me, forcing me on!

ANALYST: If I introduced a topic, we would hear neither what you had in mind nor what kept you from verbalizing it. Also, notice that you are inviting me to force you to go forward.

PATIENT: So what about that? My mind goes blank. (Pause.) I was thinking of something trivial. Yesterday Richard and I smoked a joint, then we went out to dinner. (She described details about the restaurant.) Later he started talking about Jacuzzis and nude beaches, and I felt incredibly uncomfortable. As a child, at home, we never got undressed in front of one another. (She described her family's rituals about bathing.) And I still feel that way. My body isn't for anybody; it is for Dick—I mean Richard.[4] (She chuckled

[4] This is a translation of an analogous *jeu-de-mots* in Spanish.

embarrassedly and defended herself by saying that she knew how interested we analysts are in hidden sexual meanings.) Anyway, I'm still very conservative in the way I dress.

ANALYST: And in the way you talk.

PATIENT: Yeah, that's how I prefer to talk.

ANALYST: That doesn't mean all your thoughts are conservative.

PATIENT: I don't know which ones are.

ANALYST: You needed to dismiss the obvious association to "Dick" because it made you feel embarrassed in here. (The analysand looked at her legs and lowered her skirt, and I remarked on this.)

PATIENT: I have jury duty next Thursday, and I don't know if I'll be able to arrive for my session on time.

ANALYST: You may be aware that, right after my comment about your focus on your skirt, you thought of being away.

PATIENT: Are you suggesting that I dress for you the way I do for Richard?

ANALYST: No—but that was quite a thought. What I was implying is that some of the feelings you have in front of me have to be driven underground.

PATIENT: I would prefer to see you as a machine or a eunuch.

ANALYST: What risk would you be running if you didn't see me that way?

PATIENT: I could see you then as some kind of molester. It's funny, uh, but what I fear is, uh, that you could start to care for me. I learned as a kid to be cautious. At home, I felt this incredible ten-

sion with my parents. It's embarrassing, but somehow I felt I could become a magnet to men and would have to fend them off all my life.

ANALYST: They would be the only ones interested in getting close.

PATIENT: What do you mean "the only ones"? Uh, I think you are implying that I could have been secretly interested myself, too. Mmm. Well, the fact is that I had a husband and quite a few boyfriends.

Here mechanisms of repression and projection became quite apparent in this analysand, who had a hysterical character. Responding to close-to-the-surface interventions, she brought forth sexual material that was clearly manifested in the transference, accompanied by some working through with extratransferential and genetic reminiscences. "Id impulses . . . naturally tend upward and are perpetually striving . . . to achieve gratification, [sending] derivatives to the surface of consciousness," as Anna Freud (1936, p. 29) reminded us. Different technical approaches seem to have different degrees of efficacy in bringing these derivatives to the clinical surface with a minimum of extraneous influence.

Alternatively, my last intervention could have been addressed to the patient's fear that I might come to care for her, or to her feeling of embarrassment. It is difficult to synthesize pertinent material, the affective moment conveyed through prosody, and the culturally syntonic cues that may induce analysts to favor one interpretation over another at a particular point in a particular session. Here I want to underscore my avoidance of conjectural interpretations made "topographical style," which would have touched on possible rape fantasies, hidden exhibitionistic wishes, castrating impulses, or other "overvalued ideas" (Britton and Steiner 1994).

Vignette 4

The patient is a 33-year-old, married, female physician. This excerpt is from session 896 of a five-hours-per-week analysis.

PATIENT: As a child, I really believed that my father belonged to me and my mother had wrested him away with bad tricks; that's why I dream so often of thieves robbing me of things. But what I'm saying makes no sense.

ANALYST: I think you prefer to dismiss that association.

PATIENT: Well, I don't know if I just read it somewhere. I imagine that if Freud were listening, he'd say, "Are you stupid? Haven't you ever heard of the Oedipus complex?" Then I would answer . . . (She produced a series of familiar rejoinders.) Freud would then scream, "In that case, just get out of here!"—but I would convince him in the end that he was wrong.

ANALYST: You mean that you would play the fast and loose game that you so much enjoy, ending up as the winner.

PATIENT: Yep, it's the old theme of considering myself the smartest aleck in town. This reminds me of the situation with my other analyst. (Pause.) When I told her that dream of the turd shaped as a penis, she interpreted right away, "Of course you don't want any man to introduce a piece of shit into you." She thought that was a clever interpretation, but that was not where I was coming from. In the dream, the excrement came out of *me*. She figured that she was this astute detective of the mind. In her office, she had all these old photos of Freud. To me, that seemed like inappropriate hero worship. I was sorry for her . . . . probably she never married. Often I felt that she tried to show off her knowledge, but she was quite boorish.

ANALYST: And—as you mentioned some time ago—you didn't dare to tell her any of that.

PATIENT: Right. I would have hurt her feelings too much. (Pause.) Usually, I listened in silence and then added something that seemed to confirm her view and made her happy.

ANALYST: Secretly, you felt disdainful and superior.

PATIENT: (She nodded.) (Pause.) Last night, I dreamt once more that my purse was stolen because I left it unattended. I don't mind giving away things, but I cannot tolerate the thought of anyone taking belongings from me. I remember when I used to arrive here early in the beginning and you made me wait in the waiting room.

ANALYST: What about that?

PATIENT: It's as though you thought that I wanted to rob minutes from you. (She speaks pensively.) Mm, well, I guess there was some truth to that. (Pause.) With the purse dreams, I feel as if a part of my body was torn out. I associate the theft to the loss of my virginity—something irreparable that was my fault. I remember my mother's face when, at five, I told her that I put my finger in my vagina. She seemed embarrassed and alarmed, as if I'd ruined something. Later I heard my aunts talk about a membrane down there, and I thought, "I must have broken it with my finger." But I don't know; a purse doesn't look like the hymen at all. (Pause.) What comes to mind now is the day that my mother left her purse on top of the cupboard. I was seven then, and I knew she was keeping something from me. I climbed up there and opened the purse to see what secret she was hiding. What I found was a bloodied Tampax.

This analysand's description of her first analyst's interpretations, objective or not, seems an account typical of the topographi-

cal technique. I believe that her reactions of inhibition and secret contempt are also a rather typical consequence of this approach. It is impossible not to hear transference resonances in her description of "the other analyst" and in her imaginary confrontation with Freud. However, this did not mean that I judged it appropriate—let alone urgent—to interpret these implications at this particular moment.

The patient provided elements of her female castration complex and her oedipal fantasies in a way that I considered sufficiently free from theoretical influence. I had not previously heard the last memory that she related. I was glad I had resisted the temptation to jump to ready-made interpretive conclusions concerning the dream connection of "purse = castrated genital" ("a part of my body was torn out"), for I would have missed the freshness of her association. As Freud (1912) recommended, analysts should allow themselves "to be taken by surprise by any new turn . . . with an open mind, free from any presuppositions" (p. 114). Subsequent material will constitute the bricks, so to speak, with which the analyst can help the patient make valid reconstructions.

DISCUSSION

In a prior paper (Paniagua 2001), I stressed that, with the change from topographical to structural technique, psychoanalysis did not cease being inherently interested in the unconscious. Here I have tried to emphasize that it also did not cease to be interested in the id proper. Understanding the raisons d'être for the patient's unconscious ego resistances clears the way for drive material to emerge more spontaneously at the clinical surface, and this in turn permits us to do a more efficient analysis of the id.

Probably, this spontaneity is what accounts best for the experience of surprise in the analyst, which is one of the most characteristic traits of the technique based on Freud's second *topique;* indeed, it is the facilitation of the patient's *own* findings that may end up surprising the analyst, a point stressed by Smith (1995), Schlesinger (2003), and me (Paniagua 2006). This surprise element seems

a guarantee that the clinical material is more a product of the analysand's own associations than a result of the analyst's conjectures-expressed-as-interpretations.

The introduction of structural technique did not imply that our interest as analysts shifted from the instinctual drives to the exclusive analysis of ego functioning. Rather, this innovation meant that we began to pay due attention to the interaction between unconscious drives and unconscious defenses. It became evident that concerning ourselves only with one or the other was like the proverbial clapping with one hand, and that our analytic work should swing, according to Freud's (1937) felicitous phrase, "like a pendulum between a piece of id-analysis and a piece of ego-analysis" (p. 238). After the introduction of the structural theory, psychoanalytic technique became more comprehensive, opening the path not only to the understanding of defense mechanisms, but also to a more reliable exploration of the drives. I think Apfelbaum and Gill (1989) had it right in pointing out that, "when Freud introduced ego analysis, it did not constitute a more sophisticated preliminary to id analysis, but in fact offered a new approach to id content" (p. 1073).

In his *New Introductory Lectures* (1933), Freud himself reminded us of these post-structural goals of psychoanalysis: "to widen [the ego's] field of perception and enlarge its organization, so that it can appropriate fresh portions of the id" (p. 80). These portions of the id would then be given the possibility of either discharge or sublimation, whereas they had previously been repressed and expressed as symptoms. An ego with a sturdy enough "synthetic function" (cf. Freud 1926; Nunberg 1931) will use those drive derivatives that were previously unconscious to attain progressively adaptive compromise formations—which is to say that, in a good analysis, the patient's syntheses will become less pathological, and his/her understanding of mental functioning will come closer to being an objective one.

Why has it been difficult to conceptualize technique along structural lines, despite the advantages of this? Gray (1982) believed that there were several reasons for this "developmental lag."

Prominent among them was the counterresistance to the transference of affects and impulses that the new approach furthered, as well as the inordinate amount of gratification elicited by "nam[ing] drive derivatives of another human being" (p. 640). Gray concluded that this "naming" (i.e., interpreting) implied some vicarious instinctual benefit for the analyst.

Id contents are magnetic, indeed, but they can also be formidable and scary, inasmuch as they can arouse all sorts of instinctual tendencies and anxieties in the analytic listener. Gray (1982) wrote of "the analyst's narcissistic vulnerability to the patient's id" (p. 651). This vulnerability is especially intense whenever the analyst is subjected to the detailed variety of drive derivatives that the use of structural technique can stir up. The problem becomes even more pronounced when the expression of derivatives is channeled through "an increasing freedom . . . with perceptions of external realities" (Gray 1973, p. 483), which include the analyst's own verifiable characteristics.

In the analytic endeavor, the practitioner is helped by the natural propensity of instinctual forces to manifest themselves in behavior, both verbal and nonverbal. The id is constantly "trying to force its way through to consciousness" (Freud 1909, p. 121). However, the "deep" interpretations typical of topographical technique tend to be untowardly co-creative in the manifestations of the patient's drives. In my view, neither the "fascination with the id" nor "a universal *resistance* to truly assimilating certain concepts concerning the ego" (Gray 1982, pp. 622-623) suffices to explain the century-old adhesiveness of this technique. I think that the peculiar appeal of its characteristic invocation of assumed id elements stems from other powerful motivations of an irrational nature.

Let us note, first, that the prestructural technique more directly gratifies the analyst's wishes for omniscience and omnipotence. Supposedly, an appropriate attunement to the analysand's underlying fantasies enables the analyst to elude uncertainty, reaching the depths of the human soul. Busch (1995) remarked:

> While scientists and philosophers may spend lifetimes searching for a small piece of the answer to the great hu-

> man mysteries, we often feel we come up with our answers daily, if not several times in one day, if we are really cooking. [p. 118]

Second, the feeling of epistemological satisfaction provided by this approach goes *pari passu* with an avoidance of those unforeseen, fresh id manifestations that carry the potential to shake up the analyst's psychic homeostasis, especially when they are narcissistically wounding. Already in 1941, Fenichel pointed out that there is nothing more hazardous in clinical practice than the analyst's narcissistic vulnerabilities. But that is not all: the predilection of topographical interpreting for "naming" or interpreting, instead of exploring analytically unseen id content, makes it also, understandably, a more propitious ground for the defensive projection of the analyst's own fantasies and dynamics.

I am reminded here of Hartmann's (1959) definition of analysis as "a systematic study of self-deception and its motivations" (p. 20). This projective phenomenon becomes even more visible when analytic exegeses are applied, outside the clinical realm, to cultural, historical, or artistic phenomena. All this can get supplemented with the rationalization that adhesion to a technique that cautiously analyzes conflict through defensive layers is unimaginative —and perhaps even a sign of inhibition.

Also, let us not forget that earlier psychoanalytic techniques —as well as many other forms of treatment—are not devoid of beneficial internalizations. The conclusion that inaccurate or incomplete, deep interpretations are therapeutic because of their suggestive components was reached by Glover (1955) half a century ago. These "pseudo-deep" interpretations may be welcomed by the analysand, who unconsciously sees them as an opportunity to evade exploration of painful, truer meanings. The analyst's counterresistance may thus become engaged in an inadvertent collusion with the patient's resistance. This resistance will be predicated not only on the patient's willingness to spare him-/herself unpleasant affects, but also on the gratification of passive longings to comply with the analyst's parental ascendancy. This counter-

transference-transference interplay blends smoothly with the regressive wish—sanctioned by medical tradition—to be treated by an all-knowing doctor. Sometimes we underestimate patients' desires for dependency; Freud (1910) reminded us, "You cannot exaggerate the intensity of people's . . . craving for authority" (p. 146).

Additionally, these appealing "advantages" of topographical technique, irrational as they are, have been supported by a mighty historical inertia: it was the technique favored by Freud throughout his career, as well as the one used by many of our admired pioneers and role models (cf. Bergmann and Hartman 1976; Lohser and Newton 1996; Roazen 1995). It is small wonder, then, that the more advanced technique for analysis of the id, derived from Freud's structural theory, was relegated to a place that does not correspond to its merits.

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A MEASURE OF AGREEMENT: AN EXPLORATION OF THE RELATIONSHIP OF D. W. WINNICOTT AND PHYLLIS GREENACRE

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The British psychoanalyst D. W. Winnicott and the American psychoanalyst Phyllis Greenacre were both deeply absorbed by the vicissitudes of the infant's and young child's psychic development. Their clinical observations and theoretical ideas display striking convergences and reciprocal influences. Winnicott was deeply influenced by Greenacre's account of maturational processes, an important stimulus to his thinking that originated outside of the British Psychoanalytical Society. Greenacre's writings on early ego development and creativity were influenced by Winnicott's concept of transitional phenomena. The fact that these relationships have remained unexplored until now indicates the need for less insular accounts of the development of psychoanalytic thought on the two sides of the Atlantic.

INTRODUCTION

This paper investigates hitherto unexplored connections between Donald Woods Winnicott (1896-1971) and Phyllis Greenacre (1894-

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1989). I first became aware of their relationship while reading Winnicott's paper "The Use of an Object and Relating through Identifications" (1969), published after his death in *Playing and Reality* (Winnicott 1971).[1] The infant's capacity to use an object, writes Winnicott

> . . . cannot be said to be inborn, nor can its development in an individual be taken for granted. The development of a capacity to use an object is another example of the maturational process as something that depends on a facilitating environment. [1969, p. 89]

A footnote accompanies this passage:

> In choosing *The Maturational Processes and the Facilitating Environment* as the title of my book . . . I was showing how much I was influenced by Dr. Phyllis Greenacre at the Edinburgh Congress [of 1961]. Unfortunately, I failed to put into the book an acknowledgment of this fact. [p. 89]

I was surprised to learn that Greenacre's work had played any role in Winnicott's thinking and bemused by his admission that he had "failed" to acknowledge Greenacre's influence. Any influence by Greenacre has received little, if any, recognition. In general, commentary on the origins and development of Winnicott's clinical and theoretical ideas has emphasized two formative influences. One was his contact with mothers and babies for over forty years as a pediatrician at Paddington Green Children's Hospital, and the other, his uneasy position in the fractured intellectual milieu of the

[1] The earliest version of this paper, simply titled "The Use of an Object," was presented to a scientific meeting of the New York Psychoanalytic Society on November 12, 1968. It evoked respectful but deeply perplexed reactions from the discussants (Samuel Ritvo, Bernard Fine, and Edith Jacobson), and the proceedings of that evening have become mired in myth and controversy. A balanced assessment of the paper's reception can be found in Rodman's (2003) biography of Winnicott. For Jacobson's reaction, see Thompson (2005).

British Psychoanalytical Society, where three groups—Melanie Klein and her followers, Anna Freud and her group, and the Independents—vied for intellectual dominance.[2]

Winnicott's position within the British Society was complex. He began training in 1923 and his first analyst was James Strachey. He valued Klein's contributions, in particular her articulation of the depressive position, was supervised by her, and underwent a second analysis with Joan Riviere, a member of the Klein group. Winnicott was extremely critical, however, of what he saw as Klein's neglect of the infant's real relationship with the mother. While his position on the crucial importance of the young child's real environment created a common point of reference with Anna Freud and her group, the latter were nonetheless wary of Winnicott because of his Kleinian connections. Finally, both groups were unhappy with him because he insisted on using his own language in presenting his theoretical and clinical observations and findings.[3]

Advances in psychoanalysis that have followed from collaboration, friendship, and intellectual responsiveness among analysts have received little attention. The history of psychoanalysis is often written as a narrative of successive schisms whose themes are essentially dramatic; this may help to explain its powerful appeal. Elements of this drama include the rebellion of sons and daughters against the father, their unfair and cruel banishment as the price they must pay for their independent stand against rigidity and authoritarianism, and, finally, vindication when the importance of their ideas is eventually acknowledged (Thompson 1995). While it is undeniable that schisms have played a significant role in our history, the lure of this narrative has overshadowed both the intellec-

[2] Winnicott (1962b) himself emphasized the importance of these two influences. See also Kahr (1996, pp. 37-41, 57-70) and Rodman (2003, pp. 46-51, 106-131).

[3] See Abram (in preparation) for a concise review of the theoretical phases of Winnicott's thinking and a discussion of the role that his vernacular language played in the evolution of his thinking. See also Abram (1999) for an indispensable guide to his work.

tual legacy of collaborative groups and the ongoing dialogue among and between analysts.[4]

The relationship between Winnicott and Greenacre held the promise of an opportunity to consider how the thinking of two creative analysts was deepened and enriched by their contact with one another. Furthermore, Winnicott's acknowledgment of the impact that Greenacre made upon him suggests that exploring their relationship might offer a novel way to explore influences on his thinking beyond those already well known within the British Psychoanalytical Society. Of equal note is the fact that Winnicott's work had a significant impact on Greenacre, and that she wrote two papers in his honor in the late 1960s. Finally, I was also curious about why Winnicott had "failed" to acknowledge Greenacre's influence in his 1965 book. This led me to consider the nature of Winnicott's originality, a point I will return to at the end of this paper.

Since his death in 1971, Winnicott's stature as one of the most influential psychoanalysts of the twentieth century has been widely acknowledged. The same cannot be said for Greenacre, whose influence was considerable in her lifetime, but whose work is little read today. This is unfortunate since her papers retain their capacity to engage and stimulate the reader, characterized as they are by beautiful, evocative prose in the service of imaginative theoretical ideas, in addition to sensitive interpretations of clinical material.

* * * * * * * * *

Phyllis Greenacre was born in Chicago on May 3, 1894, the fourth of seven children. After graduating from the University of Chicago and Rush Medical College in 1916, she was determined to study psychiatry and felt herself fortunate to be accepted as a resident at the Phipps Clinic, which had recently opened at the Johns Hopkins Hospital. At Phipps she came under the tutelage of the American-Swiss psychiatrist Adolf Meyer, and felt she derived much from his emphasis on closely observing patients, taking detailed histories, and paying attention to the role of physical growth or biol-

[4] Among examples of collaborative groups are the Kinder seminar in Berlin, Anna Freud's Hampstead group and the circle around Melanie Klein, the Kris Study Group, and the Gifted Adolescent Project in New York.

ogy in human development. After the dissolution of her marriage in 1927, Greenacre moved to New York with her two children, and in 1932 she began analytic training at the New York Psychoanalytic Institute, graduating in 1936.

Greenacre's clinical work took as its point of departure her conviction of the importance of reconstruction, and she was especially interested in the role of early trauma in neurotic illness. Thus, she paid close attention to screen memories as the path by which early preverbal experiences and their affective resonances could be glimpsed and reconstructed.[5] In 1953, there was an important shift in her work with the publication of her first paper on fetishism. Henceforth she returned again and again to explorations of fetishism, early ego development, creativity, and the creative individual (see Greenacre 1971).

Investigation of the connections between Winnicott and Greenacre quickly reveal that he was familiar with her work as early as 1949. Prior to delivering his paper "Birth Memories, Birth Trauma, and Anxiety" before the British Society in May 1949, Winnicott circulated notes on his talk to the membership. Two of Greenacre's papers, "The Predisposition to Anxiety" (1941a, 1941b) and "The Biological Economy of Birth" (1945a), were the only references cited in these notes. Winnicott's paper elicited such a lively discussion that it was continued at the June meeting.

However, in his biography of Winnicott, Rodman (2003) writes that, in 1949, Winnicott had not yet read Greenacre's work on birth trauma, though Rodman does note that when the paper was later published, it had been revised in light of her contribution.[6] Even so, Rodman's assertion is puzzling because he cites two contemporary letters in which Winnicott refers to reading Greenacre's papers. In a letter to Joan Riviere in May 1949, he enclosed a copy of

[5] For further details, see Harley and Weil (1990) and Thompson (2001, 2004).

[6] However, Rodman evidently did not examine the notes Winnicott circulated prior to his 1949 lecture. I discovered that Winnicott had read Greenacre's work as early as 1949 because I wanted to compare its later published version with his original 1949 lecture, to try and establish why he found her papers so interesting. Although the 1949 paper itself was not in the British Society's archives, two pages of notes that Winnicott had circulated before his talk had been deposited, along with a list of members who participated in the discussions of the paper.

the paper that Riviere had requested, and noted that he had not been able to do all the reading he wanted for the lecture: "And I was especially sorry not to be able to make a fuller study of the work of Greenacre, whose three articles on this subject *really contain everything that I want to say*" (Rodman 2003, p. 154, italics added). A few days later, Winnicott sent Klein "a copy of what I might send round before the renewed discussion on birth," adding that, "on reading them more carefully, I find the articles by Greenacre more and more interesting" (Rodman 2003, p. 155).

When Greenacre's papers are read alongside Winnicott's 1949 notes and the later published version of this paper, can we discern why he found them so interesting? In these papers, drawing on a wealth of research and her own observations, Greenacre explores issues that deeply interested Winnicott: the significance of intrauterine life, the transformation of the fetus into an infant, and the influence of the birth experience itself on the infant, which Greenacre (1945a) describes as the "great chiasma" (p. 40) to which remarkably little attention had been paid. Briefly, the two of them agreed that while birth is a normal experience for most babies, it exerts a reverberating influence on the newborn; they also concurred that anxiety and birth are not linked. Prior to anxiety proper, there is an experience of "irritable responsiveness" (Greenacre 1945a, p. 34) or "reactive irritability" (Winnicott 1949, p. 181). And when trauma does occur either during or immediately after birth, it exerts an enormous impact on the infant.

For Winnicott, trauma describes what occurs when the infant is forced to react to gross environmental impingements—as opposed to ordinary ones—and consequently experiences a temporary loss of identity. The result of such repeated impingements is that an extreme sense of insecurity takes hold of the infant, and the continuity of the self is shattered. In this situation, the mother's adaptation to her baby's needs has foundered, and the result for the infant is not so much evident in a pattern of anxiety as it is in an expectation of subsequent persecution (Winnicott 1949, p. 189). Winnicott connects this "expectation of persecution" to Greenacre's "predisposition to anxiety" (p. 190) by arguing that, in certain cases, birth trauma establishes "*by indirect method*" (italics in the

original) the way in which anxiety manifests itself, and by noting that this point is contained in the title of two of her earlier papers, as well as her text (Greenacre 1941a, 1941b). The linkage that Winnicott draws between his findings and Greenacre's lends support to the supposition that he found crucial support in her work to reinforce his own thinking.[7]

Among the notable papers Winnicott wrote in the 1950s was "Primary Maternal Preoccupation" (1956), which advanced a theme he had been developing from his pediatric work, that is, the role of the ordinary devoted mother in the infant's life. The immediate impetus for the paper, however, was his desire to respond to a symposium on "Problems of Infantile Neurosis," held at the New York Psychoanalytic Society in May 1954, at which Greenacre, Anna Freud, and Heinz Hartmann were the primary speakers. This symposium, the research and writings of many key figures (such as Rene Spitz, Edith Jacobson, Margaret Fries, Bertram Lewin, Margaret Mahler, Sybille Esclona, Elizabeth Zetzel, Heinz Hartmann, and Ernst Kris), and panels held at meetings of the American Psychoanalytic Association[8] all illustrate the intense interest in early

[7] Winnicott and Greenacre made strikingly similar clinical observations on the relationship between birth and headaches. Greenacre (1945a) writes that one birth effect is the "production of certain types of head sensations or headaches, which occur in states of marked anxiety" (p. 48). In her experience, these types of headaches can be definitively correlated with the form of the individual's birth experience. She also refers to Chadwick's (1928) work in this area, as well as Bak's (1939) suggestion of a relationship between the schizophrenic's "disturbed thermal orientation" and the too-sudden cooling or near freezing of the baby immediately following birth. Winnicott (1945) also reports observing a link between certain types of headaches, breathing problems, and birth trauma.

[8] Among these panels were those reported by the following: Rosen (1957), Rubinfine (1958, 1959), and Kaplan (1962). Within a year of the New York Psychoanalytic Society's 1954 symposium, Edith Jacobson, then the society's president, invited Elizabeth Zetzel (1956) to speak about Klein's work at a scientific meeting (Thompson 2001). Zetzel (1955) published a sympathetic and discerning essay reviewing books by Klein and her colleagues, Michael Balint and Ronald Fairbairn, but also deplored their unawareness of developments in psychoanalysis outside of Britain. Zetzel repeatedly drew links between Klein's contributions and the work of American analysts, among them Rado, Jacobson, Greenacre, Lewin, and Gero. A similar lack of interest in linking Winnicott's work to that of contemporary ego psychologists in the United States is noted by Esman (1990, p. 695) in his review of several books on Winnicott.

psychic development among American analysts. This interest on the part of American analysts—which was often accompanied by an acknowledgment, albeit with reservations, of Klein's contributions—was, and remains, rarely appreciated by many British analysts then or today.

In "The Recovery of Childhood Memories" (1956a), Kris noted the enormous progress of the previous thirty years in understanding the vicissitudes of infancy and early childhood, progress he attributed to investigation of the preoedipal period. Analysts now take for granted the impact of preverbal experiences and unconscious fantasies in shaping the infant's responses to the environment. Moreover, theoretical assumptions and clinical work are no longer governed solely by a consideration of psychosexual development, because we "now think that the development of ego functions and object relations are of equal and intrinsic importance" (Kris 1956a, p. 67). At this juncture, Kris acknowledged the importance of Klein's work in these developments:

> The advances in our understanding of such early [preverbal] unconscious fantasies through Melanie Klein's contributions are well known. Much of her earlier work has become widely accepted and many fantasy formations to which she first drew attention have become familiar configurations in clinical study. The points of controversy have at the same time sharpened in other respects. It is less the stress on endopsychic factors—somewhat modified in her latest contributions—than the disregard of maturational processes which constitutes the difference between her approach and that of others. [p. 67]

In his opening remarks at the symposium, Kris (1954) acknowledged that tensions among analysts that shadowed discussions of early psychic or preoedipal development had played a role in the symposium's organization:

> The topic of today's symposium has been repeatedly suggested for discussion. It was among the topics submitted

> to the Program Committee of the last two International Congresses. It was then felt that the topic was better suited for a discussion by a more homogeneous group of analysts, so that unavoidable misunderstandings could be more easily clarified, and the existing diversity of opinion could readily be viewed in its relation to substantial agreements on basic principles of psychoanalytic thought. [p. 16]

In light of Kris's suggestion that the gathered analysts were a "homogenous group," the choice of Greenacre as the lead speaker seems somewhat subversive. Her earliest publications (e.g., 1941a, 1941b) had shown her to be an independent thinker. Late in her life, she recalled that when she presented "The Predisposition to Anxiety" (1941a), she was "told in quite clear terms that this was not analysis and it should not have been presented" (Greenacre 1972). Allegedly, among those who held this view was Anna Freud, the symposium's discussant. Moreover, the reconstructions of early preverbal experiences described in her papers were often greeted with skepticism.[9]

Greenacre's (1954) symposium paper considers the impact of early severe infantile disturbances on later neurosis. She frames her discussion by considering "two types of rhythm which appear throughout life" (p. 19). One is regular and repetitive, "the rhythm of night and day, or the pulse or of breathing . . . . It is soothing and has the pleasure and assurance of the recurringly familiar." The other rhythm is climactic or orgastic, characterized by "a gradual . . . mounting excitement and strain . . . reaching a peak or climax of discharge, with sudden relaxation of tension, and a degree of pleasure compounded by immediate sensory gratification" (p. 19). At higher levels of development, these forms of rhythm are found in many childhood games, and lulling rhythm gains importance

[9] "It has been hinted to me and sometimes clearly stated that these reconstructions . . . must really be constructions, the products of my own imaginative speculations which I have seduced the patient into believing" (Greenacre 1971, p. xxiii).

when it combines with "repetition, the basis of simple mastery and reality testing, as is so clear in the peekaboo game" (p. 20).[10]

Although "Primary Maternal Preoccupation" (Winnicott 1956) was written as a response to the symposium, it focuses almost exclusively on Anna Freud's contributions. Here Winnicott respectfully describes her remarks as "an important statement of present-day psychoanalytic theory as it relates to the very early stages of infant life" (p. 301)—before severely criticizing her assertion that what precedes the infant's relationship to the mother is "an earlier phase in which not the object world but the body needs and their satisfaction or frustration [that] play the decisive part." Winnicott argues that a need is either met or not met, and that "the effect is not the same as that of satisfaction and frustration" (p. 301). In support of his position, he again links himself with Greenacre by noting that her discussion of rhythm is an example of a need that is either met or not met. What was desperately needed and what his paper aimed to provide, he maintained, was a discussion of the role of the mother during the earliest phase, when the infant is absolutely dependent on maternal preoccupation. The dependence of the infant on the mother was also the theme of Winnicott's 1961 Edinburgh Congress paper (Winnicott 1960a), when he and Greenacre shared a platform.

