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EDITOR'S INTRODUCTION

As a tribute to Charles Brenner, who gave so much to *The Psychoanalytic Quarterly* over the years, we begin this issue with a special feature, presenting Dr. Brenner in his own words. Specifically, we have brought together a personal memoir, on which he was working at the time of his death, and a transcript of a memorable interview, conducted by Robert Michels, that Dr. Brenner gave to the Association for Psychoanalytic Medicine on the occasion of the publication of his final book, *Psychoanalysis or Mind and Meaning* (2006, *The Psychoanalytic Quarterly*).

In early 2007, Dr. Brenner contacted us about his memoir, asking if we might be interested in publishing it. In editing it now, we began with that manuscript, dated February 26, 2007, and while we have done very little to alter his own words, we have trimmed that draft a bit and added a few brief sections from earlier drafts that were made available to us by his niece, Mary Brown. Ms. Brown has worked closely with me and with our Managing Editor, Gina Atkinson. I am grateful to both of them for their efforts to see Dr. Brenner's memoir through to publication. I hope you will recognize in Dr. Brenner's memoir a familiar voice from the literature but in a distinctly personal vein. This is Charlie telling a story, as he did so often.

But if you hear him telling a story in the memoir, in the interview you will hear the cadence of his familiar speech patterns—hear him thinking out loud—developing those stories, as he responds to Dr. Michels's challenging questions. Here, especially, we have resisted the temptation to correct the transcript, except in spots where Dr. Brenner's intent might have been unclear without the inflections of his speaking voice. We have even left the occasional slip of the tongue to preserve the aliveness and spontaneity of the interview. If you would like a real treat, listen to the interview itself on our website (www.psaq.org) or on the APM website (www.theapm.com).

At the end of this issue, we feature a paper by Sander Abend, a student, friend, and colleague of Dr. Brenner's on a topic of great impor-

tance to contemporary psychoanalysis, the interpretation of the transference. In this, Abend's Freud Lecture to the New York Psychoanalytic Institute, you will hear the influence of Brenner's theoretical and clinical teaching, shaping the background to Abend's original ideas. His paper is discussed from four different points of view: by Marilia Aisenstein of Paris, Jorge Canestri of Rome, and Lawrence Friedman and Jay Greenberg of New York, followed by a response from Dr. Abend.

Between these two sections of the issue we bring you six state-of-the-art papers, illustrating contemporary psychoanalysis at its best. These begin with Donnel Stern's important exploration of the analyst and patient as "Partners in Thought." This paper is followed by the 100th anniversary revisiting of two of Freud's cases: Ken Corbett's contemporary reevaluation of the development of masculinity, using Freud's paper on Little Hans as his text, and Marvin Osman's reassessment of Freud's treatment of the Rat Man, illustrating an early-life variant on the Oedipus complex. Three clinical studies then conclude this section: Ellen Wilson's generous case illustration of Bion's notion of the obstructive object and its relationship to the "idolization" of power; Donald Moss's self-reflective deconstruction of the uses and meanings of the word *nigger* as they appear in the course of an analysis; and Wendy Katz's lively clinical discussion of a patient's manipulation of reality through his manner of paying the fee.

A selection of book reviews and abstracts rounds out the issue.

We hope you enjoy this slice of early 21st-century psychoanalysis at its most diverse, engaging, and clinically useful.

HENRY F. SMITH

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MEMOIR

By Charles Brenner – February 26, 2007

1931 is a long time ago, but it doesn't seem so to me. That was the year I entered medical school.[1] All my life I had wanted to be a doctor, and here I was, ready to begin. At Harvard College, I had majored in chemistry. Chemistry fascinated me. We lived very close to the college and I can remember walking along Cambridge Street on my way to class, thinking about van der Waals's equations and what they had to say about the composition of matter. I also took the biology and physics that were required for admission to medical school, but much as I liked the sciences, I had no desire to be a chemist. What I wanted was to be a doctor.

Not only so. By the time I entered medical school, I had decided that I wanted to become a psychoanalyst. That seems like an unexpected ambition for a young fellow who was so fascinated by chemistry, doesn't it? I had taken courses other than the ones in science. A course in Latin, for one, where we read Plautus and Terence and Horace. Horace was mostly rather dull, but the plays of Plautus and Terence were great for a college freshman, with their talk of sex and prostitutes. I had also taken a number of courses in German literature. Remember, that was 1930, when Germany was recognized as the world center for medicine and for science in general. But in all my years at college I never took a course in psychology. For good reason: I had no interest in the subject. In fact, at the time I decided to become a psychoanalyst I had only the haziest idea of what psychoanalysis was all about and what doctors who were psychoanalysts did. I had no intention of becoming a psychoanalyst in June of 1931, yet by September I had decided that's what interested me most and that was what I was going to be.

At the time I had no idea how or why that had happened. It seemed perfectly natural. It didn't even occur to me to question why I was so

[1] *Editor's Note:* Dr. Brenner entered medical school at the age of seventeen.

interested in a subject I knew almost nothing about. It wasn't till many years later, in the course of my own analysis, that the question did finally occur to me and that the answer became plain. I'll explain.

When I was three years old, my mother took ill and was hospitalized for several weeks. My brother, a year older than myself, went to stay with one aunt and I with the other. I loved my aunt and I liked to play with my cousins, two of whom were close to my age. Still it was a long time to be away from my mother, to whom I was very attached. But worse was yet to come. I came down with mumps and had to be quarantined for nearly two weeks. I can remember how empty the room looked in which I stayed. To be sure I had my toys and my aunt came in often to care for me and, I'm sure, to keep me company, but she had her own children and her husband to look out for. It was a long, unhappy time for me. I can remember, the morning after the first day my mother came home, how my brother and I ran into my parents' room to jump into bed with her. She looked so beautiful.

It was my mother's illness that made me decide to become a doctor. From that time forward, whenever anyone asked me what I was going to be when I grew up, my answer was always the same: "I'm going to be a doctor." If doctors were the people whom my mother had been with during all that time that was so lonely for me, if doctors were who cured her and made her well, that was what I would be.

Many years later, while I was in my last year of college, my father died. My parents' marriage had not been a happy one. They quarreled often, occasionally separated for a few weeks at a time, and didn't seem even to like one another. Nonetheless, his final illness and death had a most unfortunate effect on my mother. A couple of months after he died, she began to complain of severe cardiac and respiratory symptoms, and soon she was largely confined to bed. The final verdict was that her heart was not diseased or weak, and that her symptoms were psychogenic; in fact, she lived for another thirty-five years. But at the time, she was a very sick woman who felt herself close to death.

It was during that summer that I decided I would be a psychoanalyst, without the least conscious knowledge of why I so decided. But there I was, a college graduate, reacting just as I had done when I was three. If

that was the kind of person my mother needed to cure her, that was what I was going to be.

Nor did I ever change my mind, something that was not as easy as it may sound. Psychiatrists weren't looked on with any admiration in those days. In all my four years in medical school, I never met another student who planned to specialize in psychiatry. There was a section of shelves in the medical school library that was devoted to books on psychiatry, and I came to look on that section as my personal library. Nobody else ever went there, much less took out one of the books in it (the librarian soon got to know me). And the lectures on psychiatry were the least well attended of any in the curriculum.

As for the medical community of Boston, most of it knew little about psychiatry and cared less. The hierarchy among those who actually practiced psychiatry was like this: The elite called themselves neurologists. They had some degree of neurological education (usually not much) and positions on the neurological staffs of one or another of the medical schools or hospitals in the city. Their practices, which were what gave them their incomes, consisted of three groups of patients. One was the patients who had some form of neurosyphilis that could be treated on an ambulatory basis. They came for an injection of one or another compound of arsenic once or twice a week. There were usually enough of them to pay the doctor's overhead expenses. Then there were the patients who had some other kind of neurological disease, such as brain tumor or convulsive seizures. There weren't too many of those in most neurologists' practices. The third group, which made up the bulk of most neurologists' practice, and the major part of their income, were patients with one or another kind of psychogenic illness. They were treated with psychotherapy and sedatives, mostly phenobarbital, but it's impossible to do more than guess at what the psychotherapy really was, since, with rare exceptions, none of the so-called neurologists had had any training in the field.

A significant part of psychiatrists' income at that time came from examining patients to decide whether they were certifiably insane. Psychotropic drugs were still in the future. Psychotic patients were cared for in huge mental hospitals run by the state. They weren't treated on an outpatient basis as they are today. As with those who called themselves

neurologists, the bulk of the practices of those called psychiatrists were patients with psychogenic illnesses. As a group the psychiatrists knew no more about how to treat them than the neurologists did.

Below the neurologists on the psychiatric totem pole came the largest of the three groups, those called psychiatrists. As with the neurologists, patients with neurosyphilis usually paid their overhead. Another part of their income came from examining patients to decide whether they were certifiably insane.

At the bottom of the ladder, in the few cities where there were any of them, was a small group of men and women who were psychoanalysts. In Boston, there were fewer than a dozen in 1931, I'm sure. The Nazis hadn't yet come to power and the first of the refugees from Europe had yet to arrive. The New York Psychoanalytic Institute had only just been founded and the Boston Psychoanalytic Institute would not be founded for another two years. Even ten years later, the total membership of the American Psychoanalytic Association, not all of whom were analysts, was about 400, most of whom lived in and around New York City. Until that time, the only requirement for membership was that you had enough interest in the subject to want to join and that somebody who was a member would vouch for you as a doctor of decent character.

To most of the medical community in Boston, anyone who was identified as a psychoanalyst was either a quack or "crazy." I had been born in Boston and lived there for the first thirty-two years of my life. From the time I entered medical school till the time I left for New York, every professional friend and mentor who felt like giving me advice on the subject tried to talk me out of becoming a psychoanalyst. One of the most amusing such occasions, I remember, was at a dinner dance for those of us who were finishing our residencies at the hospital where I was a medical resident. The professor of surgery danced off with my wife at one point and urged her to get me to give up psychoanalysis and become a surgeon. Fortunately, she would have none of it. She told him that it was up to me to decide what I wanted to do and that whatever I decided she would back me up in. But he wasn't the only one who tried to get me to change; there were plenty of others, none of them successful.

But I stuck to my unconsciously motivated decision through four years of medical school and four years of residency, at the end of which

time I enrolled as a candidate in the Boston Psychoanalytic Institute. I eventually moved to New York and graduated from the psychoanalytic institute there, but all but the last year of my training was in Boston. I can remember, while I was in my second year of medical school, standing outdoors under a floodlight in front of the Beth Israel Hospital where I had a part-time job—trying to work my way through *The Interpretation of Dreams*. Since I'd never seen a psychiatric patient at that time, it was heavy going.

I was admitted to the Boston Psychoanalytic Institute in 1939. By that time, I had completed four years of residency. I was ready to start seeing private patients for which I would get paid! As yet, however, there were no patients who were ready to be seen. I had a position on the staff of the neurological unit of the Boston City Hospital, where I had just completed a year of residency. For that I was paid a very modest salary (Harvard was never generous to its junior staff as far as money and titles went), in return for which I taught clinical neurology to third-year medical students and did laboratory and clinical research work in conjunction with Dr. Houston Merritt. Our field was anticonvulsant therapy. It was then just a year since he and Tracy Putnam, who was the head of the unit, had introduced Dilantin for the treatment of convulsive seizures.

As you might expect, most of the patients I saw when I was getting started were ones with convulsive seizures, but as time went on, I began getting psychiatric patients as well. When I started in practice I kept a log that included the fees I was paid. Some years later I came across it in the attic. My income from private practice for the first month was just over eighty dollars. A modest amount to be sure, but not to be sneezed at in 1939.

All that was very well, but in a sense it was a detour for me. What I wanted was to be a psychoanalyst, and I was delighted to be admitted to the Boston Institute. And not only admitted: I was one of three that fall who were designated Sigmund Freud Fellows of the Institute. What that meant was not only that I didn't have to pay an annual tuition fee, but also that my personal analysis was free. You can imagine what that meant to someone in my financial circumstances.

The other Freud Fellows were John Romano and George Gardner. John went on to a brilliant career in academic psychiatry. He was for

many years the head of the department at the University of Rochester. George became head of a McLean Hospital. My analyst was Isadore Coriat, one of the pioneers in psychoanalysis in this country.

The Boston Institute had no syllabus or prescribed set of courses for candidates. Whenever one of the faculty members gave a course, everyone would take it, because you never knew when it would be given again, if ever. And by "everyone," I mean not only candidates, but recent graduates as well. The only course that was given year after year was a continuous case seminar.

All specialty training was extremely primitive by today's standards. Specialty boards were in their infancy and there were no regular curricula, at least not in neurology and psychiatry. I had a residency first in medicine, then in psychiatry, then a year of neurology. I had to apply to each of them separately. There was no established postgraduate training program. In fact, the reason I took a full year of neurology was that I failed to get a chief residency in neurology. It was promised to me, but then the chief of the hospital—it was then the Boston Psychopathic Hospital, later the Massachusetts Mental Health Center—stopped me on the stairs one morning and told me that he'd changed his mind and had decided to appoint someone else. Just as casually as that.

He was a diminutive Scotsman named Campbell, close to retirement at the time, who had been the first full-time, salaried professor of psychiatry at Harvard Medical School. He was a very intelligent man and a brilliant speaker, but he left much to be desired as a professor of psychiatry, although to tell the truth he was as good as any in this country at the time. To give an idea, his psychiatric residents had no training or experience in psychotherapy. None.

Campbell was officially the head of the inpatient service at the "Psycho," as the hospital was called. The Psycho was a state institution, and the psychiatrist in charge of the outpatient service was not a member of the Harvard faculty. Consequently, he was quite independent of Campbell. It seems that the two had had a falling out long before my time. As a result Campbell refused to allow his residents to work in the outpatient department. What this meant for us residents was that we had no opportunity to see patients in psychotherapy—not just no instruction in psychotherapy, but no experience either, because the Psycho was a re-

ceiving hospital only. Except for a small number of patients with neurosyphilis who resided on a research ward, patients entered, were worked up, seen in diagnostic conference, and either discharged or sent to a state mental hospital. The average length of stay was eight days. In one year as resident at the Psycho, I admitted, worked up, and discharged 300 patients.

Any psychotherapy on the inpatient service was out of the question, and we were forbidden to see patients in the outpatient department. Really. One could be fired for disobeying that rule. The fact is that I had no experience in doing psychotherapy of any sort and no teaching in psychotherapy until I entered the Boston Psychoanalytic Institute. There I finally got plenty of the best.

There were many excellent training analysts and instructors on the faculty of the Boston Institute when I was admitted in 1939, many of whom were refugees from Nazi Germany. Two whose names come to mind were Edward Bibring and his wife, Grete. Both had been training analysts in Vienna. In fact, Edward had been chosen by Freud to be one of the editors of the *Internationale Zeitschrift für Psychoanalyse,* which was the major psychoanalytic journal until the Nazis closed it down. Grete had a very fine career in Boston and eventually was elected president of the American Psychoanalytic Association, a position that I'm proud to say I nominated her for. Edward, very sadly, developed severe Parkinsonism while still quite young and was completely incapacitated by it—a most unhappy end to a career that started out so brilliantly.

Two other refugees from Vienna who settled in Boston were the Deutsches, Helene and Felix. They were among the very few who left before Austria was actually annexed to Germany; nearly all the Viennese analysts stayed as long as possible, right up to the annexation. As long as the Professor was in Vienna, which was until the annexation, they stayed with him, I think. But the Deutsches left in 1936, two whole years before they had to. I remember the first time I met Felix. It was during my last year of medical school, in 1935. He had come to the United States to learn the lay of the land and decide where they were likely to be most welcome and most useful. At the time Felix was an internist, not an analyst. He became an analyst later, only after coming to the States.

The most senior analyst in Boston was Hanns Sachs. He was also Viennese and had been an active part of the society there since very early days—before 1910, I think. He came to Boston in the mid-1930s to succeed Franz Alexander, who was the first head of the Boston Psychoanalytic Institute. Alexander had left Boston for Chicago, and Sachs took his place. His doctorate was in law, not medicine, and I think, as did many others, that he felt somewhat at odds with the American establishment, which required that analysts be medically trained. Anyhow he didn't seem to have much contact with his Boston colleagues. He was one of those analysts who never went to meetings. He was a fine teacher, though. He talked in perfect sentences and paragraphs without notes.

The course Sachs gave when I was in Boston was on the drives. I took it down in shorthand and typed it up as soon as I got home after each class. I still have the manuscript. It reads like a textbook. One of his many publications was a little monograph called *Freud, Master and Friend.* In it there are two little anecdotes that I don't think are to be found anywhere else. One is that Freud had a certain anxiety about train trips. He insisted on getting to the station at least half an hour before the time the train was scheduled to leave. Sachs speculated that this might have been the remnant of a train phobia, perhaps connected with the train trip he took as a very young child with his mother during which, as he wrote in *The Interpretation of Dreams*, he fell and scarred his face.

The other of Sachs's anecdotes had to do with his calling on Freud early one day and finding him playing solitaire. To find his idol whiling away a leisure hour that way didn't sit too well with Sachs, apparently. Why this was the case is a question, because Sachs must have known, as did all of Freud's analytic associates, that Freud played cards with some friends one evening a week as a regular thing. Apparently, to Sachs, solitaire was different.

The years just after the war saw a tremendous growth in the number of young men and women who enrolled in psychoanalytic institutes and eventually became analysts. There was no such comparable growth in England or France. The reason why that happened is interesting.

The United States began to prepare for war in earnest in 1939 with the passage of the bill drafting young men into military service. Part of what had to be done was to organize and expand the Army Medical

Corps. At that time, "Army" included what later became the air corps; there was no separate air corps till some time after the war was over. The bulk of the medical corps were trained for some branch of surgery and internal medicine, but whoever was in charge of drafting the new table of organization made provision for training psychiatrists as well.

The man in the Surgeon General's office who was put in charge of psychiatry was Dr. William Menninger, one of the two brothers who headed the Menninger Clinic in Topeka, Kansas. The clinic was very analytically oriented, and both William and Karl were psychoanalysts. So when the time came to select the doctors who were to instruct the newly inducted medicos who were scheduled to become the psychiatrists of the rapidly growing army, Will Menninger, who was now a general in the army, recruited as many analysts as he could get hold of. The result was that those who practiced psychiatry in the armed services during the war had learned from their instructors as much as they could learn, in the three months of training that each of them had, about psychoanalytically oriented psychopathology and psychotherapy. And when they started to care for the psychiatric casualties sent to them, they discovered that what they had learned as ninety-day wonders, as they were called, was accurate and helpful. When they were demobilized after the war was over, there were many who decided to specialize in psychiatry, and of the ones who did, many wanted to enroll in a psychoanalytic institute to learn more about the subspecialty that had proved its worth to them as soldiers.

So there were many young persons who wanted to become psychoanalysts. But who was to teach them? The answer was the older analysts who had been exiled from Germany, mostly from Berlin and Vienna. New institutes sprang up in cities where the very word *psychoanalysis* had been unknown, and the number of candidates and of members to teach them suddenly mushroomed.

You could say that there were two men who were responsible for the very rapid growth of psychoanalysis in this country in the late 1940s and early '50s. One was William Menninger; he saw to it that there were many prospective candidates. The other was Adolf Hitler. He was responsible for driving every analyst who amounted to anything out of Europe and, in the majority of cases, into the United States. Instead of being an

organization of fewer than 500 as it had been in 1938, it counted more than 1,000 by the 1950s.

Although I had enrolled in Boston in 1939, I didn't graduate in New York till 1946, primarily because of the interlude made necessary by the war. It wasn't possible for me to make a commitment to patients at a time when I knew I might be hauled away from Boston at any time—"at the convenience of the government," to use what was then the current phraseology.

So what was it like when I sat down behind my analytic patient to begin my career as an analyst? The fact is I didn't have any clear idea of what it was that I was trying to do. I knew of course, from reading and from courses, that I was going to try to discover from my patient's dreams and other associations what his or her conflicts were. But exactly how I was to go about that, or what would guide me in discovering that and what I would do once I had discovered it, or thought I had, was very hazy.

I started two cases in Boston before the bombing of Pearl Harbor in 1941. One was a man in his forties who had suddenly become unable to ride in subway trains. My supervisor was Jenny Waelder (later, Waelder-Hall), and for some months the case went very well. But one day, he didn't show up for his appointment and I never heard from him again. Dr. Waelder-Hall and I agreed that it would be countertherapeutic for me to call him; it would be better, we thought, to wait for him to call. Several months later I did get a call, but it wasn't from the patient; it was from his brother-in-law. It seems that my patient, who, as we knew, had moderate hypertension, dropped dead one morning while shaving. Until that phone call, I had no idea why my patient had dropped out of analysis, and could only imagine that I had done something terribly wrong, even though my supervisor assured me that I hadn't. Not the best case for a beginner.

The supervisor for my second case was Grete Bibring. My patient was a young woman in her twenties who came to her first session appropriately dressed for the time, a little more formally than usual. She not only wore a hat, but the hat had a little veil. When a woman lies down on a couch, she would ordinarily take the hat and veil off, then put them on again when she got off the couch. My patient kept her hat on during the

hour. I had no doubt that her remaining so formally dressed, even when lying down, was connected with some embarrassment about lying down in a room that contained only her and me; I was at the time a young man about ten years older than she. When I went for my first supervisory session and described all this to my supervisor, she asked what I had done with this knowledge of mine. My reply was "I didn't do anything, because I didn't know what to do." She looked at me in a very kindly way and said, "Well, Dr. Brenner, I'm one of those analysts who thinks when you have discovered some unconscious problems, you convey what you've learned to the patient." This was news to me. I thought maybe the patient learned it by herself or something. I didn't know.

To be sure, in any analytic encounter, if the analyst is uncertain what to say or do, it's best that the analyst do nothing, so to that extent, what I had done in my first week with my first patient was correct. But it left a lot to be desired. That case was interrupted by the war.

When I was ready to leave for New York and to continue my training at the New York Psychoanalytic Institute, I was asked by Edward Bibring, then the director of the institute, to stop by his office. He said, "I have to write a letter to the New York Institute about your studies here. Let's see, what courses have you taken?"

I said, "I'm not sure I can remember just offhand. Haven't you a record of them?"

"No," he said. "Until now, we haven't had the money to hire a secretary to keep the institute records. Now we have one, but there are no real records from before now."

Well, the upshot was that we both tried to remember what courses had been offered during the years since I was first enrolled, and we eventually came up with a list that was probably close to accurate. In fact, I had been at the institute longer than Dr. Bibring, who didn't get to this country till 1942 or 1943, having been in London during and after the blitz. Accurate or not, it satisfied whoever looked it over in New York, and I was duly transferred.

I had to restart supervision from scratch when I got to New York. I had three supervisors in New York: Lawrence Kubie, Hermann Nunberg, and Marianne Kris. I was really fortunate to have such a stellar group of teachers.

I moved to New York at the end of the war because I was offered the position of chief of psychiatry at a neuropsychiatric clinic that Montefiore Hospital, in the north Bronx, proposed to build. There were to be 120 beds, divided among neurosurgery, neurology, and psychiatry. Its chief was to be Dr. H. H. Merritt, whom I had worked with in Boston; the neurosurgeon-in-chief was to be Dr. Leo Davidoff, and I was to head the psychiatric division. Unfortunately, things didn't work out well at all. The powers that were at Montefiore had woefully miscalculated the money necessary to build the neuropsychiatric unit they planned for. The hospital did eventually establish a psychiatric department, but not until a dozen years later. I stayed on, first full-time, later half-time, for a couple of years, but then left to go into private practice full-time. I was offered the opportunity of staying on at Montefiore as chief of neurology, but as I've said, I wanted to be a psychoanalyst—nothing else would do. And a psychoanalyst I became.

During my first few years in New York, as it gradually became obvious that things weren't working out as I had hoped and planned, I felt very disappointed. I had no intention of returning to Boston, but if I'd stayed there in the first place instead of moving to New York in 1945, I would have had a much easier time establishing an analytic practice in a professional community that I knew well. After all, I was born and raised there; I'd lived there all my life. In New York, I was a complete stranger and had to make my way as such.

When I first arrived at Montefiore Hospital in New York, there were only two members of the psychiatric staff who were seriously interested in analysis. One was an older colleague, Charles Davison. The other was David Beres, who, like myself, was a senior candidate at the New York Psychoanalytic Institute. In fact, we were both graduated in the same year, 1946. And as it happened, the house I moved into, one I lived in for several years, was only a block away from the Beres' house. The result was that we became quite friendly, and a few months after we met, he told me that he and two other candidates at the institute, neither of whom I knew, were planning to meet together weekly to study psychoanalysis together. Would I care to join them, he asked. So the four of us met one evening in Manhattan and I made the acquaintance of the other two: Jacob Arlow and Martin Wangh. It was the beginning of a

lifelong friendship for the four of us. We arranged to meet one evening a week to read and discuss whatever psychoanalytic literature interested us. If David and I hadn't happened to be neighbors, I'd probably never have become part of their study group and my whole professional career would very likely have been different.

We began by reading and discussing a recently published book by Otto Fenichel, *The Psychoanalytic Theory of the Neuroses*. In the course of doing so, we also discussed our cases, and as time went on, the various papers that we wrote ourselves as well. I remember that, early on, Jack told about a patient of his who fitted right in with something that had been written a few years earlier by two analysts very senior to ourselves. I urged him to write it up and get it published, which he did. It was the first of many papers that each of us wrote in the years that followed, and for many years every one of them was discussed by all four of us as it was being written. The experience was invaluable. No classes, no meetings, no lectures compared with it. We kept it up for more than twenty years. I look back on those meetings with great pleasure and with gratitude for the accident that made them possible.

I also enjoyed the monthly (later, twice monthly) meetings of the New York Psychoanalytic Society. The society was housed in a building that included a meeting hall that could accommodate some 200 persons. The building, in the part of Manhattan called Yorkville, had originally been the home of a local German men's choral society, which was why it had an auditorium, and it was the fact that it had an auditorium suitable for its scientific meetings that I believe was its chief recommendation as a home for the Society. The Society bought the building in 1945.

That was also the year when the New York Society and the American Psychoanalytic Association separated their offices. Until then, the two had the same administrative director—John McVeigh, at the time I arrived in New York—and in fact the American was essentially an appendage to the New York during the early years of the development of psychoanalysis in this country. In the beginning, as I understand it, the American was a subsidiary society for interested people outside the New York area. It was only gradually, during the 1930s, when institutes were set up elsewhere, in Boston, Chicago, and Washington, DC, that the

American Psychoanalytic Association became an independent, national organization.

When I first started going to them, the format of the meetings of the New York Psychoanalytic Society was the same as it is now. But in one respect, those meetings were very different from what they became twenty or more years later. For years there was an ash tray on the back of every chair, and the room was absolutely blue with smoke. Nearly everyone smoked during meetings, whether cigarettes, cigars, or pipes. In fact, most analysts smoked while seeing patients.

The two faculty members at the New York Institute who seemed to me to have the keenest minds and to have made the most interesting contributions were Heinz Hartmann and Ernst Kris. As I later learned, both had been singled out by Freud, and they both worked closely with him in his last years. I became friendly with them rather soon after I came to New York. It happened this way.

The only course I ever took at the New York Institute was an elective given by Hartmann, Kris, and Lawrence Kubie, since I'd satisfied all my course requirements in Boston. The one course I took after coming to New York was on the evidentiary basis for psychoanalytic theories of how the mind works. Apparently, it arose out of a difference of opinion: Kubie maintained that the only basis for psychoanalytic theories till that time had been analysts' intuition; that is, as they listened to patients, analysts intuited their unconscious wishes and conflicts, but their conclusions, so Kubie believed, weren't based on scientific scrutiny. They were just speculative. Hartmann and Kris believed otherwise, and so the idea of a course to discuss the matter was born.

