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CHARLES BRENNER (1913-2008)

It is with deep sorrow that *The Psychoanalytic Quarterly* reports the death of Charles Brenner, M.D., on May 19, 2008, at the age of ninety-four. A giant of American psychoanalysis for the last six decades, he was also a cherished friend, consultant, and mentor to many of us. A member of the editorial board of the *Quarterly* for thirty-seven years, he was among its staunchest supporters, serving as associate editor and treasurer of the journal to the end—not to mention prolific author. At the age of ninety-two, Dr. Brenner published his fourth and final book, and last October he submitted the article that follows. Two weeks before he died, having learned from our managing editor, Gina Atkinson, that I was planning to feature his new paper in this issue, he sent me a brief e-mail to thank me for doing him this "honor." It was a characteristic gesture. I believe "Aspects of Psychoanalytic Theory: Drives, Defense, and the Pleasure-Unpleasure Principle" is his last completed work.

It is difficult to imagine the world of psychoanalysis without Charles Brenner. He will be deeply missed by friends and family.

A formal obituary will follow in a subsequent issue.

HENRY F. SMITH

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ASPECTS OF PSYCHOANALYTIC THEORY: DRIVES, DEFENSE, AND THE PLEASURE-UNPLEASURE PRINCIPLE

BY CHARLES BRENNER

Freud explained certain fundamentally important aspects of mental motivation by assuming the existence of two drives, one libidinal and the other aggressive/destructive. Elements of this theory that seem invalid are identified and discussed, and revisions are proposed that appear to have more validity and greater clinical usefulness.

The psychoanalytic theory of the drives is not a topic of much interest at present, to judge from the current psychoanalytic literature. The principal aim of this paper is to call attention to the importance of drive theory, to demonstrate that certain aspects of it are invalid, and to propose valid substitutes.

Drive theory is a theory of motivation. It was Freud's attempt to answer an important question, namely, "What is the best theory that can be devised to explain what one is able to observe about mental motivation?" To discuss the theory, it must first be outlined, and this is unfortunately not an easy task, since Freud himself never did so clearly and fully. The theory was elaborated by him over a period of many years in several works, mainly *Three Essays on the Theory of Sexuality* (1905), "Instincts and Their Vicissitudes"

Charles Brenner died suddenly on May 19, 2008. He had asked that he be identified for this paper, which he presented at the New York Psychoanalytic Society and Institute on April 8, 2008, simply as "the author of numerous psychoanalytic publications and of four books, the most recent being *Psychoanalysis or Mind and Meaning* (2006, The Psychoanalytic Quarterly, Inc.). He is a Training and Supervising Analyst at the New York Psychoanalytic Society and Institute."

(1915), *Introductory Lectures on Psycho-Analysis* (1917), *Beyond the Pleasure Principle* (1920), *The Ego and the Id* (1923), and *New Introductory Lectures on Psycho-Analysis* (1933).

In composing the following outline, I have relied chiefly on these works as translated in the *Standard Edition of the Complete Psychological Works of Sigmund Freud* (1948), edited by James Strachey, with one important exception. Where Strachey used the word *instinct* as a translation of the German word *Trieb,* I have used the word *drive*. My reason for doing this is that the connotations of *instinct* put emphasis on the pattern of response: a given stimulus of some sort produces a stereotyped behavioral response. What Freud wished to call attention to by speaking of *Trieb* instead of *Instinkt,* I believe, is that human sexual behavior is characterized by the fact that it is anything but stereotyped, as witness the sexual behavior of children, the sexual fantasies and symptoms of neurotic patients, and the variety of sexual perversions (Freud 1905). *Trieb* and *drive* seem to me to put the emphasis where Freud wanted it to be: on motive or impetus rather than on the resultant behavior.

I shall begin with his arresting statement: "The theory of the drives is so to say our mythology. Drives are mythical entities, magnificent in their indefiniteness" (Freud 1933, p. 95). By which he meant that the source(s) of the drives are biological, i.e., nonpsychological, processes that, in ways as yet unclear, produce "psychological accompaniments," i.e., thoughts and wishes (1933, p. 95). Drive theory, as Freud enunciated it, posits a distinction between mind and body. That the two are closely related is, of course, obvious.

More than that, Freud conceived of the mind as functioning just like the central nervous system, something that was doubtless influenced by the fact that he was, by profession and training, a neurophysiologist and neuroembryologist. The mind, he assumed, follows "the pattern of the reflex arc," then as now the conventionally accepted paradigm of the central nervous system (Freud 1915, p. 118). In a reflex arc, stimuli are led to a spinal center by the nerve fibers that make up the afferent apparatus, the center is activated, and nerve impulses result that travel along the efferent fi-

bers to muscles and other organs. By analogy, Freud conceived of the mind as an organ or apparatus that receives stimuli, is activated by them, and produces thoughts, feelings, and actions. In other words, incoming stimuli motivate mental activity.

Simple observation suggests that the mind does indeed respond to incoming stimuli of external origin that are analogous to those that activate a reflex arc, but simple observation also suggests that not all mental activity is initiated by current, external stimuli. How, Freud correctly asked, can one explain thoughts, feelings, and actions that are motivated by memories and yearnings unrelated to current external stimuli? It was to answer this question that Freud constructed the concept of the drives. To quote:

> A drive, then, is distinguished from a stimulus by the fact that it arises from sources of stimulation within the body, that it operates as a constant force . . . . Its source is a state of excitation in the body [i.e., non-psychological], its aim is the removal of that excitation; on its path from its source to its aim the drive becomes operative psychically. [1933, p. 96]

"How does this happen?" is the question that Freud felt unable to answer and that moved him to call the drives "mythical" and "magnificent in their indefiniteness" (1933, p. 95).

Three things about Freud's drive theory are immediately apparent. One is that, according to it, the source of a drive is not psychological. Its source is not to be looked for in the mind. Another, closely related to the first, is that mind and body are separate entities. A third is that the mental motivation furnished by a drive has as its basis a need to reduce the excitation that is the source of the drive in the first place. It is this reduction of excitation that, according to Freud's theory, is experienced as gratification of the wishes generated by a drive. "The aim of a drive is in every instance satisfaction, which can only be obtained by removing the state of stimulation at the source of the drive" (Freud 1915, p. 122).

I believe that all three of these features of Freud's drive theory are invalid, as I hope the following discussion will demonstrate.

Two of them, as already noted, are closely related, namely, that mind and body are separate entities and that the source of the drives is the body, not the mind. The theory that mind and body are separate entities is simply an anachronism, one that has its origin in the age-old belief that humans have a dual nature: a mortal, corporeal entity and an immortal, spiritual one. Until two hundred years or so ago, this was a belief that could be argued. Today it cannot. No one who is acquainted with the knowledge by now available in the fields of neuroanatomy and neurophysiology, in neuropathology, in embryology, in comparative and developmental psychology, in clinical neurology, in psychiatry, and in psychopharmacology can come to any scientifically valid conclusion other than that the brain is the organ of the mind or, to phrase it differently, that the mind (= mental functioning) is one aspect of cerebral functioning (Brenner 2006). To maintain otherwise in the light of present knowledge is to leave the realm of science and to make the assumption that there is a spiritual element, a vital force, perhaps, that is a component of the mind—an assumption that is wholly unscientific.

The fact is that if the neurons that constitute the brain are not functioning, there is no mind, as, for example, when a person is dead or completely anesthetized. Likewise, if neuronal functioning is disturbed by some circulating toxin, by a high fever, or by some generalized metabolic dysfunction, a person's mental functioning is altered in consequence. Or if the brain is as yet immature and undeveloped, mental functioning is correspondingly limited; one cannot teach a one-year-old child to speak as it will be able to do a few years later, when its brain is more fully developed, or, for that matter, to read or to write. The brain at that age is simply incapable of performing such tasks, and a one-year-old child's mental functioning demonstrates that incapacity.

These are only a few simple examples of the sort of observations that support the conclusion that the mind is one aspect of cerebral functioning, but they will suffice to make the point. There is no mind–body problem. The mind is as much an aspect of bodily functioning as is the electroencephalogram, or as are the fluctu-

ations in blood flow in one or another part of the brain, or changes in blood chemistry.

Even when Freud was formulating his drive theory, in the years between 1900 and 1933, there was ample evidence, well known to him, that *mind* is not separable from *body*. Why he clung to the idea that they are separable—the idea that the connection between them is mysterious, almost mythical—is a question that will probably never be satisfactorily answered, but cling to it he did, and it forms an important part of his drive theory, a part that clearly seems invalid.

As early as 1915, Freud postulated that there are two drives, a sexual drive and a self- and species-preservative one. The former he discussed in considerable detail beginning in 1905. To the latter he gave but cursory attention at first, but he finally remedied this neglect (Freud 1920). The formulation he eventually arrived at is a complicated one, and one that goes far beyond the problem of psychological motivation, which, it will be remembered, was the problem to which drive theory was intended to offer explanation. There are, said Freud in *Beyond the Pleasure Principle* (1920), two drives that are active in all living organisms—in all protoplasm. The one he called Eros; the other he called the death drive. To quote from his later formulation:

> And now the drives that we believe in [*sic*] divide themselves into two groups—the erotic drives, which seek to combine more and more living substance into ever greater unities, and the death drives, which oppose this effort and lead what is living back into an inorganic state. [1933, p. 107]

From which it appears that this characteristic or property of all protoplasm is, according to Freud's final formulation, the reason for the fact that the mind is motivated, or driven, by libido and aggression. It should be noted also, since Freud emphasized the fact, that just as Eros and the death drive are always found together in every living organism, libido and aggression are always both to be found in mental functioning. As he put it, "every instinc-

tual impulse that we can examine consists . . . of fusions or alloys of the two classes of drives . . . . The aggressive drives are never alone but are always alloyed with the erotic ones" (1933, p. 104). It also appears that Freud relied on psychoanalytic observations, as well as on the argument outlined above concerning life and death, in postulating an aggressive drive:

> We have argued in favor of a special aggressive and destructive drive in man [i.e., in human beings] not on account of the teachings of history or of our experience of life . . . but because of what analysis has discovered about a need for punishment and suffering . . . . An unconscious need for punishment has a share in every neurotic illness. [The need for punishment is explained as an instance of the aggressive drive being directed against the self.] [1933, pp. 194-195]

That aggressive and destructive wishes play an important role in mental life must have been as obvious to Freud in the years before 1920 as they are to any analyst today, but it was not until 1920 that he introduced the theory that there is an aggressive drive that is similar in importance to the sexual or libidinal one. Even then, he did not put them quite on a par: "We are driven to conclude that death drives are by their nature mute and that the clamor of life proceeds for the most part from Eros" (1923, p. 46). The idea that the two drives play a similar and equal role in mental conflict and symptom formation came only later.

It was Klein and her colleagues who consistently stressed the importance of aggression in mental conflict. Klein herself (1948), in fact, eventually took the position that the aggressive drive is the primary source of conflict, a position that few have followed. When Hartmann, Kris, and Loewenstein (1949) published their seminal article on the subject, they took for granted the position that is widespread among analysts today, namely, that mental conflict and consequent symptom formation always involve a combination of libido and aggression, and that the two drives are on a par as far as their roles in symptom formation are concerned.

How valid is Freud's concept, first set forward in 1920 in *Beyond the Pleasure Principle*, of a life and death drive in all living matter? I believe that it is invalid for reasons I have discussed at length elsewhere (Brenner 1982), which I will only summarize here. There was a time when chemists divided all chemical compounds into two groups: those that were manufactured by living organisms and those that were not. The former were called organic compounds, the latter, inorganic compounds. In 1828, a chemist named Woehler synthesized an organic compound, urea, in his laboratory. He proved, in other words, that a compound previously thought to be synthesizable only by a living organism could be produced in another way, in the laboratory. His success was only the beginning, and for many years, the term *organic,* in the language of chemistry, has meant only that the compound in question contains one or more carbon atoms.

Organic chemistry is the chemistry of compounds of carbon, no more and no less. The terms *organic* and *inorganic* in scientific parlance have nothing to do with life and death. Clearly, then, what Freud meant when he wrote *Beyond the Pleasure Principle* (1920) was that all living organisms sprang originally from lifeless constituents, and eventually they all become lifeless again. The implicit assumption is made that the living and the lifeless are clearly separable; that every chemical structural entity is either alive or dead. The study of macromolecules in recent decades, however, has a different story to tell. There are, it appears, chemical structural entities that all agree are alive, and others that all agree are lifeless, but there is no sharp dividing line between the two, biologically speaking. There is, to be sure, a very sharp one, speaking psychologically. "In men's minds, life and death are indeed polar opposites; not so in biology" (Brenner 1982, p. 17). "One must conclude that Freud's death drive theory is wholly unsatisfactory as a basis for postulating an aggressive drive in mental life" (p. 18).

At the time I wrote this, I nevertheless continued to subscribe to drive theory, with certain changes. These changes concerned ideas about the nature and source of the drives.

> As to their nature, the answer is simple and straightforward. The drives, as properly conceptualized in psychoanalytic theory, are psychological phenomena. To call them somato-psychic is to indulge in mere tautology. As to their sources, neither [aggression nor libido] has any special source as far as is known at present. [Brenner 1982, pp. 23-24]

There are libidinal wishes for pleasurable gratification, and there are aggressive ones. The libidinal ones, I believed, are best explained by the theory of a libidinal drive. The aggressive ones, I likewise believed, are best explained by the theory of an aggressive drive. My present opinion is that this is incorrect. I believe at present that the theory of an aggressive and a libidinal drive to explain mental motivation is invalid.

For Freud, the answer to the question "Why two such drives?" was simple. The one, he believed, has its origin in nonpsychological sexual processes, and the other in some other nonpsychological processes—maybe, he speculated, in processes connected with the skeletal musculature. Once those theories are dropped as invalid, things become more complicated. A simple clinical example is useful.

A man in his twenties was unable to pass his professional licensing examinations, despite his intelligence and adequate preparation. This symptom was, of course, a compromise formation (Freud 1896). For one thing, it served the purpose of avoiding the anxiety and guilt associated in his mind with fantasies of surpassing his father, a man who was himself a fierce and successful competitor in his own professional life. That the patient wished to best his father was supported by much analytic material: he looked down on his father's profession as morally inferior to his own, and he reported many dreams, some having occurred long before he entered analysis, in which he was in physical combat with a powerful older man. In those dreams, characteristically, whatever weapons the patient had either failed to function or fell from his hands. Invariably, he lost the battle in the dream. At the same time, the patient's associations also revealed that failing professionally gratified, in fantasy,

his wish to defeat his father. Nothing would have pleased the father more than to have been able to boast of his son's professional success.

This was by no means the whole story, however. The patient's conflicts had to do with more than pleasure-seeking wishes to triumph physically and professionally. Even as a grown man, he remembered clearly that at the age of six or seven, he thought his mother was the most beautiful woman in the world, and that when he grew up he would marry her. Competition with his father involved, for him, incest and parricide, not just nonsexual aggression. And what makes the example valuable for the purpose of this paper is that it is typical. In every case with which I have been familiar, whether a case of my own or one presented to me, the pleasure-seeking wishes of childhood origin that gave rise to conflict and compromise formation were always incestuous as well as aggressive—always both. As Freud put it, the two drives are always found together, never alone.

Nor is this all that a valid theory must account for. The pleasure-seeking wishes in question become sources of unpleasure as well. They become associated in each child's mind with the familiar calamities of childhood: abandonment, loss of love, physical injury, or inferiority (= castration, in psychoanalytic terminology), and punishment, retribution, and remorse. The pleasure-seeking wishes thus become as closely associated with unpleasure as with pleasure in each child's mind. It becomes as necessary to defend against their gratification in order to avoid unpleasure as it is to attempt to gratify them in order to gain pleasure. What result are the compromise formations that are of such determinative importance in all of mental functioning, both normal and pathological (Brenner 2006). Defense against pleasure-seeking wishes is as much a part of the mind as is the striving for pleasure. The two are inextricably intertwined, and any valid theory must attempt to explain these facts. Perhaps the following does so. It is a part of what Abend (1994) has appropriately called *modern conflict theory.*

The pertinent part of that theory is the conclusion that the mind is motivated by a need, desire, or tendency to achieve pleas-

ure and to avoid unpleasure (= pleasure-unpleasure principle). What is of overriding importance is whether a wish is pleasurable or unpleasurable. In fact, as observation has shown, there are wishes that are both. At a certain age rather early in childhood and from then on, both normal and pathological mental functioning are largely motivated by both needs acting together. According to modern conflict theory (Brenner 2006), the wishes involved cover the whole range of infantile (= early childhood) sexuality; the calamities involved include the whole range of unpleasurable affects, whatever they may be in each individual case; and the defenses include whatever the mind is capable of that can serve the purpose of reducing the unpleasurable affects.

A word of caution is in order. I believe strongly that changes in psychoanalytic theory, such as the ones just proposed, are worth making only if they have significant, practical importance. Does it really matter in practice whether one attributes motivation to a pair of drives or to a pleasure-unpleasure principle? May it not be that whether one subscribes to the one theory or to the other, one is equally well able to help a patient understand his or her sexual wishes and the compromise formations associated with them? Perhaps there is no real, practical advantage in making the suggested theoretical revision.

I believe that there *is* in fact a substantial practical advantage in doing so. It is common to hear the opinion expressed that a given patient's problems/conflicts are chiefly aggressive or (less commonly, in my experience) that they are chiefly libidinal. Which means that in analyzing that patient, one is advised to focus chiefly on either the aggressive or the libidinal aspect of the patient's pleasure-seeking wishes and fantasies, depending on which seems to be the more prominent. The suggested revision in theory that is recommended here serves the useful purpose of reminding one that such a focus leads to an incorrect, one-sided view of a patient's conflicts.

Aggressive wishes are just as sexual as libidinal ones. To refer again to the vignette discussed previously, the patient's aggressive wishes directed toward his father were part of his incestuous fanta-

sies about his mother. One cannot understand the one without the other. To decide to concentrate on a patient's "aggression" inevitably leads to a misunderstanding of the nature and origin of that patient's conflicts, and the same is true if one concentrates on a patient's "libido." No patient's conflicts are chiefly aggressive or chiefly libidinal. Every patient's conflicts are, inextricably, both. The task of the analyst is to understand each patient's conflicts over pleasure-seeking wishes of childhood origin (Brenner 2006). What part is played in each patient's conflicts by "libido" and what part by "aggression" is of no practical consequence. *What is important is what are the pleasure-seeking memories and fantasies and what are the unpleasure-avoiding memories and fantasies that together are causing that particular patient's conflicts.*

In summary, Freud's theory of instinctual drives is not a valid answer to the question of how to explain mental motivation that is unrelated to identifiable, sensory stimuli. It should be replaced by a theory based on what Freud called the pleasure-unpleasure principle, i.e., by a theory that explains motivation as due to a need, desire, or tendency to achieve as much pleasure as possible and to avoid unpleasure as much as possible.

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THE LETHIC PHALLUS: RETHINKING THE MISERY OF OEDIPUS

BY CORDELIA SCHMIDT-HELLERAU

The author rethinks Sophocles' dramas Oedipus the King *and* Oedipus at Colonus *with a special focus on how self- and object-preservative drives are expressed in the protagonist's thoughts, feelings, and actions. What endangered Oedipus' survival at the beginning of his life—the planned infanticide—becomes the disease that later befalls his kingdom and finally culminates in his self-mutilation, which entitles the blinded Oedipus to be cared for by Antigone until he dies. The concept of the* lethic phallus *demonstrates how trauma and the resultant failure in structuring the lethic energies of the preservative and death drives can result in a specific pathology in which disease is used as a trophy and a means to bind the object in an ongoing caretaker relationship.*

I will never forget my first class reunion. Twenty-five years after we had vanished with the winds, we all came together again in the little

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This paper is dedicated to the author's colleague and friend, Dr. Martha Eicke-Spengler of Zürich, on the occasion of her eightieth birthday, November 26, 2005.

An Italian translation of this paper, "Il Fallo Letico," was published in the *Rivista di Psicoanalisi*'s 2008 monograph entitled *Parricidio e figlicidio: crocevia d'Edipo* (*Patricide and "Filiacide": The Crossroads of Oedipus*), edited by Patrizio Campanile (Edizioni Borla, Rome, Italy; pp. 101-121). A shorter version of the paper was presented in Venice, Italy, on June 11, 2005.

town where we had graduated. One classmate after another stood up to update everyone on what he or she had achieved.

Alex was first: he had studied economy and politics, he was married with three children, and had recently been appointed assistant to the chairman of a big international insurance company. Betty had studied art; she was a photographer and had shows in Paris, London, Tokyo, Boston, and an upcoming one in Sydney. Charlie was a lawyer and a happy bachelor. Dora was a professor of German literature, divorced, had one child, and was soon to become a grandmother. Eddie, happily married with five children, was a plastic surgeon and ran the community hospital in a state capital. Frank was a high school teacher, now in his second marriage, with three-year-old twins. The list went on alphabetically, revealing the typical life and career stories that usually emerge from an academic background of this type. Even my being a psychoanalyst was greeted with pleasure and applause.

Finally, Zeno got up. I hardly remembered him from my school days. He was one of those silent guys who are there and are not there at the same time. Zeno had his head shaved. He looked pale and stoical when he started to speak:

> I first studied psychology for three years in B [he named a city]. I had a girlfriend. Then I found out that psychology wasn't what I wanted. I quit university. My relationship broke up. I moved to M [another city] and went to social work school. I found a new girlfriend—then that relationship failed, and I didn't pass the final exam. I got into a crisis and was hospitalized for three months. Then I went to Calcutta and worked as a nurse in a charities hospital. I learned to meditate. Then I got sick and couldn't work for a long time. I spent five years in a Zen Buddhist cloister in the north of India before coming back here. Now I live in a group home and work in a protected carpenter shop. My life has been an ongoing failure, and I believe I have to sink all the way down to the bottom before I'll ever be able to climb up again—if at all.

Zeno sat down. There was a moment of total silence—amazement and awe in the atmosphere. Then Alex, the insurance execu-

tive, got up and interjected: "You say *you've* failed? What do *I* do, other than moving papers from the left side of my desk to the right side, day after day? I tell you, I'm slowly but surely becoming an idiot while doing this! *You* at least meditate, that's something!"

Frank, the high school teacher, joined in: "Right—you say *you've* failed? Do you think it's fun to teach all these kids year after year, always the same stuff? And don't think that even my second marriage is an ongoing honeymoon. Maybe some people are better off if they're on their own!"

Eddie, the surgeon, raised his voice: "Exactly. Your life—a failure? Can you imagine how stupid *I* feel, walking from bed to bed every day, listening to the same kind of people complaining about the same sort of problems, and explaining to them the same procedures over and over again? *You* got around in the world, you think about things—life and death and so on—and I don't even know how to write the word *Buddhism* correctly."

Zeno, with an unmoved face, silently listened as one after another of his former classmates bowed to him and praised his feat of having accomplished nothing. After all who wanted to had spoken up in his favor, he softly but firmly said: *"Yet—I—suffer!"*

In fact, Zeno taught me something important. At first, *pride* had filled the room; everyone was happy to present their *success stories* of twenty-five years of life and work. Then Zeno presented his *total failure*, a *nothingness* that stood there nakedly, monumental and unrivaled. At this point, the group process took a striking turn. Zeno's failure seemed to become the biggest of all accomplishments, and everyone felt like subordinating their own bursting lifelines to this extraordinarily depressing non-achievement.

We might wonder whether Zeno presented us with a deeply anti-oedipal stance, the celebration of a powerful *no* to all the frightening challenges of competition, castration, and narcissistic defeat. One might think the group showed a regressive move in identification with Zeno, the non-achiever. However, Zeno did not say that to achieve nothing was better than to achieve something. It seemed to me that my classmates were struggling to lift him up, to make him feel better about what he had done (or not done)

with his life. Yet Zeno insisted: He did *not enjoy* having lived an alternative life or being the biggest non-achiever. *He was suffering!* He was in pain—maybe he was the biggest in pain. What Zeno presented was something categorically different; and this is what I will call the *lethic phallus*, a concept that will be further elaborated in this paper.

OEDIPUS AND DRIVE THEORY

What does Zeno have in common with Oedipus? For us, Oedipus is Freud's Oedipus, presenting the drama of man's early sexual awakening, filled with fantasies about the murder of father and the incest with mother (the classical duality of sexuality and aggression), leading to guilt and punishment. That's what Sophocles concentrates on—or seems to concentrate on—when he artfully reveals the sins of this ancient hero. However, we know about another story at the bottom of this tragedy: the planned *infanticide*. Only a few psychoanalytic authors (e.g., Faimberg 2005; Forrest 1968; Ross 1982) have focused on this aspect of our most famous house myth. Freud's (1900) compelling interpretation of Sophocles' drama and his subsequent elaborations are so central to psychoanalysis that there seems to be no room left even to wonder whether this tragedy might also teach us something about other aspects of mental life.

I find it interesting to rethink Sophocles' (5th century B.C.) two Oedipus dramas while keeping in mind the concept of self- and object preservation as primal drive activities and as part of the death drive (see Schmidt-Hellerau 2001, 2002, 2005a, 2005b, 2006). While a review of these plays from the perspective of object relations would probably be readily accepted, an analysis of them from a drive perspective nowadays seems to require some explanation. Just how is drive theory helpful in understanding a clinical hour, the analytic process, or the development of a drama?

Most of all, I think that drive theory helps us capture the *unconscious current,* the *directedness,* the *trajectory* of the material: Where are all the associations of the patient aimed during an hour,

and where are they aimed during a particular phase of the analysis? What is the patient unconsciously *driven to achieve?* Is his major, basic, or predominant concern safety, the activation of preservative drive activities, so that everything he does or says has the goal of enhancing his (neurotic) need to be safe? Or is he driven to find sexual excitement, pleasure, satisfaction?

The question I often encounter, "Why drive theory?", indicates that we have lost sight of the importance of what *propels*, what *forces*, what *motivates* us to do anything at all. Drive theory helps us think about what activates particular representations, and hence images, fantasies, wishes, and thoughts. Is it predominantly the lethic energies of the preservative drives, or is it the libidinal energies of the sexual drives? In examining these questions and their possible answers, we might better understand what particular need or desire makes us relate to an object in a specific way (Schmidt-Hellerau 2005b, p. 1023). It is the psychoanalytic concept of drives that brings into focus these basic and ongoing urges, the wishes and needs that inform *all* mental processes.

As an example, imagine that person X shows up at a party, and person A greets X by saying: "Hi, you look great, I want to introduce you to my friend"—while B greets X by saying: "Hi, is everything okay? You look a little distressed and pale. Can I help with anything?" While X looks as X looks, A *sees* X from the perspective of locating a possible sexual partner for a friend (a libidinal cathexis of X), whereas B *sees* X as a distressed or near-to-sick person who needs help (a lethic cathexis of X). This example does not tell us how X really (predominantly) looks. It only shows that A saw X and was struck by a sexual idea, while B saw X and was motivated to be a caretaker. These ideas can be related to a momentary predisposition or to character traits of A and B. They can be totally reality oriented, rather defensive, or mostly neurotic; in all cases, though, they express the individual's predominant (unconscious or conscious) urge to do or to communicate something sexual or preservative.

As the example is intended to show, my premise is that preservative and sexual strivings can be observed in the analytic material,

as well as in a poetic text, because "every drive tries to make itself effective by activating ideas that are in keeping with its aims" (Freud 1910b, p. 213). These drive-activated ideas can be more or less obvious, they may be expressed directly or merely implied, they travel on different levels of disguise and repression, and, on top of all that, the ideas of *both* drives always travel together, combined into compromise formations or creating conflicts, and it is not easy to separate out what each is all about. However, more often than not, it is possible to hear a dominant theme.

Whenever a person—the patient or the hero in a play—is preoccupied with preservative or death issues, concerning, e.g., nutrition, cleanliness, and health, but also disease, misery, suffering, pain, sadness, death, and survival, then we see the preservative and death drives and their lethic cathexes at work. In this sense, my former classmate Zeno presented his life as an endless chain of failure, misery, disease, and loss—and he succeeded in stirring up our urges to be momentarily helpful, to take care of him and be supportive: a lethic, live-account call for a lethic response in his objects' countertransferences.

Thus, rereading the two dramas about Oedipus, I wondered: Does the traumatic assault on the hero's early life—as portrayed in the myth—reverberate in the adult character as put onto the stage by Sophocles? Do we see the play's protagonist driven by self- and/or object-preservative urges and needs? Is there a lethic trajectory in these dramas that might sensitize us to similar currents in our patients' material?

As I reflected on these questions, to my surprise, I discovered a very different Oedipus from the one I had known since I first read Freud. And even more surprising was the fact that what I was discovering was openly there—it was as explicit and present in the text as it was absent from our psychoanalytic awareness. Could we not realize and reflect about the lethic needs of Oedipus (had we even dismissed their importance) because we watched the drama through our conceptual binoculars—one eye for libido, one for aggression

—that did not allow us to see that this man was driven by issues around self- and object preservation and the lurking death behind them? This, then, would seem reason enough to reconsider these two ancient dramas from the perspective of the lethic drives.

What I am suggesting here is *not an alternative* to all that we have learned from Freud and throughout more than a hundred years of psychoanalysis, but an *addition*, a complement, *an other side* to this complex drama of *Oedipus the King* and *Oedipus at Colonus*.

THE UNKNOWN KNOWN: A STORY TO BE REVEALED

The tragedy of Oedipus is rooted in a disturbance in his father Laius' mind. In consequence of Laius' homosexual assault on Chrysippos, he entertains the oracular belief—his "Laius Complex" (Ross 1982)—that, had he a son, this son would murder him and have sex with his wife: a horrifying projection, it seems, that prevented him from having sex with his wife and impregnating her in the first place. Thus, the prehistory of Oedipus is already characterized by a threat to Laius' *survival*—or what I would call a *binary conflict* (Schmidt-Hellerau 2005a) between sexuality (having sex with his wife) and self-preservation (his fear of being murdered).

Here versions of the myth vary[1]: one version tells us that, despite these fears, Laius had sex with Jocasta. Another says that Jocasta made Laius drunk and seduced him. Either way, with Oedipus' birth, Laius and Jocasta's oracular anxieties that they will be killed by their son (1299[2]) become concretized, and they regress to a *monolithic conflict* (Schmidt-Hellerau 2005a) between *self-preservation and object preservation:* that is, *their lives* versus *the life of their son*. Driven to survive, they decide in favor of their own self-preservation and order that the baby be abandoned in the woods

[1] My sources for the myth are Rose (1982) and Graves (1955).

[2] All quotations are referenced with the verse number as annotated in the 1984 Fagles translation of *Oedipus the King* and *Oedipus at Colonus* (Sophocles, 5th century B.C.).

or drowned in a box. We see that their aggression arises in the service of self-preservation.[3]

This is the family background for Oedipus-baby (or Oedipus' unconscious belief): he is not cathected as a lethic and libidinal object (an object to be preserved and loved); instead, he is *represented in the minds of his parents as dead* before he is even born. Thus, Jocasta does not carry life in her womb, but death. Moreover, since Oedipus represents a threat to his parents' life, he becomes a survival tool for them: *he is supposed to die in order to preserve their lives*. Thus, Oedipus-baby is delivered to physical assault and psychic pain in an abusive and murderous parental plot. His feet are pierced and pinned together so that he can be carried like an animal, and *this wound*—we must not forget its specifics—this "dreadful mark" (1134) gives him his name: Oedipus, *swollen foot* (thus, not *swollen penis* in actuality, even though we are used to thinking of his name as a displacement). He got his "name from that misfortune" (1135), and this name, the Swollen Foot, screams into the world forever: *he has been hurt, he is the injured hero*—and we might very well expect that in consequence of this hurt, his self-preservative needs are "swollen," increased, perhaps aggressively intensified.

Next, we meet Oedipus as a young adult. To be called a bastard stirs up a deeply unconscious question about his parents—his primary caretakers. In Delphi, his father's oracular belief is transmitted to Oedipus (Faimberg 2005), or, as we might think of it: he becomes obsessed with the *projective identification* of Laius—that he would kill his father (which also entails the idea that his father is too fragile to survive his son's aggression)—and wed his mother. Oedipus reacts in an *object-preservative* way: he decides never to return to his adoptive parents, Polybus and Merope, in order to *protect* them from any murderous and sexual assault.

[3] Forrest (1968) is one of the few authors who have focused on parental failure in the Oedipus myth, which he notes "reveals the effects of parental deprivation on the individual, and of familial and social deterioration that ensues from marital dysfunction. When the father's anxiety interferes with his function of stabilizing the mother, or worse, unbalances her, it results in maternal deprivation. The mother infected by the father's anxiety may ward off her fears by rejecting either infant or husband, seeking thenceforth the satisfaction of her needs for both from one, thus robbing the child of appropriate mothering" (p. 158).

Quinodoz (1999) suggests that the play's two sets of parental couples, the *abandoning* one and the *adopting* one, represent a dichotomization of Oedipus' parental imago, which allows him to avoid his ambivalent conflicts and, in terms of "the drive forces involved in an unresolved conflict," to temporarily repress his "destructive aggression" (1999, p. 17). Might we conclude also that it is the dichotomization between the *preservative* and the *sexual parental* imagoes that led Oedipus to be all object preservative with Polybus and Merope, and all rivalrous and sexual with Laius and Jocasta?[4]

When Oedipus meets Laius at the crossroads, his father—*again!*—wants to get him out of the way.[5] Yet Oedipus, now grown up, *preserves* himself and fights for his right to be there. As he later tells Jocasta:

> And the one in the lead and the old man himself
> were about to thrust me off the road—brute force—
> and the one shouldering me aside, the driver,
> I strike him in anger!—and the old man, watching me
> coming up along his wheels—he brings down
> his prod, two prongs straight at my head!
> I paid him back with interest!
> Short work, by God—with one blow of the staff
> in this right hand I knock him out of his high seat,
> roll him out of the wagon, sprawling headlong—
> I killed them all—every mother's son! [888-898]

We cannot miss the ring of pride in this account: this time Oedipus has successfully defended himself. Was this an act of his aggressive drives—did he *want* to kill these people? Or was it an act of his self-preservative drives? Think for a moment of a patient who tells his analyst that he was attacked in an alley by thugs, and

[4] See also Schmidt-Hellerau (2005a) and Freud (1910a, 1912).

[5] Some versions of the myth tell us that Laius wanted to consult the oracle about the riddle of the Sphinx. Other versions say Laius went to Delphi because he was afraid that his son might still be alive, thus constituting an ongoing threat to his life. It makes sense that Laius could not rid himself of threats to his survival by ridding himself of his son.

that he *did*—or *did not*—defend himself. Would the analyst think it psychically healthy if the patient did not fight for his life?[6]

However, as healthy as his own actions seem to the adult Oedipus, we might also wonder: was there no way for his father and he to get past each other without one of them killing the other? Think of those narrow Italian roads where only one car seems to fit, but whenever two cars come from opposite directions and meet up, they always find a way to get past each other. The simultaneous wish to preserve one *and* the other makes these solutions possible. Thus, the crossroads encounter shows that both Laius and Oedipus do not have a stable representation for good object preservation. The tragic consequences of this lack are revealed in Oedipus' last line: killing the old man, *his father,* is like killing "every mother's son!"—and thus killing himself.

After having resolved the riddle of the life-threatening Sphinx[7] —thereby becoming Thebes' rescuer (a grandiose lethic idea)—Oedipus comes to live in an incestuous relationship with his mother. Or should we say, instead, as Stimmel (2004) emphasized, that

[6] The right to defend and preserve himself is exactly what Oedipus confronts Creon with twenty years later in *Oedipus at Colonus:*

> One thing, answer me just one thing. If,
> here and now, a man strode up to kill you,
> you, you self-righteous—what would you do?
> Investigate whether the murderer were your father
> or deal with him straight off? Well I know,
> as you love your life, you'd pay the killer back,
> not hunt around for justification. Well that,
> that was the murderous pass *I* came to,
> and the gods led me on,
> and my father would only bear me out, I know,
> if he came back to life and met me face-to-face! [1132-1142]

[7] The Sphinx rips off (in one version) or strangulates and swallows (in another version) everybody who cannot solve her riddle. Can we say that those who cannot solve it are the children who are killed by her, one after the other? Isn't it striking that Jocasta and Laius do not know the answer to the Sphinx's questions—do not know that what crawls on four legs is a baby, and what walks with a cane is an old man, both asking to be taken care of? Oedipus, however, does know, and spelling it out saves his life. The Sphinx suicides, as will Jocasta many years later, when she is confronted with a human condition that requires not only sexual intercourse, but first and last the caretaking of a helpless human creature.

Jocasta, not having overcome her separation from and yearning for her son, lives in an incestuous relationship with Oedipus? As in any case of incest, we might suspect that this relationship speaks of profound confusion in the minds of both parties in the relationship, a confusion of what is sex and what is care, a lack of differentiation leading to the sexualization of preservative needs.

It is striking that in this drama, we do not hear anything about love or sexual excitement; it does not seem to be about sex at all. Instead, the scenery is soaked by an outpouring of lethic concerns, feelings, and imagery: they are all about *sorrow* and *threatening death*—which elicits in Oedipus the pervasive need to *take care of the spreading disease.* For despite being the king of Thebes, Oedipus is not happy; he is a "lone man unknown" (281), dragging out "his life in agony" (283), and, furthermore, "a raging plague in all its vengeance" (36) is devastating his kingdom.

Danger is all that Oedipus can see, all around him, and eventually it dawns on him that *he* "is the plague" (276) that has epidemically befallen the world of his objects. *His conviction that everyone around him is sick* speaks of a surge of his object-preservative needs and strivings. This is the opening scenario of the drama and the *reason* for its unfolding. Oedipus finds himself surrounded, overwhelmed, "with cries for the Healer" (5), and he *is driven to preserve his objects.* To his citizens (he calls them children), he says:

> You can trust me. I am ready to help,
> I'll do anything. [13-14]

> I pity you. I see—how could I fail to see . . .
> you are sick to death, all of you,
> but sick as you are, not one is sick as I.
> Your pain strikes each of you alone . . .
> But my spirit
> grieves for the city, for myself and all of you. [69-76]

It is interesting that here, in the drama's first minutes, we hear that *no one is as sick as Oedipus is—he is the biggest in pain and grief.* Accordingly, when he spells out the curse of the illness, he actually

curses himself: "I curse myself as well" (284), and even seeks to be struck down by his own curse: "With my full knowledge, may the curse I just called down . . . strike me!" (287).

We all know how things unfold as the drama progresses and how the truth is unearthed "step by painful step" (283). Warnings that the findings of this investigation might be painful and devastating cannot stop Oedipus. He makes up his mind: "The time has come to reveal this once and for all" (1152). It is fascinating to note that the drama's focus shifts here from searching for the murderer of Laius to Oedipus' relentless inquiry of *who his parents were and what they did to him* (1161). The revelation of this mystery, forced out of the shepherd by Oedipus, is the climax of this drama:

SHEPHERD:
All right! His [Laius'] son, they said it was—his son!
But the one inside, your wife,
She'd tell it best.

OEDIPUS:
My wife—
she gave it [the baby] to you?

SHEPHERD:
Yes, yes, my king.

OEDIPUS:
Why, what for?

SHEPHERD:
To kill it.

OEDIPUS:
Her own child,
how could she?

SHEPHERD:
She was afraid—
frightening prophecies.

OEDIPUS:
What?

SHEPHERD:
They said—
he'd kill his parents.

OEDIPUS:
But you gave him to this old man—why?

SHEPHERD:
I pitied the little baby, master,
hoped he'd take him off to his own country,
far away, but he saved him for this, this fate.
If you are the man he says you are, believe me,
You were born for pain.

OEDIPUS:
O God—
all come true, all burst to light!
O light—now let me look my last on you!
I stand revealed at last—
Cursed in my birth, cursed in marriage,
Cursed in the lives I cut down with these hands!
[1286-1310, italics in original]

No doubt the account is shocking—its consequences overwhelming, devastating. Who would dispute that this is the worst of the worst that could happen to anyone? Now it is most striking that, when Oedipus gets the full picture, only once and briefly does he express his amazement: how could a mother—his wife, his mother—do this to her child, to him? Yet there is no outcry of rage, no blaming, no effort to excuse himself by pointing out how hard he has tried to avoid all the oracle's sinister prophecies. Instead, it seems as though Oedipus immediately absorbs the primal crime, infanticide, into the range of his own misdeeds; he did it all. He, who was "born for pain," now has his full share of it to live with.

Oh, Ohh
the agony! I am agony—
where am I going? Where on earth?
where does all this agony hurl me?
where's my voice?
winging, swept away on a dark tide—
My destiny, my dark power, what leap you made!
[1443-1448]

Dark, horror of darkness
my darkness, drowning, swirling around me
crashing wave on wave—unspeakable, irresistible
headwind, fatal harbor! Oh again,
the misery, all at once, over and over
the stabbing daggers, stab of memory
ranking me insane. [1450-1456]

I am misery! [1510]

The blackest things
a man can do, I have done them all! [1541-1542]

Kill me, hurl me into the sea
where you can never look on me again. Closer
it's all right. Touch the man of grief.
Do. Don't be afraid. My troubles are mine
And I am the only man alive who can sustain them.
[1545-1549, italics in original]

As much as we empathize with Oedipus' pain, more and more, we come to hear a tone of hubris in his ongoing laments. His self-proclaimed "I am misery" carries no defeat or shame; it is his "dark power" that provides him with "stabbing daggers," concretized in the gold pins of Jocasta's brooches that he uses to irreversibly enter the darkness of the blind. And, as if to concretely portray how much Oedipus is locked in the grip of death drive forces, Sophocles has Oedipus say, "*my* darkness, drowning, swirling around me/crashing wave on wave—unspeakable, irresistible/

headwind, fatal harbor!" Unspeakable, this irresistible head wind—a storm in his head—is pulling Oedipus away from life, forcing him into a fatal harbor of misery. This puts him, nonetheless, into the highest lethic rank of insanity, we might surmise: Oedipus is now "the only man alive who can sustain" such agony.

Creon, who wants to protect Oedipus, demands: "Get him into the halls . . . . Piety demands no less" (1564-1565). Creon seems increasingly repelled by this screaming exhibition of shame and guilt: "This is obscene" (1566). Oedipus, however, insisting that he is "the worst of men" (1568), doesn't want to be hidden in secrecy:

> Let me live in the mountains, on Cithaeron,
> my favorite haunt, I have made it famous.
> Mother and father marked out that rock
> to be my everlasting tomb—buried alive.
> Let me die there, where they tried to kill me.
> Oh but this I know: no sickness can destroy me,
> nothing can. I would never have been saved
> from death—I have been saved
> for something great and terrible, something strange.
> [1589-1597]

The Lethic Phallus

We see no gesture of humility in this last quotation; we find none of the modesty of someone who is sorry for what he did, no apology. Instead, Oedipus wants to live at the place that he made famous, where the parental assaultive intent was *to bury him alive.* His having been victimized, traumatized in his self, pierced in his feet, becomes a strange and terrible but great *something* with an indestructible, powerful, dark trophy: *his lethic phallus.*

This lethic phallus is not something to be hidden; on the contrary, it can be used to exercise power over others. Although he has asked to be driven "out of the land at once, far from sight, where I can never hear a human voice" (1571-1572), Oedipus claims his favorite daughter, Antigone, to accompany him. Blinded by self-mutilation, he now needs a guide, and, finally, *he can claim the right*

to be taken care of till the end of his life. We need to be clear about what he suggests and carries out: Oedipus forces Antigone into a hidden incest, a lethic incest, an incest in caretaking. His lethic phallus powerfully intrudes into the beautiful life of this young woman and ties her forever to her father's misery. He denies her the joys of love, banquets, and marital delights, and casts bitterness, tears, and disgrace on her. "What more misery could you want?" (1638), he asks—as if she, too, would not know any other delight than tending to his lethic phallus, reflecting his entitlement to be cared for.

With stunning ease, Oedipus strips his daughter of any future sexual pleasure: "You'll wither away to nothing, single, without a child" (1644-1645). There shall be no room for her sexual drives; she is supposed to be all object preservative, a lifelong caretaker of her father. In a complete reversal or denial of generational roles, he forces her to live with him to fulfill the role of the "nursing couple" whose care he did not enjoy as an infant. The sexual boundary violation with his mother turns into a boundary violation in caretaking with his daughter/sister.

Creon, sensing this abuse, tries to stop Oedipus: "Enough. You've wept enough" (1662-1663). "Come along, let go of the children" (1673). He senses that Oedipus is far from being a penitent who offers apologies, but instead presents himself as "still the king, the master of all things" (1675)—but Oedipus is now the king of pain, guilt, and misery. He will later get his way and take Antigone with him into his exile.

TRAUMATIC REVERSAL AND DEPRESSION

Let us now return to the brief moment of amazement when Oedipus learns that his wife—his mother—actually handed him over to have him killed: "Her own child, how could she?" He learns that Jocasta was afraid—but is she still? Oedipus does not ponder this point; he concludes that it is his fault—*he* is "the worst of men," the one who did it all. In this moment, Sophocles calls upon us to

witness a trauma (in the classical Freudian sense) and the way in which Oedipus struggles with its disorganizing effects. When he was a baby and his parents punched his feet and gave him away, he had no means to know what was happening. This early assault remained deeply buried, an *unthought known* (Bollas 1987), which was eventually partially unearthed by another assault, his being called a bastard.

Now, as the shepherd tells Oedipus the whole truth, it hits him with the full power of *Nachträglichkeit*. What the shepherd says is: "No, you did *not* have a mother who cared for you [in the way your adoptive mother, Merope, did]; on the contrary, your mother [Jocasta] was after your blood—your parents tried to kill you, endangered your life!" The force of this blow to Oedipus' inner world is so overwhelming that he has to defend himself against the unbearable loss of his primal objects; he has to seal the hole it punched in his psyche—his pierced mind swells and reverses the deepest and most terrifying abyss into a huge and powerful monument: his incomparably big, erected lethic phallus.

In her famous contribution to the negative therapeutic reaction, Riviere (1936) describes the patient's fear of an inner world without escape, where "one is utterly alone, there is no one to share or help . . . , there would be no one to feed one, and no one whom one could feed, and no food" (p. 313). Thus, a patient in this situation is completely absorbed by warding off danger:

> To save his own life and avert the depth of despair that confronts him, such energy as he has is all bent on averting the last fatalities within, and on restoring and reviving where and what he can, of any life and life-giving objects that remain. It is these efforts, the frantic or feeble struggles to revive the others within him and *so* to survive, that are manifested. [Riviere 1936, p. 313n, italics in original]

Riviere's early clinical observations focused on narcissistic patients with an unconscious depressive condition that is shielded by a manic defense. From a Kleinian perspective, she beautifully described the patient's struggle with his inner objects, in which he

"feels undeserving of help from the analyst until he has helped restore and cure his internal objects" (Spillius 2007, p. 67). We can add here that the particular unconscious inner object relation of the patient, as Riviere described it, is predominantly spurred on by his self- and object-preservative drives: it is the *loss of the representation of a preservative object* that is experienced as life threatening to the subject, and it is this imagined threat to his survival that propels his "frantic and feeble struggles" *to feed and to be fed, and to find food*. To rescue and maintain "any life and life-giving objects" is object preservative, as Riviere points out, for the sake of one's own self-preservation.

Interestingly enough, we might then consider that the negative therapeutic reaction to the analyst's food (interpretations) might not only indicate a rejection—e.g., a depressive reaction to an unconscious sense of guilt (being undeserving), or an envious attack on the analyst's capacity to nurture; it might also express what goes on in the mind of the patient: that he is handing over all that he receives from the analyst to an insatiable maw. Or, to put it another way, the patient's voracious inner objects swallow up all they can get without giving anything in return, leaving the patient with nothing. This keeps the patient in a permanent, melancholic identification with his objects, equally hungry (sick) and voracious, and never to be satiated by his analyst—unless the analyst, rather than fighting these objects, joins the patient and helps him understand what his efforts are all about; and joining the patient means acknowledging and mourning his objects' unbearable, frightening, and enraging feebleness and carelessness.

Object Loss and Fetishism

Here, from a French psychoanalytic perspective, Denis (1992) offers an important addition. He conceptualizes the "depressive object" as an "internal fetish" that is "intended to preserve a broken link," a powerful "refusal to contemplate any detachment" (p. 90) from the lost object, suggesting that:

> Something else has taken the place of the lost object and has been appointed its substitute; it has inherited the *inter-*

> *est* formerly directed to its predecessor and *this interest has suffered an extraordinary increase because the horror of object loss has set up a memorial to itself in the creation of this substitute*, which will be found in the core of depression. It is "the shadow of the object" which constitutes this substitute or memorial; it is its fetishistic cathexis which sets it up as an object of depression, or "depressive object." [p. 89, italics added]

The link between object loss and fetishism goes back to Freud's writing. The fetishistic object is an unconscious substitute for the phallus, the symbol of the penis. Indicative of narcissistic pathology, as well as of a massive regression, the fetishistic object functions not only as a defense against castration and separation anxiety, but also as a protection against trauma, depression, and psychosis (Lussier 2002, pp. 604-606). Denis' *depressive object,* when used defensively as a fetish, leads us to recognize its phallic status. This phallus, however, is not erotically exciting and does not have a lust-promising potential, not even in the sense of masochism. It is a *lethic phallus.* It is devoted to preservation of the lost object, the "lost object-me" (Abraham and Torok 1984, p. 229), the preservation of its shadow and death. Its perverse quality expresses itself in the hypercathexis of the affective state of suffering.

This fetishistic defense has grave consequences for the ego. As Denis (1992) points out, "the ego may be said to develop in mourning" (p. 90). Yet the fetishistic use of suffering exhausts the ego, and it "becomes spent; all cathectic capacity is devoted to upholding the structure threatened by the absence of the object" (p. 90).

Object Loss as Trauma

If these frantic lethic strivings are all aimed at *preserving* representations of a lost object, how can there be such a strongly perceived danger of their getting lost in the subject's mind—which is part of what the anxiety is about? As I can sketch only briefly here (see Schmidt-Hellerau 2006), I suggest that trauma affects, transgresses, and even destroys the very structures that define, hold, and modulate the preservative drives, and that, as a consequence of

this structural rupture, the representations of a well-preserved self and/or object are pushed back into the realm of the death drives, where they will, in the end, energetically figure as a *dead self* or *dead object* (see Figure 1 below, taken from Schmidt-Hellerau 2006, p. 1082).

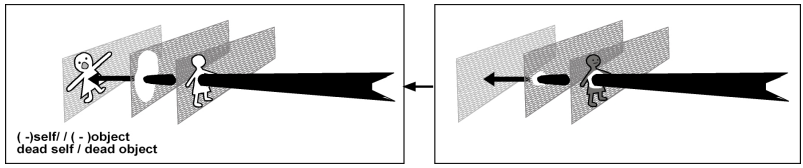

Figure 1

In a simplified way, this graphic depicts how the traumatic blow (the black dart) might push a self- or object representation from a preservative screen (on the right) to the structural screen of death (on the left). Once represented as a dead self-object, the blow itself becomes hypercathected. The traumatic intrusion is, as it were, turned inside out and becomes a black phallus, a lethic phallus (often symbolized in the material of our analysands by a "black snake" or a "poisonous snake").

Much has been written about this pathology, mostly focusing on narcissism, masochism, primitive rage, and aggression, as well as on primitive mechanisms of defense, such as splitting and disavowal. All these contributions have helped increase our insight into the specific mental functioning of these patients. What I wish to add from a drive perspective is that *it is the hypertrophy of a self- and object-preservative phantasm*, created by and continuously recathected with lethic energies, that feels deadening in the minds of these patients. It is the boundlessness, the *excessive intensification of the preservative drive,* that we see in certain patients as the destructiveness of the death drive—just as we see this in Oedipus (Schmidt-Hellerau 2006).

Freud ended up conceptualizing self-preservation as part of Eros. However, *to love* and *to care for* are two basically different drive activities, two very different functions, two different move-

ments toward the object—which must first be represented separately before any mature integration can take place (Schmidt-Hellerau 2005a). To love and be loved gives *pleasure;* to care for and be cared for provides *satisfaction* (from Latin *satiare,* akin to English *to satiate*). To hold onto the love object is different from holding onto the care object; the latter results in melancholia, while the former is accessible to mourning.

THE SEARCH FOR A CARETAKER

Laius and Jocasta failed as care objects in both Sophocles' account of the myth and in the mind of Oedipus. From babyhood, a gnawing question has long plagued his unconscious: who will ever care for him? Oedipus, (re)traumatized by the shepherd's revelation, is *driven* to blind himself. By piercing his eyes, he repeats his parents' piercing of his feet, thus revealing his fusion with the parental objects: he does to himself what they did to him—he did it all.

This act of self-mutilation also enacts what happened in the moment of trauma: a breakthrough of his preservative structures. Oedipus cannot protect his body and mind from insanity; he cannot take care of himself any longer. Therefore, the piercing of his eyes symbolizes the traumatic rupture of his preservative structures, the piercing of his self- and object representations (as sketched in Figure 1 on the opposite page). The act of self-blinding underscores Oedipus' wish to pull away from the libidinal pleasures of any erotic relationship, and instead to embark on a lethic journey through the darkness of his lifelong misery.

By blinding himself irreversibly, Oedipus turns into a *beggar for care,* dependent on his daughter for the rest of his life. Here the very specific object relatedness of personalities with the structure of the lethic phallus becomes apparent. Such personalities do not self-sufficiently suffer; they are extremely dependent on others, and those others are reduced to and abused as full-time caretakers. This differentiates them from masochistic and narcissistic personalities. As Green (2001) points out, *masochistic* patients relate to their objects by seeking punishment and pain in order to enjoy unpleasure,

while *narcissistic patients*—particularly in cases of what Green calls "moral narcissism" (pp. 131-157)—renounce the whole world, its pleasures *and* unpleasures. These narcissistic patients want to be pure and alone; they do not seek to avoid pain and misery, but strive for a state beyond pleasure and unpleasure (p. 135), and all they ask of their analysts is the recognition of their sacrifice (p. 137).

However, patients with the structure of a *lethic phallus* do not seek and enjoy punishment and pain (as does the masochist), nor do they renounce their objects and what they might receive from them (as does the narcissist). They have greatly suffered in the past, not so much in their love lives as in their need for self-preservation. They do not strive for further sufferings; rather, *they claim reparation.* What they demand is not erotic love (even in the broadest sense) or some sort of sexual pleasure; they simply want preservative care (in every way they can get it).

I call such a psychic structure—one that is excessively or predominantly energized by the preservative drives—a *lethic phallus:* it is *phallic* in its monumental urge and power, and it is *lethic* in preserving a failed primary caretaker union. This structure is thus the carrier of a lethic hyperexcitation, the potency of which penetrates its objects and fills them with sorrow, pain, depression, and concern. It is the opposite of, and even inimical to, any erotic pleasure. Instead, subjects with this psychic structure constantly try to draw in the object to cater to their misery in an exhausting and never successful effort to cheer themselves up, to lift their burden, and to make themselves feel better. The *lethic phallus* is a black phallus, but as a phallus, it irresistibly attracts the object (as we saw happening with Zeno's classmates), eliciting others' object-preservative drives, the urge to provide care and nurturing. I have found that the notion of the *lethic phallus* has a simple, symbolic, imaginary power that makes it clinically useful.

INGRES AND BACON: OEDIPUS AND THE SPHINX

Two famous paintings visually portray the distinctions I am talking about and thus are representative icons of my argument. I will brief-

ly muse on these paintings as a psychoanalyst, not as an art historian.

Jean-Auguste-Dominique Ingres' idealizing version of "Oedipus and the Sphinx" (see Figure 2 on the following page), painted in 1826, shows Oedipus as a young man. The beauty of his naked body conveys the *aesthetic idea* of Eros as incorporated in a mature male figure. Here Oedipus appears as a man who overcame and resolved the Oedipus complex—indicated by his forefinger that charmingly points to the Sphinx, a reminder of the penis that was not lost through castration. Observe, also, how Oedipus and the Sphinx look at each other in an object-related way. Death has been overcome, as indicated by the skull and bones next to the rock at Oedipus' feet.

In 1983, Francis Bacon responded to Ingres' Oedipus of 1826 as if he wanted to reveal "the other side of Oedipus" (Schmidt-Hellerau 2005a). In his version (see Figure 3, p. 743), Oedipus is all pain and blame. "See what you have done to me!" he seems to yell at Mother Sphinx. Or maybe he doesn't yell—maybe this is just what Gaddini calls a "fantasy in the body" (1982, p. 379), a mute presentation of our hero's wounded soul/foot on a pedestal. No bandage can contain the blood that bursts through the white tissue. This pierced foot is his lethic phallus, the trophy of his trauma that he exhibits on a plinth, higher than the socle of the Sphinx.

While the rock on which Ingres' Oedipus comfortably rests his foot is small compared to the size of the adult man, Bacon's Oedipus seems himself small, like a youngster, compared to the pedestal that he has stretched his leg toward in order to rest his foot. Also, Bacon's Oedipus, even though he is dressed in some sort of body-wear, is much more *body* than Ingres' naked Oedipus; Bacon's Oedipus is actually *all* body, all *tortured* body, all blame and demand for help. Whether on purpose or by accident, there is something wrong in this picture: Oedipus lifts his right leg but exposes his left foot, perhaps indicating the conversion of weakness into strength—psychoanalytically, a perverse misuse of neediness as a power-providing tool.