The 1961 Congress would not be the first meeting between Winnicott and Greenacre, however. In 1956, during Winnicott's presidency, the British Psychoanalytical Society invited Greenacre, Heinz Hartmann, and Ernst Kris to speak at the Society's May 5 centenary celebration of Freud's birth. Hartmann presented a morning ple-

[10] Greenacre (1954) follows this observation with what she diplomatically describes as "certain revisionary considerations regarding the libido development" (p. 20). Although psychoanalysts acknowledge some overlap, they are used to speaking of oral, anal, phallic, and genital phases as though they were a series of discrete, successive stages of development. She argues that "in fact all lines of activity are present in some degree at birth or soon thereafter, but rise to a peak of maturational activity at different rates of speed" (p. 20). Anna Freud (1954) responded to this revision by describing it as "far-reaching and revolutionary" (p. 26). But she, too, found value in Greenacre's delineation of the role of rhythm in early development.

nary paper, "The Development of the Ego Concept in Freud's Work" (1956), while Kris and Greenacre participated in an afternoon panel entitled "The Theory of Technique," where Kris delivered "On Some Vicissitudes of Insight in Psychoanalysis" (1956b) and Greenacre, "On the Process of Working Through" (1956).

There was also an intriguing connection between Greenacre and Winnicott in 1953. Hartmann, then president of the International Psychoanalytical Association, designated a committee to visit Paris in order to interview the leading participants and write a report on a dispute that was roiling the Société Psychanalytique de Paris. Winnicott was named chair of the committee, the other members being Jeanne Lampl-de Groot, Hedwig Hoffer, and Phyllis Greenacre. Positioning themselves on one side of this rift were Daniel Lagache and Jacques Lacan, who wished to form their own training group, and on the other were members of the Société Psychanalytique de Paris. The committee was unanimous in concluding that the Lagache/Lacan group could not meet the training standards of the IPA and thus should not be granted status as one of its component societies. Greenacre, however, noted that an unhealthy situation had prevailed in the French society before the split, and she was reluctant to make a judgment "so concise that it might seem to many to be, by implication, an unequivocal endorsement of the original group."[11]

THE 1961 EDINBURGH CONGRESS PAPERS

For the 1961 Edinburgh Congress of the International Psychoanalytical Association, both Winnicott and Greenacre were invited to write papers for a panel entitled "The Theory of the Parent–Infant Relationship," to be chaired by John Bowlby and for which Anna Freud was to be the primary discussant (see Greenacre 1960b; Winnicott

[11] See the Library of Congress document, "International Psycho-Analytical Association: A Register of Its Records." I wish to thank Pearl King, former Honorary Archivist of the British Psychoanalytical Society, who first alerted me to Greenacre's position on this controversy.

1960a).[12] Greenacre's paper is devoted to examining the effect on the infant's psychic development of the interplay between physical maturation and the parent–infant relationship, with special emphasis on the infant's unfolding capacity to experience and control his or her body. Her account does not assume the infant is born with a self-directed, developed ego; rather, she seeks to delineate the borderland of early ego development, where the infant's physical maturation and strengthening capacity for independent activity are experienced as a *"feeling of gratification,"* heralding the autonomous ego (Greenacre 1960b, p. 573, italics in original). This somewhat dry characterization, however, does not do justice to what follows: Greenacre's richly detailed account of early ego development, including its origins in the body and the delineation of aggression both as a manifestation of biological growth and as an expression of destructive, cruel impulses.[13]

Greenacre's point of departure here is her discussion of Willi Hoffer's papers (1949, 1950a, 1950b) on the role of touch and vision in distinguishing self from non-self,[14] with her observation that touch—skin contact—is also a potent conveyer of oneness with the mother, with her warm body. In this connection, she cites Winnicott's concept of the transitional object, a

> . . . monument to the need for the infant's contact with the mother's body, which is so touchingly expressed in the infant's insistent preference for an object which is lasting, soft, pliable, warm to the touch, but especially in the demand that it remain saturated with body odours. [Greenacre 1960b, p. 575]

[12] Winnicott's and Greenacre's papers stimulated a lively response among members of the audience. Anna Freud's comments, as well as those of Max Schur, Serge Lebovici, Martin James, W. Clifford Scott, Michael Balint, and Masud Khan, and further remarks by Winnicott (1962a, 1962b) and Greenacre (1962), were published in Volume 43 of *The International Journal of Psychoanalysis.*

[13] Greenacre's earlier writings (1958a, 1958b, 1959, 1960a, 1960b) had addressed many of the themes of this paper.

[14] Hoffer (1966), in turn, credited Greenacre (1945a) as instrumental in his own thinking. Winnicott (1967b) also highly valued Hoffer's contributions.

Greenacre especially emphasizes and delineates the importance of vision in establishing the infant's awareness of distinguishing self from non-self. Taking in various parts of the body with the eyes helps the infant create, fleetingly and then with greater certainty, a body image beyond sensory awareness. Moreover, Greenacre suggests that focused visual functioning is a precursor to ego development at a mental level because its self-observing function, when joined with the self-perception of touch, forms a body image separate from other objects, both animate and inanimate (Greenacre 1960b, p. 575).

Aggression before the development of ego and object relationships is characterized "as [a] biological assertiveness, a manifestation of processes of growth" (Greenacre 1960b, p. 577). If the mother fails to accept and respond to the maturational needs of her infant's aggressive drives, then "the pleasurable gratifications of the body ego and early mental ego development are interfered with and in their place there is an increment in the destructive or cruel aggressive drives" (p. 577). Object relationship is impeded and turned in a hostile direction.

In Greenacre's conclusion and the further remarks she made at Edinburgh, it is clear that what truly captivates her is the second year of the child's life, which she finds psychologically infinitely complex as it heralds the "beginning of secondary-process thinking, which seems to [her] the infantile change which is of the most momentous significance in our psycho-analytic considerations, and the transition to which is fascinating, subtle, and most difficult thoroughly to fathom" (Greenacre 1962, p. 235). Her preoccupation with this period, distinguished by the development of speech, is richly explored in one of the two papers she wrote in Winnicott's honor, which will be discussed later in this paper.

The theme of Winnicott's (1960a) Edinburgh Congress paper is dependence (the holding environment), and his point of departure is a comparative study of infancy and psychoanalytic transference. He argues that

> . . . in psycho-analysis as we know it there is no trauma that is outside the individual's omnipotence. Everything eventually comes under ego-control, and thus becomes related to secondary process . . . . Changes come in an analysis when the traumatic factors enter the psycho-analytic material in the patient's own way, and within the patient's omnipotence. [p. 585][15]

Winnicott (1960a) is especially concerned with "the 'holding' stage" of maternal care, and with the complex events in infants' psychological development that are related to this holding phase when the infant is "maximally dependent" (pp. 588-589). The *true self* is described as "the inherited potential which is experiencing a continuity of being, and acquiring in its own way and at its own speed a personal psychic reality and a personal body scheme" (p. 590). Any threat to the "isolation of the true self constitutes a major anxiety at this early stage," and the earliest defenses of infancy appear in relation to these anxieties. The main function of the holding environment is to reduce to a minimum the impingements to which the infant must react. If compelled to react to undue impingements, the infant's personal being is then threatened with annihilation.

In remarks delivered at the 1961 Edinburgh Congress, Winnicott (1962a) declared that:

> It is, of course, important to me that there is a measure of agreement between Dr. Greenacre and myself. For instance, we both assume the innate maturational processes of the infant, and we see these in a setting of dependence . . . . She has developed in a most interesting way the theme of the maturational processes, and I have chosen

[15] Although a full discussion is beyond the scope of this paper, a comparison of Winnicott's (1960a) paper with Kris's "On Some Vicissitudes of Insight in Psychoanalysis" (1956b) suggests a convergence in their respective explanatory accounts of when, how, and why change occurs in analysis. Kris's description of one distortion of insight—intellectualization—resonates with Winnicott's formulation of the *false self.*

> out of this huge subject to deal with the subject of dependence. [p. 238][16]

In emphasizing that he had learned something from Greenacre's focus on maturation, Winnicott signaled what it was about Greenacre's contribution that influenced him: her detailed and psychoanalytically rich description of the infant's body as first the incubator for early psychic development, which informs or structures early ego development via sensory experience (vision, hearing, touch), and hence continually influences the psychological content of the infant's body image and ego defenses. In a word, I would argue that Greenacre's writing reminded Winnicott of the importance of the infant's body. He recognized a convergence of observations and findings in her contribution that reflected back to him his own way of thinking. But where Winnicott's vernacular language is intensely abstract, Greenacre's is descriptive and insistent in its effort to convey the complexity of the infant's early experiences.

GREENACRE'S TWO PAPERS WRITTEN IN HONOR OF WINNICOTT

In June 1968, Masud Khan invited Greenacre to write a paper for a volume he and Winnicott were planning on transitional phenomena. Apparently, Winnicott envisioned revising and enlarging his original 1953(a) paper on the transitional object, as well as including other papers he had written related to this topic. The remainder of the volume's papers would be contributed by analysts who had used the concept of the transitional object in their work.

Greenacre accepted Khan's suggestion that she write on fetishism and the transitional object, but in March of 1969 wrote that

[16] Later, Winnicott (1962b) observed that "I personally have learnt a great deal, particularly some of the things that Greenacre has said about the maturational nodes. And I feel there is very much to be got out of her approach to the subject of the objects of aggression" (p. 256).

she found herself in the position of writing two papers rather than just one (see Greenacre 1969, 1970). However, by July 1969, however, plans for the book had fallen through, and on July 14, Winnicott wrote to Greenacre that "it distresses me very much that anything you may have been preparing for this book now has to appear separately, whereas I was looking forward to having it in the book which was to have quite a number of contributors" (Greenacre, unpublished). Letters exchanged among Greenacre, Khan, and Winnicott during 1968 and 1969 do not explain why plans for the book were not realized; instead, Greenacre's (1969, 1970) work was published as journal articles.

While the two papers Greenacre wrote in Winnicott's honor present an opportunity to explore how his thinking influenced her work, remarks that she delivered at a meeting honoring him, held in New York in 1979 before the August Congress of the International Psychoanalytical Association, offer a more personal testament to the impression Winnicott made on her. She observed that, although they had probably met only a dozen times, "I felt that I knew him, liked him and had confidence in his personal and professional integrity" (Greenacre, unpublished). She noted that before their first meeting, she knew him only as a pediatrician-turned-analyst who kept up his contact with mothers and babies:

> We had both come to analytic training after considerable experience in other fields—he in pediatrics and I from a number of years as a psychiatrist. We converged in our interest in infants and infancy . . . . I was impressed by and envious of the wealth of his intimate knowledge of the practical details of the mother–infant dyad. I, by contrast, had waded into the area, largely from the study of and reconstructive concern with these problems, as they seemed to me to have shown up in some severely distressed neurotic and psychotic patients, and later in some cases of perversion, especially fetishism . . . . It was as though we looked at this early parent–infant relationship from different ends in a telescope of time . . . . It was then that I became addicted to reading Winnicott's clinical reports on children. These helped me to understand more of

> what I was finding in some adult cases. [Greenacre, unpublished][17]

In describing the personal impression Winnicott made on her, Greenacre noted in 1979 that she had observed, as had many others, "a certain playful quality in his manner," and linked this to his intellectual temperament, to the way his mind worked:

> [There was] a quality of immediacy, as though he was not working toward collecting a body of data for codification, so much as to clarify what he had first seen and felt . . . . One felt that there was an unusual sensitivity to the cadence and rhythm of life, giving a spontaneous playfulness of thought and attitude, while he was working over in his mind the nature and significance of his observations . . . . Of course it was Winnicott who discovered the transitional object, that gives almost universal service in determining the "me" and "not me." To be sure, it was the baby's discovery first, but it was Winnicott whose sense and sensitivity gave it authority. [Greenacre, unpublished]

Following earlier work on fetishism, early ego development, and body image (Greenacre 1953), she compared the forms and functions of the transitional object and the fetish (Greenacre 1969). The transitional object is a "larval representation of the self, arising from already experienced needs of the infant which have been satisfied by the mother," noted Greenacre (1969, p. 146). It is

> . . . an improved, magically idealized inner representation of the mother which is materialized [because] the infant now needs to separate himself from the actual mother. So he creates this extra-good mother representative who will always be on duty whenever the other world becomes too strange. [Greenacre 1969, p. 147]

The fetish, by contrast, is usually an inanimate object that is a necessary element for certain persons, usually males, in order to sustain potency during intercourse. A significant difference between

[17] Greenacre's earliest citation to Winnicott's work is to his discussion of enuresis (1936); see Greenacre 1945b, p. 74.

the transitional object and the fetish is that, "whereas the transitional object is derived from the mother-me association and is somewhat focused on the mouth-nose and breast, the fetishist's mother-me combination is distinctly concerned with the genitals" (Greenacre 1969, p. 150).

Greenacre was especially interested in the emergence and role of speech in the infant's development. Winnicott's description of the transitional object and phenomena stimulated her appreciation of the fact that the need for the transitional object is contemporaneous with the emerging role of speech in thoughts and memory. This was a crucial development in her thinking about the infant's sense of me and not-me and the relationship between illusion and creativity. For Greenacre, the emergence of speech did not mean the cessation of the need for nonverbal communication, which is achieved in an illusory way through reliance on the transitional object, with the latter most needed during the period when speech is not yet secure. "With its protean potentialities, the transitional object can take almost any form, and thereby communicate in the me or not-me direction in a way which may or may not involve speech" (Greenacre 1969, p. 157).[18] Thus, in her view, any sharp distinction between verbal and nonverbal phases of development is erroneous and misleading.

Greenacre's second paper in honor of Winnicott (Greenacre 1970) explores the relationship of the transitional object to illusion, symbolism, and creativity. In a letter to Winnicott of November 1968, she evoked an image of herself as still and lost in thought, expressing how intrigued she was by his work:

> There is so much in your papers that I have found genuinely stimulating in that they opened some doors before which I had stood in arrested pondering for some time.

[18] Greenacre also wrote that there are "many infants in whom speech emerges very gradually, and . . . different ingredients of body reactions become involved or associated with it. Later in life, thinking may correspondingly still contain a variety of sensorimotor components which may tend to give a high capacity for symbolism, even when the final expression in speech is both precise and rich" (1969, pp. 156-157).

> This is particularly true on the subject of illusion and creativity. [Greenacre, unpublished]

According to Greenacre (1970), "it is the capacity to promote illusion formation which gives the transitional object its special usefulness and yet may indicate potential danger" (p. 450). The young child is especially susceptible to illusion formation. The infant orients him-/herself to the environment through touch, smell, and vision of the mother's body, face, and breast.

> Discrimination is uncertain between inside and outside, *me* and *not me*, animate and inanimate. The transitional object lends versatile illusionary support to a variety of new experiences by relating them back to earlier ones, when contact with the mother was more constant. [Greenacre 1970, p. 451, italics in original]

At this stage, there is an increasing aptitude for playfulness and an emerging capacity for imaginative thinking. Indeed, random playful activity seems to precede each new maturational achievement.

The transitional object as the first created object of the infant naturally raises the issue of the relationship between illusion formation and creativity, and in particular that relationship in especially gifted individuals. Greenacre acknowledges the infant's prolonged state of helplessness and dependency, a point repeatedly highlighted by Winnicott, but she insistently emphasizes the increasing complexity of the infant's perceptual experiences: the greater organization of endogenous body feelings and the expansive narcissism of the first months of life, which is increasingly moderated by an incipient experiencing of the self as capable of some appreciable autonomy independent of the *other* (Greenacre italicized this word).

The extreme complexity of perception gives rise to multiple illusions en route to and in the service of stabilization. The infant's changing body size continually interacts with its experience of and relationship to others, primarily the mother. This presents the infant with an "infinite choice of different combinations of the perceptive elements [and] permits nuances, shadings and ambiguities

which are the source of symbolic thinking and promote originality" (Greenacre 1970, pp. 454-455). The transitional object in this environment can carry multiple reassuring illusions, and in this way consolidates and stabilizes the infant's perceptual appreciation of many new objects, both animate and inanimate.

For the potentially gifted infant, this period may furnish a richness of possibilities in the raw materials at hand so as to permit the infant to entertain an unusual or fantastic illusion that he or she uses in the way a special toy might be used. This leads to developments that widen the infant's area of assured investigative conquest even farther. This in turn promotes the maturational processes going on in the infant. The transitional object—whatever is chosen—is the tangible symbol of a relationship undergoing change. It may be relinquished slowly, or it may be converted into a toy or a workable, coherent fantasy that serves as an intangible bedtime comfort or is incorporated into daytime play. As Greenacre (1970) notes, the transitional object

> . . . may seek objective representation in some other creative form. These changes are only possible around the age of four or later when the ego development is such that the child has become aware of his own thinking as belonging to himself and subject in some appreciable measure to his own control. [p. 455]

To return to the question of why Winnicott "failed" to acknowledge Greenacre's influence when he titled his 1965 book *The Maturational Processes and the Facilitating Environment*, it is useful to consider his own descriptions of how he worked, which in turn involves thinking about his creativity. He consistently declared his need to voice his findings and observations in his own language, his own words.

Interestingly, one of the first occasions of this declaration in print occurs in Winnicott (1949), after he has quoted Greenacre (1945a) verbatim:

> It will be observed that I am now leaving the work of other writers and am making an attempt to state my own po-

> sition in my own words. I am only too happy when after making my own statement, I find that what I have said has been said previously by others. Often it has been said better, but not better for me. [Winnicott 1949, p. 177][19]

In a letter to Augusta Bonnard, dated October 1, 1957, Winnicott gives a playful and, I think, revealing description of his response to the work of others:

> I think it is very interesting when different observers come to similar conclusions, because it probably means then that they are objectively concerned with *real* things. For me it is of no importance whatever whether I said something first or whether it was first said by Spitz. What I said came as a natural development of my own way of approaching these matters . . . . So let's enjoy being ourselves and enjoy *seeing* what we do when we meet it in the work of others. [Rodman 1987, pp. 116-117, italics added]

It is interesting that Winnicott describes enjoyment of seeing what he sees when he meets himself in the work of others. In March 1970, after Greenacre had sent him her article on transitional objects and the fetish, published in the same year, he wrote to her that "I have read it and enjoyed *experiencing the sort of things which I am trying to think out my way* in your terms and language . . . . I always feel I learn something from reading your way of expressing things" (Greenacre, unpublished, italics added).

In "Primitive Emotional Development" (1945), Winnicott further described the way his mind worked:

> I shall not give an historical survey and show the development of my ideas from the theories of others, because my mind does not work that way. What happens is that I gather this and that, here and there, settle down to clinical experience, form my own theories and then, last of all,

[19] Little (1981) noted that Winnicott once remarked that others had discovered the same things he had, including Freud, "but that what mattered was that *he* found them for himself" (p. 271).

> interest myself in looking to see where I stole what. Perhaps this is as good a method as any. [p. 145]

While reading Winnicott's Edinburgh Congress paper (1960a), I was struck by the impression that his account of how change occurs within the analysis—"changes come in an analysis when the traumatic factors enter the psychoanalytic material in the patient's own way, and within the patient's omnipotence" (p. 586)—is a version of his various descriptions of how his own mind worked. He gathered ideas and observations from outside himself, internally assimilated and reflected on them, and then offered the results of this process in his own language. Just as Winnicott told us that he had to exercise creative, omnipotent control over what he absorbed from outside himself, so change comes when the patient asserts omnipotent control over his or her experiences. Given this perspective, it is not surprising that Winnicott recognized the transitional object as something the baby both finds and simultaneously creates, nor that he posited that transitional phenomena sustain and nurture creativity.

Sometimes Winnicott's acknowledgment of the influence of the work of others is conventional and straightforward. On other occasions, however, both his need to control how he responded to outside influences and his unease about the use he made of other people's ideas are evident. For example, in a talk before the 1952 Club (an informal gathering of senior British analysts), Winnicott (1967a) reviewed the work of colleagues who had influenced his thinking. As in his 1945 paper, he described himself as stealing from others. He invited his audience

> . . . to help me in a letter to try and make amends and join up with the various people all over the world who are doing work which either I've stolen or else I'm just ignoring. I don't promise to follow it all up because I know I'm just going to go on having an idea which belongs to where I am at the moment, and I can't help it. [p. 582]

This offer was disingenuous, since Winnicott both acknowledged that his treatment of the contributions of others to his work

was problematic *and* sought to justify this. He also immediately qualified his proposed gesture to make amends.

Greenacre's admiration and affection for Winnicott were vividly conveyed in her 1979 reminiscences. His similar feelings about her are acknowledged in a letter written by Clare Winnicott to Greenacre in March 1979: "I know he had a special feeling about you and your work, and felt that there was much that you had in common. And anyhow he *liked* you!" (Greenacre, unpublished).

The nature and texture of Greenacre's importance to Winnicott is nevertheless hard to characterize, despite the evidence already noted. He did hint at the nature of Greenacre's impact on his work during the talk he gave in 1967 to the 1952 Club, when he discussed the relationship between his ideas on the mother–child dyad and early ego and object relations development, and acknowledged the contributions of other analysts to his own thinking. Among those he listed were Freud, Willi Hoffer, Heinz Hartmann, Melanie Klein, R. D. Fairbairn, Ernst Kris, Margaret Little, and Greenacre herself.

> Now we get to the facilitating environment and the maturational processes. There's something from Greenacre here that I've culled without acknowledgment, particularly in developing the theories around the maturational processes, heredity and the tendencies that go on to make a human being; and the interaction of this with the environment. [Winnicott 1967a, p. 579]

The phrase *facilitating environment and maturational processes* is rather dry and offers no indication of the richness and pulsing vitality embodied within Greenacre's descriptions of the infant's physical growth, sensory experiences, and early ego and object relationships. Winnicott talks about the baby "living in the body," and it is the baby's illusory and actual bodily experiences that Greenacre describes so well. In fact, Greenacre thought that Winnicott had "taken over" from her the concept of the facilitating environment. In preparing her 1979 remarks of appreciation of Winnicott, Greenacre wrote to Clare Winnicott asking for his

biographical information. In response, Clare Winnicott sent the remarks she had delivered on May 25, 1977, at the stone-laying ceremony for the Donald Winnicott Centre at Queen Elizabeth Hospital for Children. In her talk, Clare Winnicott illustrated Winnicott's gift for communicating his ideas by recounting his well-known phrases, such as "the ordinary devoted mother," "the transitional object," and "the facilitating environment." In the margin next to the latter, Greenacre wrote, "taken over from me—PG" (Greenacre, unpublished).

CONCLUSIONS

I suggest that Greenacre's work may have functioned as a "facilitating environment" for Winnicott. Her papers offered descriptions and observations that he drew on to support and deepen his own thinking. In other words, Winnicott encountered thinking and language in Greenacre that resonated with, and uncannily mirrored, his own thinking: a convergence of clinical insight embedded in a description of maturation that acted as a facilitating environment for his theoretical creativity. Their ways of thinking about infancy and early ego development overlap, while their differences are not antagonistic to mutual understanding, and the two stimulated one another.

There is another, earlier instance when Winnicott's absorption of another analyst's work was a crucial incubator for the language he used to articulate his own thinking. That analyst was Merell P. Middlemore, whose book *The Nursing Couple* (1941) recorded her observations and findings on forty-seven nursing mothers and their babies.[20] In his review of Middlemore's book, Winnicott (1942) wrote that he had "read it many times and with increasing

[20] Middlemore died in 1938, and her book was prepared for publication by Ella Freeman Sharpe and Joan Malleson. Steiner (1991) notes that her work is nearly forgotten today, but was cited by various participants—notably Susan Isaacs—in the Controversial Discussions. Middlemore published several pieces in the *International Journal of Psychoanalysis,* including "The Treatment of Bewitchment in a Puritan Community" (1934a), an abstract of Ernst Kris's *Ein geisteskrander bildhauer* (1934b), and a review of Ruth Benedict's *Patterns of Culture* (1936). (It is

pleasure and profit" (p. 179). In particular, he praised the author's powers of observation and clinical descriptions of different groups of sucklings and their mothers, singling out for mention her observation that active babies who bite the mother's breast seemed to enjoy their biting, as opposed to unsatisfied babies who gnawed at the nipple. The former do not bite out of frustration, but rather are engaged with a breast that excites them.

Winnicott endorsed the implication of Middlemore's book that the infant's behavior and fantasies in the first few days of life may turn up much later in the analytic situation. Steiner (1991, p. 240) points out that during the Controversial Discussions, Winnicott cited Middlemore's book when he stated that there was no such thing as a separate mother and baby, but only a single entity. It is noteworthy that an earlier observation of Middlemore's also had a powerful impact on Winnicott; he recorded that, in the 1920s, "the idea of sadness" was not then commonly used when describing child patients:

> I got the idea from Merrill [*sic*] Middlemore who was working with me in the early thirties. She looked at the face of a boy patient of mine and said: "a case of melancholia". . . . I saw that the word "depression" was waiting to be used for the description of clinical states of children and infants, and I quickly altered my language. [Winnicott 1953b, p. 427]

Perhaps Winnicott was able to be so responsive to the work of these two analysts, Greenacre and Middlemore, because his relations with them were friendly and warm—unlike his contentious, often disappointing exchanges with Melanie Klein, Joan Riviere, and Anna Freud.[21] Furthermore, there is a warm tone in letters exchanged between Winnicott and Greenacre that offers a glimpse

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regrettable that so little biographical information survives, since her writings indicate that Middlemore, like so many early members of the British Society, had wide literary, historical, and scientific interests.)

[21] See King and Steiner (1991, p. 111) for Ella Freeman Sharpe's testimony regarding Winnicott's rapport with Middlemore.

of a sense of closeness rooted in imaging one another. For example, in July 1969, Winnicott wrote a letter to Greenacre that referred to her work as a writer:

> No doubt you have a great deal on your hands in any case, and if you are having the sort of weather we are having over here you will not be wanting to work, but you will be wanting to look at the sheep and deer that come to the back door of your country house. I am still remembering all the kindnesses that belong to my being ill in New York. [Greenacre, unpublished]

In September 1970, Greenacre wrote to Winnicott concerning his response to her 1969 paper, but the letter is filled with her delight at being at her country house. She closes by writing:

> I do wish you and Clare might be here right now. It is a really beautiful September—just at the end of Summer. In another three weeks we will have a gaudy display of autumn foliage—but this in-between time is peaceful and not quite so riotous in color. [Rodman 2003, p. 364]

In his biography of Winnicott, Rodman (2003) sensitively points out that the letter expresses Greenacre's wish that she and Winnicott could be together in a transitional time, between summer and autumn—perhaps an appropriate wish, given that each had enriched the other's conception of transitional phenomena.

Finally, my focus in this paper has been on the relationship between Winnicott's theoretical contributions and Greenacre's. This perspective may be generalized by bringing to the fore Winnicott's interest in the work of other analysts outside the British Society, or, in Middlemore's case, within it. This may offer a point of departure for a broader and more complex appreciation of the state of psychoanalytic theory in the 1940s, '50s, and '60s, one that brings into sharper focus the contributions of other colleagues to the exploration of early psychic development. Because Winnicott openly wrote about his agreements and disagreements with Melanie Klein and Anna Freud, scholarship on his contributions often re-

visits this triangular situation as if it is the only intellectual prism within which to examine his thinking.