I had already become interested in the subject of evidentiary basis in psychoanalysis. I'd been trying to figure out for myself what the observations were on which Freud based the conclusion that the mind doesn't always function according to the pleasure principle, as he had previously maintained, and that even more basic than the pleasure principle is a compulsion to repeat. I thought that my notes on the subject were apropos, and after the meeting adjourned, I went up to Hartmann, told him what I'd been working on, and volunteered to present at the next meeting of the course. My offer was accepted, but looking back, it is obvious to me that both Hartmann and Kris were worried; they didn't

know me at all. Maybe what I had to present would be off the mark. So before the next meeting, they very hospitably invited me to give them a preview of what I planned to say. When I did so, they were relieved and pleased, and the next meeting went very much to their satisfaction. My guess is that my presentation had a lot to do with the fact that I was accepted into the institute as promptly as I was. It served as my calling card, so to speak.

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One of the hot topics in psychoanalysis in the 1950s was psychosomatic illness. In 1955, I chaired a panel at the December meeting of the American Psychoanalytic Association at which Franz Alexander and his colleagues presented the method they used in studying various medical conditions with the hope of discovering what were their psychological causes. They used what was called an *impartial jury method.* A group of a dozen or so analysts would be given a word-for-word transcript of analytic material from a patient suffering from, let's say, chronic peptic ulcer, and they tried to reach a consensus from the analytic material about what the psychological causes of the patient's psychosomatic illness were. They reported that this had proved to be possible for a number of conditions of previously unknown origin. The ones I remember were peptic ulcer, hypertension, hyperthyroidism, and asthma; I think there were others as well.

In the course of the discussion, it turned out that the analytic material they were basing their conclusions on consisted of a single, initial interview with each patient. That's all. I had thought, and I think most of the audience had thought, that the patients they were reporting on had been in analysis for some time. Not so, it appeared. So we asked how you could reach valid conclusions on the basis of what seemed to us to be such inadequate evidence.

Alexander replied that you could often learn more about a patient's unconscious conflicts in an initial interview than you could from subsequent weeks or months of analysis, because a patient's defenses aren't up at the start as they get to be later on. We pressed him on this point and he admitted that such isn't always the case. Then he shifted his ground and said that it would take forever to follow a large group of patients

week after week, or month after month, in analysis. In order to get results that they could report fairly quickly, they had to limit themselves to a single interview with each patient. The fact that any such results would be useless or worse than useless didn't seem to figure in his line of reasoning.

Part of what you have to learn about reports of research in any field is which authors to have confidence in—most of the time, at least—and which ones just aren't worth paying much attention to. It's a hard lesson to learn, but an important one.

I remember a paper I wrote on a bird called the worm-eating warbler, of all things. At the time there were lots of reports in the psychoanalytic literature about parapsychic phenomena—thought transference and things like that. Papers were given on the subject at analytic meetings, and there was even a book of a collection of such papers by a number of psychoanalytic authors, some of them pretty eminent in the field. In fact, it seemed to me that if you were to judge from what you could read, you'd have to come to the conclusion that the generally accepted view among analysts was that occult, parapsychic phenomena are a fact of life. The trend bothered me, but it didn't seem worthwhile to write a polemic on the subject. What could I say but that the colleagues who were writing about parapsychic phenomena were off base, that they were simply wrong?

But my chance came. An article appeared in the *International Journal of Psychoanalysis* that hinged on the alleged fact that a patient knew as a matter of fact that worm-eating warblers never appear in New York's Central Park at a certain time of year. In spite of this definite knowledge, according to the author of the article, the patient dreamed that one of those birds was around when it supposedly couldn't be, and sure enough, when he woke up the next morning and went into the park, there was the warbler he'd dreamed about. (I should add that the point the author made was that the dream expressed his patient's unconscious wish that his mother should be there whenever he wanted her to be, and the dream work had displaced things so that the parapsychic knowledge that there was a warbler there—despite all knowledge and experience to the contrary—was substituted for the wish-fulfilling fantasy that mother would always be available.)

Anyhow, I saw my opportunity. I telephoned the head of the National Audubon Society, whose headquarters at that time were just across Fifth Avenue from the park, and asked him whether the statement about the warbler's habits was correct. His answer was brief and emphatic. "Nonsense," he said, and he proceeded to read to me, from his records of bird sightings in the park, a list of many occasions when the bird was seen in the park at the time the patient said it had never been. So I wrote the matter up with a few observations about the importance of realizing that at least that patient's supposedly paranormal experience wasn't one, and of understanding it as being perhaps the result of the patient trying to please his analyst, knowing that the analyst believed that such phenomena really occur.

I became a teacher myself at the New York Psychoanalytic Institute in 1955. I remember that the course I was invited to teach was on the instinctual drives. It wouldn't have been my first choice if I'd been asked to choose, but I learned a lot from teaching it, as teachers always do. Everyone has his own style of teaching, of course, and there are lots more than one good style. What I strove for was to get my students to think critically about what they were reading and being told. I wanted them to ask what each concept and theory they were studying was based on and whether they seemed to fit with their own experience. Don't just depend on authority, was what I always said; learn what's been written and said, to be sure, but always try to form your own judgment.

In a weekly course in psychoanalysis that I taught to residents at Bloomingdale Hospital, we studied the same Fenichel text that Arlow, Beres, Wangh, and I had gone through. In the first 100 pages or so of the book, Fenichel presented a survey of psychoanalytic theory, the theory on which the clinical part of the book was based. The only trouble was that those 100 pages were as useless as the rest of the book was great. The outline he had written of psychoanalytic theory was so dense and so convoluted that no one who didn't already have a good working knowledge of the subject could possibly understand it.

So I devised a set of eight or so lectures of my own that I hoped would be more understandable as an introduction to the rest of the course. They were in outline form, but it was a pretty detailed outline. They went over quite well, and a couple of years later, I used them in

teaching the first-year residents at Yale. At that time, New Haven was just in the process of developing a psychoanalytic institute of its own so that would-be analysts there wouldn't have to commute to New York for classes and supervision. The lectures went over well at Yale also.

Then one day, a friend and colleague told me that he had been asked to teach psychoanalysis to a class of psychologist graduate students at another college. He knew that I had given such a course at Yale and asked if he could borrow my notes, which I gladly lent to him. And that would have been the end of it if my wife hadn't spoken up. She told me that if those notes were good enough for my friend to use them for teaching they should be good enough for others to use as well, and that I should write them up and make a book of them. She persuaded me, and *An Elementary Textbook of Psychoanalysis* was the result. It was my first book and was published in 1955. Next to Freud's writings, it became the most widely used introduction to psychoanalysis in the world. It has sold 1,000,000 copies to date, has been translated into a dozen languages, and is still in print.

That was long before the days of computers. I wrote the first draft of the *Elementary Textbook* in longhand, mostly on the commuter train between Westchester and Grand Central terminal, which wasn't always so easy because the cars swayed and bumped, making it hard to write. So I experimented and I found that the middle seat of the middle car of a train is the steadiest part of it. Then I typed it all over at home on an IBM electric typewriter, which was top of the line in those days.

The *Elementary Textbook* is essentially an exposition of Freud's theories of mental development and functioning that make up what's called the structural theory. It seemed clear to Arlow, Beres, Wangh, and myself, as to many other colleagues, that the changes Freud made in his theories about how the mind works, beginning with *The Ego and the Id*, were substantial ones and that they substantially altered and even contradicted some of his earlier theories. This wasn't a conviction that was shared by all; many older colleagues thought there was no such incompatibility. I remember one highly esteemed teacher who said that one could use the topographic theory when dealing with dreams and the structural one when dealing with symptoms. Even Anna Freud, on one occasion I remember well, said that sometimes she used the one and sometimes the

other. So Arlow, Beres, Wangh, and I decided it would be a good idea for the four of us to write a book explaining our point of view and the evidence for it. In the end, only Jack Arlow and I implemented the decision, though David Beres came up with the title, which was *Psychoanalytic Concepts and the Structural Theory.*

My next two books were *Psychoanalytic Technique and Psychic Conflict,* published in 1976, and *The Mind in Conflict,* which appeared in 1982. In *Psychoanalytic Technique and Psychic Conflict,* I discussed transference and countertransference in a way that I think was rather novel. I wrote that the dynamics of the two are the same. Both, I said, are examples of object relationships that are determinatively influenced by the sexual and aggressive wishes and conflicts characteristic of early childhood. Countertransference, I suggested, is the transference of the analyst to the patient.

It's interesting to look back over some of the changes that there have been in the practice of psychoanalysis over the last century. When Freud first started with the psychoanalytic method, his patients didn't stay long—a few months in some cases, but only a few weeks in many. When he wrote in 1937 that it was a good idea for analysts to go back for more analysis every five years or so, analysis as part of psychoanalytic education was quite different from what it is today. A candidate could be in what was called a didactic analysis for a few weeks or months. More was not considered necessary. When I entered the Boston institute in 1939, candidates were required to have been in analysis for 200 hours in order to be considered for admission to the American Psychoanalytic Association. No harm to have had more, but 200 hours were enough for qualification. It's no wonder that Freud wrote as he did.

When the psychoanalytic institute at Columbia College of Physicians and Surgeons was started just after the war, those in charge wanted to follow customary university practice and graduate candidates after a stated period—three years—if they had been matriculated for that long a period. They weren't to be rated by the faculty of the institute as to whether they were competent and suitable to function as analysts, as was the practice elsewhere; three years of attendance was all that was required. This innovation created quite an amount of contention and discussion among the members of the American Psychoanalytic Associa-

tion, and it was abandoned by the Columbia faculty only because their graduates were refused admission to the American when they applied. Until then, the admissions committee of the American had routinely recommended for membership any applicant who had graduated from an approved institute. After that, the Board on Professional Standards of the American assumed the task of monitoring the educational program of each institute as well as the qualifications of each applicant.

Ernst Kris, who spoke from personal knowledge, told me once in the course of conversation that the first really long analysis that Freud conducted was the one of the Wolf Man. Now if you go back over Freud's account of that analysis, you'll discover that Freud at the time thought of the work of the first three and one-half years of that analysis as merely preparatory to real analytic work. As far as he was concerned, the real analysis began only after he had told his patient that his analysis would be ended in four months' time. What we would think of as solid analytic work—defense analysis, largely—was, for Freud in 1920, clearing the field so that real analysis could begin.

The whole idea of defense analysis had been born only after the publication of *The Ego and the Id* in 1923, and of *Inhibitions, Symptoms and Anxiety* three years later, and didn't come to be clearly formulated till after Anna Freud wrote *The Ego and the Mechanisms of Defence* in 1936 and after Fenichel's lectures, which remained unpublished until 1941. The idea that *all* the elements of a patient's pathogenic conflicts should be analyzed wasn't even thought of until sometime in the 1930s, and it wasn't generally accepted until much later. In this country, what's usually called defense analysis or ego analysis didn't take hold until the 1950s. Lots of what passed for analysis before then was what we'd call wild analysis today.

People used to complain, and some still do, that the changes in technique brought about by what's called defense (or ego) analysis were regrettable because they made analyses a lot longer. That's true, but they're also a lot safer and more effective. Time was when analysts talked quite a lot about the danger that analysis could precipitate a psychosis and that you had to be careful in recommending analysis, in order to be sure you weren't dealing with a case of what was called *pseudoneurotic schizophrenia*. Which meant that a patient who seemed neurotic and suit-

able for analysis would become psychotic in the course of analysis. And that can certainly happen if you don't work with the patient's defenses and with the fantasies that caused the defenses in the first place. It really can precipitate trouble if you don't pay attention to that component of a patient's conflicts and concentrate just on the sexual and aggressive wishes.

This was a development in the history of psychoanalysis that I witnessed, but basically as an observer, not as a mover and a shaker. I didn't even understand the significance of what was going on till things were well underway. However, in my opinion, there's another watershed in which I've played a major role.

It was in 1982 [in *The Mind in Conflict*] that I came out with the idea that all aspects of mental functioning are compromise formations that originate in conflicts engendered in children's minds by sexual and aggressive wishes during the ages of three to six or so. I maintained then, and still maintain, that those compromise formations persist throughout everyone's life, and are determinative influences on all mental development and functioning. They don't determine just neurotic symptoms and character traits; they determine our fantasies, our wishes, our thoughts, our actions, our everything.

So why is this a watershed? How does it have such a great influence on analytic practice? On analytic technique?

Well, in lots of ways. For one thing it changes the whole idea of what an analyst can hope to accomplish. Analysis doesn't "resolve" or eliminate conflict, as analysts used to think. The difference between mentally healthy and mentally sick, between "neurotic" and "normal," is a matter of clinical judgment, at the end of an analysis just as much as at the beginning. Freud thought otherwise. For him, conflict was a sign of mental illness. As he saw it, a successful analysis puts an end to pathogenic conflict. It replaces defenses against the pleasure seeking, sexual, and aggressive wishes of childhood origin—like repression, reaction formation, etc.—by what Strachey translated as "judgmental repudiation." What was formerly id becomes ego, as Freud famously expressed it.

But if conflict and compromise formation are ubiquitous, not just a sign of psychopathology, you're not going to pursue the will o' the wisp of conflict resolution. You're going to say, in effect, that if a patient's

compromise formations have been changed by analysis so that they no longer involve too much inhibition, too much anxiety and depressive affect, and too much self injury and self punishment, the analysis has been successful and can properly be ended. There'll always be conflict and compromise formation. It's a matter of degree. When and whether to terminate an analysis becomes a matter of clinical judgment. And the same is true for deciding whether or not to recommend analysis in the first place. It's a matter of the same kind of clinical judgment, not simply a question of whether conflict is present or not. It always will be.

And when a patient is in analysis, you don't try to decide whether a particular action or plan is "neurotic" or not. Lots of time and energy has been wasted in the past by analysts who were trying to make that decision. Everything that every patient says and does is determined by that patient's conflicts. When you realize that, you realize that what you should do is not try to reach judgment about a patient's actions, whether you think they're sensible or not, but to analyze them. They're compromise formations, like everything else, and you want to learn more about them by getting the patient to talk about them, to associate to them. The important thing is what the patient's fantasies *are,* not what you think about them.

Patients may complain of feeling unable to "relate" to others, or of feeling that they're "empty," or that they're missing something in life, they don't exactly know what, or that they're too dependent, and the like. Whatever the complaint, it's a compromise formation. It's not to be thought of as a piece of self-appraisal, to be understood as such and evaluated on that basis. It should be understood for what it is: a compromise formation to be analyzed in the usual way.

"There's always something to analyze" is the way one of my colleagues put it. Which is another way of saying that whatever a patient says or does is something to analyze, once one understands that everything is a compromise formation. Nothing is "just reality," "just the way it is." A cigar is never "just a cigar."

To the frequently asked question, "What do you do if a patient does such and such?", the only real answer is "You analyze." There's no general answer. It depends on that particular patient's associations to what-

ever it is that you're trying to understand. The same symptom can mean one thing in one case and another in another. No symptom is the same for all.

One of the conclusions I've come to as a result of realizing that everything is a compromise formation, that the mind is an organ that constantly tries to gain pleasure and to avoid unpleasure, is that it's a mistake to think of the mind as divided up into different systems or structures—that it's wrong and misleading to think of the mind as composed of id, ego, and superego.

You can imagine that that's a conclusion that's stirred up plenty of controversy. Some colleagues agree, but many do not. I'd say that in my professional career, I've put forward three conclusions—theories, you could say—that in my opinion are of major importance. The one that came first, back in the 1950s, relates to the principle of multiple function, which is to say the recognition of the fact that one symptom always serves more than one purpose.[2] The idea at the time was that a symptom had one meaning and that the analyst's job was to find out what each symptom's "real" meaning was and to interpret that meaning to the patient. I had become convinced that things are more complicated. I was persuaded by my experience with patients that, in fact, symptoms generally have more than one "real" meaning. So one day, during an analytic session with a patient in whom that fact seemed obvious to me, I said to myself, "If that's what you really think, why not say so? Why not tell this patient that her masochistic behavior serves more than just one function?" And I did. I still remember how daring I felt when I decided to do it.

[2] *Editor's Note:* As Brenner noted in 1982, the *principle of multiple function* was a phrase coined by Waelder in 1930 to designate a "special case of overdetermination or compromise formation," and he distinguished his own theory of compromise formation from Waelder's use of the term (Brenner 1982, pp. 116-119). As Brenner pointed out, Waelder's view of multiple function was that the ego was a kind of "central steering agency . . . that solves problems and/or performs tasks set for it by id, superego, external reality, and the repetition compulsion" (p. 116). Thus, Waelder's multiple function, in Brenner's view, was not the consequence of conflict but the result of this problem-solving activity of the ego. In contrast, at this time, Brenner viewed compromise formation as the result of conflict between the id, ego, and superego. When he later suggested doing away altogether with the three agencies of the mind, including the ego itself, the contrast between Brenner and Waelder became even sharper. (See also Smith 2003, pp. 56-57.)

A few years later, in 1959, I wrote a paper on the genesis and treatment of masochistic character disorder in which I proposed this idea, and it gradually became a generally accepted part of analytic practice. My guess is that most analysts who accept this idea think that it's always been part of analytic practice—that it's commonplace and has always been with us. No one but me knows, I'm sure, how dramatic it was for me to say what I said to that patient. For me it was a real turning point, something I still remember clearly; my guess, for what it's worth, is that it unconsciously represented for me some childhood fantasy of competition and triumph.

My second such contribution was quite a different story. It had to do with the role of depressive affect in mental life. Freud's idea was that at least one form of depression, which he labeled melancholia, is to be understood as the analogue of mourning. The patient has a fantasy—an unconscious one—of having lost/killed an ambivalently loved person, identifies with the lost person, and thus turns the aggression originally directed toward that person against him- or herself. This explanation of depression as a symptom was the one generally accepted by analysts for many years.

I was convinced by my clinical experience that there is more to depression than identification with an ambivalently loved lost object and turning aggression against oneself, but my ideas were just stewing around. I hadn't tried to formulate them clearly, and I might never have done so if I hadn't been invited to participate in a panel in 1970. The panel was an all-day affair organized by members of the Boston Psychoanalytic Society that was devoted to psychiatric disorders in old people, and I was asked to talk about depression. Here was my chance to make myself do what I had been half wanting and half not wanting to do for quite a while. I accepted enthusiastically and went to work. The conclusion I came to is discussed at some length in *The Mind in Conflict*.

What it essentially is, is that the unpleasure that gives rise to conflict isn't always only or necessarily anxiety, i.e., the idea/fantasy that something terrible is going to happen. The unpleasure that gives rise to conflict and defense can be depressive affect as well, i.e., the fantasy/idea that something terrible *has* happened, that it is a fact of life. And that any or all of the childhood calamities that Freud outlined so well can be

involved, i.e., that depressive affect does not primarily or exclusively have to do with oral conflicts.

If a patient is miserable and convinced that one or another of the calamities of childhood has really occurred, it doesn't do much good to tell them that they're afraid it will happen. They want that calamity or those calamities undone, not prevented. And if a patient is depressed because he or she feels castrated, it's not likely to be most helpful to limit oneself to the understanding and interpretation of oral wishes and conflicts. In other words, it's important in analytic work with patients to understand correctly the nature and role of depressive affect.

The third of my clinically important theoretical innovations is that conflict isn't limited to neurotic symptoms and character traits—that it plays just as important a role in what we call normal mental functioning as it does in what we call pathological mental functioning. (As far back as 1968, I wrote a paper with the title "Archaic Features of Ego Functioning," to call attention to the fact that lots of normal mental functioning shows just the same features as pathological mental functioning does.) In other words, conflict is ubiquitous in the functioning of the mind, and, since that's so, the whole idea of thinking of the mind as composed of separable, functional units—ego, superego, and id, or, earlier, conscious, preconscious, and unconscious—is invalid. I think my conclusion is correct, but time will tell.

If I were asked to compare the three, I'd say that the theory that conflict is ubiquitous and that it's invalid to have a theory that divides the mind into structures or agencies outranks in importance the other two examples I've just given. So it seems to me. But that isn't how I *feel*. My feeling is different—it's that the idea that conflict is triggered by unpleasure rather than only by anxiety was my most daring innovation. I don't know why that is. My guess is that it's because that was the first time I directly and openly contradicted what Freud had said in a big way. Maybe having done that once, it wasn't so difficult to do it again. But I don't have much confidence in self-analysis.

In psychoanalysis, perhaps more than in other branches of science that I'm familiar with, there's a tendency to think and talk of theory and practice as though they were separate, maybe even opposed to one another. I remember one of my first mentors in analysis saying to me that I

seemed very interested in theory, and that perhaps that would be where I might make some contributions to analysis. When I protested that I was equally interested in clinical work, she very tactfully said that maybe I would contribute there as well. I remember hearing Anna Freud say in the course of a lively seminar discussion that she was not a theoretician, that she was essentially a clinician, less than twenty years after the publication of *The Ego and the Mechanisms of Defence*. To hear Miss Freud say that in her own opinion she was a clinician, not a theoretician, seemed completely contrary to fact, but there it was. I think what she meant by it was that her primary interest had always been clinical. I suppose she would have characterized her great book as having to do with psychoanalytic practice rather than with psychoanalytic theory. Which of course has a kernel of truth. It's a book that's both about how the mind functions and about how one's knowledge of how the mind functions illuminates and directs one's clinical work as an analyst.

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More than once, when I've been in a group rambling on about psychoanalysis, I've been asked what I think the future of psychoanalysis will be. I always answer the same way. The psychoanalytic method is at present the best available method of studying the mind and of treating certain mental disturbances. Until some better method is devised or discovered, psychoanalysis will continue to have a place—an important one, I'm bold enough to say—in the scientific community.

The story goes that Freud was once asked why it's worthwhile to go to meetings and listen to someone present a psychoanalytic paper. Wouldn't it be better to read the paper at leisure? That way you could understand better what the author was trying to say. It's much harder to do that if you're listening to the paper for the first time. Freud's response was that, when you hear someone read a paper in person, more is communicated than just the words on the page. You get an impression of the author that becomes an important contribution to your judgment about the text that he's reading.

I think that's true. I think also that things often come out in discussion that one might never think of while reading a paper. That's why panel discussions can be so interesting, provided the panelists really talk

to one another and don't just read a succession of long papers with no time left for questions and discussion. The interchange with Alexander that I described earlier is a case in point. I remember one time when Dr. Robert Waelder interrupted a somewhat rambling case presentation by a colleague with the remark, "Of course, it's always good if you understand your patient." Everyone laughed, but I thought to myself that, though what he'd said sounded trite, it was really very profound. The important thing with every patient is to have a correct understanding of that patient's conflicts. The better you understand a patient, the better able you are to know when to talk, what to say, and how to say it. Waelder's casual remark was one I never forgot, and it came from being at a meeting, not from reading a paper.

Another time I was listening to Michael Balint, who was always an engaging speaker. At one point he said that it was his practice, at the end of every candidate's analysis, to have the candidate tell him a dream, and then to spend the last several days of analysis analyzing that dream as thoroughly as possible. He highly recommended doing this as a way of teaching the candidate more about dream analysis than could be learned in any other way.

As I say, Balint was an engaging speaker, and one of the other panelists, Miss Freud, was caught up by his enthusiasm and said that, although she had never tried it, that sounded to her like a wonderful idea. All this was in front of a large audience at a meeting of the International Psychoanalytical Association, and I had visions of Balint's recommendation, that seemed to me to be of very dubious value, spreading across the psychoanalytic globe. So I spoke up and asked Miss Freud if she would really interrupt an analysis in the way Balint had described in order to teach a candidate about dream interpretation. She said that on second thought, she wouldn't, attractive as the idea first seemed, especially at a panel about the value of dream interpretation, and I breathed a sigh of relief.

I remember another time when I was less intrusive. A panel of which Dr. Edith Jacobson was a member spent an afternoon discussing the psychopathology of schizophrenia. The discussion was concerned exclusively with "preoedipal" wishes and conflicts. Orality was the order of the day. After the panel adjourned, I went up to Dr. Jacobson, whom I

admired and with whom I was on very good terms, and said that my experience was that sometimes schizophrenic patients had severe "oedipal" conflicts. Did she have any such experiences, I asked. "Oh," she said, "that's so. They always do. They always have severe 'oedipal' conflicts." That was something you could only get by being at the meeting. Never from just reading.

Seeing and hearing someone in action often tells you a lot, as Freud said. When I first became acquainted with Mrs. Klein's theories about the mental life of very young infants, they seemed so wild and strange that I thought she must be a very unconventional person indeed. How great was my surprise when I first saw her in person and discovered that—at least in her public persona—she resembled newsreel shots of the Queen Mother: the same old-fashioned hats, the same yards of chiffon in her dress, and the same complexion and manner. Except for her German accent, no one could have been more upper-class English; in fact, she was an example of the perfect, elderly English gentlewoman of the 1950s. And when she was on stage in a dialogue with Anna Freud, she was as sharp as she could be and as admirable in her manners. The two of them were really an exceptional pair. Neither outshone the other, though of course I was in agreement with the one and not with the other.

The only other time I saw Mrs. Klein in person was one day at lunch during the 1957 congress of the International Psychoanalytical Association. As I looked out the window of the charming Parisian house where a number of us had been invited to have lunch, I saw her on the lawn of a lovely garden belonging to the house. She was seated on a chair in the middle of the lawn, and a dozen or more persons who I assumed were her pupils or disciples were seated on the lawn at her feet. I thought, "She looks just like a medieval bishop sitting on his chair of state with his worshipping flock clustered at his feet." Not a very charitable thought, to be sure, but every time I think of that scene I have the same association to it. She certainly was adored by many of the London analysts and she certainly played the grande dame.

Incidentally, I think Klein should be given credit for having been the first to emphasize the role of aggressive wishes in mental conflict. In my opinion, she went much too far in that direction, but she led the way. And she was a forceful and winning leader. No doubt about that.

Miss Freud was quite a different sort of person. Nothing of the grande dame about her, though there was no false modesty either. And she was a wonderful teacher. She was also one of those people who could talk in perfect sentences and paragraphs. When she gave a paper, it was entirely from memory, and what she said could have been written down and printed with not a single change. Heinz Hartmann once remarked, "Anna always has two or three papers in her head."

My wife and I once had tea with Miss Freud in her home in London. One of the rooms had been made into a study for the Professor, and that was where we had our tea. By the time we saw it, years after the war was over, it contained most or all of the furniture from Freud's study in Berggasse 19 in Vienna, including dozens of antiquities crowded together on shelves, desk, and table. The talk got around to Freud's love of antiquities and Miss Freud said that, when she was a girl, every fall the same man—an antique dealer—would come to the house with a bag of excavated fragments that her father would buy. And during the long winter evenings, the Freuds spent time putting them together like a giant jigsaw puzzle.

Another amusing thing that happened on that same occasion has also always stuck in my memory. At that time, many of Freud's manuscripts were in the study where we were having tea. One of the manuscripts was *Hemmung, Symptom und Angst* (*Inhibitions, Symptoms and Anxiety*), the ground-breaking monograph of 1926. It was written, of course, in German script, which is quite different from English script and was completely undecipherable to me.

"Look how clear his handwriting was!" said Miss Freud. "He had a new pen and it wrote so much better." And that's all she said, on that occasion, about *Hemmung, Symptom und Angst*. But, incidentally, it seemed clear from the manuscript that when Freud first wrote it, he had given it a somewhat different title. Something had been scratched out and the word "Hemmung" had been inserted in its place. I've always wondered what it was that had been scratched out. I don't think it would be hard to find out. All you'd have to do would be to shine a light through from the back and you'd probably be able to see what the original word was.

Miss Freud and Mrs. Klein are the two most eminent colleagues whom I remember personally. When the Professor had his eightieth

birthday, in May 1936, I sent him a note of congratulation—with some misgiving, I admit. After all, I was in my early twenties and only halfway through my medical residency, let alone any analytic education. But to my surprise, I received a printed card, in German, thanking me for my card and signed "Freud." So I had his autograph, even though I never actually saw him.