Also, interesting in comparison to Ingres (and typical for Bacon) are what we might call the faceless faces of both Oedipus and

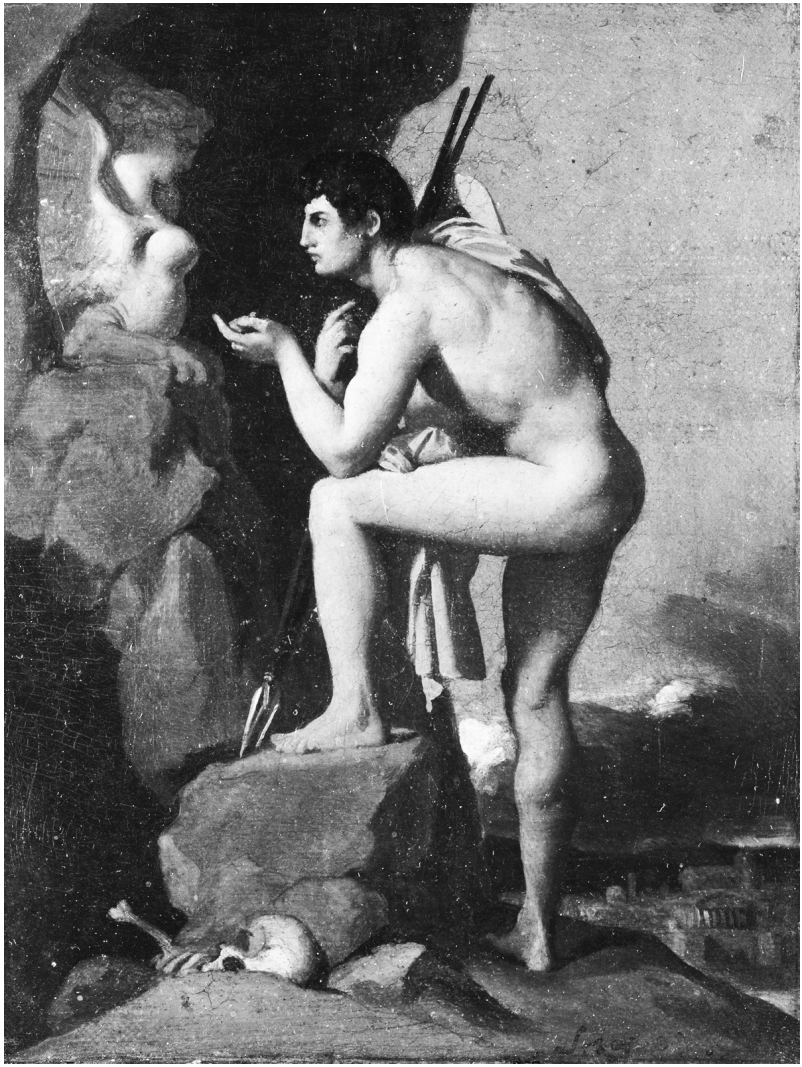

FIGURE 2 [8]

[8] *Oedipus and the Sphinx*, by Jean-Auguste-Dominique Ingres, 1826. This image is © The National Gallery, London, 2008. Used by permission.

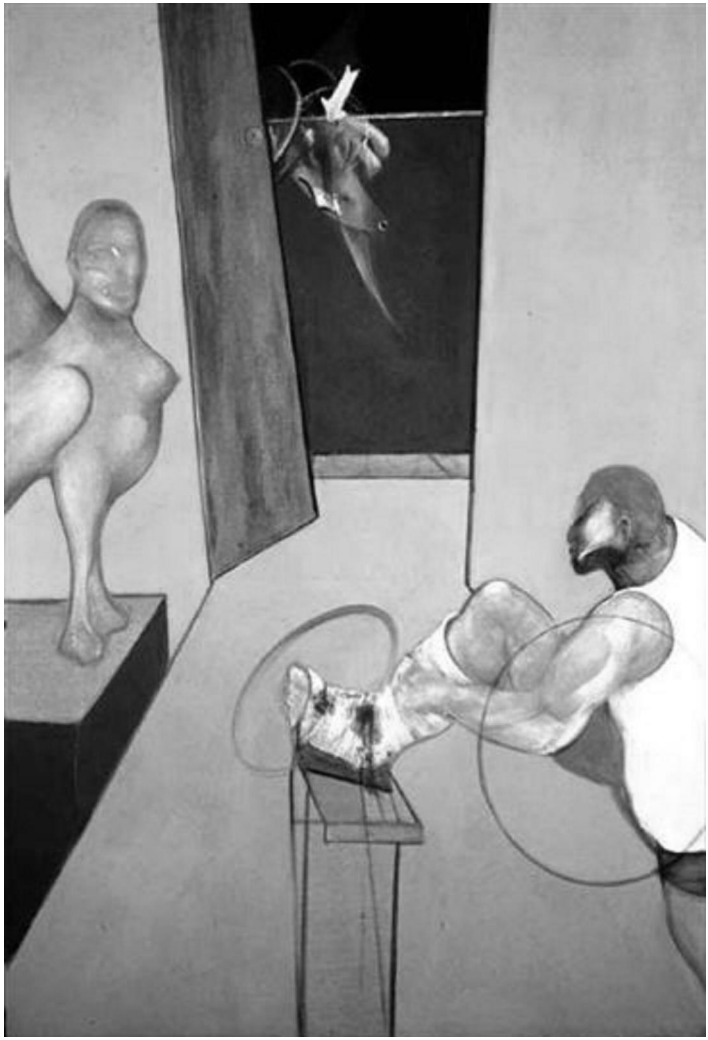

FIGURE 3 [9]

[9] *Oedipus and the Sphinx (After Ingres)*, by Francis Bacon, 1983. This image is © 2008, Estate of Francis Bacon/Artists Rights Society (ARS), New York/DACS, London. Used by permission.

the Sphinx—the lack of individual representation. And, last but not least, in the background, there seems to be another bloody body part or part-object, emphasized by a dart pointing to what this whole picture is about: a celebration of pain and suffering—or, as Cappock (2004, p. 248) would have it, a hint to the Furies, the goddesses of revenge. Bacon's art consistently focuses on the tortured body, thus making him a master of Lethe in twentieth-century art.

OEDIPUS AT COLONUS

About twenty years after writing *Oedipus the King*, only a couple of years before he died, Sophocles picked up the thread of his famous hero's fate in order to end his life. So we meet the aged Oedipus again on the stage, finally arriving at Colonus. Through all these years, Antigone has been with him, has endured grief, misery, and hunger, so that her "father had some care and comfort" (383-384). Now her sister Ismene arrives, concerned about her father because of the latest oracle:

> Soon, soon the men of Thebes will want you greatly,
> once you are dead, and even while you're alive—
> they need you for their welfare, their survival.
>
> [425-427]

The men of Thebes are Creon, his brother-in-law, and Polynices, his son. They need Oedipus as a means to preserve themselves. He struggles with the news: "So, when I am nothing—then I am a man?" (430-431). Ismene confirms this: they want him, dead or alive, because *their safety* depends on their control over his tomb near Thebes. Oedipus still seems ready to assume the best: "But surely they will shroud my corpse with Theban dust?" (450). The answer is no, not even this is granted to the old man. And this is the tipping point. Oedipus decides: "Then they will never get me in their clutches—never!" (454). When Creon shows up, Oedipus angrily refuses his request to return to Thebes:

> What brazen gall! You'd stop at nothing!
> From any appeal at all you'd wring

some twisted, ingenious justice of your own!
why must you attack me so, twice over,
catching me in the traps where I would suffer most?
first in the old days, when I was sick to death
with the horror of my life,
when I lusted to be driven into exile,
you refused that favor—for all my prayers.
but then, when I'd had my fill of rage at last
and living on in the old ancestral house seemed sweet . . .
then you were all for cutting, casting me away—
these ties of blood you maunder on about
meant nothing to you then. And now,
again, when you see me welcomed well,
embraced by this great city and all her sons,
again you'd attack me, drag me off and away,
your oily language smoothing your brutality.

[865-882]

And with even greater fury, with desperate bitterness and irreconcilable rage, Oedipus curses Polynices to "die and be dammed" (1568). Clearly, Oedipus cannot forgive his sons for driving him into exile and not caring for him. Moreover, it sounds as though Oedipus simultaneously curses his father when he shouts at his son:

You destroyed my life! You made me brother
to this, this misery—you rooted me out—thanks to you
I wander, a vagabond, abandoned,
begging my daily bread from strangers through the world.
And if these two girls had not been born to nurse me,
I'd be good as dead—for all you cared! But now,
look, they safe my life, they feed me, tend me,
why, they're men, not women, look when it comes
to shouldering my burdens. But you, my brace of boys,
you're born of a stranger, you're no sons of mine!

[1541-1550]

Steiner, who has written three thoughtful interpretations of the two dramas (1985, 1990, 1996), sees Oedipus at Colonus as pre-

dominantly in his "manic triumph which frightens us by its power and ruthlessness, and which impresses us through its grandeur" (1990, p. 230). He suggests that:

> We no longer see a man who could acknowledge his guilt and who was subsequently shattered by the discovery of the true nature of the oedipal crime, but instead, we meet a haughty, arrogant man who makes repeated and devious self excuses, who adopts a superior grandeur and relates to others, including his sons, with coldness and cruelty, and who in taking on divine characteristics sheds the very humanity he fought so hard to achieve. [Steiner 1990, p. 231]

What a condemning conclusion! Psychoanalytic empathy (Bolognini 2004) is difficult to maintain in the face of an enraged patient who seems ready to take revenge and cut all bonds. However, should psychoanalysis fail to acknowledge any right and reason for a person to feel disappointed, hurt, and furious? In our theory of mental functioning and mature personality organization, is there no place for self-preservation, the right to protect oneself from exploitation and abuse? If we maintain the concept of self-preservation as a basic, primal drive activity (as well as a human right), we might find a different way of understanding the wrath of the older Oedipus. He has come a long way. Earlier, we left him traumatized by the revelation of truth, omnipotent in his guilt and misery, all lethic phallus. We also linked his grandiose attitude of saying "it was all my fault" to his need to deny the loss of his inner care-objects, a preservative need to secretly keep this bad-and-sad union of self and object alive, and to justify the abusive claim on his daughters' helping hands (and he continues to state that they were "born to nurse" him).

Yet something decisive happens here: Oedipus says: "*No, it was not all me.* This is what *I* did and these were my reasons—and this is what my parents did." I suggest that what we are seeing here is the *dissolution of a traumatic fusion of self and object,* a redifferentiation that was worked out over a long period of time through a

very difficult process. Wouldn't it have been easier for Oedipus to stay with the feeling that it was all his fault, to stay with this monumental guilt until his death, than it was for him to say: "This is who my parents were; what they did to me informed my whole life"?

Oedipus describes the long process of working through that he has undergone as follows:

> . . . as time wore on
> and the smoldering fever broke and died at last,
> and I began to feel my rage had far outrun my wrongs,
> I'd lashed myself too much for what I'd done,
> once, long ago— [486-490]

This sounds as if Oedipus has gained the insight (Michels 1986) that allows him to shed the former grandiosity of his lethic phallus and to become a normal human being with feelings of disappointment, anger, and revenge, but also with gratefulness and the capacity to realize that he, like everyone else, has the right to preserve himself and the right to act in self-defense without guilt. He responds to the necessities of life and human nature because he is driven to survive. To the Leader of the Chorus, he says:

> How could you call me guilty, how by nature?
> I was attacked—I struck in self-defense.
> Why even if I had known what I was doing,
> How could that make me guilty? But in fact,
> Knowing nothing, no I went . . . the way I went—
> but the ones who made me suffer, they knew full well,
> they wanted to destroy me. [288-294]

Of course, the claim of the older Oedipus of "knowing nothing," were it to be made by a patient, might cause an analyst to suspect the continuing denial of unconscious guilt; and it is interesting that Sophocles has his hero stop himself right afterward when he says: "no I went . . . the way I went." Could Oedipus have stopped himself from saying: "no I went *too far?"* Might there emerge the thought: *I didn't need to kill—however, I did want to take revenge.*

Something he said in the first drama, "I paid him back with interest!" (894), now reveals its deep roots: his revenge does not address only the attack at the crossroads, but is also in response to the original infanticidal assault ("they wanted to destroy me"). So, yes, the frightening thought might have peeked out briefly: had Oedipus preserved the object (Laius) who wanted to kill him—twice—his life would have taken a different turn. To put it another way, he might have best preserved himself by sparing the one who had set out to kill him. This is where Greek tragedy pushes our limits and plunges us into conflicts beyond clear judgments of right and wrong. Yet Oedipus is not Jesus; he is the common man with whom all of us can (and have to) identify.

Oedipus not only had to painfully acknowledge that his parents did not protect him and wanted to murder him; he also had to recognize that even his own sons did not care for him:

> When I, their own father,
> was drummed off native ground, disgraced,
> they didn't lift a finger, didn't defend me, no,
> they just looked on, they watched me driven from home.
> [476-479]

However, Sophocles also shows us that Oedipus is not just a victim, tossed about and threatened by selfish people. There was the shepherd who pitied the little baby; there were Polybus and Merope, who carefully raised him; and, after the disastrous revelation, Oedipus experienced the care of his daughter Antigone for many years—making up for his lack of maternal care. Finally, he also finds a *preservative father,* Theseus, who reassures him of his unconditional protection, saying to Oedipus:

> Whatever you decide,
> I will stand behind you all the way. [729-730]

> Trust to this:
> your life is safe, so long as a god saves mine.
> [1376-1377]

These are the words that we all hope to hear from our fathers. In this respect, a conciliatory light seems to be cast on the closing phase of Oedipus' life. He has experienced object preservation, and now he has one more chance to be object preservative. Oedipus has something to offer, and this is his "own shattered body . . . no feast for the eyes, but the gains it holds are greater than great beauty" (650-651). Its final resting place will *protect* those who care for it.

Oedipus chooses not to turn over his body to Creon and Polynices because they do not care for him; they only want to drag him home, either with words or by force, in order to preserve themselves. But Oedipus does not allow another abuse of himself or his body, not even by his own sons. He ends, once and for all, his exploitation as a survival tool for others. Thus, he decides to stay, to die, and to have his grave located at the place of his host, Theseus, in Athens. Oedipus chooses to preserve Theseus because Theseus is the one who preserves him:

> For all his kindness, all he did for me,
> now I would give that gift I promised him. [1686-1687]

> There, in that last kindness, I harvest all the rest. [659]

Oedipus' last speech, and his understanding of the preservative value of his death, is all about safety and defense: Theseus shall keep his daughters "safe forever" (1733), and will never reveal the spot where Oedipus will die.

> Then it will always form a defense for you. [1724]

> Then you will keep your city safe from Thebes. [1738]

In the end, there will be no monumental gravestone, not for the lethic phallus of Oedipus' previous misery, nor for his last gift of safety to Athens. However, this could be taken to mean that Oedipus will remain a memory "without legal burial place" (Abraham and Torok 1984, p. 223), either in Antigone's mind or in the drama's reality. Thus, we might assume that, in the end, the daughter,

too, will be left in an "endocryptic identification" (1984, p. 223) with her lost object and all the lethic consequences this entails. When the Chorus has spoken the final words, "All rests in the hands of a mighty power" (2000-2001), and Antigone leaves the stage, she is freed from taking care of her father; yet she rests in the hands of her family's history (Faimberg 2005), with this mighty, dark power weighing heavily on her mind.

THE THREAT OF CASTRATION

Finally, let us return to my former classmate Zeno. I do not know anything about his life, not before nor after his remarkable presentation at our class reunion. I can only muse on the event I have described. It seemed to me that he was not ashamed of his failures; on the contrary, his report was delivered with calm pride. His narcissism seemed to exist beyond question, safely established—different from those states of grandiosity that are easily shaken by the suspicious detection of any possible devaluation. Perhaps he felt some triumph or sadistic pleasure when he heard my brave colleagues degrading themselves in order to provide helpful reactions to boost him up.

However, I'm not sure about this. I felt that Zeno inhabited a different planet, in a sense, and he had a project. He did not aim at getting better by our standards, but on the contrary, he aimed at getting worse: "I believe I have to first sink all the way down to the bottom before I'll ever be able to get climb up again—if at all," he said. He held onto his life as a failure to take good enough care of himself or of others (and he did not even talk about loving others or being in a sexual relationship). Instead, he had established himself in a totally lethic environment, living in a group home and working in a protected carpenter shop, surrounding himself with caretakers around the clock. Zeno related to others solely with his lethic phallus, and it was fascinating to experience its effectiveness: we all immediately felt sorry for him, and there was an *urge to be object preservative; we literally felt driven to help him*, and to cater to his misery that had become his greatest asset.

If we call this attitude *phallic* in the lethic sense, then we immediately understand that for him to get off this track would equal *castration*—castration in the sense of being cut to normal size, and starting to struggle to get better like everyone else. However, there seems to be a crucial difference: the flight from castration of the libidinal phallus—say, for the oedipal child—is supported by the self-preservative wish to protect the penis (Schmidt-Hellerau 2005a), which means that, in addition to the external force (the parental prohibition), there is an internal force (the self-preservative drive) that cooperates with the former and promotes the necessary renunciation of the oedipal object.

Yet in the case of the lethic phallus, we cannot count on an internal motive to accept a form of castration. Since the lethic phallus is all about self-preservation, the threat of castration will *erect* rather than *deflate* the lethic phallus. Libidinal sparks here do not seem to have the power to elicit sexual desire; they are instead used to enjoy a mild masochistic pleasure in suffering, reassuring the subject of the usefulness of the lethic phallus. These are—from the perspective of the preservative and death drives—the reasons why such cases are so long in treatment and often lack the success we hope for, and why the negative therapeutic reaction is so hard to overcome. However, once we understand that, for these patients, *getting better* unconsciously means, first of all, a threat to their own and their objects' survival, and that, consequently, they are endlessly driven to enact a futile, malignant rescue mission—to interpret one way or the other what they dread to lose, which is the *dread of castration,* the *loss of the lethic phallus*—we might eventually find that this understanding makes the difference, clinically, that we hope for. Oedipus needed twenty years to work it all out on his own.

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NARCISSISM AS MOTIVE

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This essay proposes replacing the traditional concept of narcissism as derived from the theory of drives with a concept of narcissism that is concerned with motives and their correlative meanings—specifically, motives connected to self-organization, self-preservation, self-cohesion, self-valuation, and self-esteem. The reasons for and the metapsychological underpinnings of a motivationally based theory are discussed. This revised motivational view proposes that narcissistic dynamics can be preserved and articulated in exclusively motivational terms. Developmental aspects are explored, including formation and functioning of the ego ideal and self-esteem regulation. Implications for psychoanalytic technique are suggested in discussions of case material.

INTRODUCTION

One of Freud's most profound and enduring contributions was his discovery that human behavior and mental life are distinguished by a complex interweaving of motivations that can be conceived as operating at diverse levels of integration in relation to conscious and unconscious strata of mental activity. He discovered that these layers and complexities of motivational influence can be combined

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(condensed) into more complex motivational patterns or states, or can be redirected to substitute objects and actions (displaced), and these patterns can be active and determining of patterns of mental activity without any conscious awareness of their activity and influence. These principles provide the basis for our understanding of the unconscious and the principles of overdetermination and multiple function (Waelder 1936).

From this perspective, I regard one of the enduring and valid aspects of the Freudian canon as embedded in this profound understanding of motivational life. Furthermore, in agreement with many others, I am suggesting that the elaborate apparatus of instinctual drives, energic postulates, and hypotheses with which Freud supported his insights into motives and their vicissitudes is outdated and has long outlived its explanatory usefulness.[1] Consequently, my discussion here is less oriented toward divorcing narcissism from its connections to drive theory, an argument that others have undertaken quite effectively (Pulver 1970; Stolorow 1975). Here I will argue that, if we can regard classical drive theory as superfluous, we can envision a revised concept of narcissism in specifically motivational terms that might more closely approximate clinical applications and concerns.

Without drive theory, what is left? I suggest that the value of Freud's formulations is that they offer a theory of motivation that speaks to libidinal, aggressive, and narcissistic needs. His theory provides a way of describing, conceptualizing, analyzing, and working with motivational states clinically. In fact, in the clinical setting, as far as I can see, analysts actually work on and with motivations and their correlative meanings, conscious and unconscious, and

[1] I have previously reviewed arguments on this subject and the related conclusions (Meissner 1995a, 1995b, 1995c). While it has been argued that narcissism itself has never been described as a drive, the elaborate derivation from primary narcissism, conceived as a reservoir of libidinal energy (Freud 1914), makes it clear that, in Freud's view, it is at least drive related and drive derived. The designation of narcissistic cathexis is common enough. Implicit in this argument is

this form of analytic inquiry can be carried on quite effectively without appeal to a putative drive theory.[2]

In an effort to devise a directly motivational theory, I have attempted to reformulate the dynamic principles in psychoanalysis (Meissner 1999a, 1999b) and, together with colleagues, I have constructed a motivational theory of aggression along similar lines (Buie, Meissner, and Rizzuto 1996; Buie et al. 1983; Meissner 1991; Meissner et al. 1987; Rizzuto et al. 1993; Rizzuto, Meissner, and Buie 2004). My purpose in this discussion is to explore ramifications of this theory of motivation in relation to narcissistic dynamics, and to try to bring into focus differences in emphasis and directions of thinking called for in a revised understanding of dynamic principles, once an appeal to the drives as the sources of motive force has been abandoned. Rather than instincts operating as drive forces creating constant pressure for action on the mind (the *vis a tergo* concept), I would argue that, under appropriate stimulus conditions, psychic functions are activated or deactivated, intensified or modulated, and their respective potentials for action called into operation or the reverse, whether and when they are amplified or modulated by motivational components. In this view, psychic functions are called into action (that is, they move from a state of *potential* action to *actual* action) only if and when stimulated by proportional motivational influences.

I will approach this hypothesis in relation to narcissism by reflecting briefly on some aspects of the problem of motivation, and then present a reformulation of the concept of narcissism as motivational. I will finish with some further comments on the clinical implications of these considerations.

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abandonment of the concept of primary narcissism as the primary reservoir of instinctual energies and the related derivation of self-structures from narcissistic elements. I have further developed this part of my argument elsewhere (Meissner 1981b, in preparation).

[2] In this connection, I note that, in one of his last statements about analytic theory, Gill (1999) expressed the opinion that a theory of motivation could advantageously provide an alternative to the theory of instinctual drives.

THE CONCEPT OF MOTIVATION

Why a theory of motivation? I do not know any analysts who would object to the proposition that all human actions are motivated, consciously and/or unconsciously. An appreciation of motives is essential for understanding why people act as they do and why an individual may follow one course of action rather than another. I will try to summarize my view of motivation as succinctly as possible.

A primary distinction is that between *actions* and *acts*. Human *actions* are activities guided and elicited in relation to some form of intentional purpose, whether consciously or unconsciously intended. In contrast, human *acts* are forms of movement, behavior, or functioning that are carried out without any specific intentionality, conscious or unconscious. For example, the regulation and homeostasis of most physiological functions and certain reflexes are enacted without mental cognizance or purpose. Thus, references to intentionality or motivation refer to human actions and not to human acts.

A central issue is the connection between motives and actions. How do motives function in eliciting behavior, and what agency can account for the processes, whether mental, physical, or both, that result in patterns of motivated action? In traditional theory, motivation has been attributed more or less exclusively to drives or drive derivatives, which are regarded not only as giving rise to motives, but also as functioning as causal sources of action and goal attainment. This has left a problem with noninstinctual motivation, leading to efforts to expand the theory to account for noninstinctual motives, as in Hartmann's (1939, 1950) accounting for the energy of higher (ego) functions by way of neutralization, and White's (1963) appeal to independent ego energies. Thus, the concept of motivation has been increasingly divorced from its source in drive derivation, and subsequent modifications have sought to diversify the theory of motivation and to find bases for motivation other than the drives.

A motivational theory calls for a clear distinction between cause and motive. The approach to motivation taken here separates

these functions—motives are one thing, causes another. Motives stimulate, attract, or draw the agent into action, but the performance of the action in question originates not from motives, but from a causal agent—namely, the human agent itself, that is, the self, the person himself, conceived in these terms as the self-as-agent (Meissner 1993).[3] The self as synonymous with the human person (Meissner 2001) is in these terms the source of all agency, mental and physical, voluntary and involuntary, conscious and unconscious. As such, the person or self, as source of all actions and acts of the self, is composed in part of functional substructures constituting the familiar tripartite entities, conceived of as descriptive categories of functions by which the self acts—i.e., the ego is equivalently the self acting in its ego mode, and the superego likewise the self acting in its superego mode (Meissner 2000a, 2000b, 2000c). Accordingly, actions that we would categorize as aggressive, libidinal, or narcissistic are equivalently reconceptualized as actions of the self that are motivated by aggressive, libidinal, or narcissistic motives. The explanation of motives is based on appeals to the needs, goals, intentions, purposes, meanings, and circumstances of action.

A few points regarding the meaning of motivation call for clarification. The concept of motivation pertains to the combination of

[3] It has been objected that the self-as-agent, representing the whole self as acting, would do away with Freud's Copernican revolution involving unconscious forces within the self, forces over which the conscious self has no control. This seems to ignore the stipulation that the self-as-agent is the source of all actions in the self, some of which are conscious, but most of which are unconscious. Those actions of the self-as-agent that reach a level of conscious awareness are also attributed to the self-as-subject. If the objection were directed to the self-as-subject, it would have some validity; however, insofar as it is directed to the self-as-agent, it misses the point, since the unconscious is fully preserved in the self-as-agent. What is lost of the Freudian perspective is the attribution of unconscious actions to drive forces operating as independent sources of agency and energy within the self. The motivational theory shifts the unconscious dynamics to motives and away from drives. The objection seems to mistake the self-as-subject for the self-as-agent. According to this view, one need not be caught in the dilemma of one completely all-controlling, conscious self versus seemingly autonomous and independent drive forces. Instinctually motivated actions are well within the compass and potentiality of the self-as-agent.

needs and desires, wishes and intentions, along with the circumstances, stimulus conditions (both internal and external), and contexts of meaning that elicit a response from the organism. Given a sufficient constellation of motivating factors, the self responds with some form of action. The response is an action of the total self acting as agent, not of some component of the self-organization—e.g., it is not *my ego* that desires satisfaction, but *I myself.*[4] A given desire may involve functions of ego and/or superego and/or id, in one or another degree or in varying combinations, but the agency belongs to the *self.*

A crucial distinction here is that between execution and intention—or, in more time-honored terms, between efficient causality and finality. Execution is causal and produces effects, while intention is appetitive and motivational, thus activating the relevant cause.[5] Motivation lies in the aim of the behavior, not in the source—thus, a nondrive theory of motivation would seek to account only for the direction and intentionality (purpose) of the behavior. Motives explain the *what* and *why* of behavior; causes explain the *how.*[6] Likewise, motives are appetitive in the sense in which causal

[4] Otherwise, such responses, in terms of the previously mentioned distinction of actions versus acts, would have to be classed as *acts* and not as *actions.*

[5] Toulmin (1954) argued that Freud was not investigating efficient causes of behavior, but final causes, that is, motives for action—that motives are not causes, and that the causes for behavior are explained by neurophysiology, and for motives by psychology. In my view, however, keeping within the confines of a psychological theory, the cause of behavior is to be sought in the self-as-agent—not exclusively in neurophysiology, but in conjunction with it. Neurophysiology gives us an increasingly sophisticated and detailed knowledge of the organization, functioning, and processes of brain and body that constitute the self-as-agent. The self is a body self whose actions are in some sense physical, even when they are also classified as psychological. See my previous discussions of the self in the body (Meissner 1997, 1998a, 1998b, 1998c) and of the details of the mind–body relation (Meissner 2003a, 2003b, 2003c, 2006a, 2006b, 2006c, in press, c, in press, d).

[6] Leavy (1978), commenting on the views of Jacques Lacan, focused the distinction by noting that motives are psychological, and thus operate on a different level than biological causes: "What generates this process is desire. Lacan's differentiation of desire from biological need is a valuable contribution: much murky thinking can be avoided by recognizing that desire—ultimately for the lost object—is structured symbolically, and that its transformations are like those of any other symbolic transformation. Desire can be understood only as an aspect of subjectivity; to attempt to handle it even theoretically in terms of biology is to

processes are not. The qualities of appetitive response are determined by eliciting stimulus conditions, including the conditions determining response readiness in the organism.[7]

For example, there is a banana lying on my kitchen counter. What determines my decision to eat or not eat the banana? The banana may stimulate an appetitive response, depending on whether I am hungry or not. The internal state of hunger or other appetitive desire can establish the conditions in which the banana becomes a motivating stimulus that elicits my response. Eating the banana is motivated by an intentionality to both satisfy my hunger and obtain the nutritional benefits of the banana. Otherwise, I may pay little heed to the banana. It assumes its character as desired food only when I am hungry or wish to avoid hunger, and otherwise not. Hunger acts as an internal state that sets the conditions of need for a given stimulus response. Motivation in this sense is not meant to explain causality of the action, but merely to account for conditions in which the causal agent is aroused to action. Or, putting it another way, motivation is meant to explain appetite or the eliciting conditions for action, not action itself.

Wish is a primary motivational term that found considerable application in Freud's usage. Despite his reliance on simple energic models, wishes held a central position in Freud's clinical think-

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isolate it from its basis in experience" (pp. 288-289). In terms of the present theory, motives are always mental (conscious or unconscious), while causes may be mental or physical.

[7] These appetitive qualities were attributed to the drives as motivators in classical theory. The present theory separates motives from drives, and in so doing, alters the view of basic motivational states: they are not the result of continual, biologically derived pressures for satisfaction that push the agent to act, but rather actions are elicited by an appropriate configuration of stimulus conditions and internal dispositions (needs). To view this as a form of stimulus-response theory would evacuate the self in its role as deciding whether to act in response to any motive and choosing how to act to satisfy the correlative need—whether the process is conscious or unconscious. The role of motives in human actions is not automatic, but sets in motion a process of decision and choice in the agent. The pattern is quite different in human acts like reflexes (e.g., eye blinking or the knee-jerk), in which the stimulus directly produces a response act.

ing, providing the basic motivational term in *Studies on Hysteria* (Breuer and Freud 1893-1895), the Dora case (Freud 1905), and, particularly, in *The Interpretation of Dreams* (Freud 1900). As Holt (1976) commented, "[Wish] is a cognitive-affective concept, framed in terms of meanings and potentially pleasant or unpleasant outcomes of possible courses of action" (p. 179). Wishes are forms of mental expression of motivational states, whether conscious or unconscious.[8] The notion of wish-fulfillment emphasizes the dynamics of the wish and its fantasied satisfaction, whether conscious or unconscious; reality is kept aside, as in dreams (Laplanche and Pontalis 1973). From the beginning, Freud's notions of defense, repression, and conflict were impregnated with meaning and purpose. Purposes remained clinical and were related to dynamic considerations of conflicting motives and aims. The wish itself is by definition, then, always incomplete, unsatisfied, frustrated—an emptiness related to some need that yearns to be fulfilled; if and when it achieves satisfaction, it is no longer a wish.[9] Wishes may operate on other grounds—in the service of undoing or avoiding narcissistic injury, or as wishful fantasies provoked by anxiety, shame, or guilt. This conception also opens the door to wishes based on other than instinctual motivations—e.g., curiosity, incentive moti-

[8] As Holt (1976) pointed out, the concept of *wish* as a motivational term distinguishes psychoanalysis from other nondynamic psychologies and underlines the purposive nature of human action. The psychological shift implied in the notion of *wish* carries with it the implication of purpose and direction to a goal. Holt commented: "With the concept of wish, we can assert, in answer to the behaviorists and other mechanistically inclined theorists, that behavior *is* purposive, that fears, longings, plans, fantasies, and other mental processes are not epiphenomena, but must be central to any adequate psychology of human behavior, and that the person is often not conscious of what his purposes are" (p. 180, italics in original).

[9] Brenner (1979) regards wishes as forms of drive derivation that can operate in conjunction with ego and superego functions to respond to internal and external stimulus conditions and give meaning to the drive articulated as wish. In this formulation, the ego becomes the executor of wish-fulfillment. My argument differs somewhat, in that I propose that the wish may arise from a variety of need states, but need not imply derivation from a drive, and my appeal to the self-as-agent does not bypass the ego, since the ego functions as a component subsystem

vation, achievement of noninstinctual goals, effectiveness, and competence (White 1959, 1963).[10]

In a sense, motives can be said to "move" the organism to action, but we need to be clear as to what such moving connotes. According to these terms, when I reach for a piece of bread, the causal component is found in the series of muscular and neural mechanisms controlling my movement, as well as in the prompting impulse thrown into gear by hunger stimuli arising in my body and transmitted through hypothalamic centers regulating hunger and satiation. A motivational theory distinguishes between causes and motives, and in the modern context, causality is restricted to mean efficient causality.[11] In this case, these processes can explain the causal sequence leading to the physical act of reaching, but say nothing about *why* I was reaching or *for what*. The "mental" processes leading up to and explaining the reasons for the action have to do, instead, with motives.

Motives thus include both purpose and reasons, whether conscious or unconscious. Reasons are statements of factors motivating an action or series of actions, answering the question "why?" Purpose, on the other hand, addresses the objective, the goal, the achievement that is intended in order to satisfy the desire or wish, the "what" to which the desire or wish is directed. In the immediately previous example, my purpose is to possess and consume the bread, and the reasons have to do with a desire to satiate my hunger and gain nutrition. Or, to take another example, in climbing Mount Everest, my purpose is to get to the top of the mountain,

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of the self. That is, ego may be designated as the executor of wish-fulfillment, but both ego action and wish are functions of the self. Ego and self are not opposed in terms of agency (see Meissner 1993, 2000a).

[10] I would add that a theory of motivation does not eliminate instinctual motives, but dissociates them from drives. Instinctual motives persist as basic motives responding to basic bodily need states. *Instinctual* is therefore merely descriptive of the quality of the motivation and says nothing about any drive derivation.

[11] The idea of final causality is now consigned to concepts of purpose, intention, motivation. See footnote 5, p. 760.

and this primary goal may be accompanied by a variety of motives—some conscious, some not: to gain fame and recognition, to please my mother, to fulfill ambitions related to my ego ideal, to satisfy my wish for narcissistic self-enhancement, to counteract my sense of worthlessness and unimportance, to escape the coils of my depression, and so on. These motives can be translated and expressed as reasons for my undertaking ascent of the mountain, but they qualify as reasons only insofar as they explain the purpose. Reasons serve to explain purposes. Stating the purpose—here, to climb Everest—does not address the *why* question. Reasons offer some understanding of the *why* of the purpose. Thus, motives are purposive; while reasons, as reasons, are explanatory of the purpose.

This revised schema shifts the explanatory accent from (a) causal sources and processes to (b) motivational issues related to stimulus qualities and contexts requiring cognitive evaluation and assessment, according to the inherent meaning of the stimulus complex—all of which are basically cognitive and informational—rather than according to causal factors involved in producing the response pattern. Thus, motivation provides the guidance system, determining the object or goal of the action—not the motor power behind the action. The capacities of the organism can be elicited and triggered into action and directed to specific goals by appropriate stimulating conditions that provide the necessary conditions for effective motivation.

Libido and aggression, in this view, would take the form of specific motivational capacities or potentials capable of being activated by specific stimulus conditions and eliciting corresponding response patterns of behavior from the organism:[12] that is, libidinal capacities would operate only in contexts of libidinal arousal and interest; and aggression would come into play only in circumstances calling for the overcoming of an obstacle.[13] By the same to-

[12] The expansion of this argument can be found in Rizzuto, Meissner, and Buie (2004).

[13] This is not to say that, when the eliciting conditions involve both sexual interest and a need to overcome an obstacle to fulfilling that need, both libidinal and aggressive motives cannot be integrated in stimulating a proportional response.

ken, narcissistic dynamics can be called into action under circumstances in which the preservation, coherence, grandiosity, and/or valuation of the self are in question.

Motivations are by and large linked to need states, based on physical needs as well as emotional, intellectual, or other higher-order personal needs. Need can be regarded as any state of thwarted or frustrated satisfaction, expression, or attainment. Needs occur at many levels and in many contexts, according to the aspects of the self-system involved. Hunger is a need arising from lack of nutritional intake. Thirst is a need determined by lack of water. There are corresponding needs related to the entire hierarchy of functions and capacities inherent in the organism. There is a need for exercise lest muscles atrophy. There are needs for intellectual and emotional satisfaction. There are needs for achievement and accomplishment, for recognition, acceptance, and meaningful human relationships.[14]

But, clearly, needs and wishes are not synonymous; the need gives rise to the wish, and the intention of the wish is satisfaction of the need. In these terms, motives must be highly diversified and heterogeneous, and not all motives are necessarily reducible to primary infantile or instinctual desires. Sandler and Sandler (1994) came to analogous conclusions regarding motivation in psychoanalysis; as they put it, "not all unconscious wishes can be regarded as being motivated by instinctual drives seeking discharge" (p. 1004). Humans experience wishes for safety, assurance, affirmation, even narcissistic gratification—which do not qualify as drive derivatives, but are motives nonetheless.

This view of motivation in psychoanalysis is multiple and involves multiple levels and the potential for conflict. For example, on a more manifest level, the desire (wish) of a student to pass an

[14] From this perspective, such relational needs and their corresponding motives permeate all human relationships, including those arising within the analytic relation. While relational and intersubjective approaches to analytic and other human relations dispense with drives in favor of relational factors, the basic patterns of motivation that are inherent and pervasive in all such object and interpersonal relationships cannot be disregarded.

examination may be meaningfully related to complex ambitions and wishes to master certain material, accomplish certain goals, gain some form of recognition, achieve a level of accomplishment and earning capacity, and so on. At a deeper, latent level, these ambitions may also involve repressed oedipal or even preoedipal wishes to please and gain the affection and approval of the mother of infancy, or to satisfy narcissistic needs. As Sandler and Sandler (1994) might put it, the motivational concerns on the higher level of needs for achievement and accomplishment might supersede infantile components, and even function independently of instinctual motives. The mental effort in passing the exam may be more immediately relevant to particular goals and purposes related to the exercise of cognitive capacities than to a primordial state of infantile desire.

In the clinical setting, however, it is commonly the case that repressed desires gain added importance, usually as sources of unconscious conflict. The potential linkages of any behavior to other levels and contexts of motivation are part of the privileged ground of analytic exploration: it may turn out that some part of the aforementioned student's motivation to study intensively in order to do well on an examination is related to oedipally inspired wishes to please his mother and to gain an added degree of recognition and acceptance from her, thus replacing his father in her esteem. This additional component would point our attention to other dimensions of the complex motivational state as an aspect of the overdetermination of the behavior—readily recognizable in terms of oedipal and even narcissistic dynamics—but the added dimension does not replace or invalidate the former intentionality. The analytic perspective thus thrives on the potential for the analytic process to unearth hidden, usually unconscious, components of motivation, but we should not lose sight of the fact that such unconscious motives are often enough co-determinants of the behavior and, however useful or important they may be for clinical understanding in given clinical contexts, they are not the sole motivational components, and are frequently not the most important. The range of variation in such cases is wide and complex.

To a large extent, Freud's theory of infantile motivation was derived to explain his understanding of unconscious conflict. I am suggesting that every constituent subsystem, capacity, functional process, and structural component of the psychological apparatus can be connected to goals and purposes specific to its nature and capacity. Setting goals and directing effort to the achievement of such objectives is accomplished through the organization of motivational states, corresponding to the quality of needs and the aspect of the self-system that is seeking satisfaction; one could easily provide a catalogue of such needs, including ego needs, superego needs, id needs, relational needs, physical and physiological needs, etc.[15] This opens the way for motivational conflicts of many descriptions to arise.

One of the profound discoveries of psychoanalysis is that the self, however conceived, is neither unitary nor simple, but multiple and composed of not only different, but even contradictory, substructural organizations and functions. This means that, insofar as certain aspects of the functioning of the self-as-agent are unconscious, operating beyond the regulatory and self-aware capacity of the conscious subjective self (Meissner 1999c, 1999d), different capacities of the same self-system are operating under the direction of variant configurations of purpose, desire, and intentionality, and not all of these are immediately available to subjective awareness. These latter intentionalities can be opposed and contradictory to other conscious objectives and purposes of the self.

Conflicts may arise between conscious purposes and objectives. For example, the above-mentioned student may be suddenly confronted with the necessity to support his family because of financial reversals, so that motives to learn and study come into con-

[15] One frequently cited example of an effort to provide a catalogue of motives is the motivational schema offered by Lichtenberg (1988), which embraces five motivational subsystems: fulfillment of physiological requirements, attachment and affiliation, assertion and exploration, antagonism and/or withdrawal, and sensual and sexual pleasure. These motivational systems are responsive to basic needs, are built into the organism, and persist throughout life. I am also implying here that specific and concrete motivational goals can be envisioned that correspond to specific needs within any of these systems.

flict with motives to provide for his family. Or, under the same circumstances, he may begin to experience difficulties in his studies resulting from unconscious conflicts over wishes to compete with and outdo his father, precipitated by the father's financial failure. In other words, motivational systems can operate at diverse levels of psychic integration (conscious and/or unconscious) and with divergent intentionalities. I would see this as the essence of Freud's discovery of intrapsychic conflict.

NARCISSISM AS MOTIVE

Freud's View of Narcissism

Analysts are quite familiar with Freud's development of the theory of narcissism, but in the perspective of a theory of narcissism as motive, that part of the theory related to derivation of narcissistic dynamics from primary narcissism becomes relatively meaningless and superfluous. A theory of narcissism as motivational bases itself on entirely different suppositions and would operate on different terms than the traditional theory does. This would imply abandonment of the concept of primary narcissism as a primal energic reservoir from which the developmental aspects of narcissism have been thought to derive. This concept has no place in a motivational theory, except perhaps as descriptive of a particularly primitive and infantile form of narcissistic motive. In fact, Pulver (1970) earlier complained that the concept of primary narcissism does not do justice to the complexities of the developmental process and grossly oversimplifies the evolving patterns of object relations characteristic of psychic development. The narcissistic motives suggested here are specifically those motives connected with self-definition, self-development, self-organization, self-preservation, self-cohesion, self-enhancement, self-valuation, self-regard, and self-esteem.

Subsequent Views of Narcissism

An important conceptual breakthrough and point of impulse for an emerging psychology of the self came with Hartmann's refo-

cusing of the problem of narcissism. Utilizing a more articulated and evolved concept of ego and the corresponding development of ego psychology, Hartmann (1950) observed that the proper opposition of terms is between self and object, on the one hand, and between ego and other intrapsychic substructures of the personality—e.g., the superego—on the other. Thus, he proposed, ego and self are to be understood in different frames of reference. The correct oppositional term of *object cathexis* is not *ego cathexis,* but *self cathexis.* In this reformulation, narcissism came to be interpreted as libidinal cathexis not of the ego, but of the self.

Pursuant to Hartmann's clarification and subsequent elaborations by Jacobson (1964), narcissism has acquired a diversity of meanings. Freud's use of *Ich* was ambiguous, connoting at times the equivalent of a concept of the self, and at other times the ego (Meissner 1986a). The task of assessing subsequent developments in the theory of narcissism has been facilitated by extensive reviews of the subject by Pulver (1970) and Moore (1975). Pulver (1970) was one of the first to criticize the view of narcissism as a drive-related theory and to highlight the problems created by extension of the term to include almost any form of psychological interest attached to the self. He pointed out that it has been used clinically to denote sexual perversion, and genetically to denote a stage of development with particular characteristics. In reference to object relationships, it has been used to denote both a type of object choice and a mode of relating to the environment. And, finally, it has been used to denote various aspects of clinical states of self-esteem. This has resulted in considerable theoretical confusion, usually emerging from the failure to differentiate various forms of narcissism. Each of the several subtypes concerns different implications and consequences.

Some Key Aspects of Narcissism

Sexual Perversion. The narcissistic sexual perversions can serve as attempts to ward off depletion or fragmentation of the self (Kohut 1971). In such cases, the primary psychological configuration con-

cerns the relationship between the self and its immediate selfobject, or the fundamental threat to organization of the self due to the absence of empathic responsiveness of the object. There are forms of perversion that can meaningfully be related to failures in the integration of self-organization, whether these can be related to the failure or absence of empathic object responsiveness or to some other failure affecting the organization and functioning of the self-system. In the face of phallic-oedipal wishes and fears as the basis of the perversion, usually involving castration fears and corresponding defenses, the narcissistic wish relates to the preservation of self-integrity.

In specifically narcissistic contexts, emphasis falls on the narcissistic recompensation and defensive function of the perversion. In relation to threats to self-organization, beyond more narrowly conceived narcissistic concerns, the issues are more properly those of self-cohesion and self-preservation. Certain fetishes, for example, may serve not merely as a "patch for a flaw in the genital area of the body image" (Greenacre 1969, p. 163), but may, in a more extended sense, serve as a prosthesis for a more generally defective sense of self.[16]

Developmental Issues. The progressive engagement with objects in the course of development, however conceived, whether in terms of separation individuation (Mahler, Pine, and Bergman 1975) or object relational genesis of the self (Stern 1985), is motivated at every step. A motivational theory would see development in narcissism as reflecting the organism's need to establish and preserve a sense of self and self-valuation in the face of increasing patterns of dependence and need satisfaction in relation to external caretaking persons. In this sense, narcissism reflects motivational states responsive to underlying narcissistic needs that come into play only under proportional stimuli or motivational conditions reflecting developmental vicissitudes.

Narcissistic issues permeate the developmental process. From birth, the child is dependent on his relationship with significant

[16] I have previously discussed the relation of the concept of the self-as-person to the body self and the body image (see Meissner 1997).

others for building and maintaining his sense of self. The child's ontological security rests on a fundamental commitment to others, along with a basically sensed and realized commitment of others to him. Whatever the subsequent developmental history of such relationships, we nonetheless cling to them as to the tap root of our existence. The motives called into play in such attachments are narcissistic.[17] Any separation from the things or objects we value is poorly tolerated. Loss of a loved object inflicts a deprivation upon our narcissism, placing self-esteem in jeopardy. Patients with personality disorders are highly susceptible to the fear of loss of objects and of love, or of the symbolic losses involved in castration anxiety, as well as to narcissistic traumata.

But in the narcissistic disorders, fear of loss of the object takes first place, specifically loss of the selfobject connection that is thought to sustain self-cohesion (Kohut 1971). A narcissistic investment of self in objects sets the stage for susceptibility to loss. The narcissistic motive in attachment to the object is the wish to preserve the coherence and integrity of the self. The fear is that loss of the object would create a narcissistic disequilibrium, disrupting the sense of self-cohesiveness and self-esteem so dependent on the presence, approval, or other narcissistic gratification from the object. Diminution of self-esteem is a major parameter and signpost of narcissistic injury.

[17] Various commentators have called attention to Winnicott's derivation of the "third area of experience" or transitional space from primary narcissism. He places the development of the transitional object at the juncture between infantile symbiosis and the origins of the "first not-me possession," that is, at the beginning of the experience of separation and of emerging selfobject differentiation. He expressed his own uncertainty quite well: "The [transitional] object represents the infant's transition from a state of being merged with the mother into a state of being in relation to the mother as something outside and separate. This is often referred to as the point at which the child grows up out of a narcissistic type of object-relating, but I have refrained from using this language because I am not sure that it is what I mean; also, it leaves out the idea of dependence, which is so essential at the earliest stages before the child has become sure that anything can exist that is not part of the child" (Winnicott 1953, pp. 14-15). Thus, even on Winnicott's terms, I see no necessary connection between primary narcissism and the capacity for a third area of experience; I find his formulation entirely consistent with the developmental role of narcissism as motive.

Along Kohutian lines, a view of narcissism as motive would see the original state of self-contained self-satisfaction as modified by the gradual encroachment of reality and the necessity of interacting with outside agents and sources of stimulation, conceived specifically in selfobject terms. Motives are assumed to come into play as they seek to preserve or regain the interrupted sense of primal self-cohesion or integrity, in virtue of attachment to and dependence on the selfobject.[18] In Kohut's view, the narcissistic need to preserve a degree of self-integrity takes the form of locating the narcissistic sense of enhancement either in the self (grandiose self) or in the object of dependence (idealized parental imago) (Kohut 1977, 1984). These configurations serve as the first narcissistically motivated organizations within the emerging self-system and as structural formations that become the focus for narcissistic investment. In this sense, they can be said to reconstitute and recenter the lost narcissistic ideal. This differentiation requires a degree of selfobject differentiation between the nascent self and a primitively sensed other. I would also add that these archaic formations emerge as structural components of the self-as-object, cast in terms of images of self and objects that are secondarily invested with narcissistic motivation.[19]

The developmental process involves significant blows to the developing child's sense of self-esteem. It is only when the child begins to attach to another person and to invest that other with inter-

[18] I prefer to understand narcissistic needs for proportional response from the object of dependence as preexisting, at least conceptually, the relation to the object. The narcissistic need for nurturing attachment and valuing from the object is not *created by* the relation, but *is responded to* in the relation. The classic example is Spitz's (1945, 1957) hospitalized children, who withered without adequate maternal responsiveness. These considerations would seem to me to be consistent with evolving perspectives on development that emphasize relational and intersubjective aspects of the mother–child interface.

[19] I have discussed aspects of the genesis of the self (Meissner, in press, a, in press, b) as the result of developmental processes that do not develop as derivations from primary narcissism, but instead do so independently as a result of maturational processes, in combination and interaction with environmental influences. Such structural formations, once established as integral parts of the developing self, can be variously invested with narcissistic motivation.

est and importance that the primary state of narcissistic self-containment begins to erode. The level of narcissistic self-valuation will be determined to one or another degree by the quality of mirroring in the relation with caretaking objects. Should this process fail, should it meet with obstacles and inhibitions, should it stumble upon frustrations and deprivation, narcissism suffers. Frustrated narcissism responds not with resignation, but with an intensification and obstinate clinging to its infantile and self-centered demands. The more they have been frustrated and denied and deprived, the more stubbornly and obstinately do patients cling to their narcissistic expectations.

As the growing child comes to know reality, his narcissism is inevitably and profoundly affected by it. He is forced to accept limitations on countless fronts, to give in to the insistence and convictions of others. The child must learn that his capacities are limited, that his existence is finite, that choice and determination are fraught with anxiety and uncertainty. Throughout his painful learning experience runs the thread of the child's continuing sense of helplessness and weakness. Children manage to transcend the real world and its limitations by the force of imagination, active and vivid fantasy, a belief in magical power and omnipotence, and a capacity for imitation and assimilation to the powerful figures around them. It is through such devices that the child gradually turns from the precarious weakness of passivity and victimhood to the relative activity and striving for mastery that are necessary for psychic growth. Narcissistic motivation in this process is dedicated to preservation, even enhancement, of the self in the face of the limitations and diminutions imposed by the real world.

One of the most significant narcissistic traumata and disappointments a child suffers comes with termination of the oedipal period. His expectations come to naught, and the experience of failure of his oedipal wishes serves as a template for subsequent losses and disappointments. Depression following subsequent losses in life often reflects unconsciously back to losses suffered in the failure of oedipal ambitions, if not before. As Rochlin (1973) pointed out, when such longings or wishes are thwarted, there is

no reason to suppose that the result is ever resignation or abandonment of these wishes. Oedipal disappointment is accompanied by a serious loss of self-esteem.

But this condition also provides the motivational stimulus for recovery of lost narcissism. The child is thrust into a latency period of development in which the heroes of myths and fairy tales serve as a means of retrieving some sense of power and high-minded worthiness. Similarly, the child's self-immersion in the rigors of learning, accomplishment, and attainment of skills, both mental and physical, serves to channel his energies toward restitution of the narcissistic injury he has suffered. The motivation operative here is concerned with maintaining self-regard, self-worth, self-esteem, self-preservation, and self-development. The need to salvage self-worth in the face of oedipal disappointments serves to mobilize motives of self-enhancement that in turn lead to efforts to redeem lost narcissistic equilibrium.

The Ego Ideal. Formation of the ego ideal constitutes one of the primary formative steps in narcissistic development, which Freud (1914) described as replacing or recapturing the child's original infantile self-love. Success in the struggle for identity depends in part on satisfactory transfer of this original narcissistic self-investment onto an existent self in the form of an ego ideal (Murray 1964). The residues of infantile narcissistic motivation are thereby distilled into the ideal, which thus comes to possess every perfection that is of value (Milrod 1990; Steingart 1969); it becomes a repository for secondary narcissistic motives and the inheritor of primary narcissistic motives, if such there be.

This formulation was one of Freud's fundamental contributions to understanding the development and functioning of the human personality. The importance of this transformation cannot be overestimated. Murray (1964) commented:

> This transformation and socialization of narcissism would then consist in directing it toward an aim other than the egoistic pregenital one, in deflecting its expression and satisfaction to the area of idealistic, personal, and social val-

> ues, and in striving to create realistically a world appropriate and suitable for such a highly regarded ego to live in. [p. 501]

The mature ego ideal is a significant factor in maintaining psychic integrity and a mature balance between the expression of libidinal and aggressive motives and actions and legitimate restraints fundamental to the sense of identity. Sandler, Holder, and Meers (1963; see also Holder 1982), along with Schafer (1967), added a further refinement, distinguishing between an *ideal self* and a later *ego ideal*. The ideal self corresponds to the *self-I-would-like-to-be,*[20] while the subsequently formed ego ideal corresponds to the *self-I-ought-to-be*.

While recovery of lost infantile narcissism thus serves as the basis for constitution of an ego ideal in adult life, in motivational terms, such "recovery" implies a motivation to regain the narcissistic investment of the infantile state. Loss of infantile narcissism results from disruption of the sense of primary fusion between child and mother. This disruption forces the child to begin to recognize existence of the "not-me" world. But the desire to reexperience and regain the sense of fusion with the mother, with its implications of omnipotence and total satisfaction, continues to have residues. The ego ideal comes to reflect that set of ideals and values that have become stable and consistent aspects of the narcissistically invested self-system, and that accordingly serve as the guiding and directive norms for narcissistically motivated attitudes, beliefs, and actions of the self.[21]

This entire process is impregnated with motives of self-preservation and self-enhancement, from beginning to end. Given the as-

[20] Similar formulations can be found in Nunberg's (1955) ideal ego. See the development of this concept in Steiner (1999). Milrod (1982, 1990) described something similar in terms of a *wished-for self-image,* which he regarded as a form of ego ideal precursor. He associated the ego ideal itself more closely with moral and ethical values. See also my discussion of ego ideal and values in Meissner (2003a).

[21] I have discussed these processes concerning the formation and function of the ego ideal in relation to value systems and their integration in ethically relevant decision-making more at length in Meissner (2003a).

sumption of infantile beginnings as undifferentiated, global, and objectless self-containment, in which need satisfaction and existence are passively sustained without effort or conflict[22]—a situation Freud described in terms of infantile omnipotence, perfection, and self-sufficiency—the infantile ideal of self-perfection becomes operative in terms of its motivational appeal. Without considering the issue of how such infantile states might be experienced by the child, the passive containment of the womb and the gratifications implicit in early maternal symbiosis and satisfaction at the breast are close to what Freud might have had in mind, at least descriptively, with his concept of primary narcissism.

Object Choice. Freud made room for a way of relating to others according to a narcissistic model. Choice of an object and love for that object on these terms could be based on narcissistic elements, so that love of the other is equivalent to love of oneself in that other. Freud (1914) described this mode as loving in the other what the subject himself is in the present moment, or was in the past, or wishes to be or become in the future, and, finally, as extending such investment to what was once part of the subject—e.g., his children, students, protégés, and so on. For the most part, in terms of the libido theory, object choice involves elements of both narcissistic and object libido (Eisnitz 1974)—or, in motivational terms, we might say that an object relation can be motivated by complex integrations of object libidinal and narcissistic motives. The desire for another as a sexual object (libidinal motive) may involve other motives having to do with enhancement of one's own self-esteem. For the most part, in the context of mutual love relations, not only is the object valued and loved, but the self-esteem of the lover is simultaneously enhanced.

[22] Language can be misleading in this context. I have not found a good way of describing this situation of pre-object and pre-self existence that obtains prior to selfobject differentiation in psychological terms. The only "self" in this pre-self-object context is the self-as-agent (Meissner 1993), prior to its development of subjective capacities. At some point in the developmental progression, conscious mental processing enters the picture and allows for emergence of the self-as-subject (Meissner 1999c, 1999d). The beginnings of subjectivity in the infant introduce issues related to the infant's experience at this early stage, about which we know little or nothing.

Self-Esteem Regulation. Narcissism, along with other significant factors, plays a major role in self-esteem regulation as reflected in judgments of personal value, self-worth, and self-respect. Such judgments are often expressed in relatively global terms of superiority or inferiority, but self-evaluations can also focus on differing aspects of self-functioning and relatedness (Brissett 1972). For example, I may see myself as rather indifferent as a teacher, but very competent in the area of clinical practice. Or my self-assessment in any given area may vary from time to time, depending on the level of my performance and the external feedback I get from others. My self-esteem is thus based on my personal evaluative judgments of my self-worth, reflecting the way in which I know and evaluate myself in any given area of performance or personal qualities or capacities. Judgments regarding self-esteem are directed to my self-as-object, that is, my self as known by me and as reflecting my personal self-judgment (Meissner 1996a). The knowing and judging are functions of the self-as-subject; it is the self-as-object that is known and judged (with self-representations serving as the cognitive medium of such self-knowing).[23]

Confusion can arise between the defensive role of self-regard as manifested in feelings of superiority and megalomania, generally accepted as pathological, and the more realistic and nondefensive self-esteem characteristic of healthy and adaptive personality functioning (Pulver 1970). Both these aspects have been regarded as forms of self-esteem and attributed to the vicissitudes of narcissism. Use of the notions of *good narcissism* and *bad narcissism* is a temporary expedient reflecting underlying value judgments, but does not provide a basis for real understanding. Pulver pointed out that the translation of these terms into structural concepts provides a way of understanding good, healthy narcissism as a form of

[23] Alexander and Friedman (1980) noted the need to distinguish self-as-structure from the self-representation. Jacobson (1964), following Hartmann's lead, focused self-esteem on the self-representation—not, however, in reference to harmony or disharmony with the ego ideal, but with a wishful concept of the self, analogous, I would think, to the ideal self of Schafer (1967) and Sandler, Holder, and Meers (1963). For more on the relation of self-representations to the self—specifically, the self-as-object—see the discussion in Meissner (1996a).

self-esteem based on pleasurable self-images, and bad narcissism as self-regard based on a defense against underlying unpleasurable images.

Judgments of self-esteem can be influenced by the balance of negative or devaluing comments of others versus positive and admiring input, reflecting the openness of the self to social influences and the impact they can have in shaping the self-as-object (Brissett 1972; Meissner 1996a, 2003d). Needless to say, self-evaluation is open to the distorting and self-deceptive influence of the motivation to see oneself as one might wish to be, rather than as one is, and to emphasize the self-confirming and positive elements in one's self-evaluation and/or external feedback, as well as to minimize or ignore the self-diminishing and negative elements (Gergen 1971).