I suggest that we should now take Winnicott outside British psychoanalysis and seriously explore the convergences between his work and the writings of analysts working in the American sphere, such as Hartmann, Jacobson, Lewin, and Kris. Winnicott himself realized that there were important affinities between his work and the contributions of these analysts. The morning after presenting his 1954 paper, "Metapsychological and Clinical Aspects of Regression," to the British Society, he wrote to Anna Freud:

> My aim will be now to try to correlate my ideas with those of Kris and Hartmann as I feel what they have recently written that we are all trying to express the same things, only I have an irritating way of saying things in my own language instead of learning how to use the terms of psycho-analytic metapsychology. [Rodman 1987, p. 58]

The poetic, elliptical character of Winnicott's language has often been noted (Buckley 1999, p. 1400; Grolnick 1982, p. 650). This characterization points to the high level of abstraction embodied in his vernacular language, as evidenced by expressions such as: "good enough mother," "primary maternal preoccupation," "transitional object," "first feed." But a gift for expressive language is something that Winnicott and Greenacre shared, along with a drive to communicate their discoveries and thinking—their internal world, so to speak—to others, and in doing so, they gave this internal world a life outside themselves. There is also a certain relentless determination in their advocacy for their ideas and findings; they want the world to pay attention and to respond to them. Each left a body of work that retains its power to stimulate and deepen our thinking about complex and difficult questions involving both theory and our work with patients. Most marvelously, they did so in language that is both precise and imaginative, whose hidden dimensions and surface beauty are an enduring legacy.

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TOUCHED BY GRACE DURING THE PSYCHOANALYTIC HOUR: THE TRANSFORMATION OF A RELIGIOUS RESISTANCE

BY MOSHE HALEVI SPERO

Case material is presented illustrating a phase in religious transformation in which the quality of the religious moment —first expressed in transference hints and a dream, and finally augmented by an idiosyncratic enactment of the patient's—became sufficiently intense that it crossed formal religious boundaries. The patient resisted direct reference to her religious beliefs, yet the deeper roots of her God representations took alternative forms of expression. The analyst's appreciation of this, which was rendered articulable through a carefully refined countertransference experience, eventually enabled a sincere experience of joining, one that superseded apparent religious differences between analyst and patient.

The following clinical excerpt offers a close view of a precise moment of encounter between an analyst and patient of different religious persuasions. For some time, we have been in need of a new approach to the meeting between religious faith and psychoanalysis in order to reduce an otherwise tiring and potentially corrosive

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This paper is dedicated to the memory of Mortimer Ostow, M.D. (1918-2006).

misalignment that tends to plague analyses where religious object representations and their dynamic potential—whether belonging to the analyst or the analysand—seek expression or shelter.

I wish to propose an alternative to such misalignment. The material I shall present is drawn from an analysis in its beginning phase, admittedly with much yet to transpire and mature and much that was unknown. The value of this somewhat unripe material lies in the fact that its generative power to date already enables us to study how the two analytic partners can move constructively beyond religious resistance—in this case, couched in the form of the analysand's emphasis on perceived religious differences between herself and her analyst.

This positive movement can happen when analyst and analysand are able to meet in a unique third dimension or neo-dimension nurtured by the deepest tributaries of faith and belief, generally preoedipal and even presemantic in quality. What occurs is not merely an expedient moving away from the manifestly religious quality of the resistance, nor an avoidance of specific religious identifications, complicated as these may be, in favor of a turn toward generalized spirituality or new mystification (see Cohen 2003; Stone 2005). Rather, the analytic couple reaches into the most complex or irrational germinal point of such "resistances," the edge that runs alongside and closest to the unique psychosomatic experiences of awe, wonderment, chaos, omnipotence, and fusion that hold sway just prior to the induction of socially constructed meanings that we define as religious and symbolic representations identified as God.

By reaching the level I will refer to as the *event horizon* of religious experience, the analytic encounter becomes, as paradoxical as this may seem, essentially *non*-religious and *pluri*-religious at one and the same time. The insights that can be shared at this point are neither patronizing nor spiritually anemic, and meet the patient's reality in a way that is existentially sincere and psychoanalytically meaningful.

INTRODUCTION

Religious denomination and belief are one of the innumerable dimensions that differentiate the analytic partners at any given time, and this is obvious. However, there is very little that is obvious about the significance that the mind assigns to these differences once they are grasped and embellished by anxiety, wish, desire, and conflict, and are coopted into the meaning-generating matrix of transference and countertransference. Indeed, despite the impression that a certain taboo surrounds the topic of religious belief within psychoanalytic circles, discussions of the impact of religious belief upon the analytic process and vice versa happen to be among the oldest in our literature. This literature already enjoys ample current reviews (Black 2006; Simmonds 2006; Spero 2004b, 2006).

It is well known that a large sector of this literature adopts a philosophical or essentially theoretical focus, dealing with issues such as the creative and defensive uses of ritual, the wider topic of psychological development, and the need for transcendence and spirituality.[1] Another sector adopts the clinical or technical focus, dealing with issues such as management of the transference meanings of the patient's religious associations or images as these are brought forward within the analytic framework, or considering whether it is advisable for the analyst to disclose his religious feelings to the patient.[2]

While scientific discourse often requires this kind of split focus, the dichotomy fades quickly, and often provocatively, the moment that an analysand uses religious belief or behavior as a resistance to the analytic process and frame. The same is true when the deep infrastructure of the analyst's own inner beliefs and religious representations is called into the interaction. While unconscious, these

[1] See, for example, Black (2006), Blass (2006), Cohen (2003), Kernberg (2000), Meissner (2005), Smith and Handelman (1990), Spero (1992, 2004b), and Symington (1994).

[2] See, for example, Filho (1998), Knoblauch (1994), Rizzuto (1979, 2001), Rosen (1991), Spero (1998a, 1998b, 2004a), and Spezzano and Gargiulo (1997).

deeper elements are likely to react to or stimulate the frame in some manner, and this increases the likelihood that they may then be sensed and sought out by the patient, and be drawn into the already complex dimensions of the transference-countertransference matrix. Suddenly, philosophy and praxis find themselves strenuously cross-influencing each other, as it were, if not merged. In such circumstances, philosophical questions—such as whether or not psychoanalysis offers a unique vantage point for revealing the actual nature of the representational object identified as God, and what might be the influence of the analyst's own convictions regarding "God" as real, imaginary, transitional, or symbolic—may aid, abet, or confound the analytic capacity for holding and containment (LaMothe, Arnold, and Crane 1998; Sorenson 1997).

SOME PERSPECTIVE ON THE PSYCHANALYST'S STRUGGLE WITH RELIGIOUS MATERIAL

The clinical material presented in this essay illustrates what we have come to refer to as "religious resistance" and its management. Taking up fully the broad question of whether or not "religious resistance" represents a class of resistance in its own right would require a separate essay. However, I should briefly share the kind of thinking I entertain on this point (it is not a "stand" as such), for my disposition is certainly also an element of the framework that may have enabled the patient presented here to feel comfortable enough to work.[3]

One way to begin would be to create a handy aphorism: that there are powerful senses in which every resistance takes on religious-like tenacity, and there are powerful psychological forces against which every religion, like all other social institutions, stands as a resistance (see Nields 2003; Novey 1957; Smith 1990). The read-

[3] See the recent personal biographical comments regarding religious education and experience and the choice of psychoanalytic pursuits and values by Aron (2004); Cohen (2003); Fayek (2004); Rizzuto (2004); Sorenson (1997, 2004) and Symington (1994), and the excellent essays in Stein (1999) and Field (2005).

er may have recognized that I am essentially paraphrasing Freud's description of "the obsessional neurosis as a distorted private religion [an individual religiosity] and religion as a kind of universal obsessional neurosis" (1907, p. 126; 1925a, p. 66). However, the slightest effort to operationalize the aphorism reveals that the issue is really far more complex.

It is obvious that a patient's appeal that religious belief be respected as a *sui generis,* one that cannot be questioned or analyzed beyond its own inherent religious terms and presumptions, may be deemed religious resistance *to the degree that this appeal curtails or clouds the analytic process.* But the matter is more complex still. Whatever specific psychosexual conflicts and strangulated desires a religious resistance may highlight (e.g., as might be expressed by the qualitative distinctions between a sacred ritual and a ritualized fetish), there lies at the core of religious expression a unique and complex range of object representations and relationships: notably, the object representation known as "God."[4] Now, for some psychoanalytic thinkers, perhaps the vast majority, "God" *qua* object representation would be regarded not much differently than any other highly idealized object, save for the fact that "God" is doubly protected by participation in a major group fantasy that accords a special epistemological legitimacy to this object.[5]

Thus, analysts who do not accept the exceptional status of this representation will not expect to discover any independent entity beyond the human mind that is isomorphic with what the religious imagination expects to find. Hence, while "God" and many variant "Gods" may be said to exist with minimal risk or loss of ontological footing, the risks are greater for claims made about *God.* "God"-friendly psychoanalysis might enable the religious individual to retain whatever creative transitional, spiritual, or transcendental feelings his religion has enabled him to internalize, but he

[4] I write "God" as opposed to *God;* the latter indicates the numinous entity that is believed to actually exist beyond and independently of any merely representational state and/or class of mental processes.

[5] That is, the group fantasy asserts that this invisible object exists in actuality despite the lack of empirical verifiability of that assertion.

probably will not be encouraged to discover any real entity akin to the kind he had always supposed to be actually "out there." "God" and all beliefs based upon "God" would thus require active analysis up to and including the point of their essentially endopsychic genesis, after which point an individual would be left to wonder just why such an object, as opposed to the self that created it, merits continued worship. This perspective makes sense to many—note well: it is *not* philosophically unassailable—but we shall leave it at this point.[6]

Now let us ponder an alternative perspective. From the point of view of committed religionists (at least, the deists among them), it is believed that the entity *God* actually exists beyond the tunnel, before *mind*, even though our limited ken enables us to refer to it only as "God." In principle, then, not only "God" but also *God* could be expected to play a role in the development of religious belief and faith, as well as in the total range of the transference

[6] Blass (2006) reviews this literature and shows that almost every contemporary, religion-friendly psychoanalytic view still manages to sidestep this point, *even though it was the central issue that troubled Freud and continues to be a troubling issue.* More important, as Blass notes (2005), by sidestepping the issue of the veridicality of God, most writers who are sympathetic to religious belief have neglected to say enough about the genesis of the relationship with that special object whom the religious believer, not otherwise given to illogical or wholly illusory beliefs, takes to be an *actually existing* entity, though nondemonstrable. Regrettably, Blass consistently overlooks other reviewers who have reached the same conclusion (Roland 2003; Spero 1992, 2004b). More troubling is the fact that Blass does not relate to the scores of profound and sound philosophical and theological analyses that demonstrate grounds for justifying religious belief and for speaking empirically about *God.* I mean to say that the question of the existence of *God* and all that stems from this is not put to rest simply because no psychoanalytic perspective or tool has yet found a suitable way to demonstrate the existence of *God.*

Nevertheless, Blass highlights an important issue when she states that the dual tracks of attachment and separation (or separateness) provide an excellent vehicle for comprehending the constant shifting between belief and nonbelief, between the sense of deep community with God and an awareness of the limitations of our capacity to know God, which typifies so-called mature belief. A similar emphasis on a shifting religious state was delineated by McDermott (2003, pp. 35-38), who described the importance of safeguarding the self's capacity to have a certain form of religious consciousness without "being had by it," thus creating a state or place that might accommodate "God" or a self who is also a nonself.

during an analysis. That is to say, "God" appears at some point in the child's representational repertoire not simply as a unique projection of a human mind struggling to lend concrete dimension to that empty space that is ultimately unknowable and uninhabited; instead, I think it makes more sense to say that "God"—i.e., the concept and the psychic representation—is a *social response to the influence of an* actual *agent whose full identity or nature is as yet unfathomable, but who is experienced as entering independently into the psychosocial circle of the human infant.*

I suspect that few of us are fully outfitted to acknowledge such a possibility, and yet it is the crux of the issue—for this is the ontology that the religious believer expects to find reflected within the analytic encounter.[7] And, as stated above—but now with new illumination—for *some* patients and *some* psychoanalysts, misalignment revolving around this issue quickly becomes the deep, unspoken generator for difficult and oftentimes intractable resistance.

This being the case, we require case studies that demonstrate as precisely as possible the ways in which religious object representations and dynamics adopt concrete and subtle forms within the therapeutic hour.[8] Of particular interest are those moments when a qualitative transformation takes place (i.e., a dream breaks through a doldrums, resistance remits, a transference paradigm becomes conscious, or enactment matures into insight). The rubric of precision also requires that we analytic writers offer our own internal states of mind and feelings during these crucial moments, since this makes consensual validation and evaluation possible, and enables us to better articulate fresh questions to be fed back into the philosophical and clinical literature.

[7] Grotstein (1997a, 1997b) is especially adept at speaking about God and other "sacred objects" as if they were fully alive or real elements of universal ontology—not just autochthonous, subjective products of the mind—without losing his grip on the essentially psychological identity of these objects as they are presented to and appear in our representation-dependent minds.

[8] To this end, a highly focused clinical symposium is underway (Cohen and Spero, in press).

A NEW CONCEPTUAL PLACEMENT OF RELIGIOUS REPRESENTATIONS

The kind of novel religious transformation I wish to demonstrate in this essay contrasts with what is typically presented in the still relatively small clinical literature on the religious patient.

Generally, case material, including the analysis of transference, tends to reveal that the patient's religious beliefs or sentiments are modeled upon paternally or maternally oriented representations, or sometimes on mixtures of both (Filho 1998; Finn and Gartner 1992; McDargh 1983; Moloney 1954; Rizzuto 1979, 1982, 2001) and the dyadic or triadic dimensions of these representations (Tillman 1999). To be sure, these are crucial dimensions of any object representation. However, if we wish to detect the earliest religiously relevant mental states—those states most likely to be hidden or more primitively occluded behind resistance—then the aforementioned dimensions are not sufficient.

I draw the reader's attention to a discrete literature dealing with certain extremely early, uncanny types of feeling states that serve as the core of religious experience, some of which are highly sensory and not yet representational in the formal sense of the term, such as awe, rhythmicity, the sense of membranous engulfment, and the oceanic experience (Andresen 1999; Epstein 1990; Harrison 1975; Werman 1986).[9] Wright (2005, 2006), to give a recent example, has written very effectively about the relationship between the sense of the sacred and the preverbal perception of the maternal face. Meltzer and Williams (1988) outlined the unique qualities of early aesthetic experiences and the *aesthetic conflict* (that is, plundering versus respecting the spatial integrity of the inside of the loved object), emphasizing how these may serve as the basis for deeply spiritual experience.

In fact, since the psychoanalytic literature as a whole has become increasingly attentive to the clinical relevance of the autistic-

[9] With regard to religious belief, see Ahlskog (1985); Eigen (1981); Spero (1992); Wright (2006); and especially Laor's (1989) prescient notion of the *religious register.*

contiguous, semiotic, and prelinguistic mental dimensions of the mind, and seeks to accommodate any evidence (even in nonprimitive personalities) of the prototypic skin or membrane of the budding psyche and the rudiments of figurability and representationality (e.g., Botella and Botella 2005; Ferrari 2004), it would be unjustifiable to ignore the relevance of this range of experience for the religious patient and analyst.[10]

I have all too briefly delineated the zone that lies closest to the earliest differentiation of protorepresentational mentation from an even earlier, premental state, one that precedes representation and to a large degree remains unknowable. It is a state that at one point *was not,* and then, at some subsequent given point, *becomes,* inaugurating the mind into the never-ending cycles of loss and gain that representation and symbolization entail. Rhode (2003a, 2003b) hypothesizes that this kind of limnal state may be one of the Janus faces of the *contact barrier* so fruitfully hypothesized by Freud.[11] In dense prose packed with insight, Rhode shows that a vast amount of humankind's cross-cultural religious imagery and a great many myths express the paroxysms of the budding representational mind along this barrier. He adds, following Bion (1962, pp. 17, 22; 1963), that these myths, even when denuded of their original religious connotations, persist as latent universal structures because they continue to embody and articulate the unique psychic experiences at the contact barrier between psyche and soma, between consciousness and the unconscious, and between symmetrical and asymmetrical qualities of thought and emotion.

[10] I am also referring to the hazy domain that has begun to be mapped by Anzieu (1985), Bucci (1997), Kumin (1996), Mitrani & Mitrani (1997), and others, and to this citation list I would add a totally bypassed classic by Schroeder (1922). Each of these authors hones our sensitivity to, and capacity to conceptualize, new kinds of nuances and psychosomatic experiences that are pertinent to religious or spiritual experience that would otherwise go unnoticed and, if I may so put it, unredeemed.

[11] Rhode is not careful with nomenclature on this point, but for the sake of precision, Freud (1920, p. 8; 1950, p. 306) referred to this function as the stimulus barrier (*Reizschutz*) or protective barrier. When he began later to speak of it as a *writing* barrier or field (1925b, p. 231), the notion of a contact barrier began to take on a more broad sense.

Such images are usually an index of catastrophic change or flux at the shores of some former threshold of representation, of that which only a moment before was unknown or unthought. In Rhode's (2003a, 2003b) perspective, the contact barrier itself is represented in the mind far more often than we tend to notice—primary examples of such representations being religious images of eternity (or religious-like ones), utter silence, awe, the sacred, exquisite somatic apperception (such as synesthesia), the oceanic, and the luminescent.

Rhode might be prepared to consider "God" as essentially one among many representations for the contact barrier itself—yet, as reviewed in my introductory section, this consideration would not completely satisfy the religionist's search for the *God* who precedes all contact barriers. Nevertheless, from a clinical psychoanalytic point of view, Rhode maps a better location in which to seek and experience *God* than either economic theory, classical object relations theory, or self psychology theory has provided.

Religious Representation at the Event Horizon

I suggest a small refinement of the territory that Rhode (2003a, 2003b) describes so well. I propose that we view this domain as a mental version of what contemporary astrophysics refers to as an *event horizon*. I am speaking of the peculiar domain or membrane that forms around, and in some way envelopes and even *protects,* the so-called black holes in the universe (for details, see Spero, in press). One does not see black holes per se, but one senses their presence in relief, so to speak, owing to the strange things that occur to light and moving particles trapped within the event horizon surrounding the hole, and by observing what happens to other particles that seem to disappear at the "final" edge of the horizon closest to what a moment later appears as a black hole.[12]

[12] Here is just one example of the quality of experience while "standing" in the event horizon: though light waves may seem in dire threat of being sucked into the black hole forever, and in *some sense* they are, in another sense, physics has shown that they have never left their current position, *and at the same time they* may appear to return from behind the viewer, apparently traveling *through* him!

I suspect that the protoimage of "God"—that unique qualitative presence that we perceive, retroactively, as an omnipresent, indwelling constituent of the mind—in fact begins to take form as a transmutation at the edge of a psychic event horizon. I have enlisted the concept of the event horizon here precisely because its paradoxical qualities seem to be analogous to the characteristics most generally attributed to God and to religious or spiritual experience at the deepest level. Equally important, I am leaning on the understanding, at least among physicists, that these paradoxical qualities are not to be viewed as a "regression" in the natural order of the universe, impossible or merely *illusory,* despite the fact that many of them can only be "proven" theoretically and verified inferentially.

Practically speaking, then, I mediate the philosophical-clinical dilemmas that arise when confronting the hidden or declared implications of religious belief by focusing on the possibility of a "God"/*God* duality—as opposed to squeezing the analysand into the old God-does-exist/God-does-not-exist dichotomy. To enhance this view, I recommend that we become increasingly attentive to the fainter signals that emanate from the earliest stages of mental or premental operation, *especially phenomena that touch upon the apperception of the threshold or horizon between nonsentience and representation.*

My intent in adopting this emphasis is not to single out any one of these early, so-called primitive or archaic modalities in the formation of a sense of the divine or faith itself. Nor am I equating any of them with either "God" or *God.* Rather, each early resonance offers its own special qualitative endowment to what we identify as *objects of faith.* These, though presemantic or aniconic at first, eventually evolve into complex symbolic representations whose value inheres in *the basic trace or imprint of the dynamic fluidity of the primary contact barrier (or event horizon) activities of the mind that these representations retain.* These elements endow

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The interested reader can locate many websites that offer fascinating graphic video approximations of these improbable but nevertheless real phenomena.

"God" with ineffable qualities, and they endure even when divine representations take on more abstract, so-called mature levels.[13]

At the level outlined in the preceding paragraphs lies, for example, the inherently unreachable foundation of the inalienable sense of the eternal, which at a later point becomes attached to our perception of "God," the single object representation that seems legitimately capable of being thus characterized. Such representations always have the capacity to evoke powerful affective experiences, positive or negative, which can be nurtured, repressed, or denied. In a relationship, partners are often influenced by each other's spiritual or religious representations, in conscious and unconscious ways—and there is no reason to not expect the same in the partnership between the analyst and his patient. Obviously, the quality of this influence will be determined by the degree of dimensionality and internalization that a God representation has achieved; in analytic treatment, this influence will be additionally focused by the flux of the transference and countertransference.

CLINICAL MATERIAL

In order to illustrate the preceding ideas, I now offer an excerpt of clinical material drawn from a very specific phase in a relatively young psychoanalytic treatment.

Grace was a middle-aged, unmarried woman of South American extraction who had worked in Israel for many years in projects

[13] At no point can higher forms of spirituality and religious belief be fully disconnected from certain important relationships or operations that continue to be carried out with so-called primitive or primary forms. Most "stage theories" of religious development have ignored this fact for years, valorizing abstract forms of faith and value systems as "more mature" than earlier phases. Symington (1994), for instance, unapologetically considers any theocentric faith essentially paranoid-schizoid in nature. Strieb (2001) criticized this bias and proposed a revised stage theory model.

I suggest that lack or loss of faith results not so much from sheer absence of divine representations (as Rizzuto [1998, 2001, 2003] has shown; it is rare to find a human mind without such representations), but rather from dynamic conflict surrounding the ability to creatively engage the contact barrier function implicit in such representations.

for the underprivileged. Somewhat surprisingly, she knew only a few words of both Hebrew and Arabic, and since she spoke English perfectly well, this was the language of the analysis. Grace undertook three analytic sessions per week, motivated by depression and despair following her diagnosis of cancer and the accompanying torment of medical consultations, physical exposure, and surgery. As the analysis got underway, Grace had already begun radiotherapy, but was still adamantly opposing the recommended course of chemotherapy.

In her current agony, Grace emphasized—warned me, to be precise—that she was unsure that she wanted to learn anything new in psychotherapy, having fought so hard to get where she had finally gotten, and that she *certainly* did not see the value of associating about the past. In fact, she was quite prepared to simply end her life. At the same time, she let me know that three analytic sessions a week were probably insufficient for her to really go as deep as she needed to! While ticking off the various injustices in the turns her life had taken, Grace emphasized that she was furious at the "rotten hand of cards [she] had been dealt by God" (though during the initial weeks of our meetings, she did not seem very interested in the topic of God).

Previously, Grace had completed an eight-year psychotherapy that she described as enjoyable, lavishing praises upon her therapist, though these somehow sounded more like moral approbation than genuine appreciativeness. In a sharp switch, however—which was to be characteristic—Grace let me know in the first session that she had left her previous therapy after throwing her purse at the therapist for saying something that showed "total insensitivity" to her circumstances. Nevertheless, it seemed to me that during those eight years, Grace somehow succeeded in leaving untouched many of the topics and personality traits that began to surface quite early in our work—a novelty that may have enticed and also frightened her. These traits were still safeguarded by powerful paranoid defenses.

Grace was a creative individual—intense, attractive, quick-witted, and engaging, and dedicated to significant civic causes. Rather

quickly, however, I experienced the darker side of these traits: session after session was buffeted by her prickly accusations, judgmental opinions, suspiciousness, and readiness to be slighted. Like those of many moralistic persons, her moral compass displayed conspicuous inconsistencies (sessions were often canceled at the last minute, payment was generally late, and her readiness to castigate others' behavior was rarely tempered with any empathic evaluation).

Alongside Grace's love of one particular group of people in Israel was a well-disguised but not inaudible distaste for the same people, and there were hints of fear and hate toward Israelis (although this often meant "Jews" to her)—remnants of childhood parochial education. These latent discontents Grace generally protested by listing her former Jewish lovers and Arab heroes, and by demonstrating how she "no doubt knew more about Judaism than even the analyst" did.

Grace had had a difficult childhood, scarred by lower-class financial and social conditions. Grace's physical development had been ignored, her poor eyesight dealt with by dint of her own initiative, her self boundaries shattered by her schizophrenic mother's embarrassing outbursts, and her intellectual skills heavily burdened by her mother's narcissistic compensatory adoration of these. Grace ambivalently idealized her father, whom she loved but also portrayed as weak, and she had effectively frozen off her relationship with her mentally disturbed mother—about whom, for many months, Grace could say nothing positive except that she was very beautiful.

Grace was initially raised Catholic, the faith of her weak though beloved father, yet currently, "when pressed to declare," she espoused the Protestant faith, the faith of her mother who had more or less erased the evident remnants of her earlier belief system. (In fact, as one often finds, the rudiments of faith itself were not quite erased, nor had the original traces of religious objects ceased clamoring for representation.) The change in doctrine had taken place during the period when Grace's distraught father had had an affair. This was followed by her parents' divorce at some point dur-

ing Grace's late childhood—so suddenly, from Grace's perspective, that it "shattered all that I could see before my eyes into glass fragments." Thus, in an effort to explore the roots of her tenacity, although she still seemed cynical about the value of hanging on to life, she inched forward with her sessions.

In one session, Grace decided to speak a bit more about a particular uncle. She characterized him as a favorite and loved object, yet he, too, was often bitterly caricatured as overindulgent, giving without limits ("if I wanted something, he made it happen!"), who easily disappointed and who was once even imprisoned for nonpayment of debts. Grace idealized this Robin Hood figure, recasting his imprisonment in almost martyr-like terms, but she was also cynical about the "lousy, maybe once-a-week" frequency of his visits.

From the details she included, it also became clear that this uncle factored powerfully in Grace's specific God representation—as a positive and rewarding, if capricious, deity, but also as an inexplicably *absent* divinity—yet there was no indication that these links were amenable to analytic work.

The potential importance of religious fantasies did, however, come to my attention a few sessions following her introduction of her uncle, when Grace commented on the unlikelihood that she, a nominal Protestant, could become comfortable being treated in my consulting room, located in an "obviously orthodox Jewish hospital":

> Most people think that Protestantism is a less demanding religion, an easy-street faith, "just-do-what-ya'-feel" kind of thing, and yet it is actually *much* more demanding than Catholicism or Judaism, because they tell you what to do and what to believe and how God must be found. Not for me, no. With Protestantism—and when I have children, that's how I'll raise them—you must find your own way to God. Without that, you've got no magic free ride or guarantee of salvation.

In these words, I heard an emotionally moving (if backhanded) testimony to the overlap between Grace's earthly, parental repre-

sentations and her divine object representations. In addition, I sensed here an encouraging potential for therapeutically valuable insight into the deep bed of religious charity—a magical need satisfaction, in addition to the more complex balance between selfless and personally enriching generosity—redolent with transference implications. Since I was also keenly aware that Grace was still seeking to maintain distance between us, I thought to emphasize to her only her own somewhat explicit acknowledgment of a link between God, benevolence, time, and self-experience.

I said to her, "I believe I hear a glimmer of hope for the future, when you have children, and a sense of your wanting to carry on a tradition steeped in the freedom to find God directly and personally."

Unfortunately, Grace reacted in her as-yet characteristically brusque way, and chided, "Don't go hunting for sunshine in what I say." Indeed, I myself was rather disappointed with my comment, since I was aware that I had passed over an important observation that I had actually felt more strongly: Grace's overuse of the pronoun *you,* suggested that she was really *not* feeling anything in a meaningfully personal way when she referred to God in this declarative mode.

During subsequent months, I remained open to Grace's anguished complaints about her oncologist's attitudes, dilemmas surrounding the forthcoming chemotherapy, her compassionless bosses, and even local politics. At one point, in material that later became a central issue in our work, Grace expressed feeling totally fed up with her struggle. Having elected to "submit" to chemotherapy, she was now furious at the discovery that the hormone treatments would essentially eliminate the possibility of her ever having children, which she insisted no one had explored with her and which came as a complete shock to her. Until now, her age would not have been considered an impediment, and she had always felt youthful. Now she felt "relegated to the garbage bin," demoted, emptied, disconnected, and—given that her sexual feelings were waning due to the effects of the medication—completely castrated.

I felt and expressed my genuine concern about her anguish, yet I also found myself restrained in this regard. Given the excessive amount of compartmentalization that Grace maintained around her daily issues, including her medical treatments, I began to wonder about the deeper, more subjective feelings that had not yet been brought into the sessions. Even as she spoke of doom and hopelessness, Grace also made it quite clear that, at her job, she was the ever-successful mover and shaker behind a variety of complicated and high-level political, cultural, and religious matters—and she hated it, but, it seemed, she was plainly enjoying her successes and the sense of being irreplaceable.

"I kid you not," Grace huffed in one session, "in my area, I am God, nothing more and nothing less . . . . No one touches the cuff of my pants! And that's fine, because I prefer to work with no dependents and to answer to no one." Following this, Grace fell into one of her many longish, nervous silences.

These seemingly contradictory dimensions—and the reference to a negative sensory boundary ("no one touches . . .")—set me to wondering what kind of potential transference might be brewing, and what kind of relationship did she secretly have with God. A God that is untouchable—no matter how valid such a notion might be from an academic or theological point of view—might suggest an internal object representation incapable of providing a sense of touch or comfort to a needy self-representation. Alternatively, a seemingly untouchable or unavailable God representation might mark the location of a potentially *capable* representation that one dared not awaken due to the powerful affect it might evoke, either a positive or negative one.