There are many other analysts whom I remember from my early years who were well known and much admired. The one who comes to mind first was Heinz Hartmann. He became a good friend as well as a colleague. He was a tall, dignified man, always at ease and pleasant to be with. He had studied the violin in his early years and shared a love of music with my wife and me. In fact, his interests were wide-ranging and his knowledge of nearly everything artistic and intellectual was impressively extensive. He was fluent in at least three languages besides English and read ancient Greek authors for pleasure, so he said.

One thing about Hartmann, though, was that when he read a paper or participated in a discussion, he was very difficult to understand. I know it took me at least a couple of years of reading Hartmann and listening to him before I felt I understood what he was talking about. It had nothing to do with the fact that English was not his mother tongue. It was just as difficult to understand what he had to say in German as in English. What he had to say was always studded with asides and allusions that were only mentioned without explanation or discussion and that could be understood only if one was familiar with what he'd written or said elsewhere.

Ernst Kris was a close friend and associate of Hartmann. The two had known each other in Vienna for many years. Ernst once told me that during the last several years before the Nazis took over Austria, he and Heinz would spend Sunday mornings with Freud discussing one or another topic, usually analytic. At the time, the two principal psychoanalytic journals—both in German—were the *Internationale Zeitschrift fur Psychoanalyse* and *Imago*. Hartmann was one of the editors of the *Zeitschrift* and Kris of *Imago,* so Freud must have thought highly of both, since he was himself the publisher of both journals.

Kris loved to be with people and was a charmer in every social situation. I remember, on his first visit to our house, seeing him on the floor

with my younger daughter, then three or four years old, admiring a new kitten. He had a large, bald head, and she sat and stroked it gently to his great pleasure. Kris was the first leader of what became a very popular seminar at the New York Institute on the then new subject of ego psychology. He was a great teacher. The seminar was open to senior candidates as well as to any graduates who cared to attend. The way it ran was that there would be an invited guest whose book or papers interested the group, and there would be a free discussion of whatever the topic was, with the members of the seminar asking questions of the guest and with Ernst as the moderator. He often had to rephrase the question for the benefit of the participants as well as of the guest, and the joke was that, after Ernst had rephrased it, the person who'd asked it would be amazed at what a good question [s]he had asked.

After several years, Ernst decided it was time to turn the seminar over to other, junior instructors. The two he selected were Jacob Arlow and me. He planned to make the transition a gradual one over the course of a couple of years, but, sadly, he died suddenly of a heart attack—his second—in February of 1957, and Jack and I had to carry on without him. We did so, with the help of several colleagues—Loewenstein, Beres, Wangh, and Calder are the ones I remember—and the institute gave a name to the seminar: the Ernst Kris Study Group. It continued in existence for fifty years.

One of my supervisors when I moved to New York was Hermann Nunberg. One of the things about him that impressed me most was how kind and encouraging he was to younger colleagues. He was president of the society for a couple of years and it was his practice to participate in the discussion of every paper that was presented at a scientific meeting. When it was a paper by someone just starting out, someone who was presenting his first paper, perhaps, Nunberg always had some words of praise for it. That wasn't true for most of the old timers. Their discussions were never cruel or impolite, whoever the presenter might be, but they didn't as a rule go out of their way to be kind and encouraging to those younger than themselves, as Nunberg always did.

A couple of people were really amusing, though. Rudi Loewenstein had a routine he always followed in discussing a paper. I should say that he ranked high in most members' opinions. He had been an analyst

since the early 1920s and was one of the founders of the Paris Psychoanalytic Society. When he discussed a paper, he invariably started by thanking the author for a most interesting and important paper, even when he went on to disagree with everything in it. Not that he always disagreed, of course, but the routine words of praise were never absent, no matter how poor the paper might be.

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A topic that's of perennial concern to analysts is the difference between psychoanalysis and psychotherapy. Over and over again, you hear the two referred to as though they're forms of therapy that are distinctly different from each other. Just today I saw, in an e-mail addressed to the entire membership of the American Psychoanalytic Association, a reference to "the two disciplines," psychoanalysis and psychotherapy. The fact is that psychoanalysis as a treatment method is one form of psychotherapy. There are many kinds of psychotherapy. Psychoanalysis is one of them. That's obvious on the very face of it. The idea that psychoanalysis and psychotherapy are distinct from one another is incorrect. So how come the confusion? How does it happen that analysts talk as though psychoanalysis is one thing and psychotherapy another?

My guess is that it happened this way. Many years ago, what went by the name of *psychotherapy* was really quite a different form of treatment from what was called *psychoanalysis*. It meant a form of therapy that involved telling patients what to do and what not to do; encouraging them and scolding them, however benevolently; instructing them about what life is like and what's a grown-up, proper way to behave in this or that situation—in short, a form of therapy in which analysts treated their patients as a good parent treats a child. In psychotherapy, as the term was used in those days, you weren't interested in the dynamics—the determinants—of your patient's behavior. What you wanted was for them to be happier, to suffer less, to behave more normally. It was only with patients in analysis that one was interested in *why* they thought and behaved as they did, with the expectation that insight would lead to cure.

Today, psychotherapy as practiced by analysts is a form of insight therapy, at least in large part. Some supportive and instructional behavior by the therapist may be mixed in, but the emphasis is largely on insight,

just as it is in what is formally referred to as psychoanalysis. There is no such distinction between what is called *psychotherapy* and what is called *psychoanalysis* today, as there was many years ago.

Reviewing a bit of psychoanalytic history is also helpful in trying to understand something about why there are so many different theories about how the mind develops and functions, theories that various psychoanalytic colleagues have put forward during the past hundred years—what's often called *pluralism*.

During Freud's lifetime, when analysts disagreed with Freud's theories about the mind in a major way, they stopped calling themselves psychoanalysts any more. *Psychoanalysis* was a word reserved for *Freud's* theories about how the mind develops and works. After all, he coined the word in the first place. So when Adler decided, in 1910, that *inferiority complex* and *masculine protest* are really what's of major importance in mental functioning—in opposition to what Freud maintained—Adler set up his own society and no longer called himself a psychoanalyst. He and those who agreed with him rather than with Freud called themselves *individual psychologists*.

And a few years later, when Jung came to disagree with Freud, he and those who agreed with him likewise went their separate ways and coined a new word to use to refer to their theories, namely, *psychanalysis*. Incidentally, that word displeased Freud considerably because it's so similar to *psychoanalysis*. He thought that Jung was not quite honest in using it, and that Jung should have chosen a more dissimilar word, as Adler had done. But regardless of the word Jung chose, the fact is that he no longer associated himself with Freud; he and those who thought as he did went their separate way.

And that's the way it was for many years. In 1920, when Rank came to the conclusion that neuroses are the result of the trauma of birth, he no longer called himself a psychoanalyst, and the same was true a few years later when Reich put forward his theory of neurosogenesis, which was that neuroses can be prevented and cured by having enough strong orgasms. There came to be Rankian analysts and Reichian analysts, just as there were Jungian analysts.

With the advent of Melanie Klein's contributions, things changed. She put forward theories that were very novel, but she and those who

followed her ideas never considered them to be in any way opposed to Freud's theories. They thought of them as emendations and extensions of Freud's theories. Mrs. Klein was settled in London, and for a number of years, that was where her influence was strongest. Analysts in Vienna and Berlin came to speak of Kleinian theories and of "the Kleinians" as being apart from themselves, who were "Freudians," but the colleagues in London would have none of that. In their minds, they were just as Freudian as anyone. Nothing would make a Londoner angrier than to be labeled as not Freudian. They were and remained members of the International Psychoanalytical Association—and in fact they dominated the Association for a while, since the Nazis liquidated the societies and institutes on the Continent.

So the rules changed. Instead of splitting into separate groups or societies, colleagues remained members of the same societies, despite very substantial differences in their ideas about how the mind functions. By now, colleagues in London, Paris, Latin America, Montreal, New York, and San Francisco call themselves and think of themselves as psychoanalysts, despite the fact that they hold very different theories about mental functioning and mental development—theories that in many cases are mutually contradictory. Psychoanalytic theory is *pluralistic,* in common parlance.

I found this was completely unexpected, and I began to wonder long ago how it could be that intelligent, serious students of the mind could reach such different conclusions. The explanation I finally came to is this. At first glance, what is impressive about these many theories is their variety. Some, following Mrs. Klein, say that what's important are the first months of life. Others, like Horney, say that it's adolescence that's decisive. As I said earlier, Rank attributed neurosis to the experience of birth, and Reich said it's all physical—have enough strong orgasms and you'll be healthy. Kohut and the self psychologists attribute a decisive role to the events of the first couple of years of life, as do many others. And so it goes.

To try to make an inclusive list isn't worth the effort. At least, that's what I think, because, to me, what's decisive is not the differences that are so glaringly obvious. What's decisive is what all these theories have

in common. They all, without exception, ignore or minimize the importance of conflict over childhood pleasure-seeking, sexual and aggressive wishes—wishes that inevitably arouse intense unpleasure in the form of anxiety and depressive affect. I believe that an unconscious need and/or desire to disregard the importance of infantile sexuality, with all its attendant conflicts, is what motivates theoretical pluralism in psychoanalysis.

If it's true, as modern conflict theory maintains, that those childhood wishes and their attendant terrors and miseries persist throughout everyone's life, and are decisive determinants of every thought and action, shouldn't one expect that everyone—people in general—will try to ignore and minimize their importance, and that of course analysts will do the same, to a greater or less degree?

Part of psychoanalytic theory is the conclusion that humans, both men and women, enjoy maiming and killing each other. It isn't religion that makes people kill each other. It isn't political ideologies. People use ideologies, religious or not, as justification for something that gives them pleasure: killing and destroying. Aggression gives pleasure, both in fact and in fantasy. If the guilt associated with murderous and aggressive wishes can be diminished by telling oneself that one is doing God's will, or that one is acting in the best interests of mankind as a whole, or that one is only trying to perfect and ennoble mankind, it becomes much easier to enjoy the gratification of one's aggressive wishes. Wise persons with a knowledge of the history of mankind's wars and persecutions have many times warned the world of the folly of trusting fanatics of any stripe. Psychoanalysts can underline those concerns. The lion will never lie down with the lamb, and men and women will never be free of the impulse to torture and destroy one another.

And now that modern technology has made available tools that can indeed destroy all mankind, who can say what the result will be? The best we can hope for is to find ways of restraining the aggression that is part of everyone's childhood wishes—ways that will be effective enough to permit mankind to continue to exist. A bit of patchwork here and a bit there is what it will take. As psychoanalysts, we can say, without reservation, beware of sweeping reforms that promise utopia.

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As I think back, I consider myself one of the most fortunate of men. In addition to the joys of a very happy personal life, I've had the best kind of professional life. It's a wonderful thing to be able to earn one's livelihood doing something that one enjoys doing. And there's nothing I can imagine being happier at than what I've done all my life. I remember that as I approached the age of sixty, there began to be a lot of talk about how everyone should plan in advance for one's retirement. Not just financially, but plan what one could do to keep busy and happy during the golden years. There have always been lots of things I've enjoyed doing; I've had lots of hobbies and sports that gave me pleasure, and I tried to think how I could best fill my days after I retired. But after a couple of weeks of that kind of daydreaming, I caught myself up short. I thought, "There's nothing else that I enjoy as much as my profession. Why should I even think of giving it up to do something else?" And I never have.

I gave up seeing patients when I was in my late eighties, because I didn't think it would be fair to any patient to embark on an analysis with a man as old as I had become, and I wasn't interested in seeing patients in any less intensive form of treatment. But I continued to be active in my chosen field. I saw colleagues in consultation about their cases and I had lots of opportunities to teach in other settings as well. I live just a few short blocks from the home of the New York Institute. I go to meetings, and I even function as an instructor in its curriculum.

And I write. As I turn ninety-three [in 2006], I have another book just out on the subject of psychoanalysis. By now my colleagues are all much younger than myself, and they're always helpful, considerate, and affectionate in ways that I never thought to experience. It's been a great life and I expect it to continue to be a great life for years to come—who knows? One thing I'm sure of: I am—have been—a very fortunate man.

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INTERVIEW OF CHARLES BRENNER BY ROBERT MICHELS

On the Occasion of the Publication of *Psychoanalysis or Mind and Meaning*[1]

C.B.: How did it happen that I suddenly decided to become a psychoanalyst? Well . . . I had no idea at the time; it just seemed natural to me, of course. That's what I wanted to be—that's what I wanted to be. But many years later in my own personal analysis, I finally found out at least some of the reasons—I think the most important ones—why I made that decision. My father died of aortic stenosis; he had rheumatic heart disease, I assume. My father died in my senior year in college. He and my mother were not really very close or loving, but they respected each other and so on, and his death had a very unfortunate effect on my mother. A few months after he died, she developed the idea that she was dying of heart trouble. You know, sort of an unconscious identification with him. And she became very sick in her own mind. She was studied, worked up, spent some time in a hospital. And the eventual decision by the doctors who diagnosed her—the eventual decision was that there was nothing physically wrong with her heart. And as a matter of fact, she lived for another thirty-five years. But that she was psychoneurotic. So . . . that was why I decided to become a psychoanalyst. Anything else you'd like to know, Bob?

[1] This interview was conducted at the New York Academy of Medicine on November 7, 2006, under the auspices of the Association for Psychoanalytic Medicine and the Center for Psychoanalytic Training and Research of Columbia University. The occasion was the publication by *The Psychoanalytic Quarterly* of Dr. Brenner's final book, *Psychoanalysis or Mind and Meaning* (2006). This edited transcript is published with the permission of Robert Michels, the Charles Brenner Estate, and the Association for Psychoanalytic Medicine. The interview itself can currently be heard on *The Psychoanalytic Quarterly's* website, www.psaq.org, and on the website of the Association for Psychoanalytic Medicine (www.theapm.com).

R.M.: Lots.

C.B.: Well, fire away.

R.M.: What was your psychoanalytic training like?

C.B.: Ah. Well, you've got to realize that psychoanalysis was a very different sort of field in the 1930s in America from what it is today. There were very few people who called themselves psychoanalysts. I remember the first time I saw that word on a sign was this: when I was in high school, I went to a school that was a central high school for the whole city, and so I had to go by trolley. And one of the places that the trolley car passed was a little sort of shack of a store, really, with a door that was half glass. And on it, it had a palm drawn with all the life lines and so on, such as you saw in the books, you know, at that time. And above, it said "Nina"—N-I-N-A. "Nina—Psychoanalyst and Psychic Palmist."

R.M.: Did you have any other training, Charlie?

C.B.: That was only the beginning, Bob. That was just the beginning. So I decided when I entered medical school that I was going to become a psychoanalyst. And I started reading psychoanalysis. First I read a textbook by Bleuler on psychiatry. Bleuler was favorably inclined toward analysis; he was Carl Jung's professor. I started reading analysis seriously by myself in 1932, and I was eventually admitted to the Boston Psychoanalytic Institute as a candidate, in 1939. There were many people in the medical community, especially as I went through medical school and the residency—all the people who knew me and thought well of me and so on—without exception, they all told me I shouldn't become a psychoanalyst; those people, they said, were all crazy. And the ones that weren't crazy were charlatans. And I could be a respectable doctor instead of, you know, throwing my lot in with these people. So I was not encouraged, nor did I have anybody to turn to and learn from. So my early analytic education was self-taught, really. And then, of course, when I was admitted to the psychoanalytic institute in Boston, things changed, and I went through my analytic training at a very slow pace because it was interrupted by the war. So that

was the formal outline of my psychoanalytic education. It went a good deal beyond Nina!

R.M.: Charlie, if you read the current writing about psychoanalytic education, there's a great deal made of the wonderful advance that's occurred because of the pluralism of modern psychoanalysis.

C.B.: You want to get me started!

R.M.: And that should be enough to get you going. Would you comment on that?

C.B.: Well, I believe—I'm not sure whether you all agree—but I believe that psychoanalysis is one of the branches of natural science. That is to say, it's the study of an aspect of cerebral functioning that we call "thought" and "meaning." And . . . as such, I consider myself a scientist. There are many analysts—as all of you know—who would say psychoanalysis is not a science, not even a branch of science. All right, some of these skeptics admit that it tries to be a science or would like to be a science, but it isn't really. I believe it is. And the credo of science is that you rely on facts, data of observation, in formulating your conclusions that we call theories. And a theory in science is the best conjecture that you can reach on the basis of the available, relevant evidence, excluding any reliance on supernatural, on magical, and so on, explanations. Ad hoc explanations. So . . . it rules out pluralism. You may not be able to decide what's the best explanation on the basis of the relevant facts that are available to you; you may decide that you have to postpone a decision. But you can't make two decisions, one of which contradicts the other. So . . .

R.M.: But, Charlie, would you feel that in the period of time when you can't make a decision, it's good to keep multiple possible hypotheses in mind and learn about them and discuss them, teach them, even if they're contradictory to each other?

C.B.: Well . . . that isn't the way it's taught at the present time. The way it's taught at the present time is, "you have your theory, I have my theory, they may contradict each other," but it's much more

mentschlik and democratic and altogether admirable for me to say, "your theory is right," and for you to say my theory is right, even though they're contradictory. What I think—and that's really the main reason that I wrote the book—is that people who have reached different conclusions should discuss with each other the reasons for the conclusions that they have reached. And that's what I've tried to do in the book. A lot of what's in the book I've written in one or another paper, but what hasn't been done—and certainly I haven't done it before now—is to try to be systematic and as thorough as possible in explaining the reasons why I have come to the conclusions, theories, that I have. And I don't think anybody else has done that.

R.M.: Charlie, could you tell us something about how your theories have changed from your first book to this book, and the kinds of data that have led you to make those changes?

C.B.: You want me to paraphrase the book?

R.M.: I want you to select an example to illustrate that you're flexible and you change in response to data, and you're not rigid and curmudgeonly.

C.B.: Well . . . if I were a curmudgeon . . . I would light into you! Since I'm not . . . let's see what I can do. As you know from having read the first book, I subscribed for many years to the idea that the mind, mental functioning and development, are best understood as an interplay among functionally separable parts of the mind—Freud's first nomenclature was systems unconscious and preconscious, but later he called them agencies or structures, and we all call them structures, of course. And the *Elementary Textbook*[2] is based on the idea that that is a correct conclusion to draw, on the basis of the available, relevant data about mental development and functioning. Namely, that the mind is best understood—as Freud said from the very beginning—as a conglomerate of functionally separable agencies or structures. I no longer believe that that is

[2] Brenner, C. (1955). *An Elementary Textbook of Psychoanalysis.* New York: Int. Univ. Press.

true. I think that the available, relevant data—as I tried to specify in this latest book—indicate that it's incorrect, invalid, to think of the mind in those terms, and that the best conjecture that I can draw from the relevant data that are available to me, is that the way the mind functions is to achieve as much pleasure as possible, at any given moment, and at the same time, to avoid unpleasure. So in situations of conflict, that's not an easy job, and the result is what Freud called—and I followed his usage—a compromise formation. So that every aspect of mental functioning that we're interested in as analysts and able to observe is indeed a compromise formation, which means that at the same time one is trying to achieve as much gratification as possible, one is also trying to avoid unpleasure arising from those very pleasure-seeking wishes. That make sense?

R.M.: Yes. And it's obviously in some ways the core example that one would draw from the book.

C.B.: Most important, yes.

R.M.: Pushing it further, is that really based on new data, or is that a better way of looking at and thinking about the most familiar data in our field, data that was certainly available to Freud and antedated your career in psychoanalysis? Did you have new information, or did you have a better way of talking about what had been talked about before?

C.B.: I wouldn't say talking about it—thinking about it.

R.M.: Thinking about it.

C.B.: I would think the latter. Yeah.

R.M.: Are there arenas of research, of data, that you think the field should be pursuing in order to answer questions?

C.B.: Oh, yeah, oh, yeah. For instance, if I tried very briefly to outline some of the steps in mental development and functioning, I would begin by saying that every little child—let's say, from the time they're able to think conditionally, that is, "if I do this, then

that will happen"—so beginning about the ages of three to six years, that every child has pleasure-seeking wishes. And these pleasure-seeking wishes include both sexual ones and aggressive and destructive ones. Is that borne out by observation? I don't think we have any systematic study of that; we know what we know from our own observation of patients, from our own observation of children—anecdotally isn't quite the right word, but you understand what I mean. Not systematically.

R.M.: Right. Natural history.

C.B.: Yeah. I wouldn't use that word because that has too many connotations from the nineteenth century for me. But anyway, I'm sure you all understand what I mean when I say nobody has systematically studied or collected data to substantiate this systematically, but the data from all sorts of different social situations, societies and so on—collected data—to substantiate it. And I believe it's correct; don't misunderstand me. I believe it's correct, but I think somebody should do some systematic research.

R.M.: Let's stay on that for a minute.

C.B.: Sure.

R.M.: You discuss it in your book. Your basic statement is that childhood wishes are a dominant theme in contributing to compromise formation and the themes of mental life. But every time you mention it, you mention sexual and aggressive wishes. Certainly, you know there are people who have argued there are other important motivational systems that may even be more important than sex or aggression, or at least equivalent to it.

C.B.: Some people think so, certainly.

R.M.: Do you feel there's an empirical basis for saying those two are it?

C.B.: Yeah, I do.

R.M.: Your own experience.

C.B.: Yeah, my experience as an analyst, certainly, and my experience in observing as a natural historian, as you call it.

R.M.: Those people, for example, who would say object hunger, or the craving for contact with a caretaker, is a powerful independent motivational system. What would you say to them?

C.B.: Well, if somebody said "craving for contact," I would say you're . . . excluding the physical aspect of that craving and the sexual aspect of it. You're being euphemistic, I would say.

R.M.: You make a similar statement about the danger situations. You cite Freud's familiar list, and you say very unequivocally there's no need to question, add, or subtract from this list; this is it.

C.B.: Well, I think I expressed it a little more circumspectly than that. I said, as far as I know, it seems to me that his list of the calamities of childhood is the best one that we have so far. Best substantiated, supported.

R.M.: I'll read the sentence. I think you're right. "Until evidence to the contrary appears, the calamities that figure importantly in conflicts that result from the pleasure-seeking wishes of childhood should be limited to object loss, loss of love, castration, and retribution." You say "until there's data." What kind of data? There are people, for example, who deal with disturbed patients, who would say that annihilation . . .

C.B.: Sure.

R.M.: How would you handle someone who said, "I want a fifth disaster added to the list"?

C.B.: Well, Bob . . . you see, how do I express it? Nobody would doubt that such conflicts can appear, can exist in little children and in older people. Because for one thing we see them in our patients, right? So it's not a question of the existence of such compromise formations. The question is whether they're universal and inevitable. And that's a statement that essentially derives from analytic observation. So if you're not using the analytic method, then you're excluding certain data of observation and that leads to just such a misapprehension as you describe.

R.M.: I guess I'm playing with a hypothesis . . .

C.B.: Go ahead.

R.M.: . . . that I think you'll reject, but I want to hear the rejection. Which is, that your thinking has evolved from the first book to this book. And it's evolved in a way of setting aside the voice of Freud's authority, to replace it with analytic experience and clinical data as the source of our models. The dual instinct theory—the origin of your sex and aggressive wishes—comes from Freud's theoretical authority. It can be used to organize the data, but there are other ways to classify wishes as well. The four danger situations you talked about can be used, but they stem from Freud's authority. And, clinically, one can detect other danger systems. And just as you have discarded structural theory, and with it Freud's authority, you have largely stopped talking about the instinctual basis of childhood wishes, and left their origin a little blurry, except their clinical reality becomes central. Then in time, another fifty years—in your tenth book—you'll be expanding and changing your list of both danger situations and . . .

C.B.: You should live so long! What I'll be saying in fifty years, Bob!

R.M.: When I interview you then, we'll talk about it.

C.B.: We'll talk about it then, yeah. What you've just said is clear, to the point, and I can use it to illustrate something that I think is of the utmost importance in any scientific work, which is that authority is not the point. Whether Freud said something or somebody else said something—I would pay attention to whatever Freud said, because he was, you know, worth paying attention to. But just because he said it doesn't make it right, as far as I'm concerned. And I don't think that my ideas about, let's say, the drives, derive from Freud's authoritative statements at all. I question not only those statements, but every statement that everybody makes. Him included. He included, him included. Including Freud.

R.M.: Charlie, your book about structural theory was coauthored with Jack Arlow.

C.B.: Correct.

R.M.: And it's written with one voice; it feels like there was little difference between the two of you. Over the years since then, did your thinking in some ways evolve separately and differently?

C.B.: Well, of course, it's inevitable there would be some differences. I don't know how to express it very well. You know, Jack and I were extremely close friends. We were part of a study group that had been together for close to twenty years when that book was published. So when Jack and I wrote that book, we really wrote it together. He would, he would submit a draft . . . submit? . . . he would make a draft of one of the topics, like the concept "preconscious," for example, and give it to me to read, and we'd meet and talk about it, you see. And not only that, but most of the chapters were presented as individual papers to psychoanalytic societies around the country. So we did a lot of consulting. And that's why it sounds as though it was written with one voice. Now . . . when I came out with the idea, now more than ten years ago, that the mind isn't best thought of, best understood, as composed of separate structures, I would think Jack was appalled. He never expressed it that way, of course. It wouldn't have made sense for him to do so because we were such close friends. So the way it got expressed was, he was very apologetic about not being sure that he agreed with everything that I said in that respect. So I would say that was a considerable difference.

R.M.: After the publication of that book, were there things that Jack said about which you were apologetic because you could not express complete agreement?

C.B.: Now as you probably know . . . of course. Insofar as Jack, let's say, in 1995 or 1994, still thought that the best way to understand the mind was as ego and id and so on, so obviously I disagreed with that. I don't know that there was much else that we disagreed about, really; I can't think of it. The idea that conflict—that the unpleasure that one tries to avoid in situations of conflict can be depressive affect, misery, as well as anxiety, was something I think

he quite agreed with, as I think it would be fair to say most analysts do today. But that was an idea that I introduced, of course.

R.M.: Charlie, an idea that goes back at least to that book and continues in this book, that many analysts don't agree with, is that your model of compromise, conflict, is the most valuable model for understanding essentially all psychopathology, including serious disturbances, psychoses, severe borderline states, etc. There are people who would argue that your model, valuable for understanding neurotic conditions, is not adequate for those. Any comment on that? Any nice comment?

C.B.: It's difficult . . . to be nice about that.

R.M.: Relax!

C.B.: I think that . . . see . . . psychopathology, that is, mental malfunctioning can be caused by a number of different things. It can be caused psychogenically, but, as we all know, if a person is delirious, let's say, or has been given too much morphine, or something, then there's mental malfunctioning. The particular thoughts, ideas, fantasies, and so on—actions, for that matter—that one can observe, I think, support the conclusion, that those thoughts, ideas, actions are, like everything else in mental life, compromise formations. But that doesn't mean that if a person is delirious with pneumonia, that you're going to psychoanalyze them.

R.M.: So you're saying the clinical centrality of this model would be only applicable to those people you're going to analyze, although it would continue to be a true formulation for the content of all of their mental life. Is that—you want that again?

C.B.: Say that again. At least once!

R.M.: That for working with patients clinically, your model would be central for those you're going to have in analysis. It might not be the crucial model in treating somebody with an unanalyzable disorder.

C.B.: Well . . . I think it has much wider applicability and usefulness than your formulation would suggest, you know. If a person is in

a febrile delirium, you try to treat, let's say, the pneumonia or the infection that causes it. If it's drug-induced, then you try to deal with that. But whomever you're trying to treat or influence psychologically, or even understand psychologically, if you think it's worthwhile to try, in other words, I think that in that aspect of your relationship with the patient, you would be best advised to follow my understanding of the way the mind functions.