However, I propose that self-esteem does not depend totally on the quality of narcissistic investment, but in a healthy and adaptive sense, it may reflect—in addition to narcissistic dynamics—the structurally harmonious integration of the self-system with adaptive and integrated organization of its functional subsystems. Thus, self-esteem would ride to some degree on the structural integrity and functional competence of the self, in addition to—rather than exclusively on—any specifically narcissistic investment.[24] If these structural components of the self are in place, healthy self-investment and optimal narcissistic motivation are possible. By the same token, the individual whose pathological self-regard expresses itself in forms of superiority and grandiosity can be said to lack such an integrated and well-functioning self-system, and to be forced to replace it by forms of pathological narcissistic investment that fall into patterns of defensively motivated extremes.

The Affect of Shame. Shame, along with envy and jealousy, is one of the primary narcissistic affects expressing the sense of underlying narcissistic deprivation or mortification and the denial or frustration of narcissistic desires, particularly in relation to a fail-

[24] Cotton (1989) provided a detailed schema for the development of self-esteem, interweaving components of self, competence, and other evaluation.

ure to measure up to the ego ideal or ideal self.[25] Narcissistic states may be accompanied by a variety of affects, whether in positive terms of elation, joy, manic excitement, and self-enhancement—or, conversely, in negative terms of shame, envy, jealousy, depression, and narcissistic anger and rage. But narcissism is not defined by its accompanying affects, and narcissistic motivation should be kept distinct from its accompanying affects. Thus, the intrinsic motivation or purposive dimension of narcissism—namely, self-preservation or self-valuation, whether psychological or physical—is not linked to any specific affective response, but may be connected with a variety of affective components derived from peripheral or secondary sources.

In this sense, narcissistic rage might be a response to narcissistic injury, whose motive is restoration of self-esteem rather than simply an expression of aggression (Kohut 1972; Rochlin 1973). The affective quality of the response has more to do with the stimulus conditions than with the eliciting of a narcissistic response as such. Conditions constituting a threat to the integrity or valuation of the self are more likely to be accompanied by negative affects, such as shame; conditions contributing to the preservation of self and self-enhancement are more likely to be accompanied by positive affects.[26]

Morrison (1983), following Lewis (1971), noted that a primary characteristic of shame is the sense of inadequacy or defect in the self, as opposed to the focus on action that is characteristic of guilt. Shame is a matter of *a bad self,* not just *bad acts.* In distinguishing shame as an affect from its related narcissistic motivation, we might note that shame reflects a reaction to the failure to fulfill the narcissistic desire to measure up to the ideal, but it remains distinct from and secondary to narcissistic motives. It carries a burden of sensitivity and guardedness, as though there were a vulner-

[25] Developmental aspects of shame are discussed by Gillman (1990), Morrison (1989), Wurmser (1981), and Yorke (1990).

[26] Avoidance of shame, along with guilt, anxiety, or any other self-threatening affect, is narcissistically motivated, in my view—usually with the purpose of sustaining or recovering a sense of self-esteem, self-worth, or self-integrity.

able pain center that the patient needs to keep hidden and concealed at all costs.[27]

It happens often in analysis that the patient's resistance, seemingly so intense and belabored, finally yields to the revelation of a relatively trivial fantasy to which the feeling of shame is attached. This terrible secret is shared with the analyst as a privileged communication, enshrined with special importance and significance within the patient's inner world. The analyst in turn may experience a sense of disappointment, a letdown that what is revealed does not measure up to the power and importance that the experience has in the patient's perspective. Following a somewhat different tack, Kohut (1971) pointed out that the patient's shame may be related to relatively crude and unmodulated, narcissistically exhibitionistic urges and wishes for admiration. The patient's concern about self-revelation, then, is inevitably based on his fear of ridicule and humiliation.

Shame also serves as a signal affect for feelings of humiliation, inferiority, or narcissistic mortification (Rothstein 1984). The sense of shame can be readily externalized by projection, since the self-exposure involved in shame must include a perception or fantasy of others who see the self as a failure, as inadequate and inferior, or who regard him with devaluation or contempt (Rizzuto 1991). In a derivative sense as well, shame may serve as a stimulus for signal anxiety, arousing the self to defend against the shame affect through repression or other defensive maneuvers. Individuals so afflicted maintain a certain distance from others as a means of self-protection and avoidance of the intense shame that they experience under conditions of self-exposure. In many such patients, any attention from others is experienced as shameful. Even when the response of others is one of admiration or praise, these patients react with feelings of shame, becoming guarded, suspicious, and secretive, with the assumption that dreadfully negative criticism is being

[27] Morrison (1989), Pulver (1999), Wurmser (1981), and Yorke (1990) have all noted that shame is invariably associated with a sense of exposure to an external observer—whether past, present, or fantasied—as well as having an internal reference.

concealed. Similar reactions, involving a slightly greater intensity of shame, can easily develop into frank paranoid symptoms of ideas of reference, fears that one's mind is being read, and so on.

A view of shame as having deep roots and largely unconscious narcissistic motivations is common in analytic experience. These dynamics became clear in one of my own patients, a woman of about thirty, Ms. T, who came to analysis for a rather severe depression involving a basic impairment of self-esteem. Her chronic and recurrent expectation was that she would be criticized for whatever she did. These feelings could readily be traced to her highly narcissistic and hypercritical mother, in whose eyes this girl could do nothing right and could do nothing to demonstrate any worthwhileness. The patient's expectations were transposed into the transference and expressed themselves in her conviction that I would be critical of her, that I would tell her she was a worthless patient who did not deserve to be analyzed. Her conviction was that I was waiting and watching her, letting the analytic material build up so that I could then turn on her and show her how worthless and inadequate she was.

At times, Ms. T even felt that I was reading the perverse and degenerate thoughts that came into her mind, and that I could feel only contempt and disgust at what I must be seeing in her. The whole of this material was underlain quite extensively and intensively with shameful feelings. The entire clinical picture was undergirded by narcissistic motives related to her conviction that she was basically inferior, inadequate, and did not measure up to the ideals proposed to her unremittingly by her narcissistic and ambitious mother, who idealized and constantly supported her talented brother, all the while undermining and criticizing the patient's more modest accomplishments. Her narcissistic need to shine and be admired and her failure to do so, along with her competitive wish to outdo and outshine her brother, were the basic narcissistic motives.

THERAPEUTIC IMPLICATIONS

The issues central to this view of narcissism as motive are cast specifically in terms of narcissistic needs and motives, and, correspond-

ingly, this understanding of narcissism points therapeutic inquiry in the direction of focusing on the contexts, circumstances, object-related involvements and interactions, developmental vicissitudes, and complex patterns of meaning embedded in these narcissistic needs and motives. This theoretical perspective has application in any context in which narcissistic motives come into play, particularly insofar as such motives come to have a significant role in the analytic relation and the corresponding patterns of involvement and interaction between analyst and patient—regardless of whether such patterns are conceived in structural or in relational-intersubjective terms.

Although this perspective inevitably has implications for clinical application in the analytic process, I find myself in a somewhat paradoxical position in discussing this. One might expect me to show how the theoretical formulations advanced in this essay would have application to the clinical process, and yet I find myself heading in just the opposite position. My theoretical revision aims at drawing the understanding of narcissism closer to the way in which I believe the concept of narcissism is more or less implicitly utilized in ordinary analytic practice; thus, my effort is not the usual one of adapting the clinical practice to the theory, but rather that of adapting the theory to clinical practice.

I have already expressed my conviction, based on my own experience and what I have been able to conclude about the clinical practice of my colleagues and from my reading of the literature, that—pragmatically speaking—analysts tend to approach narcissistic issues by way of an extended inquiry into the background, sources, developmental vicissitudes, contexts and circumstances, meanings and motives of whatever forms of narcissistic behavior and personality disposition they encounter in their patients. In other words, many (if not most) analysts already equivalently utilize a motivational approach in dealing with narcissistic issues clinically. I would suggest that this is as true, even especially true, of self psychologists as it is of classical analysts.

A theory of narcissism as motive provides an explicit theoretical rationale for such an approach; it can serve to close the gap be-

tween clinical usage and theory. I do not mean to claim that this is a better theory than classical theory—I assume that analysts can work clinically just as effectively with either of these theories—but I am suggesting that there is an alternative to the classical view of narcissism that may more closely reflect the actual focus and interests of the practical inquiry commonly utilized in dealing with issues of narcissism.[28]

In clinical terms, at all levels of narcissistic pathology, we find degrees of intermingled narcissistic vulnerability and grandiosity; these qualities are inherently linked, and one is never seen without the other. Frequently, one or another dimension may be found as an explicit or conscious manifestation of the narcissistic aspects of a given personality, but even in these cases, the correlative aspect of narcissistic pathology remains implicit or hidden and can be unveiled on further clinical investigation (Meissner 1978, 1986b; Moses and Moses-Hrushovski 1990).

Thus, the phallic or exploitive narcissistic character who displays his vanity and grandiosity in a variety of more or less public ways can be found to carry a concealed core of narcissistic vulnerability and feelings of inferiority, shame, weakness, and susceptibility. Similarly, the clinging, dependent, needy, and demanding type of more primitive narcissistic or depressive character will be found to conceal a core of grandiose neediness and desire. This core underlies infantile expectations, wishes, and an extreme sense of entitlement that allows them to feel they have a right to demand concern, care, and attention from others, often to the point of considerable self-sacrifice and disadvantage or detriment to those others. The important emphasis here is that both configurations are con-

[28] Though it may be tangential to the present discussion, I would tend to view the analytic situation and the analytic relationship as awash in a wide variety of motivational states, including so-called noninstinctual motives. Such instinctual motives find their way, for the most part, into the transference and/or countertransference, while noninstinctual motives come into play more often within the therapeutic alliance (Meissner 1996b). The distinction is not absolute, since to some extent, healthier and more adaptive narcissistic motives can also play a role in the alliance. Narcissistic determinants are thus not limited to narcissistic transferences.

currently operative, and the therapeutic task requires the unveiling, acknowledgment, and resolution of both sides of the narcissistic coin if any meaningful change is to be effected.[29]

One familiar paradigm of narcissistic pathology is based on the "exceptions" (Freud 1916; Jacobson 1959; Moses and Moses-Hrushovski 1990). In these cases, some form of narcissistic injury—typically a physical impairment, but also sometimes deprivation or frustration of any kind—allows the individual to feel deprived and correspondingly entitled to compensatory recognition or acceptance, or entitled to special considerations and benefits. Such individuals feel they should not have to earn recognition; rather, it should be accorded to them automatically. They feel resentful if they must work to support themselves, believing that the world somehow owes them a living or certain rewards without strenuous efforts, sacrifice, or hardship on their part.[30] This can go along with a general blaming tendency that lays the responsibility for one's own difficulties at someone else's door; and in its more extreme forms, this type of narcissism can lead to paranoia (Meissner 1978).

One of my patients who fit this description was a man in his mid-twenties, Dr. V, who at the time of his analysis had graduated from medical school and was in residency. His prevailing attitude was that he was entitled to recognition, acknowledgment, an easy life, and generous loving attention and consideration from everyone with whom he was involved. Life, love, and work should be easy, nondemanding, and convenient. The least demand, any infringement on his time, any requirement for extra energy or work, was responded to as if an insufferable outrage, to be met with resentment and self-righteous protests of unfairness, since it represented a violation of his sense of privilege and specialness. If one of his patients spiked a fever requiring extra lab work, or if a pa-

[29] I have previously discussed these narcissistic configurations in terms of introjective formations, designated respectively as the *superior narcissistic introject* and the *inferior narcissistic introject* (Meissner 1978, 1981a, 1986b).

[30] Kris (1976) noted that, while the exceptions were exceptions in Freud's day, in our own day, they tend to be more the rule. Along similar lines, see Tartakoff's (1966) description of the "Nobel Prize complex." Varieties of entitlement are explored by Moses and Moses-Hrushovski (1990).

tient were to be admitted shortly before his shift ended, if his wife asked him to do her a favor or insisted that he help with the household tasks or in taking care of their baby—all these were occasions for outraged protests and bitter resentment from Dr. V. He complained angrily that they were her dishes, her garbage, her baby, and not his. He should not be asked to do any more than he was already doing.

It was only by progressively exploring, in detail and in many diverse situations in which these feelings arose, the contexts, circumstances, meanings, and motives of his behavior that, over time, Dr. V was able to recognize and acknowledge the degree of his entitlement. Eventually, he was able to appreciate its unreasonableness and the negative effects it created in his dealings with others, especially his wife.

Freud (1916) concluded that such feelings of deprivation and resentful entitlement are often bound up with penis envy in certain female patients (see also Jacobson 1959). But if we focus exclusively on genital implications and the relation to castration concerns, we could miss some of the essential narcissistic dimensions of this basic envy state. These feelings can also play a role in the transference. This paradigmatic profile was evident in one of my patients, Ms. Y, whose narcissism was quite strongly fixated at an infantile level, causing her to feel inadequate, depressed, and hopeless. At the birth of her two-years-younger brother, she had felt herself deprived and cheated, particularly since she was no longer the center of her parents' affection and attention and was forced to take second place to her brother.

The narcissistic loss and resulting envy drove her to focus all her resentment on her brother's penis—the only obvious difference between herself and him that seemed to explain why he had become so much more important than she. Penis envy became a pervasive aspect of her neurotic adjustment and led to highly competitive and narcissistic needs and ambitions, compelling her to set high academic standards that exceeded her abilities and thus guaranteed failure, reinforcing the sense of inadequacy and shame embedded in her self-appraisal. The problem in her envious ambition

lay not in her desire to do better and accomplish something, but in the excessively narcissistic quality of her motivation. When her efforts did not measure up to the level of her aspirations, she inevitably felt herself to be a failure and plunged once again into a depressive trough. Her state of mind was dominated by the overwhelming conviction that anyone who did not have a penis was not worth anything and could never be in a position to achieve something significant in life.

In the transference, Ms. Y conveyed the conviction that she could improve her situation only by depending on me and keeping herself in my good favor. This was a direct reflection of her childhood conviction that the only way she could maintain any importance or value in her parents' eyes was by the continual attempt to please her father and stay in his good favor. Pleasing her mother was not very helpful since mother herself was unimportant—she did not have a penis.

Only late in the analysis was this patient able to express and work through some of her intense envious feelings of me. In the framework of the alliance (Meissner 1996b), she saw me as a strong, capable, helping person, and came to feel that she could rely on and trust me. But beyond this capacity for trust and her therapeutic compliance, there was a pervasive, transference-based misalliance in the form of a conviction that she had to depend on me, please me, and comply with my wishes, since it was only by her clinging to a powerful, penis-bearing object that she could have any hope of gaining strength for herself and stabilizing her sense of self-worth. Ms. Y's envy was focused on the issue of penis power, but at a deeper, more primitive level, it cloaked her primitive narcissistic rage at having been deprived of the pleasures of mother's breast and the accompanying infantile attention and adulation.

In what sense, we might ask, would a theory of narcissism as motive have influenced the interpretive process in this analysis? I would submit that this theoretical shift bears more on how the analyst thinks about the patient than on any particular technique; in this sense, theory is a guide to the analyst's thinking and responding. According to the motivational theory I am proposing, the pa-

tient is viewed as an autonomous (or at least potentially autonomous) agent, who is ultimately responsible for his decisions and actions, whose behavior is motivated by a constellation of motives of varying levels of psychic organization that correspond to a spectrum of needs, extending from primitive bodily or instinctual needs to higher-order personal and social needs. Whether these factors operate on an unconscious or conscious level, his actions are motivated and have specific meanings, and the patient is ultimately responsible for them.[31]

This perspective is opposed to the view of the patient as in some degree subject to impersonal forces impinging on his psychic apparatus for which he bears no immediate responsibility. For Dr. V, described above, the wish to see himself as a victim of unfair and demanding forces and circumstances over which he had no control—and for which he disclaimed responsibility—eventually had to give way to another view of himself as a responsible agent who made choices based on identifiable motives that had a specific meaning for him in terms of his developmental and other life experience. Only when the narcissistic character of these motives and their developmental origins and meaning became clear was he able to effect a more mature and adaptive engagement in his life experience.

In terms of a motivational schema, the focus of analytic interest tends to center on the meaning, contexts, circumstances, relational involvements, affects, and subjectively experienced attitudes

[31] Some have commented on the connection of this view of motivation to Schafer's (1976) action language. The similarity, as far as I can see, lies in the emphasis on behaviors as actions of the person, and thereby actions for which the person is ultimately responsible. However, Schafer's approach emphasizes the linguistic formulations used in interpreting. He says little about either the nature of the motivations involved or the source of agency, other than to designate it as "the person." The theory I am proposing—in contrast, I think—seeks to provide an account of the nature and function of such motivation, and offers a hypothetical metapsychological construction to account for the agency. I have previously expressed my hesitations regarding Schafer's new language (Meissner 1979a, 1979b), and I would also insist on the differences, along with the similarities, in my present views. Further, the proposals in this theory of narcissism as motive have nothing to say about the style of interpretation, nor do they provide any basis for any different language of interpretation.

and orientations that characterize the patient's psychic life, both developmentally and currently. Narcissistic issues pervade the patient's life as well as the analytic encounter—more intensely in the case of a narcissistic disorder, but pervasively in all patients. The normal and spontaneous expression of narcissistic needs by the self is so continuous and subtle that, most of the time, we are unaware of the ongoing preconscious and unconscious narcissistic investments that are so essential for the healthy and adaptive integrity and functioning of the self-as-person. Similar spontaneous and barely noticed narcissistic processes and motives occur in everyday object relations and in dealing with the external environment. When psychopathology is minimal, the mobilization of narcissistic defenses by the self to counter narcissistic needs and vulnerabilities is not only effective and unobtrusive, but may carry with it the pleasure of maintaining healthy self-esteem and a sense of psychic integrity.

Narcissism as the motive eliciting the capacity of the self to maintain self-preservation, self-respect, positive self-esteem, and self-integrity, including the capacity for establishing meaningful autonomy and responsibility for one's self and one's actions, thus plays an indispensable role in psychoanalytic treatment. In this view, psychoanalysis is a process in which the analyst continuously seeks to enhance the agency of the patient, facilitates his autonomy and capacity to explore his inner world, and promotes his assumption of responsibility for all his actions, conscious and unconscious, as key elements in bringing about resolution of pathology and promoting self-integration.

In relation to narcissistic needs, pathology results from the self's inability to encompass the adaptive task of keeping developmental and relational needs and desires for self-cohesion, integrity, and esteem adequately satisfied. Pathology reflects the persistence of impediments that have been transformed into unconsciously disguised beliefs, fantasies, convictions, compulsive actions, acting out, somatizations, pathological relations, and other symptomatic manifestations, revealing the failure of the self to achieve some of these desired or intended goals, particularly those pertaining to issues of self-cohesion, integrity, and self-esteem. The analytic task

consists in inviting and assisting such a beleaguered self to carry out the autonomous exploration of motives behind specific forms and expressions of narcissistic pathology, and to enable the self to assume responsibility for its up-till-then obscure participation in the unwanted pathology, in order to progressively and effectively modify the pattern of motivations in the direction of adaptively achieving satisfactory levels of psychic functioning and effectiveness.

The patient's improvement, therefore, is effected not by transformation of a putative narcissistic drive, but by an elaborated affective and motivational understanding of how some particular narcissistic issue or need has become a psychic obstacle to fulfillment of legitimate human needs, and by progressive transformation of these counterproductive, unrealistic, or self-depleting motives into more effective and adaptive motives relevant to enhancing the subject's sense of realistic self-worth and self-integrity. The particular focus in dealing with narcissism highlights those impediments to normal development and adaptation that have distorted the patient's sense of self and self-representation, and that have contributed to pathological distortions of self-integration in either excessive or deficient narcissistic terms. The patient's defensive response to such distorting conditions and the narcissistic imbalances they gave rise to can then be understood as abortive or unproductive efforts to establish or restore some degree of the narcissistic equilibrium that should have been the patient's God-given right as a human being.

The analyst's countertransference may also call for managing the impediments deriving from his own narcissistic motives to maintain his stance as the one responsible for the integrity of the analysis (Weinshel 1984). Like the patient's, the analyst's narcissistic motives can be multiple and complex, including a perfectionistic image of himself as having to be right and as knowing what is in the patient's mind better than the patient does. He may have a need to preserve his image of himself as a competent or superior analyst, or a need for the patient to recognize his professional standing and skills and to acknowledge him as a superior and gifted analyst. The pitfalls are many.

A major difficulty for narcissistic patients can arise from the need to protect and keep hidden their narcissistic vulnerability. The transference onto the analyst of revived imagoes of earlier figures with their promises and threats—and the affects originating in past real events and in deeply ingrained, fantasized scenarios of defeat, harm, humiliation, shame, or deprivation, on one hand, or the unremitting demand for narcissistic satisfaction or for an assumed promise of grandiose triumph on the other—can mobilize resistances in the patient, as can the forms of narcissistic transference described by Kohut (1971, 1977, 1984). The analyst, in turn, cannot help but respond internally to the manner in which the analysand manifests his resistances or attempts to achieve transferential satisfaction. The patient's personal style of being in analysis and relating to the analyst—his intense affects, his insistent appeals to and accusations brought against the analyst about what he does or does not do—may find echoes in the analyst's experience of himself as a person and as a professional, echoes that may take the form of countertransference.

The task for the analyst in relating to the patient's transference is to monitor his own behavior, thinking and feeling as well as he can so as to avoid the trap of falling into a transference-countertransference interaction in which he unwittingly plays out and repeats the patient's transference scenario—resulting in a reenactment and reinforcement in the present of an interaction that the pattern of narcissistic distortions has perpetrated in the past (Meissner 1982-1983, 1996b). The theory of narcissism as motive offers a dynamic understanding of pathology affecting the stability and valuation of the self-concept as structured around failures to achieve expectable and necessary biological, developmental, and object-related aims and the psychic effects of such failure. In each analytic moment, we work to make explicit the motivational structure of the patient's psychopathology as a key to making sense of related affects, desires, fantasies, beliefs, and actions.

If the pathology is understood as resulting from actual or internal failures or distortions in meeting and satisfying (within reasonable and expectable limits) the basic and legitimate narcissistic

needs for recognition, acceptance, acknowledgment, self-valuation, and esteem, then the effort to remedy this deficiency can take the form of assisting the patient to retrieve in the present, at least to some degree, the fulfillment of narcissistic needs that were unsatisfied in the past, and to assist him in removing those psychic impediments that persistently obstruct the fulfillment of those needs in the present—namely, disproportionate or self-defeating narcissistically inspired motives. In cases of narcissistic excess, this requires recognition of the fact that narcissistic needs can be fulfilled and narcissistic balance maintained without resorting to extreme narcissistic demands and entitlements. On the other hand, when narcissism is deficient or depleted, a degree of acceptance of oneself as adequate and worthy of esteem is required, regardless of whether exalted narcissistic objectives have been attained or not.

These needs are related to patterns of action and interaction with others, so that the patient comes to recognize increasingly the relation of such patterns, including their related contexts and meanings, to the narcissistic needs and motives involved in them. Themes of narcissistic need that were developed in the course of childhood experience—either as a result of failures of parental empathy, or along with other features of failure to meet legitimate narcissistic needs in the growing child—and the resulting patterns of narcissistic motivation, which correspond to and seek to satisfy and compensate for an underlying narcissistic lack, are cast in terms readily understandable and meaningful to the patient, speaking directly to his experience. As motivated patterns of behavior and experience, these factors are within the patient's capacity to modify or redirect in the light of reconstructed narcissistic needs and desires as developed within the analytic process.

To return to Ms. Y, the depressed and self-devaluing woman described earlier, I found that exploration and understanding of the narcissistic insult accompanying her younger brother's birth—which was associated with her parents,' and especially her mother's, failure to recognize and respond to her needs, and which led to subsequent adulation of the brother and her own correlative devaluation—allowed her to see that her attitudes toward herself

and the world around her were patterned after her mother's narcissistically overburdened attitudes and values. Specifically, Ms. Y felt that she could never meet her mother's exalted expectations and was thereby condemned to inferiority and inadequacy. The fallaciousness and distortion of these views became increasingly apparent to her, resulting in a more realistic reworking of her perceptions of her mother, her brother, and—last but not least—herself. The realization that her beliefs and behaviors were motivated by narcissistic needs that had arisen in the matrix of childhood dependence and entrapment in her mother's narcissistic needs and fantasies led to a self-liberating recalibration of her assessment of herself. The outcome was not a defensive and narcissistically generated blaming of her mother for these problems, but a more realistic assessment and acceptance of her mother's limitations and the role they played in the mother's inadequate mothering capacity.

The focus in all this was on factors—both internal and external ones—that had come into play to shape the patient's view of herself, and on the corresponding reasons for adopting the attitudes, beliefs, and values that she had, reasons that spoke directly to the narcissistic motives behind her behavior. Therapeutic benefit came not only from insight into these motives and their derivation from insufficient satisfaction of specific narcissistic needs, but also from the reorganization and reintegration of her sense of self, culminating in a renewed sense of self-competence and the emergence of a measure of self-valuation as an adequately endowed and autonomously capable human being.

CONCLUSION

The clinical endeavor works with the patient's contexts, circumstances, and relationships with others (both significant and nonsignificant), and focuses on the patient's dreams, fantasies, wishes, purposes, ambitions, hopes, frustrations, and disappointments—all of which are permeated by motives and meanings that speak to the reasons, stated and unstated, conscious and unconscious, that determine and guide the course of the patient's experience and be-

havior, both within and outside the analysis. As far as I can see, this is an accurate description of what analysts do, for the most part.

I would suggest that a theory of narcissism as motive might align itself more closely to prevailing clinical practice than classical theory has been able to do. According to a theory of narcissism as motive, it may be more productive to help the patient understand that, whatever his envious or shameful or superior and entitled reactions may be, they are *motivated,* and thus have underlying reasons—and the motives for these reactions can be gleaned from an exploration of the infantile past that is being replayed in the psychoanalytic present. Furthermore, the patient can be helped to see that he does, in fact, have something to say about these motives: he can either replace them with other, more mature and adaptive motives, or he can bear the pain of whatever narcissistic injury or loss they entail, thereby putting them into a more adult perspective.

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THE USE OF PLAY TO PROMOTE INSIGHTFULNESS IN THE ANALYSIS OF CHILDREN SUFFERING FROM CUMULATIVE TRAUMA

BY ALAN SUGARMAN

Psychoanalytic opinion continues to be dichotomized in regard to the role of trauma versus intrapsychic conflict as contributing to pathogenesis. This paper emphasizes the importance of conflict in both the experience and processing of trauma, so that problems in talking about it and processing it verbally are taken as evidence of conflict and defense. Cumulative trauma and its analysis in children are emphasized. While children in analysis find remembering and talking about their traumas difficult, they can know such experiences and modulate the anxiety of knowing when they do so in play. A clinical vignette is presented to demonstrate this way of using play to promote more advanced mentalization or insightfulness.

IS THERE SOMETHING DIFFERENT ABOUT TRAUMA?

The rigid dichotomy between those who emphasize intrapsychic conflict's contribution to pathogenesis and those who emphasize the causal role of trauma, originating in Freud's shift from the se-

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duction hypothesis to an emphasis on unconscious drive derivatives (see Masson 1985), continues to characterize the psychoanalytic scene (Busch 2005). It seems strange to find such polarization in our literature given the acknowledgment by many that the traumatized individual's response to trauma will reflect preexisting conflict and give rise to further conflicts. Nonetheless, Bohleber (2007) cogently points out that some trauma specialists, like van der Kolk, McFarlane, and Weisaeth (1996), believe that traumatic memories are encoded differently than other memories: "This results in a nonsymbolic, inflexible and unalterable content to traumatic memories because the self is disengaged as the author of experience during the traumatic event" (Bohleber 2007, p. 340).

Similar views are apparent in the work of other trauma specialists, such as Terr (1991), who emphasizes the etiological role of external reality: "All childhood traumas, according to my definition, originate from outside. None is generated solely within the child's own mind" (p. 11). Terr believes this fact to hold true both for what she calls Type 1 and Type 2 traumas; these roughly correspond to psychoanalytic definitions of shock and strain trauma, respectively (E. Kris 1956).

These perspectives on the etiology of trauma continue to be echoed in the psychoanalytic literature as the advent of object relations theories has shifted explanations and/or definitions of trauma from breaches in the ego's stimulus barrier to traumatogenic relationships with important early objects (Bohleber 2007). Masochism, for example, is often linked to early traumatic experiences with primary objects (Montgomery 1989; Oakes 1989). The tendency of relational and self psychological analysts to minimize the importance of internal conflict (Sugarman 1995) can lead them to regard trauma as essentially different from other dynamic issues contributing to psychopathology (Galatzer-Levy 2006).

Those who overstate the pathogenic role of trauma have most recently used the concepts of procedural knowledge and memories to argue that procedural experiences are encoded in a different area of the brain, one not affected by declarative or explicit knowledge (Terr 1988). Such a perspective can lead to the belief

that the experiencing and processing of trauma are not affected by preexisting conflicts, nor are they integrated into subsequent conflicts. Bohleber (2007) notes a similar problem with some contemporary Kleinians and their use of neuroscientific approaches (Cohen 1984; Schacter 1987; Squire 1987) to support this perspective. "Clinical models formulated on this basis assume that real object relationships are stored in non-declarative implicit memory as 'implicit' or 'procedural' memories . . . or 'implicit memory-objects'" (Bohleber 2007, p. 334). This type of relational approach leads to a conception of two qualitatively different memory processes, unaffected by each other.

Here we have a very different approach to pathogenesis than the more traditional one, which (1) assumes that trauma, even childhood trauma, is usually experienced and processed by an already more-or-less structured mind that will define what is traumatic, as well as attempt to make sense of it (Sugarman 1994a), and (2) finds that feelings and fantasies generated by the trauma become components of intrapsychic conflict and compromise formation, including those feelings and fantasies aimed at not knowing the trauma (Busch 2005). Important technical ramifications follow from such different ways of understanding the role of trauma in the formation of symptoms and character traits.

The importance of conscious processing of the vicissitudes of trauma can be deemphasized if one believes trauma to play a direct or even solely causal role (Busch 2004). Reexperiencing procedural memories in the analytic relationship in order to modify those memories by some aspect of the actual emotional interaction between patient and analyst becomes the mode of mutative action (e.g., Stern et al. 1998). Those analysts who follow this approach often assume that implicit knowledge cannot be known verbally. The structure of the patient's mind and the need to modify that structure via the use of words become less relevant from this perspective. These analysts rely on work such as that of van der Kolk, McFarlane, and Weisaeth (1996), who argue that traumatic memories are historically true to the point that they are not affected by subjective meaning or by the patient's preexisting relational para-

digms or unconscious fantasies, in order to buttress their prioritization of the patient–analyst relationship as mutative (Bohleber 2007). Such a model leads to the belief that there is little point in attempting to put such memories into words. Trying to do so is like asking the patient to do the impossible, and risks being narcissistically hurtful.

In contrast, analysts who emphasize the importance of conflict in trauma view an inability to put it into words as evidence of conflict and defense, and hence see trauma as accessible to verbal, self-reflective analysis, in the same manner that other unknown thoughts, feelings, and experiences are. This perspective takes note of recent research suggesting that traumatic memories do not fundamentally differ from other sorts of memory processes (Bohleber 2007). In fact, recent research on preverbal traumas demonstrates that they are remembered both procedurally and declaratively (Gaensbauer 1995). "The overlapping of features characteristic of both implicit and explicit memory would suggest that developmentally, at least, these two systems are not completely separate" (p. 143). To the extent that this is true, one might reasonably argue that trauma can be analyzed using traditional approaches.

CUMULATIVE TRAUMA VERSUS SHOCK TRAUMA

At this point, some analysts might argue that, of course, there is no difference between conflict-based psychopathology and that arising from cumulative (Khan 1963) or strain trauma (E. Kris 1956); but the situation is different for genuine shock trauma. Horrific external experiences, such as the Holocaust, or sexual or physical abuse, can so overwhelm the ego's stimulus barrier that different sorts of defenses or ego disruptions occur than with strain trauma, according to this perspective (Furst 1995). Dissociative amnesia, repetitive behaviors, and so forth are thought to be due more to massive ego disruption, extreme coping mechanisms, or even perhaps neurobiological changes (Terr 1991). Those advocating this conception would view the attempt to analyze defenses against remem-

bering and knowing the trauma as doctrinaire and/or unempathic. Yet there are others who believe that shock trauma still requires and is capable of reconstruction and remembrance in the analytic situation (e.g., Bohleber 2007).

Furthermore, one can legitimately question the practical distinction between shock and cumulative trauma, instead of adopting Furst's (1995) view that cumulatively traumatic experiences act as "specific conditions for trauma proper" (p. 312), rather than being genuine traumas in their own right. There is a tendency to assume that cumulative trauma reflects the unpleasantness of everyday life for most children, and so of course should not be viewed as akin to the extreme experiences lumped together under the rubric of shock trauma. But most analytic discussions of trauma refer back to Freud's (1926) emphasis on the experience of helplessness on the part of the ego as contributing to an event being experienced as traumatic. It is the helpless submission to the traumatic experience and the accompanying experience of overwhelming affect that differentiate genuine trauma from situations of danger (Khan 1963; Krystal 1978).

Khan's (1963) introduction of the concept of cumulative trauma was intended to emphasize the mother's protective function against such feelings of helpless submission and their traumatic impact on the child. Breaches in this protective function over the course of development "bias" the child's ego development. And a careful review of Khan's descriptions of the impact of such maternal failure suggests that one of the major disruptions in the infant's development has to do with various problems with affect regulation. This should not be surprising given the importance of early maternal attunement in promoting the ability to use affects as signals (Tyson 1996). This is particularly germane in understanding and treating trauma in children, given their developmental limitations in regulating affects and the anxieties they may feel when confronted with emotions that seem overwhelming and unmanageable. As Krystal (1978) put it:

> A major difference between the infantile and adult form of psychic trauma is its relationship to affects. For the child, the affects themselves become overwhelming and traumatic because of their primitive nature and the primitive state of the mind. In the adult, intense affects themselves do not constitute trauma, and under certain circumstances may actually be desired. [p. 101]

Early affective misattunements between mother and infant, characteristic of cumulative trauma, can be quite traumatic, and may even lead to neurobiological changes in the infant. Recent research (Sugarman 2006a) has suggested that such misattunements can lead to Attention Deficit Hyperactivity Disorder, for example:

> Burgin's research reveals that ADHD children often had a genetically given overreactivity and hypersensitivity to various stimuli as infants that was misunderstood by the caretakers. The consequent failure to regulate drive impulses and affects results in a disruption of what he called the narrative function, depleting the ego of secondary-process functions. [p. 238]

One might reasonably question, then, how cumulative trauma is substantively different from shock trauma, at least with regard to children.

IS CONSCIOUSNESS LESS IMPORTANT IN CHILD ANALYSIS?

This paper will focus on analyzing cumulative trauma in a three-and-a-half-year-old girl in order to suggest that such trauma can be analyzed in the same manner as any other analytic phenomena. The case to be presented demonstrates the integral interaction between conflict and cumulative trauma in children, even younger ones, as well as their ability to gain conscious, verbal, declarative knowledge of it (see, e.g., Gaensbauer 1995; Sugarman 1997, 1999).

Contemporary ego psychology (Adler and Bachant 1996; Busch 1995, 1999; Gray 1994; Josephs 1997; A. Kris 1982; Landau 1996;

Levy and Inderbitzin 1997; White 1996) offers strategies for promoting consciousness that are as applicable to analyzing trauma as they are to any other clinical phenomena. Helping patients become aware of their minds' defensive functions—as defenses interfere and/or manifest themselves in their associations (Gray 1994) or in their modes of communicating (Sugarman 2006b)—is a central tenet of such approaches, and is viewed by many as one of the hallmarks of a psychoanalytic process (Boesky 1990).

But one might wonder whether this approach can be applied to the treatment of children. After all, an analytic focus on consciousness requires the ability to maintain the split between an experiencing and observing ego; and questions have been raised about children's capacity to do this (Kennedy 1979). Adults who appear for analysis and do not seem to exercise this capacity are usually inhibiting it for defensive reasons (Levenson 2004). In contrast, young children are often thought to be developmentally unable to reflect upon and think about their mental processes or mental contents. Thus, Kennedy (1979) emphasized that young children lack the developmental maturity for insight. Most child analysts agree that the child's cognitive immaturity limits the analyst's ability to rely primarily on verbal interpretations (Joyce and Stoker 2000; Miller 2000; Sugarman 1994b, 2003a):

> Language is less often a useful vehicle for promoting insight than behavioral enactments. That is, insight in a child may sometimes arise more from doing and perceiving something in a new way within the session than from new cognitive awareness. [Sugarman 1994b, p. 331]

Such a caveat raises the issue of how important consciousness can be when analyzing trauma in children. Is analysis hopeless if we believe that a younger child is developmentally incapable of thinking about his or her mind and gaining knowledge of its workings? Or has the importance of such conscious knowledge and processing been overemphasized? After all, some child analysts have argued that insight is not crucial to the mutative impact of child analysis (Cohen and Solnit 1993; Scott 1998). To quote Cohen and

Solnit (1993): "Play with a child psychoanalyst can have a developmental promoting impact with a minimum of verbalization and interpretation" (p. 50).

Assisting children in developing a narrative in their play helps them consider multiple relational paradigms, articulate affect states, distinguish different emotions, and learn the difference between acting on and speaking about feelings (Miller 2000; Scott 1998; Slade 1994; Sugarman 2003a). A freer internal processing of experience (Koch 1980) opens their perspectives on self and other, as well as helping to reshape them (Alvarez 1988; Cohen and Solnit 1993; Herzog 1993; Scott 1998). "It is by means of play that they are discovering what they feel, what they know, and what they want" (Slade 1994, p. 91).

To be sure, play, in and of itself, can have significant mutative impact on children in analysis, including those suffering from cumulative trauma. Nonetheless, many analysts continue to believe that, for the child who is capable of working in this way, it is important to help him or her master the trauma by promoting conscious awareness of (1) one's own dynamic reasons for not knowing trauma, (2) the possible stabilizing functions served by not knowing, (3) the conflictual fantasies that such trauma has given rise to, and (4) the nature of the trauma. Not all children can do this. But children as young as four and one-half years have been shown to be capable of moving out of the reenactments of their trauma in play and discussing it verbally in an emotionally intense fashion (Gaensbauer 1995). In fact, one of the tenets of this paper is that the importance of play in mastering trauma often promotes conscious self-reflection of it in a manner that helps the child change.

WHAT IS CONSCIOUS SELF-REFLECTION IN CHILD ANALYSIS?

There is little new about the technical strategies suggested in this paper. Rather, the goal is to offer a different perspective on, or a new way of conceptualizing, the manner in which modern child analysts implement these strategies. This perspective is based on the

suggestion that we extend the analytic goal of providing insight into unknown mental content to include the goal of promoting a process of insightfulness (Sugarman 2003a; 2006b) or *insighting* (Abrams 1996; Boesky 1990). As with adults, we try to help child analysands "think about how they think" (Busch 2004, p. 568). That is, the goals of child analysis are expanded from gaining conscious awareness (verbally or via the play) of any particular mental content (e.g., a sexual wish or the memory of a trauma) to include learning to observe one's mind in action as its different mental functions interact and coordinate to promote the equilibrium that we call self-regulation.

In using the terms *insightfulness* or *insighting,* several analysts are advocating that child analysts work toward helping our young patients mentalize (Fonagy, Gergely et al. 2002) or develop a theory of mind (Mayes and Cohen 1996). This emphasis on the process elements of the mind arises out of the developmental fact that children cannot reflect on their own thoughts and mental life until they realize that mental states are constructed, and that these mental states motivate theirs and others' words and actions (Mayes and Cohen 1996). That is, children are helped to develop higher-order mental functioning and to grasp the constructivist nature of the mind (Tuch 2007) via analysis.

This seems to be what Ferro (1999, 2005) has in mind when he draws upon the work of Bion to advocate *unsaturated* interpretations. Rather than content-oriented interpretations that establish the analyst as an authority who can decode unconscious content, Ferro encourages interpreting in open-ended ways that aim at interesting the child in the workings of his or her mind, more than in the contents of his or her thoughts. Children in analysis can be helped to modify the *copy model of the mind* (Chandler 1988), wherein they believe that the mind accurately duplicates external reality.

Promoting insightfulness involves facilitating child analysands' ability to make second-order mental representations of theirs and others' mental contents (Tuch 2007). This enhances self-object differentiation, separation-individuation, and reality testing (Sugarman 2003a). It improves affect regulation and facilitates empathy (Fon-

agy and Target 1996b). And it forms the basis of social functioning (Forguson and Gopnik 1988; Perner 1988; Tuch 2007). But the ability to make second-order mental representations does not begin to develop in normal children until between the ages of four and six (Mayes and Cohen 1996), and it culminates some time in adolescence (Chandler 1988; Tuch 2007). Thus, the process of child analysis can seek to promote its development, remove obstacles to its implementation, and thereby allow the child to know the workings of his or her mind in a verbal and increasingly abstract way, within the play and sometimes outside it. I suggest that promotion of this lies at the very heart of the child analytic process and is a central contributor to its therapeutic action (see, e.g., Sugarman 2003a).

> [The process of *insighting* or *insightfulness*] aims less at helping the child become aware of the complex why's of his or her difficulties; instead it facilitates the child's realization that he or she has an inner world, that this inner world arises out of important experiences with and fantasies about the environment, and that it contributes to the child's emotions, self-esteem, symptoms, and behavior. Via insightfulness, the young child does not gain access so much to repudiated mental content as to a key psychological process that has been derailed by internal conflict. What is essential to the analysis of young children is the facilitation of a mechanism of self-understanding. [Sugarman 2003a, p. 331]

Children, even young ones, can often be helped to gain or regain some degree of this capacity for insightfulness via analysis, regardless of their ability to gain insight into specific dynamic content. Self-reflective and self-observant consciousness can be promoted in child analysis. This "psychoanalytic consciousness involves the potential for awareness of the role of one's own mind in affecting life in and outside of the analytic office" (Busch 2004, p. 569). That is, analysis cures, in part, by helping the child learn to consciously reflect on his or her mind in action, to understand its workings, their impact, and the motivations that drive them. The child learns to do this by talking about mental contents.

But talking directly about dynamic mental content is often difficult and/or anxiety provoking for children or risks becoming excessively intellectual. Thus, content is more often useful as a means to promote an interest in and realization of the importance and relative nature of the workings of the mind. It is the acquisition of this key mental function, more than the awareness of any particular mental content, that is the emphasis of this approach. To the degree that the mind and its functions originate in the body, progress through fantasy, and eventually coalesce around verbal, symbolic modes (Santostefano 1977), our goal is to facilitate this developmental progression (Bion 1962; Lecours 2007; Sugarman 2006b, 2008).

As children suffering from cumulative trauma are helped, via psychoanalysis, to learn that their thoughts and feelings are second-order mental representations and distinct from that which is represented, thinking about their trauma feels less dangerous. They also come to see that their thoughts and feelings about their trauma (or about anything else) help them understand their own and others' behavior. In this way, the analytic process promotes the understanding that "we have beliefs about the world that may or may not be true," and that "our actions are a function not of the way the world is but of the way we think it is and want it to be" (Forguson and Gopnik 1988, p. 228).

A significant reason that some traumatized children do not let themselves know their traumas is because the memories feel like the actual trauma itself; remembering the trauma and all the overwhelming emotions associated with it is tantamount to reexperiencing it. At such moments, there is minimal distinction between the representation and that which is represented—what Segal (1978) calls *symbolic equations* and what cognitive researchers call *first-order representations* (Leslie 1988). When this happens, child analysands must be helped to transform these representations into higher-order, more symbolic ones; as this occurs, the higher-order mental representations replace the more somatic, motor, or concrete ones (Krystal 1978; Lecours and Bouchard 1997). "What is sufficiently represented and symbolized can be contained and can be used to create elaborate and abstract mental structures which, in return, enhance the capacity to contain" (Lecours 2007).

Gaining this ability to distinguish the representation of the trauma from the trauma itself reduces anxiety about the pain of affects that go with knowing it. After all, it is particularly the helplessness to regulate intense affects associated with the traumatic event that makes the trauma so difficult for the child to process (Krystal 1978). Affect dedifferentiation, deverbalization, and resomatization usually occur (Krystal 1978, p. 96); "thus, in evaluating childhood psychic trauma, we have to consider the development of affects and their tolerance vis-à-vis the regressive potential of the event" (p. 111). It is common in child analysis to have to first interpret and work through the child's fear of the pain that goes with using words to describe the trauma, before the self can be allowed to know the trauma at a verbal, symbolic level. This working through of the fear of the pain that goes with describing, remembering, and knowing emotional experiences can be an important part of analyzing trauma in children, notwithstanding the fact that many child analysts find the regular repetition of the trauma in their play to be mutative in its own right. "For children, much of the analytic work goes on at an unconscious or preconscious level. This raises a question about whether the analytic work with children needs to be brought to their conscious awareness" (Yanof 1996, p. 106).

Nonetheless, many child analysts believe that it is helpful for the child to gain verbal, symbolic knowledge of all aspects of the traumatic experience and its mental impact when this is possible. Such knowledge is thought to promote either the integration or reintegration of repressed, immature mental structures into the developmentally mature, conscious ones necessary for improved self-regulation. It also removes mental obstacles in the child's mind, causing developmental momentum to be regained, and forestalls the psychosomatic or action tendencies that can ensue from affects being insufficiently articulated and verbally symbolized (Krystal 1978; Mitrani 1993). Through developing the process of insightfulness, the traumatized child can learn to feel safe in observing his or her internal states, particularly the pain of the trauma, which usually leads to conscious knowledge of something previously unknown about him- or herself. From this perspective, conscious

knowing becomes one of the goals of child analysis (Abrams 1980; Koch 1980), while the child, via the analytic process, moves progressively along a developmental line of insightfulness as the analysis evolves, ideally arriving at conscious, explicit self-reflectiveness toward his or her own mental functioning.

But insightfulness does not always require an explicit awareness with accompanying words about the contents and processes of the child's own mind; play can have a mutative impact in its own right (Sugarman 2003a). When Sterba's (1934) ego split does occur, however, it occurs toward the end of most child analyses, while less explicit forms of insightfulness are promoted in earlier stages.

WORKING IN THE DISPLACEMENT TO PROMOTE CONSCIOUSNESS

Working from this perspective, child analysts often try to promote the patient's conscious awareness of his or her own mental processes, while accepting that not all children, especially younger ones, can tolerate direct, self-reflective awareness of their own internal workings. We try to remain cognizant of our young patient's developmental limitations, as well as of anxieties about fully knowing his or her own mind, particularly painful affects (Hoffman 2006). Fonagy, Moran et al. (1993) have described how a child might defensively inhibit his or her entire capacity to mentalize in order to avoid the painful affects inherent in recognizing a parent's murderous rage toward him or her, for example. Hence, both conflict and developmental incapacity affect the degree to which we can promote explicit conscious insightfulness about trauma in children.

Because of these limitations, child analysts have found that working in the play via displacement and helping the child develop an imaginative narrative frequently promote the child's conscious access to and interest in the internal world of feelings, ideas, wishes, beliefs, fears, and so on (Cohen and Solnit 1993; Mayes and Cohen 1993a, 1993b; Scott 1998; Slade 1994; Yanof 1996). Such play can promote conscious insightfulness and mastering of

trauma to a significant degree, both in its own right and in its ability to foster the development of more mature forms of conscious self-knowledge.

Displacement into play as a vehicle for promoting consciousness is useful because it can be a way station on the route to direct verbal, symbolic awareness and processing, but this can be undervalued or vaguely understood in analytic work (Sugarman 2003a, 2006b, 2008). Such misunderstanding can be seen in Ekstein (1966) and in Ekstein and Wallerstein (1956), who wrote that such work, which they called *interpretation within the metaphor* or *interpretation within the regression,* should be used only with borderline or psychotic children with weak egos. They stated:

> Interpretation within the regression, however, is predicated on the assumption that the patient's ego state directly reflects the extent of his ability to come to terms with the conflict. Therefore, communication remains within the confines of the patient's expression until some future time in the treatment when the patient himself indicates his capacity for fuller understanding. [Ekstein and Wallerstein 1956, p. 309]

They failed to realize that staying in the displacement allows the child to know his or her thoughts and emotions without feeling anxious (a developmentally normative need), more than it builds ego structure, which would be indicated only for seriously disturbed children. Because displacement is traditionally categorized as a defense mechanism, it is easy to assume that it should be analyzed as such: that is, why does the patient need to displace? Indeed, Ekstein and Wallerstein (1956) stressed its defensive function; sometimes that defensive function eventually needs to be analyzed. But Neubauer (1994) pointed out that displacement is an unusual defense in that it does not alter that which is being defended against, or even remove it from consciousness; it only changes the venue of the issues being defended. "Thus, while most defense mechanisms restrain drive derivatives, displacement places them where ego mastery over them may be obtained" (1994, p. 108).

Consequently, all elements of the issues being dealt with (impulse or memory of trauma, defense, feared consequence or painful affect, prohibitions, and ideals) remain consciously visible and available in the displacement. The child analyst can therefore use the displacement by incorporating it into play in order to promote conscious experiencing and processing of all elements of trauma. To be sure, most child analysts use play in this manner. It is the way in which such play can be conceptualized as facilitating the process of insightfulness, instead of as fostering something different than insight, that is my point here.

Specifically, the play function in child analysis is an important one because it involves the child's employment of fantasy as a means to experience and communicate aspects of his or her internal and external worlds. As mentioned earlier, mental development is characterized by a gradual progression from concrete, action modes of experiencing and communicating, to fantasy modes, and ultimately to abstract and symbolic ones (Aron 2000; Lecours 2007; Santostefano 1977; Tuch 2007). Hence, fantasizing is a complex mental process that does not develop until somewhere between the ages of three and five, after a number of other developmental attainments have occurred. Once it develops, it facilitates a variety of other mental achievements. "Particularly for the three- to five-year-old child, imagination represents a special mode of mental functioning which allows him to expand his internal object world, motivates him toward increasingly complex relationships with others" (Mayes and Cohen 1992, p. 23).

Thus, the capacity to use fantasy to process and communicate both inner and outer experience is an important mental function to encourage in the child analysand via play. Working and interpreting within the play allow the child to put into words, think about, and become used to knowing his or her fears, wishes, and prohibitions about his or her traumas and their related affects, without fear of being overwhelmed by the anxiety that might otherwise be stimulated by the pain of knowing trauma-based emotions before he or she is ready to do so. "The child can in pretend mode use his growing capacity to mentalize without the immediate threat to his

internal equilibrium that might arise as a consequence of too direct reference to internal experience" (Joyce and Stoker 2000, p. 1148).

CLINICAL EXAMPLE: SARAH'S CUMULATIVE TRAUMAS

Sarah (see Sugarman 1991a, 1991b) was brought for consultation at age three and one-half for unusually provocative behavior that appeared protomasochistic. She was unusually moody, negativistic, and tantrum prone. Sarah was never satisfied. She would awake at night screaming for her mother, only to reject her when she came. If her mother left, she screamed angrily for her to return. Wishes to be told she was "bad" or to be punished began to surface six months prior to the consultation.

It was difficult during the evaluation to disentangle the history of Sarah's symptoms from her developmental history, given the extent of the cumulative trauma to which her young psyche had been exposed by the time of the consultation. Her mother's repetitive, prolonged maternal lapses had all the characteristics that Khan (1963) would consider a breakdown in her role as a protective shield. For example, Sarah was conceived to improve a parental relationship characterized by years of discord, infidelity, and paternal lack of emotional involvement. Her mother was surprised and guilty at not feeling the intense love for Sarah described in the numerous books she had read. To the contrary, she was preoccupied with the somatic discomfort caused by Sarah's birth, and her milk "dried up" when Sarah was three weeks old. The first of several poorly timed and developmentally misattuned separations occurred when Sarah was three months old, and she was left with a sitter for two weeks while her parents vacationed. Her mother did not remember any manifest reaction to this separation, while her vagueness conveyed a sense of early emotional uninvolvement with her daughter.

Sarah's mother returned progressively to full-time employment over the next several months, and also left Sarah with sitters for

weekends several times; she regularly allowed Sarah to cry in her crib while she talked to colleagues on the phone during the first year of Sarah's life. Sarah needed day surgery for a common medical problem toward the latter part of her first year, but her mother was vague as to symptoms or reactions. Weaning Sarah from the bottle was a problem; she did not give it up until she was almost three years old, using it as a soothing device, with her mother's encouragement, in the absence of a transitional object or thumb sucking.

Somewhere between twelve and eighteen months of age, Sarah became afraid to go to sleep, and she began to sob in anguish when her mother left for work. Her mother ruefully and tearfully acknowledged that her parenting of Sarah had been insensitive during the first two years. She tended to Sarah less and less as she became more preoccupied with her profession and more dissatisfied with her relationship with Sarah's father.

Sarah's father was virtually uninvolved with her caretaking because his long work hours and compulsive pursuit of his hobbies kept him away from home during most of her waking hours. He moved out of the house when Sarah was twenty-one months old. Three months later, a brief marital reconciliation failed. This time, Sarah's mother moved out, leaving Sarah with her father and nannies. Sarah saw her mother only twice a week for the next six months. She reunited with her mother at thirty-three months of age, and they moved in with a friend of her mother's, who forbade toys because they made a mess. Toilet training was accomplished without manifest fanfare during this period. But nighttime continence had still not been achieved at the time of the consultation.

In order to marry her lover, Sarah's mother moved with Sarah from Northern California to San Diego when the girl was three years old. Sarah's father remained in Northern California, planning to see Sarah several times a year.

This history suggested that Sarah's series of cumulative traumas had interfered with her mastery of developmental tasks like affect regulation, object constancy, narcissistic regulation, and so on; that it contributed to protomasochistic personality features; and that it was interfering with adequate separation-individuation.

Sarah was thought to have a partial and conflicted attachment to her mother, predisposing her to seek out painful interactions to satisfy her object hunger. Rageful feelings toward her frustrating and erratically available mother were assumed to have left Sarah vulnerable to turning her anger against herself through her provocations, complicating what was already a compromised and problematic separation-individuation process.

Her father's lack of involvement and loss through moving would also have interfered with separation-individuation and contributed to problems with modulation of aggression related to father hunger (Herzog 2001; Sugarman 1997). Sarah's mother's admission that she and her current husband made no effort to conceal nudity suggested that overstimulation might intensify Sarah's anxieties and, hence, add to her provocativeness. Recommendations to her mother to stop such overstimulation were of little avail, despite detailed explanation. But her mother did accept the recommendation for psychoanalysis in five sessions weekly and once-weekly parental sessions. Phone conversations with Sarah's father occurred as needed, and I met with him whenever he visited Sarah.

Given this history of almost continuous cumulative traumas, it is not surprising that Sarah brought her difficulties with separations and ways of managing them into the analysis from its beginning. Around her first and unexpected separation from the analyst, several separation themes occurred in sessions, including one in which she played at being Baby Moses, left floating in the river by his mother. Such themes alternated with extremely provocative attempts to hit the analyst, calling him a "fuck face," etc., whenever she was frustrated in the sessions.

Attempts to make explicit her anxieties about being left by the analyst were useless, at best, and anxiety provoking, at worst, during the early stages of the analysis. Direct interpretation of these anxieties and premature shifting out of a pretend mode (Fonagy, Gergely et al. 2002) either had no effect on the play or led to angry, oppositional negations and behavioral provocations. Sarah could tolerate knowing her anxieties only in the displacement offered by the play. There she could communicate and explore her inner

world, while maintaining the dynamically and developmentally necessary illusion that it was all "just pretend."

Thus, I allowed her to continue to enact her pervasive fears about separation over several weeks after analysis resumed. Frequently, she played at hiding in the waiting room when I came for her, while I recited out loud the litany of worries that she had taught me—that Sarah would stop loving me, that she would never return, that we would forget each other, that I would forget what she looked like, that I missed her so much, etc. At times, I substituted "my mommy" or "my daddy," depending on Sarah's prompts. Eventually, Sarah would allow me to find her in the waiting room, only to send me back to the consulting room while she sneaked in and again hid. There again, I would be assigned the passive role of being abandoned, while she tried to master the trauma of separation by turning passive into active and identifying with the aggressor.

After weeks of such analytic work in the play, I was able to interpret to Sarah that I thought the "worries" she had me verbalize reflected how she felt when she was away from me, from her mommy, or from her daddy, but that, sometimes, these worries "felt too big" to think about. That is, I addressed her defensive displacement and attempts not to know how traumatic these separations felt, as well as her reason for defending: her fear of being overwhelmed by the pain of thinking about and realizing her feelings.

Sarah's enactments stopped at that point, and her play moved on to other themes that she analyzed in the pretend mode, an occurrence I took as conscious acceptance and insightfulness. Compliance seemed unlikely; as mentioned previously, premature interpretations had previously either provoked dramatic regressions in Sarah, or had no impact on the play. Thus, I suggest that careful attention to her capacity to tolerate knowing her internal world—allowing her first to know it in displaced form, and then helping her know her reasons for not knowing it more directly—promoted some modicum of conscious insightfulness by offering a way to manage the pain that she feared would accompany more direct knowledge of her trauma (Hoffman 2006; Sugarman 2006c). This bit of understanding that she had an internal world, and that its

contents and workings contributed to her behavior, seemed to have some mutative impact in moving the analytic process forward.

To be sure, Sarah did not immediately discuss her feelings about separation directly, illustrating the fact that verbal, declarative knowledge is not always necessary to help child analysands change. But she gradually began to talk about her subsequent separations from me, counting the days off on the calendar, and eventually becoming far more direct about her current feelings as the analysis progressed; and she became more adept at reflecting on her internal world and thinking about it verbally. At no time did Sarah talk directly about her history of traumatic separations and losses or their impact on her current vulnerability, although she did ask her mother about them in detail later in the analysis. Instead, she seemed to gain the realization that her inner world existed, that it had importance, and that reflecting upon it and talking about certain aspects of it made her less anxious and gave her a greater sense of mastery.

Again, it is important to emphasize that this way of working with Sarah's anxieties about separation and their origins in cumulative trauma is not unique. It is offered as a way of conceptualizing how conscious insightfulness into a particular trauma (separation and loss) can be promoted through the displacement work offered by play. Such work allowed Sarah to communicate anxieties about separation in a pretend mode in which she felt safe, and allowed the analyst eventually to interpret more directly, leading to an evolution in the thematic content of the play, improved tolerance of her affects around separation (expressed through more explicit anticipation and discussion of subsequent separations), and a diminution in her provocative hostility.