During Grace's silence, I had a lightning-like association to Jesus's charge to Mary Magdalene, upon her approach after his resurrection—"Woman . . . do not touch me!" (*Noli me tangere* [John, 20:17])—and I wondered about the harsh superego attitude toward pleasurable touch. I also began to ponder the conditions under which sexual sublimation might undergo perverse strangulation or castration ("woman, have no babies!") rather than voluntary, creative transformation.

I wondered if Grace could tolerate the "touch" of a Jewish analyst born of the same childhood faith as Jesus of Nazarus, and what kind of mental gyrations were required for her to maintain her love of the touch-averring, divine reincarnation of that same idealized personality.[14] Despite this reverie, which I gladly took as a sign of creative stirring within the countertransference, I also viewed the patient as languishing in a paranoid-schizoid stance most of the time.

Having noticed the extent to which Grace mistrusted and subsequently abused any perception of a link being created between her and well-intentioned sympathizers or empathizers, I hesitated to interfere with this incremental descent toward the deeper, more primary level of her feelings pertaining to God or faith. I prepared myself for the same kind of harangue in the subsequent session. Yet Grace surprised me by initiating the topic of religion—perhaps because she had hit an ambivalent point, rendering the atmosphere amenable to her raising a specific kind of religious representation, or possibly based on my having contained her pain—and she began to emphasize her anger with God for causing her endless frustration and for enjoying her pain.

I noticed that when Grace lashed out in general anger, she often used the common epithet *Jesus Christ,* but when speaking now *about* God, whether with hostility or with remnants of neutered loyalty, she referred somewhat more personally to "Jesus." More than once, Grace remarked with strong emphases, "I do *not* know what I could possibly have expected *you* to comprehend about my religious feelings. You may be more clever than I am, or at least

[14] One reader of the original manuscript of this essay commented that these themes, and their maternal and paternal variations, might also have specific linkages to Old Testament and New Testament dimensions inherent in both Catholicism and Protestantism. I think this is a very sensitive observation, and I hope that I, while not Catholic, will be able to pick these up—or, more accurately, their psychic reverberations, the kind that do not require membership or tutelage in this or that faith—when they become prevalent. However, while we can entertain these and other possibilities during our academic reflection, I would have needed to restrain my curiosity about these varied themes during Grace's analysis and allow the material to bring itself forward in tandem with the pace of the slowly developing transference and countertransference matrix.

that's what I'm prepared to assume, but you are *nowhere near* as emotionally sensitive as I am. *Jesus!—What was I expecting from a psychoanalyst who is a Jewish male?!*"

Aside from thinly veiled Jewish stereotypes and other split and projected images from her conflict-torn childhood, Grace was now expressing her first premonitions about possible transference-countertransference dynamics, as these had begun to evoke a more powerful and sensitive dynamic between us. Perhaps, I wondered, we might be looking at what I referred to above as the emergence of the Janus-faced margin between the human and the divine side of her representations. After all, Jesus *was* a Jewish male. Or, in a complex and important sense, from the standpoint of the event horizon theory, Jesus was barely human and barely divine, while also being fully human and fully divine, such that his personification could represent the ephemeral, unspeakable threshold of representation itself, regardless of gender, faith, or other concrete ("reality-testable") ontological considerations.

Closer to home, the tone of her words suggested that Grace was anticipating a wish fantasy. Perhaps—recall her angry comment, "What was I expecting from a psychoanalyst who is a Jewish male?"—Grace was entertaining the wish to become a truly "*expecting*" mother, immaculately impregnated by her Jewish analyst, miraculously cured of her hormonally induced barrenness, like the ancient biblical matriarchs. And what truly constitutes evidence of "fertility" and pregnancy, I thought to myself: a real live child—*or maybe even a creative, generative interpretation,* conceived and internalized during the unconscious cross-fertilization of our minds and received in love.

I dated Grace's ability to really speak in any depth about her feelings toward God as having begun at around the same time that she began to speak in more detail about her father, who until then she had rarely mentioned. And yet I hasten to point out that this kind of confluence of events in an analysis is often only an apparent one, since God—or equally significant but differently attired divine representations (such as saints, angels, or even the abstract idea of fate)—is oftentimes imported into the work in hidden

ways, on the back of less likely objects than paternal or maternal representations.

In the present case, it may not have been, say, Grace's oedipal paternal representation as such, or even that of her uncle, that provided the main dynamic link to the feeling of faith, but rather something more primal and sensual, only tangentially tied to a paternal representation. As usual, it is the quality of the transference and countertransference that best determines which dimension is most pertinent. Moreover, if the God image of most relevance, constructively or destructively, happens to be comprised of incompletely differentiated dimensions from preverbal phases of life, then prudence (if not Providence!) dictates that one not push for more representational weight than can reasonably be supported.

During this window of relative openness, Grace began one session by speaking about her father. She loved him, but he was unstable, immature, and also managed to escape their home, leaving her with her severely disturbed mother. It was still difficult for Grace to express either angry feelings toward him or her envy of his capacity to escape—though it was obvious to me that the latter was at least one source of the anger and frustrated sense of entrapment that Grace readily displaced in every other direction.

After a while, she grew tense and fidgety in the session. We then exchanged these words:

> GRACE: You don't have to be a psychoanalyst to know that that's why I cannot handle some fundamentalist picture of Jesus Christ, the King; no, *no one* rules over me. That's just some "father" trip [she indicated the emphasis with her fingers]. And please don't take offense, but—*no* Almighty Adonai for me either, or whatever the hell you believe in! [She flailed her rigidly clenched right hand.] These are hateful ideas to me. An empty ball of thunder a million light years away from this earth! Unapproachable and couldn't care less. Jesus, if he wants my loyalty, had better be a friend who proves himself, and he

isn't doing such a great job now . . . . I feel deserted and alone. [There was a long pause.]

M.H.S.: It is important for you that your relationship with God not be modeled upon anything that you have experienced in your life until now. You make that very clear. Yet you feel that Jesus, too, has deserted you, and that *does* seem to be the kind of painful experience you've felt before, such as was evident when you spoke of your father.

At the time, I felt that Grace had rather suddenly inserted God into the picture in order to dampen the intense anxiety of abandonment that seemed to have suddenly flooded her while discussing her father. Yet my intervention, upon second thought, seemed to steer her away from whatever *divine* abandonment she might rather have talked about in order to pursue the *paternal* abandonment she had just mentioned. I wondered to myself whether my intervention was legitimate. Had I not thereby tendentiously chosen to focus upon the earthly exemplar over the possible reality of the divine object behind her aggravating representation?

GRACE: My truck is with God, don't you understand!? My father *was* there when I needed him, when I was younger. He left probably because my mother made him crazy; can you blame him? He just picked a bad time to leave us. But then, it must have awakened something in my mother because she tried her best, her crazy best, to adapt to the situation. But *I* would *never* do that to anyone, that's all I know, so how could God? I am alone, weak, pasty-skinned, with no sexual feelings, and I can't stand to be touched. I hate it when the radiologist tries to cop a feel, but God won't touch me either. [She folded her arms over her breast and was angry for the remainder of the session.]

In this material, one can sense the mixture of somewhat less sharply split "good" and "bad" maternal and paternal images: a longed-for father who nevertheless abandoned her; and her mother, a mentally ill woman who nevertheless did her best to cope.

God had not fared as well in Grace's scheme, for in between the parental images was a God representation that Grace was struggling to protect from being experienced as a mere replacement for human frailties—and yet it was an image that she could not help but experience as distant and sterile. Even more specifically, the experience of *touch* had appeared rather suddenly during her associations, resulting in confusing feelings of desire and distaste, ending with Grace having to physically embrace herself. I wondered whether this confusing sensual element was paternal or maternal in focus, an expression of something she longed for or a repetition of a sensual vacuum that neither parent had ever satisfied adequately.

In the next session, Grace came in ashen-faced, threw down her purse, and reported a traumatic event. Even without speaking, she conveyed accusation, self-recrimination, and unquenchable dread, sufficiently atypical to put me on alert. The tale unfolded with much anguish. The other day, Grace had come across a sickly bird lying in the street and stopped her car curbside in order to collect it. She wrapped the bird as gently as she could in flannel cloth that she happened to have in her car, and took it home to care for it. Grace understood from a quick consult with a veterinarian that she needed to keep the bird in a warm room and to look after it at regular intervals, adjusting the temperature and the wrappings as necessary over the next several critical hours.

But after only an hour, Grace decided that the bird looked well enough, went out with some friends to a local pub, and drank enough so that when she finally stumbled home, she fell into a deep sleep on the floor. When she awoke in the morning, Grace blurted out to me tearfully, she found that the poor bird had struggled out of its wrapping and was dead. Her tone became slightly more powerful as she remonstrated, without insight, "I *never* aban-

don animals, no, never . . . . One thing I *never* do is drink beyond control!" And yet, gradually accepting the facts—but I suspect only partially—Grace lamented, "I cannot forgive myself!"

Grace spoke a while longer about the details of the sad evening, and even found it possible to begin talking about a fellow whom she had met at the pub. She described how he, too, left her in the middle of a conversation to drink with someone else.

After a while, I commented, "Grace, if you can bear to think a bit longer about the bird and about the events that unfolded, do you think that perhaps you were looking for a way to remember that abandoned feeling we had spoken of in just the previous session?"

In truth, I fully expected to be torn to shreds after this remark, and yet, surprisingly, Grace replied with a forlorn question, and not a rhetorical one: "And what is *my* role in the story—my father or Jesus?"

I thought it fascinating that she instinctively avoided what I took to be the more obvious view—that she herself might be the abandoned little bird, her fledgling faith defeated.[15] At the same time, Grace had moved closer experientially to a no less powerful option: identification with one of two ambivalently cathected aggressors in the story of her childhood abandonment or abuse.

At this point, certain medical and work-related crises took center stage in Grace's life, and religious and parental issues became more distant in our sessions of the next few weeks. The bird incident seemed all but forgotten. After these crises abated, a session followed in which Grace began to discuss her aesthetic tastes and, in a novel foray into the physical ambit of my office, she commented with appreciation on the color scheme of my carpets and

[15] One reader of this essay wondered whether the dead bird might represent all the babies that had been rendered inaccessible to Grace. This, too, could become a valuable line to explore, but it was further from Grace's conscious mind, I judged, than the derivative indicators from the previous hour. However, stimulated by the reader's comment, I began also to wonder about the possible religious meaning of the bird as a representation of the Holy Spirit, mortally wounded and also neglected. If so, there would be dual levels of guilt: one paternally or maternally oriented, the other oriented toward either the God of her mother or the God of her father.

furniture. Suddenly interrupting herself, Grace brought in her first and only dream:

> I am going shopping in what looks to be Sable and Sobel [a similar-sounding emporium is considered one of the fanciest clothing stores in Israel], which is already untypical for me because I am not into fancy clothing and certainly would not be caught dead dressed in one of their pieces, given the kind of work I do and the values I have, but in any event . . . . So I am being carefully attended to by the clothier, a slight fellow, maybe the gay type who fawns over the kind of woman who shops in such stores, and he is simply adorning me with one of the most exquisite outfits I can imagine. The cloth just flows over me with such perfect layering, it almost seems tailor-made for my body. The color—a magnificent sienna or something like that—is perfect for my skin and my eyes. And in the dream, I tell myself, "This is simply diviiine," like Bette Midler might draw out the words! I am intrigued by the dress, but also, or maybe even more so, by the fact that the clothier sensed just what type of cloth would best suit me.

There is much that can be inferred from this rich dream, but here I will stay with what Grace was able to discern at the time. Primarily, her associations focused upon the colors—my office, she noted, was redolent of earth tones, sand and sienna—but she spoke of these only as an additional dimension of the wonderful clothing of the dream, the play of sound between *clothier* and *clothing*, and the likelihood that the clothier was I—who in some deeply feminine way, she felt, had somehow learned to offer her just what she enjoyed.

I picked up on the assonance between *clothier* and *clothing* and suggested that, at some point of condensation (in the session, I used the word *compression*), close to her unconscious, the benevolent individual whom she experienced as clothing her was almost identical with the clothing itself.

When Grace reacted to this by exclaiming, "Oh, my God!" I took the opportunity to ask about the "divine" feeling expressed in the dream. She was silent for a while, and then said, "I began to think

about the sick bird, the one I wrapped and managed to kill . . . . Maybe there is a darker side to this dream. I seem to feel more comfortable imagining a wonderful, divine wrapping of some kind *that I never had*."

The hour seemed heavy with meaning and sincerity. Since we were about to end the session, I added, "We might want to continue to reflect on different qualities of wrapping."[16] It felt to me that Grace's capacity to have the dream and to bring it in, combined with her initial efforts at analyzing it, bespoke the intensity of her conflicts regarding her fantasy of the earliest links between the experience of maternal beauty, envelopment, and protection, on one hand, and her perception of the divine (even if portrayed in the dream with protested benevolence), on the other.

The Next Phase of the Analysis

Six months of analysis had now passed. There were intimations in Grace's hours that work-related crises were again distracting her, though as usual, she was managing them with aplomb. Since she had been speaking more freely and appeared more physically relaxed on the couch, I found that I could listen to her more comfortably, even at a slight remove, and at some point I began to notice a habit. As Grace spoke and especially during lulls, she would repetitively, almost furtively, trace with her finger a patterned movement on her shirt, near her belly, or on her other hand. It was not a large muscle movement, and the area she traced was no larger than a coin or the perimeter of her belt buckle. It did not seem to point to any geographical direction, at least in the external world, nor did it seem intended to convey an overly erotic effect (at least, it did not yet induce one). Was it merely a self-soothing mannerism, I

[16] Thinking again about the clinical material while revising this text for publication, I have thought a few times about the wrappings as a potential reference to Jesus's shrouds and other related themes. These are morbid associations, at first blush, yet we can imagine that these sacred shrouds did in a sense become a birth sac, cast off as Jesus was resurrected. Yet, as stated above, the more powerful allusion to the limnal or boundary-protecting envelope function still seems to me to have been the most relevant preobject-representational dimension.

wondered—indirect evidence of a child coping with a mentally distracted mother?

For a few weeks, I was satisfied simply to remain perceptually aware of this mannerism; I could generally *hear* it without necessarily exerting myself to actually see it. In fact, the more I "settled into" this motion, the more peaceful it seemed to me, and at times I thought it created a sense of longing within me. Possibly, I thought, this longing matched Grace's references to her mother's "better" days, before the onset of her schizophrenia, or the definite oedipal longing for her wayward but doting father.[17] I also wondered what longings the curious motion might have stirred within me myself: sexual ones, religious ones, or even more abstract but no less relevant existential ones.

I noticed during this period that Grace's attitude toward talking about religion and religiosity had somewhat softened. The content had become more varied, and she seemed more contemplative and less presumptuous when surmising things about my religious Jewishness. At around the same time, I noticed that when Grace would share her memories or impressions (as opposed to her previous declarations) about Jewish customs, she would simultaneously initiate the tracing motion. Gradually, I formed the impression that Grace might be tracing the star of David symbol, or, I later thought, she might be enacting the figure of a genuflecting Catholic, inscribing the sign of the cross made with the right hand. Of course, since she did not lift her finger but maintained a single, steady movement, she might have been tracing a number of things whose ultimate definition would depend upon her actual intentions or mine, or on some unconscious interaction between our two minds.

[17] After all, suggests a reader, Grace's touching was near enough to her navel to further reinforce the sense of an early, regressive oral or even return-to-the-womb fantasy. Here again, I would not have been inclined to settle upon a solely oral resonance if at the same time that I felt the presence, if only in the shadows, of possible oedipal meanings. I would want to take time to accurately gauge whether the former screened the latter or vice versa. More important, Grace and I were to learn that it was the touch itself, or the contact between surfaces, that played the predominant role at this point in the work.

Simultaneously, it seemed clear to me that Grace was not executing the requisite movements to complete either a star of David or the sign of the cross. In fact, the more I concentrated on the vectors she was delineating, the more neither religious symbol seemed certain. I was becoming more and more impressed with the private, aesthetic, and self-soothing quality of this little mannerism, which contrasted with her general nervous disposition. It occurred to me as well that the gesture may also have been some form of displaced sexual equivalent. Yet as *any* kind of sign, Grace's tracing activity suggested a thaw, a hint of something transitional, and as such it represented another bit of progress in the analysis.

As the hours passed, we spoke of other memories with direct or indirect religious value, but the touching motion continued. I began to ponder new meanings of the mysterious "inscription": Was it a recrudescent sign of Grace's ambivalently maintained faith, or was it in some retroflexed way a budding representation of a religious idiom of my own, which Grace had somehow introjected unconsciously? And if I was correct in thinking that an element of faith had been secreted into the room, was it an avatar of the paternal or the maternal faith, of *both* faiths, or of an idiosyncratic third form of faith? Or, as discussed in the introductory section of this essay, perhaps this novel "element" was nonrepresentational in the strict sense—neither a specific place nor state as such, but rather an aniconic coordinate intended to convey a deeply preverbal psychic condition, part state and part memory. In this latter sense, the tracing would suggest a *convergence* with some latent religious identification or representation, by virtue of Grace's having finally lent form to it and being willing to share it, or a *divergence* from the same, by virtue of her having thereby concretized her inner feeling or representational structure in action, rather than articulating it verbally (see Spero 2004b, 2006).

Finally, as an important application of the terms of this essay (of which I was not conscious at the time of Grace's analysis), we might say that Grace had inadvertently alighted upon the contact barrier or event horizon, symbolized by the contiguity of finger to belt or skin, the touch of hand upon a threshold, struggling to

maintain an in-between state or limnal passage, within which she could experiment with the simultaneous, give-and-take dynamic of divergence *and* convergence with an inherently divine object or paternally modeled divine object. On one level, such an interplay would require a willingness to embrace more intensely the critical fantasy structure that Kleinians define as the *combined parental couple,* from which Grace still seemed far away. On another level, Grace's willingness to reveal her tracing motion in my presence, akin to her not-yet-fully-understood desire to engage a male, religious Jewish, non-Jesus psychoanalyst (or, as in her dream, the wish to be enveloped by a fey but empathic clothier!), suggested movement toward a renewed capacity for religious synergy.

At this juncture, some analysts might have been tempted to reveal to the patient what the analyst knew about faith in general, about the patient's faith specifically, or even to share some element of his own beliefs, laboring under one clinically expedient rationale or another. My objection to such an approach at that particular point was not based on the propriety of self-disclosure simply construed. Rather, I would be concerned that such disclosures are likely to introduce a representational element that is of a profoundly different existential and theological quality than can be tolerated by the patient's representational receptivity.[18] I decided to wait.

A week later, opportunity knocked as Grace talked for a while about the "silly" religious rituals practiced by some of her devoutly Christian colleagues at work. She said she was uncomfortable with the stereotypic quality of their behavior, and I noticed longer silences than usual in her monologue. Grace soon added, in a distinctly unchallenging tone, that she had not noticed whether I kept up the practice of placing my hand upon or kissing the *mezzu'zah* (she pronounced the Hebrew word quite naturally, and it was evident she was proud of that!) on my door post upon enter-

[18] Compare this with the difficulties Meissner (2002) encountered in his treatment of a troubled seminarian, in which a similar denominational allegiance (though obviously a more sophisticated one) did not guarantee greater ease in resolving religious resistance.

ing or leaving a room, in accordance with what she knew of ancient Jewish custom (since I was always waiting for her in my office when she entered). As Grace said this, I experienced what I thought was an utterly natural image of her, a non-Jew, kissing or touching the *mezzu'zah*—including the oral and phallic significations of this—as if it were a spontaneous and sincere gesture of her own faith no less than of mine.

After several moments, we shared the following dialogue:

M.H.S.: You speak of touching, fingers touching, and kissing. Religious movements, at least on some level . . . sacred ones and also sensual ones, easily frozen into ritualization. Grace, I have noticed a customary touching and tracing movement that you make with your fingers on your belt when you speak or reflect . . . . Are you comfortable with this movement?

GRACE: [She spoke in a flat tone, perhaps as if caught off guard.] Oh, I hadn't noticed—it's just a silly behavior.

M.H.S.: The word *silly* appears again. Does this indicate an unpleasant association, or something pleasant that you might not feel comfortable about, hidden behind the word *silly*? [Grace was silent for about five minutes, after which I continued.] I have the thought that this tracing motion might be a deeply personal motion, perhaps even a religious one, and that I caused you to become uneasy by pointing to it . . . ?

GRACE: [She gave a small laugh, then spoke in her former clipped way.] Lookit—if you think I'm *crossing* myself, you are *wrong*, because only Catholics do that; Protestants don't.

There was a moment's silence. I was just beginning to process the contiguity of my earlier intuitions and Grace's own negative

confirmation, and even had enough time to worry that this closeness might still be frightening to her, when Grace spoke, a bit more warmly:

> You know that thing I mentioned that Jewish people do when they place a kiss on the *mezzu'zah* with their hands? Well—whoa, is this *embarrassing!?*—you see, I do something like that whenever I see a poster for a missing cat or dog; I touch the face of the animal and place a kiss on it, yes, to show I care, for good luck.

This topic preoccupied Grace for two more sessions, in which she again spoke about the little bird and her desire to have touched it more warmly, rather than just wrapping it. She associated to the lack of maternal touch during her childhood, once her mother's mental condition began to deteriorate, and of how pathetic it was that she herself now needed to touch inert posters of lost animals. But she also spoke of how warm she felt to have been able to experience for a moment, in the lull between our comments, being neither Catholic, Protestant, nor Jewish, but simply touched or touchable, in many senses of the terms.[19]

Soon, as a result of these associations, both of us were able to become involved in what could be conceived of as religious-like thinking at the event horizon. That is, we had each experienced the transition from a formal religious ritual to a synthetic, personal one—a movement (I will not yet say a fully internalized transfor-

[19] Kogan's essay (2003) on "words that touch" relates to this point. I firmly believe that the emphasis on touch in Grace's case was a method of semiotically tracing the form of some kind of representation midway between the precursor object, still very much part of the self and dependent on tactile contact (Gaddini 1987, p. 129), and the more fully transitional object, somewhat farther advanced along the road toward symbolization. This would also correspond to that element in Grace's personality that occasionally felt as if, as Grace put it, "I *am* God." We might thus begin to notice differences in Grace's ambivalent loyalties to Protestantism and Catholicism, and regarding the Judaism of her analyst, as well as in her sense of relationship with the different "Gods" (the Father, the Son, or an amalgam) that each of these religions represents. These different images are characterizable along the gradient from precursor qualities to transitional qualities. Grace's touching behavior might thus be seen as a fledgling movement toward realizing these differences.

mation) away from something "silly," needing to be lampooned or masked, and toward something affectionate, symbolized, and caring. And perhaps it was even the dawn of deeper transference identifications with the analyst that might make possible a fuller revelation of the basic object representations of Grace's past.

Based on our work to that point, I believed that Grace's tracing and touching motion was neither of the star of David nor of the sign of the cross. And in a sense, it could not be either, because it was Grace's own private sign, for which there was as yet no conventional nomenclature, even if it turned out in fact to be a simulacrum of the star of David or the cross. That is to say, it is more likely that her finger motion traced the limnal perception of the crossover between deeply oral, mind-boundary-defining roots and representations. It reflected, on the traumatic side of remembered/reconstructed loss, the mapping of a benevolent maternal face (whose representational form, we might say, could remain benevolent) that was laced with the anxieties induced by the gradual transformation, at once aesthetic and spiritual, into something more human than divine—and, eventually, unhappily, into an image grossly distorted by psychotic pain.

On the side of movement *beyond* trauma, Grace's subtle motion inspired the convocation, as it were, of a religious-like object representation, in our joint mind, whose germinal transitional and transformational qualities, at the deepest predenominational level, might bring this significant dimension more fully into the analytic process.

The Present Phase of the Analysis

As of this writing, Grace and I have reentered difficult waters in our work together. Long stretches of silence have returned. In her sessions, perhaps in reaction to the dazzling and envy-eliciting quality of her own memories just come to light, Grace has reverted to anger, though of a less aggressive type. While she is cognitively aware that she cannot possibly have children, and that "there are one thousand activities I could pursue with my talents in the many years I might actually have to live," all "therapeutic talk" of

accepting her circumstances, of adopting children or seeking other substitutions and sublimations—which she hears constantly in all her friends' and physicians' counsel—is "poison" to her ears. She perceives this kind of advice as a direct invitation to surrender her hidden sense of immortality, of fertility, of being able to have all that she was deprived of as a child.

In the transference, her psychoanalytic sessions represent a paradox: if she willingly participates in them, Grace believes, she will be acknowledging some kind of adaptation process. She views such adaptation or "giving in," as a loss so sublime and yet so threatening that it portends only dissipation rather than gain. "No one will take my babies from me!" Grace yelled, almost terrified, in a recent session, in a way that brought tears to my eyes, "and no one is going to snow-job me by turning Jesus into some Roman Catholic or Jewish *concept*!"

In other words, Grace has moved back a bit from the more salutary experiences that we shared earlier at the presymbolic event horizon—the world of the not-yet-psychotic, beautiful, snow-white mother or Madonna and her immaculately conceived son, a world as yet untrammeled by the strictures of oedipal signification. She has moved—temporarily, I hope—"upward" toward the deeply conflictual barrier between the paranoid-schizoid and depressive positions, sacrificing the light touch of fluid, presymbolic experimentation for her more familiar grasp of rigid, pseudosymbolic structures.

On this precipice, Grace wavers painfully between the demand for literal contact with concrete, arithmetically plentiful items ("babies"), on one hand, and the capacity to settle down in faithfulness within arithmetically sparse but emotionally fulfilling symbolic concepts (creativity, a relationship with the divinity, and spirituality), on the other. Hence, the meaning of sacrifice has again become too brutally *here and now*. At the same time, the unique qualities of the transference-countertransference matrix, in which there began to emerge an openness to symbolized intersubjectivity, may enable Grace to relinquish the need to pathologically sequester or totally surrender the newfound existential touch that we have shared.

CONCLUDING DISCUSSION

Depending upon one's clinical perspective, the transformations I have described in this report depict earthly *and* perhaps *truly* (i.e., real) divine objects vying for their proportionate share of representational manifestation, churning in their awesome magnitude within the transference and the countertransference—at times primitively concrete, at times abstract and ethereal, at times mixed.

Alternatively, one could adopt the classical approach and view what I have described here primarily as a change in the level of internalization of repressed endopsychic representations—representations whose "divine" characterization is a neurotic fillip, superfluous at best. I have argued that it is more valuable to envision a human being struggling with sparks of the divine that emanate from behind the earliest perimeters of consciousness, whose true object lies forever beyond full representation—irreducible, godlike in its awesome mysteriousness, destined to remain tantalizing for that very reason.

Moreover, I have emphasized that a certain group of as-yet-undifferentiated somatic and presemantic protorepresentations may provide the most fundamental matrix or foundation for divine representation. But *when* do these primal phenomena become integrated and take the form of a specific, internal "God" object? At what moment do psychic experiences and wishes become religious experiences, recognizable as such and usable for progression, regression, defense, and integration within that particular realm?

These are venerable questions, and I cannot provide a full reply. On one hand, many cognitive psychologists and psychoanalysts have worked out developmental schema that offer fairly succinct outlines of the epigenetic movements away from animistic, personalized, and concrete images of God in early childhood, and toward the abstract, primarily depersonalized concepts that tend to characterize late adolescent and adult representations.[20] As a gen-

[20] The most useful references, aside from Piagetian and neo-Piagetian cognitively oriented expositions, are to be found in Erikson (1982), Fowler (1987), Rizzuto (1979, 1991, 1982), and the multicultural studies collected by Roehlkepartain, Ebstyne-King, and Wagener (2005).

eral rule, it is believed that God images are in evidence from the age of two years onward, and that more formal God representations (where education, culture, and family dynamics begin to play a far greater role) start to consolidate by six to seven years of age. However, if we accept the proposal of an even earlier God-oriented matrix, is there any kind of specific "image" that can be identified at this early phase?

There is no simple answer, but I begin my modest suggestion by first recalling Rizzuto's (1979) parsimonious definition of divine representations in general:

> I propose that *belief in God* or its absence depends upon whether or not a "*conscious identity of experience*" can be established between the God representation of a given developmental moment and the object and self-representations needed to maintain a sense of self which provides at least a minimum of relatedness and hope. [p. 203, italics in original]

Rizzuto emphasizes that the psychologically successful formation of a God representation does not by itself elicit or sustain belief. Rather, belief and unbelief are always the result of dynamic processes in which the sense of self and the prevailing God representation are linked in a dialectic of compatibility or incompatibility in the satisfaction of relational needs that present themselves with each phase of psychosexual development. (See also Rizzuto 1998, p. 264.) For instance, a nurturing and symbiotically satisfying God will need to be found during the oral phase; a sense of sexually satisfying gender definition and a more complex, multiply-layered spiritual experience will be necessary during the oedipal stage and beyond; and so on.