R.M.: Charlie, you're being so careful.

C.B.: Well, what else? I mean . . . you don't want me to be sloppy and say . . .

R.M.: I can't imagine!

C.B.: Oh, yes—oh, yes!

R.M.: I read the book . . . . It's a fascinating book; I recommend it highly to the audience.

C.B.: Thank you, thank you.

R.M.: Its clarity, its succinctness, and its authority. And I looked for passages to talk about tonight with you. Let me read you one that colors, touches on the issue we just talked about . . .

C.B.: Go ahead.

R.M.: You say, "Psychological mindedness and an ability to free-associate are not to be thought of as attributes that indicate whether a patient is likely to be helped by psychoanalysis." I dare say if I gave that sentence to most psychoanalysts, they would repeat it and leave the "not" out. You go on to say, "Difficulties in speaking freely are something to analyze. They're not unalterable character traits, and the same is true for psychological mindedness." Now I think a lot of analysts think that severe difficulties in psychological mindedness or free associating can't be analyzed, and they are stable features that may be even biologically—etc., etc., etc., you know the end of the paragraph.

C.B.: The mind is biological.

R.M.: That they are not remediable through analytic methods.

C.B.: Well, the fact that they're not remediable by analytic methods is, I think, not a decisive argument. I would say, a lot of analysts are wrong about a lot of things. And I mean that very sincerely. Because, you see, I think it's one of the things that's so useful and valuable about the realization that everything is a compromise formation is just that—and that's why I included it—because I know so many analysts would say something different from what I wrote. For instance a patient will come in and say, "I feel all empty inside." And there's a tendency to follow Freud, unfortunately—to follow Freud in thinking that some of those statements are endopsychic perceptions. That something has emptied out, and that the patient is aware that something is missing. Not that that's a fantasy, that it's a compromise formation that can be analyzed. And I think that's very important clinically.

R.M.: I think that there are many followers of Kohut who might think that way. Perhaps you'd like to comment on their views.

C.B.: Well, as you may or may not know, I was a very close friend of Heinz's for many years. And he was a fine man. He was a great mimic; he could tell stories in all sorts of dialects, and since my wife was similarly talented, when the two of them got together, it was really amazing. It was very funny. And I should say that whenever I had a referral to make in the Chicago area, he was my resource. If he didn't have time himself, I relied on his judgment to find the right person or the best person for that particular patient. When he came out with his first book, I remember what I wrote on the book jacket was something like this. With some patients, it'll seem to you for a long time that they're not making any progress at all. And you're doing your best to understand and interpret. But it'll surprise you, in some cases, that if you stick with the patient and are analytic in your work with the patient, sometimes after many years—seven, eight years—there'll be progress; it'll turn out to have been worthwhile. That was what I think was behind what he was saying when he first came out with this idea

about the self. But the idea of "the self" as something separate from the rest of the personality or the mind, and then this idea of selfobjects, I thought was way off base. But I thought that the book really illustrated what I just tried to say. Of course, then, as time went on, things got very different.

R.M.: You stopped using him as a referral source in Chicago.

C.B.: Well, yes, I did—that's true.

R.M.: Charlie, some people in writing about the changes in psychoanalysis as practiced would say that Kohut was important for providing one of the rationalizations for a change in the climate in the analyst's office, and the nature of the relationship between patient and analyst. And that there'd been a period of time in which there was an austerity or a scrupulosity that was a problem.

C.B.: Misguided austerity.

R.M.: Do you think that does reflect what happened and what changed?

C.B.: Well, I don't think Kohut was particularly responsible for it.

R.M.: No, I don't mean that, but was there that kind of change?

C.B.: Well, it's hard for me to be sure because—although, you know, I lived through it—I was just at the beginning of my analytic career. But I don't see any reason to doubt that some analysts . . . long ago, many years ago . . . mistreated their patients along the lines that you outline. But I don't know for sure, you know.

R.M.: What have been the changes in the climate in your consultations?

C.B.: Well . . . a certain increase in self-assurance, I suppose, which I . . .

R.M.: From low to high or from . . . ?

C.B.: Well, you know me well enough so that you don't have to ask that question. I hope—realistically based on improved understanding and experience. Other than that, I can't think of any substantial change. I understand a lot of things better, and so . . . of course, you know, I don't see patients any more, so that's not exactly the right way to phrase it.

R.M.: Charlie, let me go into this self-assurance thing much more seriously.

C.B.: All right, go ahead.

R.M.: People have written saying that the quality of self-assurance may be a technical problem—that the analyst should pretend not to know anything.

C.B.: That's nonsense. Pretend not to know anything?

R.M.: Some of them don't have to pretend, but . . .

C.B.: Well, then that's a different question! If they don't have to pretend, they're not pretending not to know anything.

R.M.: But the atmosphere . . . the argument is that the atmosphere is more conducive to the work if the analyst is not in a position of authority. You comment on this in the book.

C.B.: Now you're talking about analytic neutrality also, right?

R.M.: Well, more authority than neutrality.

C.B.: Well, a new patient comes to you and wants analysis. Do you not tell them to lie down on the couch?

R.M.: I don't think I would be considered the least authoritarian of people in the field. We have colleagues who are more insistent on the virtues of concealing any authoritarian attitudes or not having them. You don't share that view.

C.B.: No. There's—and it's written right in the book—there's a limit to authority, that is, to the analyst being authoritative, but there's also a place for it. If somebody comes to you, and you're that person's therapist, you make at least some suggestions about how you propose to help that particular patient. So, that's authority. On the other hand, whenever you make an interpretation to a patient, whenever you try to say something that you hope will help the patient understand him- or herself better, what you're saying, essentially, is that this is the best conclusion I can draw about why

you're late for the hour, for example—this is the best conclusion I can draw on the basis of the relevant facts that are available to me. I don't see any reason why you have to hide the fact that that's your conclusion. But to argue with the patient, to say "you've got to believe me," to be authoritative in that sense, is simply not analytic. You want to know what the patient's reaction is to what you've said.

R.M.: What if the issue isn't the interpretation of something happening in the analysis, but something about the outside world? Do you present a view of the world as a privileged, valid view?

C.B.: Not except in the . . . you know, if it's daytime, it's daytime. You know, in the most simple-minded sort of way. No. No, because I'm not interested in my idea of what the world is, primarily, with a patient. What I'm interested in is what their idea is. Make sense?

R.M.: Yes. You have another provocative statement in your book about psychoanalytic education. You talk about your view of the value of courses in dream analysis in analytic institutes. They're almost universal in analytic institutes.

C.B.: Well, they used to be, anyway.

R.M.: You're not much of a fan.

C.B.: Only because I think it's one-sided. That is, dreams and trying to understand the patient's dreams can be very valuable, but so can trying to understand anything else that a patient says or does. I don't think dreams are a super-highway to the unconscious.

R.M.: That's the 2006 version of a royal road!

C.B.: Well, that's what a royal road was.

R.M.: What about free association?

C.B.: Well, although Freud called it free association, in order to—I think, although he never said so, exactly—in order to distinguish it from what was currently in vogue at the time. That is, association to a given stimulus. Which was the way he started, really, you know—putting his hand on the forehead and so on. He under-

stood very well and said so explicitly, that it's not "free" at all. The point is that it's guided by, or gives one a clue to, an understanding of thoughts and feelings of which the patient him- or herself is not aware. So the assumption is—again, based on a great deal of experience, supported by a great deal of relevant data—the assumption is that if a person tries to speak as freely as possible about what's going on consciously in his or her mind, including physical sensations and so on, if a person speaks as freely as possible, you're in a position to discover things about that person's mental functioning which are useful and valuable in a therapeutic way. That's what free association—the term, free association—should mean.

R.M.: Going back to the curriculum: you're not going to have a course in dreams, because dreams are another kind of behavior, and all kinds of behavior have to be analyzed. What would your curriculum consist of?

C.B.: I'm not in a position to outline a curriculum.

R.M.: Any hint as to what you would do?

C.B.: Well, obviously, I would start with this book—what do you think? What do you think I wrote it for?

R.M.: I'm sure *The Psychoanalytic Quarterly* will be intensely interested in that answer!

C.B.: Well, they were willing to publish it.

R.M.: A couple of years ago, a group of us preparing a series of papers for the *International Journal* polled analysts all over the world with a question: "What's the basic concept of psychoanalysis that's had the most change and the most interest in the last few decades?" We wanted to know where the action was in theoretical reformulation. And we got back an amazingly consistent answer.

C.B.: Really?

R.M.: Yes. And you're not going to agree with it, so I want you to share the reasons you won't agree.

C.B.: Well, I'm willing to listen to things I don't agree with.

R.M.: It was countertransference.

C.B.: What did they mean by countertransference, that's the question. Because it's, as you know, it's an ambiguous term. Just saying "countertransference" isn't enough to be meaningful to me.

R.M.: They were interested in its evolving meaning in many parts of the world and in many analytic groups as a major source of information about the patient and the transactions in the analytic process.

C.B.: You know, the Kleinians—following Heimann, was it?—took the term countertransference and made it into the ability of the analyst to understand—begin, you know, bit by bit—to understand the nature of a patient's conflicts and compromise formations. So if that's what you mean by countertransference, then that's not worth saying.

R.M.: As you know, they went further. They said it was a source of data about what was going on in the patient's mind that was privileged and often preferable to listening to the patient's verbal communications.

C.B.: You're talking about projective identification now?

R.M.: I was trying to avoid the phrase.

C.B.: Why—why should you avoid it?

R.M.: It's confusing.

C.B.: Well, but that's what you were talking about. What's confusing about it?

R.M.: No, no, no, no!

C.B.: No, no, you have to—you, you say it's confusing, I have to ask you to explain it to me so that I can better answer your question.

R.M.: You're good at this!

C.B.: We're not here to debate, I mean . . . I am good at debating, yes. But that isn't what I'm trying to do.

R.M.: In the book you are very clear on wanting to restrict the use of countertransference, and you go so far as to say that in the av-

erage course of analytic work, countertransference can simply be monitored to make sure it isn't interfering with the analyst's normal functioning . . .

C.B.: Therapeutic functioning.

R.M.: Therapeutic functioning, I'm sorry. And as long as that's true, there's no great reason to attend to it beyond that, in the course of the analysis. Is that a fair . . . ?

C.B.: Yes, that's fair.

R.M.: And certainly you would know that many parts of the world wouldn't see it that way.

C.B.: Oh, sure. I've heard analysts—these were Latin American analysts—I've heard analysts say, an analyst say, "If, as an analyst, you have an idea about a patient's conflicts, mental functioning, at the moment, it's got to be correct. Because you've been analyzed, your unconscious is in tune with the patient's unconscious, and whatever you think about the patient's unconscious is correct." Do you agree with that?

R.M.: No.

C.B.: Of course not. But, you know, people go that far.

R.M.: Charlie, that analytic view is linked, not synonymous with, but linked to another view that I wish you'd comment on, which is that there are things before the third year of life . . .

C.B.: Oh, yes—yes.

R.M.: . . . that are important themes for analytic exploration.

C.B.: How do you propose to explore them analytically?

R.M.: Well . . .

C.B.: What do you mean by "analytic exploration," I should say.

R.M.: I would say one strategy would be to develop models of them through means other than the analysis of the patient's words and verbal communications, using things like enactments and counter-

transference responses. That would be a standard answer from a large group of analysts.

C.B.: You're opening up a tremendous field. I mean . . . one thing I studiously avoided in this book is any attempt to survey in a constructively critical way other people's views on mental functioning and development. Because, in the first place, I don't think that I'm sufficiently acquainted with all the different colleagues' thinking, so I really very carefully avoided that. I think I say so explicitly in the introduction. Now you want me to, to write another book, don't you see?

R.M.: I want you to give us a preface of what it would be like, so that we can't wait to read it—we can know ahead of time what you're likely to say.

C.B.: All right, go back and tell me again what you want.

R.M.: There are analysts who feel that your focus on the three- to six-age period as the origin of the themes of compromise is too narrow a window for analytic inquiry.

C.B.: Okay. My answer is more or less contained in the book. My answer would go something like this. I see every reason to believe that, from whenever the dawn of mental functioning is post-natally, the mind of a one-year-old or a two-year-old follows the principle of trying to achieve gratification and to avoid unpleasure. I see no reason to doubt that at all. What then accounts for the fact, what persuades me to assert that something happens that's critically different at the age of three to six, let's say. That's what you want to know. Well, first of all, the mind is an aspect of cerebral functioning, especially the functioning of the cerebral hemispheres. No cerebral hemispheres, no mind. Now there are people who would dispute that, of course. But I think the evidence is strongly in favor of that conclusion. The brain is a very different organ at birth from what it is at the age, let's say, of four. And still different at the age of ten or fifteen. Although I would say, on the basis of my observation of children, that between four and adult life, let's say, as far as mental functioning is concerned, the similarities, let's

say, outweigh the differences. But that there are differences, no question. So what do I think happens as the brain is changing its functioning, changing its anatomy as well as its physiology, at the age from three to six? What I think has happened is that the brain has become—gradually, of course, over a period of time—the brain has become an organ that is capable of a certain type of thought that is, for us, best observed from speech—behavior to some extent, but mainly speech. People can, little children can, tell us something—and that means that these children's brains are able to have thoughts like, "If I do this, then that will happen," which they weren't able to do before. Because their brains weren't capable of it. And that's something crucial, because it means that there are certain pleasure-seeking wishes that are inevitably tied up with unpleasure. The pleasure-seeking wishes are sexual and competitive and aggressive ones, let's say, that have to do with the emotionally significant people in the environment, let's say parents. As they were before the age of two or two and a half. But now, children begin to be able to think—to realize, we would say, because we agree with them—that if you do, or even want to do, certain things to or about those emotionally significant people who are so important to your pleasure in life, that there are going to be very unpleasant consequences. So conflict is inevitable. It comes at a certain age when the brain has matured and it involves those particular wishes which, you know, I call sexual and aggressive, but pleasure-seeking would be a much better term.

R.M.: Charlie, to expand, you're saying that what's critical about the period three to six is not the familiar oedipal dynamics, to which the centrality of this stage was first attributed, but rather the capacity for conflict because of cause/effect thinking and the linking of wish to fear.

C.B.: Well, you see, if you use the word oedipal, then you're doing something that does not have very good educational value. Very dramatic, very nice. Although in fact, as I discovered when I looked the matter up, the first person that came to Freud's mind was Hamlet, not Oedipus. Interesting. But he went to a gymna-

sium where you studied Greek. In any case, Oedipus connotes a certain set of wishes and actions in fantasy. Namely, killing your father, marrying your mother, having children by her, and being punished for it. Now there are many more pleasure-seeking wishes that give rise to conflict than just those.

R.M.: And the central issue is the capacity for conflict.

C.B.: Yes, the capacity. Yes.

R.M.: And you're not interested in trying to trace the components of conflict into earlier periods, the wishes, the fears, which might antedate three.

C.B.: Well, my point is that the fears and the connection to the wishes . . .

R.M.: Starts at three.

C.B.: . . . starts then.

R.M.: Charlie, clearly, our curriculum should begin with this book. And clearly, we should also read some Freud. What else would you have us read?

C.B.: Everything. What shall I say? You know, I mean . . . you can't, obviously, read everything. The literature was much less extensive and much less confusing when I was a candidate than it is now. I would venture to say that, at the time—in the 1930s and '40s—I read pretty nearly everything that was worth reading. I don't think that's possible today. I think that one should read enough so that one can form some judgment about the validity of the arguments and conclusions that this or that colleague has reached. And the difficulty is that they don't specify it. And the first step, it seems to me, would be for them to do for themselves what I've tried to do for myself, and at least the differences would then become clear, and beginning with clarity about differences, there's at least some hope of reaching some sort of consensus.

R.M.: I'm told we have five more minutes.

C.B.: Oh?

R.M.: Yeah, they want us to stop in five minutes. We can go a little over. What would you like—any subjects you would like to have time to talk about?

C.B.: Well, Bob, I think it's a tribute to you that I can't think of any that haven't already been talked about.

R.M.: Let me take you to a political one, then.

C.B.: Well, it's Election Day.

R.M.: It's Election Night. You came to New York at a time that there was great turmoil within the psychoanalytic community of this city. And it was a central theme in the beginnings of the Columbia Institute and in the early history of the relationships among the institutes. How do you look back on that now?

C.B.: Well, I'm not so sure that there was turmoil among the few institutes, but perhaps there was more than I was aware of. The situation in New York, by 1945, was much less tumultuous than it had been before. You know, what happened in the early years was that if somebody had a set of theories that disagreed with the ones that Freud had set out, they left, set up in business for themselves, so to speak. And that was what happened in New York. It didn't happen in London, as you know. But it did in New York. Now what happened at Columbia was that Rado—as I understand it, I'm pretty sure this is right, but it's only my take on it—Rado wanted to follow a university, what shall I say, template or course. And so not only did he have the classes during the daytime, which I think was really a very good idea, because nighttime classes can be very difficult, but also, he graduated his students at the end of three years. That was it; they were finished at the end of three years. And that was not acceptable to, let's say, the people who constituted the substantial majority of the American Psychoanalytic. And Rado, for various reasons that five minutes doesn't allow me to go into, had to back down. But that was the only real controversy in New York that was very active in my time.

R.M.: There are similar conflicts about alternate training models now going on in the international scene. With questions about dif-

ferent frequency of analysis, whether or not there should be designated training analysts, and the like. Do you have views on them?

C.B.: Well, Paul Israel, from Paris, wrote an article in the recent issue of the *International Journal* on just this subject, which was discussed in print by, among others, you Bob yourself. So you're thoroughly familiar with all this, much more so than I. But I read it, you know, and it struck me as extraordinary that Israel, in . . . supporting the various ideas that he has about what training analysts should be, and what should be the basic correct principles for psychoanalytic education, left out what I've been told, that in Paris the practice is that you have to have completed your own analysis before you're admitted to candidacy. So that it makes an entirely different situation from the one that we're familiar with this in this country. And Israel doesn't even mention it. How do you explain that? To me, that's such a fundamentally important difference. And he talks about various differences in American ideas about analytic education, Parisian ideas about analytic education, and he doesn't even mention that fact. What do you think?

R.M.: On that issue, you talked earlier about the difference between what happened in London, where multiple approaches remained within an institute structure, and in the United States, where there tended to be schisms and new institutes following, and the like. Which way do you think the profession should go—should we maintain purity and be small, or should we be a big tent with everyone who considers themselves an analyst included?

C.B.: Well, now you're getting back to the topic of pluralism, and I've already said what I think about that. I really did.

R.M.: I feel scolded.

C.B.: Scolded, Bob? Well . . . I certainly didn't intend to scold you. I mean, you say we only have two or three minutes left, and I thought that was the best way to answer it. Go ahead, Bob.

R.M.: You're into this?

C.B.: Well, when I get too tired, I'll let you know.

R.M.: You'll let me know, okay, okay. They may have been trying to protect me, feeling that I was getting in trouble here, and they wanted to rescue me from you. I don't know; what do you think?

C.B.: Well, Bob, of all people in this world who doesn't need rescuing, you're, if not number one, certainly in the first ten!

R.M.: Charlie, you came into psychoanalysis through medicine, neurology, a traditional clinical route.

C.B.: Not exactly—not exactly. Because all the time that I was in medical school—for instance, I did a lot of work in a neurophysiology laboratory, but all the time I was planning to be an analyst. So I didn't come into analysis through that route.

R.M.: But you saw that as a relevant domain of study as you were an analytic student.

C.B.: Absolutely. Because there are so many people who don't give sufficient weight to the fact that psychoanalysis is a way of studying certain aspects of cerebral functioning. People talk all the time about "biological." Psychoanalysis is as biological as anything else; we're studying an aspect of the functioning of part of the body. I don't know what could be more biological than that, and yet you hear it all the time. All the time! When you and I are talking, Bob, there are action currents going on in your brain—it's the meaning that's important, not their stimulus in a purely physiological sense.

R.M.: But, Charlie, you and I both know people who with the same conviction would say that psychoanalysis is about meanings and symbols and the translation . . .

C.B.: Of course it is; that's what I say.

R.M.: And people we both know who would say it's about relationships, and the unfolding of relationships between patient and analyst, that replicate or are congruent with other relationships earlier in life.

C.B.: Well, I would say the same thing.

R.M.: And they would use either of those models to say that there's no privileged importance to studying the cerebral hemispheres, any more than the physical chemistry which you studied in college and which is the basis for what goes on in those cerebral hemispheres. So they'd say that the route in could just as well be English literature or social sciences.

C.B.: Are you serious?

R.M.: That people say that? Absolutely serious.

C.B.: Oh, yeah, there are people who say that psychoanalysis isn't scientific at all.

R.M.: Yes.

C.B.: In fact, André Green says, psychoanalysis has nothing to do with psychology. Make sense out of that? Well, personally, I'm friendly with André. He's a very nice man. And he certainly is sincere about his devotion to psychoanalysis. So what could possibly bring this clever, serious student to say such an idiotic thing? Because it's a contradiction in terms, right? Psychology is the study of the functioning of the mind. And the only thing I could say is, it would make sense to say that psychoanalysis has little to do with many types of academic psychology. But to put it the way he puts it doesn't make any sense at all.

R.M.: He would argue, I think, that there's something so unique about the psychoanalytic method that the things it generates aren't commensurable or translatable into the things that we learn from psychology studies or from other ways of inquiry.

C.B.: Which psychology studies?

R.M.: He would argue any studies other than analytic ones.

C.B.: Well, I would argue the same.

R.M.: Would you?

C.B.: Well, of course!

R.M.: No, you use data from cerebral development, from . . .

C.B.: Well, you know, I wouldn't exclude those other things.

R.M.: And he would.

C.B.: Yeah. Apparently, apparently. He wrote recently that if he makes an interpretation to a patient that doesn't sound crazy to him, he knows it's not psychoanalytic. He's not a crazy man. I mean, you talk to him in a social situation, he's anything but crazy.

R.M.: Do you ever make crazy interpretations?

C.B.: No. So what could be the kernel of truth in such a thing? Well, my own guess is it would be that there are times when you make an interpretation or formulation to a patient that is so infantile, you know, that expresses such early childhood wishes and fears, that it sounds crazy to you as an adult. That would make sense. But of course whether André would agree with it, I don't know; but that's what he said. He wrote it. I don't know whether he would stick by it; not everybody sticks by what they write.

R.M.: But you do.

C.B.: I do. I try to. Or if I change, I try to explain why.

R.M.: Charlie, we're going to stop. Thank you immensely.

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PARTNERS IN THOUGHT: A CLINICAL PROCESS THEORY OF NARRATIVE

BY DONNEL B. STERN

Even in the absence of others, we learn about ourselves by imaginatively listening to our own thoughts through the ears of the other. At the beginning of life, we need a witness to become a self. Later, patients listen to themselves as they imagine their analysts hear them, and in this way create new narrative freedom. The resolution of enactments is crucial in psychoanalytic treatment, not only because it expands the boundaries of the self, but also because it reinstitutes and broadens the range within which patient and analyst can witness one another's experience. Narrative is not the outcome of the analyst's objective interpretations, but an emergent, co-constructed, unbidden outcome of clinical process.

Keywords: Witness, trauma, narrative, dissociation, enactment, transference, countertransference, self, self-state, not-me, relational, interpersonal.

THE DIARY OF A CASTAWAY

I had been thinking about the problem of narrative in psychoanalysis for some time when I ran across a television screening of *The Incredible Shrinking Man,* a B movie scripted by the science fiction writer Richard Matheson and released in 1957. I had not seen the film for almost forty years, but I remembered it fondly enough to see if it held up. I imagined

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that immersing myself again in the atmosphere of one of those awful, innocent '50s science fiction movies would be nostalgic.

Unexpectedly, it was a good deal more than that, and not only because the movie was better than I understood when I first saw it. I had long felt that new narrative in psychoanalysis is not simply the outcome of the analyst's objective interpretation, as Schafer (1983, 1992) and Spence (1982, 1987) portrayed it, but is instead the unbidden outcome of unconscious aspects of clinical process. Oddly enough, by helping to direct and cohere my thoughts on this point, *The Incredible Shrinking Man* jump-started the interpersonal/relational psychoanalytic understanding of narrative construction that I offer in this essay. The understanding I present, though, is based not only in a certain kind of theory; it is also rooted in a personal sense of clinical process. And so the tone I have adopted is personal as well. This paper should probably be read as a statement of convictions; but I maintain the hope that my convictions will resonate with the reader's own.

The plot of *The Incredible Shrinking Man* rests on an absurd, 10-second encounter between a man on his boat and a small radioactive cloud that just happens to be drifting aimlessly around the ocean. During the moments it takes the cloud to approach the boat, envelop it, and pass beyond, the man's wife is inside the cabin, fetching bottles of beer. She returns to find that her husband's chest is speckled with some kind of glitter. In the crazily concrete way of these films, the wife, having been inside, is spared the glitter, along with the later effects the glitter will have on her husband. The man brushes off the sparkly stuff and mumbles something to his wife about some strange fog. There is no further discussion of the matter, but the typically weird music accompanying this inexplicable moment certifies that something mysterious and sinister has come to pass.

That is the set-up for the rest of the movie, in which our hero learns that he is shrinking. Wrenching losses ensue, one after another, until finally, when he has become so small that he lives in a dollhouse, his wife, still dutiful, and a gargantuan in his newly proportioned world, bids him goodbye one day, goes out of the house, and accidentally lets in the cat. In a terrifying scene, the cat wrecks the dollhouse trying to get at the tiny man, who, in escaping, manages to shoulder open the door to the

basement, but then falls off the side of the steps a full floor down into a basket of laundry. No one knows he is there. In fact, his wife and the rest of the world, to all of whom he has become famous as the incredible shrinking man, believe that the cat got him.

It is only then that the movie hits its stride. It turns out that its improbable beginnings have been nothing more than a means of entry for Matheson, the scriptwriter, who really wants to tell a Robinson Crusoe story. And a great story it is. It is the story of a tiny, abandoned man, thought to be dead—marooned in his own basement with no chance of rescue, horribly alone, living in a matchbox, climbing ordinary stairs, each one now turned into a towering cliff, with equipment fashioned from the materials he finds, feeding on cheese left to catch mice, having to invent ways to cross chasms that are nothing more than the mouths of empty cardboard boxes, prey to a monstrous spider he fights with a needle he has found in a discarded pincushion, and threatened by a flash flood from a leaky boiler.

In the end, after these compelling and strangely moving adventures, intricately imagined and filmed with a notable attention to detail, as well as special effects surprisingly good for the era, the man becomes so small that he can finally escape into his own backyard through the screen mesh covering the basement window. He is now too small for us to see, but we know he is there. We imagine him standing in a forest of towering grass blades, shrinking to nothing, as he offers us the final lines of his tale. At the very end, in the moments before he winks out altogether, the camera pans upward and the tiny hero, gazing at the star-filled heavens, thinks that the infinitesimal and the infinite are much closer to one another than he has imagined before.

Surprisingly enough, it is a moment of serenity, acceptance, and dignity. After the trauma, humiliations, and cynicism the man has suffered in the first months of his disease, he has not only returned to himself; he has transcended what has befallen him. It is hardly routine for survivors of trauma to find their suffering a provocation to grow, even if they manage to accept and live with their experiences; and of course the story of the shrinking man is a fiction, and a fantastical one at that. But this fictional little man has grown.

For the most part, the hero tells his own story. Yet during the first part of the film, we have no explanation for why we are privy to the tale. We eventually find out that the tale is actually a diary of the events it depicts, written by the hero himself. In the course of his adventures, just prior to the episode with the cat and the dollhouse, the hero, cynical and miserable to the point of desperation, begins to write. This is the line in the movie that made me sit up and take notice: "I was telling the world about my life," the shrinking man reads to us from his diary, "and with the telling it became easier."