It is important to highlight that this promoting of conscious insightfulness into Sarah's traumatic experience of separation and loss is unlikely to have been the sole mutative factor in this bit of analytic work. My comfort with repetitive play, tolerance of its ambiguous meaning, and willingness to allow her to control me were also likely contributors to her sense of safety and eventual mastery of the experience. So was the experience of my empathic under-

standing of her need to stay in the displacement. Ekstein (1966) noted that "metaphoric communication may to some extent repeat an earlier preverbal type of communication, arising out of the original faith situation of the mother–child fusion, where there was no need for communication" (p. 162), but to the degree that the child analyst believes direct, conscious, verbal processing to be a mutative factor, working in the displacement offered by play can be viewed as a means to address the child's fear of his or her affects causing the avoidance of more symbolically organized self-reflectiveness.

WHAT IS CONSCIOUSNESS IN CHILD ANALYSIS?

This way of working, wherein Sarah was allowed to gradually gain awareness that behavior is mediated by internal states, including wishes, fears, and emotions, suggests that it can be helpful to think that *insightfulness and consciousness are processes that exist on a continuum.* Such a perspective leads to the notion that the conscious ego is not always a directly self-observing ego in our younger patients. Developmental research reveals that children demonstrate "pragmatic" or implicit knowledge about internal states much earlier than they can show "elicited" or explicit knowledge about their minds (Mayes and Cohen 1996). For example, three-year-olds use words like *thinking* or *remembering* in contextually correct ways when describing their own actions and feelings, and sometimes those of others. But they cannot respond to a direct question or interpretation that tries to elicit explicit understanding of these mental states. Such comments are too abstract and/or too anxiety provoking for them to experience and respond to. Children's limited tolerance for affect requires interpretations in the displacement, in order to promote the conscious knowledge of these states.

It can be useful to consider knowledge within the play as conscious knowledge, nonetheless. It is not *just* play. *In the displacement, children can gain conscious awareness of all aspects of trauma, either as an end in its own right or as a step in the process of gaining*

even more direct, verbal, symbolic insightfulness, and an ability to reflect directly on such internal phenomena, as they operate within their own minds. We can conceptualize this way of working analytically as allowing us to help children know their minds progressively and ever more abstractly. In this way, conscious self-knowledge can increase throughout the course of a child analysis, for those children for whom such knowledge is possible or helpful. Increasingly more explicit modes of consciousness can form a developmental sequence of self-knowing, each step involving a new level of conscious, cognitive-affective integration.

Indeed, Sarah's capacity to self-reflect more directly improved gradually as she approached the middle phase of her analysis. As analysis progressed and her conflicts about separation receded, Sarah began to deal somewhat more directly with her narcissistic vulnerability and its contribution to her masochism. In this context, she began to feel anxious about learning to read in her academically oriented preschool—anxiety that was in part fueled by her mother's anxiety that Sarah might not be intellectually gifted. After introducing these worries by reading me the letters in her A-B-C book, Sarah began a play theme that went on for some months, in which she was the teacher or sometimes my mother, and I was the "dumb" student, Timmy. I did not know things and so was ridiculed and punished for my stupidity.

In one session, for example, I, as Sarah's son/student, shared my stuffed animals with the class, saying their names incorrectly. After being ridiculed for my stupidity, I criticized myself for being "dumb." Then I was told to play with other children in the class who only rejected me; my role was to bemoan being disliked. Sometimes I was disliked because I was "dumb," and at other times because I was a boy and had a penis. Over a period of months, I lamented my basic unloveableness, often wondering why my mother did not love me. During this time, Sarah's direction of the action allowed her to narrate her subjective experience of maternal sadism. My role was to promote this narration, to contain Sarah's own sadism (so evident throughout it), and again to allow her to control me and our interaction. I also showed her that I would not

be stimulated or provoked into responding in kind; it was important that my behavior not be altered by her affective turbulence (Tyson 1996).

Eventually, I was able to interpret to Sarah that Timmy was like herself: no matter what he did, he felt his mother did not love him, as he was never pretty enough, smart enough, well behaved enough, the right gender, etc. By now, Sarah could verbally acknowledge that she did feel this way, and elaborated these feelings over several sessions, seemingly better able to tolerate them after first knowing them in the fantasy play. Her responses did not seem overly intellectual or disruptive of the play process. More important, she also became adept at confronting her mother's criticalness, telling her in words how it made her feel.

In this way, Sarah's eventual conscious, verbal insightfulness can be viewed as one factor helping her to master the trauma and prevent it from continuing. As she addressed these narcissistic contributions to her masochism, her provocative behavior at home diminished. Being able to use words to express and reflect on her internal world seemed to be one of the aspects of the analytic interaction that allowed her to find ways to cope with it and communicate her feelings verbally. In general, action becomes less necessary as a means to experience or communicate one's inner world as verbal, symbolic insightfulness improves. Aggression, for example, is handled better by children who can reflect on their own or other children's emotions and thoughts (Mayes and Cohen 1993b). "Frustration tolerance and self-coping are taught when words are used to modulate intense affects" (Sugarman 2003b, p. 205).

Approaching child analysis at the level of fantasy play can, among other things, allow the traumatized child to gain ever more direct and verbal, conscious knowledge of his or her traumas and the conflicts surrounding them, thereby reducing symptoms and behavioral expressions. But the initial interpretive work must occur in the realm of fantasy because that is the level of experiencing and communicating with which the child is most comfortable. After all, "the interpretation has to use the same level of communication as that used by the patient" (Ferro 1999, p. 159). This view of

working first in the displacement offered by play can be seen both as equivalent to our dictum with adult patients of interpreting defense before impulse, and as a way of implementing Bornstein's (1945, 1949) emphasis on analyzing children's defenses against painful feelings.

Thus, one of the many benefits of fantasy play is that it can offer a means to analyze defenses in children, consonant with the recommendation of a number of analysts (Hoffman 2006; Yanof 1996, 2000). We assume that our adult patients will be better able to understand their impulses if they can understand and tolerate the anxieties that have caused them *not* to know. In like manner, conscious insightfulness into mental functioning, including the vicissitudes of cumulative trauma, can be facilitated by helping our child analysands to first master their anxieties about such conscious knowing. The "neighborhood" (Busch 1993), when intervening with children, is often located in the displaced play. Fantasy is the level of mentalizing in which they are most comfortable with knowing the contents and workings of their minds, until they gain greater tolerance of painful affects. Many children can use the sort of implicit knowledge of the workings of their mind that is gained through play to great therapeutic benefit, even if they are not as adept at knowing such workings in a more explicit fashion.

Staying in this neighborhood can pay off in promoting ever more explicit forms of insightfulness. This payoff can be seen in Sarah's work around repeated, traumatic primal scene exposure at age six, work that occurred almost three years into the analysis. She began a session by telling me that she had figured out the reason for her recent fear of snakes. She said she thought it had to do with monster movies she had been watching on television, particularly one about giant snakes. Her developmentally more advanced insightfulness was evident in her newfound curiosity about her mind's workings and her understanding that her phobic fears had something to do with the meaning her mind had made of recent experiences. By this time, she had become far less anxious about consciously facing traumatic phenomena and could bring them up more directly with me.

We explored her thoughts about the scary films, and Sarah realized that none of the monster movies she had seen actually involved giant snakes. I responded by reminding Sarah of her recent discussions with me about another movie she had seen on television, one in which a woman sucked a man's penis. "Penises look kind of like snakes," I added. Sarah agreed, and associated to feeling frightened when her mommy and daddy "fought" at night. She mentioned going to their bedroom door, allowing me to "remember" out loud that she used to watch her mommy and daddy "make love" (a term Sarah had used from the beginning of the analysis, when her feelings about primal scene exposure could be tolerated only in the play). I also "remembered" out loud that she used to feel afraid to tell me or to think about it, because it made her feel she was bad. (I wondered to myself if her parents were once again exposing her to overstimulating behavior, despite my frequent and repeated explanations and instructions to them throughout the course of the analysis. I explored the possibility of sexual abuse many times over the course of the analysis, but always concluded that Sarah's graphic sexual material had to do with her mother's multidetermined overstimulation.)

But Sarah no longer felt a need to analyze her anxieties about knowing and communicating her traumas. We had already sufficiently analyzed her superego recriminations about them such that my interpretation displaced to the past was unnecessary. Instead, she said something about her parents' noises, and I added that she might fear they were fighting and hurting each other because of these noises. She agreed and imitated the sexual noises she had heard. She went on to elaborate that she feared her daddy was being hurt by her mommy, and described seeing her mommy "on top." We then discussed the anxieties these experiences created for her.

This ability to discuss in a direct and relatively nondefensive manner her traumatic primal scene exposure, and the fantasy her mind constructed from it (that mommy was hurting daddy), as well as her anxiety about it, demonstrates significant progress in Sarah's capacity for explicit, conscious insightfulness. By now, Sarah

could allow herself to know her traumatic primal scene exposure at a verbal, symbolic level of insightfulness, and was far less afraid of her feelings surrounding it. It was no longer necessary to process and communicate the trauma at the action or fantasy levels that had characterized the early stages of her analysis (Sugarman 1991a). What is important from this perspective is not that Sarah gained conscious awareness of the actual trauma; she had always known it in analysis, albeit at developmentally less mature levels. Instead, the emphasis here is on her capacity to bring her verbal, symbolic, self-reflective capacities to bear on the workings of her mind—in this case, her management of her traumatic overstimulation and its mutative impact.

Being able to think about her trauma consciously and to explore its dynamic meanings and attendant anxieties with me allowed Sarah to use her burgeoning conscious ego capacities to find a way to adapt to it. It is likely that my willingness to remain interested in her mind, to not criticize her behavior, and to not overstimulate her also contributed to her mastery of the trauma. But my goal here is to illustrate the way in which she developed and used her more mature capacity for verbal, symbolic insightfulness toward this end. Thus, she eventually decided to refrain from watching her parents because it made her so anxious, after careful analysis of its repercussions on her psyche. Neither her comments, nor my suggestions to her parents, had ever had much impact on their apparently multidetermined exhibitionistic impulses; consequently, Sarah had to make the conscious decision to control her own voyeuristic longings in order to master the trauma.

It is unclear whether Sarah would have been able to prevent the trauma from recurring without her conscious processing of it —processing that was preceded by her reluctance to know it because of her painful superego recriminations earlier in the analysis, when she could know it only in action and fantasy. Regardless, this processing helped her to do so. The process began as she gradually came to realize her reluctance to know her trauma and the reasons for it, to know what specifically was traumatic, and to realize its impact on her before she decided to avoid exposing herself

to it. Once she did so, her masochistic provocativeness continued to diminish, to the point that she entered into a mutually agreed-upon termination phase about one year later (Sugarman 1991b).

Subsequent follow-up indicated that Sarah became a confident, insightful young woman who was frequently turned to for guidance and support by her friends. She formed an emotionally close relationship with her mother, while still being able to successfully move to another city for college and later for her career. Her relationships with men seemed fulfilling and not at all masochistic.

MANY INTERVENTIONS PROMOTE INSIGHTFULNESS

In conclusion, I would like to emphasize that the conscious processing and mastery of cumulative trauma can be both as important and as possible in child analysis as in adult analysis. Many traumatized children come to analysis unable to reflect on or know their trauma, or the meanings they have made of it, because they are too afraid of the painful emotions surrounding it and/or too developmentally immature to do so. Promoting a process of insightfulness in the play (and sometimes more explicitly, *out* of the play) in which we help these children gradually know themselves and their own minds, on a conscious level, is one way in which we can help these children change. As with adult patients, we look for a "workable surface" (Paniagua 1991) and intervene "in the neighborhood" (Busch 1993).

But the neighborhood includes far more than the mental content that the child is ready to consciously know. Knowledge of the mind's workings can be just as helpful as knowledge of the mind's contents for helping children change, and interventions must take into account their tolerance for knowing their own minds. Fonagy and Target (1996a) report that children find it easier to consciously know their minds as representing ideas, wishes, and emotions so long as it is "just pretend." Many children, particularly traumatized ones, cannot examine and discuss internal mental states, unless that state is perceived to be unrelated to the external world

(Fonagy, Gergely et al. 2002), because the intense emotions generated in consequence are simply too frightening and can feel overwhelming. Analytic work at this surface (in the displaced play), which accepts but still utilizes the child's developmental limitations, facilitates the attainment of mentalization and the child's ability to differentiate inner and outer reality. Working within the displacement offered by play can provide a means to analyze the defenses against the painful feelings associated with the traumas, and, as such, extends Bornstein's (1945, 1949) long-ago technical recommendations. This is one way of understanding the mutative impact of play.

Thus, conscious knowing of the vicissitudes of trauma can be promoted, first within the displacement of the play and the interaction with the analyst. Some children find it sufficient or necessary to confine their work to these venues—not because they are seriously disturbed, but because of their limited anxiety tolerance and/or developmental maturity. But other children can use such work in order to know their trauma in a more direct fashion. Sarah demonstrated this more direct self-reflectiveness after almost three years of analysis. This approach to promoting ever more explicit forms of conscious insightfulness broadens our technical strategies to include more than direct verbal interpretations.

As demonstrated in the foregoing, facilitating imaginary play in which internal psychological states and processes—including anxiety and superego recriminations—can be represented verbally can allow the child to gradually know and integrate his or her experienced traumas, the defenses against knowing them, and their impact. In this way, playing—and the perspectives on the mind's workings and content developed through play—can be seen as one level or mode of insightfulness, rather than as another activity by the analyst that is distinct from promoting insight. There is more going on here than just providing developmental help. In fact, "the ability to play and to fantasize freely becomes a guidepost or sign of analytic progress and mental health [in the child] that free association does in the adult" (Sugarman 2003a, p. 343). Staying within the play helps the child to integrate the pretend and psychic equivalence modes, an accomplishment necessary for full mental

integration to occur. Interventions within the play show the child his or her fantasies as they are represented in the analyst's mind, allows the child to reinternalize these representations, and permits him or her to gain a sense of ownership over them and agency with regard to them (Fonagy and Target 1996a, 1996b).

Even setting limits on an out-of-control child can be a step in this process; it can be viewed as an action interpretation that the child's impulses are not as powerful as he or she fears, and/or not the cause of the trauma that he or she suffered. Such an interpretation is made at the specific surface the child is capable of working with—in this case, the action level (Sugarman 2003b, 2006b). For example, one traumatized two-and-a-half-year-old boy repeatedly forced his analyst to set limits on his out-of-control behavior in sessions (Sugarman 2003b). Over time, it became clear that he had suffered cumulative trauma, wherein his parents failed to keep him safe from his or their impulses, while angrily blaming him for the near catastrophes that befell him. In this context, setting behavioral limits, which included physically holding him when necessary, can be conceptualized as an action interpretation (Sugarman 2006b, 2008) and a confrontation; his impulses were not as powerful as he believed and feared, and he was not as omnipotent as he thought.

Combining such physical limit setting with words conveying the same message promoted this child's ability to mentalize and to consciously reflect on his mind's workings. To the degree that his trauma was known primarily at an action level of experiencing and communicating, an intervention at that same level seemed necessary to draw his mind's attention to it. Adding words to the effect that he required the analyst to help him "be the boss" of his feelings (that is, addressing his anxiety and the defensive function of his behavioral communication) seemed to promote an ability to communicate about these issues—first at a fantasy level in his play, and then at a verbal, symbolic level. But words alone would likely not have had the same impact without the accompanying action of setting limits, and later of work in fantasy play.

Helping traumatized analysands gain the freedom to consciously use their own minds can be as crucial a part of the change pro-

cess with children as it has been emphasized to be with adults (Busch 2005). But the need to intervene in a cognitively and emotionally meaningful way, one that promotes this freedom of thinking, requires the child analyst to work at a variety of surfaces determined by the child's developmental limitations and tolerance for anxiety. It does not always warrant or require an emphasis on verbal, symbolic insightfulness, despite the frequent value of this surface. Although some of these surfaces appear manifestly different from those of adults, our emphasis should remain the same as with adult patients. It is important simply to maintain a broader view of the conscious ego, one informed by our psychoanalytic knowledge of the complexities of the developing mind.

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BECOMING REALLY OLD: THE INDIGNITIES

BY RUTH F. LAX

This essay deals with an unpopular topic: the indignities that increasingly plague people as they grow older and eventually become really old. Individual differences and the causes for same are indicated, as well as the variety of individual reactions. A brief clinical vignette is presented, in addition to a more extended one describing a woman who was in analysis for six years during her fifties and sixties, and who returned to treatment twenty years later at the age of eighty-three.

INTRODUCTION

The topic of this essay is one of the most dreaded by our society, and, therefore, consideration of it is extremely unpopular. It deals with a contradiction experienced by all of us, known to mankind from time immemorial: we want to live long, but we do not want to get old. It is a conundrum that mankind has not been able to resolve. Yet we continue to try, even though we know that in the end all our attempts will fail. Denial as a defense may at times appear to succeed, but the success is only temporary. Physical and subsequently psychic changes enforce reality.

This essay does not deal with chronic or catastrophic illness or with personal tragedies that occur in old age more frequently than at any other time. Instead, it presents some of the consequences of aging and getting old.

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In recent years, I have had the opportunity to work with a number of patients in their eighties. This experience has made me aware that, in writing a previous paper (Lax 2001), I did not understand the significance of the change from "*getting* older" to "*being old*." Nor did I realize the extent to which a person may want to believe that, though the status quo most likely will not improve, it will at least remain the same. This, however, is not the case. Under the best of circumstances, minor, insidious physical and psychological changes take place. These are frequently denied and/or repressed. To reassure themselves, my patients would often tell me how well they continued to function. They hesitated to admit to the changes that became permanent. Whereas in childhood, every year brings growth, in the eighties, it brings decline.

People in their seventies, however, may continue to feel that "it" —whatever one has the courage to aspire to—might still come to fruition. Still present is a sense of striving; there is a hope for conquest (in inner or outer reality), a wish to face a challenge. Echoes of youthful dreams may impel undertakings. These may be business ventures, pursuits of hobbies to which one can now devote energy, studies postponed for many years, travel, a romance, or just living with more time to devote to flights of fancy.

Thus, the encroachment of age, though present, can frequently be denied. The self-image with its narcissistic valuation can be maintained. In some cases, a special success in business or in one's love life can even boost such a narcissistic valuation of one's self-image. A couple may find a common interest to pursue; they may discover sparks of romance and experience an older-age honeymoon. A man may find a younger woman who, in the safety of a new situation, now has the opportunity to enact her unconscious oedipal strivings, as he may also. Likewise, an older woman may find a younger man, and each of them may enact similar strivings. The healthy 70-year-old man or woman is still relatively vigorous. Thus, though many people in their seventies are retired from gainful employment, they still have the energy to pursue their goals, even if these are limited.

The inevitable, however, does occur. With the accumulation of years, the bicyclist covers shorter distances, the runner goes at a

slower pace, the tennis player reduces the number of sets, and so on. Sex, though enjoyable, begins to be less frequent, perhaps even less vigorous. Holding hands has more meaning. The illnesses of friends become frightening. Time begins to shrink as everyday activities take longer and longer. The phrase "the days just fly by" becomes more frequent. And the days accumulate into seasons, the seasons into years, and so it seems that one suddenly approaches eighty. Those who are lucky to still have friends, those who have loving families, begin to think and to speak of celebrating their eightieth birthdays.

CLINICAL VIGNETTE: MR. A

Mr. A, a patient who had just turned eighty, read aloud a letter he had written to his long-distance lover, whom he not seen in many years:

> Your letter came. It changed today into a holiday. As we all know, with age the abyss dividing dreams and hopes from fulfillment is growing deeper and deeper. Within me nothing has changed, the inner "I" did not get older. I feel with the same ease and eagerness, and believe the possibility of fulfillment is just at the bend in the road . . . only, only . . . the strength to make these few steps is failing. I tell myself this is not permanent. I'll be able to walk it tomorrow. But I know I am fooling myself to protect myself from facing reality . . . as long as hope, desire, ambition, and the wish exist . . . but . . . I know the realization is not possible. The spirit is willing—the body can't keep up. Still . . . I continue to tell myself: this weakness is only temporary. I'll pluck the flower tomorrow when I'll exert myself just a little more.
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> I want to fool myself that nothing has *really* changed. But slowly, very slowly, I can't continue to deny it. I have accepted changes in my appearance. That was not easy. I now have to face the inner changes. I finally have to face the inner realization that everything I hoped and strived for and did not attain is truly no longer attainable.

To divert my attention from the overwhelming sense of despair, I have begun to play with toys. I began photography. I can't paint, but I want to capture nature, which I can no longer pursue. I became a collector of gadgets, paintings, the collectibles money can buy. This is a reachable temporary substitute for past failed ambitions. But . . . but the pain of failure remains . . . . The tragedy of being old, for now I *am* old, is the inner experiencing of youthfulness. I can't deny that I am still interested when seeing a beautiful young woman . . . . I feel young, but the "outer me," my physical being, is a hindrance, it restrains me. If only . . . . I know, "sour grapes." I try to rationalize. I tell myself, "It isn't that I can't, it is that I really no longer want." But who believes that? Not I. Old age is tragic because the fantasy-wishes of youth remain. It seems to me that these are stronger than ever, bursting forth full of images and color, full of feeling, full of beauty.

I can't endure the pressure of these desires. I try to distance myself. I try to convince myself that it is not because of the impossibility of their fulfillment, but rather that I no longer want their fulfillment. *Sturm und Drang* is for the young. The wish, the smile, the desire, the love . . . who wants that in old age?

The pictures fade. I fear the decline of the day-by-day struggle to retain the impetus, to fight for that which at my age is unattainable. I do not want to sublimate this struggle by succumbing to reason and forsaking my inner life of dreams and desire. Yet I know that I will lose this struggle also. The picture will fade completely. I will stop lamenting about everything I have failed to achieve and create. The desires will subside . . . . When? Not yet! . . . Tomorrow . . . .

I want to weep for the loss of my youthful visions, their beauty emblematic of youth. I fear everything turning gray, and that, day by day, every aspect of youthfulness will disappear.

After reading the letter aloud, Mr. A sat in silence for a long time. He then wiped his eyes (in which there were no tears), got up, and said, "Will I see you tomorrow?"

We did not discuss the letter directly.

Our work together, psychoanalytic psychotherapy, failed to reach reconciliation with Mr. A's reality. Physical changes to his body were experienced as a blow to his self-image, which he felt was continuously shrinking. He said: "I am slowly stopping to be myself—I desperately hate the change. Every day increases the pain."

If the sense of feeling castrated is equated with a loss of power (a popular American view), then getting really old induces this feeling. It potentiates with the relative slowing of all the senses, the decrease of physical strength, and the failing sense of acuity. The inability to achieve one's desires becomes a narcissistic mortification.

Mr. A died a year after he wrote this letter. The last words he said to his wife were: "Forgive me. I haven't the strength to continue fighting."

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Men and women in their eighties seem suddenly to realize changes that indeed have been creeping up for quite a time. Their complaints about being tired become more and more frequent. Painful observations increase and almost fill each session. Comments are made that contemporaries are beginning to shuffle when they walk, that they are not as steady on their feet as they used to be. I am anxiously asked, "You watched me walk when I came in—do I walk as I always did? Will I start shuffling, too? That's so terrible, a sign . . . . yes, a sign of the beginning of loss of control. I am so frightened of losing control over my bodily functions."

The patient said, "One does not walk as fast as one used to, one's hearing isn't as acute, one's eyes get weaker, and, if one is lucky, one does not suffer from macular degeneration. What one took for granted, the 'I' of the past, no longer exists. One mourns this loss—no! One despairs because of it. The loss is forever and irreplaceable. However, in the beginning stage, there is still a hope, unconscious mostly, of some kind of replacement . . . and yet one knows it can never be the same." The pain of the loss is continuous.

At this phase of life, the patient's anxiety usually has a reality base. The outlook is pessimistic. Psychoanalytic therapy is difficult because the patient insists on the reality of his or her fears; the patient finds it almost impossible to believe that fear of the future is destroying any enjoyment of the present.

Some older people, however, do their best to stave away at least certain aspects of their aging for as long as possible. People of both genders, if they can afford it, may be proactive in these attempts; use of cosmetic surgery is common. Every product that promises "rejuvenation" is eagerly acquired. Those who recognize signs of physical deterioration—such as difficulty getting up from a chair, inability to get up from the floor after a fall, difficulty fastening buttons, etc.—engage trainers, go to fitness classes for "older" adults, and practice prescribed exercises, such as swimming or dancing. They actively try to counteract nature or at least to postpone the inevitable. They do everything they hear of or can imagine, everything possible, to continue their activities and to strengthen their muscles and maintain nimbleness. The thought of regaining past elasticity and mobility is given up only very slowly and painfully.

Psychically devastating, for it is deeply embarrassing and invades the self-concept and self-image, is the loss of control over physiological functioning. A patient, Mrs. C, reports about her husband:

> He began to wet his pants—it's so embarrassing for him and for me. I don't know for whom it's worse. He is so ashamed; he was such a clean man . . . and now . . . just like a child . . . he can't get to the bathroom fast enough. I told him to put plastic baggies on his penis and tie them around so that the urine won't get on his pants. He does not want to talk about it. He has lost confidence. He doesn't want to go out to a restaurant, a movie or theater, because he's afraid to have "an accident." It makes me so angry. I can't be cooped up all the time and he will not talk to his doctor—what should I do?

I have observed a marked difference between men and women in this respect. Men seem mortified, unable to investigate or to take

ameliorative actions. They withdraw into a sulky anger and are not proactive, while women are. Machismo seems to play an important role. Men's wishes and needs to maintain an image of invincibility make them more narcissistically vulnerable to physiological impairments. Though various devices are available to help manage loss of urinary control, most men's reluctance to use them is greater than most women's. Men find it embarrassing to purchase these devices, and send wives or female companions to do so.

When I have had a male patient who is finally able to speak about this issue, I have found that his every utterance revealed terror of a loss of control. His associations indicated that loss of urinary control, the loss of *this* specific function, was connected to the unconscious repression of childhood struggles related to toilet training. The wish to hold on to the freedom of peeing when and where one wants to has to be given up in a final identification with the aggressor, the mother who touts the glories of control. She says: "Now you, the little boy, like your big father, can stand and make a urinary arc, holding your penis and directing it where you will." The boy now feels he can be in control. For a little while, the boy can even control his mother, who at his bidding will come and help him demonstrate his control. She will also applaud him.

The narcissistic gain of the victory resulting from achievement of control and identification with the aggressor-mother is enormous. Though it has been repressed, it continues to emanate from the unconscious, feeding assurance to the self. All this is lost with the man's loss of urinary control, which in some evokes an almost catastrophic reaction. One patient said, "I experience a sense of crumbling." No longer standing, no longer master of himself and his universe, the man who lacks urinary control is reduced to the child he was when controlled by his mother. This seems to be at the root of the antagonism some men feel toward women, and especially toward the wife when she is perceived in the role of mother.

The situation for women is quite different. Loss of urinary control is a nuisance, but women often say simply, "Fortunately, there are ways to manage it." Women have learned from childhood on that managing is an important skill. Judging from parental reports, it seems that girls' struggles with childhood toilet training are usual-

ly less acute and intense than boys.' Their identification with mother is strengthened by their being "like" mother, and thus able to fantasize participation in her power. Their conscious/unconscious envy of the boy's ability to "make the arc," to play with his penis, contributes to their defensive pretense of the unimportance of urination. They emphasize "not making a mess," being clean like mother, going to the toilet in time, managing like mother does. The fact that women, as mothers, are the ones primarily involved in the toilet training of their children focuses and reinforces their need for resourcefulness.

These factors contribute to a woman's unconscious narcissistic sense of empowerment when her goal, the ability to manage, is fulfilled. An older woman regards her skill in dealing with lack of urinary control as one more proof of her ability to manage, which is facilitated by seeking remedies and by sharing her problems with "best friends" and doctors. In contrast, in situations in which care for the self or caretaking in general is required, most men tend to regress into quasi helplessness. They blame, as children do, the partner ("Mommy") for not understanding and for not "doing something to make it okay again." This accusation, more prevalent as the condition gets worse, has the underlying unconscious meaning of "You don't want to do anything to help me because you don't love me and don't want to bother." The anger, and perhaps even the conscious or unconscious envy of the partner who is not suffering, is unmistakable. These feelings are expressed by the threat: "Wait until you are in my condition—then you'll know!" The words trail off, but the implication is clear: "You'll know how bad it is and you'll feel guilty for being so mean to me!"

Whereas in the past an offered arm, a held hand, signified friendship and/or affection, it frequently means to the elderly that "they, the young ones," suspect or know that "I can't do it on my own." Even though not life threatening, the feeling of impairment due to any disabling physiological condition—be it a decrease in vision, hearing, or walking, or one affecting processes of elimination, etc.—evokes a deep sense of loss. Unconsciously, the loss of any body function is experienced as an irreparable and continuous

blow to the self, a partial death for which there is no repair. It is accompanied by a depletion of self-love. No helpful device (a hearing aid, glasses, a cane, an electric wheelchair, etc.) can substitute for the quality of the function that is impaired or that no longer exists. All aids are, at best, "make do." The impaired self-image is experienced as being *inferior, no longer whole.* Fear arises: what will happen next? A partial regression may occur.

Some people react to their aging bodies with a sense of hate and disparagement; some look at themselves with despair and are overwhelmed by a sense of helplessness. They feel that "nothing can be done." Some may even feel guilty and blame themselves for not having done something earlier to prevent their present state, but when asked, "What that could have been?", they fall silent.

One's relatively intact condition of the past cannot be restored. All available aids require the psychic capacity to come to terms with the mechanical ameliorations that, at best, make adequate functioning possible. Thus, the men and women who avail themselves of these remedies remain disappointed. They tell themselves (and this sounds like an attempt at consolation), "It's the best I could do," and try to adjust. Such acceptance is facilitated when the older individual still has some abilities that enable her or him to function with a degree of self-satisfaction in areas of personal interest. The exceptions are those individuals who, in spite of physical impairment, continue to excel in their chosen fields of activity (writers, politicians, artists, etc.).

Nonetheless, even those who can function well in their chosen sphere of interest experience the physical consequences of aging. Awareness of this, though varying in degree, evokes an emotional reaction that affects the self-image. In our culture, being "wise" is not sufficient; one also has to be physically fit and well functioning. Since the latter decreases with age, not being able to "keep up," however that is defined, results in a decrease in self-respect. The intensity of such feelings is proportionate to the individual's former level of standards and the degree of narcissistic investment in same. Any and every impairment affects the self-image.

Increasing age also affects the individual's professional and social standing. A younger generation, with its own attributes and structure, begins to take over. The "senior" individual may continue to be treated with respect and occasionally even asked for advice, but he/she no longer has the former degree of power. With every year, there is an increasing awareness of being pushed aside. Finally, the senior one knows that it is time to step aside. Fortunate are those who have family and friends to rely on at such a time.

To cope with the age-imposed, eventually inevitable functional and organic decline, a man or woman must have the capacity to mourn the loss of his or her beloved youthful self, the self of the past. A part of the self is gone forever. Great sadness ensues and sometimes despair. The working through of this loss calls for a psychic separation from the youthful image that was invested with self-love, the self-image that has been a source of conscious and unconscious gratification. To accomplish this developmental task is difficult, and many fail.

Successful mourning entails a final separation from the persona that was. Some people experience a state of inner turmoil and despair that may take time and/or therapy to quiet. In others, mourning may evoke great sadness and a sense of resignation. The feats of the past are no longer possible. When walking a mile results in tiredness, trips to far-off places may have to be given up. When a concert cannot be heard well even with hearing aids, the pleasure of attending one becomes a past memory. When colors and shades of a painting can no longer be distinguished, looking at statues and other art objects may become a consolation—and so it goes, with more and more sources of pleasure gradually becoming unavailable. Resignation is a slow process; it is a psychic achievement, an art, when an individual can find sources of consolation. But, for most people, sadness prevails.

The mourning process has a successful resolution when the individual adapts to the losses by forming a compensatory self-image, eventually bestowed with remnants of acceptance and self-love. This occurs when one is able to find a focus of affection, an interest that can be pursued with enthusiasm or dedication, a hobby that is time

consuming and gratifying. As the sadness slowly dissipates, resignation changes to self-reconciliation. Gratification, if present in the current situation, restores a sense of self-worth. This may lead to the formation of a new self-image, an image of a still-functioning older person. Musing, getting lost in memories of the past, may bring pleasure, though much detail has been forgotten.

However, a successful adaptation to old age is difficult to maintain. This is especially true in the United States, where the social conviction prevails that one is "damaged goods" because of age-related losses and impairments, and where youth and fitness are idealized. Infirmity is looked upon with a pity that often hides contempt and disgust, and may even lead to ostracism. Thus, the wish to hide aging and old age is prevalent. Everyone would like to live to the age of 120—without, however, getting old. Nonetheless, all attempts do not silence the sigh: "Our bodies betray us." With a trusted friend, the list of physical difficulties is enumerated in confidence, and, with time, the list becomes longer and longer. The conversation usually starts with "have you noticed . . . about someone else . . . and then . . . but I also sometimes . . . and when the friend also . . ." Then there is some mutual advice giving and a shared sense of "but we can still manage." The Hebrew proverb comes to mind: "The problems shared by all are half of a consolation" (*Tzarat kulam hatzi nehema*).

It is my impression that women engage in mutual support with greater ease and frequency than men do. This is perhaps due to the status of the majority of women in most societies. Having always been considered the "inferior" or "weaker" sex, women may in old age find it easier to admit to growing infirmities. Since most women have been caretakers of others during the greater part of their lives, they may be better prepared to care for themselves than men are. They are thus more active in availing themselves of means that may combat some of the indignities of being old—for example, by attending fitness classes for the elderly. However, even for women, admitting that a problem is due to aging is almost taboo. Bad news is only whispered about, and only "real" friends are told of it. Is it shame that makes people so fearful of letting others know?

One impediment, however, cannot remain a secret. It is the almost universal and most distressing failure to remember names, other nouns, and frequently used foreign words. One patient, Mrs. D, recalls: "When I forgot a name for the first time, it was so traumatic that I still remember whose name it was. I remember defensively saying: 'Freud invented the unconscious to account for forgetting due to age.' I began to frantically scour my unconscious to find the reason *why* I forgot."

With time, all older people have to accept the inevitable: names and other words that one always knew and had at one's command unpredictably "escape." When that happens, some people feel like victims; others may be terribly embarrassed. I know of no remedy, but I believe it has been recommended to go through the alphabet, letter by letter, since the sound of the letter may "evoke" the word. An attempt to self-analyze why one forgot the word may, for some people, bring results. However, as unpredictably as the word escaped, it sometimes returns, not as a result of the search, but for reasons we do not know or understand. Some psychophysiologists suggest that our synapses connect with an increasingly slower speed as we get older.

Beginning with an occasional not remembering of the word that must be used at the moment, and with the multiplying frequency of such happenings in all aging people, this embarrassing indignity comes to be called a "senior moment," and it is thus privileged. It becomes acknowledged as part of the course of life, and perhaps as one of its curses. Since the word may come back in a little while or in a longer span of time, there is the consolation that one is not permanently impaired; it is simply a temporary neurological phenomenon. One is also consoled by the fact that it happens to everybody, "even the best and greatest minds."

My observations indicate that this indignity is easier to bear for "ordinary" people than for scholars and the intellectual elite. For public speakers, there is a mounting anxiety that one may not only forget a particular word, but also the synonyms for it or phrases to describe it; there is a fear of embarrassment leading to unbearable narcissistic mortification. Such fear may turn into inhibitions

accompanied by despair. Knowing a concept but not remembering how to elaborate or explain it can lead to agitated exasperation.

CLINICAL VIGNETTE: MRS. H

The following case of a woman in analysis during her late fifties and early sixties, who later returned for psychotherapy at the age of eighty-three, illustrates some of the changes that age brings.

The main problem that originally brought Mrs. H—a highly educated lawyer—to analysis was her fear of hell in a literal, religious sense. She feared being forever tortured in hell, "terribly so and without end." Mrs. H did not know what she had done to deserve this. She explained as follows:

> It must be the fantasies. When I was little, about four, I had a fantasy that started with "God forbid if my parents died, then . . ." The "then" consisted of different versions of getting their power and their money, which would enable me to do whatever I wanted. But why should this wish have made me feel so guilty? Even though I know that children often have fantasies about wanting their parents dead, my guilt remained. The formula "God forbid" did not absolve me.

One of Mrs. H's significant symptoms was the fear of dying. This led to various forms of hypochondria and frequent visits to her doctors.

In the middle phase of her analysis, Mrs. H spoke in great detail about her masturbation fantasies. The theme, with slight variations, was repetitive. The girl of her fantasies was someone who could not exercise a will of her own. She was to be married off to a rich and powerful man. Sometimes, the girl was confined in a harem; she was being prepared for her first sexual encounter by an older woman who beautified her and sexually excited her so that she would be responsive. When sexually excited by her fantasy, Mrs. H would invariably begin to fantasize that the girl was being beaten. She had an orgasm during that part of the fantasy.

Mrs. H bemoaned her fantasies, especially the part about the girl being beaten. She said: "You know that I am actively engaged in various organizations fighting for the rights of women. I have never beaten anyone, not my children and not my dog. Just the thought of beating someone upsets me, and yet . . ."

During her analysis, Mrs. H recounted an incident in which her father hit her on her behind. She was about four or five at the time. She had been very noisy while her father was having a private meeting, and her father came out of the meeting several times, asking her to quiet down. She disregarded his admonitions, and he finally came out again, irritated, and hit her on her bottom. She lost control and urinated. In speaking about this incident, Mrs. H emphasized two aspects: the shame of losing control, and the confusion between a sensation of urinary pressure and orgiastic excitement. This confusion lasted for years.

We spent a long time analyzing this incident and those aspects of it that were contained in the masturbation fantasy, especially the connection between beating and orgasm. Mrs. H eventually understood the connection between father's slap, the sensation of urinary pressure, and enactment in the masturbation fantasy of the girl being beaten while simultaneously experiencing an orgasm. She was shocked, upset, and frightened to recognize and acknowledge oedipal elements. Mrs. H had formerly prided herself that she had had "no oedipal feelings toward [her] father."

Mrs. H's anxiety and guilt now centered on the significance of her oedipal feelings. She related those to her fear of going to hell and being tortured forever. She said: "I must have had these extremely strong feelings since I was three or four. Father and I did things together, and mother did not join us. Did I push her out? How did I feel about that? Did I think I took her place? I do not remember. I only know I loved doing things with my father—and, you know, I did not like my mother as much as him. Mother always said, 'You love daddy more than me.' And I had to deny it, but she was right." Mrs. H was silent for quite a while, and then she added: "So I am not surprised that I feel guilty and think I'll burn in hell. I guess I think I deserve it."

Mrs. H never recalled fantasies about her father. She remembered being "in love" with her father's assistant, a handsome young man, and being very jealous of his girlfriend. She eventually became aware that this was a displacement.

Mrs. H's hypochondria and her anxiety about dying increased during this period. She felt extremely guilty. She recognized that father had taken the initiative in all the family's activities and that mother was compliant, but she felt responsible for her feelings. She said: "Well, just consider my childhood masturbation fantasy: it was about my governess grooming me and then my going out with my father, being very proud of it and feeling special. There was a long time when I did not know that the excitement I felt when masturbating was an orgasm. I just felt that as I masturbated, I became more and more excited, and it felt so much like holding in urine and then feeling good afterward—but sometimes I was confused, and after I felt this excitement, I'd go to the bathroom to urinate."

It took time for Mrs. H to acknowledge that, although her father was affectionate, they hardly ever held hands, and he kissed her only when greeting her. Nevertheless, she experienced a specialness in their relationship. She asked, "Did I think that the absence of mother indicated that I displaced her?" Her thoughts about her father stimulated both her fantasies and her sense of guilt.

I encouraged Mrs. H's placement of some of her guilt onto her parents, as well as her feeling that they had not fulfilled their responsibility toward her. I wondered why her mother wasn't more involved in "doing 'things' with father." After some silence, Mrs. H acknowledged, "I now realize mother was depressed. I sometimes saw mother sitting and wiping tears. I would ask her 'Why are you crying?' She wouldn't let me kiss her; she'd say, 'Go play.' She didn't like me."

Mrs. H referred to her memories as "telling about those things." I made remarks regarding them that eventually decreased her anxiety as well as her sense of guilt. She began to feel that her parents, each in different ways, had contributed to her fantasies. She said, "It wasn't just my fault."

The ideas of hell and damnation came from Mrs. H's Catholic governesses, who used threats of these to make her behave. She did not tell her parents about these threats, nor did she reveal the daily trips to church and the fear she felt in seeing images of Christ on the cross. She thought: "If God the father could let him suffer like that and he had no sins, he will punish me terribly." She believed the punishment was because of her wish to kill her parents, which she undid by adding "God forbid"—but God knew. She also felt terribly guilty because she masturbated. All the governesses said it was terrible and forbade it; they would spank her when they caught her at it. These were "things" she never told her parents.

We analyzed her reasons for keeping these secrets from her parents. Mrs. H said: "How can you ask? I had to keep my masturbation secret from my parents. I do not even know any more what terrible things I thought they would do to me, but I believed they would be terribly, terribly angry, and God knows what they would do."

We analyzed the effects of the threats of the governesses and her fear of them. When Mrs. H was able to comprehend that they were the roots of her hypochondriacal anxieties of various illnesses, these diminished. She began to realize and acknowledge that fantasies are not reality, and that the threats had an unconscious effect.

I said: "What a pity no one could tell you that when you were a child." She replied: "I could have told it to myself. I remembered what happened, and as I got older, my attitude toward masturbation was different than that of my governesses."

The analysis of Mrs. H's childhood fear of being discovered masturbating and her compulsion to do so led to a deeper understanding of her fantasies. We explored what might account for her fantasizing about beating, during which she became orgiastic. She felt blank. I reminded her of the incident when father hit her. She became almost motionless on the couch. After a long silence, she said: "I loved my father very much, and I was also afraid of him. I felt he was very powerful, and I only knew the feeling came when he hit me . . . . So the beating symbolized him. What a confusion."

Some time later, Mrs. H said: "I'm not really so bad. I do all kinds of good things—not just to undo bad things I might have done, but because I enjoy doing good things."

The fear of hell and damnation decreased. She said in a subsequent session: "If God exists, he surely can't be like people imagine him to be because he's beyond our comprehension, and hell and damnation are like the tortures that humans have invented to inflict on each other. They project these onto God. What an impertinence! I think of the horror of the Nazi experiments during the Holocaust, and . . ."

Both of us were silent.

Some sessions later, Mrs. H began speaking about termination. She felt she had achieved her aims for treatment. She was no longer tormented by her fears, and her self-concept improved. She said, "I catch myself liking myself—not always, but when I don't, I look for the causes. I've learned a lot."

Mrs. H's analysis lasted six years.

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Many years later, when the phone rang early one evening, I picked up the receiver and found myself speechless. Two decades after her final goodbye, Mrs. H was again calling me. I recall from her words during this conversation only that she hoped I could see her again, and she asked whether our first session could be for two hours. I must have said something like, "Just a moment," checked my calendar, and given her a time. She said, "Thank you —I'm so relieved," and hung up.

I felt surprised and was not pleased. I felt that good news would not bring her to me. I felt burdened and wondered how I could help her.

Mrs. H was now eighty-three. When she arrived, we silently shook hands. She sat down, looked around, and after a while began to speak.

"I have been widowed for a long time. But now my lover of many years has also died. I feel totally alone. I am nobody's main concern, in spite of warm contacts with my children. My two closest

women friends have also died within the past year. I worry because my remaining close friends plan to go to an assisted-living facility —how will that affect my relationship with them? Shall I become even more alone?"

She repeated frequently, "Yes, even though my children and friends frequently do keep in touch, I am nobody's main concern. This makes me feel so alone. There is no one to hold my hand when I awake at night, filled with terror—no one to call, since no one would come."

After speaking this way for a while, Mrs. H fell silent. She then shook herself and related the following:

> I really should not complain; I can still hear, though I'm becoming deaf, and I can still see, though not the way I used to. All my senses are becoming less and less sharp. Do you remember the pleasure I took from seeing the smallest detail of the artifacts I collected? And I used to hear with such clarity! It pains me and I feel defective in having lost these abilities. You do remember how frightened I was of hell; now I fear that when I lose my already impaired hearing and seeing, I'll be completely isolated. What will happen to me then? I'll be left with my frightening thoughts, unable to communicate them. Who will console me? I fear not even being able to seek consolation. How could I communicate if I could not hear or see? How would I know I am being consoled?
>
> I often think of suicide, but I end by telling myself, "Not yet." It's bad, but not that bad—though I don't know what "that bad" really means. The worst is the feeling I'm alone.
>
> When I was a child, my governesses were always around; I did not like them, but I didn't feel alone. When my father came home, we could converse, and, after dinner, when I was really small, I would sit on his lap and he would read to me. I liked that best and looked forward to it. But now, no one comes home. [She was silent for a long while.]
>
> I must tell you about reality. I still work—it's for an organization that doesn't pay me; they can't. But I get

> pleasure from my work. I share their ideals. This work makes me feel that I can still strive toward aims I consider important. Most of the members have befriended me, and I am a special friend to some—but I do not trust these friendships. They are so much younger than I. I feel they will last only as long as I am the good mother to them. [She fell silent again.]

The sessions that followed and continued twice a week were a special kind of conversation. Usually, I just listened to Mrs. H. I made comments when I felt she needed to sense that I understood how she felt. Mostly, I just nodded my head. She frequently spoke about things that she felt she could not tell anyone else.

She started one session by saying:

> Do you know the difference between loneliness and aloneness? Few people do. When you are lonely, there is someone you long to be with. Some *real* someone you can think about, dream about, wish you'd be with. My lover lived far away. We met very seldom, but I could communicate with him and he with me. I long for him and feel so very alone without him. Without him, I cannot share the events of the day, the thoughts I had, the feelings I experienced. There is an overpowering longing and a sense of aloneness when I recall our times together. But longing in the past was not unending—we did meet, if only for short times, and we connected by phone.
>
> I learned about aloneness when he died. There was no one to talk to, no one's voice to hear, no one to be with. There was no longer anyone to echo my feelings and thoughts; I was alone. I yearned, with no future hope, for what had been. Neither my screams nor my sobs were heard—he wasn't *here*. I was *really* alone. I knew it but could not believe or accept it. My world had collapsed.

She began to cry and continued crying and sobbing. I didn't say a word, but patted her hand. When she stopped crying, she got up and walked out.

I did not hear from Mrs. H again for several weeks. She then phoned and came. She did not refer to her absence or to the theme

of the previous session. She said she was going to have cardiac bypass surgery and would leave instructions not to be resuscitated, should the need arise for this during the procedure. She spoke about her will and other arrangements she had made. She asked whether she could be in touch with me by phone.

Mrs. H seemed resigned. She said: "What will be, will be. I don't know exactly what I want to happen. The kids will be there. They were upset about the 'do not resuscitate' order, but I said, 'I love you, but living is hard—let fate decide.' All of us hugged and cried a little, and we planned to do some nice things."

Some time later, one of Mrs. H's children phoned to tell me that she had left with her daughter, whom she planned to stay with in another state. As of this writing, I have not heard from Mrs. H for several years.

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The pain is great when the awareness dawns that one is no longer *getting older;* one is *old*—and, finally, that one is *really old.*

For the elderly, time is running out, and infirmity sets in. Being lonely and the experience of aloneness increase in the absence of the person for whom one has been most significant. The feeling of "what's the use?" tends to mount. Being in familiar, even loving surroundings may offer reassurance and some consolation, yet anxiety and grief prevail. How much farther will the deterioration of body and mind go? What will happen? The fear increases—what does the unknown hand of fate have in store? And another fearful question arises: Is it better to end before the final deterioration begins, to end when one still has some control over one's fate? The temptation is there, and yet . . . should one wait just a little longer? Will there be time if one waits?

There can be some consolations. Warmth and love expressed by a son or daughter, the laughter of a grandchild, the smell of a flower, its color . . . but colors begin to fade, and sounds grow weaker. In youth, the distant horizon held the promise that hopes might be fulfilled. For the old, the horizon comes closer and closer, and only one hope remains: to be engulfed by it painlessly, silently, and

quickly. Despair comes with recognition that a downward course cannot be reversed. *Old* leads to even older. The hope is to make decisions when they still can be made, but, unfortunately, sometimes one waits too long.

Contemplating and deciding upon suicide seems easier, and the resolution is more decisive when one suffers from a painful, chronic illness. This was Freud's experience. Schur (1972) recounts that Freud, in great pain, reminded him of his earlier vow: "You promised me then not to forsake me when my time comes. Now it's nothing but torture and it makes no sense any more" (p. 529). Suicide at such a time may be regarded as an act of desperation or of courage—saying goodbye when it can be said with love for both the self and for those whom one loves. Such an exit has been chosen by many, among them Paul Federn, Dora Hartman, and Bruno Bettelheim. Few are fortunate enough to have others to facilitate this last step.

The psychoanalytic literature contains many papers that describe the problems arising with age and the helpful effects of psychoanalysis and/or psychotherapy (e.g., Lipson 2002; Plotkin 2000; Valenstein 2000). In successful cases, the analysand is able to accept her/his aged self. In even more successful ones, the individual is enabled to discover and/or develop a new interest—basically, the capacity to do something narcissistically gratifying. This contributes to self-esteem.

It is important to take the age of the patient into account. In our culture, the age of sixty is sometimes considered older, but can still herald the start of a vigorous decade. This may even apply to age seventy. At eighty and beyond, however, the situation is often different. Though health problems become more serious and frequently have no remedy, the real problems are primarily existential.

Aloneness is the paramount issue, and many people experience a sense of isolation. In such situations, the therapist becomes the listener to whom things can be told that the patient cannot or does not want to share with others, even children or friends. The understanding and sympathy of the therapist may mitigate the sense of aloneness, and so the therapist may become a surrogate love object.

Sadness brims at the realizations of change. There is a yearning for the past, when one could . . . when one wanted . . . when what is so difficult today, sometimes impossible, was so very easy that the effort was hardly noticed. All senses are slowly failing. Strength decreases. Fatigue takes over; a daily nap is welcome and offers relief. Everything takes longer because everything is done more slowly. Forgetfulness is on the rise.

CONCLUSION

This essay is about ordinary people who struggle with issues of old age, as most do. These are the ones who learn to cope, some better than others. For ordinary people, managing accumulated years, at a certain moment in time, begins to feel like an unending, uphill battle. Suddenly, the changes that have been experienced as minor, things to brush aside or ignore, hit home. One now experiences the self as less capable and more tired, with a memory sometimes fading and with familiar words disappearing when one wants most to use them.

And then there are those who will never reach real old age. Are they the lucky ones?

There are those very special people whose chronological age does not make them old. They don't get old. They have the knack of living the day to its utmost, and would like to live it with even greater intensity. They are full of ideas, enterprise, and have an extraordinary psychic investment in whatever they may be doing or want to do. To them, death is always an unwanted surprise because they will never have finished living. What makes them so blessed with the spirit of life? Did they imbibe it with mother's milk? They have the satisfied child's conviction that life's intensity is unending. Did they internalize unending love and embrace that which becomes their sustenance?

The answer to these questions is not known to me, though one could speculate or hypothesize about genetic and constitutional factors, special endowments, etc. I have restricted this essay to a discussion of the indignities faced by truly old people. The subject

is one that eventually affects most of us. It is not a happy topic, and most people do not want to hear about it.

Those who are able to do so mourn for the past. When mourning is successful, it ends in a reconciliation with the present, with the change of the self state. Such individuals may be able to gather what remains of life and living. When there is still a loved and loving other, holding hands increases the will and the courage for the onward journey; nevertheless, it is an uphill struggle that grows more difficult as time goes on.

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RETHINKING BOUNDARIES: AN INTRODUCTION

BY HENRY F. SMITH

In "Some Limits of the Boundary Concept," Arnold Goldberg begins a conversation that is almost impossible in the current era. He aims to discuss dispassionately our contemporary views of both boundary crossings and boundary violations, a topic that arouses so much anxiety and anguish within the profession and outside of it that it is difficult to question our assumptions about it with any reasoned approach.

Goldberg argues that in this pluralistic climate, there is no agreement on what constitutes either a boundary crossing or a boundary violation, for, as we might say, one analyst's boundary crossing is another analyst's empathy. As a consequence, disputes about technique are often framed in moral or ethical terms. Because of this conflation—and to advance our discourse—Goldberg suggests that we must differentiate the moral from the technical dimensions of the concept of boundaries. Every school of analysis has its own unique technical rules that are distinct from moral ones:

> The reason not to hold hands may or may not be based on technical standards. The reason not to have sexual intercourse is generally based upon moral standards. Efforts to put both of these on the same continuum mistake quantitative issues for qualitative distinctions. [p. 870]

In the end, every analyst must arrive at his or her own judgment about what technical rules to uphold, and when in the interest of

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the patient it is advisable to break them. Provocatively, Goldberg argues that the same holds true for moral rules. And that these are separate judgments.

Our five commentators, Glen Gabbard, Jay Greenberg, Warren Poland, Sharon Zalusky, and Henry Friedman, who among themselves represent a range of approaches to the clinical situation, accompany Goldberg part of the way on this investigative journey, but not all the way. As if living out his very argument, each discussant arrives at a different and unique judgment about Goldberg's distinction between technical and moral rules. We close with a response from the author.

I am grateful to all the participants for opening up the discourse on this essential and difficult topic. It is our hope that the conversation will continue.

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Psychoanalytic Quarterly, LXXVII, 2008

SOME LIMITS OF THE BOUNDARY CONCEPT

BY ARNOLD GOLDBERG

A reexamination of the boundary concept and its applicability to different theoretical approaches to psychoanalysis reveals it to be of questionable usefulness in the present climate of psychoanalytic pluralism. In the light of clinical illustrations, it is suggested that an underlying problem with this concept may be a failure to discriminate between technical and moral dimensions. The necessity of separating the legal issues involved is also indicated. Recognizing the existence of separate domains and considering the rules that apply to each are offered as an alternative to focusing on boundary concepts.

INTRODUCTION

In a series of clear and cogent articles, Gabbard and others have outlined and described issues surrounding boundaries in the practice of psychotherapy and psychoanalysis (e.g., Gabbard 1999; Gabbard and Lester 2003). Boundaries are defined as structural characteristics of the therapeutic relationship that allow the therapist to create a climate of safety, and essentially are the components that constitute what is considered to be the therapeutic frame. The crossing of such boundaries may be seen as benign, isolated, atten-

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uated, and discussable, while violations are felt to be damaging, egregious, discouraging of discussion, and tending toward repetition (Gabbard 2005).

One can imagine the concept of a boundary as separating two enclosures. One person is situated inside one enclosure, and messages are sent back and forth to another. Thus does the analyst or therapist remain in one space and the patient in another, and forays take place outside the enclosures or lines of delineation. Such intrusions are deemed either crossings or violations, each of which is an occasion for scrutiny and commentary. Of course, the use of the words *frame, structure,* and *enclosure* should not be taken to diminish the fact that boundaries are but concepts that allow an analyst to organize the to and fro of the dialogue. There are other ways as well to deal with the exchange, but the focus here is on the boundary concept.

In describing a somewhat simplified version of but one classical view of psychoanalysis, we might say that the patient's libidinal and aggressive drives are directed at the analyst who, by frustrating their gratification, enables an interpretation or a message to be delivered to the patient. A boundary crossing or violation can thus be visualized as a breach in the enclosure due to one or another form of drive gratification, which in turn necessarily leads to a situation that cannot allow for a remedial interpretation, and so effective treatment may be stymied. This would seem to be in keeping with Fenichel's (1945, pp. 569-576) explanation, as well as those of others.

Other forms of theory do not rest easily with this form of imagery, since they do not warrant a picture of separate and distinct communicating entities. In a self psychological orientation, for example, the patient and the analyst or therapist do not reside in self-delineated arenas, but rather there is a patient–therapist connection through a self-selfobject relationship. Instead of crossings or violations, the crucial disruption in a therapeutic atmosphere consists of an empathic break. Such breaks may be benign, isolated, attenuated, and discussable, and so would correspond to boundary crossings. So, too, may they be damaging, egregious, dis-

couraging of discussion, and tending to be repetitive, and so correspond to boundary violations. However, a crucial distinction that does not permit a parallel between the first image of separate entities and the second of connected ones is the axiom that *empathic breaks are a necessary part of the analytic or therapeutic process.* No such ameliorative quality can be attributed to boundary crossings as a mechanism to drive the therapeutic process.

One of the conditions for defining boundaries is flexibility. This qualification permits crossings to be tolerated through means such as empathy, projection, introjection, and projective identification (Gabbard and Lester 2003). However, the attribute of flexibility seems consistent with the above-suggested image of enclosures, and so highlights a certain ambiguity in the entire concept of *crossing.* It may be that there is an inherent contradiction in present-day thinking about boundary crossings and boundary violations, a contradiction exposed by the recent popularity of theories such as intersubjectivity and self psychology, which seem to assume an ongoing crossing as a sine qua non for effective treatment.

If one focuses for the moment on the therapeutic process posited in self psychology, the achievement of a sustained empathic connection is seen as the single most basic requirement for an effective treatment. This fits with the flexible nature of a boundary crossing. The inevitable failure of this empathic connection or of this "allowable" boundary crossing sets the stage for an effective interpretation and a hoped-for, resulting understanding that is accompanied by a modicum of psychic structure. One would be hard-pressed to explain how a boundary crossing followed by a retreat from said crossing could or would lead to a substantive result.

In a far-ranging discussion of Greenberg's (2001) contribution on the technique of relational theory, both Greenberg and his discussants focused on the analyst as engaging with the patient in a risk-taking manner. This seems to be quite at odds with any sort of frame that consists of a boundary, but rather is said to be centered upon negotiated interventions. There is an emphasis on spontaneity and a portrayal of enactments as valuable because they embody otherwise inaccessible, unconscious currents. Indeed, many rela-

tional techniques seem to promote boundary crossings and to flirt with boundary interventions.

The dynamical systems theory advocated by the Boston Change Process Study Group (2005) states that psychoanalytic interaction is necessarily sloppy, and that it centers upon the moment-to-moment activity of patient and analyst. This theory seems to encourage surprise and unpredictability, and it is difficult to see how a frame of any sort would fit into this group's technique, although they also disclaim any effort to promote one therapeutic efficacy over another (p. 701). This disclaimer does not erase the lack of utility of the boundary concept.