Obviously, evidence in support of Rizzuto's claim can be drawn from ample myths, play, drawings, rituals, and, of course, descriptions of psychopathology—but this by and large presupposes the achievement of fairly clear mental representations, or at least of simple concepts. It is much more difficult to point to preverbal "God" prototypes, and our earlier question thus returns.

So let us reflect again upon Grace's repetitive touching motions. Would it be correct to think, with reference to Steiner's (1993) clinical illustration of a patient who exhibited nervous fidgeting and touching during the hour (p. 17), that Grace's finger tracings might have served as a psychic retreat, designed primarily to enable the patient to avoid full emotional engagement with the analyst?[21] I believe that this is true on some level. However, it is more correct to say—and I think this is the case with most individuals who at first sincerely elect to undergo analysis, only to later establish all sorts of psychic retreats, enclaves, and similar hiding places—that Grace was bringing a double-sided emotional structure into the analytic relationship that required the simultaneous expression of a great amount of emotion (mostly anger, resentment, and grief) *and* the hiding of other emotions.

To some degree, this divide cuts along the maternal and paternal dimensions of preoedipal developmental failures and oedipal disappointments. We have already seen how this split also expressed itself in the form of a challenge between an idealized, emotionally rich though vulnerable Jesus-Grace selfobject, in opposition to a loudly projected representation of the analyst as an intellectualized and emotionally arid Moses-father-analyst image. And yet a creative artifact somehow emerged from this split!

The phenomenon of Grace's tracing gesture is an example of the way in which many individuals re-create the pathological symbiosis between their psychological black holes and the relatively more accessible event horizons that surround the hole. The event horizon contains "speakable," albeit frozen or static, representations—whose main purpose is not so much understanding, in the full symbolic sense, as envelopment, thereby ensuring the protection of the psychic hole. That is to say, the apparent split that attracts our attention at first glance might, in fact, be *a complete parcel of paradoxically coexisting entities:* the black hole *nestled within* its surrounding event horizon.

[21] I am grateful to an anonymous reader of the original version of this essay, who offered this suggestion.

There is a dynamic relationship here: neither entity extinguishes the other. Similarly, there must be a symbolic quality to a "God" representation that enables the dedifferentiation of self- and ego boundaries to occur within it, or in its shadow, though not to such a degree that we lose the capacity for differentiation entirely. Although such utter nondifferentiation may be an attribute of God, *with which* God *is quite comfortable, for mortals,* the very representation of "God" already blocks the way back to such absolute dedifferentiation.

Subsequent levels of divine object representation may begin to evince order, logic, and abstraction, but these traits rest upon and continue to draw from presemantic, immediate, preemptory, and prehistorical phases of the development of mind. I propose that the only chance we get to somehow experience the actual possibility of divinity is the constant flicker of awareness of a distinction between the easily identifiable representations of "God" and that-which-might-be-God, *inherently ineffable.*[22]

What we refer to as "God" may be an extremely powerful and nearly indelible screen for these aboriginal, premental dimensions, and the patient can be expected to fight hard to prevent such "God" objects from being torn away from, or being allowed to fall farther back into, the black hole that they screen. The new glyph that Grace and I managed to articulate or create, without ever naming it, became the shared representation of a piece of iridescent, sensual-tactile experience that she had lost once before and felt the threat of losing again. Given the conditions of its birth, this transient representation might even, for a while, evoke transcendental, awesome, and other religious-like qualities. At the same time, a permanent space has been created where a new "living God," or an actual living God, may proclaim its existence.

[22] To put this differently: along with the regression during religious experience, there also needs to be a capacity for reemergence into conscious reality in a manner that retains and contains that which was garnered during the regressive state (Bomford 1999; Fauteux 1997). Loewald (1978) suggested an idea similar to this as he sought to ensure that belief in the divine might be regarded as emanating from possibilities that truly exist outside the mind.

One final reflection: Toward the end of his life, Freud struggled—one might say rather desperately—against acknowledging the full significance of preoedipal factors at the root of religious experience, especially the oceanic experience emphasized by his friend, the mystic Romain Rolland.[23] Yet Freud (1930) himself was able to accept, with qualification, that:

> The origin of the religious attitude can be traced back in clear outlines as far as the feeling of infantile helplessness. There may be something further behind that, but for the present it is wrapped in obscurity [*Es mag noch anderes dahinterstecken, aber das verhüllt einstweilen der Nebel*]. [p. 72]

Wittingly or not, Freud's poetic description of this obscure realm as "enveloped" (*verhüllt*) by mist—as if this mist or cloudiness censored some uncanny state of affairs that lay beyond that psychic frontier—was prescient. I think that Freud's *hülle,* or envelope, is essentially identical to the ontological function that modern physicists have accorded to the event horizon as it shrouds the black hole, within which the laws of physics appear to be completely and dangerously reversed. The state of affairs within the black hole is neither childish nor regressive—it is wondrous and needs protection via the event horizon, perhaps in order to safeguard the Eden-like paradoxicality and absolute *jouissance* that obtains within that mysterious nonrealm. Freud's description may also pertain to the appearance of a membranous, cloth-like wrapping (as in Grace's dream) that protected Grace's brittle self-structure from the full awareness of a mother, a father, and a God whose touch, though seductively beautiful, never became emotionally satisfying.

If psychoanalytically oriented students of religious experience dare to take up Freud's challenge and venture backward into this uncharted realm of obscurity, we will find ourselves becoming

[23] Freud powerfully fought off the comforts that these beliefs might have afforded him in dealing with this torturous phase of his own life. For further discussion of Freud's unique friendship with Romain Rolland and his complex attitude toward the uncanny oceanic experience in general, see Parsons (1999) and Jonte-Pace (2001).

gradually more adept at sustaining the conditions of this obscure region. As well, we may discover some specific additional content or fantasy structure—such as a fresh type of preverbal image of "God" that had been hidden by our overemphasis on the oedipal image of "God." We might even bump into *God*. If either of the latter two possibilities unfolds, I suspect that we will find ourselves in an altogether new dimension of psychological experience—not an entirely unimaginable one, although one difficult to imagine—where the perennially challenging and seemingly dubious object of the "logic of faith" has suddenly become self-evident.

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A NOTE ON THE USE OF THE CONCEPT OF THE SOUL IN PSYCHOANALYTIC DISCOURSE

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I have become increasingly aware in the course of reading current psychoanalytic literature that the concept of the soul frequently finds its way into analytic discourse. I find this trend puzzling and discomforting, since it seems to override some essential distinctions and leaves what seems to me a misleading impression that the term *soul* has some valid analytic meaning. More generally, the term *soul* occasionally enters psychological, psychoanalytic, and even other scientific discourse; historically, it seems to have found its way into the analytic lexicon from the time of Freud on (Bettelheim 1983; Jung 1933; Lear 1990, 1998; Rank 1930; Shengold 1989; Spezzano and Gargiulo 1997).

Nonetheless, I maintain that *soul* is a commonsense concept familiar in the well-worn phrase *body and soul;*[1] it also serves as a technical term in philosophical, religious, and theological contexts. As such it has a long history. I find it important that the meaning and implications of the term *soul* be specified, in the context of seeking some clarity in understanding. Zusman (2003), for example,

[1] I note that the term *soul* carries inherent dualistic connotations, deriving from the soul versus body usage as well as an overlay from Cartesian usage that has permeated Western philosophical and commonsense thinking. These echoes of the past have become increasingly antipathetic and incompatible with current neuroscientific and philosophical understandings of the mind–body (especially mind–brain) relation.

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complains about Strachey's "translation of the German term *Seele* as 'mind' rather than the philosophically impolite but far more accurate term 'soul'" (p. 356). He then cites Bettelheim (1983) to this effect:

> Of all mistranslations of Freud's phraseology, none has hampered our understanding of his humanistic views more than the elimination of his references to the soul. Freud evokes the image of the soul quite frequently, especially in crucial passages where he is attempting to provide a broad view of his system. For instance, in *The Interpretation of Dreams,* Freud states that "the dream is the result of the activity of our own soul." By evoking the image of the soul and all its associations, Freud is emphasizing our common humanity. Unfortunately, even in these crucial passages, the translations make us believe that he is talking about our mind, our intellect. This is particularly misleading because we often view our intellectual life as set apart from and even opposed to our emotional life, the life of our fantasies and dreams. [Bettelheim 1983, p. 87]

However, without some further specification of exactly what the accuracy of the term *soul* is about, we cannot put much reliability on it. Freud's usage is conceptually indeterminate, leaving us to speculate what precisely he was referring to in using the term. In Bettelheim's quotation, *soul* would seem to say no more than that the dream was an activity of the individual or person himself, looked at from the side of his mental processes. The usage here is commonsensical and not technical.[2] For instance, were I to proclaim, "My soul doth magnify the Lord," I would be pronouncing a

[2] I am reminded of the inherent ambiguity of the term *die Seele* in German, which can be variously translated as *soul, psyche, mind,* or even *heart* (in the affective sense). As one reader called to my attention, Freud's therapeutic method would have been regarded as a form of *Seelenheilkunde,* a term used to designate psychiatry. This can be translated literally as something like *soul* (or *psyche* or *mind*)*-medicine,* or *soul-psyche-mind curing.* I maintain that, were one to opt for the term *soul* here, this choice would reflect the need to distinguish sciences of the mind from sciences of the body, thus engaging the soul-versus-body dualism to make this distinction—another example of the commonsensical or metaphorical application of the term in psychiatry. I find the use of the term *psyche* more

metaphor in the form of a personal synecdoche—use of a part to represent the whole: "my soul" thus stands for myself as a personal agent, but it is only a constitutive part of my total self as a human person.[3]

An additional, if secondary, consideration is the conceptual basis in terms of which psychoanalysis can find mutual grounds for increasing integration with advancing neurobiological discoveries. The view I am proposing would not find favor with many analysts, insofar as the status of the mind–body relation has been uncertain and disputed in psychoanalysis from the time of Freud to the present, and the residues of dualism are still quite pervasive among analytic thinkers (Meissner 2003b, 2003c). Concepts like *soul* would seem to perpetuate a dualistic perspective in psychoanalysis that is increasingly remote from and antithetical to the integrative perspective of neuroscience, to the effect that mental functions are based in and effected by brain processes. Among neuroscientists, the retreat from more traditional forms of dualism in conceiving the nature of the relation between mind and body would seem to demand that we analysts in turn confront questions and issues related to the dualistic concept of the soul.

Discussion of the mind–body relationship—especially in regard to recent neuroscientific investigations of the integration of mind—brain and behavior (Meissner 2006a, 2006b, 2006c) and in psychosomatic considerations of integrated mind–body physiology and pathophysiology (Meissner 2006d)—centers on an empirical, scientifically mediated and validated understanding of how mind and body–brain are integrated and unified. In reflecting on the va-

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accurate and less metaphorical, so that designating psychiatry as *psychological medicine* seems more acceptable than *soul-medicine*. Lear (2003) tries to legitimate *soul* as an analytic concept by stressing the equivalence of *psyche* and *soul,* but this seems to ignore some crucial distinctions, in my view.

[3] We encounter something similar in more familiar analytic discourse; for example, I might say, "the patient's superego caused him to feel guilty." But it is clearly the person himself who feels guilty; the superego is that part of the person by which the person carries out the process of making himself feel guilty. This is synecdoche. See my discussion of the tripartite substructures as representing functions of the self (Meissner 2000).

rieties and vagaries of the mind–body relation, I concluded, with the majority of brain researchers, that mind and brain are in some sense integrated, that the brain can be regarded as an organ among whose actions we can include mental processes. That conclusion runs counter to many prevailing dualistic persuasions about the mind–body among psychoanalysts, but seems to me to be supported by more recent neurobehavioral discoveries (Meissner 2003a, 2003c).

My approach may appear diversionary to some, but I regard the concept of the soul as irrelevant to reflection on the scientific meaning of the mind–body relation and as having no acceptable meaning as a psychoanalytic theoretical term. It comes from an entirely different realm of discourse and thinking that emerged from philosophical and theological reflection over the centuries,[4] and has been transposed and articulated within a religious framework as a way of trying to understand specific religious doctrines, the most central of which is the question of immortality of the soul. It belongs to an entirely different language game (in Wittgenstein's sense) from that involved in empirical and scientific conceptualization. I contend that neither psychoanalysis nor neuroscience has anything to say about the soul as such, nor should they.

The concept of soul has ancient origins. Bulfinch (1970) included the notion of *soul* among the multiple meanings of the Greek term *psyche*. Even in Homer, we find it related to terms expressing life, vitality (*thymos*), survival after death (*psyche*), consciousness, and understanding (*nous*) (Simon and Weiner 1966). A central concern of the Greek mind was understanding how the living body differs from the corpse. Aristotle, in his *De Anima* (see McKeon 1941), appealed to the soul as a vital principle, i.e., souls were found in all living things—the nutritive soul in all organisms,

[4] The early history of psychiatry as a separate discipline in the study and treatment of the disturbed mind was marked by the struggle to disengage psychiatric thinking from its religious origins and implications. The care and ministry to troubled souls had long been the domain of religious ministers, and only gradually was the distinction between spiritual ministration and psychiatric treatment clarified and established. Details of this historical progression are recounted in Zilboorg and Henry (1941).

including plants, the sensory soul in animals, but the rational soul only in man. His analogy of the soul residing in the body like a pilot in a ship has been familiar to philosophers over the ages.

In Aristotle's hylomorphism, soul and body of living organisms were not separate substances à la Descartes, but rather principles of being. Together they constituted a living unity: in all living species (vegetable, animal, and human), the soul is the form or formal principle accounting for their being what they are—i.e., the soul organizes and specifies the matter of which they are composed into an organized, structured, intelligible, and living entity. As Aristotle (*De Anima,* II, 412b19) put it, "Suppose that the eye were an animal—sight would have been its soul" (see McKeon 1941). Thus:

> Man is not a soul *plus* a body; he is an animated body. It is impossible to conceive of a soul without a body, for the soul is something pertaining to the body; nor of a body without a soul, without which it would be a corpse. St. Thomas' view is that soul and body are not two, but one. [Plé 1952, p. 89, italics in original]

And, as A. O. Rorty (1988) added, "soul is not a separate substance lodged in the body; it is the living principle, the organic force of some sorts of substances" (p. 81), i.e., living substances. This brings to a point the critical understanding that actions are actions of the person before they are actions of anything else. Neither soul nor body has any action that is not in some prior sense action of the person, i.e., of the self; actions of the soul cannot occur without a body, nor of a body without a soul. In this regard, Scheler (1973) commented:

> If the concepts of soul and body do not represent species of absolute objects, it makes no sense to ask how they could act upon each other. In other words, this famous problem turns out to be one that has been "fabricated," as Kant aptly remarked. And it is only of epistemological interest. All possible interconnections between psychic and bodily processes are possible and understandable because they are mediated by the *uniform* and *indivisible* efficacy of the person. [p. 483, italics in original]

Much of modern thinking about the soul takes its point of departure from Descartes' postulation of soul as an immaterial, spiritual substance, linked to the body during life and coterminous with it, but also surviving it after death. But Straus (1958), for one, made the point that the Cartesian *res cogitans-res extensa* dichotomy goes well beyond the Aristotelian–Thomistic distinction of soul and body, according to which soul and body together are one living entity, separated only in death.[5]

From the perspective of the study of the relationship of psychoanalysis and religion, I cannot help but feel that attempts to transpose the concept of soul into analytic discourse are more confusing than contributory. To the extent that psychoanalysts study the meaning and religious implications of the concept of the soul as it is used in religious or theological discourse, the enterprise can be useful and meaningful. But attempts to reinterpret the soul in analytic terms and to then use it in the course of analytic discussion, as if it were a term with specific analytic meaning and definition, does more of a disservice, in my view. We are then faced with the prospect of using the same term to describe radically different concepts, operating in radically different contexts and having inherent meanings and conceptual origins that cannot be reconciled. Bridging the gap between psychoanalysis and religion cannot be effected by adopting common terms when those terms are basically equivocal in meaning.

Psychoanalysis in its turn has every right and reason to explore and understand beliefs about the soul and their origins and psychic meaning, just as it might explore beliefs in spiritualism or ancestor worship or anxiety; this was the substance of Rank's (1930) treatise on the origins, evolution, and nature of the soul. If the soul can be the object of analytic study, it still does not in itself qualify as an analytic concept. Nor, conversely, does the exclusion of the concept from analytic or scientific consideration have any implications for the validity or authenticity of religious beliefs about the soul. Such beliefs do not belong to science of any kind, but are part of

[5] R. Rorty (1979) also addresses the Aristotelian versus Cartesian perspectives regarding mind–body.

a religious belief system that is accepted and regarded as acquiring its truth value on the basis of religious belief, not on the basis of scientific evidence (Meissner 2001).

Some religious traditions espouse a dualist perspective on the mind–body relation. Christians envision the person as compounded of body and soul, and believe in the potential separation of soul from body in death. Many gnostic and neoplatonic traditions taught that the body partook in the evil of matter in which the spiritual soul was entrapped and from which it had to strive to free itself. McGinn (1993) described the differences between Jewish and Greek anthropology in this respect. Traditional Jewish anthropology drew no distinction between body and soul in the human person, in contrast to the later Greek tradition, in which the split between body and soul became central—leading not only to an emphasis on the latter as representing the true person, but also to an insistence on immortality as the soul's destiny.

Some late intertestamental Jewish traditions expressed belief in the resurrection of the body, rather than immortality of the soul without the body. Early Christians, undoubtedly influenced by Jewish beliefs, espoused resurrection of the body on Judgment Day rather than survival of an immaterial soul after death. The Christian belief in immateriality and immortality became prominent only in medieval times; the souls in Dante seem very much alive, even though dead. In the Christian tradition, soul is the vital, spiritual, constitutive principle by which man possesses those capacities that are presumed to transcend mere matter and serve to undergird moral life—consciousness, freedom, responsibility, intellect, and will. The existence of the soul as nonmaterial spiritual principle underlies belief in its continued existence after death.

While a unified and integrated concept of the self and mind–body functioning (Meissner 2003a, 2003b, 2003c, 2006a, 2006b, 2006c, 2006d) is articulated and has relevance within a narrow frame of reference—that of psychoanalysis and its related scientific concerns—it stipulates nothing about the nature or belief in the soul or its inherent immortality. In terms of the integrated and interdependent functioning of mind–body in psychoanalysis, the pos-

sibility of person and mind surviving bodily death—the view of soul as a life principle that is inherently immortal, as though it were some angelic or supernatural entity possessing vital properties all its own—is tantamount to a form of vitalistic dualism that has no place within a scientific perspective. But this is precisely the dogmatic teaching of orthodox Christian belief systems.

However, even within theological circles, the acceptance of a view of man as integrally constituted and as the vital dynamic endpoint of an evolutionary process finds increasing acceptance. LeDoux (2002) recently reported on a Vatican-sponsored conference of theologians and brain scientists seeking to reconcile the concept of soul with neurobiological views of the mind–brain. Many theologians have abandoned the traditional concept of the soul as immaterial or spiritual, accepting the basic proposition that mind and brain are tied together. As LeDoux concludes:

> Not surprisingly, the Vatican conference ended inconclusively. No matter how all the pieces of the puzzle were moved around, they didn't fit together to make a coherent picture. As the philosopher David Hume said long ago, logic and reasoning (and presumably science) cannot explain the immortality of the soul. Either you believe it or you don't. [2002, p. 15]

To which I would add that the question itself is unanswerable simply because it tries to combine areas of inquiry that defy such integration, that is, science and faith.

Some theologians express the opinion that, from an evolutionary perspective, mind can emerge from matter as a result of the prolonged evolutionary process that enables matter to continually reorganize itself to allow the emergence of new properties and configurations as a function of its own inherent self-ordering potentiality. This understanding of mind as emergent from matter leads to a holistic and nondualist conception of human nature. For example, writing from a theological perspective, Johnson (1996) asserted, "Not a composite of the isolable elements of material body and spiritual but somehow substantial mind, the human be-

ing is a single entity whose physical structure enables and supports the emergence of mind" (pp. 6-7).

This understanding of soul and its relation to body not only repudiates the Cartesian synthesis, but is also consistent with the view I have advanced previously, and does not contradict the view of the soul as spiritual. In that view, actions of the self are inherently bodily, including actions that are categorizable as immaterial or spiritual. The body self and its brain, as synonymous with the person (Meissner 1997, 1998a, 1998b, 1998c), are capable of spiritual actions. But this perspective does not extend its implication to any existence of the soul as separate and spiritual, i.e., to the Cartesian conclusion. I would suggest, therefore, that there remain residual tensions between a scientific view of a unified mind–body relation and a theological and dualistic view of soul as separately existing after death. These opposing views, however, derive from separate and opposing philosophical frameworks in which neither perspective can be sustained or challenged by the other.

That has not and does not deter analysts from seeking to deal with the soul in some sense. The fact is that the concept of soul has found its way into the discourse of analysts. Brown (1959), in fact, accused Freud of reintroducing soul–body dualism in the form of ego versus id conflict; in Brown's view, Freud substantialized the ego after the fashion of Plato's horse-and-rider imagery, resurrecting a form of platonic, if not Cartesian, dualism and installing it in the heart of analytic metapsychology. Freud actually referred to the soul infrequently, and even then exclusively in commonsense (nontechnical) terms. The main locus of discussion of soul occurs in *Totem and Taboo* (1913), where the discussion centers on primitive forms of animism and superstitious beliefs. The term also turns up in Ferenczi (Dupont 1988), but seems to connote little more than does our use of *psyche* or *mind*.

Brown's accusation thus rides roughshod over some important distinctions that separate Freud's concept of the ego from the meaning of the soul. The Aristotelian-scholastic understanding of *soul* as a life-giving and formal principle accounting for the nature and vitality of an organism is a far cry from the ego as a constellation

of psychic functions. Winnicott (1988) spoke of the soul as a property of the psyche and therefore dependent on brain functioning—a view he espoused with apologies to religious belief systems that his view might contravene. His seem to be little more than dualistic formulations in which *soul* is reductively rendered as equivalent to mind or psyche. More currently, Lear (1990) uses the term *soul,* but in a limited sense to translate the Greek *psyche,* apparently stripping it of its metaphysical implications. I conclude that when psychiatrists, analysts, or psychologists do use the term, its connotations are commonsensical, metaphorical, or poetic, but not analytic.[6]

An interesting example comes from clinical neurology. Oliver Sacks (1970), writing about the loss of memory in a patient suffering from Korsakoff's amnesic syndrome, said "One tended to speak of him, instinctively, as a spiritual casualty—a 'lost soul'; was it possible that he had really been 'desouled' by a disease?" (p. 37). When Sacks asked the nuns working in the hospital where he was treated about this, they told him to watch the patient in the chapel. What he saw there impressed him:

> I watched him kneel and take the Sacrament on his tongue, and could not doubt the fullness and totality of Communion, the perfect alignment of his spirit and the spirit of the Mass. Fully, intensely, quietly, in the quietude of absolute concentration and attention, he entered and partook of the Holy Communion. He was wholly held, absorbed, by a feeling. There was no forgetting, no Korsakoff's then, nor did it seem possible or imaginable that there should be; for he was no longer at the mercy of a faulty and fallible mechanism—that of meaningless sequences and memory traces—but was absorbed in an act, an act of his whole being, which carried feeling and meaning in an organic continuity and unity, a continuity and unity so seamless it could not permit any break. [pp. 37-38]

[6] A good recent example is Andeasen's (2001) use of *soul* as roughly equivalent to personal identity, the sense of self, or the moral agent.

Sacks then added the complaint that empirical science spoke to the devastation of this man's mind and life, "but empirical science, empiricism, takes no account of the soul, no account of what constitutes and determines personal being" (p. 39).

Sacks (1970) seems to use the concept of soul in much the same sense as we would speak of mind or of affective or cognitive capacity; thus:

> Charcot and his pupils, who included Freud and Babinski as well as Tourette, were among the last of their profession with a combined vision of body and soul . . . . By the turn of the century, a split had occurred, into a soulless neurology and a bodiless psychology. [p. 93]

Again, speaking of another Korsakoff's patient, Sacks notes, "it is not memory only which has been so altered in him, but some ultimate capacity for feeling which is gone; and this is the sense in which he is 'desouled' (p 114). Thus, *soul* here seems to connote a capacity for affective and cognitive experience that is a far cry from the traditional meaning of *soul,* that is, a metaphysical principle that accounts for the vitality, animation, specific intelligibility, and identity, and the capacity for activation of a given material, physical body. The meaning of *soul* here is not technical in any sense, but metaphorical or commonsensical. This usage seems to reflect an increasingly common application of the concept of soul among some contemporary thinkers: in the context of prevailing beliefs that mental states can be identified with physical events, the incapacity of neurobiological accounts to express and explain subjective experience opens the way for some to resort to the concept of soul as a metaphor for personal intrapsychic experience. In Sacks's terminology, the evacuation of memory, and with it the essence of personal experience, is tantamount to being "desouled."

To conclude, the term *soul* has never been described, defined, or articulated in specifically psychoanalytic terms or recognized as a term with theoretical relevance within psychoanalysis. Its usage

from Freud on seems to have been commonsensical, poetical, metaphorical, or relatively ambiguous and indeterminate. It is thus not an authentic or definitive psychoanalytic concept. Because of difficulties arising from its inherent dualism and connotations deriving from its philosophical and religious usage, it should have no place in analytic discourse, or, if used at all, authors and readers alike would do well to keep in mind its limits and non-analytic connotations.

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BOOK REVIEWS

THIS ART OF PSYCHOANALYSIS: DREAMING UNDREAMT DREAMS AND INTERRUPTED CRIES. By Thomas H. Ogden. London/New York: Routledge, 2006. 144 pp.

This book is a collection of eight chapters, all but one previously published. Ogden is a prolific writer (of at least thirty-two books and papers since 1979), and his and others' writing—method, style and content—is a (central or lesser) focus in many of these essays.

However, this is not simply a convenient assemblage of papers. Rather, the reader gets the sense (and not just from Ogden's twenty-two publications listed in the bibliography) that the author has been working for many years, thinking and writing about the method, process, and reporting of psychoanalysis. These writings, overlapping but not significantly redundant, interweave recurrently around topics (countertransference, dreaming, the analytic third) and authors (Freud, Bion, Winnicott, Jorge Luis Borges) who interest him. A prominent advantage of this overlapping and interweaving is the opportunity for Ogden to revisit difficult issues from varying perspectives, and for the reader to better understand his take on those matters. This is particularly true for Ogden's discussions of the work of Bion.

Dissatisfied with the sterility and jargon of psychoanalysis, Bion promoted his own language to depict unconscious mental processes. Considering his starting point of disillusionment and the creation of a whole new language, it is curious that Bion (and Ogden) chose dreaming as a center point, using the same term with an entirely novel definition and meaning. Ogden notes that "Freud's dreamwork allows derivatives of the unconscious to become conscious, while Bion's work of dreaming allows conscious lived experience to become unconscious (i.e., available to the unconscious for the psychological work)" (p. 100). In Bion's theory, dreaming occurs (or not) in both waking and sleeping states, and refers to

the capacity to do work with unconscious ideas in either. To read about an analyst who is incapable of dreaming with a certain patient can be confusing to the reader steeped in Freudian thinking; we must keep in mind that Ogden here means not dreamless or sleepless nights, but the inability to work constructively with daydreaming, which he calls *reverie*.

However, it is to Ogden's credit that, when he returns to a murky issue, clarification usually follows, if not always agreement. Clarification is frequently provided by abundant use of case material; this book utilizes extensive case reports in nearly every chapter. The case reports describe Ogden's use of the *analytic third,* a concept he described at length in an earlier paper[1] and elaborates here. In his words, "I view the co-created unconscious analytic third as standing in dialectical tension with the unconscious of the analysand and of the analyst as separate people, each with his or her own personal history, personality organization . . . and so on" (p. 128). (One might say that one-third comes from the patient, one-third from the analyst, and one-third is co-created by both as they work moment to moment in the analysis.) The analyst's reveries during the hour are understood as countertransference tools assisting in understanding the ongoing analytic process.

In an essay exploring the attribution of ideas during analysis, Ogden describes the kind of understanding that is

> . . . jointly but asymmetrically created by analyst and patient. It would make no sense to me to view the reveries involving [in this instance] my boyhood experience [on a frozen pond] solely as reflections of the work of my unconscious or solely a reflection of the unconscious work of the patient . . . . From this perspective, it is impossible (and meaningless) to say that it was my idea or the patient's that was conveyed in the interpretation. [p. 76]

These reveries are specific to the situation. For example, when a close friend died, Ogden, for the following week, "was continually

[1] Ogden, T. H. (1994). The analytic third: working with intersubjective clinical facts. *Int. J. Psychoanal.,* 75:3-20.

either consciously thinking of him or experiencing a diffuse background feeling of sadness and a sense of someone or something missing" (p. 57). However, the specific content of these reveries would vary, uniquely a product of what was happening at an unconscious level (at a given moment) between analyst and patient. The analyst was no longer sole possessor of the experience and its sequelae, which had instead become an experience of the analytic third.