It does not require specialized training or experience to recognize the truth in this simple statement. If there is mystery here, it is mystery we are so used to living with that it does not surprise us. The fact that narrative plays a natural role in creating a meaningful life in even a B science fiction movie puts us on firm ground in agreeing with those many writers and scholars (Bruner 1986, 1990, 2002; Ferro 2002, 2005, 2006; Polkinghorne 1988; Ricoeur 1977, 1981; Sarbin 1986; Schafer 1983, 1992; Spence 1982) who tell us that we shape personal meaning by organizing our experience into meaningful, sequential episodes.

But the intuitively obvious is not enough. What does the diary actually *do* for the shrinking man? Why does it help him tell his story? *How* does it help him?

The narrative of the strange events of the shrinking man's life supplies him with a coherent and felt experiential order that he has lost in the rush of bizarre happenings. Prior to constructing his tale in the explicit terms of his diary, he has become an object in his own life, a figure suffering chaotic, incomprehensible events for no apparent reason and with little feeling. The emergence of meaning from what has felt to him like senselessness, helplessness, and despair confers agency and therefore dignity. He is once again a subject. After his fall into the laundry basket, the tiny man creates his experiential world, his story of the obstacles he faces and either accepts or overcomes, in such a way that his end has authentic pathos. After months of a growing sense of chaos and nihilism, he ends his life a deeply thoughtful and affectively alive human being.

In creating his diary, the shrinking man also creates a relationship with imaginary others who then serve as witnesses of what he "tells"

them. The movie grips us, despite its flaws, partly because we recognize at some level the help that this witnessing offers him: we ourselves become his witnesses.

I turn now to a perspective on what it means to have and to be a witness. I will return to the case of the shrinking man once these ideas are in place.

WITNESSING

We first learned about the significance of witnessing from studies of trauma, in which witnessing of some sort is usually considered an essential prerequisite to the capacity to narrate one's own experience. I believe that the need for witnessing became visible first in this context because it was in the impact of trauma that some of the most damaging effects of the *absence* of the witness were first observed: without a witness, trauma must be dissociated; and once the isolated trauma sufferer gains a witness, the experience of the trauma becomes more possible to know, feel, and think about (e.g., Boulanger 2007; Brison 2002; Laub 1992a, 1992b, 2005; Laub and Auerhahn 1989; Richman 2006). I will discuss witnessing as a routine part of everyday, nontraumatic experience that I believe begins in the earliest stages of development.

In fact, although Fonagy, Target, and their co-writers (2002) do not use the language I am using here, what they tell us about the beginnings of the self can be read as the proposition that the witness precedes us. As they put it, "we fathom ourselves through others" (p. 2). Caretakers identify certain feelings and desires in the infant and treat the infant accordingly. This treatment begins to organize the infant's relatively inchoate world in the terms of narrative, and self-states begin to cohere in and around these earliest stories.

In one sense, then, we are called into being by acts of recognition by the other. We learn we are hungry because the other feeds us at a moment when we are having a certain uncomfortable feeling; and so we then have a story that goes with that feeling: "I am hungry." We learn we are sad because the other comforts us at a moment when we are having a different, distressing feeling; and so we then begin to have a story that goes with *that* feeling: "I am sad." This is one way we begin to tell and live

stories; there are other ways. All the various tributaries to narrative sum to the creation of experience: hungry is what you are when you need to be fed; sad is what you are when you need to be comforted. As Sullivan (e.g., 1940, 1953) writes over and over again, we know ourselves via reflected appraisals. Fonagy, Target, and their co-writers describe the same thing: "At the core of our selves is the representation of how we were seen" (2002, p. 348); and "At the core of the mature child's self is the other at the moment of reflection" (p. 380).[1]

As development proceeds, we eventually gain the ability to formulate our experience for ourselves, internalizing the capacity that first belonged primarily to our caretakers. But we do not outgrow the need, paraphrasing Winnicott, to see our reflections in our mothers' eyes; the need only becomes more sophisticated. We may no longer need the other actually to show us the meaning of our experience, as we did when we were infants; but if we are to know our own experience in reflective terms, if we are to be able not only to construct narratives, but also to be aware of the narratives we construct, we do need to believe that we are known by the other. We need to feel that we exist in the other's mind and that our existence has a kind of continuity in that mind; and we need to feel that the other in whose mind we exist is emotionally responsive to us, that he or she cares about what we experience and how we feel about it (Bach 2006; Benjamin 1988, 1990, 1995). This is what it is, I believe, to have a witness. Without a witness, even an imaginary

[1] Fonagy, Target, and their collaborators, and Sullivan, are among the contributors to what has become an extensive literature describing the structuring of the infant's and young child's world by the relationship with the mother. Some of this literature falls under the rubric of mentalization (Chasseguet-Smirgel 1990; Fain and David 1963; Fain, David, and Marty 1964; Green 1975; Lecours and Bouchard 1997; Luquet 1987; Marty 1990, 1991; McDougall 1985). Other work grows from an interest in the recognition of otherness (Benjamin 1988, 1990; Bion 1962, 1963; Eigen 1981; Lacan 1977; Modell 1984; Segal 1957; Winnicott 1971a). A third relevant line of thought is rooted in the study of mother–infant interaction and the growth of the interpersonal field (Beebe and Lachmann 1988, 1994; Sander 1962, 1988; D. N. Stern 1977, 1985; Sullivan 1940, 1953). All these branches of the literature are part of the context from which grows my interest in witnessing and its place at the roots of personality. Last in this list of citations, but certainly not least, is Poland's (2000) lovely and innovative paper on witnessing in psychoanalysis, in which witnessing is contrasted with interpretation, and is characterized as the activity by which otherness is recognized. The influence of Poland's paper is ubiquitous in this one.

one, events either fail to fall into the meaningful pattern of episode that is narrative, or we merely enact our stories blindly, unable to think about them or know what they feel like. Our witness is our partner in thought.[2]

The witness, while it may feel like a single presence, may nevertheless be composed of part(s) of one's own mind or of the other's, or of both simultaneously. The witness is the state(s) of self and/or other who one imagines is best suited to fulfill the partnering purpose at the particular moment in which the need arises. It is not a simple internalization of the historical mothering one. An internalization of a loving parent who has grasped and known one's continuity is probably a necessary condition for the development of the capacity to witness oneself, but it is not sufficient. The witness begins as that kind of internalization, but becomes a changing amalgam of history, fantasy, and current reality. It is not a structure of the mind, but a function—or, better, a way of being. Its composition is limited by one's experience, of course, but within those limits the witness changes as continuously as the events witnessed; the particular selection of parts of oneself or the other recruited to witness on any one occasion depends on that occasion's context.

It is not only the witness who is in flux, however; the one who is witnessed is as well, since the state of self in need of witnessing also changes with context. However complex it may be to describe the phenomenon in the third person, though, in phenomenological terms the matter is simpler: the witness is the one imagined, consciously or sub rosa, to be listening.

To have the ongoing sense that our story exists in someone else's mind (even if that someone else exists within our own mind), we must first (and very often in imagination) continuously "tell" that other person what we are experiencing. We construct what we know of ourselves by identifying with the other and "listening" through his ears to the story we are telling. We know our stories by telling them to ourselves, in other

[2] It has been conclusively demonstrated (if the point actually needed to be demonstrated) that thought and rationality should not be equated. Thought is creative and effective only when thoroughly imbued with feeling (e.g., Damasio 1994). Although thought and feeling are inseparable in this way, we do not have a single word that allows reference to both. Whenever I refer to "partners in thought," I mean to refer to both thought and feeling. The partnering I am describing is at least as much an affective phenomenon as it is a cognitive one.

words; but we can do that only by listening to ourselves through the other's ears. Psychoanalysts work in just this way: they listen to patients in the way that allows patients to listen to themselves.[3] To convince yourself of this point, just think about how often, during and after your own analysis, you found yourself at odd times during your day imagining that you were telling your analyst something. I remember when I first noticed it happen. Some time after that, I realized how frequent these tellings were and how often they went unattended.

This kind of telling and listening, though, arises much earlier in life than the age at which people typically go into psychotherapy and psychoanalysis. If you have children, you remember overhearing them talk to themselves in their cribs, often quite animatedly, after you put them to bed. They are organizing their experience of the day, giving it sense. But to whom are they talking? Not to "themselves," at least not exactly in the sense in which "self" will be a meaningful idea later in life. At this early age, self and other are not yet conscious and coherent parts of experience; neither self nor other, for instance, can be explicitly reflected on. Besides, why speak out loud if the only audience is oneself?

It is plausible to imagine that babies in their cribs are talking to their first witnesses: their parents. But these are their internalized parents, or some of their first internalized objects. These children are imaginatively listening to themselves through their parents' ears and thereby lending their experience a credence, coherence, and depth of feeling it otherwise could not have (Nelson 1989). As a matter of fact, what we are

[3] Some form of this point is widely recognized, probably by dozens of writers. Eshel (2004) describes "I-dentification" as "the analyst's thoroughgoing identificatory experiencing of the patient's most painful and terrifying experiences," which "renders them tolerable, liveable, enables them 'the possibility of being'" (p. 331; the quotation within this quotation is from Rilke). Farber (1956) writes, "In listening we speak the other's words. Or, to put it another way, the analyst is able to hear only what he, potentially at least, is able to say" (p. 145). Laub (1992a) says, "The listener has to feel the victim's victories, defeats and silences, know them from within, so that they can assume the form of testimony" (p. 58). And finally—or rather, first—there are many passages of this sort in the work of Winnicott. This one is representative: "An example of unintegration phenomena is provided by the very common experience of the patient who proceeds to give every detail of the week-end and feels contented at the end if everything has been said, though the analyst feels that no analytic work has been done. Sometimes we must interpret this as the patient's need to be known in all his bits and pieces by one person, the analyst. To be known means to feel integrated at least in the person of the analyst" (1945, p. 150).

hearing when we listen to babies creating coherence in those minutes before sleep may very well be part of the process of self-formation.

The diary of the shrinking man, like what patients say to their analysts, is an explicit kind of telling—with the difference, of course, that the shrinking man's audience, like the audience listening to the little child in his crib, is imaginary. Like the child, the shrinking man is writing to some figure in his inner world. Imaginary audiences are very common. But explicit telling is not. Most telling of the sort I am describing here, the kind of telling that allows one to listen to one's own thoughts, is implicit. It goes on hazily, not very specifically, seldom noticed except—in a leftover from our crib days—in the states that take place just before sleep in adult life, or at other times when we are alone, when we sometimes notice that we are formulating our thoughts by addressing some ill-defined other.

Most of the time, though, it is *as if* we were telling, and *as if* we were being listened to and then listening to ourselves. But the activity is no less crucial for being hazy and imagined. In order for this process to come about in the first place, we must be fortunate enough to have had parents who left us able to believe, in at least some states, that there exist others, especially certain imaginary others, who are continuous presences interested in knowing our experience (Bach 2006; Benjamin 1988, 1990, 1995).

When life feels arbitrary, senselessly cruel, or meaningless, as it did for the shrinking man before he began his diary, one is liable to be aware of no story at all. Events seem arbitrary and do not fall into narrative order. Affect is flattened or diminished; one may consciously feel only a kind of numbness or deadness. The living, hurt places in one's mind—actually, the injured parts of the *self,* the parts we most need to protect—despite their influence on day-to-day life, go undiscovered until *something happens in ongoing relatedness* that allows us to see that someone else recognizes the pain we ourselves have been unable to know and feel. Our grasp of our own previously dissociated experience through what we imagine to be the eyes and ears of the other is synonymous with the creation of new meaning. As a coherent narrative of the experience falls into place, there is an awakening, including an awakening of pain. In

fortunate cases, there is also relief. Both pain and relief illuminate the absence of feeling in what came before.

That was the fate of the shrinking man. Until he began to tell his story, he was losing courage by the day and becoming increasingly angry and cynical. But once he began writing his diary, his imagined readers, who "listened" to him "tell" his tale, seemed to help him contact his dissociated vitality and make it once again part of the mind he felt as "me." That change was enough to bring back his determination to face whatever was in store for him. For now I merely note the following point: imagined witnesses can be as effective as real ones.[4]

All right, I thought—the diary allowed the shrinking man to know his own story. But so what? Why did the character even want to go on living? Why didn't the shrinking man kill himself, or at least think about it? Wouldn't I have thought about it if I were he? Was that omission a failing of the script? The man may as well have been the last human being: he was permanently, completely, hopelessly alone. Wouldn't absolute, inescapable aloneness inevitably lead to despair?

Or did the screenwriter know something? Should we consider the hero's perseverance to be a consequence of the value that telling someone his story of isolation brought back to his life?

For another take on the question, I turned to my copy of *Robinson Crusoe* (Defoe 1719), a story that gripped me as a boy, gripped me earlier and even more deeply than the story of the shrinking man. The first part of the book is a journal of Crusoe's years living alone on a deserted island, the sole survivor of a shipwreck. (Crusoe writes until he runs out of precious ink.) In the usual manner of diaries, the document is written as if Crusoe were addressing someone, and you soon fall under the spell: it is as if it is you to whom Crusoe is telling what happened to him.

I remember feeling an intimacy with Crusoe when I read the book the first time; I felt I was there on that island, just as I felt I was there in that basement with the shrinking man. It was one of the most thrilling reading adventures of my childhood. I remember marveling that Crusoe could live so fully by himself, and now, with the reminder supplied by

[4] I must defer to the future an exploration of the significant differences between imagined witnesses and real ones, and between the process of witnessing under these two sets of circumstances.

my recent experience with the shrinking man, I also remember feeling, even as a boy, that the diary must have made Crusoe feel less alone.

By writing their diaries and being able to believe in the interest in their experience held by those imaginary others to whom they wrote, Crusoe and the shrinking man created partners in thought, imaginary others with whom to share life. We all create partners in thought, all the time. In most of life, though, real, flesh-and-blood others are so ubiquitous, and the stories of our lives fall together in such an unnoticed way, that it is much harder to appreciate both the significance of narrative and the role of witnesses in its creation. The ongoing reciprocal process by which we quite implicitly offer one another the reassurance that we understand well enough to continue to serve as witnesses generally goes unnoticed—it just keeps on keeping on, like the Boston Change Process Study Group's *implicit relational knowing* (2002, 2005, 2007, 2008; D. N. Stern et al. 1998), unless or until misattunement interrupts the flow and forces us to attend to the break in our confidence in the other's responsive emotional presence. The very isolation of Crusoe and the shrinking man offers us the opportunity to grasp the role of their narrative creations in giving their lives meaning, and the conception of the witness allows us to understand why writing their diaries helped them as it did.

Although witnessing is mentioned often in the trauma literature, Richman's (2006) work on "transforming trauma into autobiographical narrative" contributes observations with more pinpoint relevance to what I am trying to say than others I have read. Remember what the shrinking man said about his diary ("I was telling the world about my life, and with the telling it became easier"), and compare it to the words of Richman, who tells us this about autobiography and trauma:

> By sharing the creation with the world, there is an opportunity to come out of hiding, to find witnesses to what had been suffered alone, and to begin to overcome the sense of alienation and isolation that are the legacy of trauma survivors. [p. 644]

Richman agrees that the witness may be imaginary. Here is what she writes about her father's memoir of life in a concentration camp: "I believe that in order to write what he did, he had to conjure up a reader

who had an interest in his story and could function as his witness" (p. 646).

Richman also quotes Joan Didion's observation that writing can make experience coherent and real. Didion made this remark during a television interview in which she was talking about the memoir she wrote about the death of her husband: "What helped me to survive was writing this book, because otherwise I wouldn't have been able to understand what I was going through" (Richman 2006, p. 648).

NARRATIVE FREEDOM AND CONTINUOUS PRODUCTIVE UNFOLDING

It is as true in the clinical situation as it is anywhere else that, by the time our best stories are spoken, they just seem *right,* convincing generations of psychoanalysts that it was the content of what they said to their patients—that is, clinical interpretation—that was mutative. I share the view of those who see the matter otherwise: the real work has already been done by the time a new story falls into place (e.g., Boston Change Process Study Group 2002, 2005, 2007, 2008; Bromberg 1998, 2006; Ghent 1995; Pizer 1998; Russell 1991; D. B. Stern 2003, 2004, 2008, 2009b, 2009c; D. N. Stern 2004; D. N. Stern et al. 1998). Because they and I are tackling the same problem, I appreciate the work of the many writers who understand the therapeutic action of interpretations as relational. Mitchell (1997), for example, writes, "Interpretations work, when they do, . . . [because] the patient experiences them as something new and different, something not encountered before" (p. 52).

But that is not the position I am taking here. I am arguing that the appearance in the treatment of mutually accepted new content or newly organized content, which is generally narrative in form, is not usually the instrument of change; it is rather the sign that change has taken place. It is true that a new understanding is the fulfillment of possibility; but it is to *the creation of that possibility, not the shape of its fulfillment,* that we must look for the source of change. The important thing about a new understanding—and this applies no matter whether it is the analyst or the patient who offers it—is less its novel content than the new freedom revealed by its appearance in the analytic space, a freedom to feel, relate, see, and say differently than before.

This is the likely explanation for the widely recognized observation that former analysands, even those who credit their treatments with saving or renewing their lives, remember few of the interpretations their analysts made. It was not the interpretations per se that helped, but the freedom that made the interpretations possible in the first place. What *is* remembered from a successful treatment, as a matter of fact, is much less the analyst's words or ideas than something about the appearance of that freedom, something about what particular important moments *felt* like, something sensory, perceptual, and affective. The new story, then, is not the engine of change but the mark change leaves behind. Or perhaps this is better: the new story does not create change, but shapes the way we represent it to ourselves.

But as much as I agree with that statement, it is also a bit of an overstatement. In the attempt to acknowledge that claims for the mutative effects of narrative interpretations have been overstated, we could find ourselves throwing out the baby with the bathwater. We must admit that each new story along the way is not only the mark of change, but also helps to provoke the next round of curiosity, and thus to open new narrative freedom and the stories that follow. Each new story is simultaneously what change leaves behind and part of what brings about the next generation of clinical events. In fact, we can say this in a stronger form: each new story *belongs to* the next generation of clinical events.[5]

And so when we observe that patients may not remember the events of their treatments primarily in narrative terms, we must also acknowledge that memory for narrative is not necessarily the best index of narrative's influence. The affective changes that take place in treatment, and that are memorialized in the new narratives that fall into place there, are reflected in our ways of remembering the past, creating the present, and imagining the future. It is in these effects that we see the most profound

[5] This emphasis on the creation of new narrative freedom is not meant to suggest that either character or any of the other kinds of continuity in the personality are unimportant. But looking at character in relational terms does require us to conceive it as multiple, not singular. That is, character must be defined in context: under thus-and-such circumstances, a particular person's conduct and experience is liable to be defined in a particular way that is at least partly predictable. But we cannot guess what anyone will do or experience if we do not know something about the nature of the interpersonal field in which that person is participating.

influence of new stories. Narratives are the architecture of experience, the ever-changing structure that gives it form. Without narrative, affect would be chaotic and rudderless, as shapeless as a collapsed tent; and without affect, narrative would be dry and meaningless.

We see in new narrative freedom a deepened capacity of the patient and the analyst to dwell in one another's minds, to collaborate in the analytic task, to serve as one another's partners in thought. Any new understanding in the clinical situation is testimony that these two people have become better able to "tell" one another their stories and to "listen" to their own tellings through the ears of the other. I mean "tell" and "listen" in that special way that goes on in imagination, and that depends both on being able to believe that you have an unshakeable existence for the other and on recognizing yourself in your imagination of the other's picture of you.

The freedom to create a new narrative in the clinical situation, or to find value in a new narrative that has been created by the other, is a specific instance of the general case of narrative freedom. Most of this new grasp of things emerges without conscious effort, unbidden, like implicit relational knowing, from the ongoing relatedness between patient and analyst. As long as there is no obstruction of the capacity of each person to serve as witness to the other, narrative freedom is the expectable state of affairs, and the capacity of analyst and patient to reveal new experience through an ever-renewed curiosity deepens over time, as their intimacy grows. There is a sense of continuous, productive unfolding. Under these conditions, there is a more or less uninterrupted flow of new affective experience and understanding for both patient and analyst. Old stories hove into view, are destabilized, and dissolve; new stories fall into place. The process is often smooth and pleasurable.

This kind of clinical work goes on much of the time with many patients, more often with some patients than others. Although the process may be punctuated by minor difficulties—hesitations, bumps, and snags—the overall nature of the work is an ever richer and more thorough exploration and experience of the tolerable part of both the patient's experience and the analyst's. The analyst generally feels (and is) valued, skilled, and useful, and the patient feels helped. The analyst's unconscious involvement with the patient is present, but seldom prob-

lematic. It serves as a contribution, not an obstacle, allowing the analyst to offer a different take on the patient's experience than the one the patient started with, a novel view that is generally experienced as helpful by the patient. There is the satisfying sense of a job well done. Continuous productive unfolding is, in the analyst's mind, what Hoffman (1998) would refer to as the unconstricted interplay of ritual and spontaneity, what Knoblauch (2000) and Ringstrom (2001, 2007) would call improvisation in therapeutic relatedness, and what Winnicott (1971b), the font of such thinking, would call play.

"NOT-ME"

This relatively smooth and productive clinical process lasts as long as experience feels tolerable. But a very different, more troubling, and sometimes even destructive kind of relatedness takes place when the experience evoked in the mind of either patient or analyst, or of both, is *not* tolerable—that is, when the state that threatens to emerge into the foreground and shape consciousness is not recognizable as oneself. Such a state of being is "not-me" (Bromberg 1998, 2006; D. B. Stern 2003, 2004, 2009c; Sullivan 1940, 1953), and in ordinary life it exists only in dissociation, apart from what feels like "me."[6]

Not-me has never had access to consciousness, and in its dissociated state it has never been symbolized: it is unformulated (D. B. Stern 1997), a vaguely defined organization of experience, a primitive, global, nonideational affective state. It does not exist within the self, because it has never been allowed to congeal into one of self's states.

We can say it this way: not-me *would be* a self-state if it were to move into the foreground of experience. But if that were to happen, not-me would not *feel* like me. The experience would be intolerable; and so

[6] "Me" and "not-me" are ideas more substantial than their colloquial names might suggest to those unfamiliar with their long history in the literature of interpersonal psychoanalysis. The terms were devised by Sullivan (1940, 1953) as a means of representing the parts of the personality that exist within the boundaries of what is accepted as self ("me") and what is dissociated from self ("not-me"). The contemporary literature of dissociation, primarily the last twenty years of work by Bromberg (collected in volumes published in 1998 and 2006; see also Chefetz and Bromberg 2004), has lent the ideas new life. Recently, they have also played a central role in my own thinking (D. B. Stern 1997, 2003, 2004, 2008, 2009b, 2009c).

not-me remains dissociated. I *must* not, *cannot* be not-me. The threatened eruption of not-me into awareness jeopardizes my sense of being the person I am. In both my own work on dissociation and the work of Bromberg (1998, 2006), not-me has never been formulated; dissociated experience has that quality in common with conceptions such as Bion's (1962, 1963) beta functioning and beta elements and Green's (e.g., 2000) nonrepresentation.[7]

Not-me originates as a response to unbearable fear or humiliation, the experience of having been the object of a powerful other's sadism. It is the sense that one is once again that stricken person: terrorized and terrified, sometimes to the point of immobility or helpless, destructive rage; contemptible, sometimes to the point of a self-loathing that yearns for the destruction of self or other; shamed and horrified, sometimes to the point of losing the desire to live or creating the desire to kill; weak, sometimes to the point of a shameful and utterly helpless surrender that feels as if it can be prevented only by suicide or held at bay only by committing mayhem. One *will* not, *can*not be this person, because when one was, life was not bearable; and yet, if not-me enters consciousness, one *is* that person.

Every personality harbors not-me, although of course the degree of trauma that has been suffered by different people varies enormously. The impact it would have for not-me to emerge into awareness and become "real" depends on the severity of trauma and the consequent degree to which not-me is vicious, loathsome, terrifying, terrified, or abject, and the degree to which the whole personality is unstable and vulnerable. For those who have suffered severe trauma and whose vulnerability is therefore unmanageable, the eruption of not-me can be catastrophic, provoking massive affective dysregulation and/or psychotic decompensation. For those who are less troubled, the consequence is nevertheless awful enough to be avoided.

[7] As in the case of beta elements and nonrepresentation, dissociated material cannot be addressed by traditional defensive operations, because the dissociated has not attained symbolic form: "Unformulated material is experience which has never been articulated clearly enough to allow application of the traditional defensive operations. One can forget or distort only those experiences which are formed with a certain degree of clarity in the first place. The unformulated has not yet reached the level of differentiation at which terms like memory and distortion are meaningful" (D. B. Stern 1983, p. 73).

ENACTMENT: AN ILLUSTRATION

When not-me is evoked by the events of clinical process, continuous unfolding is replaced by some variety of enactment. In the following example, for heuristic purposes I describe more about both my own experience and the patient's than I knew at the time the interaction was taking place.

My patient was late, and I was taking advantage of the extra minutes to have a snack. When the patient arrived, I was enjoying what I was eating and wanted to finish it, and it therefore took me a few seconds longer to get to the waiting room than it would have if I had simply been waiting in my chair. The patient was standing there, waiting for me, when I got to the waiting room. He had not sat down, which I took as a sign that he was eager to come in. Perhaps I should not have allowed myself my little delay. I was faced with a small incident of my selfishness. In a defensive attempt to avoid self-criticism (an insight available only in retrospect), I said implicitly to myself, without words, "Well, for heaven's sake, the patient was late. What's wrong with using the time as I see fit?" But I was aware of greeting the patient without my customary warmth.

The patient, because of his relationship with his demanding and easily disappointed father, has an intense vulnerability to humiliation. The experience of being snubbed (my lackluster reception) made him worry (sub rosa) that he was a burden or a disappointment to me, thereby threatening the eruption into awareness of not-me. In the patient's mind, my greeting confirmed what he feared: my contempt was leaking; I had tolerated him up to now only because he paid me. The secret was out. He had always had to contend with the danger of being a loathsome, contemptible boy, and he must not, could not be that boy.

What happens at such a juncture? My patient had to do whatever was possible to avoid the eruption of contemptible not-me into awareness. His usual defensive maneuvers were of no use now; the danger was upon him. In our prior work, I had been quite careful to respect his vulnerabilities, but I had momentarily failed in that respect in greeting him as I had. In the past, the patient had also defended himself by (unconsciously) influencing the relatedness with me, making sure never to disappoint or provoke me, and thereby avoiding any possibility of facing

this kind of stark "evidence" of my contempt for him. But his usual ways could not help him now.

The last-ditch defense, when not-me is imminent, is the interpersonalization of the dissociation, or enactment: "*I* am not contemptible, *you* are contemptible." The patient now claimed that most of the time, when I seemed authentically interested, I had been merely pretending. I hadn't really cared—that was now clear for the first time. Other therapists didn't pretend as I had; they really did get to know and care about their patients. My patient began to cite moments from the past that he now believed lent credence to the interpretation that I just was not very good at my job, that I should have chosen a field in which my limitations would not have hurt those I served.

I struggled with my affective response to being the object of contempt, feeling unhappy, hurt, and on the verge of anger. I was feeling the very shame that the patient was so eager to avoid. But I was nowhere near such understanding at this moment, and I said something (I don't remember exactly what it was) that protested my innocence. I knew I sounded defensive.

This situation could have moved in either of two directions at this point. In one scenario, I come to terms with my own affective reaction to the patient and tolerate it. Under those circumstances, following my defensive reaction, I would grope toward a therapeutically facilitative response to the patient, although such a response probably would not occur immediately after the patient's provocation, because anyone's initial response to an accusation is likely to be defensive. This is actually what happened in this case, and I will tell that part of the story just below.