Therefore, it may be both interesting and profitable to consider other ways to speak about and to understand therapeutic fallacies and mishaps. (Of course, changing a word or employing a different vocabulary can hardly be offered as a solution to the abovementioned limitations of the boundary issue.) It seems apparent that the distinction between crossings and violations is fundamentally a moral one in that the underlying difference between the two is a conviction that a wrong has been committed; and the distinction between a mistake and a wrong is a significant one, as we shall see in what follows when we suggest the use of rules.

For the most part, I feel that there is an underlying moral code in much of our treatment, one that seems to justify assigning the adjective *wrong* to most violations (Goldberg 2007). All sorts of examples can be offered, ranging from breaks in confidentiality to the acceptance of gifts, in order to illustrate how violations—in contrast to crossings—somehow involve a moral code of propriety and ethically correct conduct. We shall here use *moral* as the adjective to cover the imperatives and prohibitions that regulate ethics.

I have asserted that the usual knee-jerk reaction to boundary violations, as opposed to crossings, is that someone has done something wrong. However, we are all equally aware of wrongs that are visited upon patients that seem to have no moral status whatsoever. The analyst or therapist says something that is later regretted, and soon this is clearly seen as the wrong thing to have been said. We have made a mistake. Or the analyst or therapist fails to say or do something, in retrospect coming to believe that this was

equally in error. These technical mistakes may make one feel guilty or ashamed, and are often categorized as wrong, but these wrongs should not be considered moral failures. Yet we often do conflate such technical wrongs with moral ones, and we may feel bad about them, almost as if we had sinned; and at times; some supervisory sessions may raise chastisement to the level of what might be expected following a moral transgression.

Not surprisingly, there are all sorts of examples in which the single quality of "damaging" is absent from an instance of boundary violation. If a therapist chooses to conduct an analysis or therapy while taking a walk with a patient, some might perceive no hint of a moral mistake, while others might consider it a gross boundary violation. So, too, if an analyst chooses not to have tissues in the office (an honest-to-goodness position of a member of the profession), we might feel that he or she is possessed of bad taste, but not of mistaken morality. While many so-called boundary violations may indeed be identified as ethical errors, there seem to be enough exceptions to allow for a separation between the two. Here is an example.

CLINICAL ILLUSTRATION

A female patient of Dr. A was not feeling well, and after examination by her internist, was diagnosed as having a particularly ominous form of cancer. She was subsequently admitted to the hospital, where her condition worsened, and a grim prognosis was offered. She telephoned Dr. A and asked him to visit her, which he unhesitatingly did. During the hospital visit, he held her hand in response to a request of hers, and he otherwise behaved as he might to any friend in distress. He later puzzled over whether he had felt at the time that he was her analyst, i.e., a person behaving as an analyst, or someone who was but another person connected to an individual in distress. He could not decide.

Dr. A speculated as to whether or how the analysis could be resumed if the patient recovered, and he rationalized his dilemma by assuming that this was a recognizable boundary crossing that

could hardly be said to be damaging. However, after a few such visits with hand-holding accompanied by shared discussions about the fears associated with death and dying, Dr. A felt that he had surely violated an analytic boundary. He speculated that some consulting analysts would inevitably conclude that this analysis could not be resumed if the patient recovered, while other analysts might well commend his behavior and insist that it in no way would preclude resumption of the analysis. (It should be noted here that one is solely concerned with *behavior* in speaking of boundary issues, and not of fantasy or unconscious material.)

This seemed to be representative of a case in which a boundary violation had no moral or ethical implications whatsoever. However, Dr. A wondered if a similar set of circumstances with hand-holding and shared intimacies could possibly be countenanced by any of the above-imagined consulting analysts if conducted in a coffee shop, or in any setting other than a hospital. The shadow of a moral opprobrium was cast upon such an exchange, which apparently gained social acceptance only within the context of Dr. A's having to put aside his analytic identity.

Dr. A could see that his behavior would not allow for a continuation of the analysis if either he or the patient were being gratified without the opportunity for an interpretation to be made. He also recognized that this boundary crossing could be seen as a violation, albeit it would be a moral problem only in some settings (e.g., a coffee shop) rather than in another (a hospital). Dr. A could also claim an ability to maintain empathic contact with his patient in each of these settings, and so to conclude that his position as analyst remained intact up to and including the capacity to discuss what had transpired; however, he was not so convinced that he could dismiss the moral issue in the imagined background of a coffee shop.

SEPARATING THE MORAL FROM THE TECHNICAL

Without in any way proposing an advantage of one technical approach over another, it seems evident that different theories of

technique see boundary crossings and violations differently. Historically, this may be the result of a one-time universal manner of conceptualizing psychoanalytic technique, and consequently of concluding that a deviation from that technique was in error and wrong. This wrong came to be seen as justifying the adverbial addition of *morally* to *wrong*.

In truth, the very use of the word *boundary* assumes and conjures up an image of a technical stance that can be called into question. Boundary violations, by their very definition, manage to tie two concepts together, so that it is fairly automatic to assume that a boundary violation is equivalent to, and means, a moral break. One proposed solution to this mixing of boundary violations with moral transgressions is the separation of technical issues from any evaluation of moral conduct. In order to separate boundary issues that enter into moral arenas from technical ones that do not, we might consider the introduction of another word: *rules*. Both moral concerns and technical standards invoke rules, and remembering this may aid us in clearing up the difference between the two.

The Concept of Rules

A rule is a guide for conduct or action, and like any sort of guide to behavior, it is capable of being applied in a way that results in a moral error. However, it is broad enough to encompass all forms of technical activity and does not presuppose a particular structure or therapeutic frame that might be used, for example, to conceptualize psychoanalysis or psychotherapy. More important, rules have a meaning and a philosophical heritage that might add weight to their application, replacing the concept of boundaries in our examination of when and how we adjudicate right from wrong.

Rules regulate practices ranging from driving one's car to conducting psychoanalysis. One is said to conform to rules without necessarily understanding them. One obeys a rule when the rule is more or less internalized. As a person becomes trained in any sort of a practice, he or she is said to be brought into conformity within a community. When the justification of a practice is not required,

we see patterns of behavior develop, and a true practitioner is one capable of engaging in full-fledged rule-obeying behavior. Some say the novice conforms and the skilled actor obeys. In our pluralistic world of psychoanalysis and psychotherapy, it seems clear that different communities are involved in a varied collection of patterns of behavior, according to their training and subsequent demonstration of rule-obeying behavior.

A complex and complicated philosophical discussion (Kripke 1982) concluded that rules can never be the result of an individual decision, but rather are social products, i.e., they come about through community practice and sanction. A good example of this is offered by Boesky (2005), who describes a case presentation of a patient's being physically touched. He reflects upon the writings of twenty-five authors who have offered their own commentaries on the technical pros and cons of whether or not to hold a patient's hand. Although Boesky discusses the need for controversies to be contextualized, he nonetheless offers an opportunity to examine how rules of technique vary from one group to another, all the while agreeing that these issues are technical differences that may also have dynamic meanings that are insufficiently understood. At one point, Boesky states that "gross boundary violations are always wrong" (p. 849), leaving it to the reader to decide what exactly is a "gross boundary violation." It seems that sometimes it is a group decision, and at other times it is universal and so termed "gross."

One example of such a gross violation is discussed in a paper presenting the results of a study of sexual boundary violations (Gabbard and Peltz 2001), in which an analyst who was accused of sexual misconduct defended himself by stating that what he did was standard practice at the time of the occurrence. He was rebutted by evidence that it had never been standard practice. After worrying over and arguing about behaviors ranging from touching to sexual intercourse, the participants in this discussion appear to have reached a resolution centering on rules of technique buttressed by community practice. The moral dimension remained in the background, but was clearly the crucial voice. Gabbard and

Peltz's article is entitled "Speaking the Unspeakable" (2001) to underline this moral lapse.

In a discussion of sexual misconduct, there is both an agreement that there exists a universal vulnerability to transgressions and a suggestion that such transgressions are mainly quantitatively different from what ordinarily goes on in analysis. Michels (see Foehl 2005, pp. 958-960) lists the various perspectives available to examine sexual misconduct, but they all seem to be dependent on "too much" of one quality or another. Gabbard insists that such moral misbehavior is possible in all of us. Once again, the point at which a crossing becomes a violation, when something mild becomes something gross, remains in a peculiar way something believed to be obvious to everyone, yet equally unexplainable to many of us.

The effort to distinguish acceptable from unacceptable behavior based upon proper use and application of rules of technique might seem promising. One might say, for instance, that sustained empathic immersion would be impossible in moments of boundary violations; if the analyst becomes overly involved in the patient's transference fantasies, it is more difficult to explore and interpret the patient's participation as the originator of the fantasy (Froehl 2005, p. 959). Yet a reading of the relational perspective would seem to champion just such an involvement by the analyst (Greenberg 2001, p. 385). Similarly, a self psychologist must spell out just which empathic breaks are discussable and capable of being utilized to form psychic structure, and which are incapable of such a sequence. Yet a reading of the Boston Change Process Study Group's (2005) findings insists that the participants do not, and indeed cannot, reflect on what has transpired (p. 697); implicit relational knowing is said to occur outside of conscious verbal experience.

All in all, misbehavior may be rationalized in terms of proper or improper technique, but there is no tight fit between analyzing correctly and behaving correctly. Standards of behavior and standards of technique are best thought of as residing in different domains. Rules for practicing psychoanalysis differ from rules for pro-

per moral behavior, yet they are continually collapsed so as to conclude that a good practitioner is a good person as well. Bad practice may or may not involve moral indiscretion. The same may be said of good practice, depending upon which moral barometer one employs. Here is how this is possible.

Rules in Different Domains

We have noted that rules are patterns of behavior that are developed by a community joined by a common language. One may belong to a community of analysts characterized by a particular set of technical rules, and these rules may be quite different than those espoused by another group of practitioners. Most of us are also members of a community that offers standards of proper moral behavior. Confusion results when we assume that our technical standards direct or prescribe our moral ones. The reason not to hold hands may or may not be based on technical standards. The reason not to have sexual intercourse is generally based upon moral standards. Efforts to put both of these on the same continuum mistake quantitative issues for qualitative distinctions.

A similar problem occurs when we assume that good people who are morally beyond reproach will be good practitioners. My colleague who forbade tissues in his office may have been a morally limited individual who was also a competent analyst. Issues such as honesty, confidentiality, gift giving, etc., must be reexamined in terms of their therapeutic efficacy set apart from their moral status.

A further source of potential confusion comes from a lack of clarity concerning the legal issues involved in a discussion of boundaries and rules. Just as boundaries seem best to accord with a set of technical procedures that may have a limited usefulness, and rules have a universal applicability that demands a careful set of assumptions, legal issues in turn present a possible added dimension for discord. There are laws against certain forms of behavior, such as sexual intercourse with a patient, just as there are laws requiring some breaches of confidentiality. For the most part, however, the practice of psychoanalysis and psychotherapy is regu-

lated along the standards of medical practice. Occasionally, there is a collapse in the distinction between violating a boundary, disobeying a rule, and breaking a law. An extended discussion of these distinctions is called for, but for now one must keep in mind the need to maintain these arenas of concern as separate and independent ones.

Back to Boundaries

The thesis offered here is that a concentration on boundary crossings and violations confuses technical issues with moral ones. Teasing apart these two domains is an exercise that must be done in order to develop clarity and relieve confusion. Here is one example.

In a paper on boundary issues, Gabbard (2005) illustrates a point with a vignette in which a therapist in training was offered a diamond necklace by a grateful patient at the conclusion of treatment. After meeting with her supervisor, the therapist in training explained to the patient that she had to decline the gift. The case was chosen to illustrate that expensive gifts can herald potential boundary violations. It is assumed that the end of treatment might not allow for discussion of the offer, but it is also implied that such gifts should never be accepted.

In a case conference that I attended some years ago, Franz Alexander told of being offered an expensive watch by a patient, which he had to reluctantly decline because the offer occurred at the beginning of the analysis. However, once the offer had been analyzed, Alexander was able to accept the gift.

Comparison of these two incidents leads one to conclude either that accepting gifts is wrong in and of itself, or that gift giving is an analyzable act that need have no particular moral status. The first position makes the acceptance of expensive gifts a moral mistake that stands outside the treatment, while the second makes it an analyzable condition that need have no particular moral overtones. One can surely complicate the first vignette by introducing the possible return of the patient to treatment at some time in the

future, and one can also wonder whether Alexander's countertransference was blinding him to the moral issues. However, the point of the exercise is that of separating the technical and therefore analyzable issues from the moral and therefore unassailable ones. The rules that regulate the one are not at all the same as those that regulate the other. Each requires a separate decision.

If we are to define boundary violations as damaging, egregious, discouraging of discussion, and repetitive, we must also recognize that the first two attributes of this series—i.e., damaging and egregious—are felt to lie in the realm of correct behavior and are not considered relevant to the rules of any particular psychoanalytic school, while the latter two attributes—i.e., discouraging of discussion and repetitive—do not make sense in the light of some analytic theories, such as that of the Boston group, where, as we have noted, reflection about what has transpired is not encouraged. All these attributes become joined into a single series only when analysts are held to a higher or different moral standard than, say, surgeons or internists (who might well accept expensive gifts). This is not the place to question the origins or basis of an ethical code that is selectively applied to analysts and therapists, nor is it at all the place to deny its existence or appropriateness. Such distinctions are evidence, however, that rethinking many of our assumptions about violations would be worthwhile.

SUMMARY

A reexamination of the boundary concept suggests that it is an amalgam of technical and moralistic standards. The technical ones have developed from a particular classical analytic theory based upon a model of two separate individuals who engage in psychic mechanisms, such as projection and introjection. Other psychic models, which utilize concepts of shared psychological substrates, make the concepts of boundary crossing and boundary violations somewhat less useful. Moralistic standards derive from an entirely different sets of rules, but have become imprecated with technical ones, so that judgments such as *good* and *evil* stand in for those of

correct and *incorrect*. Teasing apart the technical rules—according to whatever psychological models and theory one employs—from the moralistic ones, derived form an entirely different historical time and place, is a task that is much needed.

One example of the intertwining of technique and morality can be seen in the long-established principle of confidentiality. It is held by some to occupy such a hallowed place of esteem that it is said to be "constitutive" of psychoanalysis, i.e., it is felt to be embedded in the very practice of psychoanalysis (Lear 2003). However, an effort has been made to demonstrate that the unexamined acceptance of this principle can carry a certain risk (Goldberg 2004). At times, the patient's best interests may well be served through a violation (if that is the word) of confidentiality. However, it is only when one attempts to apply a vision of confidentiality as a distinct and independent principle that one can grasp the idea that it is not universally applicable.

The use of illustrative ideas such as crossings and violations seems to carry with it the burden of distinguishing right from wrong. In contrast, the use of rules as sometimes applicable and sometimes able to be dispensed with may lend freedom to the use of a variety of techniques. Such an embrace of pluralism also offers the freedom to interpret moral standards as either valid or without meaning.

Although the domains of technique and morality interact, they also have a certain independence from each other. One may rationalize certain seemingly unethical acts by insisting that they are part of technique, just as one may refrain from other behaviors by a supposed submission to the rules of technique. It might well be salutary to examine morality and technique each in its own right.

It may be the case that Nietzsche (1878) was correct when he said:

> Perhaps a future survey of the needs of mankind will reveal it to be thoroughly undesirable that all men act identically; rather, in the interest of ecumenical goals, for whole stretches of human time special tasks, perhaps in

> some circumstances even evil tasks, would have to be set. [p. 31]

That, of course, makes morality possibly as pluralistic as our present state of psychoanalysis.

Boundaries are best seen as local phenomena that have mistakenly been given universal applicability and status. They are useful if kept within one set of technical rules, but they highlight the need for recognizing how other technical systems call for other kinds of investigation. The benefit of this recognition is that of allowing moral considerations to stand alone, without being defended or dismissed on the basis of the proper technical conduct of psychoanalysis.

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BOUNDARIES, TECHNIQUE, AND SELF-DECEPTION: A DISCUSSION OF ARNOLD GOLDBERG'S "SOME LIMITS OF THE BOUNDARY CONCEPT"

BY GLEN O. GABBARD

Arnold Goldberg has long been a thoughtful critic of psychoanalysis and its derivatives. In this challenge to conventional thinking about professional boundaries and boundary violations, Goldberg stresses the failure to discriminate between technical and moral dimensions of psychoanalytic practice. He uses the adjective *moral* to cover the prohibitions and imperatives that regulate ethics.

I prefer to think of ethics as involving codes established by professional organizations to assure that those who put themselves in a vulnerable position are not exposed to behaviors that have the potential for harm. There is undoubtedly a moral dimension to ethics—the axiom to do no harm is inherently a moral admonition. Nevertheless, morality is far more personal and idiosyncratic than ethics. Also, ethics is about specific actions, regardless of the underlying intent or unconscious determinants.

Goldberg asserts that there are a variety of behaviors known as boundary violations in which the single quality of being damaging is absent. This simple statement is far more complicated than it appears. Ethics codes, from which boundary violations devolve, are written to help analysts think about how certain behaviors in the clinical setting might have the potential for harm. We cannot say

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with certainty that every boundary violation will ultimately cause harm. If an analyst terminates the analytic process and embarks on a romantic relationship with a patient, the analyst will have engaged in a boundary violation according to the Ethics Code of the American Psychoanalytic Association (as well as those of other organizations). Let us suppose that the analyst and patient soon marry and live happily ever after. A naive observer may conclude that no harm was done and that the ethics code prohibiting such behavior is nonsense.

Let us draw an analogy. Drunk-driving laws exist because there is a potential for harm if one drives while intoxicated. Nevertheless, some drivers may be able to drive home without having an accident. Would we then assume that such laws are inherently overly restrictive? Of course not. Similarly, an analyst who terminates an analytic process to embark on a romantic relationship takes advantage of a patient who has developed a transference longing that was designed to be analyzed by both parties, rather than treated as it might have been in an ordinary social interaction. As Freud noted in his classic transference love paper (1915), "The course the analyst must pursue . . . is one for which there is no model in real life" (p. 166).

The analyst in such situations may rationalize that both parties are in love and there is no harm done. Unfortunately, this perception of the relationship varies dramatically over time. In my clinical experience with nearly 200 helping professionals referred to me because they had engaged in boundary violations, I have encountered numerous examples of patients who became enraged at an analyst or therapist for exploiting their dependency after the honeymoon phase of the relationship dissipated. Some such patients or former patients file for divorce, some make complaints to licensing boards or ethics committees, and some turn to litigation.

The problem with determining which boundary violations are damaging and which are not is that many of them contain a "timed-release" effect, so that the harm is not evident unless one follows the analytic couple longitudinally. The example of the analyst embarking on a love affair with a patient also underscores an unassail-

able point known to all of us who have lived our lives in the psychoanalytic profession: we are masters of self-deception. We can have the most intelligent, articulate rationalization for our departures from ordinary analytic boundaries, but be utterly oblivious to the potential for harm that everyone else around us can see.

Analytic boundaries in some form are essential. I share Goldberg's view that these boundaries cannot be an arbitrary set of rules that are rigidly enforced. Neither can they place each of the participants in a compartmentalized separateness from one another. Paradoxically, the boundaries that we set up in the analytic setting are established so that both participants have the possibility of crossing them psychologically (Gabbard and Lester 2003). Empathy, projective identification, and introjection are familiar modes of crossing the semipermeable membrane constructed by the analytic dyad. Moreover, the presence of boundaries helps to create the analytic object (or objects) to be analyzed.

Analytic boundaries provide an envelope within which technique occurs. Boundary and technique are often conflated, as Goldberg says, because they are generally inextricably intertwined. But not always. Technique and professional boundaries can be analogized to two friends walking side by side. Most of the time, they are in step, but periodically they fall out of sync. One can maintain admirable analytic boundaries while making egregious technical errors.

Goldberg suggests that one road to avoiding the conflation of boundary violations with moral transgressions is to separate technique from any evaluation of moral conduct. While admirable in its intent, implementing such a model is inherently problematic. The analytic enterprise is geared to helping patients understand themselves and master disruptive modes of relating and states of subjective distress. Analysis is not practiced in a moral vacuum. We wish to help people feel better and gain greater satisfaction in their lives. On the other hand, the notion that there is a moral undercurrent in all good analytic practice is not the same as advocating that analysts should be moralizing. None of us would wish the latter on our patients.

Goldberg uses an example from my description of a therapist in training who was offered a diamond necklace by a grateful patient (Gabbard 2005). He then cites a case conference with Franz Alexander, who is described as saying that once an offer of that nature has been analyzed, the gift may be accepted. While acknowledging that Alexander's countertransference might have blinded him to the moral issues here, Goldberg stresses separation of the technical and analyzable issues from the moral ones.

From my point of view, the Alexander story is a prime example of the self-deception and rationalization that can occur in such situations. To say that the giving of the gift was "analyzed" is to imply that complex issues are resolved when analyzed and are no longer relevant. If follow-up research has taught us anything, it is that termination of analysis marks only a physical end to the relationship, in that analyst and patient are no longer alone in the same room on a regular basis. However, the intrapsychic relationship continues. Transference is instantly reestablished when analyst and patient meet again (Gabbard and Lester 2003). Transference is interminable. Countertransference is interminable. Conflict is interminable. We gain greater mastery of all these phenomena, but they continue to influence us unconsciously.

Declining an expensive gift may or may not have moral dimensions, but it certainly has implications for the treatment. Can we maintain the analytic role while receiving enormously expensive gifts from the patient? Could we assert that we are not influenced by those gifts if we have "analyzed them"? I think not.

Finally, an undercurrent throughout Goldberg's essay is that the definitions of boundary crossings or boundary violations are context dependent. There is no way around this fundamental truth in psychoanalytic work. What may seem like a boundary violation in one context may be a useful and helpful boundary crossing that advances the treatment in another. Throughout my career, I have emphasized to ethics committees, licensing boards, and other adjudicatory bodies that charges of boundary violations must be carefully evaluated in the context in which they occurred; they cannot be determined in isolation.

Hence, part of clinical wisdom is knowing when boundaries must bend a bit to accommodate the patient and the treatment. In many cases, more harm is done by insistence on a rigid frame than by accommodating to contextual changes necessary to preserve the treatment. As Mitchell (1993) noted fifteen years ago:

> It is apparent that one person's "firmness" is another's rigidity, and that one person's flexibility is another's "caving in." Both firmness and flexibility are important and should be among the considerations of any clinician struggling with these situations . . . . The problem with the principle of standing firm is the assumption that it must mean to the patient what the analyst wants it to mean. [p. 194]

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RIGHT DESTINATION, WRONG PATH

BY JAY GREENBERG

Arnold Goldberg does us all a great service by boldly tackling the need to reexamine and perhaps redefine fundamental psychoanalytic ways of thinking about boundaries and boundary violations. Believing that the boundary concept has been used in contradictory and confusing ways, he sets out to develop what I agree is a crucial distinction between these violations and the more benign if equally vexing notion of technical errors.

To summarize the way I understand Goldberg's argument and to anticipate the conclusions at which I believe he arrives (or those at which I wish he had arrived—I cannot be sure): the definition of a technical error cannot be made independently of the theoretical tradition within which an analyst is operating. Boundary violations, in contrast, ought to transcend theoretical differences. As a result, we need a new (moral) language to talk about them, replacing the traditional psychodynamic frame of reference.

I strongly agree with this conclusion, although I am moved to reiterate that I am uncertain whether it is Goldberg's or my own. However, I disagree with his line of reasoning and believe that along the way to this conclusion, the paper does mischief by unfairly demeaning a great deal of contemporary psychoanalytic thinking. I would also suggest that there is a much simpler way to make the point that Goldberg wishes to make; I will return to this at the end of my discussion.

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Goldberg's decision to begin his discussion of the boundary concept with what he acknowledges as a "somewhat simplified" version of Fenichel's way of thinking about the psychoanalytic situation is perplexing but illuminating. A boundary crossing or violation, in this view, is "a breach in the enclosure due to one or another form of drive gratification, which in turn necessarily leads to a situation that cannot allow for a remedial interpretation" (Goldberg, p. 862). This definition anchors a concept that is vital not only to the maintenance of a psychoanalytic process, but—more important—to the protection of our patients' well-being in an archaic and easily debunked psychodynamic model.

There are two problems with the underlying theory: first, even the diminishing number of analysts who hold to the dual-instinct model have long recognized that at any moment the analyst is gratifying some wishes of the analysand while frustrating others. This should have been apparent once Freud introduced his drive model. Adult sexuality, the theory teaches, is the complex product of renounced but never fully abandoned psychosexual developmental stages, and of what Freud called *component instincts*. Because it is built of disparate parts, there is no such thing as pure gratification or pure frustration. For some reason, this logical implication of the drive concept did not stir analysts (including Freud himself) to question the notion of abstinence as an analytic goal, or even as a rule of technical procedure.

The second, related problem is the implication that if situations arise in the clinical setting that "cannot allow for a remedial interpretation," there must be others that can. Recalling Eissler's (1953) long-discredited notion of "parameters," this idea has been decisively debunked by analysts ranging from Levenson (1972) to —recently and cogently—Smith (2006). Enactments invariably emerge and recede, one folding into the next, each one resisting anything that resembles final remediation. And, of course, each enactment comes complete with its own set of gratifications for each participant.

So the definition of the nature of boundaries breaks down, and this is also where Goldberg's decision to start with Fenichel is il-

luminating. It makes clear that we cannot build an idea as important as protection of the integrity of our process and of our patients on the decayed foundation of avoiding unanalyzable gratification.

This is a good start, but it is impossible to follow Goldberg into his next argument: "Other forms of theory do not rest easily with this form of imagery, since they do not warrant a picture of separate and distinct communicating entities" (p. 862). In other words, other theories cannot support a boundary concept because they are inherently boundary-less, perhaps denying the existence of the individual altogether. Personally, I have some sympathy with Goldberg's implicit suggestion that there is a tendency in some (though hardly all) contemporary psychoanalytic theories to avoid fully grappling with the impact of the analyst as other, but I doubt that even the most committed self psychologist would say that the self-object concept obliterates notions of what Goldberg calls "distinct communicating entities."

Unfortunately, Goldberg's overstatement is a springboard for further stridency: he asserts that in self psychology, "Instead of crossings or violations, the crucial disruption in a therapeutic atmosphere consists of an empathic break" (p. 862). Does this imply that there are self psychologists who would not distinguish—either conceptually or ethically—between taking stock tips from a patient and making an interpretation suggesting that a patient's angry outburst might have been unprovoked or at least undeserved by the other? The argument becomes increasingly muddled when Goldberg goes on to acknowledge that empathic breaks are necessary ingredients of therapeutic progress, as they are of development generally. To my eye, this discredits his assertion that the empathic break is even remotely an analog of a boundary crossing or violation. Why link the two concepts at all?

Goldberg's characterization of the technical principles of relational psychoanalysis is similarly provocative and, by his own definitions, misguided. Noting—correctly, in my opinion—that some relational theorists valorize enactment as a new road to the unconscious, he goes on to say that "many relational techniques seem to

promote boundary crossings and to flirt with boundary interventions [*sic!*—I assume he means violations]" (pp. 863-864). In saying this, is he endorsing the archaic Fenichel definition of boundary crossing as drive gratification?

Perhaps. But perhaps not, because shortly after saying this, he makes the important distinction between a "mistake" and a "wrong." He should have made this point earlier because the rule of abstinence was always a technical rule designed to facilitate the work of making the unconscious conscious; it was never intended to prevent boundary crossings or boundary violations. Abstinence for Freud was exactly what spontaneity is for relational theorists—the most likely way for an analyst to help an analysand do the difficult work of engaging his or her unconscious experience. Gratification in this view is exactly parallel to rigidity in contemporary relational perspectives: both are technical errors that will make doing analytic work even more difficult than it needs to be.

If boundary violations are moral wrongs (a point that Goldberg asserts unequivocally but then backs off from), then the spontaneity of relational analysts does not constitute any kind of violation. Neither gratification nor rigidity are in themselves moral violations, even if one or the other is considered a technical mistake within the terms of a particular theory. Of course, both gratifications and rigidities may be implicated in boundary crossings and violations in one way or another, but neither is definitional. But especially in today's climate of theoretical and technical pluralism —in which one analyst's inspired intervention is another's countertransference explosion—it is especially important to the vitality of our discourse (and even to the maintenance of civility within it) that we not confuse mistakes with violations.

When Goldberg says that "the distinction between crossings and violations is fundamentally a moral one" (p. 864), I agree that he is on to something important, but in this context, I would get rid of the ambiguous ideas of crossings and violations altogether. Instead, I would say that the basic distinction is between technical errors (seen from one theoretical perspective or another) and

boundary violations. Along these lines, the intermediate concept of boundary crossings obscures the issue and encourages name-calling of the sort indulged in by Goldberg himself in his characterizations of self psychology and relational theory.

Goldberg's brief clinical example speaks to the confusion he creates. Despite having suggested that boundary violations are by definition moral wrongs, he gives an example that he characterizes as "a case in which a boundary violation had no moral or ethical implications whatsoever" (p. 866)! The example itself is surely one that would spark discussion among analysts of various theoretical persuasions—although I suspect that, these days, opinions would correlate only roughly with the theoretical traditions with which an analyst identifies. But despite whatever disagreements might emerge in the discussion about whether Dr. A's decision facilitated or inhibited further analytic work, it is hard for me to imagine even a hint of moral condemnation. I would say that in the absence of moral concerns, there is no boundary issue—a position with which Goldberg seems to agree at some points and to reject at others.

This leads me to my own way of thinking about why it has become difficult to distinguish between mistakes and violations. I mentioned that Goldberg's wistful evocation of Fenichel's equally wistful reverie about a time when "drive gratification" could be avoided is a shaky way to start a discussion of something as serious as boundary violations. But this is not the only illusory certainty that characterized the lost psychoanalytic "golden age"; that was also a time when backward-looking commentators imagined (incorrectly, as it turns out) that analysts could be pretty certain just how and why what they were doing was helpful. Interpretations were helpful, gratifications harmful and even perhaps unethical. Clarity abounded.

But of course it didn't. Rank and Ferenczi were promoting the benefits of all sorts of gratifications in the early 1920s, and even at the mainstream Marienbad Conference of 1934, there was broad consensus that we know very little about how or why treatment

works. Today some of us revel in pluralism, making a virtue out of the necessity of our uncertainty. Others see it as nothing less than the end of psychoanalysis itself, or at least of its greater glory. But whether we rejoice in or lament the contemporary climate, only the most doctrinaire analysts are sure that their choices are always "correct," or even whether there is a viable way of deciding. Self-disclosure, the now weary but still iconic transgression often raised in contemporary discourse, may move analytic work forward or may inhibit it; we don't know its impact in any particular case, and we delude ourselves if we believe that we can make it beneficial if only we can find a way to "analyze" it.

So we are confronted more forcefully than were our psychoanalytic ancestors (perhaps) with the relativity of the concept of error. We cannot define *error* outside a particular psychodynamic theory or theory of therapeutic action, and even if we could (as the law of unintended consequences and its psychoanalytic instantiation, the concept of *après-coup,* both teach), we can never be entirely certain of the impact of what we do.

This relativity may be easier for some analysts to accept than it is for others, but none of us can or should live with the kind of moral relativism that would have to be invoked to rationalize boundary violations. That is why a different language is needed in such cases, and I agree with Goldberg that it is the language of ethics and morality.

So I would suggest this: a boundary violation looms as a possibility when the analyst's self-interest is so implicated that he or she is likely to be blinded to the impact of the proposed action on the patient. There are times—different for different individual analysts, different in different analytic dyads—in which the analyst's unexamined self-interest (including but not limited to countertransference) rises to a level that increases the likelihood that the action will be exploitive.

Self-interest leads to mistakes as well as violations, of course, so we are charged with the task of distinguishing among different kinds of situations. Admittedly, this distinction is vague—when do

we arrive at a point where the switch in languages is necessary? The question reminds us of Supreme Court Justice Potter Stuart's definition of pornography: "I know it when I see it." So there will be gray areas and choices that will be debated. But, broadly speaking, we know that sexual involvement puts self-interest at center stage, while holding a patient's hand in the hospital most likely does not. Accepting a large gift is probably too gratifying to the analyst, while accepting a small one may not be. Stock tips tie the analyst to a patient with insider knowledge, though seeing a movie mentioned by an aesthetically sophisticated patient does not.

Pointing to these distinctions, Goldberg's paper sensitizes us to the idea that there are times when we need to switch languages in thinking about what is acceptable. At such times, it will be necessary to tell ourselves: "No, you cannot do that because there is too great a chance that your vision is clouded. Even if what you are proposing can be thought of as potentially beneficial to the analytic process, there is too much opportunity for exploitation to go any farther down that road." These are times when we have to switch languages: psychological reasoning cannot be determinative because there is simply no way—even in consultation with others—to distinguish reason from rationalization.

There are ambiguities here, to be sure, but because violations (unlike mistakes) can be conceptualized outside any particular analytic dyad, and even outside any psychoanalytic conceptual system, we can arrive at some general principles. New situations will arise, of course, but if we take care to talk about them in the language of morality, and—perhaps even more important—if we scrupulously avoid lapsing into the language of clinical process, we can struggle toward some solid ground.

The idea that there are times when the language of psychology does not help us to resolve problems that come up in our clinical work strikes me as the most important contribution of Goldberg's paper. For undertaking the risky project of teaching us this, we owe him a debt of gratitude. I wish he had been able to find a more direct path to his important destination, however, and that

he had been able to get there without what seems to me unnecessary disparagement of so many alternative psychoanalytic traditions.

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BOUNDARIES AND BEYOND: COMMENTARY ON ARNOLD GOLDBERG'S "SOME LIMITS OF THE BOUNDARY CONCEPT"

BY WARREN S. POLAND

With his characteristic incisive intellectual vigor, Arnold Goldberg alerts us to problems not only in *what* we think, but, more important, in *how* we think. While I shall address the common tendency to place theoretical points of view in competition rather than allowing them to sit side by side, I have no doubt about the value of his clarion call concerning our problem in theorizing. We are but human—a transitory high point in biological evolution, a species whose major advance (the capacity to symbolize and thus interrupt rigid instinctual patterns with the ability to play with ideas and make behavioral choices) falls short of a full competence to contain the universe in its mind.

The world is entire, whole cloth, not a patchwork quilt. It contains intrinsic contradictions and subtleties beyond the grasp of human logic with its characteristic categorical thinking. To bring aspects of the world into view, we focus attention, teasing aspects out of context. Having minds that work by dichotomizing, we continuously subdivide our categories until we forget that science—our notion of knowledge—creates an artificial map with boundaries that do not exist in nature. Dangers ensue. It is no coincidence that Goldberg turns to boundaries themselves as a prototypical instance of the problem.

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In focusing attention, we create boundaries, divisions, and borders that isolate excerpted pieces of reality so that we can manipulate our thoughts about them. To stay as true to reality as we can, we face the task of correcting for the artifacts that we inevitably introduce. Recontextualization is our aim, even as we know that our abstracting and recontextualizing themselves alter actuality. Our protection lies in the relentless effort to recognize the vantage points from which we observe, think, and speak—remembering that concepts (which always imply boundaries, the defining limits of those concepts) that are apt within one frame of reference may be irrelevant or even wrong in others.

Goldberg does not speak of boundaries on this abstract level, but at a more experience-near level of abstraction—boundaries within the clinical context, boundaries as the borders that shape the therapeutic frame. He accurately points out that the concept of boundaries cogent to traditional two-person psychological points of view does not work well with various other frames of reference, such as the self psychological and the relational. Rather than forcing a unitary approach to boundary issues, what is needed is an appreciation of how views vary from conceptual reference point to conceptual reference point. The problem here is increased by our use of the same word, *boundary,* to speak of different issues within different frameworks.

Boundary violations, even egregious ones, do occur. If we cannot make boundary violations fit into our theory, then it is our theory that must be changed. Goldberg points out that, from some angles, consideration of violations of boundaries may obscure other aspects essential to a fuller understanding—aspects visible from still other vantage points. Fuller understanding requires an approach tolerant of seeming theoretical contradictions. Reality is what will not go away despite theoretical biases.

Traditional understanding of personhood is that everyone is somebody in his or her own right. In contrast, recent thinking emphasizes the extent to which each person exists always in the fabric of interpersonal connections, the idea that there is no such thing as a person outside the world of human interaction. With our minds

ever creating new categories and yet not large enough to contain comfortably a unified theory defying our need for simple logic, our task is to find ways of containing multiple contrasting points of view.

Words like *boundaries* and *intersubjectivity* complicate the problem. The word *intersubjectivity,* for instance, has been used in contradictory ways. After the early focus on one-person psychology, analytic thinking turned to a two-person psychology in which intersubjectivity was initially seen in terms of the interaction between two separate people—evident in ideas such as transference and countertransference, projective identification, role-playing, and enactments.

Yet as Goldberg describes, another view of intersubjectivity has evolved: not the intersubjectivity of two separate people coming together, but instead the composite emotional being of a couple. This is the unified dyad, the pair that creates what unfolds. (A familiar notion for this distinction lies in the mother-and-child pair seen as implying two distinct people and the mother–child unity as a being in its own right.)

With *inter* meaning *between,* intersubjectivity necessarily implies boundaries. Still, as Goldberg points out, the word does not fit the point of view of a unified couple. So two-person theory must itself be further divided into one view that respects the two persons as distinctly separate, and another view that considers the unified couple. *Intersubjectivity* fits the former, but not the latter.

Similarly, *boundary* does not fit the couple frame of reference —for instance, in the selfobject concept of self psychology. Rather than shoehorn a word from one conceptual world into another where it is not appropriate, it is better to respect the validities in each frame of reference, trying to keep various points of view side by side. Such an approach offers our greatest hope for applying secondary-process reasoning (our laws of science) to a universe that refuses to conform to our bias for ready coherence. It is better to recognize than to slide over the limits of our theories.

Goldberg's explanation of how a self psychological consideration of empathy and its failures makes the idea of boundary viola-

tions at times inappropriate leads to the question of whether moral issues also might not always be relevant. Were there only *a couple* in psychoanalysis and not *separate persons interacting*, then indeed, the moral aspect might not be cogent.

In part, Goldberg is right. Yet in stepping back from the view of the couple, I believe, along with Lévinas, that self-definition inexorably carries moral implications, that the analytic venture of exploring how a person comes to be who that person is always involves the moral issue of how he or she experiences and relates to other people.

Clinical analysis implies one person's putting his or her mind into the service of exploring and freeing up another person's mind. Whatever other motivations might simultaneously be at hand, the analyst works in the service of the other. Moral principles are inescapable. Two-person psychology adds to, but does not replace, one-person psychology.

Experience has taught us the value of principles of practice, those guidelines most likely to facilitate the best outcome and to minimize damage. It is no surprise that at times, for our personal comfort, all of us tend to convert principles into rules. Such conversion betrays what is valid in the principle.

Goldberg says, "Rules regulate practices ranging from driving one's car to conducting psychoanalysis" (p. 867). Speed limits are community rules with legal power behind them. It may be 2:00 A.M. in a totally deserted area, yet a driver is expected to stop for a stop sign. One might bend the rules if it seems safe, including the safety from being caught. As the saying goes, the law is the law.

However, analytic exploration works directly against the idea of getting away with something in the engagement without getting caught. Principles of analytic technique are not rules, not that kind of law, despite our tendency to treat them as such. While every analytic school has been tempted to develop its own set of rules, such developments lead to recipes for indoctrination rather than authentic inquiry. Acting on the basis of an imagined rule rather than on the appreciation of an underlying principle compromises analytic inquiry. As in the illustration of the analyst's holding his pa-

tient's hand, sometimes a great deal of activity is called for on the analyst's part, which does not necessarily mean that such activity is inappropriate. One works in as humane a fashion as possible, always bearing in mind the ultimate goal of assisting the patient's inner emotional liberation and growth.

Goldberg adds one more theme, that of confidentiality. It is not an accidental addition. Confidentiality, like boundaries, implies otherness and exists in the context of separate people coming together. Were we to limit our understanding to the unitary couple as seen in aspects of some self psychological and relational views, there would be no issue of confidentiality. From the angle of the couple, there is no outside other to betray. However, no single theory—neither that of separate people nor that of engaged unities—is sufficient. The couple exists simultaneously with the conceptually contrasting separate two persons who make up the partnership.

Where does this leave us? First, no one psychoanalytic point of view suffices to capture human experience. Allegiance to any single analytic point of view results in a parochialism acceptable to insular schools but not congenial to advancing broad analytic understanding.

Also, each point of view needs its own language for describing what can be seen from that point of view. Confusion arises when words fitting one vantage point are bent out of shape to be used in a different vantage point. Boundaries relevant to a two-person separate intersubjectivity are not applicable to a unified dyadic conceptualization. Acceptance that all actions carry mixed messages and mixed possibilities of impact demands that open-minded evaluation be applied to all clinical acts, while ever remembering the multiplicity of psychoanalytic viewpoints and remaining ever respectful of underlying principles, rather than of scholastic rules.

I continue to believe that, on the clinical level, analysis starts with two different people coming together and ends with those two people now changed and going their separate ways. Thus, the fundamental principle of technique from which all other principles derive is the regard for otherness, the analyst's profound respect for the authenticity of the patient's self as a unique other, an oth-

er's self as valid as the analyst's own. That remains so for me in practice even as I respect how the patient and I come to share experiences, to create our own language of engagement. Modesty regarding one's preferred vantage point and appreciation of the need to consider other such vantages (each with its own strengths, limitations, and language) offer us the best opportunity for sidestepping self-promotion and for advancing both theory and practice. Nobody ever said it would be easy.

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COMMENTARY ON ARNOLD GOLDBERG'S "SOME LIMITS OF THE BOUNDARY CONCEPT"

BY SHARON ZALUSKY

I want to thank Arnold Goldberg for giving us this important opportunity to reflect upon a quintessential psychoanalytic concept: the notion of boundaries. Goldberg argues that in our current climate of psychoanalytic pluralism, the concept of boundaries has questionable usefulness. He suggests that there has often been a failure amongst some colleagues to discriminate between the technical and moral dimensions of boundaries. Goldberg proposes separating these domains and replacing the concept of boundaries with the concept of rules, in order to circumvent problems that arise from conflating technical with moral dimensions.

In principle, I am in agreement with the basic premises of this paper. However, I do not necessarily agree with the prescribed solutions. In my discussion, I will make two points: the first definitional, the second clinical.

Boundary as a Multidimensional Concept

As analysts, we treat the word *boundary* as we do so many other foundational psychoanalytic concepts, as if it enjoyed a shared unitary meaning. Plainly, it does not. As Goldberg points out, various theoretical orientations conceptualize boundaries differently. But what complicates the matter even more than Goldberg suggests is that each of us may use the concept of *boundary* in a different

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way, not only depending on our theoretical orientations, but also depending on the context of our discussions.

Basically, in psychoanalytic discourse, the word *boundary* is used in two distinct ways: it refers both to the relationship between self and other, and to our relationship as practitioners to our professional community and society at large. In the first category—the boundary between self and other—we use the word *boundary* to describe the actual physical distinctions between self and other. I believe that, for the most part, analysts in the U.S. are in agreement that, under most circumstances, we do not and should not cross the physical boundary with our patients.

But in addition to the physical dimension, we also use the word *boundary* to describe the mental frontier between self and other. Unlike the physical, this dimension is often flexible, permeable, and interpenetrating. Even amongst analysts from various theoretical orientations, there seems to be more agreement on this point than not. Freud (1912) was the first to recognize the permeability between self and other when he spoke of unconscious-to-unconscious communication. Transmission of affects between the two analytic participants takes place on an unconscious as well as a conscious level. We take this for granted. Without this fluid type of exchange, we would not be able to perform our deeply penetrating psychoanalytic work.

It is precisely because of our psychoanalytic knowledge regarding the power of the unconscious and the tendency toward regression in each participant of the dyad that each analyst has a relationship not only with the patient, but also with the community at large through our professional, legal, and ethical codes. Our relationship to the broader professional community helps us during vulnerable moments to protect the patient (and, of course, to protect ourselves) from unintended as well as intended boundary crossings, which have the potential of exploiting the patient. The profession serves as a powerful third force to pull us out of a potentially regressive orbit with the patient.

Beyond the relationship to our professional community, we are also bound as human beings by our own sense of morality. Goldberg is right. Technique has nothing to do with morality, which is why I question the usefulness of relying upon highly detailed rules to either prescribe or prohibit behavior. One would hope our behavior toward our patients is based instead on the more general principle to help and to not do harm.

Nonetheless, each psychoanalytic theoretical orientation seems to have a different understanding of what is actually helpful and what is the role of the actual relationship in maximizing our helpfulness. This is the foundation of our conflicts over proper technique. In my view, what is helpful in terms of technique can be understood only in the *context* of a developing therapeutic relationship. In other words, what is helpful is not a static notion, but rather is part of a dynamic process that shifts and changes over time and circumstance.

Goldberg's Clinical Vignette

I will turn now to the vignette in which Dr. A visits his dying patient in the hospital and then questions whether or not he has violated an analytic boundary. I believe our own humanity is and must be the backdrop of our work with patients. It is incomprehensible that anyone might believe visiting a dying patient in the hospital or at home, holding her hand upon request at such a time, could be considered anything but moral.

Certainly, we could and would debate amongst ourselves the meaning of the visit and its potential impact on the therapeutic outcome. The bigger problem for our field is our reticence to discuss these matters openly with colleagues. Because we have a history of conflating issues of technique with morality, our professional discourse has suffered. So has our reputation in the community.

We begin early in our training to protect our clinical work, our patients, and ourselves by leaving out sensitive kinds of details

from our case reports, such as visiting a patient in the hospital. By doing so, we deprive ourselves of the opportunity to examine with scientific rigor the impact of our actual technique. I believe that, if we are honest, we must all admit to having left out a piece of information relating to an all-too-human interaction at one time or another. We fear that our colleagues will misconstrue the whole of our work, focusing only on what they consider a violation of technique, perhaps missing the forest for the trees.

I believe many such omissions originate when a well-intentioned supervisor tells a candidate to omit something "controversial" from his or her case report so as not to invite criticism (Shane and Shane 1995). These moments are then often left out of oral presentations and out of our literature. The consequence is that, in the end, we are depriving our profession of vital information. In addition, we may actually be falsifying our data, which has real moral implications outside the ramifications for our field.

We all know that Freud fed the Ratman. He also asked colleagues to set up a fund to support the Wolfman. Does any one of us believe that Freud was immoral in doing so? We need to integrate these moments into our theories without shame or fear. Certainly, the current trend is toward more honest reporting. And papers like Goldberg's are important in bringing these issues into the open.

In that same clinical vignette, it was reported that Dr. A believed seeing his dying patient in the hospital was very different than if he had seen her in a coffee shop. On the surface, this seems logical. However, would that be true under all circumstances? At moments like this, one can see how inadequate relying upon rules may be. Is it possible to codify every aspect of treatment? Where does context fit in? Should there be a rule that it is permissible to see a patient in the hospital, but not in a coffee shop?

From my point of view, it is not *where* the analyst sees the patient, but the *context* in which he sees her. We can all imagine a scene in which Dr. A walks into a coffee shop and finds his patient

distraught, having just learned of her devastating diagnosis. She breaks down upon seeing him. Does he not stay and talk to her because they are in a coffee shop? We cannot regulate these moments. Rules will never be sufficient to define all circumstances. It seems obvious that it depends on the intent of the encounter.

To reiterate, we are on firmer ground if we accept that both boundaries and technique emerge from the shared, lived relationship between analyst and patient. They are not static. They shift and change depending on context. Today, because analyses spread out over many years, life intervenes in our work in unpredictable ways. There is a *dialectic* between boundaries that are prescribed by our professional, legal, ethical, and moral standards, and those that emerge within the ever-changing relationship between a particular analyst and patient as it develops over time. How we proceed may be partially theoretically determined, but our behavior is also contextual. If one must consider the relationship of boundaries to morality, I believe that our behavior must be influenced by an ethic of responsibility, care, and concern (Gilligan 1982).

It is no coincidence that the particular clinical vignette in this paper dealt with a transition in the patient's life. These moments of transition (birth, illness, impending death) often require us to rethink our analytic physical boundaries, our goals, our stance, our relationship to the patient and the patient's actual world outside the consulting room. Mayer (1994) wrote an insightful paper on working with a dying patient. She explained her decision to continue analyzing a woman whose death was imminent. She spoke of the impact of this case on her and on her analytic technique. She chose to continue analytic sessions in the patient's home. Mayer stated:

> So my compassion for Delia had an enormous effect on *me*, quite apart from the impact it had on her. And that, I believe, describes why the analyst's empathy and compassion are absolutely essential to analytic work. It is *not* because they make the patient feel held, cared for, and

> understood—though of course they do that, and that is important and useful. But ultimately, that is not the point. The point is that the analyst's capacity to make good psychoanalytic interpretations is mightily increased by a profoundly compassionate, empathic involvement with his or her patient. [pp. 13-14, italics in original]

Not all analysts and patients would have or should have continued analysis until the end. It was what was right for this particular patient with this particular analyst. The movement to the patient's home made sense for both of them.

Two Clinical Examples from My Own Practice

I will offer two short vignettes from my own practice to demonstrate my point that boundaries and technique emerge out of the lived relationship. There are some analyses that proceed from beginning to end within the usual analytic frame without much need to shift and change technique. But in others, we need to accommodate life's—and death's—interventions.

My first vignette concerns my analysis of Pam, a woman who developed a terminal illness. In addition to the need to come to terms with her own imminent death (which for years she had hoped for in fantasy), she needed practical help in figuring out how to safeguard her young children's future. The children had no other living relatives. I used my knowledge of Pam, gained through our long analytic work together, to help her think through her options. Our goals changed, and so did the nature of our therapeutic relationship. I agreed to meet with Pam and her children together, so that she could find a safe way to talk to them about her imminent death and their continued survival.

My second vignette is of Debbie, age thirty-four, whom I had been seeing in analysis on the couch five days a week for thirteen years. At the beginning of treatment, Debbie reported that she had never been touched by anyone in an affectionate way, literally or figuratively. It was emblematic that Debbie chose frogs for pets.

The psychoanalytic boundaries throughout the many intense years of Debbie's treatment were traditional. But after ten years, much had changed. Debbie courageously began to date. Eventually, she married a very kind man and became pregnant. Then, six months ago, she gave birth to a baby girl, and this is when all hell broke loose. Immediately after childbirth, Debbie suffered a postpartum depression. Two weeks after the baby was born, she called me in despair, needing to see me immediately. She brought in her infant, a beautiful neonate whom she wanted to give away. The situation was gut wrenching. I felt for my patient, who seemed completely unable to know what to do. I was also heartbroken for this innocent baby, fearing for her future if her mother could not learn to connect with her.

Because of all we had been through, I knew Debbie had finally come to trust me. I reconceptualized the nature of our relationship. The actual boundaries of our work were changing. We were no longer two; there were now three of us in the room. Using what I knew about Debbie from the many years of her analysis in which I learned about her difficult childhood and her belief that there was not enough room for her in her parents' eyes, I felt that I needed to help her find her baby. I pointed out the ways that I saw the baby trying to make contact with her. I reminded her that her baby was not her mother, who did not notice her. I helped Debbie find her child's eyes, which were searching for her. I also let her know that, although I understood how inadequate she felt, she was actually doing something right; her baby was thriving physically. I reinforced the belief that Debbie could be a different type of mother to her child than the one she had had.

Now, some six months later, Debbie is amazingly in tune with her infant. They adore each other. Debbie laughingly calls her baby my "youngest patient." I tell her that I see her baby as my youngest co-therapist. Debbie is no longer the same woman; she appears happy and confident. The baby, too, is adorable and full of life. In the process, we have all changed. Our boundaries shifted and so

did our work. Presently, we are entering a most unconventional termination phase.

Conclusion

I suggest that we do not need to limit the concept of *boundary* (if that is even possible). Rather, we need to be aware of the ever-present *dialectic* between two equally valid dimensions of ourselves. On one hand, we are professionals paid to help our patients; the relationship between the patient and the analyst's self is asymmetrical. On the other hand, in the most fundamental way, we are exactly like our patients, human beings struggling to understand and deal with our own conflicts. There is always a tension between these two poles. I believe the potential to get into trouble has very little to do with technique. It has more to do with a disavowal of either side of this ever-present dialectic.

Boundaries are part of our psychoanalytic lexicon, part of our history. Students of psychoanalysis learn early on its importance to our theory. It is like the word *transference,* which has one meaning to the young psychoanalyst, but with experience and sophistication, its meaning becomes complex and nuanced—at least for the clinician who struggles between a psychoanalytic ritual that has been handed down, and one that is based on a more personal, expressive receptivity to the individual patient (Hoffman 1992). The word *boundary* is here to stay, continually reemerging in context over time.

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THE DANGERS OF CONFLATING TECHNIQUE WITH ETHICS: COMMENTARY ON ARNOLD GOLDBERG'S "SOME LIMITS OF THE BOUNDARY CONCEPT"

BY HENRY J. FRIEDMAN

Joining Goldberg in challenging the utility of the boundary concept should be no problem for classically trained psychoanalysts who have found themselves adopting other-than-classical theoretical models as more compatible with both their therapeutic intentions and their comfort in analyzing patients. If you are an analyst who has struggled to transcend technical rules that restrain and restrict your spontaneity and authenticity, you are no stranger to more classical analysts' use of the boundary concept as part of an effort to combat the adoption of a less rigid approach to technique.

The emphasis on technique in classical ego psychology was—for those who ultimately developed a two-person orientation to psychoanalysis—an essential impetus for finding a more relaxed approach to technique, while simultaneously disavowing the role of technique in achieving therapeutic effectiveness. At the height of its dominance, ego psychology had so emphasized technique that those trained in it often felt a sense of guilt and shame over their failure to stick to its cardinal rules, including those of abstinence, neutrality, uninterrupted free association, and interpretation of transference as the bedrock of technical excellence. To deviate from such technique was seen as destroying the possibility of a true psychoanalytic cure.

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As long as psychoanalysis was synonymous with technical excellence, linked primarily to a paradigm of unconscious drives as expressed in wishes that the ego attempted to keep out of awareness, the task of the psychoanalyst—namely, to bring it all into the transference where it could be interpreted—seemed clear, if nevertheless narrowly focused. Those analysts who recognized that their patients' desire to encounter the analyst at a level different from that of a neutral interpreter of their unconscious often proceeded along a more responsive line, in the form of self-disclosure or the sharing of experience (particularly regarding affects and how they were handled by the analyst), without adopting a new theoretical approach to justify their deviation from prescribed technique. Analysts who more or less abandoned technical constraints regarding their verbal participation in the analysis intuitively refrained from presenting their modified approach in public, out of fear of being judged as "no longer doing analysis."

The role that Kohut and self psychology played in the evolution of open rebellion against the school of technical excellence cannot be overestimated. In his paper, Goldberg, who is clearly identified with self psychology and has been a major contributor to its development, makes use of the contrast in basic assumptions between classical contemporary conflict theory and self psychology theory to challenge the utility of the concept of boundary crossing and violation. Goldberg makes a major contribution when he emphasizes the widespread tendency to conflate alterations in technique (seen by classical analysts as technical failure) with actual moral failures.

While I agree with him about the negative impact of this condensation, I am not sure that Goldberg goes far enough in demonstrating why this view has such a large following among contemporary psychoanalysts. Perhaps it has to do with the moralistic fervor with which both classical and Kleinian analysts have tended to approach clinical analysis. I remember hearing a very well-known British Kleinian analyst chide her audience for not understanding that to deprive any patient of a deep enough analysis was for her an ethical violation. The concept of *boundaries* has been a mainstay

in the attempt of "establishment" analysts, of various schools, to prevent the spread of a different psychoanalysis that deemphasizes technique as central to therapeutic action.

Goldberg's attack on the boundary concept, focusing on the intellectual problems that result when it is applied to self psychology, relational and intersubjective schools, and to the Boston Change Group, for example, succeeds very well in justifying the retirement of this concept on the basis of its incompatibility with many theoretical models of analysis. In my estimation, however, he stops short of engaging directly the ongoing conflict between revisionist and traditional psychoanalytic approaches.

As Goldberg indicates, we can all easily identify gross boundary violations when we see or hear about them. The judgment that they are inappropriate, damaging to the patient's well-being, and not amendable to clarifying discussion makes some of the analyst's behaviors clearly unacceptable on an ethical basis. For instance, I doubt that anyone who heard the description of a frightened and constricted 18-year-old, female college freshman, whose male analyst/therapist attempted to seduce her by saying that she needed to be sexually initiated and that he was best suited for this task, would have any trouble judging this analyst as a pernicious boundary violator. When this approach failed for this analyst, he informed his patient that he was hopelessly in love with her and that his survival depended upon her making love with him. Eventually, he succeeded in achieving his goal, with the result that he continued to sexually enslave the patient for twenty years after the termination of treatment. Regardless of whatever complexity was involved in their relationship, I doubt that any therapist would fail to condemn this analyst for his transgressions; in this case, the boundary violation is clear, and any technical failing is clearly irrelevant and secondary to a gross ethical and moral failure on the analyst's part.

The examples of boundary issues utilized by Goldberg in his paper seem somehow to be exaggerated and somewhat precious instances of analyst scrupulosity, rather than serious transgressions. For instance, in the case of the hand-holding analyst and his seri-

ously ill, possibly dying patient, guilt and concerns about whether the analysis could ethically be resumed seem overblown and unnecessary. In the matter of gift giving, the issue of smaller gifts, more commonly offered by patients, is lost because of the failure to distinguish symbolic gifts from those of great monetary value. For instance, the analyst's acceptance of an expensive watch or a Mercedes, or stock and cash contributions to a foundation in the analyst's name, seems a clear ethical violation, while the offer of a book of poems or a bag of apples—which some analysts would turn down on the grounds that accepting any gift is interdicted—seem to me like situations where refusing the gift has the potential of doing considerable harm to the therapeutic relationship, because it denies the possibility that a small gift may represent the development of a mutual, positive relationship between analyst and patient.

The analyst who felt doubtful about continuing the analysis after he had held his patient's hand while she was hospitalized for a life-threatening cancer clearly belongs to the group of analysts who believe that analysis requires strict adherence to technical parameters in order to proceed. His fear that such an action on his part would destroy his capacity to function as an analyst speaks to the extent of his acceptance of the idea that to analyze requires special conditions that cannot be altered in the slightest way. By contrast, a relational perspective would lead the analyst to conclude that the patient would question the authenticity of his involvement with her *unless* he made such a visit to the hospital. Obsession over the correctness of such a comforting and human interaction is indicative of an analyst who is dedicated to a theory of analytic technique that precludes a relationship with the patient that can at times transcend both the idea of boundaries and the rules that interdict such involvement.