One of this book's most illustrative and convincing case discussions involves the Bion/Ogden notion of dreaming. With an extremely problematic, incessantly talking patient, Ms. C, whose barrage of words rendered the analyst incapable of "dreaming" (having and using reverie to do analytic, psychological work), Ogden was disoriented, ineffectual, and felt he was losing his mind, which he labels countertransference psychosis. (Not being able to dream is Bion's equivalent of psychosis.) After a puzzling waiting-room encounter, with subsequent ineffectual exploration and interpretation, Ogden's mind wandered to his memory of the surprising warmth of his comatose, dying friend's hand, and then to a shift in his understanding of Ms. C, his growing warmth toward her, and his recognition of her desire to be closer to him. Relating this revised understanding to the patient yielded significant improvement in the treatment process. He notes, "Only in retrospect was I able to view the moments of countertransference psychosis . . . as a response to her having flooded me with words . . . disrupting my capacity to make use of my reverie experience" (pp. 58-59).

Ogden's interest in writing style and content extends to a careful reading of Freud's *Mourning and Melancholia* (1917), which he views as having given rise to object relations theory. This is reflected in Freud's emerging theory of unconscious internal object relations, specifically his recognition of

> . . . the simultaneity and interdependence of two unconscious aspects of object loss in melancholia. One involves the nature of the melancholic's tie to the object, and the other . . . an alteration of the self in response to the loss of the object. [p. 30]

Quoting Freud's words that "the self-reproaches are reproaches against a loved object . . . shifted away from it on to the patient's own ego" (p. 32), Ogden goes on to cite "the shadow of the object" falling upon the ego, and continues by noting that "the painful experience of loss [is] short-circuited by the melancholic's identification with the object, thus denying the separateness of the object" (p. 32). There is no loss; the lost object is replaced by an internal one (the ego identified with the object).

Ogden argues that there is a frequent misreading of *Mourning and Melancholia,* namely, that melancholia involves an identification with the hated aspect of a lost, ambivalently loved object. If we go no farther, he says, we miss Freud's central point:

> What differentiates the melancholic from the mourner is . . . that the melancholic all along has been able to engage only in narcissistic forms of object relatedness . . . [which] renders him incapable of maintaining a firm connection with the painful reality of the irrevocable loss of the object which is necessary for mourning. [p. 37]

Further, it is Freud's elaboration of the concept of ambivalence that is crucial both to understanding melancholia and to the development of his object relations theory. To Ogden, this ambivalence, the notion that unconscious internal object relations may have either a living/enlivening quality or a dead/deadening quality, resonates with the more recent work of Winnicott and Green (and, here, of Ogden himself):

> The sense of aliveness and deadness of the transference-countertransference is, to my mind, perhaps the single most important measure of the status of the analytic process on a moment-to-moment basis. The sound of much of current analytic thinking . . . can be heard in Freud's *Mourning and Melancholia,* if we know how to listen. [p. 43]

Knowing how to listen (and read) is further elaborated in Ogden's chapter on the attribution of ideas. Observing the difficulties

he sometimes encounters in determining where Bion's ideas—or a patient's ideas—leave off and his own begin, Ogden questions the traditional understanding of a diachronic, chronological "conception of authorship and influence" (p. 62) in the development of ideas. For example, he mentions Freud's influence on those following him—Klein, then Fairbairn, and so on in the literature of object relations. He suggests that in *Mourning and Melancholia,* one can find Klein's ideas on object relations already present among Freud's rudimentary concepts. (Ogden believes that Freud's unpolished ideas about internal object relations indicate Freud's lack of a full awareness of, and of the theoretical implications of, those ideas.)

The reciprocal temporal influence of earlier and later concepts turns out to be less than it first seems, according to Ogden; earlier contributions may influence later ones, and later contributions affect our reading or rereading of earlier ones. A reader who assists the author by bringing later-acquired knowledge to the reading becomes "a silent co-author of the text" (p. 63). In other words, according to Ogden, the influence of later writings on earlier ones is through the *reader,* who brings the later knowledge to the reading and to the *interpretation* of the earlier writings. This is an interesting commentary on the extent to which meaning inheres in the text or in the reader.

At the opposite end of the spectrum is *not* knowing, not having preconceptions—the ideal position for the analyst to maintain. To be

> . . . personal to the patient, the patient's experience must be sensed by the analyst and spoken about as if for the first time. For the event is in fact occurring for the first time in the context of the unique present moment of this analysis. [p. 25]

Otherwise, the transference and the analysis are impersonal, deadened, generic.

This can be a slippery slope: Ogden says that, for Bion, "every session is the beginning of an analysis with a new patient. He was

fond of saying that a patient may have had a wife and two children yesterday, but today he is single" (p. 67). Some case examples, either illustrating the process in the formation of the analytic third, or reflecting his prior knowledge of that patient, help clarify Ogden's position here, but he does not spell out where Bion's extreme view leaves off and his own begins.

Bion's role in Ogden's thinking is similarly unclear in some other areas, most notably in Bion's concept of the *container/contained,* which is not convincingly explained, and in fact seems shoe-horned into Ogden's thinking, both in the text and in the associated case report. Some of this fuzziness may relate to the decision to pair Bion with Winnicott in a chapter comparing their ideas—chiefly, Winnicott's *holding* with Bion's *container/contained,* which Ogden considers different, "stereoscopic" perspectives on the emotional experiences of the analytic setting.

Winnicott's concept of the holding environment, likely better known to most analysts, centers on the child's need to be known "in all his bits and pieces" by one person, the mother and later the analyst, in order to feel confidently integrated. The internalization of the holding environment, the internalization of the environmental mother, is necessary for further development to occur—for the transitional object stage, and later for the capacity to be alone. In contrast, the container/contained is concerned with the processing (dreaming) of thoughts (the contained) and the capacity for dreaming (the container). From this discussion, the relevance and usefulness of the container/contained schema to Ogden's thinking and practice are not entirely clear.

The clearest connections between Bion and Ogden are in dreaming and in the moment-to-moment focus, where Bion's notions are incorporated into Ogden's views and are described with some explanatory success. Likewise, their views on writing about the analytic process seem similar: both hold that analytic experience "does not come to us in words," and therefore "an experience cannot be told or written" (p. 110). Bion, quoted by Ogden, has confidence in his "ability to re-create (in writing) the emotional experience (with an analysand), but not to represent it" (p. 79).

For Ogden:

> An analyst's written account of an experience with a patient is not the experience itself, but the writer's creation of a new (literary) experience while (seemingly) writing the experience he had with that analysand . . . . The analytic writer is continually bumping up against a paradoxical truth: analytic experience (which cannot be verbalized or written) must be transformed into "fiction" (an imaginative rendering of an experience in words) if what is true to the experience is to be conveyed to the reader. [p. 110]

In writing analytically, Ogden is continually

> . . . moving back and forth between the analytic experience that remains alive in me and the "characters" I am creating in the writing . . . . There is a distinctive form of psychological/literary work involved in creating and maintaining a living connection between the actual (the patient and the analyst) and the "characters" in the written story, and between the flow of the lived experience and the unfolding written "storyline." [p. 110]

Assuming that this process does not include either fabricated details or composite case material, we have here a rather careful description of the realities of the analytic writer's craft.

These case reports are the heart of this provocative, stimulating book. Ogden says that he works hundreds of hours on a paper, and it shows in these carefully written chapters, and especially in the detail offered about the patient, the analyst, and the process. (There are, however, a few editing lapses, reminding the reader of the separate, unintegrated origins of these chapters.) While there is little specification of unconscious *conflict*, there is considerable emphasis on unconscious mental functioning for both patient and analyst, and the reader can often infer unconscious conflict in these reports (for example, in the analyst in the case of Ms. C). The amount of information and detail of Ogden's clinical reports is a rare luxury in the psychoanalytic literature. The process is there for the reader to ponder, to reflect on, to agree with, or to dispute the author's technique, interventions, or conclusions.

The analytic third incorporates and integrates some basic concepts of Freud, object relations, and intersubjectivism, without the competitive and alienating hard line so often seen with their respective proponents. In this era of the pervasive question, "one psychoanalysis or many?", for the most part, Ogden's approach to psychoanalysis is sensible, balanced, and useful.

DANIEL A. GOLDBERG (NEW YORK)

GLI ARGONAUTI: PSICOANALISI E SOCIETÀ. Special Issue: "An International Debate on the Therapeutic Action of Psychoanalysis." Edited by Davide Lopez. Volume 27, Numbers 102 and 104. April 2005.

This special issue of the Italian journal *Gli Argonauti: Psicoanalisi e Società*, entitled "An International Debate on the Therapeutic Action of Psychoanalysis," was organized by the journal's founder, psychoanalyst Davide Lopez, who was deeply troubled by Glen Gabbard and Drew Westen's 2003 article, "*Rethinking Therapeutic Action.*"[1] In addition to writing his own response, Lopez invited other analysts to write about therapeutic action with the option of responding to Gabbard and Westen. The articles contained do not comprise a formal discussion; they are, rather, a disparate, thoughtful collection of essays—the authors' personal reflections on aspects of the psychoanalytic setting.

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Gabbard and Westen's 2003 article (which is not reprinted in this special issue of *Gli Argonauti*) addressed a topic that is roiling American psychoanalysis: the loss of consensus regarding the nature of the therapeutic action of psychoanalysis. Their article presented an inclusive description of contemporary North American views of the therapeutic action of psychoanalysis and of our inability to describe or validate these views empirically. They then under-

[1] Gabbard, G. O. & Westen, D. (2003). Rethinking therapeutic action. *Int. J. Psychoanal.*, 84:823-833.

scored the generally shared observation that there are multiple modes of therapeutic action.

Gabbard and Westen's proposed solution was to offer a new common ground based on cognitive neuroscientific understandings of mental functioning and psychological interventions. They emphasized two findings of cognitive neuroscience in particular: the presence of *implicit* (unconscious) *associational networks* and evidence that aspects of *conscious* and *unconscious* mental processing occur in functionally distinct and separate neuroanatomic pathways.

Gabbard and Westen asked us to consider that, even if our theories of therapeutic action seem incompatible, they have the common goal of "altering [the] unconscious associational network" (2003, p. 827). Gabbard and Westen stated that associational networks might be affected by free association and interpretation, by a new experience with the analyst, and by internalizations of the analyst's attitudes and functions. In contrast to *unconscious* associational networks (unconscious, *though not necessarily repressed,* representations of the self, objects, beliefs, wishes, and compromise formations), pathological aspects of a patient's *conscious* mental processes—thoughts, affects, motives, etc.—might be altered by other interventions congruent with the functional neuroanatomic organization of conscious mental experience.

Gabbard and Westen then noted several therapeutic "secondary strategies," such as suggestion, confrontations of pathological beliefs, exploration of problem-solving styles, encouragement of exposure to feared situations, affirmation, and the analyst's self-disclosure. Gabbard and Westen encouraged analysts to move away from overarching theories of mental organization and therapeutic action. Instead, we can choose multiple strategies to address various specific aspects of patients' maladaptive mental lives. They suggested that we focus on what is *therapeutic* rather than on what is *psychoanalytic.* Ultimately, Gabbard and Westen wished to foster a research effort requiring more specific terms defining both the components of mental life and of psychological interventions.

Gabbard and Westen acknowledged that readers may consider their suggestions regarding technique to be unanalytic. They suggested that analysts decide whether various strategies might be effective and how they might be integrated into psychoanalytic technique. For reasons elaborated below, I find some problems with this approach.

Their solutions certainly do not appeal to Davide Lopez. This special issue of *Gli Argonauti* begins with his twofold critique: (1) he feels that Gabbard and Westen have essentially lost faith in psychoanalysis and are turning to another field, neuroscience, to restore its authority, and that in doing so, they are taking a neuroreductive stance; (2) he believes that there *is* a unitary theory of therapeutic action, albeit incomplete, which centers on interpretation. Lopez objects to Gabbard and Westen's eclecticism and to their inclusion of "postmodern"—i.e., relational and intersubjective—perspectives. His indignant commentary is couched in more personal and emotional terms than we are accustomed to using in the United States; furthermore, it has unfortunately been poorly translated into English.

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This special issue of *Gli Argonauti,* published in English, contains essays by ten invited authors: seven American analysts, two Italian, and one British. The articles vary widely in the extent to which they respond to the target paper; many of the authors who do respond to it agree with Gabbard and Westen that there are multiple therapeutic factors at work in psychoanalytic treatments, but express reservations about various aspects of their approach.

Evelyne Albrecht Schwaber presents her view of therapeutic action, which centers on the full recognition by the analyst of the patient's subjective experience. Robert Michels offers a pithy critique, which turns Gabbard and Westen's intent on its ear; he states that the relevant question is, what sort of therapeutic action would lead us to call a therapy *psychoanalytic*? Oddone Aguzzi criticizes Gabbard and Westen for being neuro-reductionistic.

Stefano Bolognini praises Gabbard and Westen's pluralism, but notes that its scope is limited to North American theories. Bolognini creates his own list of therapeutic factors with references to European authors. Rather than focusing on specific interventions, he offers a sophisticated, humanistic discussion of the work that the analyst performs to facilitate the creation and protection of a therapeutic, analytic dyad.

Robert D. Hinshelwood, a British Kleinian, presents a lucid account of contemporary Kleinian/Bionian concepts. He underscores the current clinical emphasis on the analyst's container function and the interpretive focus on ego functions over content. This focus on ego functioning derives from contemporary Kleinian views of aggression expressed as *attacks on linking*—the patient's ability to understand and learn from the analyst.

Theodore J. Jacobs applauds Gabbard and Westen's more inclusive view of therapeutic action, which does not differentiate sharply between psychoanalysis and psychotherapy, and which incorporates a more active role for the analyst. He wants to preserve, however, a greater role for depth psychology and the dynamic unconscious.

Judy L. Kantrowitz agrees with Gabbard and Westen's appreciation of the multiple factors that contribute to psychological change. She is, however, more cautious about the use of explicit directives and the role of the analyst's self-disclosure. Offering directives to the patient, she notes, takes us away from our actual expertise and needs to be looked at from the vantage point of potential role responsiveness. Self-disclosure, she states, also requires thoughtful reflection, as the patient will inevitably have fantasies about why the analyst chooses to disclose one thing and not another.

Anton O. Kris praises Gabbard and Westen's intent to connect psychoanalysis with experimental methods and cognitive psychology. He is, however, less sanguine about the direct translation from one realm to the other. He finds two problems in Gabbard and Westen's 2003 paper: one is the relatively small role given to unconscious conflict; the second is that their description of strategies im-

plies that the analyst can easily shift from one to another strategy without consideration of transference-countertransference implications. Their use of strategies also implies that the analyst can readily discern which strategy to use when. In contradistinction to Gabbard and Westen's neat division of interventions, Kris emphasizes that the analytic setting is marked by paradoxical, multileveled actions and a mélange of consistency and inconsistency.

William W. Meissner, who also agrees with Gabbard and Westen about the multiple contributions to therapeutic action, writes about the use of the couch. He summarizes divergent analytic opinions about this and adds a very useful discussion of the multiple unconscious meanings the couch has for patients. He ultimately believes that the couch is a meaningful aspect of standard technique, but underscores the need to protect the patient's autonomy; whether or not to use the couch, he emphasizes, should be a joint decision.

Warren S. Poland offers a valuable article on "The Analyst's Fears." He underscores the importance of the analyst's affective engagement with the patient and the inevitable anxieties that accompany this. He focuses on the analyst's experience of fear and identifies three of its sources: it is evoked in response to the patient's and the analyst's character, to the inevitable ambiguities and doubts of the analytic setting, and to the various fearful aspects of the human condition, which are brought to the fore by the analyst's immersion in the reality of the patient's life. His clinical examples are poignant and wise.

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I have two reservations about Gabbard and Westen's (2003) approach. The first regards the state of functional neuroanatomic and cognitive neuroscience knowledge and the psychoanalytic community's relationship to it. Cognitive neuroscience is in a relatively early stage of development. Investigative tools such as fMRIs do not capture the complexity of brain functioning, and many brain researchers warn us to not overinterpret the data obtained from them. Moreover, psychoanalysts with differing theoretical orienta-

tions have already sought to find, in functional neuroanatomy and cognitive neuroscience models, accounts of *brain* functioning that are congruent with their views of *mental* functioning. The lack of consensus concerning the therapeutic action of psychoanalysis, therefore, has already spread to tendentious discussions of brain functioning!

This state of affairs was recently exemplified by the publication of further investigative work by the Boston Change Process Group and the accompanying commentaries.[2] In these exchanges, the very nature of mental representation was debated: do minds represent unconscious fantasies, or do psychodynamics inhere in nonrepresentable *implicit relational knowing,* to which we attach a verbal narrative only later? Elsewhere in the literature, the basic psychoanalytic observation of the motivated, discontinuous, or incomplete nature of conscious mental experience is debated: is it the result of repression, dissociation, or unformulated experience? Each of these versions seeks and purports to find support in cognitive neuroscience.

In this intellectual atmosphere, I think Gabbard and Westen are overly optimistic when they offer what they hope will be a generally accepted account of mental functioning as represented in the brain. In fact, in their presentation of neural organization, they are inevitably taking positions in many of the debates they hope to avoid. For example, they take a positivist view of mental life (that the mind is there to be discovered), rather than an intersubjectivist, co-constructionist one. Any neural/cognitive account that they might chose to present would contain psychoanalytic implications. Perhaps they are trying to be theory neutral by presenting unconscious associational networks as mainly cognitive rather than dynamically organized, but in so doing, they are certainly taking a particular position on theories of mental organization.

My second reservation concerns Gabbard and Westen's specific account of brain functioning as it relates to psychoanalytic

[2] Nahum, J. P. (2005). The "something more" than interpretation revisited: sloppiness and co-creativity in the psychoanalytic encounter. *J. Amer. Psychoanal. Assn.,* 53:693-729.

views of the mind. When they include among the targets of change in psychoanalysis the unconscious associational networks, they are essentially restating the generic psychoanalytic view that there is a meaningful unconscious mental life. As noted above, however, their unconscious is largely, though not totally, cognitive rather than dynamic[3]—yet they endorse free association as a means with which to understand it. Free association is a meaningful technique only if one is listening to a dynamic unconscious.

When Gabbard and Westen discuss altering conscious patterns of thought, feeling, motivation, and affect regulation, I think they are referring to cognitive interventions that recruit the patient's conscious attention. In their discussion, however, they sometimes blur the difference between *interventions* that recruit this focused attention and the *nature* of conscious thought, feeling, and motivation. They discuss conscious phenomena as though one could separate them from unconscious mental experience. This does not make sense to me, given that much of what is unconscious comes to be understood through its impact on and partial expression in conscious thoughts, feelings, and motives. Furthermore, they create an artificial dichotomy between interpretive psychoanalytic technique and a full exploration of the patient's conscious experience. In fact, full exploration of the patient's conscious experience not only heightens the patient's self-reflective abilities, but also leads to inferences about and interpretations of unconscious motives.

In addition, I agree with the commentaries offered by several authors in this issue of *Gli Argonauti* who express caution about a strategic approach to treatment. Gabbard and Westen acknowledged that some of the therapeutic interventions they endorse are incompatible with each other, and I agree with this as well.

I am among those analysts who support additional research efforts to address the many questions regarding psychoanalytic views of mental life and treatment. This research should include both ob-

[3] In Gabbard's many clinical papers, he of course has often made central use of the concept of the dynamic unconscious.

servational data from the treatment setting and relevant investigations of cognitive neuroscience. I therefore applaud Gabbard and Westen's open-minded efforts at integration of the various views of therapeutic action. I also agree with Gabbard and Westen that we need to understand more about the nature and functions of conscious self-reflection. However, it is my impression that we are not yet in a position to make effective use of the fragmentary and so far inconclusive information we are receiving from a neighboring discipline.

I find this special issue of *Gli Argonauti* to be a useful aid in furthering our critical thinking about Gabbard and Westen's (2003) comments and the nature of therapeutic action.

RICHARD W. WEISS (NEW YORK)

WORKING WITH PARENTS MAKES THERAPY WORK. By Kelly Kerry Novick and Jack Novick. Lanham, MD: Jason Aronson, 2005. 196 pp.

A corollary of Winnicott's well-known dictum that "there is no such thing as a baby" (p. 99)[1]—meaning, of course, that without a mother, an infant cannot exist—is that there is no such thing as a child in treatment who is without parents. Despite this clinical fact, child psychoanalytic training programs traditionally have tended to pay relatively little attention to the importance of learning how to work with the parents of children in treatment. Early in my own clinical experience, I became aware of the necessity of working effectively not only with parents, but also at times with siblings, grandparents, and other family members, if child treatment is to be successful. In part, this was because, during my first year of child psychiatry fellowship at the University of Rochester Medical Center, I had the good fortune to participate in a wonderful course in family dynamics and interaction led by Marjorie Harle, the head of the Psychiatric Social Work Division.

[1] Winnicott, D. W. (1952). Anxiety associated with insecurity. In *Through Paediatrics to Psychoanalysis*. New York: Basic Books, 1975, pp. 1-325.

When I became chair of the Child Analysis Section at the New York University Psychoanalytic Institute a number of years later, I added a course to the curriculum on "Working with Families of Children and Adolescents in Analysis," which I have been teaching for many years. At the time the course was instituted, there was very little in the literature on that subject, and not a great deal has appeared since then. This book, by two experienced child analysts, helps redress that deficiency.

The authors start out by expressing understandable gratitude to Anna Freud, Anny Katan, Erna Furman, and Arthur Rosenbaum for blazing the trail that they follow in this slim volume. They emphasize that patient, unhurried work with parents, before ever seeing the child, can be extremely rewarding. Sometimes, it may even prove to be all that is necessary to relieve the presenting problem. An interesting example is presented of an instance in which a four-year-old boy's desire to be a girl evaporated in the course of six months' work with his parents, during which it became apparent that a series of experiences had given him the impression that it was much too dangerous to be a boy.

At other times, extended parent work might be required to establish a therapeutic alliance with the parents, without which treatment of their child, either then or at a later time, might never be able to get off the ground. A central thrust of the Novicks' argument is that it is good to take as much time as is needed to prepare for treatment. They also stress the importance of strengthening the parent–child relationship, insofar as this is possible, as part of any treatment plan. It is doubtful that anyone would disagree with them in this regard. It is unfortunate, of course, that not all troubled parents are amenable to receiving such assistance.

The Novicks make some interesting and useful observations about their experience, both directly and while supervising students, with the obstacles created by parental fear of exposure of family secrets. This constitutes a special aspect of the important issue of how to protect privacy and confidentiality in the course of child analytic and intensive psychotherapeutic work. They wisely eschew a formulaic approach to this, or to the situation in which

parents reveal things to the therapist but enjoin the latter from sharing the information with the child. They recognize from experience that it is necessary to approach each instance thoughtfully and individually.

In connection with beginning the treatment process with the child, the authors stress the importance of keeping in mind that some parents become afraid of losing their child to the therapist. This is especially so when the parents lack confidence in themselves as parents, feel they have lost their child's love, and fear that their child will come to love the therapist more than they love them. In my own experience, this is particularly likely to occur with adoptive parents, with parents who had unhappy experiences with their own parents while growing up, and with those who are so hungry themselves to be loved that they envy the attention and concern they believe their child is receiving.

I am reminded, for example, of the father who had not spoken to his own parents for a number of years, who came in one day and cried out: "What are you doing with my [six-year-old] daughter? She talks about you all the time! You're stealing her from me!" When I reminded him that one of the reasons she was in analysis was that she continually ran away from him, and that he had learned from his own analytic experience about the role of transference in *temporarily* focusing feelings upon the analyst, he calmed down and resumed working collaboratively with me in helping his (anxious, overstimulated) daughter.

Kelly and Jack Novick have had a long-standing interest in understanding sadomasochistic interaction, which they tend to conceptualize in terms of externalization of aspects of the self onto others, who are then aggressively controlled in the quest for omnipotent power. In keeping with this, they emphasize the importance of attending to parents' externalization of certain aspects of themselves onto their children. I am not certain that I fully agree with the formulations they offer in this regard in the clinical examples they provide; the children tend to come across as totally molded and controlled by their parents, without contributing anything from within themselves. Nevertheless, I did find their ideas

stimulating and thought provoking. I also am very much in agreement with their emphasis upon the need to be attentive to the possibility of there being latent parental motivations for bringing a child for treatment that can ultimately sabotage the treatment if they are not recognized and dealt with.

A welcome section of the book deals with the work that can often be necessary with parents of adolescents. The Novicks emphasize the need to maintain a good working alliance with the adolescent's parents to help them weather the behavioral storms that can occur with patients in this age group, and to deal with the emotional strains made on the parents by the developmental transformations taking place in the adolescent. Neglecting these issues can lead to premature disruption of treatment. My own experience leads me to agree that analysts and therapists working with children need to empathize with the emotional pain and turmoil not only of the child, but of the parents as well. This is particularly important when the very progress toward independent, autonomous functioning that is a central goal of all treatment connotes to the parents loss of their child or of their child's love. These parents in particular may need a good deal of assistance to help them appreciate that the therapist is not taking their child away, but helping everyone involved to progress to a parent–child relationship in which they can love one another and function together in a developmentally appropriate way. Special problems are presented when the parents have separated and divorced, yet continue to quarrel with one another; when adoption and fertility issues play a part in the family dynamics; and so on. The authors briefly address these various special situations.

In the latter part of the book, the authors share their views on the value of maintaining ongoing contact with parents throughout even a lengthy analysis. They emphasize the need to meet with parents at the point at which termination is approaching. This is a time, they indicate, when some parents may be inclined to break off the treatment in response to their own sense of abandonment —this time by the analyst—or because they feel that they "now lack value or purpose" (p. 135). Other parents can have qualms about

their child's readiness to manage her or his life outside of treatment —or about their own ability to manage without the analyst's assistance. Seeing the parents at this time can help to prevent problems and to smooth the way to an effective termination. It also can assist some parents in their efforts to take back sole responsibility as the good parents they would like to be for their child, once the analysis has come to an end (and, I might add, to tolerate and understand the mourning process their child may be going through as he or she gives up the analyst as a valued, close friend).

At the very end of the book, the Novicks make some brief observations about contact with former patients or with their parents after the treatment has ended, comments that are cogent and of interest. They also comment briefly on some possible implications of what they have been saying about working with parents for the treatment of adults; these mainly have to do with developmental considerations.

At the very end, the authors invite comments, criticisms, and suggestions from their readers. I offer the following observations in response to their invitation. For one thing, it is not always clear whether the Novicks are referring to parent work that accompanies child analysis or child therapy. It is as though it is the same in either case, which is not at all my own impression. In fact, the families that appear in the clinical vignettes contained in the book are far more often than not very troubled, dysfunctional ones, and even chaotic. It is not often possible for real psychoanalysis to be conducted with children whose parents are extremely immature, destructive with, or even abusive to their children, are extremely lacking in psychological mindedness, and/or have a powerful need to misuse their children in the service of their own emotional needs. A very different kind of treatment plan is usually necessary for such children. One of the most important messages conveyed by this book, in fact, is that, before undertaking an intensive, far-reaching psychotherapy—let alone the psychoanalytic treatment of a child or adolescent—the parents (and at times other family members) need to be carefully assessed to see if they are able to support, sustain, collaborate in, or even tolerate such a

treatment process. The other, related message is that at times it is necessary to work assiduously, on an ongoing basis, not only with the child but with the parents as well.

It also is so, I have to say, that there are some parents who are quite emotionally healthy (at times with the aid of their own therapy or analysis) and are well motivated to provide capable, professional assistance for their children. They do not necessarily need the enormous attention the Novicks describe in this book. On the other hand, the book contains a significant omission in that the authors fail to mention that a good deal of work needs to be done at times with grandparents or even siblings of some children who are in psychotherapy or analysis. My opening statement, in fact, actually needs to be expanded to state that there is no child in treatment who is without a family.

The authors also refer periodically (and at times a bit harshly or disparagingly) to the tendency of some child analysts or therapists to avoid working with parents. They attend in particular to historical aspects of this and to excessive worry about privacy and confidentiality. What they scant is that parents can have their own very different aims, agendas, and timetables than those of either the child or the person treating the child, and these factors also need to be respected. It is not always easy to juggle the conflicting goals and concerns of the two generations. At times, in fact, information that parents or other family members bring in, or the worries they express, can adumbrate or confuse the clinical picture that is already difficult enough to keep track of and understand in the work with the child. Sometimes a child analyst or therapist has the feeling that he or she is doing group therapy!

The Novicks, it also seems to me, do not sufficiently address the competition for the analyst's care and attention that can arise on the part of parents who experience powerful envy of what their child is receiving. This is especially likely to occur when the parents have been abandoned or neglected by their own parents, so that they are themselves starved for good parenting.

I have worked with a good number of such parents over the years. The most dramatic experience I have had in this regard in-

volved a father who called me one morning to tell me that he would not be able to bring his four-year-old daughter in to see me for a while because he had just been hospitalized to undergo a partial gastrectomy for a duodenal ulcer, which had flared up after having been quiescent for many years. I visited him in the hospital the day before the scheduled surgery. I shared with him my impression, gained from the parent sessions we had had, that he was not undergoing a recurrence of his ulcer, but was in fact reacting somatically to the intense envy of the devoted care that he believed I had been providing for his daughter—something he had articulated during our meetings together. On hearing my comment, he burst into a rage, told me angrily that I was not his doctor and should attend to my own business of treating his daughter, and ordered me to leave. The next morning, he called me and apologized for his outburst of the day before, telling me that his ulcer symptoms had disappeared and that he had cancelled the surgery and left the hospital. "There is a surgeon and an anesthesiologist," he said with a chuckle, "who hate you!" His "ulcer" symptoms did not recur.