But a second scenario is also common in this kind of situation: when the analyst is seriously threatened, the patient's enactment of a dissociated state calls out a dissociated, or not-me, state *in the analyst.* A *mutual* enactment ensues. With my patient, such a scenario might have looked like this: In the same way the patient has begun to feel that it is not *he* who is contemptible, but *I,* I now succumb (even if I "know better," which of course I usually do) to the strongly felt sense that *I* am not doing anything problematic—it's just that *the patient* is impossibly sadistic. I will almost undoubtedly feel uncomfortable in this position,

probably guilty about being a bad analyst, but I will see no way out of it for the time being. Such mutual enactments, which are not as uncommon as the traditional psychoanalytic literature might be read to suggest, may go on over significant periods and often pose a genuine threat to the treatment (D. B. Stern 2003, 2004, 2008, 2009b, 2009c).

ENACTMENT, WITNESSING, AND NARRATIVE

Thinking in narrative terms reveals that enactment of either kind—that is, either with or without the dissociative participation of the analyst—is even more than the unconsciously motivated inability of patient and/or analyst to see one another clearly and fully. As enactment rigidifies the clinical relatedness, it also interrupts each person's capacity to serve as witness for the other. Even if the analyst does not respond with a reciprocal dissociation, in other words, the patient loses, at least temporarily, the capacity to allow the analyst to be his partner in thought. The patient also temporarily loses the desire, and probably the capacity, to be the analyst's partner. When the analyst *does* respond with a reciprocal dissociation, of course, the situation is both more troubled and more difficult to remedy. In either case, the effortless, unbidden creation of narrative that went on during continuous, productive unfolding now grinds to a halt.

One way to define states of self is as narratives: each state is an ever-changing story. Or rather, as I have already suggested, because self-states are not simply experiences or memories but aspects of identity, each state is an aspect of self defined by the stories that can be told from within it. Our freedom to tell many self-stories at once—in other words, our freedom to inhabit multiple states of being simultaneously—is what gives to the stories that express the ways we know ourselves and others the plasticity to change with circumstances. The many states that compose "me" not only participate in shaping the circumstances of life, but are, in the process, themselves reshaped. This continuous interchange and renewal is the hallmark of the self-states that make up "me."

But not-me cannot be told. Not-me remains insistently, stubbornly, defensively unformulated (D. B. Stern 1997, 2002, 2009a), not yet shaped or storied at all—isolated, existing in dissociation and thereby

rendered mute. This is the situation within enactments, both solitary and mutual: neither analyst nor patient knows how to narrate the significance of what is transpiring; neither knows the meaning of the transaction nor the feelings and perceptions that make it up. And so those events remain coded only in procedural terms, in action. If not-me is to come within our capacity to tell, then me, the self of the dissociator, must somehow expand to accommodate or contact it.

I continue now with the events that actually took place with my patient. I felt defensive and ashamed in reaction to the patient's accusations. My defensiveness was apparent to me and, I told myself, probably to my patient; but I did not respond with a reciprocal dissociation of my own. I pulled myself together and said something on this order: "I was taken by surprise by what you said [the patient's accusations against me]—I didn't know where that was coming from. But now I'm asking myself if the way you felt might have to do with something you sensed during the last session, or when you came in today. Did you notice something I said or did? Because I did. This may not be the important thing, but I did notice that I didn't greet you as I usually do."

Despite my reaction to the patient's accusations, in other words, I was able to consider the possibility that I might have played a role in setting the patient's complaints in motion. In this context, at least, I was able to conduct an inquiry without succumbing to an answering dissociation and enactment. I did not shut down the narrative possibilities, in other words, as the patient had no choice but to do from within his own dissociative process, but instead I returned to being curious, relatively open to whatever emerged in my mind.

Neither the patient's dissociation nor his enactment was particularly rigid as these things go, although both certainly might have moved in that direction if I had failed to gain a perspective on my own reaction and remained defensive. But I was fortunate in this case, because, sensing that I was no longer threatened, the patient showed some interest in my foray. But he was still suspicious, and he asked, "Well, but then why did you get defensive?", referring to what I said in response to his accusations. I answered, again from within my relocated stability, that I did believe that I had been defensive, and that it is often hard for anyone not to be defensive in the face of strong criticism.

The patient softened and (to my surprise, to tell the truth) seemed to begin to search himself for something that might be responsive to what I had said. He eventually was able to say that my greeting had indeed stung him. The atmosphere cooled further. The patient had little difficulty now in seeing that my defensiveness could be understood, from within my perspective, as a response to his own critical remarks. More important, the patient had now lived through an episode in which his brief certainty that he was a burden to me, and that my caring was inauthentic, was disconfirmed. This was not primarily a cognitive signification for him. The patient could *feel* or *sense* what it was like for me to be with him through the course of his accusations. That was important; but more important yet was that the patient felt for one of the first times the confidence that I had felt hurt or angry with him without losing track of my warm feelings about him (or losing track of them only very temporarily). In a small but crucial way, the patient was now someone other than he had been.

Over the following months, other new experiences of this kind opened in front of him, because his growing confidence in my openness to his experience and my own made it possible for him to begin to listen imaginatively through my ears to his own feelings of being a burden; and in the process, those experiences gained substance and reality for him, on the one hand, and became less shameful and more bearable, on the other. Stories about these things emerged in his mind with increasing frequency, some of them articulated and others implicit. Over time, not-me became me. For my part, through my experience of my reaction to his stinging criticism, I also became more able to witness the patient; and beyond that, I came to depend in a new way on the patient's capacity to witness *me*—the way, for example, he eventually accepted my reactions to his criticisms.

Dissociations are not breached by insight, nor are enactments dissolved through verbal understanding. Interpretation is not the analyst's key intervention. Enactments end as a result of a change in affect and relatedness, which provokes a change in each participant's perceptions (and stories) of the other and himself (D. B. Stern 2003, 2004, 2008, 2009b, 2009c). Insight into this changed state of affairs, when it plays a role, comes later. Historical reconstruction often does take place after

the appearance of the new story, and it can be quite helpful. But therapeutic action lies in becoming a different person, usually in a small way, in the here and now. The expansion of the self takes place in the present, in small increments. As enactment recedes, the treatment moves back into continuous productive unfolding, and new narratives once again begin to appear unbidden in the analytic space. The new stories my patient and I have told as the treatment has moved on have been more and more often about the contemptible little boy.

RETURNING TO THE CASTAWAYS

But if the analyst is so crucial to the patient, how do we understand Robinson Crusoe and the shrinking man? They had no analytic relationship, no relationships of any kind. (Crusoe did eventually have Friday, but that was years into his saga.) Now it may be clearer why I claimed earlier that enforced isolation makes these characters such good illustrations of my thesis. Their creators' suggestion that the characters grew and changed despite their circumstances is not mistaken, nor is it by any means a refutation of the point that we are profoundly social beings. On the contrary, such stories could not demonstrate the necessity of witnessing more clearly than they do. It seems likely, actually, that some kind of imaginary witness is invoked in all tales of enforced isolation, real and imaginary.

In the movie *Cast Away*, the character played by Tom Hanks, alone and shipwrecked on an island, finds a volleyball floating in the surf, paints a face on it, and begins to talk to it, using the conversation as a kind of ironic commentary to himself on the matter of his own loneliness. He calls the ball "Wilson" after the name of the sporting goods company that made it. But as the years pass, irony turns delusionally earnest, and Wilson eventually becomes the castaway's dear friend, continuous companion, and confidant.

Years after that, the shipwrecked man escapes from the island on board a raft he has made. In the calm that comes after a storm at sea, and dying of thirst and exposure, he sees that Wilson, whom he had tethered to the mast for protection, has fallen off and is drifting away from him across the swells. The movie's one truly devastating moment comes when the castaway sees that in his weakened state he cannot rescue his

"friend" without losing the raft and drowning, and he calls out piteously after the swiftly disappearing Wilson, pleading for forgiveness.

Let me offer one last example, just to put it on the record that factuality reflects castaways' need for a witness just as well as fiction does. I recently read a dreadful story in the *New York Times* (Onishi 2007) about a man in Tokyo so poor that he had not eaten in weeks, and so alone that no one either knew or cared. In his last days, he kept a diary. Among the last entries before his death from starvation was his expression of the wish for a rice ball, a snack sold in convenience stores across Japan for about a dollar: "3 a.m. This human being hasn't eaten in 10 days but is still alive. I want to eat rice. I want to eat a rice ball."

The very fact that the diarist wrote at all testifies to his imagination of an audience. But note also that he speaks of himself in the third person. Is it credible that he would have done that if he really imagined that he was addressing only himself? Could there be a more eloquent expression of the need to listen through the ears of the other? This need was preserved even as the man was dying.

To know what our experience is, to think and feel, we need to tell the stories of our lives, and we need to tell them to someone to whom they matter, listening to ourselves as we do the telling. If we have to make up our audience, so be it. Our need for a witness goes so deep that imaginary witnesses must sometimes suffice.

WITNESSING ONE'S SELF

We are familiar with the idea of internal conversation between parts of ourselves. If we can hold an internal conversation, can one part of ourselves serve as a witness for another? We have seen that Richman (2006) believes so. Laub (1992a, 1992b, 2005; Laub and Auerhahn 1989) does, too. He suggests that massive psychic trauma, because it damages the processes of association, symbolization, and narrative formation, also leads to an absence of inner dialogue, curiosity, reflection, and self-reflection. And what does Laub believe is responsible for this inner devastation? The annihilation of the internal good object, the *internal empathic other* (Laub and Auerhahn 1989), partner in inner dialogue and narrative construction.

Laub (1992b) tells the story of Menachem S., a castaway of sorts, a little boy placed in a labor camp who somehow managed to survive the Holocaust and, miraculously, to find his parents afterward. He spent the war talking and praying to a photograph of his mother that he kept with him. "Mother indeed had promised to come and take him back after the war, and not for a moment did he doubt that promise" (p. 87). But the mother and father he refound, "haggard and emaciated, in striped uniforms, with teeth hanging loose in their gums" (p. 88), were not the parents he had maintained in his memory. Mother was "different, disfigured, not identical to herself" (p. 91). Having survived the war, the boy now fell apart. Laub writes, "I read this story to mean that in regaining his real mother, he inevitably loses the internal witness he had found in her image" (p. 88).

Richman's (2006) experience is once again germane. Here she describes the inner presence to whom she wrote during the time she was working on her own memoir (2002) of her childhood as a hidden child during the Holocaust:

> The internalized other (the projected reader) was an amorphous presence without distinguishing characteristics, but seemed to be an interested observer, a witness, someone who wanted to know more about me and my life. Perhaps the amorphous presence represented my mother, my first reader-listener, who lived to hear my school papers and received my writing with unwavering admiration. [2006, p. 645]

Something on this order is what happened for the castaways I have cited, for the toddlers in their cribs, for all of us, much of the time, day to day. And so we see that the experience of the castaways is hardly unique; it is what we all do routinely. It is the castaways' enforced isolation, as a matter of fact, that throws the process of witnessing into high relief.

But just as Laub's internal empathic other can be destroyed by trauma, we cease to be able to invoke the imaginary internal witness as soon as the experience we must witness touches on parts of us that hurt or scare us too badly to acknowledge, or that are injured in a way so central to our makeup that awareness of them threatens the remainder

of the personality. The imaginary internal witness becomes unavailable, in other words, when the one who must be witnessed is not-me. And yet this is precisely the part of us that, if we are to grow, we must somehow learn to bear and to know. In such cases, it is crucial to have a witness outside our own minds. In such cases, we not only profit from seeing a psychoanalyst, we need one.

FINAL THOUGHTS

The psychoanalytic accounts of narrative with which we are most familiar (Schafer 1983, 1992; Spence 1982) are written as if the stories themselves are what matter. Problems in living are portrayed as the outcome of telling defensively motivated stories of our lives that deaden or distort experience, or of skewing experience by rigidly selecting one particular account. Therapeutic action revolves around the creation, through objective interpretation based on the analyst's preferred theory, of new and better stories—more inclusive, more coherent, more suited to their purpose. In the accounts of narrative by Schafer and Spence, while there is room for a good deal of flexibility in the way the analyst works, clinical psychoanalysis is defined by its technique, and its technique, in one way or another, is defined by the way interpretation is employed.

Schafer (1992) believes that psychoanalytic clinical work is very much like text interpretation. This "text" is both "interpenetrated" and "cohabited" by patient and analyst. But it remains a text. Consider what the analyst does with the patient who "talks back," i.e., the patient who tells the analyst what he thinks of the analyst's interpretive offerings.

> The analyst treats the analysand in the same manner that many literary critics treat authors—with interest in what the analysand says about the aims of his or her utterances and choices, but with an overall attitude of autonomous critical command rather than submission or conventional politeness, and with a readiness to view these explanatory comments as just so much more prose to be both heard as such *and* interpreted. [p. 176, italics in original]

It is hardly controversial for an analyst to claim that what the patient says often has meanings that the patient does not know. But there

now exists a substantial body of literature that does take issue with the claim that an analyst can *ever* adopt "an overall attitude of autonomous critical command" (e.g., Bromberg 1998, 2006; Hoffman 1998; Mitchell 1993, 1997; Pizer 1998; Renik 1993; D. B. Stern 1997). This large group of writers, most of whom identify themselves as relational and/or interpersonal analysts, take the position that the relationship of patient and analyst is one of continuous, mutual unconscious influence. Neither the patient *nor* the analyst has privileged access to the meanings of his own experience.

This is the broad perspective within which the view developed in this essay belongs. While it remains undeniable that refashioned narratives change lives, the source of this change is the patient's newfound freedom to experience—an expansion of the self—created through events of the clinical interaction that are only partially under our conscious control. It is not so much that we learn the truth, but that we become more than we were. Our greatest clinical accomplishments are neither interpretations nor the stories they convey, but the broadening of the range within which analyst and patient become able to serve as one another's witnesses. This new recognition of each by the other is a product of the resolution of enactments and the dissociations that underlie them, and the resulting capacity of analyst and patient to inhabit more fully one another's experience, to listen more frequently through one another's ears. As dissociation and enactment recede, patient and analyst once again become partners in thought, and now the breadth of their partnering has grown.

Instead of thinking of narrative as a consciously purposeful construction, we should recast it as something on the order of a self-organizing system, in which outcomes are unpredictable and nonlinear (e.g., Galatzer-Levy 2004; Thelen and Smith 1994). Clinical process is the medium—or, to use the language of nonlinear systems theory, the event space—within which narrative stagnates, grows, and changes: the destabilization of old narratives and the emergence of new ones are outcomes of unpredictable relational events. I hope I have explained my perspective well enough by now to substantiate the claim I made at the beginning: that new narratives in psychoanalysis are the emergent, coconstructed, and unbidden products of clinical process.

Without denying for an instant the necessity for careful conceptualization or clinical discipline, I intend what I have said to serve as an argument against the claim that clinical psychoanalysis can be defined by any specification of technique. Psychoanalysis is, rather, a very particular way that one person can be of use to another—a way that depends on our possession of common practices, but also on our awareness that those practices are often inadequate to the experience that makes up our immersion in clinical process. For the analyst who believes that the recognition and resolution of enactments are central to clinical psychoanalysis, the personal is unavoidably linked with the professional, a point that reinforces something we have known at least since the work of Racker (1968): if the patient is to change, the analyst must change as well. In the end we find, as is so often the case, that when the mind is locked, relationship is the key.

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LITTLE HANS: MASCULINITY FORETOLD

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Joining the centennial reexamination of Freud's "Analysis of a Phobia in a Five-Year-Old Boy" (1909a), the author returns to Little Hans as the Ur psychoanalytic boy. Hans's construction and acts of consciousness continue to endow the psychoanalytic construct of masculinity with meaning. It is suggested that Freud moved in his discussion of the case to regulate the unsettled conditions of masculinity that he articulated through his clinical observations of Hans. The case is viewed as an exemplary illustration of how masculinity is foretold—a normative narrative that has changed little in the last 100 years. The author offers a contemporary view of masculinity as a dilemma of boundary—neither fully interior nor fully exterior, neither fully fantastic nor fully socially constructed.

Keywords: Masculinity, boys, Little Hans, oedipal, child development, phallic, mentalization, intersubjectivity, attachment.

In the 100 years since its publication, Freud's (1909a) "Analysis of a Phobia in a Five-Year-Old Boy ('Little Hans')" has become a touchstone of psychoanalytic theory. The critical discourse that follows on the textual richness of this report can be read as a primer, illustrating evolving views on child development across the first psychoanalytic century:

1. The widening of oedipal theory to include preoedipal mother–child bonds (Frankiel 1992; Ross 1994, 2007), as well as oedipal father–son desires (Frankiel 1992; Ross 1994);

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2. The waning of oedipal theory and psychosexual stage premises in favor of developmental considerations that follow upon parent–child attachment patterns (Benjamin 1988; Wakefield 2006, 2007a, 2007b);

3. The move beyond the determining forces of infantile neuroses toward a greater consideration for and appreciation of the developmental struggles of latency and adolescence (Young-Bruehl 2007);

4. The increased attention given to the means by which parents parent, and the intersubjective terrains and fantasies created therein (Blum 2007b; Fromm and Narváez 1968; Hinshelwood 1989; Ross 2007);

5. The role of siblings in a child's early life (Ross 2007; Wakefield 2007a);

6. The role of a mother's pregnancy and the importance of a child's birthing fantasies (Balsam 2003; Lax 1997; Ross 1994, 2007); and

7. The dynamics of children's quests to grow (Chused 2007; Fromm and Narváez 1968).

The centennial of "Analysis of a Phobia in a Five-Year-Old Boy" has occasioned a new round of thinking about Freud's text.[1] This recent consideration has been influenced by newly declassified interviews with Herbert Graf (Little Hans) as an adult, and with Max Graf, his father (H. Graf 1955; M. Graf 1952). Similar to earlier returns to Little Hans, these new analyses reference and magnify the theoretical richness of Freud's original report (Abrams 2007; Blum 2007a; Neubauer 2007).

In addition, many of these centennial reconsiderations shift our focus yet more toward affect and attachment versus sexual constitutions, infantile neurosis, or symbolic parental positions (Blum 2007b; Ross 2007; Wakefield 2006, 2007a, 2007b). In my view, these analyses illuminate how thinking about child development at the turn of this second psychoanalytic century is framed by thinking about early parent–child

[1] See, for example, *Journal of the American Psychoanalytic Association*, Volume 55, Number 3 (2007) and *Psychoanalytic Study of the Child*, Volume 62 (2007).

attachment, the unfolding of mentalization, and our increased attunement to the affective resonance of the early parent–child intersubjective surround.

Notable as well, within this new round of discussion, are questions raised about the historical method we employ in our return to Hans, namely: How do we navigate the difficult processes involved in considerations of periodization with modern epistemological debate (Abrams 2007; Blum 2007a; Chused 2007; Young-Bruehl 2007)? How do we move forward to question the normative biases of the past, move forward in the spirit of critique—fueled as it often is by the triumphant spirit of the new—and also remain mindful of our certain failure, our own certain subjugation to the norms of modern thought? How do we stay attuned to the various contingencies that inform how we theorize now, and yet live with the knowledge that someday, likely someday soon, we will be wrong?

With this history and these questions of historical/critical method in mind, I return here to Hans not only as the first psychoanalytic child, but also as the first psychoanalytic boy. Within the pages of his "Analysis of a Phobia in a Five-Year-Old Boy ('Little Hans')," Freud (1909a) elaborates and embodies his theory of boyhood and masculinity. It is a theory that will change little as Freud moves on. It is a theory that continues to stand as the canonical psychological narrative of masculinity: we know a boy to be a boy through his phallic preoccupations and castration fears, enacted alongside and through his desire for his mother and his rivalry with his father, which in time resolve via the boy's separation from his mother and identification with his father.

Hans is the founding subject, the *Ur* boy, and through his construction and acts of consciousness, the psychoanalytic construct of masculinity is endowed with meaning. I return to this dense and complicated textual origin so that we might appreciate the founding terms that continue to guide our psychoanalytic understanding of masculinity. I offer a close reading of Little Hans in order to revisit the lived dilemma of his boyhood. I focus in particular on Freud's symbolic reading of the horse that figures in Hans's phobia. I approach the horse twice, first through an explication of Freud's clinical formulation, and second through my own rereading.

My interest in rereading the horse follows on the way in which Freud, through the dense and deconstructive discussion that follows his case

history and analysis, parses and whittles the multiple interpretations he offers in the course of the treatment. This winnowing foregrounds and establishes Freud's normative oedipal narrative. Freud also moves in his discussion to settle and regulate the unsettled conditions of masculinity that he articulates through his clinical observations of Hans. Here, in turn, we are left to question how the malleable character of masculinity, which Freud captures so well, confounds the theoretical consistency of his normative narration.

I view this case as an exemplary illustration of how masculinity is foretold—a normative narrative and mode of address that has changed little in the last 100 years. The way Freud narrates boyhood—his constitution of Hans as a normative oedipal boy—is the reason I undertake a close reading of this case.

Through my rereading, I locate masculinity as a dilemma of boundary—neither fully interior nor fully exterior, neither fully fantastic nor fully socially constructed. I look (and with determination) for expressions of unconscious fantasy, for evidence of infantile wishes, and the lingering influence of parent–child desire. As Freud (1900) would have it, there is blood in the water: the unconscious wishes of childhood "are only capable of annihilation in the same sense as the ghosts in the underworld of the *Odyssey*—ghosts which awoke to new life as soon as they tasted blood" (p. 533, n1).

While I may not grant as much authority to ghosts and the past as did Freud, I do value what I have come to call the *psychic envelope* of early parent–child relations. I envision this envelope as constructed through the bodied and psychic excitability of parent and child alike—a containing space that holds primary density and infantile sexuality (Loewald 1980; Widlöcher 2001; Winnicott 1958, 1965), an intersubjective space that promotes recognition and mentalization (Benjamin 1995, 1998; Fonagy et al. 2002), a fantasmatic space, as Laplanche (1990, 1999) might have it, that constructs infantile life, love, and sexuality through enigmatic, intersubjective parent–child processes—the space of blood, ghosts, and the emotional resonance of daily family fantasy/life.

I place considerable value on the role of fantasy as it builds the boy. But I also strive to think about how fantasy and interiority are always-and-already constituted by cultural norms (Butler 1993, 2004). The early

parent–child psychic envelope is permeable. I look toward masculinity not only as inner feeling or fantasy, but also as it is made and recognized in and through scenes of cultural narration. *Boy* in this frame is built inseparably between an inner feeling and an outer mode of social address.

In this inner/outer paradox, I find optimism, generosity, the opening for critique, the malleable and unsettled, and new sustainable prospects for thinking toward masculinity as a complex field (Corbett, in press). I am mindful of the political and ideological forces that underscore my appeal. And if my appeal to complexity is a reflection of my own normative debt—the new norm of the multiple, the malleable—then I am willing to live with that bias . . . for now.

THE HORSE, I

The clinical story narrated by Freud (1909a) centers on a boy, his father, his mother, and, to a lesser extent, his sister. The principal supporting character is a horse, the object of Hans's phobic dread. We learn about the horse, about Hans's fears, and the manifest content of Hans's daily life from Hans's father, who reports his observations to Freud, who in turn guides the father in his efforts to help his young son overcome his fears. Together, the father and Freud—the shadow father—set about to reflect on the kin relations, anatomical dispositions, and latent desires that underscore Hans's experience.

Freud's engaged and affectionate description of busy bodily boyish life readily resonates for any reader who has closely observed young boys. We learn about Hans's determined interest in his body, his penis in particular—or, as he says, his "widdler"; his curiosity about the bodies and genitalia of others (children, adults, animals); his phallic monism as he "sees" and fantastically creates penises for everyone, including his mother and his sister ("But her widdler is quite small…when she grows up it'll get bigger, all right," 1909a, p. 11); his push toward growth; his curiosity about childbirth; his sibling rivalry; his struggle to separate from his parents and his wish to sleep with them in their bed; his masturbatory excitement and erotic interest in just about everything and everyone ("But it is great fun," p. 19)—prompting his mother to threaten castration lest he stop his "piggish" practice (p. 19), and prompting Freud to

amusingly characterize "our young libertine" (p. 110) Hans as "a positive paragon of all the vices" (p. 15).

We also learn about his fear of horses. Hans's father initially reports, "He is afraid *a horse will bite him in the street*, and this fear seems somehow to be connected with his having been frightened by a large penis" (p. 22, italics in original). This fear inhibits Hans from going out into the street in the evenings, and leaves him at times, according to his father, in "low spirits" (p. 22). His father, in his initial correspondence with Freud, wonders whether, along with the fear of large penises, this phobia might also express Hans's anxiety in relation to his mother. It is intriguing to note here how the father sets the stage for what will become contrasting strands in this case narrative: attachment versus desire.

Freud contemplates the father's suggestions and offers an initial interpretation that centers on the mother–child bond, and in particular on Hans's concern about separating from his mother:

> The disorder set in with thoughts that were at the same time fearful and tender, and then followed an anxiety dream on the subject of losing his mother and so not being able to coax [caress, cuddle] with her any more . . . . [Freud concludes:] This was the fundamental phenomenon in his condition. [pp. 24-25]

In spite of that, Freud moves quickly to unsettle this claim so as to position desire, not attachment, as primary. He counters by emphasizing that Hans's anxiety began as "every infantile anxiety, without an object" (p. 25). Aim and desire, Freud explains, precede object. Hence, the "fundamental phenomenon" of affection or attachment is secondary to (or only follows upon) the yet more fundamental press of desire.

Seeking to illustrate this claim, Freud links Hans's wish for "coaxing" with a repressed erotic longing for his mother. He argues that longing can easily be satisfied by the return of the longed-for object: "Longing can be completely transformed into satisfaction if it is presented with the object longed for" (p. 26). In contrast, anxiety, linked according to Freud with repressed erotic longing, lingers and disrupts. Hence, the analysis of repression then becomes Freud's mark. It is noteworthy that as Freud turns toward his analysis of repression, he presumes adequate or untroubled attachment security—the object in this case, according to Freud, was secure.

And so Freud turns to the repression and the primacy of sexual desire, along with an emphasis on the push of aim prior to the pull of object-love. Freud moves next to allay the father's anxiety regarding the possible role of the mother's "excessive display of affection" (p. 28), along with her anxious and threatening response to Hans's masturbatory behaviors. Might these behaviors and intersubjective bonds have contributed, the father asks, to Hans's anxiety? Might these behaviors signal some distress relative to attachment security?

Describing Hans's mother as "excellent and devoted" (p. 28), Freud sets aside these considerations and once again foregrounds the problematic press of desire and the consequent re-press of repression. The day-to-day mother, the mother taken up and into her own fantasies, the mother–child intersubjective ground, and the vicissitudes of mother–child attachment and mentalizing processes are configured as less important than the determining power of the symbolic mother, the siren mother, the object of the boy's desire. Freud says of the mother, "She had a pre-destined role to play, and her position was a hard one" (p. 28).

Building on these claims, Freud then makes his first pass at assessing the horse and, in keeping with the father's first suggestion, views the horse as equivalent to untamed aim—specifically, forceful and frightening phallic aim. The horse and its phallic body become something of a funhouse mirror, a distorted self-object, and at the same time a frighteningly big other. Freud links this reading with his observation of Hans as preoccupied with his penis and with masturbatory pleasure. Further, he suggests that Hans is made anxious as he judges himself to be inferior to those who possess penises larger than he—or, in kind, anxiously superior to those who do not possess a penis.