From a relational perspective, the concept of either boundaries or rules makes very little sense. While the analyst might well be guided by a wish to adhere to decent behavior with all patients under all circumstances, this should be tempered by the requirement that any action or interpretation on the analyst's part must contrib-

ute toward moving the treatment forward. By this I mean to emphasize the importance of opening the process to continuing growth and depth by engaging the patient in a relational endeavor, rather than restricting the patient to the intellectual experience of having him- or herself explained via the analyst's interpretations.

Traditional analysts believe that the analyst's behavior can and must be regulated, whether under the rubric of boundaries or rules. In fact, I find that Goldberg's proposed concept of rules—as decided upon by a profession or subgroup and internalized by its members—offers little over the concept of boundaries, as far as an increased freedom for the analyst is concerned.

An example of a traditional analyst's approach to "managing" gift giving was demonstrated in a paper presented at a professional meeting a few years ago. The presenter's paper focused on how to be flexible with patients while maintaining "proper" psychoanalytic technique—something he felt could be reasonably added to how we respond to our patients. In describing a new patient, a young psychiatric resident who was likely to become a candidate in psychoanalytic training, he sought to demonstrate what was new in his approach. Of course, he explained, gifts should be rejected, but in his newfound flexibility, he would explain to the patient the dynamic reasoning involved in his refusal of freshly picked apples that she had enthusiastically brought to him after a weekend excursion. This analyst felt that the patient accepted his rejection of the apples without any sign of narcissistic injury because he had explained that for him to take them might be seen as a seduction.

I expressed my view that the apples could simply be accepted as an expression of the patient's appreciation of the beginning of treatment. However, the presenting analyst replied that it would have been impossible to accept the gift because the patient would then have assumed that he and his family ate the apples—hence leading her to believe that she was actually inside him and all the members of his family.

While I agree with Goldberg's contention that the concept of boundaries is particularly unhelpful and antiquated when it fuses

technical differences with moral judgments, I am reluctant to join him in abandoning the use of boundaries in evaluating issues of ethics. Because the psychoanalytic relationship, like all human relationships, can be abused, it is important that we retain concepts to help us differentiate clear-cut abuse in an analyst's behavior from instances of creative and obviously well-meaning interventions. Unfortunately, a situation can occasionally occur in which the latter may nevertheless form the basis of an ethical complaint brought by the patient against the analyst.

The increasing frequency of ethical complaints by patients regarding boundary crossings (rather than frank violations) can be traced to several factors. Psychoanalytic institutes, at least those under the aegis of the American Psychoanalytic Association, have been encouraged to form ethics committees and keep them at the ready. A small percentage of patients who feel aggrieved (and their lawyers) may be quick to recognize the vulnerability of psychoanalysts to charges of unethical behavior. This vulnerability is rooted in what Goldberg identifies as the confusion of technical and moral issues. The public at large is well aware of the image of the analyst as incorruptible in his or her technique, abstinence, restraint from offering opinions or advice, and unrelenting emotional neutrality —all known to be hallmarks of our profession. Sadly, it has on occasion been relatively easy for such a minority of patients to use their discontent and rage, resulting from disappointment in the treatment, as the cutting edge with which to try to injure the analyst who has enraged and disappointed them. As long as members of ethics committees cleave to a narrow definition of what constitutes psychoanalytic technique, it is possible that they will conflate deviations from so-called technical excellence with true ethical violations.

While Goldberg's paper approaches this growing problem only indirectly, it is nevertheless an important contribution to our understanding of why we need to emphasize the difference between variations in preferred technique and the perpetration of actual damage to patients.

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BOUNDARY EXEGESIS: RESPONSE TO COMMENTARIES ON "SOME LIMITS OF THE BOUNDARY CONCEPT"

BY ARNOLD GOLDBERG

The eminent theologian Paul Tillich titled his autobiography *On the Boundary* (1966), and this title served to echo his lifelong struggle between absolute faith and persistent doubt. The word *boundary* does indeed seem to suggest a struggle between differences, be they those of right and wrong, belongers and outsiders, the sacred and the profane, and always of certainty and uncertainty. Of course, I am pleased that my commentators, most of whom are old friends of mine, chose to struggle not so much with me, but rather with the relevant issue of how psychoanalysis has dealt with this particular concept.

To step back for a moment, I cannot help but wonder if most (or at least many) of the advances in our field have been made by those who were not bounded by what they had been taught about psychoanalysis, but were committed to the essence of psychoanalysis, which, I feel, is its boundlessness—or, perhaps better said, its necessary uncertainty. I became interested in the factors that made psychoanalysis seem a rigid and even fossilized field when I wrote *Moral Stealth* (2007). I hoped therein to demonstrate how our preoccupation with moral issues lent a sort of straitjacket to our practice. My concern with boundary violations is inextricably tied to these moral stealth-like constraints.

I probably failed in my abbreviated essay to make clear how we have become blind to the intrusion of morality into our technical concerns. Both Henry Friedman and Glen Gabbard seem to slip into examples of boundary violations that are intrinsically bad or

wrong or even evil. My point in the suggestion of utilizing rules is to remove or separate mistakes and errors from the ethical arena. I am using *moral* and *ethical* in the manner suggested by Paul Ricoeur, although I recognize that some use the words interchangeably and differently, as does Gabbard. Ethics is defined by Ricoeur as "the wish to live well with and for others in just institutions," while morals are the prohibitions and injunctions that adjudicate ethics, and therefore ethics can be subsumed under more than one set of regulations (Hahn 1995, pp. 51-52).

There is probably no person in psychoanalysis who has greater experience in the study of ethical violations than Gabbard, and I take his example as a launching point for my own position, which may be phrased differently than his but is essentially the same. Surely, the difference between accepting a few apples and accepting a diamond necklace cannot merely be that of expense. It is a technical mistake primarily if it makes further analysis impossible; but then it is best seen as a technical mistake and not as an ethical violation. Yet we subtly decry the acceptance of such gifts without clarifying just what sense of "wrong" we are considering.

Friedman nicely demonstrates that this conflation of wrong with boundary crossing might seem to work well with some theoretical and technical approaches, but not with others. In fact, the job for psychoanalysis is to recognize that a host of prohibitions and injunctions, ranging from gift giving to hand holding and on to confidentiality, and even to writing about patients, must be rethought and reevaluated: not in terms of their status as virtues, but rather as pragmatic acts—i.e., in terms of their usefulness. Of course, this is not to dismiss all considerations of moral and ethical behavior, but to disentangle them from the correct conduct of analytic therapy. We do best to still the shrill criticisms of our moral saints who claim to know what is right and what is wrong. The rules of the road are designed to facilitate driving and not to pinpoint sinners. Boundary violations must be seen as helpful to or hindering analytic work, not as moral misbehavior.

I regret not being clearer about rules, inasmuch as Sharon Zalusky's imagined scene (pp. 900-901) of Dr. A's encounter with a

distraught patient in a coffee shop falls outside the technical rules developed in and for a particular analytic theory. These analytic rules are not meant to be rules for living or behaving. Of course, we all recognize that context is determinate of how we behave, and there is no rule book about being humane. One of the problems with using boundary crossings as a guiding concept is that it often becomes confused with a rule book for living rather than a commentary about technique.

I regularly have to read Warren Poland more than once (or even twice) because he writes so eloquently that the words seem to hypnotize me, and a rereading is mandatory to grasp his meaning. My task was made easier in this case by his noting what seems to be an allegiance to Emmanuel Lévinas, someone who, although a noted philosopher and theologian, had a lifelong animosity toward psychoanalysis and espoused a theory of moral responsibility toward others that he insisted was primordial. The stance of Poland about two different people coming together and then going their separate ways is one that allows me to better define my position, and also to respond to Jay Greenberg.

The psychoanalytic method of gathering data is, of course, distinct from that of other disciplines, and not surprisingly results in definitions that are peculiar to the method and the resulting data. A "person" in social psychology is clearly defined and identified; not so in psychoanalysis. One of the more revolutionary steps in self psychology was that of recognizing that a "self" (not a social person) is composed of selfobjects. So, for me, a committed self psychologist (see Greenberg, p. 885), self psychology is a one-person psychology, and I have no idea if Greenberg's "distinct communicating entities" are to be seen from an "interpersonal" point of view or as a self-selfobject integrated whole. It seems a stretch to argue about the distinction between taking a stock tip from a patient and making an interpretation.

However, I do believe that empathic breaks drive the engine of psychoanalysis, and that these breaks are what are often called boundary crossings. Yes, interpretations are breaks in empathy, al-

beit of a nontraumatic type. Yes, so is the act of taking a stock tip, although it may often be traumatic. One is good technique. One is not. I personally feel morality should have no voice here and am puzzled as to why Greenberg takes me to task on this point. Surely, we recognize that not taking stock tips and not seeing a movie may be equally reflective of self-interest (Greenberg, p. 889). That particular guide to proper behavior that he espouses seems overly simplistic and unwise. Self-interest goes both ways. In my essay, I may have seemed loose in my collapsing of crossings and violations, but my intent was to highlight the confusion that exists in today's psychoanalysis.

What I aimed to spell out in "Some Limits of the Boundary Concept" and in *Moral Stealth* (2007) was that we need to forcefully separate our technique from our morals. Greenberg joins with me in saying that that requires a different language for the two. Poland seems to insist that they cannot ever be separated (just as Lévinas would no doubt say).

I certainly apologize to Greenberg if he sees me as disparaging other psychoanalytic traditions, since I tried to stick to accurate quotations, and I have no doubt that my personal feelings were anything but disparaging. I confess that much of what Greenberg had to say about relationists seemed to me to be not relevant to my essay, since I certainly did not mean *violations* when I wrote *interventions*. Maybe the problem is in the word *error* (Greenberg, p. 888). I think all psychoanalysis proceeds by way of errors (see my *Misunderstanding Freud* [2005]). My commentators seem to feel that errors should be avoided, and each of them, with the single exception of Zalusky, cites something, be it a stock tip or a sexual encounter, that seems "wrong on the face of it." The phrase *boundary violation* seems to qualify for this characterization.

I invite the reader to try a thought experiment: think of something morally wrong that might help an analysis, and then think of something morally correct that might hurt it. As Poland ends his comments: "Nobody ever said it would be easy."

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NEUROPLASTICITY: BRIDGING PSYCHOANALYSIS AND NEUROSCIENCE

BY DAVID L. FRANK

Organized around a series of visits made by the author, Norman Doidge, to contemporary neuroscientists, *The Brain That Changes Itself: Stories of Personal Triumph from the Frontiers of Brain Science*[1] is an ambitious project. Written for a broad audience that includes professionals and the general public, the book reviews some of the key developments of what the author calls "the neuroplastic revolution" (p. xv) of the past fifty years.

Doidge tells the story of the history of neuroscience, bringing to life names that will be familiar to many, including Sherrington, Cajal, Luria, Penfield, Lorenz, Hubel and Weisel, Mountcastle, and Kandel. As a research psychiatrist and psychoanalyst, Doidge is interested in thinking critically about the metaphor of *hardwiring*, which is sometimes used loosely to describe refractory psychological or neurological problems. His book richly depicts the plasticity —the malleability, modifiability—of the nervous system. Through his descriptions of visits with scientists as well as patients, the reader comes to understand the remarkable changeability of the human brain, even in the context of serious injury and symptom chronicity. Though much of the book involves descriptions of neurological or neuropsychiatric brain injury, a central message is that the therapeutic changes these patients are able to accomplish stem from the same neuroplastic potential that leads our psychoanalytic patients to change in treatment.

Unlike some writers on neuroscience who focus on the brain more than the mind, Doidge is devoted to an integrative perspec-

[1] Published in 2007 by Viking Press, New York.

tive that conveys respect for psychoanalytic thinking. He is also gifted at portraying the individuality of each of the patients and scientists whom he visits. The book reads easily and smoothly. Those well versed in neuroscience will thirst for more rigor, but it is pitched at a level that ought to hold the attention and interest of many practicing psychoanalysts. Although only one of the eleven chapters is explicitly devoted to plastic changes involved in psychoanalytic treatment, the book is interspersed with numerous references to Freud, psychoanalysis, and psychotherapy. Doidge reminds us that Freud proposed the idea of the *contact barrier,* or synapse between neurons, before Sherrington did (though Sherrington is usually credited), and that Freud also described how the contact barrier might change with learning.

Doidge quotes Eric Kandel, the Nobel Laureate who did pioneering work on the molecular biology of learning: "There is no longer any doubt that psychotherapy can result in detectible changes in the brain" (Doidge, p. 233).[2] In describing the interaction between neuronal and mental phenomena, the author distinguishes between the template and transcription functions of genes, stating that "Kandel's work shows that when we learn, our minds also affect which genes in our neurons are transcribed. Thus we can shape our genes, which in turn shape our brain's microscopic anatomy" (p. 221).

Doidge credits Freud[3] for initially developing the concept of neuroplasticity. Four neuroplastic ideas from four differing levels of Freudian observation are described: neurochemical, developmental, the plasticity of memory function, and the concept of plasticity related to therapeutic action stemming from transferential work. Doidge states that in 1888, Freud proposed the idea that came to be called *Hebb's law* sixty years later:

> Neurons that fire together wire together . . . which linked changes in neuronal networks with changes in our mem-

[2] *Book Review Editor's Note:* Kandel's book *In Search of Memory: The Emergence of a New Science of Mind* is also reviewed in this issue; see pp. 941–952.

[3] Freud, S. (1895). Project for a scientific psychology. *S. E.,* 1.

> ory networks, so that neurons that fired together years before wired together, and these original connections are often still in place and show up in a patient's free associations. [p. 223]

Doidge tells us that Freud's identification of psychological critical periods, an epigenetic idea, is a second plastic concept. Freud's ideas about memories being occasionally remodeled—details can be emphasized, deemphasized, or changed, taking on new meaning as fresh life circumstances arise—is a third plastic concept. Finally, the author states that some of Freud's ideas about therapeutic action have a neuroplastic basis, particularly the making conscious of unconscious traumatic memories: "underlying neuronal networks, and the associated memories, can be retranscribed and changed" (p. 225) in the course of working in the transference, Doidge notes.

Doidge's discussion of the remodeling of memory reminded me of Freud's discussion of his own plastic concepts. He wrote that childhood memories

> . . . are plastically visual even in people whose later function of memory has to do without any visual element. Visual memory accordingly preserves the type of infantile memory. In my own case the earliest childhood memories are the only ones of a visual character: they are regular scenes worked out in plastic form, comparable only to representations on the stage . . . . In the so-called earliest childhood memories we possess not the genuine memory-trace but a later revision of it, a revision which may have been subjected to the influences of a variety of later psychical forces. [pp. 47-48][4]

I am also reminded of an earlier comment of Freud's: "It may indeed be questioned whether we have any memories at all *from* our childhood; memories *relating to* our childhood may be all that we possess" (p. 322).[5]

[4] Freud, S. (1901). *The Psychopathology of Everyday Life. S. E.,* 6.
[5] Freud, S. (1899). Screen memories. *S. E.,* 3.

Chapter 1 of *The Brain That Changes Itself* focuses on the plasticity and adaptability of the sensory cortex. It begins with a description of Cheryl, a woman with antibiotic-induced vestibular dysfunction who regularly feels that she is about to fall, even when she has already fallen and is lying on the floor. In regard to this patient, Doidge visits the laboratory of Paul Bach-y-Rita, who designed an accelerometer or sensor in a hat, which detects movement in space and translates it into a map on a computer screen as well as onto a small plastic strip that Cheryl places on her tongue. When she tilts forward, signals create tiny champagne-bubble sensations on the front of her tongue. As she tilts back, the same signals go to the back of her tongue. As Cheryl practices with the device, the sensations on her tongue that would ordinarily travel to the sensory cortex now make their way through new pathways to the brain area that processes balance. We are told that Cheryl learns proper balance with the device in place, and that over a period of a year of practicing, she entirely recovers her vestibular function, no longer needing the device at all.

Doidge explains that plasticity in this example involves the *unmasking* of older or secondary neural pathways, which are first "exposed and, with use, strengthened. This 'unmasking' is . . . one of the main ways the plastic brain reorganizes itself" (p. 9). Doidge recounts his meetings with Bach-y-Rita, during which he learned about "localizationism," the old idea that the brain's structure is fixed, that "every brain function has one hardwired location . . . one function, one location" (p. 17), as opposed to a "polysensory" concept in which cortical sensory areas can process signals from more than one sensory modality. We are told about an experiment in which the optic nerves of a ferret were surgically redirected from the animal's visual to its auditory cortex. The auditory cortex soon reorganized itself to assume the structure of a visual cortex, so that the ferret came to use its auditory cortex for visual function.

Chapter 2 introduces the founder of neuropsychology, Alexander Luria, and his case histories. There are also detailed descriptions of Barbara Arrowsmith Young's contemporary work with learning-disabled children and the exquisitely fine-tuned exercises

that her school uses to improve cognitive dysfunction. We read about a number of exercises that the children perform, such as tracing complex lines and Chinese characters while wearing eye patches that force visual input to the dysfunctional side of the brain.

Chapter 3 highlights the work of Michael Merzenich and further develops the concept of dynamic as opposed to static brain maps. We learn about Merzenich's experimental work with monkeys, in which the brain area responsible for the hand is micromapped (using techniques similar to those of Penfield's work in the 1930s, which precisely located brain areas for body representations). In Merzenich's studies, following micromapping, a large peripheral nerve to a monkey's hand was cut. Inevitably, wires crossed as the axonal fibers of the nerve regenerated. After regeneration, when the brain area was remapped, Merzenich was astounded to discover that the map had been topographically rearranged, "as though the brain had unshuffled the signals from the crossed nerves" (p. 55). The brain had actually changed its structure in response to a change in input from the periphery: "If the brain map could normalize its structure in response to abnormal input, the prevailing view, that we are born with a *hardwired* system, had to be wrong. The brain had to be plastic" (p. 55, italics in original).

We then learn about the concept of competitive plasticity: Merzenich shows that, when the monkey's median nerve was cut and the median nerve brain area was mapped several months later, the radial and ulnar nerve brain maps

> . . . had almost doubled in size and *invaded* what used to be the median nerve map . . . . When it comes to allocating precious brain-processing power, brain maps are governed by competition. The brain works according to the principle of *use it or lose it.* [p. 59, italics in original]

Furthermore, Merzenich discovered that brain maps *normally* change every few weeks. Each time he mapped the brain area responsible for the monkey's face, it was topographically slightly different. Doidge also describes the plasticity of processing speed: Merzenich trained monkeys to do complex tasks, like touching a

spinning disk with the fingertip, using just enough pressure to get a reward. The brain area mapping the monkey's fingertip first enlarged. Then, as the individual neurons became more efficient and fired faster with clearer signals, the map became more precise as each neuron became responsible for a smaller part of the skin surface.

In chapter 4, Doidge takes us through the applications of neuroplasticity for understanding sexuality. He tells us that even noncortical areas of the brain show plasticity, such as the hypothalamus, the amygdala, and the mesolimbic dopamine system. Focusing on the development of addictions to Internet pornography, he states that pornography "is more exciting than satisfying" (p. 108) for the patients he has worked with. The author differentiates between sensitization and tolerance, and describes two separate pleasure systems: one for exciting pleasure and one for satisfying pleasure. Brain systems that excite appetitive pleasure are dopamine related and raise tension levels. The second pleasure system involves "consummatory pleasure" and is based more on the neurochemistry of endorphins. "Pornography, by offering an endless harem of sexual objects, hyperactivates the appetitive system" (p. 108). Dopamine surges then consolidate the neuronal connections formed, leading to long-term neuroplastic changes in the brains of those addicted to pornography.

The author writes that "one of the most important lessons" (p. 242) of his book is that the same plastic functions that can lead to mental flexibility and therapeutic changes can also result in rigidity and the reinforcement of pathological circuitry, which Doidge calls "the plastic paradox," based on the finding that "neural circuits, once established, tend to become *self-sustaining*" (p. 243, italics in original). Doidge writes that, "indeed, it is because we have a neuroplastic brain that we can develop these rigid behaviors in the first place" (p. 242). He includes neurotic symptoms and characterological rigidity as consequences of these self-sustaining processes.

We are presented with interesting information about Walter Freeman's work on oxytocin, a neuropeptide and neuromodula-

tor. As opposed to neurotransmitters, "neuromodulators enhance or diminish the *overall* effectiveness of synaptic connections" (p. 118, italics in original). Oxytocin does far more than function during labor and lactation. Unlike dopamine-induced excitement, oxytocin "induces a calm, warm mood that increases tender feelings and attachment" (p. 119). It is released during lovemaking, and its actions seem to foster attachment in the early phase of parenting, an observation that I think has significant relevance for attachment theorists.

Doidge explains that "the brain for Freeman is fundamentally an organ of socialization, and so there must be a mechanism that, from time to time, undoes our tendency to become overly individualized" (p. 120). Freeman believes that "massive plastic brain reorganization" (p. 118) is made possible by oxytocin, which reinforces bonding in mammals. When oxytocin is injected into a mother ewe that is then confronted with an unfamiliar lamb, she will mother that lamb as well as her own. And oxytocin has been found to have amnestic effects that promote unlearning. In sheep, the release of oxytocin "wipes out the neural circuits that bonded the mother to her first litter so she can bond with the second" (p. 120). Functional MRI studies show that human brain areas rich in oxytocin are activated when mothers look at photos of their children. Doidge states that "many young people who doubt they will be able to handle the responsibilities of parenting are not aware of the extent to which oxytocin may change their brains, allowing them to rise to the occasion" (p. 119).

In discussing Freeman's description of "massive plastic brain reorganization" that occurs when falling in love and during early parenting, the author refers to the new "science of unlearning" (p. 116), emphasizing the unlearning involved in falling in love, including relinquishing past love objects and modification of other attachments: "millions of neural networks have to be obliterated and replaced with new ones" (p. 117), he notes. He defines "long-term potentiation" (the strengthening of connections between neurons) and "long-term depression" (the unlearning of associations and disconnection of neurons). "Unlearning and weakening connec-

tions between neurons is just as plastic a process, and just as important, as learning and strengthening them" (p. 117).

In chapter 5, Doidge introduces Edward Taub, a neuroscientist who founded a therapy for stroke patients called *constraint-induced therapy* (CI treatment), in which the functioning limb is constrained from movement, forcing an unmasking of motor function in the paralyzed limb. Doidge describes Taub's animal models for stroke patients, including his ingenious deafferentation experiments with monkeys (which were also controversial, getting Taub into legal difficulties from which he was ultimately exonerated). Taub discovered that monkeys gave up trying to use a deafferented arm (in which the sensory nerves had been cut so that the monkey lost sensation and had no sense of the location of its limb in space), after which the motor map for the arm weakened and atrophied, a phenomenon he called "learned nonuse" (p. 141). When Taub put the deafferented arm in a sling right after the deafferentation, so that the monkey would not learn that the arm was unusable during the immediate period of spinal shock, he discovered that, once the sling was removed three months later, the monkey soon learned to use the deafferented limb.

These experiments disproved Sherrington's spinal reflex theory of movement—that reflexes, not brain motor commands, control movement—and paved the way for post-stroke rehabilitation in humans based on the plastic unmasking of motor capacity. Taub pioneered a technique called "shaping," in which the deafferented animal is rewarded not for reaching for food, but for making just the smallest gesture toward it. The brain maps of stroke patients have been shown to change following CI therapy, even in those who have had arm or hand weakness for as long as six years: "The essence of the cure is the *incremental* training or shaping, increasing in difficulty over time" (p. 149).

After a discussion of obsessive-compulsive disorder in chapter 6, Doidge moves on in chapter 7 to visit a neurologist, V. S. Ramachandran, who has studied pain, including the phantom limb pain of amputees. Ramachandran has devised intriguing mirror-

box treatments for patients with phantom limb pain. He "fights one illusion with another" (p. 186), instructing patients to move their functioning arm while looking at it in a mirror box, leading them to believe that the phantom limb is the one that is moving. The result is that the brain map for the amputated limb is repaired. Functional MRI scans showed that the shrunken motor and sensory maps for the phantom limbs increased following resolution of pain. Doidge notes:

> We don't need a body part or even pain receptors to feel pain. We need only a *body image,* produced by our brain maps. People with actual limbs don't realize this, because the body images of our limbs are *perfectly projected* onto our actual limbs, making it impossible to distinguish our body image from our body. [p. 188, italics in original]

We also learn about Ramachandran's thoughts on the possible relevance of brain mapping to foot fetishes: he observed that some leg amputees experience orgasms in their phantom feet, and that the feet are close to the genitals on the Penfield brain map.

In chapter 8, Doidge visits Alvaro Pascual-Leone, who was the first to use transcranial magnetic stimulation to map the brain, and who shares observations "about how neuroplasticity, which promotes change, can also lead to rigidity and repetition in the brain" (p. 208). Pascual-Leone differentiates between plasticity and elasticity: "An elastic band can be stretched, but it always reverts to its former shape, and the molecules are not rearranged in the process" (p. 209), whereas the plastic brain actually rearranges itself. Experimental studies on learning Braille are described, including those that show the visual cortex is recruited to process information received via touching—a finding that corroborates Bach-y-Rita's observations about sensory modalities described in chapter 1. Pascual-Leone has also studied how we change our brains just by imagining tasks: for example, imagining playing a sequence of notes on the piano, or even imagining doing exercises to increase physical strength, can result in functional improvements when subjects are then asked to perform the actual task.

Chapter 9, "Turning Our Ghosts into Ancestors," is a lovely chapter, the only one explicitly devoted to psychoanalysis as a neuroplastic therapy. Doidge believes that psychoanalysis harnesses our "plastic potential" (p. 242) or "innate plasticity" (p. 243) in the service of therapeutic change. I feel that the conversation between neuroscience and psychoanalysis comes especially alive here. Doidge walks us through the two memory systems described by cognitive neuroscientists that are altered in psychoanalysis: first, procedural (implicit) memory, which involves groups of automatic actions outside of consciousness or of focused attention, for which words are not required. These include skills such as playing a musical instrument. Second, declarative (explicit or autobiographical) memory is described as involving the conscious recollection "of specific facts, events, and episodes" (p. 229). My own experience is that these contemporary concepts of memory are useful in clinical work, expanding prior psychoanalytic concepts of memory—for instance, those described by Freud.[6]

To detour from Doidge's book for a moment, I'd like to mention that Fonagy pointed out that analysts understood these distinctions about memory before the advent of cognitive science. Fonagy (1999, p. 217) specifically identified Joseph as a proponent of the importance of "the total interpersonal situation the patient creates in the transference"[7]—including feelings evoked by the patient in the analyst—as an expression of a different memory system than one that autobiographically renders itself via verbalizations and associations. I think that neuroscientific additions to traditional psychoanalytic ideas about memory—as well as consensually agreed-upon terms such as *explicit/implicit, declarative/procedural*—have provided analysts with a vocabulary that can be used to conceptualize memory, transference, and analytic process from a wider range of perspectives.

I am reminded of Fonagy and Blum's gripping debate on the value of the modification of procedures versus genetic interpreta-

[6] Freud, S. (1914). Remembering, repeating, and working-through. *S. E.,* 12.

[7] Fonagy, P. (1999). Memory and therapeutic action. *Int. J. Psychoanal.,* 80:215-223.

tion and reconstruction in accounting for therapeutic action.[8] In thinking about the locus of analytic change, Fonagy prioritized the modification of procedural memory, *non*conscious procedures or pressures brought on the analyst in the transference ("in which information may be retrieved without the experience of remembering," 1999, p. 216), over autobiographical memory, even relegating autobiographical reconstruction of childhood events to the status of an epiphenomenon—a marker of change more than a mover of change. He wrote: "The only way we can know what goes on in our patient's mind . . . is how they are with us in the transference" (p. 217). Fonagy also stated:

> The removal of repression is no longer considered a key to therapeutic action. Psychic change is a function of a shift of emphasis between different mental models of object relationships. Change occurs in implicit memory, leading to a change of the procedures the person uses in living with himself and with others. [1999, p. 218]

Blum valued the lifting of repression, the analysis of unconscious conflict and fantasy, and the development of "affective insight into the dynamic unconscious" (p. 501),[9] rather than insight into nonconscious procedures, as primary movers of change. He disputed Fonagy's so-called one-dimensional emphasis on transference, which can obscure the patient's (and analyst's) defensive use of transference against genetic, extratransferential, and other sources, and he criticized Fonagy for departing from the concept of a dynamic unconscious.

The differences in the two orientations are stark on paper—stark in a way that I think is helpful for heuristic purposes. But despite basic theoretical differences, in the context of clinical work, I have not found these two viewpoints on therapeutic action to be mutually exclusive over the course of an analysis (although at one

[8] Fonagy, P. (2003). Rejoinder to Harold Blum. *Int. J. Psychoanal.,* 84:503-513.

[9] Blum, H. P. (2003). Repression, transference, and reconstruction. *Int. J. Psychoanal.,* 84:497-503.

point or another, the predominant emphasis may shift) or across different analyses. They might even be synergistic.

I am reminded of some comments by Neubauer (1979), written twenty years before the Blum–Fonagy debate:

> It is striking that after analysis insight may not be maintained, particularly if we mean by it the memories of conscious retention of events, ideas, and affects which entered awareness during the course of the analysis. It is not what has been recovered that is retained, but rather new structure and function. A new *Gestalt* is established, a reorganized ego structure. [p. 34][10]

Neubauer emphasizes the synthetic function of the ego in the establishment of insight, but if we use the terms of the current explicit/implicit memory construct, we could recast his remarks as indicating that explicit or autobiographical memory for insights that are achieved in analysis is not necessarily maintained by the patient after treatment; some of the consolidation of analytic change arrived at through explicit conscious or unconscious insight might ultimately be encoded procedurally, not necessarily via explicit memory only.

To return to Doidge's *The Brain That Changes Itself,* it seems to me that the author demonstrates, in the case of Mr. L described below, his belief in the multiple therapeutic actions of analysis, and in supporting the value of the use of both memory frameworks to propel the analysis onward. I think he would emphasize that Neubauer's "new *Gestalt"* involves a plastic unmasking and reworking of neuronal pathways, and that the reorganized ego structure dovetails with neurobiological change. Doidge writes that, in analysis, patients "plastically retranscribe . . . procedural memories so that they become conscious explicit memories, and patients no longer need to 'relive' or 'reenact' them, especially if they were traumatic" (p. 229).

[10] Neubauer, P. B. (1979). The role of insight in psychoanalysis. *J. Amer. Psychoanal. Assn.,* 27(suppl.):29-40.

I wonder if Doidge would partially explain Neubauer's observation about patients who forget achieved insights after the analysis by drawing parallels to the repair of the patient named Cheryl's balance system, described in chapter 1. Many details of how the damaged system came to be plastically overwritten may not be relevant to the functional viability or efficacy of the new system and do not necessarily define its achievements. What *is* relevant is the ongoing capacity of the new system to generate fresh insights.

In chapter 9, Doidge presents a poignant case history of one of his own patients, Mr. L, whose mother had died in childbirth when he was two years old, and who came to treatment for depression, feelings of numbness, alcohol problems, and unfaithfulness toward women. The loss of his mother had never really been talked about in the family. Doidge is skilled at demonstrating, with a few short strokes, interventions that are so important in the early phase of the analyses of certain patients—interventions that have a kind of educative function, and that help the patient understand what Doidge calls the "emotional basics" (p. 230) of naming feelings and their more obvious (to the analyst) qualities, triggers, and consequences.

In the absence of soothing figures during his childhood, Mr. L had learned to "autoregulate by turning off his emotions" (p. 227). In treatment, Mr. L came to understand his pattern of depressive reactions to the analyst's departures; he learned to acknowledge loss as well as the longings that his depressions fended off. In addition, he understood that his infidelities served a higher unconscious fidelity to his real mother, and that loving a woman represented for him an unconscious betrayal of his mother. Mr. L cried for the first time in his adult life in response to a transference interpretation of a dream of physical damage: the analyst interpreted Mr. L's experience of him as similar to a man in his dream who exposed how damaged Mr. L felt.

Doidge's clinical work with Mr. L seems more rooted in topographic than structural concepts. In this regard, he seems influenced by Loewald—who saw such special value in a topographic orientation. Doidge nicely describes the phases of analytic process

and technique, including the reconstruction of early losses. Mr. L's relationships improved and his affective life broadened over the course of the treatment.

Doidge uses this case as a jumping-off point to discuss how mothers foster attachment through the sensitive call and response of the naming and regulating of the baby's affects during the critical period from ten to eighteen months. Here we learn about the mother's role as she participates in a kind of molding of the baby's brain and helps the child understand the sources and consequences of emotional and physical states. Doidge draws parallels to how psychoanalytic work, including affect clarification, improves orbitofrontal function during treatment. He believes that the positive transference for Mr. L facilitated neuroplastic change "by triggering unlearning and dissolving existing neuronal networks" (p. 233). Mr. L's defenses, "by being repeated many thousands of times, had been plastically reinforced. This most pronounced of his character traits, his remoteness, wasn't genetically predetermined but plastically learned, and now it was being unlearned" (p. 235). Mr. L came to understand his tendency to preempt or reject consoling attitudes in the transference.

For Doidge, the patient's analysis of and giving up of character resistances has parallels with brain reorganization during neurological rehabilitation. The process of giving up the defenses of the denial of loss and characterological remoteness, exposing memories and emotional pain, is likened to the process undergone by Bach-y-Rita's patients: a reorganization of the brain through the development of alternative neuronal pathways. In describing Bach-y-Rita's theories, Doidge writes:

> If an established brain network is blocked, then older networks, in place long before the established one, must be used. He [Bach-y-Rita] called this the "unmasking" of older neuronal paths and thought it one of the chief ways the brain reorganizes itself. Regression in analysis at a neuronal level is, I believe, an instance of unmasking, which often precedes psychological reorganization. [p. 235]

Doidge also makes interesting comments about dreaming in chapter 9. He cites studies on both sleep and REM sleep deprivation in kittens, which show that sleep and dreaming actually facilitate plastic changes in brain structure. He continues his discussion of sleep by describing a progressive series of Mr. L's dreams of desperately searching for a lost object, which eventually becomes a lost person. Doidge believes that patients' dreams provide evidence *not only* of unconscious mentation, but also of the brain's actual reinforcement of the learning and unlearning that occurred during the previous day's immersion in analytic work. He cites work demonstrating that sleep, as well as the dream state, "helps us to consolidate learning and memory and effects plastic change" (p. 239).

The final two chapters of *The Brain That Changes Itself* focus on neuronal stem cells, which rejuvenate the brain in all phases of the life cycle, on how novel environments trigger neurogenesis, and on how the aging brain stays plastically fit. Doidge describes the brain's capacity to generate new nerve cells throughout the life span, debunking the old notion that replacement brain cells never form. We learn about a study in which aging mice placed in stimulating environments that are replete with toys and running wheels develop increased hippocampal volume, significant increases in new neurons, and do better on tests of learning. Interestingly, the running wheel turns out to be the best contributor to the development of greater numbers of new neurons.

Doidge visits Frederick Gage of the Salk Laboratories, who along with Peter Eriksson discovered neuronal stem cells in the hippocampus in 1998, and who theorizes that "in a natural setting, long-term fast walking would take the animal into a new, different environment that would require new learning, sparking [what Eriksson calls] . . .'anticipatory proliferation'" (p. 252). Doidge describes the normal "massive pruning back" (p. 253) of neurons that occurs in adolescence (noting that, presumably, neuronal loss improves brain efficiency during this period). He also describes neuroscientist Gerald Edelman's work, and tells us that there are thirty billion neurons in the human cerebral cortex, not including subcortical

structures, which are "capable of making one million billion synaptic connections . . . . These staggering numbers explain why the human brain can be described as the most complex known object in the universe, and why it is capable of ongoing, massive microstructural change" (p. 294).

Doidge has done us a service in distilling a large amount of material from the history and current research of neuroscience and presenting it readably and convincingly. This book is even more than a valuable historical guide; the sheer volume, variety, and quality of examples of neuroplastic change that the author has assembled—perhaps especially the non-psychoanalytic ones—will give many clinicians a different kind of feel for psychoanalytic work. It might be that Doidge's greatest service to the psychoanalytic community is that the book provides the general public with a clearly written and accessible account of psychoanalysis, therapeutic change, and the integration of our work with that of neuroscience. His clinical cases seem accessible to the public; they are experience near both in his descriptions of our everyday analytic involvement as we work closely with patients—using attunement, clarification, naming of affects, interpretations of patterns of experience and behavior, and reconstruction—and in his descriptions of the patient's consolidation of learning and unlearning through repetitive practicing. Perhaps works like Doidge's help us become a bit less marginalized in the culture at large.

Doidge presents an integrative perspective that goes back to the early work of Freud, before the structural theory, which is now invigorated by the many advances in neuroscience. I think that the psychoanalytic profession's sense of respect for its history is enhanced by the author's emphasis on the relevance of Freud's plastic theories to contemporary neuroscience, and that this respect can work its way into the individual practitioner's experience in his or her consulting room.

In proposing an overarching concept of plasticity in brain functioning, Doidge refreshes Freud's early ideas as living concepts. Freud's concept of dream-work, for instance, takes on different dimensions when we conceive of dreaming not simply in terms

of dream interpretation, but as a facilitator of plastic change and as a precondition for learning. When we consider dreaming from the perspective of its function of reinforcing what the patient has learned during preceding analytic hours, a different emphasis is added, which the analyst can consider while listening to the recounting of dreams.

Neuroscience and psychoanalysis will continue to struggle to understand more about how our analytic patients differ in their plastic potentials, and how different realms of functioning in an individual patient allow for greater or lesser plastic change. To be sure, putting forth similarities between the functioning of motor neurons and psychological processes has pitfalls. It could be argued that the analogies drawn by Doidge between the plasticity of relatively less complex motor or sensory systems, on one hand, and the plasticity of psychological functions, on the other, may not accurately apply when it comes to explaining the enormous complexity of neuronal interplay between cortical and subcortical structures that represent thought and feeling. There is also a risk that the concept of plasticity confounds different levels of observation, or becomes too broad and loses meaning if it is made to encompass phenomena as wide-ranging as *plastic primary psychical process thinking in the dream-work* and *dynamic motor neuron brain maps.* But Doidge has certainly given us much to ponder in his attempts at a synthesis.

I doubt that many analysts will refer to analysis, as Doidge does, as "a neuroplastic therapy" (p. 217), but my sense is that plasticity as a unifying or bridging concept that encompasses different types of neurological and psychological treatments has value for our future learning. I think that this concept mutually invigorates both neuroscience and psychoanalysis, supports the consensual validation of our work and, potentially, along with many other influences, may contribute to the analyst's experience of the value of the analytic task. In addition, it could help psychoanalysis gain a more solid footing with the public at large. Although the book was not written explicitly as a defense of psychoanalysis, it admirably demonstrates the humanistic and scientific basis and value of what

we practice. Perhaps most important, it conveys a spirit of optimism about neuropsychological change and pride in our psychoanalytic work.

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BOOK REVIEWS

IN SEARCH OF MEMORY: THE EMERGENCE OF A NEW SCIENCE OF MIND. By Eric R. Kandel. New York/London: W. W. Norton and Company, 2006. 510 pp.

This book is about many things. Foremost, it is an autobiography of a smart, hardworking, and principled man. It is also all of the following: a historical account of some of the most important developments in neuroscience over the last one hundred years; an account of how science is done in the modern era, revealing a long, complex, and distinctively collaborative process; in small part, the story of how one of the worst horrors of humankind affected some of its victims and their families throughout their lifetimes; and a commentary on what happened to psychoanalysis as well as, to a lesser extent, to psychiatry, in the latter part of the twentieth century. And, finally, it suggests ways to explore exceptionally intriguing questions about the human mind.

I enjoyed this book tremendously, notwithstanding the pain it sometimes evoked. I am grateful to have been provided with the information it included and to have felt the kinship its stories provided.

The author, Eric R. Kandel, was born on November 7, 1929, in Vienna, Austria. The first memory he chooses to tell us is of his ninth birthday, which began happily with the gift of a shiny blue, remote-controlled car. He played with it inside his family's apartment for the better part of two days, until the Nazis came banging on the door. They took him, his mother, and his brother out of their home, returning them a few days later to find his father missing, the apartment ransacked, and their valuables stolen. Kandel's father was eventually released—one of few Jewish men to be let go after the roundup on Kristallnacht. The author recounts: "Although my family and I lived under the Nazi regime for only a year, the bewilder-

ment, poverty, humiliation, and fear I experienced that last year in Vienna made it a defining period of my life" (p. 5).

In fact, throughout this book, Kandel substantiates how "defining" this period was. He and his brother were able to escape to relatives in Brooklyn, New York, and his parents managed to join them several months later. He was educated at the Yeshiva of Flatbush, Erasmus Hall High School, and then Harvard University. His attempt to understand the civilization that had caused him such distress led him to the study of Austrian and German history at Harvard. *In Search of Memory* reflects this work in its substantive descriptions of those countries. The author documents the enthusiasm with which so many Austrians welcomed the Nazis, and the barbarism, sadism, and irrationality with which those same Austrians treated Jews. His inclusion of photographs from his own collection, and those of various institutional archives, gives powerful support to his text. Also, his heartfelt recognition of his good fortune in escaping, while others did not, makes him a more compelling person and writer.

Kandel explains unabashedly that, while at Harvard, he met and "fell in love with Anna Kris" (p. 18). This led to his association with her parents, Ernst and Marianne Kris, and thus a much fuller exposure to psychoanalysis and Freud than his studies at Harvard alone provided. His plans to do graduate work in European intellectual history were somewhat compromised by the death of an important mentor. That and his exposure to this new field, as exemplified by the work of Hartmann, Kris, and Lowenstein, changed Kandel's career direction.

> I was converted to their view that psychoanalysis offered a fascinating approach, perhaps the only approach, to understanding mind. Psychoanalysis opened an unsurpassed view not only into the rational and irrational aspects of motivation and unconscious and conscious memory, but also into the orderly nature of cognitive development, the development of perception and thought. This area of study began to seem much more exciting to me than European literature and intellectual history. [p. 43]

Since Kandel perceived that the best route to psychoanalysis was through medical school, he fulfilled the necessary requirements and was admitted to the New York University Medical School in 1952. His description of the course he took in brain anatomy, taught by Louis Hausman, is compelling. It was much more enlivening and creative than the courses many of us experienced in our medical training, and facilitated Kandel's thinking about the biological correlates of mental phenomena. Encouraged by forward-thinking psychoanalysts such as Lawrence Kubie, Sidney Margolin, and Mortimer Ostow, he began an elective in neurophysiology with Harry Grundfest. He and Anna Kris "parted ways" in 1953, and in 1955, he met his future wife, Denise Bystryn, with whom he had in common a European childhood—both having been persecuted by the Nazis. In addition, the two shared a strong identification with Judaism and a love of things artistic and intellectual.

It was Grundfest who helped operationalize Kandel's aspirations by telling him that, in order to understand the mind, one would first need to "look at the brain one cell at a time" (p. 55). Remembering Freud's journey in which he began by studying single nerve cells and had some prescience about what would be discovered later, Kandel recognized the value of this advice (pp. 55-56). For those reluctant to read *In Search of Memory* because they "can't understand the science," be assured that Kandel is able to explain it in clear prose that makes it understandable to a lay audience, while it remains nonetheless engaging to a professional one. He begins with what Grundfest taught him about the biology of nerve cells: (1) the neuron doctrine: that the nerve cell "is the fundamental building block and elementary signaling unit of the brain" (p. 59); (2) the ionic hypothesis: that information is transmitted via an electric signal or action potential within a nerve cell; and (3) the chemical theory of synaptic transmission: that information is passed between cells via a chemical neurotransmitter.

Kandel continues by elucidating the work of Cajal, Sherrington, Adrian, Hodgekin, Huxley, and Katz in easily understandable terms with the use of clarifying diagrams. In a way that keeps the reader engaged, the author explains the relevance of the questions asked by these researchers to the developing body of neuroscien-

tific knowledge. He offers information about these men's lives as well as their work, in order to expand our understanding of how science can be advanced and how it can be delayed. When he gets to the debate over whether the transmission between nerve cells is electric or chemical, he enlivens the discussion by explaining how Karl Popper influenced Eccles. Eccles had grown despondent as his position about the electric hypothesis became increasingly in doubt, while the quality of his research continued to be excellent. He was enabled to handle with pride and equanimity the refutation of his original position. True science, after all, is the refutation of hypotheses, not the gamble on one argument versus another.

Kandel next describes the contributions, both scientific and personal, of Wade Marshall, his chief at the National Institute of Health, who allowed him the opportunity to pursue his own interests. By this time, Kandel had

> . . . progressed from the naive notion of trying to find the ego, id, and superego in the brain to the slightly less vague idea that finding the biological basis of memory might be an effective approach to understanding higher mental processes. [p. 116]

The author brings us up to date about what was known at that time concerning *where* memory is stored in the brain, which enabled him to proceed in addressing the question of *how* it is stored. His summary of the research that brought us to an understanding of working memory, long-term memory, explicit and implicit memory, and the geographical correlates of each is elegant and straightforward. He heartens us by making two points: (1) this work validated Freud's theory about the existence of the unconscious; and (2) much can be learned from "the careful study of clinical cases" (p. 131).

Kandel decided to examine "the simplest instance of memory storage . . . in an animal with the simplest possible nervous system, . . . [in order to] trace the flow of information from sensory input to motor output" (p. 143). This decision ran against the tide of much thinking at the time, even that of Kandel's collaborator. Many biological scientists, psychologists, and psychoanalysts felt that the

mammalian mind—and, specifically, the human one—was so different from that of lower organisms that we could not learn about learning from an examination of simpler forms of life. Kandel had good reason to believe the contrary and continued his pursuit, eventually settling on *Aplysia* as his experimental animal of choice —a large snail whose brain has a relatively small number of cells and whose neurons are some of the largest in the animal kingdom.

The author explains his initial reasoning that "different forms of learning give rise to different patterns of neural activity, and that each of these patterns of activity changes the strength of synaptic connections in a particular way. When such changes persist, the result is memory storage" (pp. 159-160). Kandel and his colleagues studied the gill-withdrawal reflex in *Aplysia* and learned that both non-associative as well as associative learning could modify it. In the first condition, they gently touched the snail near its breathing apparatus. Initially, this induced a reflex withdrawal, but with subsequent gentle touches, there was no withdrawal (habituation). However, when the gentle touch was paired with a strong shock to the head or tail, the snail became sensitized and thus produced a strong gill-withdrawal reflex after only a gentle touch. The snail had demonstrated associative learning. One might reasonably conclude that a gentle touch had come to mean danger.

Next, researchers were able to identify the specific sensory and modulatory interneurons that mediated these processes:

> Moreover, the same neurons were involved in the gill-withdrawal reflex in every snail studied, and the same cells always formed the same connections with one another. Thus, the neural architecture of at least one behavior of *Aplysia* was amazingly precise. In time, . . . the same specificity and invariance [was found] in the neural circuitry of other behaviors. [p. 196]

Here, Kandel pauses to indicate how similar his discoveries were to what Freud had predicted in his "Project for a Scientific Psychology."[1]

[1] Freud, S. (1895). Project for a scientific psychology. *S. E.,* 1.

The next task, given the invariance of the found circuitry, was to discover how behaviors could be changed. It was demonstrated that:

> The number of synapses in the brain is not fixed . . . but changes with learning . . . . Short-term memory produces a change in the function of the synapse, strengthening or weakening pre-existing connections; long-term memory requires anatomical changes. Repeated sensitization training (practice) causes neurons to grow new terminals, giving rise to long-term memory, whereas habituation causes neurons to retract existing terminals. Thus, by producing profound structural changes, learning can make inactive synapses active or active synapses inactive. [pp. 214-215]

Now the molecular basis of these processes needed explication. It would turn out that in habituation, the sensory neuron released less neurotransmitter into the synapse and more with sensitization. The sensory neurons release the transmitter glutamate, and modulatory interneurons release the transmitter serotonin. With the understanding that glutamate and serotonin were the relevant transmitters, they proceeded to a biochemical analysis of these processes, and worked out the steps described in the caption to the figure shown on the opposite page (excerpted from the book, p. 229), labeled here as Figure 1.[2]

Arvid Carlson, Paul Greengard, and Eric Kandel were awarded the Nobel Prize in Physiology or Medicine in 2000, for their groundbreaking studies on signal transformations in the nervous system. They had worked out the biological processes that correlate with the phenomenon of implicit short-term memory. Later work with other organisms led them to believe that "the cellular mechanisms underlying simple forms of implicit memory are likely to be the same in many animal species, including people, and in many different forms of learning because those mechanisms have been conserved through evolution" (p. 234).

[2] Reprinted from *In Search of Memory: The Emergence of a New Science of Mind*, by Eric R. Kandel. Copyright © 2006 by Eric R. Kandel. Courtesy of Eric R. Kandel, M.D., and used by permission of the publisher, W. W. Norton & Company, Inc.

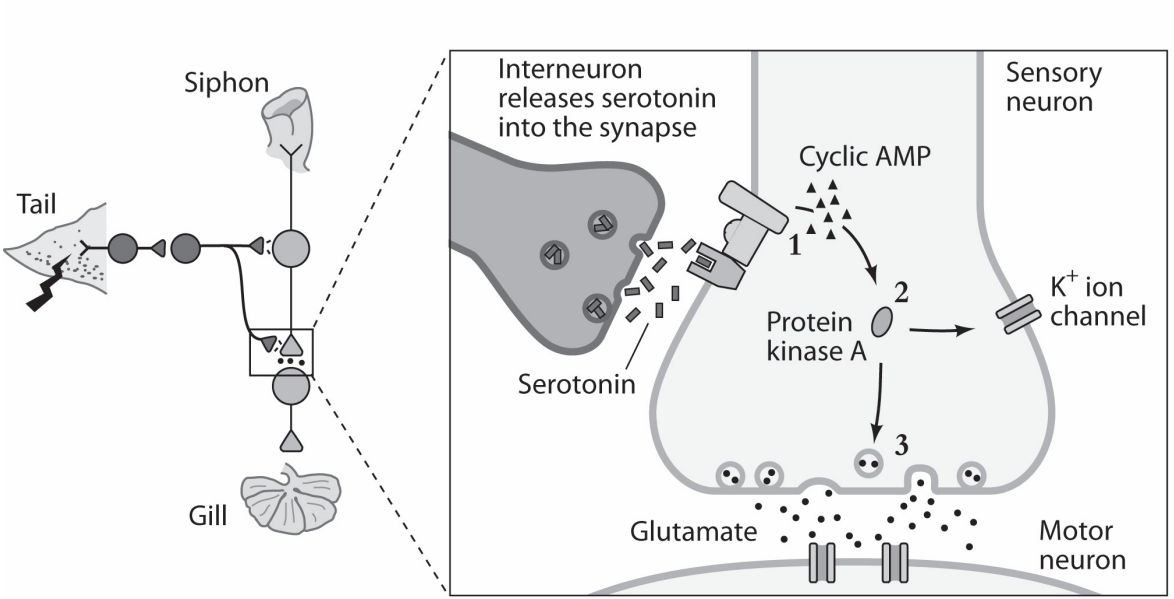

FIGURE 1: BIOCHEMICAL STEPS IN SHORT-TERM MEMORY

Figure 1 shows the following process: A shock to the tail of *Aplysia* activates an interneuron that releases the chemical messenger serotonin into the synapse. After crossing the synaptic cleft, serotonin binds to a receptor on the sensory neuron, leading to production of cyclic AMP (1). Cyclic AMP frees the catalytic unit of protein kinase A (2). The catalytic unit of protein kinase A enhances the release of the neurotransmitter glutamate (3).

"So what?" you may ask. "I'm a therapist, a psychoanalyst—what do I care about the biological correlates of my patients felt experience? How am I informed by developments in neuroscience, and how can my work be relevant for discoveries in that field?" In response, I will note that one of the reasons I enjoyed this book as much as I did was because it documented that a more substantive explication of the relation of mind to brain, and vice versa, is closer than ever before.

It is hard to believe that Kandel would have the kind of interchange today that he relates having had with Marshall Edelson at Yale University in 1986:

> Edelson argued that efforts to connect psychoanalytic theory to a neurobiological foundation, or to try to develop ideas about how different mental processes are mediated by different systems in the brain, were an expression of a deep logical confusion. Mind and body must be dealt with separately, he continued. We cannot seek causal connections between them. Scientists will eventually conclude, he argued, that the distinction between mind and body is not a temporary methodological stumbling block stemming from the inadequacy of our current ways of thought, but rather an absolute, logical, and conceptual barrier that no future developments can ever overcome.
>
> When my turn came, I gave a paper on learning and memory in the snail. I pointed out that all mental processes, from the most prosaic to the most sublime, emanate from the brain. Moreover, all mental illness, regardless of symptoms, must be associated with distinctive alterations in the brain. Edelson rose during the discussion and said that, while he agreed that psychotic illnesses were disorders of brain function, the disorders that Freud described and that are seen in practice by psychoanalysts, such as obsessive-compulsive neurosis and anxiety states, could not be explained on the basis of brain function. [pp. 420-421]

Let me speak to this "absolute, logical, and conceptual barrier." There remains today what I think of as a confusion about kinds of knowledge and how one kind can inform the other. I do not claim

that what I am about to describe originated in my own thinking; rather, it reflects what I learned from Nicolas Maxwell in a course in the philosophy of science at the University of Manchester in 1965-1966. What I began to understand then was that there are two different kinds of knowledge: one we call *scientific* and the other *experiential*. The classic example used was that of color: we can know something about *blue* by measuring the wavelength of whatever produces our experience of blueness, and we can know something about *blue* simply by looking at it as well. Knowledge about blue's wavelength is not the same as seeing it. Whether one values one kind of knowledge over another is a different question—one that is affected, I suspect, by differing priorities.

As Thomas Nagel has popularized, science can tell us about many things, but not "what it is like to be a bat"[3]—or, analogously, what it feels like to love and hate your mother simultaneously. Edelson makes an error when he says that disorders such as obsessive-compulsive neurosis and anxiety states cannot be "explained by brain function" (see Kandel, p. 421); this depends on what one means by *explained*. The dissonance in the field seems to have been about what is causative as opposed to what is correlative—or, if one prefers, concomitant. For example, if there is a genetic disorder altering the functioning of the retina, or if there is a trauma affecting the functioning of the retina, the subsequent experience of blueness may be affected; the cause of the difficulty is either genetic or traumatic. The neural correlates may be found in the biology of the functioning retina. To give another example, a boy may have elevated cortisol levels on the basis of a genetically determined hypersecretion, or on the basis of constant threats from his father, and these are different causes. In both cases, the experience may be of chronic anxiety and the neural correlate excess cortisol.

[3] See Nagel, T. (1974). What it is like to be a bat. *Philosophical Rev.,* 83(4): 435-450. See also Maxwell, N. (1968). Understanding Sensations. *Australasian J. Philosophy,* 46(2):127-145. Maxwell (www.nick-maxwell.demon.co.uk) claims that this article presaged Thomas Nagel's; in fact, his lectures during the year that I studied with him (1965-1966) seemed to me to do so as well.

In other words, postnatal psychosocial determinants may be more "causative" of certain difficulties, and genetic inheritance more "causative" of others. This does not negate the fact that both have neural correlates. Further, it does not negate the possibility that one type of knowing may facilitate an increase in the other and vice versa. We have good reason to believe that genetic factors play a significant role in the development of bipolar illness, and that life events have more to do with the development of Post-Traumatic Stress Disorder and Dissociative Identity Disorder, as well as the anxiety that results from neurotic conflict. Nonetheless, identifiable neural correlates are being worked out for each.

While he recounts some unfortunate personal experiences with psychoanalysts, Kandel also gives the people and the field much credit, both for the intellectual inspiration they have engendered and the help his personal analysis provided. In the latter sections of the book, Kandel describes his more recent work and that of others. He maintains that psychoanalysis is in a unique position to aid our understanding of both mind and brain, and that, if it is to regain its preeminence, it must work to make its hypotheses falsifiable. Advances in many fields have made it possible to entertain interesting questions that can be cast as falsifiable hypotheses related directly to topics of psychoanalytic interest.

The author's optimism made me ponder questions I have wondered about for some time. For example, what are the neural concomitants of the altered states of consciousness that occur during an analysis? I was reminded of a patient of mine who, in his third year of analysis, was able to recall a time in his life when his father, due to a sudden change of jobs, was away from home a great deal. The patient recalled watching television when out of the corner of his eye, he saw his mother—wearing a rather transparent nightgown—pass by. The rush of mixed feelings of excitement, fear, guilt, and confusion that he felt at the time became available to the patient, as did the connection to his subsequent preferred place in life of being "number two," as well as his characteristic lack of confidence. Is the notion of studying the ambience in which insight occurs so far out of reach?

I also thought about another patient, one with a very different diagnosis, who in his third year of psychotherapy had a relapse and was rehospitalized. When I came to the hospital for his psychotherapy session, he began by telling me that he was Jesus Christ, and that Gerald Ford had instructed the CIA to kill him because he had just caused the president's favorite football team to lose its game. Twenty minutes into his hour, the patient suddenly stopped talking, looked at me, and said that none of this was true. He then proceeded to tell me his real name, the name of the hospital he was in, and his current realistic situation. I asked him how it was that he now knew what he had not known moments before. He said he did not know the answer to this, but that, twenty minutes after I left, he would again start believing what he had when I first entered. I have long wondered about the relevant relational determinants of this shift, as well as its biological correlates.

Kandel's book integrates autobiography with an elegant didactic exposition of a scientific enterprise spanning a lifetime. He generously shares not only how the trauma he experienced at the hands of the Nazis motivated his scientific and intellectual pursuits, but also how it influenced his social and interpersonal behavior. These influences are revealed most clearly when he recounts his trips to France, Austria, and Stockholm as an adult. In Austria, for example, he took the opportunity granted by his winning the Nobel Prize to "suggest we organize a symposium" that he hoped

> . . . would serve three functions: first, to help acknowledge Austria's role in the Nazi effort to destroy the Jews during World War II; second, to try to come to grips with Austria's implicit denial of its role during the Nazi period; and third, to evaluate the significance for scholarship of the disappearance of the Jewish community of Vienna. [p. 405]

With more personal and emotionally powerful descriptions, Kandel recounts the trips that he and his wife took to visit the people and places of their wartime past.