I have one other observation to make. Missing in this book is any reference to the value at times of working jointly with a child and a parent, usually the child's mother, even for many months, to prepare the way for individual work with the child. This is necessary not only when there are serious separation issues between a very young child and the mother, but at times with an adolescent-parent duo. Adolescence, as Peter Blos, Sr., has emphasized, is the second separation-individuation phase of development, and for some youngsters and their parents, it is a difficult developmental path to negotiate.

One of the strengths of the book is that the authors provide plentiful clinical vignettes, from their own experience and from that of supervisees, trainees, and students, to illustrate their points. Unfortunately, it is not always clear whose material they are drawing upon, and the vignettes for the most part are brief and focused narrowly on the point being made. We encounter a few youngsters repeatedly, as the authors move on to speak of later and later phases of treatment, but the intermittent, discontinuous nature of these

encounters makes it difficult for the reader to truly get to know them or their parents. I would have been grateful for more extensive, ongoing material from a couple of analyses and therapies presented in depth, to integrate the authors' observations into a more cohesive whole.

The book clearly is intended for the use of mental health professionals at all levels of training and experience. As such, it is likely to be of somewhat limited value to seasoned, experienced child analysts, but it is my impression that everyone who reads this book will find something useful in it. I recommend it highly, therefore, to *everyone* who works with children and their families.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

TRUTH, REALITY, AND THE PSYCHOANALYST: LATIN AMERICAN CONTRIBUTIONS TO PSYCHOANALYSIS. Edited by Sergio Lewkowicz and Silvia Flechner. London: International Psychoanalytical Association Press, 2005. 336 pp.

This book has succeeded outstandingly in presenting a dialogue among distinguished psychoanalysts of Latin America and other areas about theoretical, technical, and clinical aspects of the field, highlighting the distinctiveness, plurality, and universality of psychoanalysis. The relevance of Latin American analysis on professional, academic, research, and clinical levels, as well as its similarities and differences in relation to analysis as it exists in other parts of the world, are particularly emphasized in this book. Although challenging in the light of hugely different sociocultural realities, the search for truth remains a core psychoanalytic objective—one about which Freud himself was insistent.

Contributions by a number of thoughtful and knowledgeable authors reveal the complexity and depth of Latin American psychoanalytic thought. In their foreword, Daniel Widlöcher and Cláudio Laks Eizirik, former president and current president of the International Psychoanalytical Association, respectively, emphasize idiomatic limitations, which unfortunately function as scientific communication barriers when analytic writing is not translated.

Joint professional meetings involving the Federación Psicoanalítica de América Latina (FEPAL), the European Psychoanalytic Federation (EPF), and the American Psychoanalytic Association have helped ameliorate this situation; and the contributors to *Truth, Reality, and the Psychoanalyst* relate incidents from the history of professional psychoanalytic organizations. For example, the first International Psychoanalytical Association Congress in Latin America was held in Buenos Aires in 1991, when the Argentine analyst R. Horacio Etchegoyen was elected IPA president.

Widlöcher and Eizirik pose the question of whether there is a uniquely Latin American psychoanalysis. They answer that they do not think it possible to identify a unified analysis in the mosaic of theoretical developments, institutions, types of practice, and varying cultures in this part of the world. Instead, they think of different expressions of the analytic corpus that can be identified in each region within Latin America. Although I generally agree with their viewpoint, I would nevertheless answer their question in the affirmative, citing the integration of a certain distinctiveness, originality, and universality of the essence of psychoanalysis in Latin America.

In their introductory chapter, R. Horacio Etchegoyen and Samuel Zysman note that Latin America's psychoanalytic history begins, of course, with Freudian ideas, and continues with the contributions of analysts who trained and formulated their scholarly ideas in Europe and the United States, as well as in major cities of Latin America such as Buenos Aires. Etchegoyen and Zysman express gratitude to these analytic precursors and pioneers for their scientific, cultural, social, and humanitarian contributions.

Beatriz de León and Ricardo Bernardi, in their chapter entitled "Countertransference and the Vulnerability of the Analyst," note that countertransference has played a leading role in the understanding of the analyst's participation in the analytic process. For them, countertransference encompasses how the analyst listens, thinks, feels, and interprets as a person, as well as his/her personal biography, values, and individual vulnerabilities. I would add that the analyst also brings his/her conscious and unconscious ideologies to the treatment.

In elaborating their broader definition of countertransference, de León and Bernardi characterize its two primary meanings as follows: (a) the analyst's response to the patient's persuasive influences on the analytic process, and, in addition, (b) the analyst's response to the patient's whole being throughout the process and particularly at crucial moments. Countertransference comprises the global instinctive, affective, and cognitive functioning of the analyst: his/her theoretical and technical orientations, internalizations, and experiences with patients—and, I might add, experiences with life. I prefer their second meaning of the term, which emphasizes the analyst's discoveries of aspects of his/her psychic health and pathology that had not been adequately recognized earlier, as well as the patient's uniqueness and singularity.

Freud recommended self-analysis of all aspects of countertransference, those driven by Eros and those by Thanatos, as well as of the details of the analyst's feelings toward the patient. Freud also counseled the analyst not to act upon these feelings, but to work with them creatively. I believe that this does not imply a suppression or repression, or even a distancing of these feelings, but rather a free and responsible understanding—not, of course, an idealized or omnipotent one, and not one that subordinates the patient but instead respects his/her truth. Countertransference is the totality of the analyst's affective response, and it is an important instrument for investigating the unconscious. Through this mechanism, the analyst develops an understanding of his/her patient via unconscious communication.

In his commentary in *Truth, Reality, and the Psychoanalyst,* Otto Kernberg writes that the analytic situation requires a *three-person psychology* as the symbolic triangulation of the oedipal stage, a viewpoint with which I agree. This is an essential precondition for the analytic utilization of the countertransference, in contrast to its acting out. I find very useful, too, Kernberg's statement that the countertransference should not be communicated to the patient as such, but instead tolerated internally by the analyst and utilized only where relevant as part of transference interpretations. When the patient expresses awareness of changed or perhaps inappro-

priate behavior on the analyst's part, the analyst should acknowledge the observation rather than denying it.

In discussing field theory, Madeleine Baranger emphasizes the fundamentally ambiguous experience of the creation of both persons in the analytic encounter, recognizing the uniqueness of the unipersonal and shared intersubjectivity inherent in the clinical situation. To these comments, I would add my belief that it is important for the analyst to recognize in him-/herself what is occurring in the patient. A distinctive characteristic of each analytic experience is that it includes levels of commonality. This commonality condenses conscious, preconscious, and unconscious aspects of the interrelation between patient and analyst, creating permeability and fostering communication between one unconscious and another unconscious. In an encounter of two subjectivities, temporality is resignified and a basic unconscious fantasy is formed and shared by the couple.

In his chapter, "The Confrontation Between Generations as a Dynamic Field," Luis Kancyper discusses the acquisition of identity, noting that a precondition for this is the presence of the other. The dialectic of identifications, disidentifications, and reidentifications is present throughout life. Grieving processes, anxieties, and states of happiness undergo complex psychic elaborations as a result of reactivations and resignifications of the past. In an intersubjective relationship, parents and children are players in a dynamic field that is more than the sum of its components; it takes root in each member of the dyad's unconscious, but the twosome is also a structured totality due to the impact of each individual on the other in a reciprocal exchange within a dynamic process. It is important to consolidate otherness, reviewing one's own and the other's history.

In his commentary, Antonino Ferro describes the analytic situation as a dynamic and meaningful field. It acquires an epistemological autonomy that nevertheless does not disregard previous influences. Insight is attained when patient and analyst reach a shared understanding, having traversed moments of a lack of understanding, including pathological ones; these can evolve toward the restitution of adequate understanding, Ferro notes.

Drawing on the work of prominent linguistic theoreticians such as Saussure, Susana Vinocur Fischbein reveals an extensive knowledge of her subject in a chapter called "Psychoanalysis and Linguistics: Is a Dialogue Possible?" She discusses ongoing investigations by psychoanalysts, sociologists, and linguists in their attempts to understand the complex meanings of language and of unconsciously structured behaviors. Fischbein mentions several contributions by Argentine psychoanalysts, such as Luisa Alvarez de Toledo and David Liberman, who have conducted noteworthy clinical studies on communication. Thus, we see that psychoanalytic practice need not conform to a single theoretical or technical vision; its interlocution with such fields as linguistics, the neurosciences, biology, and anthropology has been crucial and continues to generate innovative developments.

Jorge Canestri, in his commentary, explains the scope and complexity of the conceptual field as a way to understand the relationship between linguistics and psychoanalysis, demarcating an interdisciplinary area. The joint dialogue incorporates semiotics, linguistic philosophy, cognitive theories of the mind and of mentalization, and psycholinguistics and neurolinguistics indispensable to the theory and practice of both. Canestri cites Wittgenstein, who described the use of language as the nucleus of relationships between words and the world.

A chapter called "The Experience of Truth in Clinical Psychoanalysis," by Antonio Muniz de Rezende, emphasizes truth as the core of psychoanalysis. Muniz de Rezende notes that the truth of the formal sciences is rational and exact, with permanence in time and prevalence of signs over symbols. By contrast, the human science, drawing on symbolic consensus, incorporates the polysemy of cultures and the historical aspects of existence. In the psychoanalytic dyad, symbolic consensus is shared in the experience of the unconscious.

The problematic of the false self is evidenced by the projection of the individual's own image onto the other, who is alienated, with no possibility of a unique identity. Pathological narcissism is not only neurotic in its incapacity to love, but it can also be a psychotic

disturbance that approximates autism, Muniz de Rezende continues. Some hold that the past gives meaning to the present, while others believes that the present gives meaning to the past in a symbolic resignification; for me, it is important to incorporate both these constructs in psychoanalytic thinking.

James S. Grotstein notes in his chapter that authors tend to move from the impersonal to the personal truth. He comments on the importance of living the truth emotionally, scientifically, and rationally, with connections between self and objects. He mentions moments of clinical experience of truth: the necessary denuding, unmasking, and the breaking of the mirror, the iconoclasm, as well as the resultant change.

Juan Francisco Jordán-Moore, in his chapter, "External Reality, Internal Reality: A Real Dichotomy?," notes that Freud, in describing his discovery of the unconscious, distinguished external and internal reality as both separate and joint orbits of the human existence. Citing Winnicott, Jordán-Moore characterizes the concept of transitional space as the place in which we live that is neither internal reality nor external reality, but an intermediate area of experience. Relationships with others are essential to the recognition of what belongs and what does not belong to the self in a shared reality.

My own concept of mutuative interpretation includes the role of the unconscious in a process of mutual sharing and differentiation. Unconscious processes operate in the analyst and in the patient, and this must necessarily occur not only through transference, but also with reality and its perception as these apply to the analyst's behavior. The analyst will use the polysemy of language in utilizing authentic, spontaneous, natural, and sensitive modes of interpretation. The patient internalizes aspects of the analyst and vice versa. Disruptive and pathological emotions, as well as integrative and healthy ones, allow the use of creative curiosity to aid in forming an alternative reading of the events in the analytic session.

In his commentary, Neville Symington writes that there are undifferentiated and differentiated aspects to the unconscious, distinguishing the analyst as both a person and at the same time a recep-

tacle of the patient's transference or projection. The first motive for treating mental illness is a decrease in pain, he notes—that is, the employment of a humanistic attitude to ameliorate an internal state of emptiness, chaos, and disorder.

In "Current Psychoanalytic Practice: Psychic Zones and the Processes of 'Unconsciousization,'" Norberto Marucco sees the contemporary patient as a product of his/her present environment and primary influences. The desire for love, work, and hope—the impulses of life—interrupts the psychic deadness present in cases of psychopathology, according to Marucco. He defines the metapsychological organizations of the mind as psychic zones that will allow the modality of the analytic cure to be utilized, including the resources of its technique. His contribution seems useful and new and arises from his own clinical experience.

The various pathologies, in my understanding, represent differentiated mixtures of the previous with the present and an ongoing relationship with the cultural surround. Psychoanalysis is an inconclusive science, given the distinctive and unique nature of each patient, analyst, and human bond. Analytic technique is no longer seen as a closed, dogmatic system to be transformed into an introduction of different modes of thinking that will allow the psyche to recognize psychic conflict. It is not enough to interpret; there must be a consistent process of approaching, withdrawing, and adjusting distances in the analytic interaction.

In his commentary, Cesar Botella writes that a difficulty of analytic technique that could threaten the cure is the progressive degradation of the analyst and the analysis. However, he proposes that in every psyche, there is a splitting of the ego that does not ignore the other and that approaches creativity and love. The main function of analysis is to bind and elaborate traumatic experiences from childhood in order to avoid disorganization and chaos in the psyche, according to Botella. Reality testing is a process constantly in motion, in which the distinction between internal and external is not a matter of corporal limit or organs of the senses, but a psychic investiture. The real may also be outside. It is necessary to be aware of theoretical prejudices that can block the analyst's freedom of thought, Botella adds.

In "Dreams and the Unconscious in Clinical Practice," Alejandro Tamez-Morales reviews Latin American psychoanalytic theory and technique in relation to dreams. He investigates childhood dreams, repetitive ones, nightmares, and the first dream recounted in the analysis, as well as paradigmatic, transferential, and countertransferential dreams. He also considers dreams about the end of the analysis and reparatory dreams of trauma.

H. Shmuel Erlich, in his commentary, writes that dreams reaffirm the viability and accessibility of the unconscious, thereby recapitulating the discovery of psychoanalysis and its evolutionary stages. In his view, the dream from deep, primal layers of the mind enhances and filters through numerous strata of experience, development, and psychic organization. He finds the use of dreams in the process of evaluation of patients for analysis to be innovative and useful. He is interested in the body and in drives in the formation of the unconscious, in general, and in the formation of dreams in particular. As Freud wrote, the unconscious consists of the representation of *das Ding an sich*—the thing in itself. It is this primary and sensual unconscious that represents our deepest and truest psychic experience and that gives rise to the dream.

From my clinical experience, I would note that dreams are a communication of the totality of the subject. They integrate aspects of the past, present, and future, the internal and the external, the personality and the dreamer's biography, his/her health and pathology. They allow us to recognize the essential and distinctive nature of each human being and of his/her relationships with others and with the environment.

In her chapter, "Child and Adolescent Psychoanalysis in Latin America," Virginia Ungar notes that this topic awakens an interest in social and interdisciplinary topics—in communications theory, couples theory, and in family relationships. She mentions the Argentine pioneers of psychoanalysis with children and adolescents and those from other Latin American countries. She remarks that, in 1994, the first Latin American Congress of Psychoanalysis for Children and Adolescents was organized in Cordoba, Argentina, leading to the foundation of the first journal of child psychoanalysis in Latin America.

As well as considering the famous debate between Melanie Klein and Anna Freud, Ungar explores the origins, genealogy, and leadership of psychoanalytic pioneers of Latin America. Janine Puget and Isidoro Berenstein are mentioned as relevant to couples and family work, and she cites the influence of the French analysts Françoise Dolto, Maud Mannoni, and Piera Aulagnier. To the contributions of these illustrious analytic theoreticians, I would add as also quite significant those of Donald Winnicott and Marion Milner.

In summary, *Truth, Reality, and the Psychoanalyst* is a very valuable contribution that opens fruitful lines of communication among psychoanalysts from different parts of the world. I wholeheartedly recommend it, both to those relatively unfamiliar with psychoanalysis in Latin America and to those already knowledgeable about its unique contributions to the field overall.

SAÚL PEÑA (LIMA, PERÚ)

GENDER AS SOFT ASSEMBLY. By Adrienne Harris. Hillsdale, NJ: The Analytic Press, 2005. 320 pp.

Certainly, for anyone who is serious about the study of gender, or perhaps for any psychoanalyst in clinical practice today, Adrienne Harris's *Gender as Soft Assembly* is a must-read. Harris's thesis is deceptively simple. Gender is socially constructed, emerging in the context of personal interactions between self and others, mediated by family and society. What she means by "softly assembled" is just that—gender is not hard wired, with predictable unfolding from a given starting point, such as inborn sex. Rather, gender is softly packaged, with different patterns and contents, following multiple pathways to unfixed outcomes, serving different psychic and social functions, and influenced by a large number of variables, intrapersonal and interpersonal, conscious and unconscious. With the word *assembly,* Harris emphasizes process, not structure.

In her arguments, Harris would put away the stalwart tools of psychoanalysis: developmental lines, which to her and others are too rigid and claim predictable blueprints for development. In this, I think she is being too hasty, as developmental lines are conceptu-

al abstractions, and need not be and have not always been used reductionistically or in a lock-stock fashion. Is there not room for latitude and longitude, context and history? Developmental lines, too, can be softly assembled.

Harris's work achieves impressive cross-disciplinary integrations, from all areas of psychoanalysis to cognitive psychology, contemporary linguistics, philosophy, mathematics and physics, feminism, "queer theory," social theory, to developmental psychology and infantile research. Coming from a relational perspective, she can, nonetheless, move comfortably within ego psychology, Lacanian theory, Kleinian theory, and object relations. She draws heavily from attachment theory. As she says, "One common characteristic of all this work is the determination to integrate complex intrapsychic process with field theories that stress the constituting power of context and relationships" (p. 4). Most innovatively and creatively, Harris tries out contemporary chaos theory as a possible model for psychic development of self and gender (and the psychoanalytic process).

This is not an easy read. For me and, I suspect, most psychoanalysts, the experience of reading the book is like taking a stimulating trip to a foreign country whose language, even its alphabet, one does not know. Trying to find one's way around without familiar road signs or names is disorienting and at times anxiety producing. Harris is our enthusiastic, knowledgeable, and wily guide on this trip. She shows us intriguing places, entices us into mysterious alleyways, teases us with new tastes and sounds, provides us with useful tips and maps, translates puzzling dialogues, and even gives us brief lectures on pertinent history and culture. And, as with any foreign travel, the effect is eye-opening and somewhat disconcerting, but well worth it. I think this is what our guide wants.

Harris warns the reader that understanding chaos theory is difficult, as the material is highly abstract and unfamiliar, utilizing terms such as "attractor," "strange attractor," and "fractal." The name *chaos theory* comes from the idea that the systems the theory attempts to describe are apparently disordered, although patterns and distributions can nevertheless be discerned. Chaos theory re-

fers to nonlinear dynamic systems, and was first discovered by a meteorologist trying to predict the weather. In chaos theory, outcomes cannot be predicted from initial conditions; small changes can make a difference in the long-term behavior of the system. For Harris, the theory is compatible as it offers the potential to hold the organic, the endogenous, the social, and the historical in complex interaction. Like psychoanalysis, it assures nonlinearity in the course of developmental change (p. 75).

Some of the difficulty in absorbing the book is intrinsic to the subject matter—its unfamiliarity. Some, however, stems from the author's style—a thick collage of ideas applied with many layers. Sometimes Harris's immersion in a wide array of material, and her assumption that what is comprehensible and known to her is also so to the reader, results in some difficult passages, abstract and full of strange (to me) jargon. What counteracts this denseness, however, is Harris's honesty and continual self-critique. With many of the new and difficult ideas and theories that she introduces, she provides an accompanying critique. Thus, the reader can decide on their usefulness and merits for him- or herself.

Gender, in the terms of chaos theory, is a "strange attractor." An "attractor" is a fixed point that organizes the quality and the pattern of certain organized behaviors within particular systems, but is nevertheless susceptible to transformation. A "strange attractor," a state on the edge of chaos, has the properties of being an element in the general system, but also has the strong potential to open a closed, periodically oscillating system. Harris borrows a metaphor from chaos theory to try to explain: An attractor can be likened to a valley or a rut in the terrain in that it attracts the flow of water over time, and thus it transforms and is itself transformed by the ecosystem. Gendered experience is like an ash left behind, a sign of a system that formed, transformed, and left its mark. Gender, like sexuality or language, is an *outcome,* not a beginning. Any given gendered outcome reflects innumerable interactions, identifications, bodily experiences, proscriptions, and prescriptions with parents, family, and society.

The chapter on the tomboy identity, an area in which Harris has done a lot of work, provides a good example of how gender issues can be conceptualized in these ways. Harris draws many varied clinical pictures of many different tomboy experiences, including her own—of how the tomboy experience and identity can emerge from differing developmental pathways, serve differing unconscious functions, express differing selves or aspects of the self, and meet differing sexual desires. A tomboy can be gay or straight; this experience of gender can be an acting out of defensive stoicism against physical pain, serve complex bisexual purposes, manage trauma, be simply a passing fancy, or express rebellion or conformity. Gender states, being "strange attractors," have the potential to change and to be changed:

> The gender attractor, both in the larger cultural system and as a lived experience in the individual, may then pattern a number of experiences and ways of being that, in turn, become gendered by virtue of being caught in that individual's particular attractor basis or valley. [p. 171]

Gender is the point of maximal psychic vulnerability, a flash point for the construction and maintenance of subjectivity. A given gender package can be rigid, upholding the traditional binary polarities laid down by society, or more loosely packed, with more fluidity and bisexuality.

In the clinical material as throughout the book, Harris does not lay out chronological process or tidy histories. True to her theoretical stance, she provides sketches, collages, in the present tense. This is not a polemic; Harris seeks to get us thinking, to stimulate our thoughts, to jar us loose from our set theories with new information. "The question is, can this innovative model stimulate our own creative imagining in psychoanalysis, both theoretically and clinically?" (p. 96).

According to Harris, gender needs to be imagined and understood in context. The book abounds with examples, drawn from many disciplines, of these sorts of contextual schema. From psychoanalysis, Harris finds most compatible the contemporary work

of Benjamin, Chodorow, Elise, and Aron, and from the past, Loewald and Winnicott. As an example of her emphasis on context and interaction, Harris, in trying to integrate the ideas of Bion, Laplanche, Fonagy, and Winnicott, describes "the potential for a rich, flexible transitional space in which a gendered and desiring child emerges, shaped inevitably by the personal fantasies and representations that accrue from these intricate transpersonal settings" (p. 181).

A wonderful example of the relational process that Harris espouses and her style of showing and sketching as opposed to proving or persuading comes when she writes about the reactions of a study group she led on theories about Fausto-Sterling's radical work. Fausto-Sterling sets out to break down the fixed polarities we hold about sexed bodies and proposes a five-sex system. Harris describes the anxious and playful discussions in this study group, their discomfort with such radical ideas, and shares her own reactions. Harris observes: "For all the creative play in contemporary gender arrangements, it certainly seems that sexual difference and heterosexuality, defined and soldered together at an absolutely concrete level, are still carrying powerful cultural controls" (p. 156). Thus, she describes how the controls over gender are experienced within herself and others, while she, with her self-described post-modernist sensitivity, tries to understand and deconstruct them at the same time.

In a most interesting chapter, which is packed with information about fascinating new developmental research unfamiliar to most psychoanalysts, Harris takes up the subject of the acquisition of language and its interconnections with gender. Again borrowing the concepts of chaos theory, she links the semantic attractors and strange attractors of gender. The processes of acquiring speech and finding a place in the gender system are interdependent hot spots for change and making meaning. Speech can be a powerful vehicle for the installation of social norms into private psychic life.

Here Harris delights with a "Psycholinguistic Toolkit for Psychoanalysts"—ten ideas that would help psychoanalysts navigate through contemporary linguistics. What I understand from this is

that, in opposition to the more popular idea that language is driven by an innate grammar, derived from Chomsky, newer linguistic viewpoints see the acquisition of grammar as an emergent functional solution to interpersonal transactions between parent and infant. Later, word meaning emerges from body-based experiences and unique ways of encountering the world of objects. Gendered meanings then grow out of these early embodied experiences. Interestingly, this research suggests that the development of this language may be related to the capacity to know one's mind and that of another.

This playful exploitation and interdisciplinary mix is but one example of the encyclopedic information and creative mélange of ideas found in this book. There are intelligent, incisive discussions of most contemporary gender theorists, a brief but interesting review of the psychoanalytic literature on "thirdness," a clear illustration of dynamic cognitive theory, side tours of linguistics and attachment theories, and revisits to old favorites—names almost forgotten, like Meade and James. Given this kind of breadth, the book is a good reference tool.

Harris ends with a clinical story of how she helped a mother and two young daughters, who lost their husband and father in the 9/11 catastrophe, through the difficult work of mourning. Here we see how Harris thinks and works within a living, breathing, relational matrix. She illustrates how mother and little girls had to use dissociation (differently) as a skilled adaptation to trauma. Here again, Harris avoids pathologizing, a stance that runs throughout the book. For Harris, the use of dissociation (and any given gender pattern) is not pathological, but adaptational.

This material is one of the most moving clinical accounts I have read. Harris describes her own pain in the session and her indebtedness to her psychoanalytic colleagues, whose ideas helped and inspired her in this clinical work. She replies to a question posed by Butler of what makes a grievable life. The answer, she says, is that it must be narratizable, coherent, recognized, and not disavowed. She insists, "No linear-staged model could do justice to the complicity and asynchrony of this process" (p. 257). I would

add that no chaos theory or relational model could do justice to it either. Only a gifted clinician and connected human being could create the safe space for this grieving mother to open up her torn life, and only a talented and honest writer could share it and re-create it for the reader.

Gender as Soft Assembly, with which we might not all easily agree or follow, accomplishes what the author sets out to do—namely, to open up a new space for us in which to conceptualize gender, to upset and destabilize our set ways of thinking. In this sense, the book is a "strange attractor."

NANCY KULISH (BIRMINGHAM, MI)

PSYCHIC TRAUMA: DYNAMICS, SYMPTOMS, AND TREATMENT. By Ira Brenner. Lanham, MD: Jason Aronson, 2004. 342 pp.

Ira Brenner has been working in the field of psychic trauma for more than two decades. He has written extensively about the far-reaching and long-lasting effects of severe, recurrent, and massive trauma. Trained as a psychoanalyst, he is uniquely qualified to articulate what psychoanalysis can contribute to our understanding and treatment of trauma.

It was in Brenner's earlier work with Holocaust survivors and their children that he came to appreciate the phenomenon of *transposition,* a term coined by Kestenberg to describe how defenses of deeply traumatized people may make them appear much more disturbed than they actually are. Indeed, at times, their symptomatology resembles psychotic processes more akin to schizophrenia than adaptive ego functions.

In the present climate, the tendency is to treat the effects of severe and massive psychic trauma by focusing mainly on the external, minimizing or ignoring altogether the significance of the internal conflicts in the processes of psychic traumatization. Brenner cuts against this trend. He has never lost sight of the nature and importance of internal conflicts and of the interactions between them and external events.

In *Psychic Trauma: Dynamics, Symptoms, and Treatment,* Brenner tackles a number of theoretical and clinical issues, drawing upon his work with two different, but at times overlapping, populations: those affected by severe, recurrent physical and sexual abuse, and those traumatized as a result of the Holocaust. In this review, I will focus mainly on that part of the book that deals with dissociative identity disorder (DID), previously known as multiple personality disorder. DID remains among the most controversial psychiatric conditions; it confronts the psychoanalyst with problems of both theory and technique. To characterize treatment for this patient population as challenging is an understatement. For many years, Brenner worked as a teacher, supervisor, and administrator on an inpatient unit specializing in dissociative disorders at the Institute of Pennsylvania Hospital; based on this experience, he is uniquely qualified to speak about the treatment of these severely traumatized patients.

The first part of *Psychic Trauma: Dynamics, Symptoms, and Treatment* is devoted to an examination of severe, recurrent psychic trauma resulting from childhood sexual abuse by relatives, and particularly by mothers perpetrated on their daughters. In some cases, the abuse continued on into adulthood. Here Brenner expounds the concept of DID and offers a working definition of a dissociation (p. 81). He conceptualizes DID as a type of psychopathology at the severe end of a continuum of character pathology, i.e., "lower level dissociative character" (p. 11). Dissociation is a predominant defense against anxiety in the here and now, triggered by the reactivation of altered states associated with earlier trauma.

Brenner draws our attention to the fact that patients with DID tend to experience intrapsychic conflicts as a "pseudoexternalized" interpersonal conflict. The "pathognomonic" unconscious construct at the core of DID is: "It's not me!" This construct gives rise to the creation of "alters," the so-called alter personalities, through the personification of these conflicts (pp. 11-12). The function of this psychic structure is to disown not only intolerable memories of past traumas, but also later affects, wishes, impulses, and anxieties associated with unacceptable intrapsychic conflicts. In order to dis-

own the unacceptable, patients with DID spontaneously "switch" during the course of a psychotherapy session and essentially become one or more of the alters.