Once again, anyone who has spent time with young boys is sure to recognize the phenomenology Freud captures: masturbatory single-mindedness, castration fears, phallic monism, and the press of phallic narcissism. It was not, however, these phenomena per se that most interested Freud. Rather, it was his metanarrative, which configures "sexual constitutions" (p. 108) as primary (first, before all else), following as they do upon discrete drives that have a pre-discursive purpose and meaning (before language, before culture). The psychic states called *masculinity* originate, according to Freud, through "biological function" (p. 145),

and for the boy are constituted through the dispositional penis: "In contrast to the later period of maturity, this period is marked not by a genital primacy but by a primacy of the *phallus*" (p. 110, n2, italics in original).

Freud returns again and again in this text to his claim of phallic primacy, charting Hans's narcissistic cathexis of his penis, including his countervailing, counterconstructing fear of losing it. Freud positions masculinity (the "true man," p. 17) as equivalent to heterosexual desire (he employs heterosexuality and masculinity interchangeably). And while he suggests that the boy's heterosexual masculinity follows on his identification with his father, Freud nevertheless consistently trumps this identificatory dimension through his emphasis on the determining dispositional power of the penis and the boy's instinctual heterophallic aim. As Freud saw it, Hans's lack of education about female anatomy held him back in his quest to understand sexual difference through the press of his desire and the instinctive aim of his penis. In this frame, a boy's body—his penis, in particular—initiates and drives his subjective and relational desiring experience. In this frame, the penis precedes the boy.

Indeed, Hans proves a charming font of phallic preoccupation, castration fear, and fantastic solution. The widdler is foremost and forecasting. Consider, from the many examples, his manic phallic monism as it coupled with his optimism about growth and his defense against castration: "And everyone has a widdler. And my widdler will get bigger as I get bigger; it's fixed in, of course" (p. 34).

In keeping with Hans's optimistic forecast, Freud attempts in his first interventions to reassure the boy that his fears are nothing more than "a piece of nonsense" (p. 28). He instructs Hans's father to tell him that he need not fear castration, as perhaps it had been evoked by seeing his mother's and sister's bodies, because "his mother and all other female beings (as he could see from Hanna [his sister]) had no widdler at all" (p. 28). Once again (however fraught with misinformation), this move seems to have been a bid toward reality assurance.[2]

[2] It is worthy of note that Hans's father actually says of little girls, in correcting his statement that they do not have genitalia: "They don't have widdlers like yours" (p. 31). He does not give a name to the vagina, but he does allow for female genitalia. At another juncture as well, and in answer to a question from Hans as to whether Hanna's widdler will grow, his father says, "Yes, of course. But when it grows it won't look like yours" (p. 62).

Assured, though, Hans did not feel. Both his fear and his masturbatory inclinations continued apace. Freud and the father stayed the course, emphasizing the fear evoked by horses as large objects. But once again the reassurance does not mend, and Hans remains, as Freud puts it, "oppressed by the fear of having to lose this precious piece of his ego" (p. 35). Here we witness Freud's extraordinary theoretical dexterity as he moves from considering the penis as material reality to considering it as psychic reality—toward the penis as mentally materialized.

It is also at this juncture that he begins to reckon with the limits of reassurance. The anxiety is too deep: "When once a state of anxiety establishes itself, the anxiety swallows up all other feelings" (p. 35). Freud then begins to fashion what will become a central piece of his analysis, once again a significant theoretical move—a move that illuminates what will become a hallmark of psychoanalytic clinical technique: he considers the horse to be not only a real object that provokes (fear, comparison), but a symbolic object as well.

Hans is afraid that the horse will "fall down and bite" (p. 50). Freud reads this "improbable . . . collocation" as follows: "The train of thought . . . was that the horse (his father) would bite him because of his wish that it (his father) should fall down " (p. 50, n3). In other words, this image symbolically couples both the wish (patricide) and the fear that his father was going to punish him for his patricidal wish (through castration). The horse, then, is the father.

Freud applies his deepening appreciation of Hans's fear to his consideration of a dream reported by Hans:

> In the night there was a big giraffe in the room and a crumpled one; and the big one called out because I took the crumpled one away from it. Then it stopped calling out; and then I sat down on top of the crumpled one. [p. 37]

It seems this dream provoked sufficient anxiety to awaken Hans, whereupon he joined his parents in their bed. Treating the dream as a "continuation of his fear of horses" (p. 39), the father interprets the dream for Hans, emphasizing that the big giraffe represented him (the father), the crumpled one his mother ("or rather her genital organ," p. 39) and Hans's wish to get into bed with his mother despite his father's

protests. He was fearful, the father ventures, lest his forbidden wish be seen and he be met with his father's anger: "He had come up against the barrier against incest" (p. 41).

In a short consultation soon thereafter, Freud reinforces this reading of the boy's fear: "He was afraid of his father, precisely because he was so fond of his mother" (p. 42). Freud also attempts to link the father's appearance (eyeglasses/blinders and moustache/muzzle) with that of a horse. Following the interpretation of the giraffe dream and this consult with Freud, the father reports the "first real improvement" (p. 43). Freud, in reflecting upon the case, seems to view this consult as key, perhaps *the key:* "The fear which sprang from this death-wish against his father, and which may thus be said to have had a normal motive, formed *the chief obstacle* to the analysis until it was removed during the conversation in my consulting-room" (p. 112, italics added).

Yet the lessening of anxiety once again does not hold, and in fact the phobia becomes rather diffuse at this point. It transfers to carts drawn by horses, to railway cars, to falling and biting that intermingle with thoughts of urination and defecation. At some point in this diffuse phase, Hans reports the following "thought"/fantasy: "I was in the bath, and then the plumber came and unscrewed it. Then he took a big borer and stuck it into my stomach" (p. 65). The father initially interprets the fantasy as representing the father's privileged enforcement of the incest barrier. Putting the fantasy into the first person for Hans, the father says: "I was in bed with Mummy. Then Daddy came and drove me away. With his big penis he pushed me out of my place by Mummy" (p. 65).

Freud, however, departs from the father's interpretation, and temporarily from his heretofore-guiding focus on Hans's incestuous wishes (underscored by phallic primacy) toward Hans's sibling rivalry. He reflects on the bath in the fantasy, bathing, and babies, and guides us toward the consideration of Hans's growing concern with matters of childbirth, and his sense of murderous displacement following the birth of his sister, Hanna, when he was three and one-half years old.

Freud observes that Hans repeatedly played with the tale of the stork and developed an elaborate tale in which Hanna arrived in a carriage box. In response to this fantasy, Freud suggests that the carriage box might symbolize the mother's pregnant body and Hans's angry re-

sponse thereto. Working with this idea, he pays particular heed to Hans's elaboration of his horse fear—that is, that the horse will fall consequent upon Hans's teasing and beating it. Freud then moves to propose that the wish to tease the horse was likely a condensed expression both of Hans's anger toward the oedipal father's privilege and of "an obscure sadistic desire for his mother" (p. 83), which Freud then relates to Hans's thoughts about the mother's pregnancy. Hans reinforces this interpretation as he moves in a fantastic riff on beating horses toward his wish to beat his mother (p. 81).

We come, then, to see the horse as both mother and father, and as their procreative relationship as well. These considerations lead Freud to counsel the parents to educate Hans about pregnancy and childbirth. Reluctantly, the father gives Hans bits of information, and Hans weaves yet more intriguingly fecund birth fantasies involving storks, eggs, and his own declaration that he shall have a baby of his own. The father strives at this point to provide Hans with more, and more correct, information about childbirth and pregnancy. These efforts allow the father to refine his oedipal interpretation, emphasizing the relational dimensions of the fantasy: "You'd like to be Daddy and married to Mummy; you'd like to be as big as me and have a moustache; and you'd like Mummy to have a baby" (p. 92). It also allows the father to further reflect on Hans's fear of falling horses, and to suggest that perhaps the scene of a falling horse is akin to the chaos and fear of childbirth.

The treatment comes to a conclusion at around this point. The father reports that Hans has set about to play-through/work-through his anxieties with a toy horse: loading and unloading carts, and enacting various scenes. Hans, the father indicates, also ventures outside now with little or no distress.

The father concludes the case report with the final dream of the treatment: "The plumber came; and first he took away my behind with a pair of pincers, and then gave me another, the same with my widdler" (p. 98). The father, returning now to the body, greets this dream as Hans's wish for a bigger behind and widdler; Hans would then be more like his father. With which Hans concurs, as does Freud. He reads Hans's response to the father's interpretation of the dream as confirmation/resolution, equivalent to productive identification with the father. In

something of a summation, Freud suggests that Hans diverted Oedipus's fate by finding the "happier solution" (p. 97) of identifying with his father and sharing the prospect of generational happiness.

THE GRAF FAMILY

Before I can take up my rereading of the horse, I first reflect on our expanded understanding of Hans's family, afforded by recently declassified interviews with Herbert Graf (Hans) as an adult, and with Max Graf, his father, late in his life. These interviews were conducted by Kurt Eissler in the 1950s, and were declassified in 2005 from the Freud Archives (H. Graf 1955; M. Graf 1952). I take this step so that we might reapproach the horse with an idea of family that expands upon Freud's family romance—a family that remains symbolic, but also alive, fantastically alive, in ways that contribute to a boy's gendered subjectivity.

The family of the case report comes to us as though it emanated from Hans's desire and conflict: a family characterized by oedipal desire, rivalry, and conflict, a family playing their predestined roles in a mythopoetic structural drama. Hans is the nodal character and his penis the nodal organ. The story is about his desires and fears. His phobia is understood as his anxiety in playing his predestined part. The clinical story, structured as a mystery, concludes with the satisfaction of solution.

In contrast, the family of the interviews is marked by marital discord and familial dissolution, a history of significant trauma and loss, and a wary engagement with psychoanalytic authority. Olga, Hans's mother—not Hans—is the central character, around whom considerable anxiety circulates and for whom others struggle to speak. The family of the interviews moves from the liminal spaces of myth and fantasy toward the impress of parental subjectivities, the force of interpersonal realities and trauma. The story remains one of desire and fear, but is much less definitive than the case report, both in the act of its telling and in the mode of its ending.

In the opening of the case report, Freud (1909a) explains that Hans's "parents were both among [his] closest adherents," (p. 6), and that Max Graf shared his observations with Freud in the spirit of "collect[ing] observations of the sexual life of children" (p. 6). Near the

end of his discussion, Freud also mentions in passing that he treated Olga as an adolescent for "a neurosis as a result of a conflict during her girlhood" (p. 141). Freud tells us nothing more about this treatment or about Olga's mental state, or about his relationship with Hans's parents, nor does he tell us anything else of the parents' histories or their social/cultural conditions (see Halpert [2007] for an in-depth historical contextualization).

The nature of Freud's relationship with Max and Olga Graf, as well as their histories, has only recently come to light (and only partially, at that) in the Eissler interviews. Olga was the first to become acquainted with Freud. She was in treatment with him during her courtship with Max.[3] The young couple often took walks during which Olga spoke of her analysis, and Max explains to Eissler that these talks were the impetus for his interest in psychoanalysis. Max also indicates that he and Freud frequented the same coffeehouse, where they often met and discussed psychoanalytic theory.[4]

In his interview with Eissler, Max intones a complex relationship with Freud. Several self-states come forward, but prominent among them is his portrayal of himself as an uncertain young man in search of ideas and counsel. This characterization seems to shadow him as an older man as well, and one can note in the interview what might be described as the kind of regret that haunts an uncertain person. Consider, for example, the indecision that leads Max to consult with Freud before marrying Olga in 1899, and the regret expressed in 1952 as Max reflects back on Freud's advice. Max tells Eissler that Freud advised him to go ahead with the marriage, saying, "By all means marry her, you will have fun!" Max then counters, "Fun I really didn't have, but it is possible I was too young" (M. Graf 1952).

[3] The duration and the dates of this treatment are not reported, and the historical record is unclear. While Freud reports the treatment as having occurred during Olga's adolescence, there is supposition that the treatment was simultaneous with that of Hans's treatment (Katan 1990, p. 23).

[4] Max was interested as a music critic in how psychoanalytic theory might be employed toward an understanding of musical processes. Eventually (around 1900), Freud invited Max to join what would later become the Vienna Society, including among the participants Adler, Stekel, Ferenczi, and Jung. Max regularly attended these weekly meetings for about three years.

One year into the marriage, Max tells Eissler of a consultation during which he told Freud, "Professor, this marriage is not working!" According to Max, Freud seemed surprised but encouraged him to stay in the marriage. It seems that Max spoke of his wish to have children and his hope that having children would help Olga. He does not detail any advice from Freud in this regard. Hans/Herbert, however, in his interview with Eissler, indicates that his mother seems to have believed that Freud did in fact counsel Max to have children. What is more, Hans/Herbert links Freud's counseling presence in his family with the ultimate breakup of the family, telling Eissler: "My mother still has complaints, saying that Freud was not good in her life, and advising my father to have children, and so forth, etc. It more or less broke up, off, ultimately, the marriage" (H. Graf 1955). Max and Olga were married for eighteen years. By his account, Max remained in the marriage only for the children, saying once again to Eissler, with regret, "Only later did I wonder whether it would not have been better, after all, if I had left already earlier" (M. Graf 1952).

In keeping with the uncertainty and unhappiness expressed in regard to his marriage, Max variously describes Olga to Eissler as "restless," "insecure in the company of others," "avoid(ant)," and as "a hysteric, [who] was very focused on herself." At one point, he ponders whether she suffered from depression or something in the manner of social anxiety: "She had inhibitions in her relations with people, to go out." It is as though Max is searching for a vocabulary to describe Olga's states of mind and her disrupted relations with others. In what seems a particularly anguished description, Max reports to Eissler, "There was trouble between my wife and everybody."

Olga's apparent trouble in mind is foreshadowed by a difficult and traumatic history. Blum (2007a, 2007b) deduces from information gleaned from the Eissler interviews, along with what he determines to be a description of Olga in a letter Freud wrote to Fleiss in July 1897, that Olga's father died during her infancy (Blum 2007a, p. 752). Further, Max reports to Eissler that Olga had five siblings, three sisters and two brothers: one sister died young, perhaps of polio; the other sisters are described as beautiful, as is Olga (repeatedly), and both sisters seem to have been performers (a pianist and an actress). One of these sis-

ters—it is not clear which one—made a suicide attempt; both brothers committed suicide by shooting themselves. These descriptions of Olga's siblings are brief and unelaborated. We also learn that Olga suffered a miscarriage before Hans's birth.

How Olga held her history in mind we do not know. How that presumably traumatic history may have been transferred in her relations with her children we also do not know, or know only at a level of stretched deduction. In this way, Eissler, through his lack of inquiry, follows and repeats Freud's representation of Olga. We are granted only limited access to Olga within the case report; she rarely appears as an active or speaking subject. Her experience of mothering and her subjectivity are not elaborated, even though one assumes that Freud may have had some insights to offer in this regard. Instead, Olga is most often discussed as a fraught object of desire, and Hans is repeatedly queried as to his wishes and aims where she is concerned. When she does appear, she is depicted as chastising or threatening (in one case, castration; in another, abandonment), or, in contrast, seeking or assenting to Hans's affection in the form of "coaxing" or caressing.

Contrary to the case report, Olga dominates the Eissler interviews. Like Freud's "unlaid ghost" (p. 122), she is ever present and ever elusive. As Sprengnether (1990) says of the mother in Freud's theory, "Like the spirit of the mournful and unmourned Jocasta, she haunts the house of Oedipus" (p. 5). Both Max and Hans/Herbert speak of Olga as hauntingly "nervous, always nervous," and describe her as an inconsistent wife, mother, and person.

In keeping with these characterizations, Max responds to a question from Eissler as to whether Olga neglected Hans by saying, "Oh, neglected, that would be saying too much. But that she was involved with him the way a mother is involved with a child, that I wouldn't say" (M. Graf 1952). Eissler does not ask Max to elaborate on this assessment, though one gathers from the conversation that Max is referring to his characterization of Olga as often turned in toward herself, preoccupied with her own anxieties and unable to take in another.

Max and Hans/Herbert emphasize this point in speaking about Olga's relationship with her younger daughter, Hanna, who was born in 1906, when Hans was three and one-half years old. It seems the preg-

nancy was unwanted, and it is further implied that Olga would have preferred another boy. Additionally, it appears that Olga may have found it even more difficult to respond to her daughter. Describing neglect and possible abuse, Max tells Eissler that Olga "behaved well toward the boy. She didn't toward the girl . . . . She discarded her" (M. Graf 1952). Max's use of the word *discard* intones a cool indifference, a morbid remove: one discards, throws away, or thrusts aside an object; one *abandons* a person.

In the context of Max's interview, Olga's purported neglect of Hanna is discursively linked with information about Hanna's suicide as a young adult. It is tempting to think about Olga's history and her states of mind, as well as the probable intergenerational transfer of trauma, as they relate to Hanna's suicide. But this manner of deduction is limited in its reach. The information at hand is incomplete and compromised. The members of the family have no way to speak to such interpretations. In particular, Olga would once again become the object of interpretation within a discourse that she had pointedly declined: she wrote to Eissler, saying that Freud "wreaked havoc on us" (M. Graf 1952); she felt that to speak any further on the subject would be too costly to her peace of mind.

It is important to recognize that one is led toward filling in Olga's absence in the case history, as well as her continued absence as a speaking subject in the historical record. In his theory of masculinity, Freud does not position the mother as a speaking subject or the family as a *living* fantastic entity. The family becomes somewhat mute in Freud's discussion of the case—this in contrast to the family voice(s) he captures in the case history. The family in his discussion is rendered as symbolic, but their daily material/fantastic life—the psychic envelope of attachment, mentalization, and desire, as captured in his case history—is not sustained.

In fact, one could argue that the last century's psychological discourse on masculinity hinges on these very absences. I write against a background of work that not only positions the mother as speaking, but as key, as *the key*, to her son's masculine development (Benjamin 1988; Chodorow 1978; Stoller 1965). I write buttressed as well by the nearly century-long redress of Freud's limited attention to the social-psycholog-

ical dimensions of parenting and of maternity in particular (Benjamin 1988; Chasseguet-Smirgel 1976; Chodorow 1978; Fonagy 2001; Fromm and Narváez 1968; Horney 1924, 1926; Klein 1928; Sprengnether 1990). Furthermore, a child's longing to grow, expressed through the complex interplay of parent–child mentalization, has become an increasingly important aspect of our understanding of child psychology (Fonagy et al. 2002; Fonagy and Target 1996).

THE HORSE, II

The impress and impact of unconscious fantasy is not at stake here, nor is the manner in which such fantasy may be saturated with symbolic configurations. What is at stake is how we theorize boyhood and masculinity's origins, if indeed we hold to the possibility of identifying elusive, overdetermined, and enigmatic origins. Freud's "covering law model" (Juarrero 1999), which offers deductive and deterministic, cause-and-effect explanations, has been repeatedly challenged, and oedipal theorizing, both within the annals of psychoanalysis and in the consulting room, has long been on the wane. Theorists point to the ways the oedipal myth is not a trans-historical truth but rather a way of thinking—a narrative, a set of concepts, a form of rationality, historically and variably made. Clinicians, in turn, repeatedly face the ways in which oedipal narration fails to illuminate as often as it succeeds.

In my view, the appeal of oedipal myth is the way in which narratives aid us in coping with common problems and patterns (generational difference, the incest barrier, recognition of the other). Oedipal theory provides a symbolic framework for telling the stories that families tell in order to account for their relations—stories that include narratives about parental union, parental sexuality, childhood sexuality, and conception. Narratives, however, come with and install limits. One narrative is not enough.

One of the pleasures in reading Freud's (1909a) case history of Hans is to track his multiple narratives—his manifold approaches to the feared horse and his varying approaches to the determinants of Hans's anxiety. Similarly, the vicissitudes and unsettled conditions of masculinity captured by Freud through swift-bright empathy is a rare pleasure for the clinical reader.

A quality of affection (identification, attachment, love) colors Freud's clinical writings about men—a quality one rarely notes, or at least rarely with such ease, when Freud is discussing his female patients. He moves on in his writings to present a number of men, a cast of characters, an array of affectively distinct men variable in their masculine subjectivities, and almost to a man well met by Freud (1909b, 1910a, 1910b, 1918, 1925, 1933, 1939).

The range of masculine subject possibilities to which Freud affords attention is perhaps nowhere more apparent than in the notably generative scope of his oedipal template. Lewes (1988) presents an intriguing matrix of the twelve possible solutions to the oedipal complex, and the consequent variety of sexualities and masculinities that can result therefrom (p. 83). Eight of the twelve oedipal solutions configure the gendered social stance of the boy/man as feminine, pointing to the profound phantasmagorical potentialities and structural fecundity of Freud's propositions. As Lewes (1988) argues, the normative oedipal outcome—one position out of twelve—is born out of trauma and compromise, as are all the possible outcomes. The attribution of trauma/pathology to the less expected outcomes follows not on the structural dictates of the theory but, as Lewes (1988) suggests, on the "disguise [of] moral judgment about what is 'natural' as a pseudobiological argument" (p. 82).

Yet judgment has accrued. The expected and repeated conditions of global regularity are equated with that which is natural, that which constitutes well-being. Yes, the "disguise"—and here one is reminded of Riviere's (1929) employment of masquerade in speaking of femininity—points to that which is kept behind or concealed (the variability, the malleability, the unsettled), as moves are made to chart the normative (as natural). But the "disguise" also registers the regulatory power of normative narrative to keep the masquerade in play.

Freud, through his employment of a narrative strategy in his report on Little Hans that follows the slow, deliberate arc and idiom of a mystery, adopts the disguise of the detective. As the detective, Freud (1909a) sorts through clues, multiple interpretations, and symptoms, and moves toward an explanation that can be "proved beyond a shadow of a doubt" (p. 129). Yet a mystery's element of surprise or the promise of the unexpected never lifts off the page.

One is always aware of the authorial hand, and while indeed the narrative arc is presented as a mystery, it is belied by a tale foretold: "Long before he was in the world . . . I had known that a little Hans would come who would be so fond of his mother that he would be bound to feel afraid of his father because of it" (p. 42). Hans was a character in Freud's oedipal narrative before he was a character himself. Hans was predetermined. And he seems to understand this. When following Freud's comment about his destiny, Hans asks, "Does the Professor talk to God, as he can tell all that beforehand?" (p. 42). Freud wisely and wittily indicates that he would be flattered had he not led Hans to such an opinion.

Sidestepping Hans's experience of serving as his mortal model, Freud in his estimable manner perseveres in his effort to capture the intricacies and complexities of his oedipal theory and to position Hans as a normative oedipal boy. But in my view, he does so at a cost: the enigmas and contradictions so central to psychotherapeutic action—and childhood—are too quickly solved. One can work to hold open the unsettled tensions Freud elucidates through the multiple interpretations he offers. But such a reading is an act of counterwill to Freud's will to honor the normative oedipal frame, and to privilege his claim regarding phallic primacy.

Consider how Freud moves from his interpretation of the horse as multiply symbolic (father, mother, parental couple, parental coupling) that he and the father offer at the end of the analysis, and the multiple dynamics he addresses throughout the treatment, as well as multiple interpretations that shaped the psychotherapeutic action, toward one explanatory solution: "Hans really was a little Oedipus who wanted his father 'out of the way,' to get rid of him, so that he might be alone with his beautiful mother and sleep with her" (p. 111). The feared horse, the object of Hans's phobia, is understood in the final, "chief" (p. 112) analysis to represent the father, who would seek reprisal for Hans's patricidal and incestuous wishes. The phobia is understood as a defense or precaution against the development and expression of Hans's aggressive and hostile desires, fueled as they are by the primacy of the phallus. The multiple dynamics of attachment and separation, the psychic envelope, the overdetermined affects that map out the relational contours of this family, and the mentalizing modes that bring them into recognition

(when this occurs), are too quickly glossed in the discussion as Freud moves to fix Hans as a normative oedipal boy.

Increasingly, and in response to the narrowing linearity and predetermination of the normative oedipal narrative, theorists and clinicians focus less on the foreshadowed oedipal outcome and more on the developmental experience of the triangulated oedipal situation (Aron 1995; Benjamin 1995, 1998; Britton 1989; Fonagy and Target 1996). The task, then, becomes one of noting a child's desire as he melds with his attachment experiences, affording him the opportunity to observe others in relation: How does he wish? How does he reach toward another? How does he see others' desiring and reaching? How does he begin to mentalize the minds and desires of others?

What then, we might ask, of Hans's oedipal situation? What of the frame built through the intersubjective bonds of his family? What might Hans have observed from his third position? How might his observations have co-mingled with the embodied desire he felt for his mother and father? How did his experience of thirdness influence his growing subjectivity and masculinity?

In response to such questions, I turn back to the horse. As a modern reader, given the revised historical record, one is drawn to complicate Freud's symbolic reading by reflecting on the contribution of the intersubjective surround. Freud also briefly reflected on the force of this intersubjective field. Pausing in the midst of his symbolic reading, he makes a passing remark with respect to the consequences of reality, one that haunts the modern reader, knowing what we now know about the Graf family. Defending against what he imagines to be the common response to Hans's fears—that they are born out of everyday experience—Freud (1909a) says, "But a neurosis never says foolish things, any more than a dream. When we cannot understand something, we always fall back on abuse. An excellent way of making a task lighter" (p. 27). This remark is made as Freud moves from considering Olga's behavior as a mother, to casting her as symbolic a few paragraphs later.

Given what Freud knew about the Graf family, this statement reads as disavowal, a gap that engenders a split between the psychic action of neurotic fantasy and the intersubjective expressions of trauma. Freud had before him a family in considerable distress, bursting at the seams:

a father who came to him seeking advice on how to live in these deteriorating circumstances; a mother, a former or perhaps ongoing patient, who evidently at this juncture either refused his counsel or was beginning to reject his ideas; and a boy who may indeed have been caught in an unconscious, embodied web of maternal desire and a symbolic face-off with paternal authority (haunted by embodied paternal desire)—but nevertheless a boy who was also likely trying to communicate something about his experience of his family as troubled.

Consider in this regard how Hans/Herbert in his interview with Eissler repeatedly emphasizes the "personal misery" of his parents' unhappiness. He suggests that his parents' deteriorating marriage was the single most influential dimension of his young life. Interestingly, Freud gives no account of Hans's despair in the postscript to the case report, perhaps further demonstrating his disavowal. Noting the divorce, Freud, in his 1922 postscript to his 1909(a) text, portrays Hans as virtually (or even heroically) unmarked: "Not only had he come through his puberty without any damage, but his emotional life had successfully undergone one of the severest of ordeals [the divorce]" (p. 148).

In my view, Hans/Herbert reports/repeats what he calls his misery to point out how Freud's symbolic oedipal reading of his family was limited in its reach—even if we accept Freud's claim that Hans's anxiety followed on repressed erotic longing and that Hans was under the sway of oedipal desire and conflict. One could argue that, despite the breakdown of parental desire, Hans persevered in his oedipal complexities—after all, fantasy need not, and most often does not, follow on daily reality. Yet the failure to complicate such a reading via consideration of the intersubjective surround is to leave Hans an oddly romanticized boy, one who is untroubled by the intrapsychic vagaries of relations, other than those that occur in his pursuit of phallic, sexualized relations. The flavor of this romance seeps into Freud's proud description of Hans's "energetic masculinity with traits of polygamy," a boundless heterosexual desire that Hans "knew how to vary . . . with his varying feminine objects—audaciously aggressive in one case, languishing and bashful in another" (p. 110). Hans pinned as a cad! This problematic romance results in Freud's underilluminated general theory of masculinity: men and boys

are cast as desiring, but the relationality that shapes their desires goes unexplored.

Freud's disavowal of the actual active parenting parents, the mother in particular, sustains the oedipal frame as symbolic and idealized. Yet without a narrative that captures and theorizes a boy's separation from and identification with his mother, or a theory that postulates a symbolic representation of maternality beyond that of an idealized beauty or an idyllic plenitude to which a boy returns, boys and men are left to traffic in women, to construct them outside of mutual recognition, with little or no acknowledgment of the dynamics of separation and dependence that color, construct, and embroider men's and boys' sexualized love relations.