One aspect of the kinship I felt in reading this book, to which I referred in the beginning of this review, has to do with shared mo-

tivations. Many of us became psychoanalysts, in part, as our response to that dark chapter in human history—trying to understand how humans could behave as they did, and perhaps what might prevent such behavior in the future. *In Search of Memory* makes clear some of the challenges ahead if we are to better address the questions that drew many of us to the study of the human mind. Can we cast our clinical experience into falsifiable hypotheses? Based on that clinical experience, can we offer helpful suggestions to the burgeoning field of neuroscience?

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AWAKENING THE DREAMER: CLINICAL JOURNEYS. By Phillip Bromberg. Mahwah, NJ: Analytic Press, 2006. 224 pp.

Phillip Bromberg has two major differences with the lexicon of classical psychoanalysis: that (1) it emphasizes cognitive and verbal experience over complex emotional communication, and (2) it underappreciates creative experience and spontaneity in the clinical situation. In *Awakening the Dreamer: Clinical Journeys*, he offers a revised psychoanalysis that is more in line with newer findings from attachment theory and mother–infant research, cognitive psychology, nonlinear systems theory, and neuroscientific approaches that see the brain as relational. It is a psychoanalysis that claims to bridge mind and brain, to take greater account of the right brain's mediation of nonverbal unconscious language, and to view the patient as co-creator with the analyst of an intersubjective reality. Bromberg writes:

> In my view, if psychoanalysis is to remain a theory relevant to understanding the mind, and a therapeutic process relevant to healing the mind, certain concepts, such as unconscious conflict, interpretation of resistance, and unconscious fantasy, need to be rethought in light of our current understanding of self-states and dissociation. [p. 2]

And rethink these concepts he does. His "re-visionary" approach is rooted in the history and mission of the American Academy of

Psychoanalysis and Dynamic Psychiatry, the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis, and the William Alanson White Institute, where Bromberg is a Training and Supervising Analyst. He is a major contributor to the relational psychoanalytic literature.

Following his first book on dissociation and self-states,[1] *Awakening the Dreamer* is a compilation of eight essays written in the past decade. Most are reworked papers that appeared in *Psychoanalytic Dialogues*, where Bromberg is on the editorial board, or *Contemporary Psychoanalysis,* of which he is co-editor.

The introductory chapter is especially well organized and helpfully orients the reader to Bromberg's central ideas and what lies ahead. Subsequent chapters are kaleidoscopes of recent research findings, personal impressions, and entertaining stories, all buttressing his arguments for change. Alternating with serious discussions of case material and analytic theory are comments on Gilbert and Sullivan, jazz, contemporary art, jokes, the modern novel, and passages from Shakespeare. While these riffs are often quite relevant, they are sometimes distracting, as is the author's habit of interrupting a clinical presentation to give the reader an update on findings from related fields.

Bromberg's passion for metaphor left me scrambling more than once to keep up with his frequent images of collisions in space, navigation, bumpy roads, potholes, geology, gorillas, and butterflies. During these moments, feeling a bit overstimulated, overfed, or mildly distracted, I saw Bromberg—in my mind's eye—transforming himself from clinical observer and commentator to artist and somewhat seductive performer. Didactic prescriptions for clinicians are to Bromberg like drills for music students; technique should never trump creativity. So "new experience" is listed in the index, while "technique" is not. As a group, the essays contain repetitive passages that could have been eliminated by more careful editing.

[1] Bromberg, P. (1998). *Standing in the Spaces: Essays on Clinical Process, Trauma, and Dissociation.* Hillsdale, NJ: Analytic Press.

Since the late 1980s, a number of analysts within the American Psychoanalytic Association (e.g., Loewald, Renik, Jacobs, Lichtenberg, and Coen) have moved close to or even embraced a relational viewpoint that increasingly emphasizes the analyst's affective experience as a gateway to understanding the patient. Of course, Freud recognized but never developed his ideas about the relational unconscious: "Everyone possesses in his own unconscious an instrument with which he can interpret the utterances of the unconscious in other people."[2]

Nevertheless, traditionally trained analysts stepping on this unfamiliar psychoanalytic soil will hear more than a foreign accent, customary terms used in unusual ways, or an alien vocabulary. They might even meet their own caricature, so commonly portrayed in debate: the "traditional analyst," rule book in one hand and cards face down in the other, with the frustrated patient withdrawing in anger or chatting away from fear that to do otherwise risks shattering their relationship. For Bromberg, dissociation—a mind–brain mechanism intrinsic to everyday functioning—is ubiquitous. It is both intrapsychic defense and interpersonal communication, and replaces repression as the cornerstone both of the psychopathology of everyday life and of more serious disturbances.

Like Freud, Bromberg believes that nothing in mental life disappears, and since this is true for the analyst as much as for the patient, Bromberg's focus is on the interactive workings of two unconscious minds in the office. He cites much overlapping research data to support this, drawn from such areas as: early mother–child affect regulation (Tronick), pre- or subsymbolic, nonverbal emotional information processing (Bucci), implicit relational knowing (Lyons-Ruth), and mentalization (Fonagy and Target).

Bromberg also rejects traditional drive theory, but introduces his own energic and structural ideas, sometimes fused with motivational or neurobiological concepts. Borrowing from evolutionary biology, he replaces Freud's executive "ego" with the "mind" in dealing with dissociation and self-states, his two nodal concepts.

[2] Freud, S. (1913). The disposition to obsessional neurosis. *S. E.*, 12, p. 320.

Our multiple self-states look for the mind's attention. The mind, based on the safety requirements of the moment, selects which self-state is "most adaptive," and "dissociates" the others. Bromberg's intrapsychic conflict is the healthy person's ability to tolerate discrepant self-states. It is as if each mental self-state is one of Darwin's Galapagos Islands—subject to environmental whims, competitive demands, and the principles of natural selection and survival. In this model, self-states are conservative in seeking safety and continuity over risk and change.

Bromberg's explanation of dissociation and self-states strikes me as vague, fluid, and hard to pin down. I do not know if I would feel this way had I read his first book, but I would have liked a more detailed discussion of how he identifies dissociation, the differences between so-called normal and pathological dissociation, and whether dissociation looks different in different personality structures or with different attachment styles.

Bromberg endorses the notion of actual trauma in psychogenesis, but parts company with Ferenczi and Freud on the specific nature of the trauma. The author is convinced that, even in the absence of gross mental or physical abuse, parental efforts to impose a wished-for image onto the child, while ignoring, disconfirming, or not recognizing the child who fails to please, can have the very same psychological impact as more dramatic life events. Such parental failures of attunement lead to what he calls *developmental* or *relational trauma*. While a few of the nine clinical cases in this book have experienced sexual humiliation, most have suffered developmental trauma, often leading to surface compliance (Winnicott's false self) to avoid the loss of the primary attachment figure.

Consideration of the effects of prolonged rejection by early caregivers has a long psychoanalytic history (i.e., Ferenczi, Sullivan, Fairbairn, Spitz, Winnicott, Kohut, Fonagy), and I would have liked to see Bromberg attempt to place his own dissociative self-state theory in this historical context. The reader might also have benefited from an explanation of how his developmental trauma ideas are similar to or different from those that came before his own.

I also puzzle over Bromberg's omission of the complexities of patients' guilt and conflicts involving conscience. He is fascinated by the affect of shame, which he sees as another byproduct of developmental trauma. And while I applaud his effort to bring evolutionary concepts closer to psychoanalytic ones, his dismissal of both drive theory and a psychology of conscience seems to diminish his vision of human agency, accountability, and patients' deeper conflicts over responsibility.

Bromberg claims sensitivity to patient and analyst boundaries, disavowing "anything goes" and "wild analysis." Yet he is clearly impatient with standard theory and technique and offers to replace them with his own. Nowhere is this more evident than in chapter 7, "The Analyst's 'Self Revelation': Not Just Permissible, But Necessary." Referring to the contributions of Aron, Davies, Hoffman, Maroda, Mitchell, Levenson, and Renik, Bromberg states his belief that the mutual sharing of dissociated experience—previously felt to be too dangerous for patient and analyst to process together—is a "breakthrough in clinical theory" (p. 130). But before leaping from classical to relational technique, it seems to me that a good deal more attention needs to be paid to the many layers and meanings of the patient's transference—and how the patient uses past experience to bear on the analyst's actions, affects, and intentions in the clinical situation.

For decades, it was argued that, as the blank-screen analyst became more "real" and gratifying, the patient would lose motivation for uncovering and sharing fantasized transference projections. For Bromberg, in line with the thinking of the British Object Relations School (Bion, Winnicott, Joseph, Ogden), the "one-person psychology" paradigm does not do justice to the central role of the analyst's psychology in the clinical encounter. In fact, Bromberg sees the analyst's feelings and thoughts in the hour as exquisitely tuned in to the patient's. And since the analyst's subjective reactions belong to both patient and analyst, they often take precedence over the patient's subjectivity as grist for the analytic mill.

While a case might be made for the merits of close attention to the analyst's every thought and feeling, it concerns me when a case

report is more heavily weighted with attention to the analyst's subjectivity than the patient's. I would have also liked to see more discussion of those aspects of the analyst's mental life that Bromberg sees as self-serving, out of bounds, or otherwise too problematic to communicate to the patient, and how the analyst monitors these subjective experiences in relationship to self-disclosure.

Enactment expresses the deeper (unconscious) emotional life of both people. Bromberg's analytic situation encourages the use of enactment struggles as a stimulus for self-disclosure by both analyst and patient, to be followed by a more cognitive mutual processing of what occurred. Without both parties experiencing this highly charged arousal situation, interpretive processing, to Bromberg, is no more than pseudoanalysis.

Here is a clinical sample from the book. In the final phase of her analysis, Katie reports a dream in which she is water-skiing behind her mother, who is driving the boat. At the sight of a fin following her, Katie becomes panicky. Bromberg tells us that he was aching to interpret the dream as representative of Katie's strong doubts that she could survive without her treatment. At the same time, in spite of the anxiety described by the patient in recounting the dream, he felt oddly calm. He then had a reverie of holding on to the back of his daughter's first two-wheel bicycle until she was ready to take off on her own; he had felt both exhilaration at her success and anxiety that she didn't need him any more. This causes Bromberg to wonder if he is afraid of losing Katie as a patient. He shared his reverie with Katie, and instead of her focusing on him, as he "might have anticipated," Katie "went more deeply into the dream space" (p. 18), wondering if the fin was a shark or a "dollfin," which led to her exploration of feelings about not wanting to be her mother's little doll.

Bromberg believes both he and Katie needed to engage the "linguistically shareable raw experience of the other to emerge intersubjectively from the dissociative cocoon in which we were trapped as subjective isolates" (p. 19). Katie the dreamer—and herein the title of the book—awakened in Bromberg an affective confrontation with his own dissociated state involving separation from

his daughter. In the context of termination, Bromberg saw Katie as giving him another chance to play the parent, both to her and to his daughter.

But why and in what way did Bromberg anticipate that Katie would focus on him? Did he wonder, as I do, about Katie's rivalrous or envious feelings aroused by his disclosure of closeness with his daughter? Where is Katie's anger at him for dangling his daughter's independent step in front of her while she was struggling with her own feelings toward him and her mother? Were Katie and Bromberg in collusion not to bring up such reactions to his self-revelation? Or am I so drive-theory-bound that I cannot appreciate his view that, at this moment in Katie's treatment, his self-disclosure served as a model for her to better access her own dissociated self-states, thus opening a door that had previously been shut?

Beyond "enactment as inevitable," which some modern conflict theorists have come to accept, Bromberg calls for a true paradigm shift. For generations, therapists were taught that basic trust was founded on the patient's deep belief that the clinician's attention would be centered on the patient's needs and inner life, rather than on the therapist's. In Bromberg's relational view, the analyst's self-disclosure has a didactic purpose, even if dressed in affect theory and current neurobiological research findings; it is a model for the patient to follow. Especially with traumatized, "difficult patients" (p. 108), Bromberg sees the analyst's "affective honesty" as the major building block with which to restore trust in human relationships.

Bromberg acknowledges that a patient could become overaroused or feel intruded upon by disclosures about the analyst's personal life. But his central premise that self-disclosure as part of enactments should take the place of interpretive work with patients is not, in my view, supported by his clinical examples, nor by his referencing advances in related fields. While I cannot accept his postmodern analytic model, I think avoiding the pitfalls of theoretical polarization is important, and I look forward to clinical research results, papers, and panel discussions that might help define unconscious communication and its relationship to self-disclosure within enactments.

In reading this book, my colleagues may wonder about their own analytic experience in light of Bromberg's very different clinical approach, as I myself did. In two personal analyses in the 1960s and '70s—in my mind, successful ones—neither of my analysts divulged personal information or fantasies to me, with one exception: on the last day of my first analysis, the less "Kosher" analyst of the two gave me a book: *Psychoanalytic Pioneers*.[3] While we never analyzed the gift, the title alone had me spinning with fantasies about my analyst's professional background and his wishes for my future.

If Bromberg's ideas about self-disclosure are a breakthrough in clinical theory, those of us who have been on either side of the couch prior to the breakthrough must ponder whether our analyses were more superficial (intellectual) than those Bromberg envisions in this book. And if not, how did our analyses achieve the depth that they did without the overt intensity of the analyst's emotional participation, as required by Bromberg's approach?

Loewald (1986)[4] offered a partial answer to this question that I believe anticipated some of the current discussion around anonymity and self-disclosure:

> For most if not all patients in analysis, the analyst's emotional investment, acknowledged or not by either party, is a decisive factor in the curative process . . . . Observing and understanding the patient analytically and conveying this understanding to him by interpretive interventions is the analyst's enactment of his caring for another person. [pp. 285-286]

Loewald's interpreting analyst is neither the straw man Bromberg portrays nor his self-disclosing analyst, but is nonetheless a deeply emotionally invested partner in the treatment.

[3] Alexander, F., Eisenstein, S. & Grotjahn, M. (1966). *Psychoanalytic Pioneers*. New York: Basic Books.

[4] Loewald, H. (1986). Transference-Countertransference. *J. Amer. Psychoanal. Assn.*, 34:275-287.

The reader looking for diagnostic criteria in order to consider which patients may be most suited for Bromberg's approach will be disappointed. Bromberg distances himself from all diagnostic schemata. The dreamer in this book is really all of us, patients and analysts alike. Bromberg's "developmental trauma" is as broad in scope as was Freud's oedipal complex. The explicitly remembered past is much less important to Bromberg than the present intersubjective moment. About this, he says: "Instead of being able to deal with 'what happened to me,' the person enters therapy to deal with what he is sure will happen to him and what is happening to him now" (p. 5).

The problem for us as analysts is that half our patient population has experienced developmental traumas and the other half thinks they have, and few of us, if any, can tell these two groups apart.

While a very capable synthesizer, Bromberg's aim in this book is not to integrate relational and classical analytic thought. On finishing it, one realizes that Bromberg's stated goal in the introduction—to "rethink" basic analytic premises—is really much more modest than his actual goal, which is to "replace" basic analytic premises with a focus on his conceptions of dissociation, self-states, self-disclosure, and enactment.

Some people—and I am one of them—think classical and relational psychoanalysis are more similar than different, in spite of variations in vocabulary, different understandings of basic terms, and even efforts at paradigm shifts in theory and technique. Like Freud, Bromberg is clearly committed to freeing his suffering patients from their unrecognized internal burdens and helping them arrive at a meaningful narrative in the safety of a new relationship. For many of us, this is the essential psychoanalysis.

Awakening the Dreamer is a stimulating and important book that is fascinating to read. To classically trained clinicians who are open to having their basic assumptions challenged, and who want to learn about the current thinking of a highly experienced relational psychoanalyst, I strongly recommend it.

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READING PSYCHOANALYSIS: FREUD, RANK, FERENCZI, GRODDECK. By Peter L. Rudnytsky. Ithaca, NY/London: Cornell University Press, 2002. 326 pp.

Peter Rudnytsky identifies himself not as a psychoanalyst but as a mere literary critic. It is as such that he brings to this volume a close—indeed, microscopic—reading of some classic texts by pioneering figures (Freud, Rank, Ferenczi, and, somewhat surprisingly, Groddeck) in order to understand some recent developments in the field. He is, however, a critic with an ax to grind, and it is the sparks that fly from that procedure that, for this reader at least, raise some questions about what is for the most part an impressive demonstration of erudition, literary skill, and conceptual grasp.

Fittingly, Rudnytsky begins by exploring Freud's earliest effort at the analysis of a literary text: Jensen's "Gradiva."[1] This essay was Freud's first venture into the realm of applied psychoanalysis, stemming, as Rudnytsky says, "from the halcyon days of the movement" (p. 2), and Rudnytsky, himself a distinguished practitioner in this realm, traces the pathways of its evolution and subsequent contributions, such as "Leonardo" and the Schreber case. Indeed, he cites with approval Schafer's observation that "it would be just as warranted to recommend viewing clinical analysis as a form of applied analysis as to continue viewing applied analysis as parasitic on clinical analysis" (p. 6).[2]

In his carefully wrought critique of Freud's texts, Rudnytsky places emphasis on similarities in the Freudian method of argument in the reading of fiction, of autobiography, and of what Rudnytsky calls his "clinical fictions"—i.e., Freud's case reports. In all cases, the author asserts, "Freud concentrates on the oedipal level of repressed wishes but neglects to consider moods or states of being" (p. 12). In his analysis of the characters in Jensen's novel (whom he tends to treat as though they were real persons), Freud ignores the fact that both of them—Norbert Hanold and Zoe Bert-

[1] Freud, S. (1907). *Delusions and Dreams in Jensen's "Gradiva."* *S. E.*, 9.

[2] I made a similar observation in: Esman, A. H. (1988). What is applied in applied psychoanalysis? *Int. J. Psychoanal.*, 79:741-756.

gang—lost their parents in childhood and suffer, as did Freud himself, from early object loss and unresolved mourning. "Both Zoe and Norbert are phantoms, recalled to life through the power of love" (p. 14). It is therefore through the lens of object relations theory that, Rudnytsky contends, one can follow the multiple levels of Freud's identifications with Hanold and with Jensen himself, who, it turns out, also lost treasured figures in his childhood.

It is this last theme that pervades the rest of the book under review—the theme that Freud, in his own need to repress the traumatic impact of his mother's detachment and neglect and the loss of his beloved nanny, consistently and defensively focused on oedipal dynamics and the relation to the father—in preference to preoedipal issues of attachment, loss, and the role of the mother—in his analysis of both psychopathology and normal development. This argument is made with particular intensity in Rudnytsky's "feminist" reanalysis of the case of Little Hans,[3] in which, with the aid of recently revealed information about the Graf family situation, he concludes that, "rather than the therapy of an individual child . . . the case of Little Hans is better understood as an instance of family therapy" (p. 23).

To this reader, in the two chapters devoted to an exquisitely detailed study of Freud's text and the corollary materials, apart from the usual ritualized genuflections to his "genius," Freud is depicted as something of a monster: epithets like "outrageous," "notorious," "grandiose," "phallocentric," and "heterosexist" pepper the text. Freud never changed his mind nor admitted error (ignored are the transformations of theory evident in "Inhibitions, Symptoms, and Anxiety"[4]), and suffered from an antihomosexual bias (ignored is the "Letter to an [Anonymous] Mother"[5]). Freud's whole approach to Little Hans was determined by a countertransferential identification through which he imposed on the boy his

[3] Freud, S. (1909). Analysis of a phobia in a five-year-old boy ("Little Hans"). *S. E.*, 10.

[4] Freud, S. (1926). *Inhibitions, Symptoms, and Anxiety. S. E.*, 20.

[5] Freud, E. L., ed. (1960). *Letters of Sigmund Freud.* New York: Basic Books, pp. 423-424.

own defensive oedipal, antifeminist constructions, according to Rudnytsky. Although the author acknowledges that Hans's parents systematically misinformed the boy about matters of sexual anatomy and reproduction, whatever confusion he may have had is somehow to be laid at Freud's door. Freud (who did know the family more extensively than he acknowledged in his account) gave the boy a rocking horse at some point (whether before or after the phobia appeared isn't clear) that somehow may have contributed to the boy's illness. And, to cap it all, he failed to address the matter of Hans's Jewishness, clearly because of his ambivalence about his own.

There is no question that many of Rudnytsky's criticisms have substance; some of them have been made before. Certainly, Freud's failure to address the serious marital conflicts of Hans's parents or the impact on the boy of Frau Graf's chronic depression and sadistic treatment of her daughter constitute grave oversights. But a more balanced, less polemical review of the case, based on the same materials, can be found in articles by Harold P. Blum,[6] Peter Neubauer,[7] and Jerome C. Wakefield.[8] And, remarkably, despite all Freud's putative errors, biases, and blind spots, his unprecedented venture into child psychoanalysis somehow helped Little Hans not only to recover from his phobia, but also to survive his parents' divorce and later to live a healthy and creative adult life.

It is in the succeeding chapters on the work of Rank, Ferenczi, and Groddeck that Rudnytsky makes his message clear. Each of these writers represents, for him, a founding figure in the turn of psychoanalysis toward modern object relations theory and its attendant practice which, in his view, has "by common consent now supplanted the 'one-person' paradigm of orthodox ego psychology" (p. 143). Space does not permit a thorough review of his detailed, carefully wrought appraisal of each of these masters.

[6] Blum, H. P. (2007). Little Hans: a contemporary overview. *Psychoanal. Study Child*, 62:44-60.

[7] Neubauer, P. (2007). Exploring Little Hans. *Psychoanal. Study Child*, 62:143-149.

[8] Wakefield, J. C. (2007). Max Graf's "Reminiscences of Professor Sigmund Freud" revisited: new evidence from the Freud Archives. *Psychoanal. Q.*, 76:149-192.

In discussing Otto Rank, Rudnytsky is particularly appreciative of his early studies on art and mythology and, more important, of his shift in emphasis toward the early mother–child relationship, which began with his deeply flawed but influential *Trauma of Birth*[9] and eventuated in his total break with Freud, his former master. At the same time, Rudnytsky is critical of the increasing rigidity of Rank's post-Freudian technique and his insistent refusal to acknowledge the role of actual life experience in the developmental process—all related to what he calls Rank's "manic-depressive temperament" (p. 102; see also pp. 88-90).

The iconic figure in the genesis of the object relational (or intersubjective) turn in psychoanalysis is, of course, Sándor Ferenczi, and it is to him that Rudnytsky devotes his most sympathetic and extended attention. Ferenczi, whom his disciple Balint described as essentially a lifelong child,[10] was for years perhaps Freud's most devoted and subservient follower, departing from him only reluctantly and painfully as he felt that his clinical experience dictated changes in his therapeutic technique. Increasingly impressed by what he heard as accounts of early childhood deprivations and other real-life traumas and drawing from his own painful childhood, he became convinced of the necessity for the analyst to address, both in words and in behavior, the patient's early losses and sufferings rather than his/her oedipal conflicts. Hence the development of Ferenczi's efforts at "mutual analysis" and his use of actual physical contact with his patients. To this, and what appeared to him to be serious boundary violations, Freud took strong exception, and their relationship did not recover from this rejection. Rudnytsky tells this story well and with feeling as he traces out the impact that Ferenczi's innovations have had on recent tendencies in the field.

Unlike Ferenczi, Georg Groddeck has, at least until recently, enjoyed little attention in North American psychoanalytic circles.

[9] Rank, O. (1929). *The Trauma of Birth.* New York: Robert Brunner, 1957.
[10] Balint, M. (1949). Sándor Ferenczi, obit 1933. *Int. J. Psychoanal.,* 30:215-219.

Rudnytsky makes a strong case for his special genius, displayed most particularly in *Book of the It*,[11] which Rudnytsky suggests may be the greatest masterpiece in the psychoanalytic literature. Groddeck conceived the *It* as a kind of inner daemon, exerting its influence on every aspect of body and mind; Freud credited Groddeck for inspiring his concept of what Strachey translated as the *id*. (Rudnytsky takes Freud to task—rather captiously, I think—for suggesting in a footnote that Groddeck borrowed the term from Nietzsche; Rudnytsky acknowledges, however, that Nietzsche did use the term at one point, though he never elaborated on it.)

Groddeck, a physician who operated a hospital in Baden-Baden, apparently came independently to some of Freud's ideas, became inspired by reading some of his early writings, and undertook an extended correspondence with Freud. Groddeck applied psychoanalysis (as he understood it) to both mental and physical disorders, claiming thereby to have cured a variety of somatic illnesses, including cancer.

Groddeck's outspoken accounts in his book of his masturbatory practices and his enthusiastic encouragement of such activities did not endear him to Freud, whose views on such matters were rather different; he compared him to Stekel, thus essentially reading him out of the inner circle. In turn, Groddeck dismissed *The Ego and the Id*[12] as "inconsequential," complaining that Freud had given the notion of the *It* a totally different meaning from his own. Groddeck cheerfully described himself as a "wild analyst," but Rudnytsky credits him with exerting a major influence on Frieda Fromm-Reichmann and the Chestnut Lodge group, and—along with Rank and Ferenczi—being a major force in shaping the object relational point of view.

In his final chapter, Rudnytsky makes a plea for what he calls "consilience" (borrowing from E. O. Wilson)—by which he means a meeting of minds among the various conceptions of what sort of animal psychoanalysis may be. In dialogue with Robert Waller-

[11] Groddeck, G. (1923). *The Book of the It.* New York: Int. Univ. Press, 1976.
[12] Freud, S. (1923). *The Ego and the Id. S. E.,* 19.

stein, Merton Gill, and others, he maintains the view that object relations theory has essentially supplanted ego psychology as a guiding set of principles. His major concern, however, is the old issue of the scientific status of psychoanalysis. Against the postmodernists and others who dismiss any such claim, he makes use of the work of Gerald Edelman and Eric Kandel to develop a closely reasoned argument:

> While psychoanalysis as a mode of therapy is indeed a hermeneutic discipline—and thus not bound by canons of natural science—this interpretive practice should be based on a theoretical foundation where such restrictive canons are both necessary and appropriate. [p. 219]

As noted earlier, a review such as this cannot do justice to the depth and breadth of Rudnytsky's scholarship, the quality of his writing, or the persuasiveness of his advocacy. It is this last, however, that seems to me to carry him away. His insistence that "by common consent" object relations conceptions have carried the day will surprise the many analysts who still find that Freud's conflict theory, however modified, serves them well in their efforts to understand their patients. His contention that structural theory is "scholastic" and "irrelevant" will be news to those who (*pace* Brenner[13]) have found it a useful guide to their conceptualization of how the mind is organized.

It is fair to say, I think, that through the work of Hans Loewald, Otto Kernberg, and others, some synthesis of ego psychology and object relations theory and practice has begun to evolve, and that few analysts today of any stripe adopt the austere surgical metaphor that Freud advocated in print but—as many have shown—did not follow in his own practice (e.g., his feeding of the Rat Man, his literary discussions with H. D.). Reading *Reading Psychoanalysis* is hard work, but it will challenge the mind, perhaps raise

[13] Brenner, C. (2006). *Psychoanalysis or Mind and Meaning*. New York: The Psychoanalytic Quarterly.

some hackles, and enrich the reader's grasp of some critical events in the history of the field.[14]

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[14] I am indebted to Rudnytsky for pointing out an error of my own (see *Reading Psychoanalysis,* p. 175n). In writing my 2001 article "Italo Svevo and the First Psychoanalytic Novel" (*Int. J. Psychoanal.,* 82:1225-1233), I was unaware that Svevo's publication of *La Coscienza di Zeno* (1923) had been preceded by a year by Groddeck's novel *Der Seelensucher* (1922). Rudnytsky acknowledges, however, that Groddeck's novel was a "bagatelle" compared with Svevo's masterpiece, and it seems never to have been reprinted or translated.

FROM DEATH INSTINCT TO ATTACHMENT THEORY: THE PRIMACY OF THE CHILD IN FREUD, KLEIN, AND HERMANN. By Philippe Van Haute and Tomas Geyskens. New York: Other Press, 2007. 164 pp.

When Freud introduced the concept of the death instinct,[1] he acknowledged that it was a highly speculative notion:

> It may be asked how far I am convinced of the truth of the hypotheses that have been set out in these pages. My answer would be that I am not convinced myself and that I do not seek to persuade other people to believe in them. Or, more precisely, that I do not know how far I believe in them. [Freud 1920, p. 59]

In the event, few of those others were persuaded; aside from Klein and her followers, most psychoanalysts found the idea both theoretically implausible and clinically dispensable, and Freud himself rarely referred to it in his later writings. For most, it has survived as the ur-text in the evolution of the theory of aggression.

In the present, compact volume, two Dutch scholars (identified as "philosophical anthropologists" and practicing psychoanalysts) revisit the concept of the death instinct, both as Freud con-

[1] Freud, S. (1920). *Beyond the Pleasure Principle. S. E.,* 18.

ceived it and as Klein embraced it, with the aim of teasing out the role it plays in their respective conceptions of individual psychic development and of psychopathology—and, ultimately, of contrasting these conceptions with attachment theory as formulated both by John Bowlby and by his less-recognized Hungarian precursor, Imre Hermann. It should be said at the outset that they do so effectively, with impressive scholarship, convincing rhetoric, and a solid grasp of both theoretical and clinical aspects of the field.

Van Haute and Geyskens remind us that Freud conceived the death instinct in the wake of World War I, in the course of his efforts to understand anxiety dreams and what we now call post-traumatic stress disorder. He found the compulsion to repeat traumatic experiences to be a general human phenomenon, and ascribed it to a universal, biologically based drive, counter to the pleasure-seeking sexual instinct, that aimed at mastery of these experiences and thus the reduction of tension to the level of inorganic existence—i.e., to death. Ultimately, all later traumatic experiences reactivated, through *nachträglichkeit,* the primal trauma of the infantile pain of hunger and helplessness in the face of maternal delay of oral gratification and the failure of hallucinatory wish fulfillment. Attachment to the mother was thus in this view a secondary response to her filling the infant's vital needs and, ultimately, to the satisfactions of infantile sexuality.

The authors go on to spell out how Klein seized on the death instinct idea as the central issue in her conception of early development. All the primitive defenses and innate fantasies of the infant from the beginning of life were in her view directed toward protecting the child, initially from the self-directed power of the death instinct and subsequently from the destruction of the object by externalized aggression. To the extent that actual experience could modify or attenuate the child's internal struggles, responsive and attentive mothering (the "good breast") could ameliorate them, while inattentive caretaking (the "bad breast") would aggravate them. Thus, for Klein, too, the relation with or attachment to the mother was secondary to both the death instinct and to the mother's provision of basic oral gratification. Since both Freud and

Klein based their formulations on their clinical observations, the authors speak of their work as "clinical anthropology" (p. 111).

It was left to Bowlby to exploit both actual child observation and primatological studies to propose an innate, primary attachment instinct, independent of oral gratification, and thus to formulate a true developmental psychology. For him, then, according to Van Haute and Geyskens:

> Pathologies are caused by an inappropriate or inadequate response by the environment to the attachment behavior of the child. Pathology is not the regression to a state that was once normal . . . . It is the consequence of the shortcomings of the mother and the environment during childhood. [p. 113]

Thus, despite his more scientifically sophisticated understanding of attachment, Bowlby emerges with a sharp distinction between normality and pathology, and with a conception of pathogenesis that echoes Freud's early seduction theory.

It is in the largely untranslated writings of Imre Hermann that the authors find a solution to what they repeatedly describe as the "problematic" of attachment. On the basis of both his clinical work and his study of the behavior of chimpanzees, Hermann, anticipating Bowlby by several years, proposed his own dual instinct theory, based on: (1) clinging and searching, and (2) a reaction formation, the tendency to detach oneself from the primal object. Aggression, he suggested, is a form of clinging reinforced by frustration; it is "a form of nostalgia and a disavowal of inconsolability" (p. 127). As Van Haute and Geyskens put it: "According to Hermann, the most basic anxiety is . . . not the fear of the tension of needs (Freud) or the fear of the death instinct but the fear of being abandoned by others" (p. 130). "Aggression . . . is only the reaction to the frustration of the dream of unity with the primal object" (p. 130).

This brief summary cannot do justice to the precision of the authors' careful exposition of the essence of each of the bodies of thought they consider, or to the judiciousness of their argumenta-

tion. It is true that they barely consider, except in some of their extensive footnotes, the work of more recent contributors to this conversation; modern object relations and attachment theorists are essentially absent from their text. It seems clear that their self-imposed limitation derives from the wish to bring Hermann's unfamiliar but pioneering work to more widespread attention, and in this it seems to me that they succeed.

The overall tone of this most commendable book is demonstrated in its conclusion: "Our interpretation of attachment, aggression, and sexuality in Freud, Klein, and Hermann can . . . be no more than a metaconstruction . . . . Psychoanalytic theory is essentially incomplete and precursory. It waits in expectation of the next analysand" (p. 141).

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THREE FACES OF MOURNING: MELANCHOLIA, MANIC DEFENSE, AND MOVING ON. Edited by Salman Akhtar. New York: Jason Aronson, 2001. 224 pp.

This small volume comprises primarily papers presented in 2001 at the 32nd Annual Margaret S. Mahler Symposium on Child Development in Philadelphia, Pennsylvania. Expectably, Mahler's conceptual contributions are liberally referenced throughout the volume—separation individuation, libidinal object constancy, the unavoidable losses of developmental changes, and mourning of the loss of one-ness. In keeping with the design of the symposium, the book is organized around four primary chapters (presentations), each followed by a discussion chapter. The unifying theme is mourning of the loss of a primary object, either early in life or in adulthood.

Threads winding through all these essays include fundamental questions: What intrapsychic changes are integral to mourning? What is a child's capacity to mourn? What are the intrapsychic and interpersonal requisites for mourning in the child or the adult? What internal or interpersonal situations block mourning? How

do preoedipal issues and separation individuation processes contribute to (or interfere with) mourning? How is the pain of mourning defended? Each pair of essays stands on its own as a dialogue between two experienced and sensitive analysts. Taken together, there are frequent reflections within reflections, deepening and expanding the whole.

In the opening chapter, Helen Meyers raises what she acknowledges is a "provocative question" (p. 16) and fundamental challenge: Is mourning necessary? She writes, "I will question the necessity of classical 'mourning' for a 'healthy' resolution in dealing with object loss as universally accepted in the analytic literature" (p. 17). Though she explicitly asserts that her question is applicable for both men and women, she develops her argument only in relation to women confronting the loss of the mother, basing it on the contention that girls achieve less complete psychological separation from the mother than do boys.

> Women deal with the death of their father as the loss of an "Other"—a beloved other if they had a good relationship with father, a not loved other if they had an ambivalent relationship—but always an other, while they deal with the death of mother as a loss of part of themselves. [p. 17]
>
> Internalization of the object that remains invested, identification with mother for the woman, that is "becoming mother," and, thus, filling in the lost part of the self, makes for the special resolution of the trauma of the loss of mother for the adult woman and obviates, not bypasses, the mourning that involves rage and depression and functional interference. [p. 29]

Meyers offers three clinical vignettes to illustrate her thesis. These women apparently experienced the deaths of their mothers with little of the expectable feeling states of grief (denial, anger, despair). Nor did they show evidence of the psychological constriction one might traditionally expect when a person fails to mourn. Rather, each showed extensive identifications with her mother following the loss. Meyer's emphasis on the process of identification

following loss is not new; most theorists since Freud have placed identification at the heart of mourning.

In her discussion of Meyers's paper, Corinne Masur explores the role of identification as a part of healthy adaptation to loss. The losses of separation during early childhood and adolescence provide a prototype for later losses and mourning. The child's identification with the parent is a normal response to the developmental demands of separation, allowing the child to maintain the relationship with aspects of the primary object internally and to carry on specific parental functions autonomously. However, as Freud observed, identification with and internalization of an ambivalently held object can lead to hatred and rage directed toward the self.[1] Even when ambivalence is not prominent, extensive identification can represent a defense against the painful affects of mourning (longing, sadness, anger), tantamount to a denial of the reality of death.

Meyer's argument and her clinical vignettes are interesting, but ultimately unconvincing to either this reader or the discussant. Masur suggests that Meyer's clinical examples can perhaps be better understood as failures to mourn rather than as an alternative resolution of loss.

> Is it thus reasonable to say, as an alternative to Dr. Meyer's hypothesis, that in a *subset* of women who have not experienced early object loss per se and who have also not been able to separate optimally from their mothers that identification with the mother at the time of her death might be both adaptive and defensive? That is, that while "becoming mother" might be the best resolution possible for them following mother's death, it may also represent a defense against experiencing both the reality of their loss and the painful feelings associated with that loss. [p. 42, italics in original]

This resolution would then "forfeit an experiencing of their true and passionate feelings both about their mothers and the loss of

[1] Freud, S. (1917). Mourning and melancholia. *S. E.,* 14.

their mothers, as well as a sense of themselves as independent, authentic, and unique individuals" (p. 42). Furthermore, there cannot be any assurance that these women will indefinitely avoid the experience of mourning.

These contrasting views nicely frame the contribution by Calvin Settlage about defensive adaptations to early "libidinal loss"—the experienced loss when the primary object is physically present, but unable to be appropriately available to the child or to tolerate and support the child's developmentally appropriate aggression in the service of separation. Settlage asserts that the child represses aggressive feelings in order to preserve the relationship, and that these aggressive, angry, or hostile feelings remain unconscious (outside the modulating regulation of the ego), where they contribute to fantasies of omnipotence and destructiveness. Settlage postulates that these unconscious fantasies, along with reinforcing defenses such as splitting or turning aggression against the self, interfere with the formation of self and object constancy, prevent the processes of separation individuation, and ultimately become the "key pathogen in preoedipal pathology" (p. 86). The individual is arrested in a dependent and inhibited position in relation to his/her objects. The adult who has suffered these difficulties cannot appropriately mourn later losses, including loss by death.

> Arrest of the separation-individuation process can impair and prolong the mourning process. Because the unresolved childhood dependency is displaced to the current love object, loss of the current object exposes the unrecognized dependency and reawakens the childhood feelings of insecurity, helplessness, and unworthiness. The resulting anxiety and feelings of despair are at first defended by denial of the loss . . . . The mourning process cannot be effectively engaged until the loss of the object is accepted. [p. 67]

Settlage offers clinical illustrations of three patients, one child and two adults, each confronted with loss of the analyst when he moved away. The child patient, who was twelve at the time of the move, was seen intermittently several times during return visits.

One adult woman continued her analysis by phone. The second adult woman resumed treatment at a distance following the death of her husband. Settlage's clinical material is compelling regarding the persistence of unconscious ambivalence, rage, and fears of destructiveness. He suggests that this early and persistent rage must be expressed and worked through as part of the mourning.

Settlage's perceptive paper is discussed by Salman Akhtar, who concurs with Settlage about the place of unexpressed rage and adds several additional dimensions from his own theorizing to Settlage's description of early libidinal loss, notably the individual's experience of unformulated "mental pain," the use of manic defenses, and disturbances in the sense of time.

Herbert Schlesinger emphasizes that mourning is a natural and inevitable part of life, necessary for separation, growth, and maturation. In his essay, he considers technical problems in analyzing the mourning patient:

> Loss, perhaps unacknowledged loss, is the major reason patients come to psychoanalysis. The experience of loss, however, is not the "problem." If there is a problem for analysis, it rather is in the way the patient avoids dealing with the experience of loss. [p. 137]

In the course of analysis, the patient will need to mourn the losses that brought him/her to treatment.

Perhaps even more central to Schlesinger's contribution, however, is his assertion that the analysis itself will inevitably bring further occasions of loss and mourning. The patient may need to mourn the loss of his/her symptoms (experienced as the loss of a part or aspect of the self); the patient will need to come to terms with limitations and mourn the loss of what is not possible; analytic change always involves a loss of what has been familiar; and, finally, analytic progress leads inexorably to the loss of the analyst, a significant occasion for mourning in its own right and rich with the echoes of earlier object loss.

In an earlier paper,[2] Schlesinger described his conception of analysis as proceeding in episodes of change, each associated with conflict and efforts to protect the existing and familiar way of being. In his chapter in *Three Faces of Mourning*, Schlesinger expands his focus on the intrinsic losses in change and the necessary mourning attending these losses. When these inevitable losses are not acknowledged and mourned, the patient may remain stuck.

> Every achievement in analysis carries with it an "intimation of mortality," that is, success brings with it the fear that if there is much more of this "progress" the analysis will be over and then I will have to give up the analyst too . . . . Certain patients believe they must deny or minimize any positive change lest the analyst get the idea that the patient has "had enough" and is ready for discharge, that is, can safely be abandoned. [p. 132]

Whether in relation to these moments of change, or to the loss of an object, Schlesinger's concern is with the ways that analysts can interfere with the patient's mourning through failure to recognize the fact of loss, collusion with the patient's denial, inappropriate reassurances, and—possibly most important, for Schlesinger—the process of interpretation. "The mourning process may need protection both against the patient's efforts to minimize pain by denying loss, thus seeming to make mourning superfluous, and protection also from problems the analyst may have in dealing with loss" (p. 119).

Schlesinger states that:

> It takes great discipline to allow a patient (or a loved one) to experience the processes of grieving and mourning fully, and to appreciate, and help them appreciate, the importance of doing so. The tendency to interpret inappropriately at such times, or even to offer unneeded support, perhaps better called by its right name, "meddling," may

[2] Schlesinger, H. J. (1995). The process of interpretation and the moment of change. *J. Amer. Psychoanal. Assn.*, 43:663-688.

> be almost irresistible for the analyst who has also become attached to his patient and for whom empathy has drifted too close to identification. [p. 124]

Interestingly, these passages in Schlesinger's essay seem to respond to an aspect of Settlage's paper. Settlage believes that patients with early libidinal loss require a modified technique in which the analyst offers him-/herself as both a transference object and as a developmental object, in order for the earlier developmental processes to resume. Extending Freud's discussion of the component of "after-education" within psychoanalytic technique,[3] Settlage states:

> In my thinking, *after-education* and relief of *developmental inhibition* are effected through the patient's interaction with the analyst as a developmental object, using the analyst in accordance with the patient's developmental needs . . . . Developmental *interaction* is enabled when the undoing of pathology in a given area of personality development opens up that area for resumption of development. The patient's use of the analyst as a developmental object can be enhanced by adding a *developmental stance* to the usual analytic stance. [p. 88, italics in original]

If by *developmental stance,* Settlage means sensitivity to the current developmental needs of the patient and facilitation of the patient's expression of painful experience, I think Schlesinger would be in full agreement. However, I wonder if Settlage's proposed modifications of technique might constitute, in Schlesinger's term, *meddling.*

In his discussion of Schlesinger's paper, William Singletary acknowledges that he learned from Schlesinger that "when there's a sudden turbulence in a treatment that had seemed to be going well, the question to ask is not 'What's gone wrong?' but 'What's gone right?'" (p. 145). Echoing Masur's and Settlage's essays, Singletary agrees that difficulties with mourning are closely linked to problems with self and object constancy, or what Mahler referred

[3] Freud, S. (1940). *An Outline of Psycho-Analysis. S. E.,* 23, p. 175.

to as *libidinal object constancy*. Singletary affirms the importance of mourning in the process of change, and then extends this idea to consider those patients who cannot allow themselves to love or be loved, to take in what is offered:

> In my clinical experience, there has been a certain group of challenging patients whose treatments most clearly reflect their great difficulty with the loss and mourning associated with therapeutic change. These patients . . . have great conflicts about receiving and giving love . . . . Virtually all these patients have experienced significant trauma such as deprivation, abuse, neglect, loss, or surgery early in life. Under such traumatic influences, an internalized world dominated by hostile self and object representations is established and then actively maintained . . . . Positive experiences of self and other in the analytic setting are disruptive and seem to act as toxins or allergens . . . . With such patients, there is both a necessity and an *ability* to retain negative affective mental representations of self and objects in spite of positive experiences . . . . An inability, or perhaps refusal, to mourn . . . is an integral part of this pathology-maintaining process. [pp. 146-147, italics in original]

Henri Parens's contribution draws from his longitudinal observations of mothers and children within a study setting that aimed to provide educational rather than therapeutic interventions. He describes how adults can either facilitate or interfere with a child's mourning. Ideally, a caring adult will function as an auxiliary ego for the child, permitting and facilitating the experience of mourning. However, in Parens's experience, caring and sensitive adults frequently provide, instead, a great obstacle to the child's grieving, due to the "commonly found resistance in the adults in a given child's world to helping the child bear his or her enormously painful reactions to the loss [of] a highly emotionally invested object and to sustain the child's efforts to cope with that loss" (p. 159).

In his discussion, Theodore Fallon, Jr., takes an optimistic perspective about the normal child's emotional environment. He emphasizes that the child lives within a parent–child unit in which the

parent is continuously providing the functions of an auxiliary ego. When the parent dies, if the surviving parent is able to function as "an optimal parent" (p. 192), he or she *will* provide the necessary conditions for the child to mourn the loss. While this statement may be true, we know all too well that such "optimal" parenting cannot be assumed. As Parens indicates, attentive and caring adults may have difficulty witnessing and bearing the child's pain:

> We cannot help a child cope with painful experiences without empathetically allowing the child's affects to resonate within our own psyche, with our own experiences of object loss, an experience unavoidably painful to a greater or lesser degree for each of us . . . . The degree to which many adults cannot help children mourn probably bears on these adults' not being able to tolerate well enough their own traumatizing inner and outer life experiences. [pp. 161-162]

When a parent dies, the surviving parent's grief may either facilitate or impede empathic engagement with the child's pain.

This volume offers the reader a set of essays by distinguished clinicians, each of whom has made a valuable contribution to the field. Although there is little that is new, the juxtaposition of perspectives highlights differences and stimulates the reader toward synthesis. In my own reading, I found myself questioning the underlying (and ubiquitous) assumption that there are unifying dimensions for coping with all situations of loss. Do we, indeed, mourn the loss of an aspect of our self as we do the loss of a beloved other? Do we mourn the losses intrinsic to change and growth as we would mourn an actual death? Are the tasks of mourning the same when a child loses a parent, an adult loses a parent, an adult loses a partner, or an adult loses a child? How do we mourn what never was—the parent we never knew, the child we never had? Can all these processes be conflated under the single rubric of *mourning?* To do so may do violence to the uniqueness of each experience and obscure important differences in the nature of these internal processes.

Perhaps because of these difficulties, Fallon, in his chapter, offers a working definition of mourning that is intentionally both broad and devoid of specific process requirements:

> [Mourning is] the process that works toward coping with a loss. The aim of this coping is to readjust an understanding of the world so that it more closely matches reality. A good outcome of the mourning process is to optimize function and potential by blending previous experiences with the present reality of the loss. [p. 189]

This deceptively simple definition helps us develop a unified theory of mourning. Loss of any kind involves loss of the possibility for a particular kind of libidinal gratification—the touch of the other, the pleasure of an achievement, the anticipated joys of a never-conceived child, and so on. In this broad sense, mourning can be conceptualized as a process of acceptance of the loss of a possibility. Such "acceptance" necessarily implies changes in self and object representations.

Freud's 1917 conceptualization of mourning involved the gradual "decathexis" of the object.[4] When Freud spoke of the "detachment of libido," did he mean that the object would be divested of love? With Meyers, I do not see this as a meaningful understanding. Rather, I understand Freud as saying that the ego will no longer search for the lost object in the external world for the gratification of libidinal needs. To "detach" libido, the relation to the object must change, but this does not mean that the object will be abandoned; rather, the lost object must be memorialized and experienced as part of the inner world of personal memories and identifications, but is no longer available in the external world. To achieve this, it is reasonable to imagine a process of recalling "each single one of the memories and expectations in which the libido is bound to the object" and reshaping these memories within the new reality of the loss.

[4] "Each single one of the memories and expectations in which the libido is bound to the object is brought up and hypercathected, and detachment of libido is accomplished in respect to it" (Mourning and melancholia, *S. E.*, 14, p. 245).

In the language of representations, separate aspects of the representation of the lost object, and of the self in relation to the lost object, are remembered with their associated affects, expectations, and subjective meanings, and are painfully transformed to accommodate the reality of the loss. Such a conceptualization can equally apply to other types of loss, such as the loss of something that was desired but never found or achieved, or the losses intrinsic to change and growth.

Adaptation to *any* loss requires acknowledgment of the loss. Denial of the reality of the loss will interfere with adaptive coping. Some losses will be less apparent or more easily denied, but not less painful for being "unseen." Analysts are often called upon to help the patient name and acknowledge the losses he or she has experienced. What is underscored so clearly in these essays is the importance of acknowledgment within the interpersonal environment of the person experiencing loss. Mourning is an intrapsychic process within an interpersonal context.

JULIA MATTHEWS (NEEDHAM, MA)

THE CRAFT OF PSYCHODYNAMIC PSYCHOTHERAPY. By Angelica Kaner and Ernst Prelinger. Lanham, MD: Jason Aronson, 2005. 299 pp.

With strong psychotherapy courses being offered less frequently, there are few guides for the beginning psychotherapist. The student can read Freud's writings, study various personality theories, or become skilled in the fundamentals of psychiatric diagnosis and medication, but where does he or she turn to learn how to do psychotherapy? The answer is in this thoughtful, well-written book, *The Craft of Psychodynamic Psychotherapy*, by two clinical psychologists at Yale University.

Kaner and Prelinger begin by defining their subject: psychotherapy consists of two people talking to each other and rests on an elaborated theory of mind. Their particular theory of mind is psychoanalytic, with a specific orientation toward modern ego psy-

chology. They differentiate psychoanalytic psychotherapy from psychoanalysis, on which it is based, in its narrower scope and lesser emphasis on specific techniques. Likely conscious of a criticism that beginning therapists often have about books on technique, the authors have chosen to use no jargon and not to immerse themselves in others' psychoanalytic technical writings; instead, they may quote a notable figure such as anthropologist Loren Eiseley or novelist C. S. Lewis to make a point. In clear, down-to-earth language, they describe the task of psychotherapy: broadening the patient's inner world and self-understanding in the service of relief. Clearly but briefly, they describe how the mind is organized and its dynamic unconscious motivations, often in conflict with one another, and lay out broad categories of adaptations or personality types as examples.

The task of psychotherapy is to aid the individual in psychological work. Kaner and Prelinger clearly show how this "work" sets the patient on the path to relief, either through symptom reduction or an easing of painful affect. They demonstrate that establishing the context in which this can happen constitutes the craft. The product, perhaps most important, is the expansion of awareness. These concepts are laid down in the first section of the book, "Inner Life and Adaptation," in which familiar terms from the psychoanalytic theory of development—regression, unconscious fantasy, multiple function, etc.—are described clearly and cleanly. The authors depict their patients in terms of *adaptation* and individual histories, showing how patients come to be stuck or impaired.

The bulk of the book is devoted to the nuts and bolts of doing psychotherapy, discussed in the next five sections. "Creating a Room of One's Own" and "Opening the Door" explain how the beginning therapist might first prepare with didactics, therapy, and expectations, and then set the frame, tone, and agenda, while the fourth section focuses on "The Dynamic Interplay," discussing resistance, transference, countertransference, neutrality, and the therapeutic alliance. Avoiding controversies and keeping their discussion as uncomplicated as possible, Kaner and Prelinger define neutrality as "remaining impartial to all sides of a conflict rather than

supporting one side or another" (p. 198). This definition is in keeping with their attempt to help the novice therapist "widen the conversation" (p. 165), i.e., to both consider and introduce the multidetermined nature of the patient's difficulties.

Defining transference as a "carry-over" (p. 182) that happens in life in general (rather than as a special and mysterious artifact of psychotherapy), the authors reassure the new therapist that the therapeutic work takes an important step forward once transferences are encountered and can be explored. The chapter on countertransference is also reassuring and helpful, as is the emphasis throughout the book, in innumerable examples, on therapists' inner reactions to the work and to their patients.

In the fifth section, the authors get to what they call "The Nitty Gritty." They demonstrate in more detail what a therapist *actually* does, a question many inexperienced trainees ask themselves. Tellingly, the longest chapter in the book is on listening, as the therapist is enjoined to "allow the material to just wash over us" (p. 215). Again in plain language, the authors show the reader that this listening—unlike a nontherapeutic conversation—can reveal important dynamics at play in the patient's mind.

In subsequent chapters, Kaner and Prelinger proceed to give clear explanations and clinical examples of how to decipher metaphors, work with dreams, and make sense of the unfolding process. They address the issue of the timing of interventions by advising the reader to start at the surface, waiting until the patient is ready to hear what the therapist has to say. There are very good illustrations of how to deal with typical pitfalls for the beginning therapist, such as the patient's demands for advice or pulls into enactments of various kinds. The last, brief section, "Ingredients in Change," summarizes what the authors feel contributes to productive psychotherapeutic work.

Overall, *The Craft of Psychodynamic Psychotherapy* offers an excellent outline for a course in psychotherapy. What becomes most clear as one reads the book is that the medium is the message. In a parallel manner, the authors convey to the reader what they would try to convey to their patients in a therapeutic session: at

first, the reader experiences what a beginning patient might experience, wondering whether or not this is all there is to it. Then, as one reads on, one begins to understand that the craft is the *how,* not the *what*—that is, the power of psychotherapy is not what the therapist says (or does not say), but how it is said and the therapist's attitude toward the material.

Kaner and Prelinger demonstrate patience and continually stress a more expectant, open-minded stance. Their clinical vignettes are devoid of jargon and stay close to the surface as they consistently urge restraint. They show that all of us, even experienced therapists, make mistakes and often do not understand or know what to do. They convey by repeated examples and in different ways that there are no fast fixes or easy answers in learning to do therapy, or indeed in therapy itself. The book's major strength is its ability to convey the analytic attitude.

On the other hand, with its down-to-earth, careful tone, this book may not instill the excitement and passion many of us feel for the field, as might another, more thorny text—a case of Freud's, for example, when read for the first time. The aim of *The Craft of Psychodynamic Psychotherapy* is to teach and simplify, not to create controversy or stimulate discovery, and to be user friendly rather than disturbing. As the authors indicate, their aim is to broaden the conversation, not to deepen it.

This book is highly recommended for the beginning student in psychodynamic and psychoanalytic therapy. Filling an existent gap, it would be a useful resource in psychotherapy training programs.

MELINDA KULISH (CAMBRIDGE, MA)

FREUD. By René Major and Chantal Talagrand. Paris: Gallimard, 2006. 334 pp.

Published in French, this new biography of Freud by René Major and Chantal Talagrand deserves a place of honor, despite its unassuming paperback format comprising not much more than a mod-

est 300 pages. Freud comes alive in this vivid portrait that includes a description of the interplay between personal, scientific, and historical elements—in a way that renders writing a review of the book an exercise in frustration because it is impossible to portray its colorful quality in a few pages.

Freud places well-known writings and events in their historical context, drawing on Freud's extensive correspondence and the comments of many different players in his life. The authors claim that they are applying the psychoanalytic method to the understanding of historical facts—specifically, those of Freud's history—and perhaps this is the source of the book's original flavor. Their panoramic knowledge of Freud's works, including the thoughts expressed in his extensive correspondence, and their incorporation of world history data, enables them to bring to life not only the Freudian works with which we are familiar, but also their context.

Major and Talagrand's emphasis on the revolutionary potential of psychoanalysis bears some resemblance to the viewpoints of other French authors, like André Breton and the structuralists, who from the beginning were drawn to psychoanalysis in order to use it for the subversion or deconstruction of rational discourse. But, unlike the works of these artists and philosophers, this book was written by two practicing psychoanalysts who have studied Freud's life and his work for its clinical relevance, and have done a masterful job of integrating the vast amount of material at their disposal.

Typically for the originality of their approach, they begin at the end: the burning of Freud's books by the Nazis. They depict the scene of May 11, 1933,[1] in which a participant states the reasons for his destructive action: "In opposition to the exaggeration of instinctual life which disintegrates the spirit, and for the nobility of the human soul, I throw into the fire the writings of Sigmund Freud"[2] (pp. 13-14). The authors use Freud's last work to show how painfully aware he was of the barbarity into which the civilization around him was sinking—thereby proving that he was far from be-

[1] This incident is described in Freud's diary.

[2] All English translations of quotations from the book are my own.

ing a detached scholar who was removed from current events. They also document that Freud knew that, in his attempt to understand anti-Semitism through the study of Moses, he was inflicting an additional injury on his own people by suggesting in those dark days that Moses was not a Jew, but rather the one who created the Jew as God's chosen, and that it is this creation that invited the envy and the enmity of those who were not Jewish.

Yet, in taking into consideration the many aspects of Freud, Major and Talagrand are sensitive to the mixture he presents: he is both a family man and a revolutionary. In spite of his habit of deconstructing his own illusions and those of humanity, Freud did not intend to destroy the meaning of language, the authors note. (I take this to be their recognition of a major difference between Freud and Lacan.) Instead, as Major and Talagrand point out, the subversion of thought that Freud effected took place internally, reflecting his respect for certain conventions, and the same is true of the language he coined in his work. He used the concepts inherited from medical and philosophical traditions in order to subvert their sense and their scope.

The authors contrast this method to the invention of a totalitarian language, one inaugurating a new law that breaks with tradition. Instead, Freud's innovative discoveries found expression in everyday German. Major and Talagrand compare Freud's use of an evocative linguistic style to the use of language by the Third Reich,[3] in order to highlight the persecutory environment in which Freud was forced to function in his later years. The authors end this rich first chapter with a caution against *revisionism*—returning us to a state that antedated psychoanalysis and that would associate its heirs with evil. This detailed (yet incomplete) account in the first fourteen pages demonstrates the book's richness, originality, and scope.

The authors continue their travel back through time by introducing the Austrian Empire in which Freud began his career. Writ-

[3] See Klemperer, V. (2006). *The Language of the Third Reich: LTI—Lingua Tertii Imperii: A Philologist's Notebook*. London: Continuum International Publishing.

ers such as Stefan Zweig are brought in to help paint a vivid picture of the atmosphere of stability and culture surrounding Freud; the imperial family plays its part, as well as many contemporary intellectuals.