Such switching performs a dual defensive function by imposing a veil of amnesia not only upon what preceded the switch, but also upon the originating historical event. The focus of therapy is to address the defensive aspect of the manifestation of the dissociation (i.e., switching) and to provide patients with insight as to how the activation of altered states from past trauma may be used in the service of warding off anxiety in the present. In sum, the aim of the treatment is to "dissolve" the dissociative self so that the patient may begin to deal with the unacceptable conflicts around the disorganizing effects of primitively internalized aggression and perverse sexuality (p. 37), and thus begin the arduous task of reintegrating the fragmented parts of the psyche into a coherent whole.

The unique value of this volume lies in its rich clinical material concerning deeply traumatized individuals suffering from severe dissociative disorder, and in its compelling rebuttal of the conventional wisdom, which holds that this patient population is not amenable to a psychoanalytic approach. Noting both what transpires in a given session and what evolves between therapist and patient over time, Brenner illustrates with a wealth of clinical material the concept of switching and its clinical use. Through his excellent descriptions of the here and now, Brenner shows how he makes patients aware of the way that activation of altered states from past trauma may be used in the service of warding off anxiety in the present.

The great challenge in working with patients suffering from DID is to cultivate curiosity, to lead them to want to understand how their mind works, in order to help them achieve awareness and insight into the defensive function of splitting and the situations that trigger it. This shift toward the desire to know is especially significant in a patient population whose central defensive structure is set to disown the makings and workings of their psychic apparatus, with no understanding, no curiosity, and no observing ego.

Through a compelling summary of the treatment of a patient whom he calls Mrs. A, Brenner invites us to enter his consulting room and encourages us to grasp the complexities, frustrations, and deep meanings associated with the ups and downs that accompany the arduous psychoanalytic journey with these patients. One can only admire the courage, commitment, and patience required for their treatment (p. 31). The therapist must endure, sometimes for many years, severe negative therapeutic reactions in the form of violent suicidal activities and aggressive behavior toward the therapist.

In a very thoughtful and lively exposition of sessions with another patient, Mary (pp. 90-96), Brenner shows how his methodology uncovers manifestations of dissociation (i.e., switching) and its dual defensive aspect when triggered by internal conflicts in the present. This is particularly apparent when the patient utilizes her past trauma to dramatize her inner conflicts while in session with the analyst. Since anxiety in the here and now serves as a trigger for the dissociative switch, his approach is intently focused on diminishing anxiety and providing support to the observing ego, with the ultimate aim of promoting integration of the various parts of the patient's psyche (pp. 94-95).

Brenner's conceptualization may be considered unique in present-day psychiatric treatment of DID, and his methodology, including the introduction of some innovative modifications, is quite controversial. He tackles the perennial question: are patients with multiple personality disorder treatable and are they treatable by the psychoanalytic method? It would appear that Brenner is not advocating classical analysis with strict adherence to analytic neutrality and interpretation; none of his patients was in a traditional analysis. However, Brenner believes that psychoanalytic concepts of defense are crucial to the understanding and treatment of patients with DID.

Throughout his treatment of severely traumatized patients, Brenner's psychoanalytic theory of the mind informs his understanding of symptoms, his view of the characterological basis of dissociative psychopathology, and his use of "dissociation"/switching in dealing with internal conflicts. For example, one of the tech-

nical approaches introduced by Brenner is to talk the patient through the anticipated switch, and then to talk the patient through his or her other personifications (pp. 107, 109). Notably, however, Brenner does not shy away from broaching the subject of whether interpretation alone is therapeutically beneficial and curative in cases involving severely traumatized patients, or whether other interventions may need to be introduced. He also raises other important psychoanalytic issues related to the analyst's willingness to be flexible in the service of furthering the patient's self-understanding.

All of Brenner's methods rely on the analyst's empathy and his or her willingness and ability to provide a holding and containing environment. Brenner stresses the establishment and maintenance of the therapeutic alliance, with a focus on here-and-now functioning and day-to-day safety. For much of the treatment, he offers himself as an "auxiliary ego and memory bank" (p. 22). Through his clinical vignettes, Brenner illustrates his handling of interpretation in the therapeutic process. Moreover, he is very generous in offering his own countertransferential reactions and the entangled enactments that are so difficult to avoid in treatment with these deeply traumatized individuals.

Among his many innovative interventions, the use of "Eye Movement Desensitization and Reprocessing" (EMDR) is surely the most controversial (chapter 9, part III). EMDR is an active technique, closer to the method used by early analysts in its reliance on suggestion and abreaction. The purpose of the treatment is to change the patient's cognitive attitude or perspective toward his or her own helplessness in traumatic situations. It has been proposed that this method is of help in reducing anxiety in posttraumatic states. In the typical use of this therapeutic paradigm, insight and connections to the past are treated as irrelevant.

Brenner incorporates EMDR into psychoanalytically informed treatment of three patients diagnosed with DID who were victims of childhood sexual trauma. For example, in the treatment of Mary, Brenner uses the method after her return to treatment following fifteen years of a previous therapy. Brenner's point here is that this kind of technique is useful in helping patients free associate, and

in reconstruction, with the aim of creating a continuous narrative of childhood trauma, which is crucial for the psychic integration of different alters. He notes having achieved very positive results with Mary following each of the three sessions during which the EMDR technique was employed. According to Brenner, the patient felt "affectively stirred up and liberated afterwards" (p. 281) and was able to work through the resistance to remembering. Through viewing a series of paintings and associating to them (pp. 281-291), she could reconstruct the trauma of years of sexual abuse by her mother. (Brenner does not question the authenticity of the reconstruction.)

Notwithstanding his confident employment of EMDR, Brenner recognizes the inherent aspect of suggestion that accompanies use of this method. More specifically, the symbolic importance of the raised hand lends itself to the patient's feeling controlled, threatened, and seduced by the therapist, who now stands for the perpetrator (pp. 255, 291). Indeed, Brenner acknowledges that, for Mary, the analyst's hand guiding the patient's eyes seemed to be unconsciously interpreted as the mother's hand in guiding the patient's head and mouth to perform oral sex upon her. Brenner states that this was analyzed "to the best of the possibilities" (p. 291). Still, one is left to wonder to what extent Brenner's own desperate wish to cure Mary after fifteen years of treatment might have fueled the use of this innovative—but controversial—technique.

This last caveat aside, Brenner has given us a gem of a clinical book. It is a welcome addition to the psychoanalytic libraries of students, as well as to those of seasoned therapists who work with severely and massively traumatized patients.

GILDA L. SHERWIN (NEW YORK)

NOTES FROM THE MARGINS: THE GAY ANALYST'S SUBJECTIVITY IN THE TREATMENT SETTING. By Eric Sherman. Hillsdale, NJ/London: The Analytic Press, Inc., 2005. 158 pp.

From the first page of his introduction, Eric Sherman invites the reader of *Notes from the Margins* to "defy one's usual expectations

of a psychoanalytic text" (p. 1). Sherman focuses on what he considers overlooked currents in contemporary psychoanalysis: "the importance of the analyst's subjectivity as it shapes the therapeutic interaction, and the role, in treatment, of patient's and therapist's gender and sexual orientation" (p. 2). He describes the dilemmas that homosexual clinicians face and shares with us his intimate countertransference responses. He focuses the book from a gay analyst's unique subjectivity and describes his understanding of the impact this has on his work.

Sherman shares deeply personal experiences, providing a glimpse into his work with several patients by bringing the humanness of his background, personality, morals, and the personal meaning of his sexual orientation and gender clearly into view. He states in the first chapter:

> By presenting detailed clinical vignettes that highlight my thoughts, feelings, personal history, and countertransference struggles with different patients, I hope to offer a glimpse inside the workings of the analyst's mind. I aim, with some trepidation, to do something quite radical: to talk about what really goes on in the treatment room—the good, the bad, the ugly, and the uncertain. [p. 3]

The second chapter provides a brief overview of the analyst's subjectivity. Starting with Freud, the author details the history of countertransference, mentioning Ferenczi, Searles, Sandler, Racker, and Bion, among others. There follows an exploration of contemporary views of the relational model on countertransference. Winding his way through contemporary Kleinian analysis, the British Middle School, self psychology, and intersubjectivity, he arrives at relational psychoanalysis, where he quotes Hoffman, Aron, and Frank. Sherman highlights Hoffman's statement that the "analyst is no more privileged than the patient in knowing the truth" (p. 13). He supports the concept that patient and analyst co-create a relationship in which the analyst "must always be skeptical that he knows all the layers of meaning he is conveying to the patient. He should

instead regard the patient as a potentially astute interpreter of the countertransference" (p. 13).

Key to Sherman's point of view is the concept that countertransference is not simply induced by the patient, but is rather a mutual state wherein the patient projectively identifies into the analyst and the analyst into the patient. Sherman continues chapter 2 with a section on enactments. He states:

> I find enactments unavoidable and, in fact, they represent opportunities to propel the treatment forward. From the analyst's perspective, two common feeling states at opposite ends of the emotional spectrum may be clues that one is engaged in an enactment. One is a heightened sense of urgency, tension, unrealness. The other is a sense of deadness, boredom, or sleepiness. [p. 15]

Clinical examples in the following chapters explore how issues of shame and self-disclosure impact treatment. Of note are the author's specific thoughts about self-disclosure; he reflects that the gay analyst's willingness to reveal his sexual orientation in treatment is inexorably linked to his own coming-out process and experience, often a process of coping with shame by gaining new feelings of acceptance within himself and others. In the consulting room, self-disclosure raises additional issues. Heterosexual analysts operate from the assumption that they are known to be straight and do not announce directly their sexual orientation. But if a gay or lesbian analyst comes out to a patient, his or her straight patients are forced to grapple with "issues of sex, and sexuality, gender conformity, homophobia, and definitions of love and family" (p. 20).

Sherman stresses the importance of treating each situation with a focus on "what will further the treatment of a particular patient at any given moment. What does the patient want to know, why does he want to know now, and what are his conflicts around knowing?" (p. 21). Here, and when it is discussed in clinical material later, I found missing an insight into Sherman's countertransference

as to why he decided to inform these patients of his homosexuality at that moment in treatment. Was it possibly because of reactions to conflicts expressed in the transference? Phillips's[1] idea that the discussion of disclosure and the discovery of the analyst's homosexuality seem to "have a magnetizing effect on conflicts from virtually all developmental periods, and thus may act as an organizing principle of transference wishes and defenses" (Phillips, p. 1249) could have provided a framework with which to explore the numerous possibilities of understanding such disclosures.

The chapters that follow detail Sherman's clinical work. Chapter 3, titled "Big Boys Don't Cry," describes a situation with a patient, familiar to us all: the patient who for some reason we find to be annoying. In Sherman's account, we come to see the threatening effect that an effeminate-appearing patient had on the analyst. Drescher[2] reminds us how difficult it is for therapists to "admit they are sexually attracted to, hate, or are disgusted by their patients" (Drescher, p. 224).

Sherman links the masochism inherent in the patient's material to his own reasons for working with the patient. When the patient raises his voice, Sherman fears that his officemates might hear the self-identified "nellie old queen" yelling, and asks the patient to lower his voice. He then realizes that the request came from his own discomfort and ties it to his desire to silence a part of himself. In retrospect, Sherman recognized that the patient stimulated great concerns of his own about fitting in and passing in a straight world. Sherman and the patient became more sensitive to enactments in which there was a desire on Sherman's part to act sadistically. Sherman ultimately believed that this patient helped him to look inside himself and question his fundamental beliefs, including his view of the difference between femininity and masculinity. Through working with this patient, Sherman grew to like his feminine side more.

[1] Phillips, S. (2001). The overstimulation of everyday life: 1. New aspects of male homosexuality. *J. Amer. Psychoanal. Assn.*, 49:1235-1267.

[2] Drescher, J. (1998). *Psychoanalytic Psychotherapy and the Gay Man*. Hillsdale, NY: Analytic Press.

The transparency is cloudy here, though. How might Sherman have explored these aspects of himself earlier? What might have been unique in this paired setting that enabled it to provide further insight into Sherman's reactions? What is missing here, and in other of the book's examples, are the explanations for a second look. I am thinking here of the second-look process utilized by Baranger, Baranger, and Mom[3] to question what is happening in enactments and resistance, defining it as a "complicity between two protagonists to protect an attachment which must not be uncovered" (Baranger, Baranger, and Mom, p. 2). It would have been helpful for Sherman to identify the collusion in the work that led to the enactment, rather than simply recounting the enactment itself, and then describe his analysis through a "second look" at the impasse and what occurred to enable movement beyond it.

Several chapters address issues common in all analyses. Sherman adds a discussion of his countertransference and the impact it has on his work. In one case, his fear that a straight patient would find out he was gay influenced Sherman's work. In hindsight, Sherman recognized that he was more concerned about the discovery of his sexual orientation than his patient was. Sherman was aware that he had linked his own male homosexuality with the cultural stereotype of femininity and that this had influenced the treatment, which resulted, he suggests, in an early termination of the work.

In contrast, working with another straight male patient, Sherman was worried that the patient would stop treatment if he became aware of the erotic attraction felt by the analyst. He linked his worry to his own fear of rejection by straight males, including his father, because of his sexual orientation. Further, he was surprised by his ability to excite a straight female patient and to be accepted by her as a straight male. The stimulation of these feelings in the sessions had the potential to cause Sherman to distance himself and avoid helping the patients.

[3] Baranger, W., Baranger, M. & Mom, M. (1983). Process and non-process in analytic work. *Int. J. Psychoanal.,* 64:1-15.

Highlighting another resistance in the analyst, Sherman describes a clinical moment when he fell asleep in a session. It was necessary for the patient to wake him at the end of the session. What is interesting about this material was the patient's reaction and desire to avoid the issue in following sessions. The analytic dyad came to recognize that the enactment reflected the deadness of the patient's inner world. Here I wish Sherman had expressed more of how he felt this deadness inside himself, what might have led to his falling asleep, and how that related to what was happening for the analysand in the treatment.

Chapter 9 highlights an important dilemma. Sherman describes his work with a male patient who became HIV-positive during the course of treatment. Linking the delicate balance of the patient's health with the tentativeness of the treatment, Sherman believed that, through enactments in the treatment, he could understand the patient's feelings of being angry, powerless, humiliated, and at the mercy of others in relationships. Because the patient made a sudden decision to engage in unprotected sex, Sherman confronted him when he recognized his own anger and powerlessness. The treatment deepened as they explored the erotic transference issues that arose and made links to the patient's early spankings and admonishments by an angry father. Sherman formulated the need of the patient to be good and to avoid beatings, which had created feelings of being left out and jealousy of his brothers, who, while being beaten, received more attention.

Through his work with this patient, Sherman became more aware of his own prejudices and temptations to make assumptions. Initially presuming that the sexual activity of the patient was by definition pathological, Sherman eventually realized that he himself "could find his [the patient's] sexual activities exciting, even if I never engaged in them" (p. 129). Sherman had to face his own limitations and powerlessness in a treatment where power and humiliation were key themes. With sadness, he shares how it was only through the patient's becoming HIV-positive that the two of them could relate to the other on the most human terms, rather than in some kind of power play.

In these last two clinical examples, the reader is left wondering what was happening to the analysand during this period of growth for the analyst. What impact did Sherman's self-analysis have on the cases? Smith (1997) pointed out that there is a need to understand

> . . . the way in which the analyst's conflicts, resistance and self-analysis intersected with the patient's conflicts, resistances and psychoanalysis, and that dealing with one, we cannot avoid the other, but also and more importantly that the focus on the one inevitably functions both to facilitate and to oppose the work of the other. [p. 29][4]

I would like to hear more of this struggle in Sherman's writing.

In the final chapter, Sherman describes the unique dilemmas facing gay analysts, most strikingly the lack of mentors and role models available until very recently. Acknowledging that analytic work is isolating to all, he suggests that this isolation is magnified for gay analysts. Quoting Isay's[5] concern about the "always present countertransference need to use one's gay patients to counter the sense of professional isolationism" (Isay, p. 211), Sherman notes the shifts that have occurred since 1991. There are now organizations for gay and lesbian analysts in various settings. However, he cautions that many professional conferences continue to segregate, keeping gay and lesbian speakers focused on gender and sexuality topics instead of inviting their input on broader subjects. In making professional referrals, many analysts may be less willing to consider gay- and lesbian-identified analysts for work with heterosexual individuals. Sherman suggests that this further impacts his own work, where heterosexism may intrude. He closes with a concise summation of the key issues in each chapter and how his countertransference played a key role in each treatment.

Sherman's courageous disclosures and enticing writing style makes this a quick read. The greatest value of *Notes from the Mar-*

[4] Smith, H. F. (1997). Resistance, enactment and interpretation: a self-analytic study. *Psychoanal. Inquiry*, 17:13-30.

[5] Isay, R. (1991). The homosexual analyst: clinical considerations. *Psychoanal. Study Child*, 46:199-216.

gins is the author's willingness to share his views of impactful moments in his work. The book provides insight into some issues unique to gay analysts. It is a step in creating a more welcoming, less isolative environment for analysts in which to think about how others work, which is helpful to all analysts.

Yet one is left wanting more. What does one do with this awareness of the countertransference? Sherman opens the door by describing his countertransference, and in most cases he then focuses on the patient. How does he determine and distinguish the analysand's transference and his own countertransference? It would have been helpful to understand more of how Sherman views experience through a "second look" (Baranger, Baranger, and Mom 1983; see footnote 3, p. 387). What is the analytic process that occurs and how does Sherman understand the obstacles that occurred in the treatment?

The author's sensitivity and honesty invite us to explore our own countertransference experiences in reading this book and thinking about our own work. Through his bringing his own issues of shame into the work with his patients, that work was opened up, as he clearly demonstrates. *Notes from the Margins* is thus a book helpful to all analysts in attempting to understand the realities of everyday occurrences in the analytic setting.

ETHAN GRUMBACH (LOS ANGELES, CA)

CLINICAL VALUES: EMOTIONS THAT GUIDE PSYCHOANALYTIC TREATMENT. By Sandra Buechler. Hillsdale, NJ: The Analytic Press, 2004. 194 pp.

Over the last quarter century in American psychoanalysis, analysts of various schools have been especially interested in questioning traditional ideas about the analyst's stance, and in particular have probed the nature and role of the analyst's subjective experience in the analytic situation. In this book, Sandra Buechler presents an affect-based reenvisioning of the analytic attitude, and in so doing makes a significant contribution to our thinking about the conditions for generating a therapeutic process. The book is also a work

of inspirational literature—a designation that should not concern its author, who rates inspiration as one of the most sorely needed commodities in our work as psychoanalysts and as patients.

Buechler, a training and supervising analyst at the William Alanson White Institute in New York, expands here on themes previously addressed in her rich collection of papers, familiar to readers of the journal *Contemporary Psychoanalysis*. In those papers, Buechler explored the emotional experiences of the analyst at work. How do we, as analysts, deal with loss and loneliness? How do we maintain and stimulate curiosity and hope? How do we use our life experiences as well as theoretical knowledge in our work? How can we be "neutral" and still be advocates for a full, meaningful life?

In *Clinical Values*, Buechler addresses such questions in an integrative framework. She posits that several basic universal emotions underlie those experiences that are essential components of a fully lived life. She further argues that these same experiences are necessary for the analyst herself in order to bear the stresses of psychoanalytic work, and in order to "kindle" them in the patient. Therefore, the analyst's struggle to develop and maintain these qualities is, in Buechler's view, a significant element of every treatment she conducts. Buechler suggests that these "clinical values" transcend theoretical schools and are applicable to any psychoanalysis or psychoanalytic therapy, although as she develops them, they lead her to a highly interactive approach to technique that seems to fit most readily into a relational orientation.

Buechler cites as her main influences Harry Stack Sullivan, Erich Fromm, and an area of academic psychology that she calls "emotion theory," particularly the work of Carroll Izard. She follows Sullivan in according primacy to guiding patients in seeing and changing their interpersonal patterns. From Fromm, she derives a basis for the therapeutic "fire in the belly" that motivates the analyst in "fighting for life" against depression and lack of meaning. And "emotion theory" provides her with a guiding vision of psychological health as measured by a person's ability to access and make adaptive use of all of his "basic emotions."

It is this last idea that provides the book's organizational scheme. Buechler tells us that all emotions are part of an interactive system, each having an impact on the others. She conceptualizes psychic defense as the mobilization of certain emotions to ward off other emotions, and believes that in treatment, some emotions can be nurtured as "antidotes" to others.

Buechler's epigraphs and frequent references to literature and music convey to the reader her abiding sense of psychoanalytic work as an art, and she shows herself in this book to be a committed and creative artist who deeply appreciates the individuality of her patients and her supervisees. Given this, I was puzzled by Buechler's apparent lack of interest in fantasy. By her emphasis, she makes it clear that in her view, an understanding of the unconscious determinants and meanings of a given affective experience is of less use in assessing its healthiness than is a weighing of the quantities of the various emotions that take their toll on interpersonal life. This is a point where many contemporary analysts, even those who fully appreciate that inner life is constructed in an intersubjective context, will part company with Buechler. Most analysts, I think, would agree with Chodorow's (1999) statement that "the feelings that concern psychoanalysis are always feelings enmeshed within stories" (p. 239).[1] In Buechler's approach to treatment, in contrast, the feelings *are* the story.

Buechler posits eight emotional qualities, or "clinical values," that she sees as crucial for psychoanalytic treatment. These qualities are often difficult for patient and analyst alike to sustain, mostly because of the narcissistic burdens they impose, and because of pressures from outside the analytic situation. Ideally, Buechler says, these qualities are to be *manifested* or *embodied* by the therapist and *elicited* in the patient. The qualities are: curiosity, hope, courage, a sense of purpose, kindness, integrity, emotional balance, and the ability to bear loss. Buechler devotes a chapter to each, discussing why she sees it as important, how the therapist manifests it in

[1] Chodorow, N. (1999). *The Power of Feelings: Personal Meaning in Psychoanalysis, Gender, and Culture.* New Haven, CT: Yale Univ. Press.

the work, possible obstacles to its emergence, and how it fits in with the other seven in furthering the work of psychoanalysis or psychotherapy.

Although the strict adherence to this list of eight, frequently reiterated throughout the book, may strike the reader as a touch formulaic, there is in these chapters much clinical wisdom, for Buechler has a fresh way of looking carefully at qualities whose value we tend to take for granted. For example, we seldom ask what the value of curiosity is in the analytic situation; rather, we simply assume it is valuable. Buechler uses psychological research on emotion to probe the nature of these mental states in a way that may be quite helpful clinically. In discussing hope, she cites Schactel's differentiation between "embeddedness affects" and "activity affects" (p. 45), noting that hope can exist as a specific expectation for something better in the future, but also (and more importantly for treatment) as a "galvanizing" state (p. 44)—a feeling of striving that is intrinsically gratifying. Buechler then outlines various potential obstacles to the analyst's ability to sustain hope. The analyst must be sure of having good intentions, must be able to bear shame and guilt about limitations, and so forth.

Another example of Buechler's useful detailing of the components of the various values is found in her discussion of kindness. Through clinical vignettes in which she examines acts that embody this quality, she comes to an intriguing definition of kindness as the expression of the analyst's willingness to temporarily sacrifice equanimity, cognitive and emotional functioning, or pride in the best interests of the patient.

While Buechler presents these qualities as necessary to enable treatment to take place, her clinical examples frequently imply that they not only *facilitate* treatment, but actually *constitute* it. Here I do feel that the book overreaches, in that Buechler relies excessively on assertion where what is called for is a clearer explication of the process of cure as she understands it. It seems to me that her emotion-based approach leads her to conceptualize psychopathology primarily as dysfunctional emotional experience and expression, and cure as occurring primarily through identi-

fication with an analyst who exemplifies a more adaptive and gratifying way of experiencing and expressing emotions. In this conceptualization, further elucidation of the intrapsychic factors contributing to the dysfunction appears less important.

Again, my guess is that this extension of Buechler's thinking will be less than convincing to analysts outside interpersonalist/relational schools of thought, in that it minimizes the roles of unconscious meaning and conflict in the genesis of both symptom and cure. For example, those analysts who are more at home with a Kleinian perspective may see Buechler's presentation of this collection of attitudes as an interpersonalist's way of talking about the achievement of the depressive position. In Buechler's conceptualization, however, the eight qualities, while interacting with one another in an internal system, are not seen as emanating from an underlying psychic organization or structure.

A related concern is that Buechler's understanding of the emotional system appears to disregard developmental considerations. In Buechler's synchronic model, there seems to be no way to think about emotions as taking more or less mature forms (for example, is idealization an immature, less differentiated form of hope?), or for clinical manifestations of regression to be worked with meaningfully. Additionally, this model may be unable to accommodate a range of ways of understanding and using countertransference, in that the analyst's emotional experiences are considered primarily in terms of their adherence to or deviation from these ideals.

Viewing our theoretical literature as in large part responsible for rigidifying and constraining psychotherapeutic work, Buechler takes pains to write in a jargon-free and experience-near manner, which makes her book eminently readable. More problematically, however, throughout the book, Buechler expresses a strongly negative view of theory, and at times seems to equate it with intellectualized jargonizing. She pays special attention to what she calls the "emotional uses of theory" (p. 159)—for example, in helping us to feel less alone, or in providing a focus so that we do not feel overwhelmed. She seems to see these uses of theory as

mainly important in helping the analyst to achieve a balanced emotional state while with the patient, so that the real work of treatment, the being together, can proceed. In privileging these ways that theory helps us, however, I think that Buechler minimizes the equally important role of our theories in providing the basis for all our ways of imagining our patients' inner lives. Further, she fails to recognize that any organized way of thinking is a theory, and that her emotion-based framework is no exception.

In fact, in this cataloguing of the qualities of the effective analyst, several clear, albeit implicit, theories are embedded, and they are worth a closer look. One of the most intriguing of these theories is that the character of the analyst (for ethics and character are implicitly Buechler's subject; despite the label "emotions," the eight qualities seem equally well construed as *virtues*) is a far more important factor in treatment than the analyst's theory of mind or technical approach. It seems to me that this idea is often in the air in discussions of therapeutic action, but that analysts have shied away from grappling with it.

Further, Buechler presents a theory of therapeutic action that is consistent with much of relational thinking. This theory holds that analytic change primarily occurs through an ongoing repetition with the analyst of new emotional experience in such a way as to reorganize existing ways of experiencing. Perhaps the most important element in generating this new experience is the analyst's emotional honesty with the patient. In a way, this view of therapeutic action is one that depends much more on making primary the analyst's good character, than does a theory of therapeutic action that gives a prominent role to the elucidation of unconscious fantasy or the resolution of unconscious conflict.

While I believe that most analysts would agree that good character is of utmost importance, I think that Buechler overlooks the limitations of the eight values, as well as their potential defensive uses. It is not clear that a constant striving for *goodness* is always the best location from which to appreciate the inevitable and clinically important transference and countertransference manifestations of *badness*, such as envy, hatred, destructiveness, sadism,

vengefulness, and assorted masochistic phenomena. It struck me that a therapist who follows the precept that she must insistently manifest these ideals may be quite likely to stimulate intense envy and associated defensive maneuvers in many patients, and may at the same time risk rendering herself ill-situated to recognize these reactions. After all, as Schafer (2002) has wisely observed:

> It is not always generous to be generous; the act may be felt by the recipient to be presumptuous, extravagant, or burdensome. It is not always good to show compassion; that act may be felt to be humiliating or based on the projected fantasy of suffering. Help offered to an envious person who is in need of help may be experienced as an instigation for further envy. The "kindness" shown by a person clearly lodged in the paranoid-schizoid position is more likely to be an act based on denial of envy, a show of omnipotence, and the fear of retaliation for past aggressions. [p. 18][2]

I expect that Buechler would reply that she is referring to a kind of deeply honest, integrated experience and expression of these qualities; yet her presentation appears insufficiently appreciative of the problems involved in making this distinction. Indeed, at times, this tendency to avoid complexity leads Buechler to make less helpful, even extravagant, estimations of therapeutic virtue and prowess, such as: "The open analyst, like a sweet fairy godmother or a mythically heroic father, prepares us for the real world" (pp. 114-115). I would have preferred to see her more fully grapple with these problems and more clearly situate her thinking with respect to current controversies about analytic authority, neutrality, the use of countertransference, and enactment.

It must be emphasized, however, that for a book to raise more questions than it answers is often a contribution in itself. And the presence of some underdeveloped themes notwithstanding, the clinical and inspirational value of this book is considerable. Buechler writes as a sensible, seasoned clinician, whose tendency to see

[2] Schafer, R. (2002). Defenses against goodness. *Psychoanal. Q.,* 71:5-19.

more good than bad in the world is probably, overall, much to the benefit of her patients, students, and colleagues. As an aid to the analyst in keeping in mind important guiding ideals, accordingly, hers will be a very useful book. It reminds us to question the absence of the qualities she discusses, both in our patients and in ourselves.

Have we ceased to feel curious with a particular patient, and why? Can we honestly say we are conducting the treatment with the sense that the patient's life is inherently meaningful? If not, why not? Are we rationalizing unkindness as necessary forthrightness? Because these ideals are seldom discussed as such in our work and literature, it is well worth Buechler's while to have written this book, and well worth our time to read it and to be reminded of the more human ideals to which we all aspire.

WENDY WIENER KATZ (NEW YORK)