The next chapter introduces Freud's family by way of the interpretation of dreams. The portrait is more complete than any I had seen; it encompasses many of the minor characters, including his children, their progeny, and their respective fates. In this context, the authors discuss the *Project,*[4] about which they comment:

> In the *Project,* he [Freud] is far from considering the psychic act as the product of a neuronal or chemical machinery, which is the dream of the current positivist ideology; instead he considers it [the psychic act] to be the dynamic factor of transformation situated at the two extremities of a process into which the "physical" is inserted. [p. 39]

The authors are critical of those who are "deaf to the uniqueness of psychoanalytic data" and who want to impose on it criteria of validation that are not applicable. "This is not to say that there is no objectivity, but it is of a different order than that of the traditional sciences" (p. 40).

Some of the chapters focus on themes that are rarely discussed, such as Freud's fear of a double (*Doppelgänger*). Major and Talagrand draw on his correspondence with Stefan Zweig to highlight this aspect of his personality, which they use to explain his avoidance of Nietzsche: a fear of the latter's possible priority in establishing a link between "the unconscious and culpability, indebtedness, responsibility, including the responsibility of the dreamer in relation to his own dream" (p. 56).

The chapter entitled "Revenants" discusses not only Freud's background, but also his children and a further detailed account of their fate. The authors' choice to include Freud's children in a chapter on ghosts was determined by Freud's selection of their names based on men whom he admired; this choice has a shock

[4] Freud, S. (1895). *Project for a Scientific Psychology. S. E.,* 1.

value that adds to the pleasure of reading a text whose themes are familiar.

In subsequent chapters, Major and Talagrand show that Freud liberated himself from the influences of the admired professors for whom his children were named, going on to establish the supremacy of psychic determinism. The material that follows concerns the discovery of transference love. Here the account is particularly fluid, depicting a process initiated by Breuer, but gradually recognized by Freud for its essential nature in treatment and its underpinnings in repressed sexuality. Here again, the authors' description is alive with all the ambiguities with which discoveries in psychoanalysis are surrounded.

Major and Talagrand use two events, Freud's disagreements with Jung and his first paper on Moses, to suggest that:

> Freud had to possess the same control that he attributed to Michelangelo's Moses rather than give way to the anger of the historic Moses. The rigorous and meticulous researcher had to be at the same time a shrewd political man and master over himself. [p. 120][5]

Each of Freud's disciples (except Jung) is described in great detail, and, in the subsequent chapter, Freud's clinical cases, revealed in their full identity, are portrayed as people whose conflicts come alive in the context of their analyst's struggle with his discoveries and the technique he was attempting to perfect. World War I is given the place of importance it deserves in Freud's life. His anxiety for the lives of his sons and the loss of his nephew is recorded. We witness the family shortly after the war: victims of severe

[5] In their discussions of Freud's relationship to the Moses of Michelangelo and the historical figure of Moses, contained in the first and last chapters of their biography, the authors emphasize the importance that Moses had for Freud. See the following reference: Grubrich-Simitis, I. (2004). *Michelangelo's Moses und Freud's "Wagstück"* (Frankfurt, Germany: S. Fischer Verlag). Grubrich-Simitis suggested that the statue of Moses was inspired by conflict not only around aggression and its mastery, but also around mortality. (*Book Review Editor's Note:* See also Marion M. Oliner's excellent review of *Michelangelo's Moses und Freud's "Wagstück"* in *The Psychoanalytic Quarterly* [2008], 77[2]:648-652.)

shortages (including a lack of transportation), coming together in Hamburg for the funeral of their beloved Sophie. (The trip was considered too taxing for Martha to make.) And, later, we are told that Freud had to face the death of Sophie's son Heinerle in the same year that he himself was discovered to have cancer. Heinerle's funeral is supposedly the only time that Freud was seen to break down in tears.

The last chapter of the book, "Unpromised Land," stresses that Freud's thesis about Moses—that it was he who made the Jews into a distinct people by giving them the illusion of being God's chosen—inflicted a narcissistic injury upon the Jews at a time of intense persecution. A narcissistic blow, as the authors see it, was thus inflicted on mankind by psychoanalysis.[6]

If I have one criticism of this book, it is that the authors' political bias comes through. Unlike Freud, whom they describe as a political man who knew how to accommodate himself to the culture alongside his capacity for independent thinking,[7] Major and Talagrand judge current encroachments on the uniqueness of psychoanalysis with a missionary zeal.[8] In the chapter on Freud's study of Woodrow Wilson, they write:

> In view of a new wave coming from America and unfurling itself over Europe, which is nothing but a wave of the old will that aimed at suppressing symptoms through every possible means of conditioning, one has to ask oneself

[6] Again, Grubrich-Simitis's study comes to mind (see footnote 5, p. 987): she points to the tight space into which the Moses of Michelangelo was originally wedged, reminiscent of everyone's ultimate fate—a theme that certainly preoccupied Freud at the end of his life.

[7] Despite the antitotalitarian attitude of the man and his work, Freud has been accused of being too accommodating to the Nazi takeover of German psychoanalysis. And the Nazis—specifically, those of the Göring institute—did not entirely eliminate Freud's teaching, but rather used it opportunistically. (See Cocks, G. [1997]. *Psychotherapy in the Third Reich: The Göring Institute.* New Brunswick, NJ: Transaction Publishers.)

[8] French intellectuals have been compared to their American counterparts in the following way: "American intellectuals are invested with a function, not a ministry; they exercise a trade, not a stewardship" (see Nora, P. [1978], "America and the French intellectuals," in *Daedalus,* winter issue, pp. 325-335).

> today what will become of the right to a psychoanalysis and the right of psychoanalysis. [p. 275]

A description of the authors' opposition to the medicalization of psychoanalysis refers to its roots in the United States. Major and Talagrand deplore the narrowing of the scope of psychoanalysis caused by medicalization, and prefer instead a focus on the therapeutic aspects of psychoanalysis. They are against the rapprochement between psychoanalysis and neuroscience, and are clear on their view of psychoanalysis as an independent discipline that jeopardizes its essence when it attempts to attach itself to any other field of study. In these views, they consider themselves Freud's genuine heirs, and, in my opinion, they are also the heirs to a culture that has fostered an admirable scholarship coupled with a sense of mission. Both these aspects of the authors' attitudes have contributed integrally to this remarkable book.

MARION M. OLINER (NEW YORK)

PUTNAM CAMP: SIGMUND FREUD, JAMES JACKSON PUTNAM, AND THE PURPOSE OF AMERICAN PSYCHOLOGY. By George Prochnik. New York: Other Press, 2006. 471 pp.

George Prochnik's work about the relationship between Freud and James Jackson Putnam, and about the development of American psychology, is a rollicking good read. Prochnik melds family memoir (he is a great-grandson of Putnam) with sociological and historical work, and presents his own idiosyncratic, highly opinionated version of psychology's development in the United States. He is good company, often very funny, clearly very knowledgeable, and has a remarkably interesting tale to tell.

This ambitious work profiles the development of American psychology in the twentieth century, covering broad social, religious, and cultural developments of the time. The foreground is the remarkably interesting relationship between Freud and Putnam. Prochnik makes a convincing case that the encounter between the two men, which had important ongoing repercussions for both,

serves as a useful prism through which to understand how American psychology reacted to and interpreted psychoanalysis. Prochnik has a novelist's eye, and while he takes some creative liberties, these feel earned: he is relating a family history, after all.

Prochnik's mother was part of the Boston establishment, descended from illustrious New England forebears, and his father was the son of a Viennese Jew who fled his medical practice in Austria in 1938. His mother's grandfather was the psychologist James Jackson Putnam, and a letter from Freud hung on his sister's wall in their childhood home. Their family album also contained pictures of Freud and Putnam at the Weimar Congress in 1911. The author, growing up, heard stories of Freud's visit to Putnam's "quirky Adirondack retreat, Putnam Camp," where Prochnik summered as a child.

The encounter between Freud and Putnam is ripe not just for a history, but a play perhaps, or a novel, so rich is the meeting in both the personal sense, in how each affected the other's work, and in what their interactions revealed about the particular culture—geographical, philosophical, temperamental—that each man inhabited. The book is almost upstaged by the description of Putnam Camp itself and Freud's visit there, along with Jung and Ferenczi, in 1909. Prochnik vividly depicts the atmosphere at Putnam Camp, a remarkable, particularly American creation, in which exercise, temperance, vigor, and games represented a time of American optimism and exuberance. What fun they had! "In costumed masques, intrepid mountain climbing expeditions, opera sing-alongs, and bonfire recitals of wilderness odes, turn-of-the-century Putnam Campers evince(d) a jolly communal creativity" (p. 5).

The meeting of a somewhat apprehensive, tired, dour Freud with this bunch is charmingly recounted. The image of Freud, Ferenczi, and Jung, enduring a rocky carriage ride just to reach Putnam Camp, sets up an almost intolerably interesting chapter, which alone is worth the price of the book. Prochnik is a charming writer, and he has great sources: among them the excerpt of a 12-year-old girl's letter in which she shares her opinion about the psychoanalysts' playing tetherball (p. 26), which makes the reader

laugh out loud, not something that typically occurs in reading histories of psychology.

It is difficult to overestimate the importance Putnam played in introducing Freud's ideas into American medical, intellectual, and social circles. Putnam wrote "more than two dozen major essays . . . on behalf of the Freudian cause" (p. 164). Prochnik argues that "the case histories that Putnam records in his second paper are among the first real analyses to have been conducted in America" (p. 188). Putnam was tapped by Freud to form America's first psychoanalytic society (p. 200). Since he was also deeply involved in the various movements of his day—philosophical, religious, philanthropic—Putnam's involvement with Freud was of great moment, practically, for Freud, because of what it meant for him to have such an advocate in America; and it is of great use for Prochnik, who can follow in Putnam's writings and letters how psychoanalysis was understood and used by a man so representative of various important cultural currents of his time. Putnam was connected to virtually every prominent philosopher, educator, doctor of his day, and Prochnik's descriptions of how Americans such as G. Stanley Hall and William James felt about psychoanalysis are quite absorbing.

Prochnik beautifully describes how various ideas in the American culture of that time intersected with ideas being developed in psychology, and how these reacted to imported psychoanalytic ideas. He notes that "overlaps in terminology between writers speaking from within the American industrial revolution . . . and the early American psychologists . . . attempting to chart the dynamics of mental process are striking" (p. 59), and that, "ironically, Freud's revelation took place with the *discarding* of the energy metaphor that Americans were viewing in increasingly epiphanic terms" (p. 85, italics in original).

Prochnik sets up the meeting of these illustrious doctors as a study in geographical psychology:

> Freud was as much predisposed by social context to cultivate a psychology based on individualism, isolation, and the catastrophic conflict between inner drives and civilization as Putnam was conditioned to develop a theory of

> psychology grounded in communal responsibility and the potential for harmony among man's higher instincts, social progress, and the universe at large. [p. 7]

The author argues that Putnam was invaluable to Freud as his interlocutor and cultural interpreter in America, giving him a needed imprimatur of respectability and rectitude, while Freud helped Putnam address his own dissatisfactions with the state of American psychology at the time and with his career—dissatisfactions that Putnam experienced on both a personal level and a national one. "Along with its inadequacy to patients' needs, the failure to deliver on the part of institutionalized practitioners also radically upped the competition from alternative mind-body-spirit movements like the Christian Scientists, Emmanuel Movement, and New Thought" (p. 6).

Of course, the two men had fundamental differences. Putnam's coming of age during the American Civil War, his idealism, his participation in Boston's philanthropic reform movement (p. 269) all shaped his ideas and his approach to psychoanalysis. "Putnam preached to convert Freud to his metaphysical vision of the universe. Freud . . . fought to justify his belief in a godless, scientific order of the world and to inspire Putnam's perfect faith in the ostensibly secular insights of psychoanalysis" (p. 8). But Putnam believed that psychoanalysis "could not stand alone" and had to be accompanied by some transcendental religious belief (p. 10). Prochnik, in his somewhat broad but very vivid manner, sums up the conflict as follows:

> Almost every abstract idea that Putnam bruited before Freud had its origin in the workshop of one extraordinary school of thought: the St. Louis Hegelians. Unbeknownst to him, when he dueled with Putnam, Freud was actually involved in a shoot-out with a gunslinger for Georg Wilhelm Friedrich Hegel, outfitted as sheriff-intellectual of the American Wild West. No town on earth was big enough for the two of them. [p. 246]

Ultimately, Putnam's embrace and understanding of Freud was constrained by his own ideas and limitations. The depiction of his

address to the 1911 Weimar Congress, generally regarded as having been a disappointing muddle, is poignant, both personally, as Putnam feels he has failed Freud, and in terms of the ultimate distance that developed between the two men, a distance that Freud wanted to bridge for practical reasons—an entrée into America—and Putnam in order to move American psychology forward.

Putnam became involved, indirectly, in the schism between Freud and Jung:

> As tensions escalated with Freud, Jung seized on Putnam's charge that the realm of ultimate meaning was missing from psychoanalysis. Putnam's insistence on the urgent importance of metaphysics, if not Putnam's metaphysics themselves, became part of Jung's arsenal as he constructed his own, more deadly indictment of Freud. [p. 278]

The book contains very personal and intimate depictions of Putnam and Freud and engages in somewhat of a psychoanalysis of the two men. Both men were quite intimate in their letters to each other: Prochnik notes that Freud confided to Putnam his lack of sexual desire for his wife (p. 8). A porcupine given to Freud by Putnam became a permanent item on Freud's desk, and Prochnik amusingly riffs on the multifaceted symbolism of the gift, its acceptance, its place on the illustrious desk. No detail of their relationship, in fact, seems omitted. One has a sense that Prochnik simply cannot resist using all available personal information, and connecting it, sometimes a bit laboriously, to his larger themes. While the details of such men's lives are in fact quite interesting, a psychobiography of two such complicated and accomplished persons—as well as a sociological history of turn-of-the-century America and of Vienna—gives the author a bit much to cover, and he may have been better served restricting his focus more.

There are some judgments about Freud's work that are highly questionable, or at least simplified. Prochnik calls *Three Essays on the Theory of Sexuality* (1905) "the most Wildean book in Freud's canon" (p. 86), saying of it that "Freud's strategy in the manuscript, as a rule, is to flip everything upside down" (p. 86). When he claims

of Freud that "fear of mass American squeamishness about the erotic was his greatest motivation for introducing sublimation" (p. 119), one feels that the American theme is a bit overplayed.

But overall, Prochnik has written a valuable, highly readable, and sophisticated contribution to the literature. And he raises questions of enduring interest about the fit between psychoanalysis, as it developed over time, and American culture. Putnam struggled to fit his own transcendental, metaphysical beliefs into the framework of psychoanalysis and to distance himself from its aggressive secularism; that his personal synthesis was not entirely successful does not detract from what Prochnik argues is a debate of continuing importance and value to psychoanalysis—which is how to connect it, perhaps particularly in America, to larger social/cultural issues in a way that transcends individual psychopathology. Putnam tried to effect this connection with religious leanings. Instead, one could argue that psychoanalysis' steady infiltration into the culture, which continues even as psychoanalytic treatment may be less prominent, encapsulates how America and Freud really consummated their engagement.

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ABSTRACTS

REVUE FRANÇAISE DE PSYCHANALYSE

Abstracted by Emmett Wilson, Jr.

Volume 62, Number 3 (1998): "The Narrative in Psychoanalysis"

This issue of the *Revue Française de Psychanalyse* deals with the question of narration in psychoanalysis. It portrays but a small fraction of the intense debate that has occurred in French psychoanalysis over the years since the appearance of Serge Viderman's important and as yet untranslated volume.[1] Positions similar to Viderman's have also been developed in our own literature by Roy Schafer and Donald Spence. Narration is a controversial issue, and, in addition, some important issues in psychoanalysis have been raised in the discussion of these controversies.

Briefly, the claim is that, during an analysis, analyst and patient build up a myth of what or who the patient is. This myth has healing power. But what relation does this myth have to the veridical truth that analysis is also supposedly concerned with? Do we give up any hope of finding out *wie es eigentlich gewesen war,* how it really was? Is such a search for past truths simply detective work that does not necessarily have any healing power? Or is the development of the personal myth, even though curative in some sense —i.e., the patient gets better—a sort of newer version of the development of resistance that has sometimes been held to be at the heart of Jungian analysis and in many psychotherapies?

In the course of consideration of the narrative in psychoanalysis, many issues turn up: the place of the word in psychoanalysis, i.e., in free association versus an organized narrative account of the past;

[1] Viderman, S. (1970). *La Construction de l'espace analytique.* Paris: Denoël.

the nature of constructions in analysis—the attempt to fill in gaps in historical information with a reconstruction of the past; the word, the symbol, the symbolizable; the nature of myth; myths and infantile sexual theories; the various complexes and their reflection in the myths of a culture; and on and on. Narration is a rich and complex area for discussion, and these articles consider some of the many issues that cluster around the topic.

I have no doubt that many analyses end up being not much more than the development and elaboration of a very powerful, very helpful, but perhaps rather untruthful personal myth. There is an echo of the existentialists' attitude toward the past: Sartre wrote about the redefinition of the past, how the meaning of something is established as an *après-coup* (as an after effect). The narrativists seem to take this existentialist approach at times, holding that we decide what we are going to be now, or what we are now, and so some things become important, others not, but might have been had we decided to take other paths in our lives.

The power of these healing myths—and the arguments of Viderman, especially—suggests to me that they should meet with something more than the negative dismissal sometimes heard of analyses that went nowhere, those that were "all very pleasant, and a lot of childhood memories are recovered, but nothing changes." With the development and elaboration of these personal myths, something sometimes changes; these myths can be healing in some sense, but has the past been recovered? Have there been structural changes? In what way does the past matter, in comparison to the power of these healing myths? Constructing a narrative of oneself may be therapeutic, but in what way and up to what point? Furthermore, if every analysis reaches only the tip of the iceberg, the few uppermost layers of the psyche, what of those areas that are not reached in analysis and remain unsymbolizable? Is such a narrative constructed to fill in the gaps perhaps the best that one can hope for?

These articles take up in a broad way several aspects of the narrative in psychoanalysis: the patient's narratives about himself, the narrative that patient and analyst construct in analysis, dream narratives, the narratives that constitute psychoanalytic case reports,

and the literary genre of narratives found in fairy tales and folklore, as well as the nature of writing in diaries, in therapy, and in general.

To round out the presentation of the narrative point of view, this issue contains a French translation of a *Psychoanalytic Quarterly* article by Donald Spence.[2] There is also a brief summary of Roy Schafer's work.

The Values and Limits of the Narrative in Psychoanalysis. Michèle Bertrand, pp. 713-720.

In this introductory article, Bertrand provides a succinct discussion, laying out some of the issues for psychoanalytic theory and practice. Freud, with his talking cure, introduced the narrative into psychoanalysis. The patient is asked to give a narrative account of his dreams, memories, daily life, etc., and all these accounts tend to be organized into a narrative. The central question, then, is how the narrative is therapeutic.

Bertrand begins with a general consideration of the use of language in psychoanalysis. The first paradox is found in the relation between narration and free association; the two do not go hand in hand and are even antithetical. Putting thoughts into words in intelligible discourse requires a certain level of watchfulness and wakefulness, while the regression induced by free association resembles the sort of reverie of a person drifting into sleep or dreaming. A certain equilibrium has to be found between regression, on the one hand, and the critical faculty of watchfulness necessary for the words to be organized into a narrative, on the other hand.

This equilibrium is analogous to that which, during sleep, permits the production of the dream that would not take place without the intervention of the dream censor. The paradox is created by none other than the fundamental rule: the analysand is invited to say everything. This invitation to speak whatever comes to mind pulls in two directions, and the *word* in psychoanalysis is found be-

[2] Spence, D. (1982). Narrative truth and theoretical truth. *Psychoanal. Q.*, 51: 43-69.

tween two poles, marked by: (1) regression, leading to incomplete sentences, ruptures in sense and meaning, and ungrammatical constructions, all having as the ultimate limit a silent reverie, and (2) a constructed, intelligible narrative, but one that offers no opening into the unconscious.

A paradox is that analysis incites the analysand to discover psychic functioning and primary process through words and a narrative that are yet manifestations of secondary process thinking and intellect. We are quite familiar with the defensive function of this intellectual organization in the censorship of dreams and in explanations given by victims of phobias and compulsions.

Free association allows unexpected and unwanted thoughts to intrude on the narrative. The analysand stumbles onto traumas, early dramas, unexpected memories or feelings that cannot be incorporated into the narrative. Analytic work, which is principally interpretation, goes in just the opposite direction from the effort of organization that makes a narrative possible. The patient wants an interpretation, by which he means a revelation or key to his dream, but the analyst gives just the opposite: not a key to dreams like a dream code book (as Jung seemed to propose), but the analysis of dreams, the deconstruction of the narrative of the dream, by refinding the elements of the rebus to which other chains of associations may be attached. What is important is not the hidden sense of a dream, but the abundance of pathways that go off in all directions from the dream material.

Under what conditions, then, is the narrative therapeutic? Paul Ricoeur, who wrote extensively on narrative, distinguished three levels or paradigms: *Mimesis I,* the conditions of the narrative, which reside in the inchoate precomprehension of action, agents, aims, goals, means, motives, success, failure, and so on; *Mimesis 2,* the configuration of the narrative—the narrative composition itself, with a beginning, an unfolding, and an end; and *Mimesis 3,* the refiguration of the past—an unfinished, always open, always continuing redefinition of the past.[3] This problem of refiguration will lead us to a consideration of the special place of a construction

[3] Ricoeur, Paul. (1991). *Temps et récit.* Paris: Le Seuil.

offered by the analyst, as well as to the invented narratives of the patient—the "good story" that Spence discusses.[4]

In order to elucidate the therapeutic effect of a narrative, Bertrand focuses on action and meaning. Psychoanalysis involves action in speaking, in Austin's sense.[5] The action of creating a narrative of the subject's life places the subject in time. In addition, the subject, by the action of putting his experiences into a narrative, transforms the passivity of his experience into activity and finds meaning in what he has experienced. The shift to an active understanding of the past involves a move to symbolization. The therapeutic value of narrative lies in these transformations.

It is a human postulate that everything has sense and meaning. Every analysand, every human being, is hermeneutic, is ready to attempt explanations and give interpretations. Putting the past into a narrative involves a creation and an interpretation. This creation of a narrative owes much to sadness, loss, or at the very least to dissatisfactions and a questioning about one's past. Writing out something, such as composing a case history, involves this creativity as well. One might recall Freud's Dora case, written up ten years after her treatment, when Freud attempted to explain her abrupt departure.[6] Freud's questioning himself led to his return to the case and its puzzling features numerous times. Still, writing and speaking a narrative are two different things, and the narrative in psychoanalysis is spoken. The spoken narrative exposes the subject to the risk of a trauma that is not present in writing. Telling another reveals a knowledge of the self; the subject is confronted with an interlocutor who is no longer imaginary but real.

What type of narration, then, is therapeutic? How is narration different from a construction in analysis? We must distinguish between the narrative of one's life and a construction or reconstruction of the historical past. When the patient or the analytic process hits a snag, there may sometimes be a resort to construction of

[4] Spence, D. (1982). *Narrative Truth and Historical Truth*. New York: Norton. See also Spence's article of the same title, referenced in footnote 2, p. 997.

[5] Austin, J. L. (1962). *How to Do Things with Words: The William James Lectures Delivered in Harvard University in 1955*. Oxford, England: Oxford Univ. Press.

[6] Freud, S. (1905). Fragment of an analysis of a case of hysteria. *S. E.*, 7.

what cannot be remembered. This construction supplements less a defective memory than an absence of symbolization of the lived experience. A construction, for Freud, as Laplanche aptly stated, "clears an interpretation through customs."[7] When the patient's associations stop and recall fails, leading to repetitions in action or hallucinations of some reality that has disappeared, a situation develops that, according to Freud, justifies the recourse to a construction in analysis. The past is refigured by supplying the failed symbolization.

But how does the analyst's construction covering a memory gap differ from the patient's production of a myth about himself, in the sense that Viderman, Schafer, and Spence discussed? Does therapeutic action result from the production of "a good story," as Spence argued? Are the work of construction and the satisfaction that this brings the end and the aim of an analysis?

Viderman defends the idea that one does not *reconstruct* one's past; one *constructs* it. The constructed "conjectural narrative" of the past comes not from an instrumental defect or informational gap, but from a limit of epistemology that cannot be breached. One does not sacrifice history to structure, according to Viderman. Rather, he claims that the fantasied virtualities from which the narrative comes cannot become actualized unless they encounter an "organizing experience of meaning." The difference between Viderman and Spence is that, for Viderman, there is a sort of historical construction—without a doubt conjectural, but one that involves and traverses a lived experience.

For Spence, the reference to history disappears entirely, and what is constructed in analysis is pure fiction. The narrative construction is presented as an alternative to a reconstruction of the historical past. The psychoanalytic work consists in constructing a story that is full of meaning (a good story), for which the therapeutic effects reside in three specific areas: the narrative identity in recounting one's life, the creativity in the construction of a work of art, and the presence of the listening analyst. Analytic truth thus

[7] Laplanche, J. (1995). La psychanalyse comme anti-herméneutique. *Revue des sciences humaines,* no. 240, p. 15.

consists in creating a full, coherent, and consistent whole, an intelligible and comprehensible *Gestalt*.

This conception requires careful consideration. Spence, in his argument for the narrative as a good story, attests to an intellectual preference for coherence in the construction. There are three objections to this, however.

(1) Such constructions can certainly bring about relief and thus have a therapeutic value, but they are defensive constructions that permit only limited access to primary processes. The more that meaning is constructed, the more the system tends to close in unto itself and to cloister itself from truth and from the unconscious.

(2) The "active" listening of the analyst runs the risk of becoming suggestion and indoctrination if interpretation is reduced to comprehension and a meaning constructed by the analyst. Moreover, the leveling of the analytic situation to an interpersonal situation, to a two-body psychology, jeopardizes what constitutes the specificity of analysis: the possibility of a third term, a triangulation, unmasking the imaginary character of the interaction. Through this triangulation, growth and change are rendered possible.

(3) Finally, Spence empties psychoanalytic theory itself of all content, reducing it to nothing more than a reservoir of narrative forms, enabling one to tell the story of one's life well. Perhaps that is what he wants, a goal that is characteristic of many other writers like him who praise Freud and salute him while in the process of invalidating his theory.

The narrative conception of psychoanalysis reduces the work of the analysand, the case report of an analysis, and, finally, the theory, to a single and unique narrative genre: the production of a good story. The therapeutic efficacy of the story is limited to the application of rhetorical rules and aesthetic aims. Oedipus, fantasies, and, generally, all the concepts of metapsychology therefore become

myths, reduced to a reinterpretation or rereading of Freud—a rereading that becomes one of a long series of aesthetic productions that the myth has inspired. We can only regard this conception of analysis as false.

What matters is not so much the results of the analyst's reworking of a first accounting of the patient's life; rather, what matters is the succession of changes of which the reworkings are the index. In other words, what counts is not that the patient produces a new story more satisfying than the preceding one, but that he has changed, that he is in the process of further changes, notably of admitting or finding in himself the other, the stranger, the hated, that which is the object of repression or other defensive processes. The central issue in psychoanalysis is the process of becoming a subject, not the production of a story.

The Narrative Quality of the Word in Analysis. Laurent Danon-Boileau, pp. 721-729.

The author begins with some brief historical remarks aimed at situating the notion of narration in context. Narration is first of all a concept not of linguistics but of literary criticism. An organizing reference is Aristotle's opposition in his *Poetics* between *mimesis* (mimetic painting, a matter of imitation) and *diegesis* (discursive narration, which brings about understanding by reconstruction).[8] Danon-Boileau traces the concept as it was developed in literary criticism, first with the study of myths and popular stories by the Russian formalists (Propp, Bakhtine). Narration was studied in questions about literature raised by structuralist theoreticians (Barthes, Genette, Todorov). Narration then entered philosophical reflection with, for example, the writings of Ricoeur. Discussions of narration are concerned with the way in which an individual utters and constructs a history/his history/history.

More or less in parallel, the theme of narration emerged in the study of the development of linguistic behavior, especially that of the child by child psychologists. Here, moreover, in an ambiguous

[8] Else, G. F., ed. & trans. (1970). *Aristotle: Poetics*. Chicago, IL: Univ. of Michigan Press.

manner, narration designates both the organization of forms in the child's discourse at a given moment, and the psychic process that permits their inscription.

The link with psychoanalysis, and particularly with child psychoanalysis, is very close. Conditions for narration involve the promise of oedipification. Every story must suppose absence, an elsewhere—i.e., a being different from and away from the here and now—and bring into this absence a hero with conflictual qualities. This requirement of imposed conflict in the representation of the hero is central.

Child psychoanalysts rediscovered play in children, and, as well, rediscovered the child's pleasure in being able to be the director, the *metteur en scène*. In a narrative, there is a problem, a conflict, an ambiguity, and an essential risk or issue. Narration involves knowing how to organize a succession of temporally heterogeneous events into a chronologically coherent account that permits another to grasp what is unfolding. Narration is not a flat chronicle, a succession of events enclosed in a series of statements separately and solely by the famous "and then" of the first narratives of children. Only when the story ceases to be a chronicle and becomes a history can the narrator become a director, complying with the exigencies of the *mise en scène*. Then the story he tells rightly becomes narration.

Rather than simple succession, narrative order permits chronological upsets; it recognizes anticipation (*prolepsis*) and retrospection (*analepsis*). An account may vary the point of view that has been adopted. It could be first the vision of an omniscient narrator, then that of a particular person (whether or not identified with the narrator), and, finally, narration can describe the effects of the narrator's appreciation of what he says.

Variation of points of view leads us to the theme of transference and to narration in the psychoanalytic session. The narrator's articulated thoughts may echo what the narrator thinks that the other thinks of what he himself has said. Thus, a transferential dimension develops and becomes the important issue in analysis. Rarely in literary criticism is the listening of the person for whom the account is narrated a subject of literary analysis. But in analyt-

ic work, we must attend to the method of organizing the material and its modulations according to the interest of whomever is listening, i.e., the analyst.

Narration thus occurs in the hearing of the analyst. Narration is the psychic effect present not in the discourse of the patient, but in the feeling produced in the analyst; this is the index of narration in psychoanalysis. Narration is a property measured in the hearing of the other. The true narrative is an induced narrative. A session is truly narrative if what the analyst thinks is inserted into a certain narration. But despite this, the analyst is not the exclusive author of the narration; rather, narration is the echo of an organization that involves the analytic system: the articulation of the primary and secondary processes of each, both analyst and analysand, as well as the transferential/countertransferential interaction.

The Fact of Telling. Antoine Raybaud and Florence Quartier-Frings, pp. 741-750.

The authors discuss "telling the untellable" in psychoanalysis and in literature. They consider several of Freud's writings from this standpoint and draw conclusions about psychoanalytic clinical reports in general. A scientist must invent new paradigms to explain anomalies and accidents that do not fit into traditional paradigms. Similarly, a writer must not only invent or discover new forms of telling for the stories that escape telling, but also expose himself to the impossible in order to summon up new resources to tell the untellable. That has been the function, at the same time both critical and heuristic, of narrative literature, from Flaubert to Proust: to tell what it is impossible to tell.

The attempt to enable the analysand to tell the untellable characterizes analytic treatment as well, and is reflected in clinical writings about analysis. The analyst cannot avoid venturing into a narrative, and often this is an adventure he loves. However, the analyst must take into account both his method *and* its effects. The *and* here takes on a very strong meaning that, among other functions, situates and contrasts psychoanalytic narrative in relation to literature. The literary writer does not have to justify his narrative.

But the clinical analytic account cannot content itself only with telling, with sharing; if it remains simply a chronology, it does not provide any of the peculiarities of the analytic process. And if it is centered on the countertransference, it becomes a witness with no range beyond that of the individual analyst. The clinical narrative must involve as well a focus on the analytic method.

Freud's procedure in writing case histories and accounts of treatment is used to illustrate a consideration of his method and its effects. There is perhaps a reassuring, if false, belief that Freud's work evolved in a chronological and linear manner. But very early in his work, Freud asked himself many questions about what is told, showing an acuity and complexity in his thinking that are astounding today. From *Studies on Hysteria* onward, he alerts his reader by taking an original position: "I will describe the course of this analysis as it might have taken place under favorable circumstances."[9]

Clearly a short treatise on analytic technique, written well before the 1914 years, *Studies on Hysteria* demonstrates the care that Freud took to make the reader understand what he had done and how he was proceeding. Scarcely has the account begun than we find a long digression providing information on the hypnotic technique and the modifications that Freud has introduced to it. This is not an issue that is beside the point, to be quickly passed over; his digression, on the contrary, introduces a particular narration that links theory and clinical practice in an unfailing and specific articulation. The traditional monographic account is at risk: its form is no longer appropriate, and new possibilities open up.

In Freud's brief articles of that epoch, one recognizes the manner in which he constructed his approach to the search for a therapeutic effect. An appeal is made to the reader: "I have to confess that [these examples] are not derived from any case in my experience but are inventions of mine. Most probably, too, they are bad inventions."[10] He is not so much a falsifier as one who searches beyond known models. If he resorts to fictions and artifice, it is be-

[9] Breuer, J. & Freud, S. (1895). *Studies on Hysteria. S. E.,* 2, p. 107.
[10] Freud, S. (1896). The aetiology of hysteria. *S. E.,* 3, p. 196.

cause the real examples are invariably more complicated, and the resolution of a symptom would prohibitively oblige him to show the history of the patient in its totality.

The process of construction is there, at work in a hidden way, appearing to be inherent in the psychoanalytic approach and involved in the practice of interpretation. The past takes on an indefinitely renewable value. Just as in literature, where writing brings about uncouplings and new vistas, opening upon new scenarios that up until then had been unperceived, this approach leads the analyst to a vigilance that helps renew his own thought.

Freud's texts lead to unexpected and fundamental reworkings. The analyst constructs hypotheses and only hypotheses. His work is both preliminary and endless, essentially unobtrusive. He researches what another (the analysand) views as inexplicably painful, and exactly what the analysand sees is in a great part unknown and perhaps cannot be recounted. The paths of narrative in psychoanalysis lead thus to the detailed description of the work of the analysis more than to a reconstitution—always false, historically—of the account of a life. For the analyst, this brings about a reworking after the fact of his own thinking, leading him to unexpected questioning that is more likely to reveal what at the moment escapes him and will continue to escape him.

Strange: one relates what one does not understand in order to understand. One sketches versions (partial and changeable) to elaborate an account that is total but open; one aims at a reality through an experimentation of possible narratives. There are many examples in current literature, but Freud began the process from his first articles and continued it throughout his work. There is thus room to renew the terms of the debate between psychoanalysis and literature.

The Analytic Account According to Freud. Christiane Rousseaux-Mosettig, pp. 759-766.

Running through all the discussions in this issue is the question of the relation between analytic interpretations and veridical truth. Rousseaux-Mosettig confronts this issue more directly, perhaps,

than some of the other authors, by asking what sort of narrative the psychoanalytic case history consists in.

The author cites Freud's many comments on the difficulties that he encounters in communicating a case and in presenting his analytic concepts, his humorous complaints about not achieving what he was trying to do, and his laments about his poor literary talents. Sometimes a case history begins to sound like a novel or fictional stories, and sometimes he reports direct observations not influenced by theoretical expectations. Even though Freud uses the word *report,* he lets it be understood that he is not reporting what is present directly before his eyes, the facts and nothing but the facts, as a historian might. And yet, on the other hand, Freud is haunted by a concern about giving a literal and complete account that will permit the reader to form his own verifiable conviction.

Taking notes and using other memory aids might help, but these can hinder as well. The patient might not like to know that he is the object of a scientific study and may be the subject of an eventual publication. But more important, the analytic material itself would be lacking. The analyst, preoccupied by the need to retain what his patient tells him and led by theoretical expectations, will eliminate the chaotic elements that are as yet without connection—new elements that arise without effort in memory when the patient brings new facts. The analyst would not hear anything but what he has known in advance. There is thus an obvious divergence of method between research and treatment. Even if their results converge, the technique that is acceptable for one is contrary to that of the other.

Freud takes up a comparison between the analytic narrative and the historical account in his *Introductory Lectures.*[11] This discussion of genre permits him to introduce the idea of the veridical and to put forward the role of the witness and the degree of confidence that should be accorded. It permits him to place at a distance worries stamped with positivistic ideology—dominant also in our own time—and the urge to eliminate all that is subjective as distorting and discrediting the so-called direct and immedi-

[11] Freud, S. (1916-1917). *Introductory Lectures on Psycho-Analysis. S. E.,* 15/16.

ate observation of facts. This view places the human sciences, and especially psychoanalysis, in an opposite position—as a foil (*repoussoir*), more on the side of the novel and of fiction (though without having their literary quality), or quite simply as a science that has missed its objective.

But what is veridical in the psychoanalytic case history? There are no objective criteria to judge the truth of psychoanalysis, and we have no possibility of making this the object of a demonstration. How can we teach psychoanalysis? Through experiencing the effects of analysis on one's own self—in experiencing them on one's own body, in working with the unconscious as with something that can be sensed—one can experience the unconscious determination of psychic acts. The analytic narrative should make the reader become aware of, feel, and reflect on the conditions appropriate to analysis.

The question of what to report in an analytic narrative can be reformulated in another way: by asking what sort of truth carries and conveys the formulations of analysis. The critical point here is the word *truth.* Rousseaux-Mosettig suggests that we are concerned with veracity rather than truth in psychoanalysis. Freud almost never uses the word *truth* to characterize the formulations of psychoanalysis; he uses instead *veracity, veridicality, trustworthiness, credible, convincing,* and so on, as Rousseaux-Mosettig notes in cataloguing Freud's German terms.

Such terms as *credible* and *convincing* give us to understand that the strength in the scientific quality of these formulations depends on the credence that others give them. However, that criterion would not exclude elements of pressure, suggestion, seduction, or authority. In fact, it would give a grand place to authority, if not suggestion. How do we distinguish among these? There is no objective criterion to judge the truth of these affirmations; the information from analysis is obtained only by hearsay in the strictest sense of the word. Everything depends in great part on the degree of credence that one gives to the witness.

Freud thus focuses on the need to have others share our convictions and the intervention of a third person, one whose understanding and criticism can be corrective and can redress the effects

of distortion. This acquired knowledge as it is attained in analysis does not have the same psychological value as an exposition, yet the expression that Freud uses to describe this conviction is *knowing:* "The patient becomes suddenly knowing [*wissend*]"—the analysand suddenly knows that such-and-such is the case. Thus, the focus in therapy is on the time of emergence of this knowledge and conviction. Freud tries to carry the reader of his case narratives to the same level of conviction.

On the Fringe of the Oedipal Narrative, the Fairy Tale. Marie Bonnafé-Villechenoux, pp. 787-800.

The author focuses on the often-emphasized connection between dreams, fairy tales, and psychoanalytic discoveries. A fairy story or folktale may supply the dream with myths and folklore and has symbolic meanings. These stories and tales, so apparently transparent and clear, are screens offering the pleasant surprise of hidden content. In the same fashion, dreams are revelations of that which escapes from consciousness, issuing from infantile sexuality, and which cannot be grasped except in crystallization upon waking—as a dream narrative, in text and images, like a hieroglyph or a rebus, masking and transforming the nocturnal dream material. As in dreams, such stories are transformed into a narrative account. A close analogy exists between the narrative of the dream and the narrative of a popular story. Each provides modes for the appearances of unconscious contents.

Bonnafé-Villechenoux's clinical experience has been in the use of such material as it appears in analyses of psychosomatic patients in particular. Treatment with these patients is often a process dominated by libidinal viscosity, inertia, repetitions, and negativity—for example, in patients with the symptom of recto-colon hemorrhage. Yet a reference during sessions to a mythical story or a fairy tale may initiate progress in the analysis. The author's claim is that the construction and content of these stories place their time of origin after nursery rhymes and the care of wet-nurses, and thus at a key moment: at the threshold of entry into the oedipal period, a moment that repeats itself psychodynamically throughout

life, introducing both a third party and guilt into the telling of a story.

The narrative forms are diverse: there are tales and tales and still more tales. It is the choice in session of this or that aspect of this or that tale that should occupy our attention. Whether dreams or other associations come up in the sessions, one can say that each analysand uses a palette of styles that he can invoke at will; the more or less expected styles, as well as the more or less surprising variations, weave the stuff of the transference. From the patient's side, the reference to a tale is very often linked to the emergence of a memory from childhood (as occurred with the Wolfman and the fairy tale of "The Seven Little Goats"). The associative flow gets under way within the general flow of verbalizations, and the flow of the analyst's associations refers to the tale in the same manner.

However, when this type of association, issuing from the evocation of the tale, appears, it is not necessarily the time to dwell on this material any more than on any other. The tale, because it is familiar, doubtlessly resounds in a privileged fashion in our hearing, but that is not a reason to inject the analyst's personal material, even if it comes close to a symbolic construction. One must remain attentive to the associative material that appears, for the tale can be linked to personal and often very individual problems.

In this regard, Bonnafé-Villechenoux notes that she differs markedly from Bettelheim in the practice of making interpretations that use the tale.[12] The analyst, in struggling against a feeling of engulfment in the patient's negativity, risks not showing sufficient interest for such a material that is so often fragmentary. It often has brief, linear sequences such as "there was a . . . ," "then there was a . . ."—sequences that never end, but that evoke the marvelous work of fairy tales, all leaving a great space of the unsaid.

Sometimes the association to a tale coming from a childhood memory can play a privileged role in the process, even though the material is not abundant and is repetitive. One can then some-

[12] Bettelheim, B. (1976). *The Uses of Enchantment: The Meaning and Importance of Fairy Tales*. New York: Knopf.

times pick this up in patients who construct little in their analyses and who pile up repetitive, negative material. The associations to a tale may enable the emergence of associations that are more complete.

The author suggests that these tales have such utility in psychoanalytic material because they often reflect precisely the moment of discovering the difference between the generations, a moment inseparable from the discovery of the difference between the sexes. They reflect a time in constant construction inscribed on the biphasic line of development, an important moment in infantile sexuality and, subsequently, in the construction of repression or denial. One finds in the schema of a fairy tale (its content and structure) a trajectory that is infinitely repeated in every child. One can say that the tale is prized by all, for it retraces the very history of the human family. One must add to this that all important experiences in our lives enter into correspondence with early repressions attached to the first oedipal stirrings of sexuality that we encountered.

Stories from the Opposite Perspective. Anne Bolen, pp. 801-809.

Much in the way that a screen memory functions, the narration of a dream in an analytic session is a reconstruction of the psychic event. The only way that an individual can grasp the elements of the dream is through the narrative. He must put images into words and reorder this raw material to engage in the transference and stimulate the countertransference.

This is an interesting phenomenon, since to recount the dream in the session is to create anew the dream. The ideal of analytic work is effectively to proceed along the same process as dream life. The narrative space of a session resembles the interlocking of two different narrative organizations, leaving the two protagonists experiencing the feeling of a successful session, harking back to the idea of the existence of a narrative truth. Is not this feeling the same as that experienced by a parent telling a story to a child? This is a common experience from which each leaves satisfied.

Bolen, through a patient's dream, illustrates these aspects and ties them to the folktale and the fairy tale as literary genres, invented

by man well before the fundamental analytic rule, but proceeding nevertheless from the same internal needs. The author considers some theoretical aspects of these stories. One notable parallel between dreams and stories is that the narrative force of the tale and of the dream consists in the fact that often the most archaic elements are those situated at the beginning, tending to become secondary at the end but without actually becoming so.

The story often lets the fantasy of desire drift in by diverse processes toward the theme of omnipotence—for example, in the denial of bodily limits and what the body is capable of performing. One creates seven-league boots that are easily hidden from adults. There is a magical appropriation of riches and the joys of these riches. Transformation, disguise, and animism are all used to this effect. We note that, nevertheless, there may be a theme of "bad guys" and of prized objects that are returned to the "good guys." This splitting permits the existence of reparative aspects, correlating with destructive and aggressive tendencies. The trends of life win out in the end, with their panoply of tests and confrontations with limits and with the forbidden.

Other writers have reminded us that the hero is far from being the center of the history and that his limits are marked by the desire of another. The accomplishment of the hero's ideals is always determined by this other—for example, in the form of an oracle predicting his destiny. Nonetheless, in what pertains to the individual, it is through the experience of various tests that the hero frees himself firmly and forever from the infantile attachments to which he is at risk of remaining captive.

A Brief Note on the Critical Contributions of Roy Schafer. Jacques Angelergues, pp. 845-847.

Schafer, beginning with *A New Language for Psychoanalysis*—with rebel intentions present from the title onward—vigorously enunciated a strong position on narrative in psychoanalysis.[13] He undertook a search for psychological realism and impersonal theorizing

[13] Schafer, R. (1976). *A New Language for Psychoanalysis.* New Haven, CT: Yale Univ. Press.

hidden in metapsychology. His polemic continued in later works.[14] Schafer treats ironically certain theoretical presuppositions in Freud that begin by describing the infant and young child as an animal, what one would designate as an "it," and that end with a description of the domestication of that animal.

Schafer's efforts focus on a reevaluation of what the analysand says. Though one can applaud this emphasis on the personal nature of a singular encounter with the patient, we may also be surprised that Schafer seems so little sensitive to the clinical quality of numerous psychoanalytic works, including those of the post-Hartmannian ego psychology that he discusses in particular. For Schafer, psychoanalysis has restricted good sense by regarding only certain factors as organizing principles or structures, such as pleasure in opposition to reality, and the id in opposition to the ego.

Psychoanalysis is described as the study of the psyche conceived as a machine. This machine or psychic apparatus has its inertia; it does not function except when put in motion by a force and then does so in a closed circuit. The quantity of energy is invariable: the amount that is stored or expended in one part diminishes the available energy for other operations by the same amount. Schafer maintains that these points of view are only narrative structures, the combination of which constitutes an incoherent theory. Metapsychology is a badly done, do-it-yourself effort and a patched-up job; it would be better to start over from the beginning. Schafer repudiates the genetic point of view, preferring instead the ontological view of the hermeneutic approach.

Schafer strongly criticizes, and with the same incisive verve, the psychological realism that causes our metaphors so quickly to deteriorate toward the mechanical. These metaphors have dangerous implications for analytic theory; they tend to make us believe that there is an unconscious that can be localized in a particular place, etc. The image of the apparatus suggests a motor to make it function. The motor has need of an energy, and so on into a mechanistic explanation. Angelergues notes that this warning is not without value; it had already been voiced by Freud, who himself did not always avoid this path.

[14] Schafer, R. (1983). *The Analytic Attitude.* New York: Basic Books.

For Schafer, it is important to free up the narrative structure of psychoanalytic facts, leading to the need for a new language. The explication must be integrated into the narrative structure, from which it cannot be disassociated and which is the source of its intelligibility. With the conceptual model of the mechanical process of causality being far from established, the validation of truth depends above all on the involvement of a narrative structure made from shared histories throughout the treatment—written together by patient and analyst and of growing relevance, worked out in the here and now, without prejudging contradictions or chronology. In this, the analysand finds possible protection from the reductive power of the interpretations of the analyst. Schafer searches for a language closer to the truth of actions, what he calls *action language*.

A critic of Schafer is Agnes Oppenheimer, whose articles Angelergues cites.[15] In spite of apparent agreement on both sides of the Atlantic about the interest in language, Oppenheimer shows that the contrast between Schafer's viewpoint and the Lacanian perspective finds its origin in their different philosophical sources: Wittgenstein via Austin for Schafer, versus the influence of Hegel on Lacan. Oppenheimer emphasizes that this American version of the debate concerning construction and reconstruction takes on here a sort of antiscientific humanism.

To this criticism, Angelergues adds that the value of Schafer's work is weakened by the theoretical simplifications he proposes, especially concerning the sexual dimensions and internal conflict. Schafer would dilute unconscious fantasies and efface the theory of the drives. Moreover, he incorporates theoretical presuppositions and an ideology that is less helpful than the theoretical constructions he opposes.

Psychoanalysis: Myths and Theories. Jean Laplanche, pp. 871-888.

This is a tightly written article on the role of the mytho-symbolic, with the suggestion that myth and symbolism represent a sort of hermeneutic of the infant trying to come to terms with ambig-

[15] (1) Oppenheimer, A. (1984). Le meilleur des mondes possible. A propos du projet de Roy Schafer [The best of possible worlds. Concerning the project of

uous messages from adults. With irony, Laplanche remarks that it is Freud's ill fate that he, who never gave up his positivistic requirements, finds himself repeatedly confronted with the accusation of having forged one more myth.

Laplanche proceeds to discuss myth and theory, to which he adds a third element: the romance or narrative. He feels that this is an appropriate category in view of the family romance of neurotics (Freud) and the myth of the individual neurotic (Lacan). That which one can call a romanticization never ceases to arouse psychoanalytic interest. Narration or *narrativity,* a term much used since the writings of Spence (but also, in addition, in the provinces of Ricoeur, Viderman, and other lesser known authors), has become the theme by which the old but always living term *hermeneutic* returns to the bosom of psychoanalysis.

Laplanche then considers psychoanalysis as poised between myth, theory, and romance. The central issue for him in this article is to consider why and how mytho-symbolic thought, a major rediscovery of psychoanalysis, has unduly tended to become the "all" of psychoanalysis—at least for its adversaries, and as well, perhaps, for psychoanalysis itself at times.

Freud repudiated all dream keys and focused instead on the associations of the dreamer. The appearance of the theme of symbolism, however, brought with it complex reworkings of Freud's dream book[16]; Rank's essays on myths were even included in one edition of it. Freud showed much interest in the ethnologists and their discoveries of symbolism and folklore from other societies, and in dreams as reported in folklore.

What is the relation between dream symbols and typical dreams? What does the appearance of a symbol in a dream mean for associations, for the unconscious links to the themes of the dream? According to Laplanche, Freud viewed symbolism at first as a contribution exogenous to psychoanalysis—as a sort of return

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Roy Schafer]. *Psychanalyse à université,* 9(35):467-490; and (2) Oppenheimer, A. (1988). La solution narrative [The narrative solution]. *Revue Française de Psychanalyse,* 52(1):17-35.

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

to the repudiated dream keys or dream book. Symbolism is exogenous in another fashion, i.e., with respect to the original site of analytic activity: the interpretation of the dream or of the symptom. The discovery of the symbolic shows us that a distortion can exist without censorship, as one finds in myths and in dream symbols that are devoid of associations. Integrating the discovery of symbolism into psychoanalysis became an important task. The symbolic method is opposed to the associative analytic method, in that it is entirely a reading of a hidden meaning—perhaps not always a simultaneous translation or a sight reading, but nevertheless always a restoration of latent sequences.

The problem then, for Freud and for us, is how these two very different methods can work together. There could not be a collaboration of reciprocal assistance, but some sort of working together may be possible nonetheless. A new field, the *mytho-symbolic,* opens up and expands to psychoanalytic horizons outside the treatment setting. When unchecked and applied to collective phenomena or to individuals outside treatment, this could lead to wild analysis.

Freud's theoretical solution is important here. It is a hierarchization in which the mytho-symbolic is viewed as deeper, more archaic, more primordial than individual repressions. But this leads to "original fantasies": the return to instinct as preformed behavior, and a devaluation of repression as the origin of the unconscious—even to a phylogenetic hypothesis.

Laplanche's proposal is that the mytho-symbolic is a noncensored form of encoding. He suggests that the origin and main function of mytho-symbolic scenarios is to permit the child arriving in the human world to deal with the enigmatic messages coming from adults, including sexual messages. "What is less sexual than Sophocles' tragedy?" Laplanche asks. The myth does not carry the sign of a censor.

Narrativity and Hermeneutics: Some Propositions. Jean Laplanche, pp. 889-893.

Laplanche begins by defining narration as an approach to the human being that gives primary importance to the way in which he formulates his existence to himself in the form of a more or less

coherent account.[17] In psychoanalysis, the narrative attitude consists in privileging the recall of the past or true reconstruction of this—a construction that is coherent, satisfying, and integrated. Viderman, Spence, and Schafer place the accent on the importance of this narrative as the motive for treatment, a work in common between analyst and analysand.

The criticisms of this viewpoint are many; immediately, the charge of relativism or even "creationism" is raised. The narrative may be a fiction created *à deux* in the analysis, without regard for any reality or truth. According to an extreme view, the analyst, without regard to the patient's reality, causes fantasies to come into being in the patient's unconscious. This seems to be the case with some passages in Spence and Schafer. A weaker view limits creativity to preexisting, basic structures in the analysand, along with theories of the analyst. Viderman here speaks of "original fantasies," while Schafer talks of "narrative structures" or "scenarios." Laplanche sees this as a refurbishing of the idea of a retroactive fantasy, which Jung maintained in opposition to Freud.

Another criticism is the narrativists' presentation of the "historical truth" in a caricatured form, in a way that no empiricist would maintain. The historical truth seems to be regarded by these authors as a chronological sequence of atomized facts of which one could give a neutral account. Those who share a hermeneutic bent have raised this as a criticism against both Spence and Viderman.

An important issue is, therefore, the relation between narration and hermeneutics. Hermeneutics, taken in the larger sense of a theory of interpretation, of clarification or intentionality, has many points in common with narration. But hermeneutics is of Heideggerian inspiration and marks a decisive step away from narration. And in this Heideggerian formulation about interpretation, many questions remain (leading to criticism): What is interpreted? What is the object of composing a narrative? What are the instruments needed to do this? What are the results of constructing a narrative, especially in metapsychological terms? Laplanche draws on his ar-

[17] In this article, Laplanche references arguments in: Sass, L. A. & Woolfolk, R. (1988). Psychoanalysis and the hermeneutic turn: a critique of narrative truth and historical truth. *J. Amer. Psychoanal. Assn.*, 36(2):429-453.

guments from the previous article summarized here, on the nature of myth and symbolism as attempts to deal with the ambiguous messages of adults, and related to original fantasies, infantile sexual theories, and the family romance.

The important issue about the narrative is that its function is above all defensive, whether or not it is eventually "normal" and in any case inevitable. Concerning dreams, Freud right away placed this defensive function in evidence, designating it as *secondary elaboration,* and referring, further, to "considerations of intelligibility." The properly analytic vector, that of *detranslation,* and the *questioning* of narrative structures and the ideals involved in them, remains opposed—in every treatment—to the reconstructive, synthetic, narrative vector.

The Narrative of the Analytic Work and Construction in Analysis. Colette Combe, pp. 909-924.

It is perhaps too extreme to define the role of the analyst by insisting that he is not to recollect anything—that is the patient's role. But in reconstructing the amnesic memory of an analysand, does the analyst not have as a field in which to work his own memory of past analyses as well as the present analytic work in progress? The analyst recalls in order to elaborate that which is enacted and reenacted, tirelessly, in the analysis. Does he not use, for the virtual space of his work of construction, the effects of his memory of the analytic work? And does he not legitimately use his knowledge of the patient's reports of his previous analytic work?

In this perspective, what is the function of clinical texts that set up the plot of several sessions around a transference act, an incidental thought, a disruptive affect, snippets of memories? A clinical narrative amounts to a construction in analysis. The reading and rereading, writing and rewriting, carried out in order to arrive at an account of the analytic work, are the same as a construction. This work discovers and constitutes potential passages between the two players through the intermediary of the analyst's memory of the analytic past and the different contexts of sessions in which associative activity is interrupted at the same point.

Combe argues for the use of the analyst's memory of the patient's analytic past, as well as of the patient's traumatic childhood past, since both are involved in arriving at an interpretation, just as they are in writing an analytic case history. Both involve constructions. She illustrates this theme by narrating a sequence that makes use of the return of the analytic, traumatic past and the childhood past. She advises listening from the angle of the binding of the analytic past with the oedipal childhood past and the present of the transference; she sees this as a three-stranded cord of which the elaboration of the countertransference is the guiding thread. We must adjust our listening to take into account these three threads.

In this binding process, the patient's past analytic history is taken as one of the fields of representations and affects in which memory can trace those elements that symbolize the present instinctual and object issues of the current analysis. The analytic past thus serves as a semantic repository for the symbolic activity of the session and a representative resource for interpretation. A scene or episode from the analytic past history may serve as a screen for the present analytic situation; such a scene is condensed as a screen memory, but it is equally capable of leading to a dynamic interpretation of infantile history.

Speech and Writing. Anne Clancier, pp. 931-935.

In analysis, everything takes place by and through words; no actions are involved, and nothing is written down. The word is therefore the privileged vehicle of psychoanalysis. The narration of the patient must be oral, and the analyst's interpretations are equally oral. Nonetheless, the role of writing is very important, as much for the analyst as for the patient.

From the point of view of the analyst, writing permits reconstruction of analytic cases, which in turn permits us to step back from the material and from the countertransference. Would Freud have elaborated his theories if he had not written down his observations and ideas? Moreover, could he have carried out his research without having correspondents with whom he could ex-

change and discuss ideas? We have all had this experience. If we have difficulties with a patient—whether it is a matter of understanding him, or simply of *standing* him—writing about his case lets us see the situation more clearly and helps us deal with our countertransference.

Clancier's focus, however, is on the point of view of the patient, especially the child with inhibitions and/or school difficulties, and especially the latency child, when games or drawings are no longer provided in treatment and the patient's language is limited. The author discusses her technique, derived from Winnicott and his work with squiggles: she gives the child a phrase with which to begin, and sometimes a second phrase that is to be the last of the text (a beginning and an end). The assignment is to write freely a follow-up to this first phrase. The free text is thus enclosed, and likewise a time limit is given—some ten to twenty minutes, according to the patient's age and other aspects of the case. The framing in space and time plays the role of the container; it reassures the patient and permits a play with fantasy. The assignment itself fulfills the role of the analytic framework; it can allow a resumption of imagination and a lifting of inhibitions.

Often, the child is uneasy about spelling and grammar. The author tells him that this isn't school; "we don't worry about that—it's a time to play with writing." Sometimes, according to the age of the child, Clancier adds: "This lets us better understand ourselves." Generally, children accept the writing assignment willingly, and it should not be an obligation; the child reads his text aloud only if he wishes to.

The texts frequently reveal conflicts, depression, or anxiety. The author does not interpret the content of the texts, for that would be intrusive. After writing, the child often associates freely to his text, comments on it, and asks questions. The act of looking at the product of his thoughts on the page permits him to have a certain distance and can unleash a series of elaborations of his conflicts.

The therapist in these cases plays the role of container and stimulant. He is the partner in a constructive game; here one can speak

of the establishment of an analytic alliance. As noted, the play of writing becomes the frame of the session. The child can put fantasies down on a blank piece of paper, see them, and understand them more or less consciously, then step back and elaborate on them. A reconstruction of the ego follows.