Efforts to bring the mother into the story of boyhood and to amend this desire/relational split have constituted one of the most significant facets of psychoanalytic theory in the last fifty years. This movement, which is largely Anglo-American and is generally traced to Stoller (1965, 1968-1975), continues through the influential feminist revisions of the last two decades (Benjamin 1988, 1995, 1998; Chodorow 1978, 1994), up to and including feminists' engagement with postmodern and queer theories (Butler 1990, 1993, 2000, 2004; Corbett 2001; Dimen 1991, 1995; Dimen and Goldner 2005; Goldner 1991, 2003; Harris 1991; Layton 1998; Silverman 1992), and intersects with the efforts of psychoanalytic developmental theorists (Coates 1997; Fajardo 1998; Fonagy et al. 2002; Harris 2005; Juarrero 1999; Thelen and Smith 1994) and with postmodern rereadings of biology (Fausto-Sterling 2000; Grosz 1994; Laqueur 1990). These Anglo-American theorists have steadily built a theory of gender that rests on the contemplation of a relational-body-mind-social matrix.

Following in this tradition, I view Hans's experience of masculinity—as Freud began to demonstrate, but whittled way—as built through the complex accrual of an infinite array of parent–child exchanges, society–child exchanges, symbol–child exchanges, and body–child exchanges, including his experience of his body and genitals, the observation of morphological sexual differences, and the physiological components of sexual development. This complex process starts to operate at birth (or even before birth, now that a child's sex is often known to a parent

prior to birth) and is crisscrossed by an infinite array of conscious and unconscious meanings and enigmatic messages passed between parent and child.

This developmental theory does not propose an originary moment; gender is built through overdetermined, nonlinear moments. The material body is built, not given and determining. The direction of causality is neither from genital experience to gender nor from gender to genital experience.

Similarly, symbolization is recast; symbols are transferred within a parent-child-body-mind-social matrix. Symbols precede us. Their internalization serves to construct us. Cultural symbols emerge in and merge with relational exchange. Symbols materialize in play or in flashes of fear. The horse, for example—the symbol of desire and fear—would by necessity be read as contingent, both in terms of how the interpretation is offered and how it registers Hans's sexual longing, as well as his wishes for love and relation with his family.

With these thoughts in mind, let us return to the horse. Might we read the falling horse as a beast of burden, as the stumbling and falling family, as the relations crumbling under the weight of two children and a deteriorating marriage? Might we read Hans's description of the commotion of the feared falling horse as indicative of his experience of his parents' relationship, witnessed arguments, fallings out, rows (in fact, *row* is the word Hans uses to describe the troubled horse)? Or might such commotion be the swirling hysteria of four people in a family losing hold?

Similarly, one could view the feared horse's bite as the wound of parental discord, or the bite of Hans's taxed state of mind, or the bite of his mother's castration threats, or the bite of his mother's seeming objections to Freud's ideas. In light of the arguments advanced by Ross (2007) and Wakefield (2007a, 2007b), the horse, especially as Hans elaborates his fantasies of beating it, could be seen as representing a scene of abuse: his mother's beatings of his younger sister. As Ross (2007) points out, might the "row" Hans describes be an echo of Hans's description of the "row" Hanna makes when beaten by her mother? Or could it be the row of Hans's mind as he tries unsuccessfully to mentally outrun the abuse?

Or might one look, as is my view, upon the falling horse as the faltering fantasy of a family weighed down by the heavy load of reality's cart? Could desire ride? Freud's description of childhood, with its emphasis on the child's sexual longing, underplays children's wishes for others to live within relations of love and embodied desire. Might we read the horse as the symbol of maternal desire or paternal authority that cannot keep its footing, flagged as they both are by the effort of going on being? In other words, might the falling horse be desire's breakdown? Was Hans's anxiety less specifically linked with the force of maternal desire and paternal authority, and instead the product of a *lack* of desire and authority—in particular, the authority afforded through desire's going on being?

MASCULINITY FORETOLD, TOLD, RETOLD

I approach these interpretations as questions because in fact that is all they can be. There is at this point no subject who can respond. Furthermore, reinterpreting the symbols of this case would be a move yet farther away from Hans, and would serve to compound a problem that already exists within the treatment as it is reported: a boy read by an authority, a boy with limited recourse to response and limited capacities to elaborate on his thoughts or to confirm the interpretations offered.

Consider in this respect Hans's response to yet another of his father's interpretations of his fear of the father: "*You know everything; I didn't know anything*" (Freud 1909a, p. 90, italics in original). Unlike Freud's wise observation regarding Hans's transference to his godlike authority, this response is held forward as confirmation of Hans's humble smallness in light of his father's knowing bigness. However, wouldn't one be suspicious of such a response? Doesn't the affect suggest frustration and pique? The patient who throws down the gauntlet of his own mind and history ("*I didn't know anything*") is a patient challenging the failure of mutual recognition.

While the relationship depicted between Hans and his father is colored primarily by goodwill and recognition, it is also often marked by the incursion of the stubborn authority of didactic interpretations. Hans

is told; rarely is he met. He is seldom engaged at the level of fantasy—that is, within fantasy as it is played.

Consistently, the complex, overdetermined nature of Hans's associations and responses to his father's interpretations are read as simple confirmation. The complexity of Hans's responses and the perplexity of his account are too quickly interpreted and solved. One is left to wonder where Hans may have taken us if he had been freer to engage his own associations instead of always being immediately faced with his father's *qua* Freud's interpretations. Hans greets these interpretations in various ways, from immediate rejection to assent to rote repetition to muddled confusion to dissociation to irritation to the occasional response that moves toward mutual recognition. For the most part, however, the therapeutic exchange is not an exchange; it is one given in response to Freud's interpretations and inquiries. Are Hans's responses truthful, or is he responding to the demands and acceding to the claims of his interlocutor? Our regret extends to wondering how Hans might have elaborated on his experience in the context of more consistent recognition. And, in turn, how a theory of masculinity might follow nearer to a boy's experience.

One significant consequence and/or illustration that results from this manner of clinical engagement is the way in which masculinity is foretold. While it may unfold in the back and forth of intersubjective space—embedded as such space is in the grip of cultural constitution—it is not told in that multiplying register. Instead, it is told, or more precisely foretold, from the superior position of the father, a position fortressed by the muscle of myth. And heard from the position of the told boy. Masculinity is constructed in a space outside mutual recognition, and bears the indelible stain thereof: the unmarked position, driven (aim over object), hetero-normative, homo-repudiated, unfettered by contingencies of dependence, propped by power, taking, not needing, and left to dominate through the repeated failure of mutual recognition.

Masculinity is foretold, told and retold, instated, regulated, and enforced. What a boy is, what a boy does, what a boy fears, what a boy desires are all introduced to Hans through interpretation. What a boy *is not* is also voiced, as a gender binary is established and employed to police the boundaries of the category.

Now it must be said that Hans appears to have been a boy who, like most boys, did not mind being named as such. It must also be said that Freud and Hans's father were not acting in a manner unlike most fathers. They passed along the cultural terms by which masculinity is normatively recognized, and in this way the case report is a wonderful illustration of how masculinity is inherited, as it were. Cultural norms are enacted, introjected, and reinforced; they are internalized; they shape psychic reality and the coordinates through which masculinity becomes an identity.

Hans does not reject his inscription as masculine, nor does he reject wholesale the forms of rationality by which he is being made intelligible. Indeed, often he seems to feel cared for through such inscription. And here we come upon an intriguing split between that which is said of masculinity by the father and Freud, and that which is transmitted via the affective resonance of the various exchanges. One reads this case often bemusedly, and with goodwill—a set of feelings that I venture might speak to the experience of those involved. In other words, in my view, Hans may have felt helped and cared for less by what was said than by what was affectively transmitted through the tenor and the attention of the interpretations (see Chused [2007] for a similar analysis).

Still, Hans frequently and vigorously challenges his inscription and the propositions upon which it is based, seeking as he does to broaden the category of masculinity—seeking the malleable and multiple. In so doing, he points toward the cost of normative masculine inscription: the repudiation of homosexual desires, the forsaking of fantasmatic cross-gendered identifications, the diminution of dependence and passive desires, and the phallomanic onus of sustaining aim over object.

Freud presents Hans's challenges, often with considerable interest. But in each case, he catalogues these challenges and these affect states as temporary, unschooled, and soon to be resolved as Hans moves toward oedipal resolution and a more normative embodiment of masculinity. Though while Hans generally concedes Freud's points/interpretations, he does not relinquish his beliefs and affects, not even when Freud presumes that Hans has come to a point of resolution or is on the path thereto.

This underestimation of Hans's views reflects the nature of cultural regulation as carried forward by the father. As a consequence, neither the boy nor the father is adequately illuminated. The complex web of their rivalry and aggression is not adequately perplexed by their experiences of dependence and desire. Once again, there is an intriguing gap between, on the one hand, what is theorized through this case history and discussion, and, on the other, the affective resonance (the dependence and desire) that emanates off the pages of the case history in particular.

A theory of masculine embodiment that is forged solely through competition with paternal authority—with little regard for the interplay of identifications, for embodied desire, or for mutual recognition, all of which seek to establish relations with others outside a dynamic of domination—is largely a theory of phallic narcissism *qua* masculinity, and not a theory that can reckon with the range of phallic states beyond penetrative desire, or with relational configurations beyond besotted adoration or domination. Freud's (1909a) narrative of boyhood masculinity, resting as it does on the "primacy of the phallus" (p. 110), narrows the scope of a boy's motivations, underestimates a boy's experience of growth, too quickly systematizes a boy's body, and renders boys as adultomorphic ("Hans has really behaved like a grown-up person in love," p. 18).

A boy's narcissistic and psychically energized investment in his penis, his rivalries with men, and his trafficking in women trump his relational needs. The point here is not to deny the pleasurable experiences a boy has with his penis or the exquisite dominance of such pleasure, or even the possibility of untamed aim (aim unhinged from object love and dependence) when it is in play. Rather, it is to question how such pleasure reflects and radiates, and what and/or who is constructed and encountered through such pleasure. Does it radiate through a boy toward his becoming, as Freud (1909a) suggests, a "young lover" (p. 26) in search of genital union? Does it dominate and thereby create relations? Or is it created within intersubjective exchange and recognition?

Does the penis precede the boy, or does the boy precede the penis? Or might they move forward together through the inter-implication of pleasure, anxiety, and growth? In my view, Hans illustrates over and over again how his relationship to his penis is part of his overarching quest

to grow: "And my widdler will get bigger as I get bigger" (Freud 1909a, p. 34). While I concur with Freud's (1909a) assessment that "it was as though the child's wish to be bigger was concentrated on his genitals" (p. 107), I read the twice-uttered "bigger" as the operative word in that statement of desire, as opposed to Freud's reading, which emphasizes the dispositional push of the penis.

But what does it mean to a boy to be bigger and to have a bigger penis? Freud and Hans's father repeatedly interpret such wishes as expressions of a boy's desire for his mother. Yet Hans repeatedly end-runs such interpretations. He may accede to his father's interpretations regarding his desire for his mother—but Hans's own spontaneous associations are almost exclusively to a father with children or a father who has access to the outside world. In other words, the longing is to be a big father/man who has children and access to the outside world.

Hans repeatedly indicates that his wish is less genital per se than it is generative. Hans, like many boys in my clinical experience, holds fatherhood in mind as a many-faceted experience, and in keeping with my experience, he holds forth the generality of bigness as topmost, and the specifics that follow therefrom come into focus to a greater or lesser extent depending on the boy, the family, and the "current" at play at the time. As Hans illustrates so well, a boy's psychic reality is something more akin to an enigmatic sketch, as opposed to the complete drawing proposed by Freud.

While Freud's structural, symbolic regeneration of masculinity was once seen as the avenue to coherence and well-being, today we are left to question the degree to which such an account is an insufficiently problematized romance. The boy who emerges in Freud's account is a boy who is set apart from women, their bodies, and their affect states, yet vulnerable to—nay, besotted with—their idealized beauty and bounty. He is a boy formed through competition with men and his repudiation of his desire for them. A boy who must endure the oppression of powerful narcissistic men. A boy who is constituted through aim prior to object.

We are left to trouble this account as we cast an eye toward regulatory cultural practices as opposed to structural myths, and as we work as well toward a less determined theorization of masculinity. Masculinity

is being recharacterized as something akin to a force field or chaotic assembly. Sociocultural gender tropes combine with sociofamilial patterns that are further inflected through the contingencies of race, class, and historical epoch. This psychic-socio-familial-historical construction further intertwines with the intricate unfolding of brain, neuron, bone, hormone, and skin. Via this complexed/humbled vision, we are left to speak with less certainty, reckoning still with the mystery of masculinity and the limit of our reach as we move now, a century hence, to consider modern boys and boyhoods.

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FREUD'S RAT MAN FROM THE PERSPECTIVE OF AN EARLY-LIFE VARIANT OF THE OEDIPUS COMPLEX

BY MARVIN P. OSMAN

In the spirit of Freud's invitation to other investigators to elaborate on his "Notes Upon a Case of Obsessional Neurosis" (1909), the author offers additional and differing views on the case of the Rat Man (Dr. Ernst Langer). These views have been informed by the evolution of psychoanalysis over the past 100 years, especially by the perspective provided by an early-life variant on the Oedipus complex (Osman 2000). The author postulates that an important reason for the happy conclusion of this analysis, surprising for its brevity, was that it expedited a mourning process that released a primitive bond to the patient's father, and also, in doing so, facilitated the emergence of a less encumbered and more individuated identity. While accomplishing this, constricting bonds to his late sister Katherine and to his mother were loosened as well.

Keywords: Rat Man, early-life Oedipus complex, psychic fusion, splitting, identity diffusion, compromise formation, mourning, Rat Man, closed-system thinking, guilt.

In his introduction to "Notes Upon a Case of Obsessional Neurosis," Freud (1909) remarked:

> The crumbs of knowledge offered in these pages, though they have been laboriously enough collected, may not in themselves

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> prove very satisfying; but they may serve as a starting-point for the work of other investigators, and common endeavor may bring success which is perhaps beyond the reach of individual effort. [p. 157]

This paper is offered as a response to Freud's invitation to elaborate on his work. In its preparation, I was cognizant of the uncertainties attending a commentary on an unseen patient, and I was mindful that my formulations would have to be regarded as conjectural and indeterminate. Nevertheless, I hope that they will stimulate further consideration of the psychodynamics and treatment of clinical cases exemplified by the Rat Man. Informed by developments in psychoanalysis since Freud's publication, I shall suggest some formulations of his case that differ in significant respects from those he proposed.

In addition to the case material of Freud's published work, I utilize the rich source material from the "Addendum: Original Record of the Case" (see the *Standard Edition* of Freud, Volume 10, 1909, pp. 251-318), which comprises the notes Freud made shortly after the sessions took place. This record includes an introduction by Strachey (pp. 251-258) and is the only instance in all Freud's case studies in which such notes are preserved, so that it provides considerable additional information and understanding about what occurred in the analysis.[1]

My leading impression of the Rat Man—Dr. Ernst Langer (Mahony 1986), to use his real name—was that he had not succeeded sufficiently in establishing a separate identity from his significant objects. This was suggested, for example, by his conviction that his parents knew what he was thinking[2] and by his concrete mode of thought, which are common manifestations of incomplete separation-individuation. His exorbitant fear that his aggressive impulses would cause serious harm to his objects and thereby result in their abandonment of him in part followed from a deficiency in his ability to think symbolically (Segal 1957)—a conse-

[1] I do not address the intriguing subject of the psychoanalytic technique employed by Freud in this case (other than in my remarks about his feeding the patient), which has been commented upon by a bevy of analysts, such as Grunberger (1966), Kanzer (1952), Lipton (1977), and Zetzel (1966).

[2] The Rat Man felt his psychic illness stemmed from his holding this belief (p. 162). In fact, the belief that his parents "guessed his thoughts" persisted up to the time of his analysis (p. 178).

quence, in turn, of experiencing himself as fused or partially fused with his objects. Therefore, he tended to equate fantasy with what would take place in reality. As he put it, "I had an uncanny feeling as though something must happen if I thought such things, as though I must do all sorts of things to prevent it" (p. 162).

Hence, it wasn't the case that the Rat Man's conscience simply made him a coward (to paraphrase Shakespeare 1600, 3.1); rather, his superego led him to consider his imaginative aggressive and destructive musings and fantasies as equivalent to violent happenings occurring in reality, a view that—understandably—is likely to induce anxiety, even terror, in anyone so predisposed. These dynamics underlay his fear of his own aggression ("of his blows," Freud 1909, p. 206).

EXPRESSION OF THE SELF VIEWED AS HARMFUL, EVEN MURDEROUS

In another paper (Osman 2000), I expounded upon the psychodynamics of an archaic variant of the Oedipus complex, which when applied to the Rat Man case, I believe, helps illuminate its meaning. The manifestations of this complex are likely to be more easily discerned where there are primitive and concrete modes of thinking. In those instances, there is an incomplete resolution of the early-life separation-individuation process (Mahler, Pine, and Bergman 1975), and arrests or retardations are often manifested with what can be conceptualized, to varying degrees, as a self-object fusion. This is associated with a psychic closed-system perspective of limited shared resources. That is, according to this psychic matrix, bodily and psychic resources of the self and its objects are inseparable, and since resources are thought to derive from a common pool, development and delineation of the self, along with independent functioning, are regarded as directly correlated with the diminishment of the share of important objects, such as parents or other family members. Thus, self-expression is likely to produce conflict, either causing inhibition (especially when there is a likely outcome of success or triumph), or risking intrapsychic or external retaliation or punishment (often actually occurring as an enactment), and even the loss of or abandonment by an indispensable object.

Hence, this archaic Oedipus complex,[3] as in the succeeding Oedipus complex proper, occurs within a psychic field on which a triadic drama unfolds. The three protagonists are mother (in her role as the supposedly possessive one), father (in his role as model and facilitator of the romance with the world) and child, whose development, insofar as it is thought to be derived from a common pool of resources, takes place under dangerous circumstances.

Modell (1965) first aroused my interest in the theme of differentiation of the self being accompanied by guilt and the expectation of or need for punishment. He describes two patients who lacked a sense of deserving the right to an independent life. Modell suggests:

> The belief that one does not have the right to a life is a derivative of what I would like to call separation guilt. For the right to a life really means the right to a separate existence . . . . Separation from the maternal object in these people is unconsciously perceived as causing the death of the mother; to obtain something for oneself, to lead to a separate existence, is perceived as depriving the mother of her basic substance. [pp. 328, 330]

In a later publication, Modell (1971) refers to this dynamic as not confined to a particular diagnostic category, but as representative of "fundamental human conflict" (p. 340). In addition, he alludes to survivor guilt as resulting not only from a reaction to the death of a family member, but also from the view that there is only so much "good" to go around within the family: "If fate has dealt harshly with other members of the family, the survivor may experience guilt as he has obtained more than his share of the 'good'" (1971, p. 340).

This variant was exquisitely illustrated in a case described by Loewald (1979), who analyzed a young man unable to make progress in writing his doctoral thesis because he unconsciously expected his creative powers—as an expression of his life spirit—to correspondingly draw the life substance from his father and, in fact, to be tantamount to his father's murder.

[3] This early-life version of the Oedipus complex is only one of what might be regarded as archaic variants of the Oedipus complex, or of those psychic constellations deemed to be forerunners of the Oedipus complex proper. For example, it is distinct from the early Oedipus complex as described by Klein (1928) and her followers, as well as from the complex described by Chasseguet-Smirgel (1975).

I postulate that the Rat Man's (Dr. Ernst Langer's) symptomatology was derived, as suggested above, from a psychic perspective in which primitive thinking caused him to view his substance as commingled with that of his significant objects. This in turn led him to experience any accretion of his own strength or growth as having been extracted from the very essence of significant others.

Phil, a patient of mine, provided another example of these dynamics. In his employment, he was sometimes engaged as a leader in an assignment in a distant city. On returning to his hotel room one night, exhilarated by a sense of achievement after a solid day's work, he found himself masturbating with the fantasy of a powerful older man holding down a younger man. Following orgasm, the previous exhilaration was replaced by depressive musings.

Later, Phil and I understood that the older man in his fantasy represented the analyst in the role of a punitive parent who dominated a representative of the patient as the younger man. Since Phil viewed himself as psychically operating within the confines of a closed system in which he and his objects shared finite resources, he fantasized that the exercise of his powers that day, while away from his analysis, had inflicted a damaging blow upon the analyst/parent. This belief evoked anxiety as he irrationally assumed that an unbridled aggression had been released by his successful self-assertion. Fearing that devastating consequences would follow, he was impelled to elevate the powers of his supposed adversary. Hence Phil unconsciously experienced his self-expression as threatening the availability of the emotional resources provided by the analyst/parent, on which he desperately depended, and therefore the latter's hegemony over him and the primitive bond holding them together had to be convincingly revived and safeguarded.

I shall endeavor to demonstrate that these psychodynamics apply to the neurosis of the Rat Man as well.

THE ROLE OF THE RAT MAN'S UNRESOLVED MOURNING FOR HIS FATHER

My formulation of this case focuses, as did Freud's, on unresolved mourning as a major factor inhibiting the Rat Man's psychic growth. Freud was astonished to learn, after the patient had made repeated ref-

erences to his father's emotional importance in his current life, that his father had actually died nine years previously (1909, p. 162). This important role of the father in his contemporary life suggests that Ernst (the Rat Man), although intellectually aware of his father's death, was emotionally denying it. Thus, he continued to be significantly influenced by his father intrapsychically, maintaining a vital fealty to him.

This fealty was responsible for what Erikson (1968) referred to as *identity diffusion*. A split-off part of Ernst's mind was invested in maintaining an emotional involvement with the internalized father, and what remained of his mind was left to falteringly pursue his life under a cloud of survivor guilt. This helps explain the tormenting procrastination that characterized his studies and permeated his entire life experience. It would also account for his compulsive impulses to harm himself by cutting his own throat. It was as though his duty was to join his father in death, and therefore his strivings in a separate realm were felt to be inimical to the intrapsychic father. As a result, he was likely to subject himself to repeated barriers in his endeavors, and he was vulnerable to self-punishing attacks.

That there was a conflict between Ernst's aspirations to prepare for his profession and an irrational need to maintain the primitive link to his father was suggested by a set of compulsive intrapsychic commands, which he thought emanated from his father. Freud described this as follows:

> Just as he was in the middle of a very hard piece of work the idea had occurred to him. "If you received a command to take your [professional] examination this term at the first possible opportunity, you might manage to obey it. But if you were commanded to cut your throat . . . what then?" He had at once become aware that this command had already been given, and was hurrying to the cupboard to fetch his razor. [Freud 1909, p. 187]

It is my surmise that the first command from the ambivalent internalized father coincided with the Rat Man's aspiration of professionally advancing himself by taking his examination, but, insofar as it threatened the intrapsychic father, it had called forth a second punitive command to cut his own throat.

Then there followed an additional, third command. "'No, it's not so simple as that. You must go and kill the old woman' [his love's grandmother, with whom she was staying at the time]" (p. 187). The command to kill the old woman, I believe, served as an alternative to injuring himself. It unconsciously conveyed an injunction to Ernst, a product of concrete thinking, to free himself from fusion with a representative parental figure who was experienced, from his closed-system perspective, as interfering with his independent functioning. Apparently, by severing the psychic fetters binding him, he would be freer in pursuing his professional objectives.

Freud, in contrast, hypothesized that Ernst was caught up in a powerful unconscious impulse to dispose of the old lady, whose illness caused her granddaughter to leave Ernst and visit with her, depriving him of the young woman's company. The choice of the old lady as representative of an interfering parent may have been determined by this frustrating turn of events in the present, but I believe that another, more significant determinant fueled this intrapsychic drama. Where there is primitive, concrete thinking, there is often a need to actively and immediately clear the way for the independent pursuit of an aspiration. Hence, in this case, there may have been an irrational belief that the wished-for capability of mature functioning could be instantaneously attained, as if by magic, merely by taking a simple concrete action, and thereby neatly bypassing what in reality requires the traversal of a complex developmental course.[4]

I believe that this kind of singular, primary-process thinking underlies the command to Ernst to kill the old woman. While Ernst ini-

[4] Apropos of this phenomenon, I am aware of the legal case of a 15-year-old schizophrenic boy who not only had a powerful desire to photograph the naked bodies of girls and then have sex with them, but also, in a bizarre effort to enact this, even took the extreme measure of climbing down the chimney of a house where he knew a particular girl lived. Six weeks later, he murdered his own mother. In the boy's primitively concrete thinking, this drastic deed was necessary in order for him to free himself from psychic union with her; he believed that only by killing her could he establish the state of separateness and independent functioning that would permit him to realize his goals. It should be noted that the Rat Man, too, had strong desires to see girls naked, and while experiencing this desire, he had an uncanny feeling that such thoughts would bring about something terrible (such as his father's death)—reminiscent of the 15-year-old boy's lethal destructiveness (Freud 1909, p. 162).

tially felt bound to obey the injunction to cut his own throat, he was spared this by the successive, "horrifying" command to instead kill the old woman. An alternative route was opened up to him, self-preservative and ostensibly productive in severing the psychic fusion with a parental figure. Although the command to Ernst to cut his own throat preceded the command to kill the old woman, Freud—believing this backward order of commands to be not unusual in cases of obsessional thinking—postulated that the former command in fact represented a punishment for the latter one. In my view, however, the latter command offered the Rat Man a more thoroughgoing and efficacious alternative to cutting his own throat.

There is additional evidence for the above formulation. When Ernst was twelve years old, he had been in love with a little girl who had not shown him as much affection as he desired, and the idea came to him that she would be kind to him if some misfortune were to befall him. As an instance of such a misfortune, his father's death forced itself upon his mind (p. 178). Freud interpreted this in accordance with the Oedipus complex—that is, as representing a wish that his father, a competitor, be disposed of. I propose that, in addition, Ernst may have had an unconscious desire for his father to die as a means of liberating himself from psychic fusion with him, which would enable him to better pursue winning the girl's favor.

This surmise is further corroborated by a similar thought that flashed through Ernst's mind six months prior to his father's death. On that occasion, it was even more apparent that the death of his father would clear the way for the realization of his desire to establish a bond with a woman, for it occurred to him that his father's death might make him rich enough to marry the woman he admired. As a punishment for having this thought, he then wished that his father would not leave him any inheritance at all, so that he might not gain any benefit from an event that should be regarded as a terrible loss (p. 179), and one for which he would regard himself as responsible.

A vivid example of Ernst's continuing interactions with his late father took place when Ernst repeatedly engaged in curious behavior while

studying for exams late into the night. I believe that this behavior had the purpose of effecting a compromise that enabled him to ease his "obstinate incapacity to work" (p. 199). After midnight, when he believed the ghosts of the dead to be abroad, he would open his door to the outside, fantasizing that his father was standing there. Then he would come back into the hall, take out his penis, and gaze at it in the looking glass. Freud thought that Ernst was thinking of the fact that his dead father, though delighted to find his son hard at work, would also have been unhappy with this behavior in front of the mirror, which appeared to Freud as an act of defiance. Thus, in Freud's view, this behavior expressed "two sides of his relationship with his father" (p. 204).

In contrast, I regard Ernst's compulsion as a compromise of conflicting strivings. On the one hand, there was a desire to improve himself through study, unconsciously viewed as equivalent to betraying, depleting, and/or killing father, and, on the other hand, there was a desire to preserve his father in consonance with his filial duty. There was thus a need to counter the supposed depredation caused by his studying through the device of bringing father back to life in fantasy—not as a diminished figure, but rather as a formidable authoritarian man who disapproved of Ernst's defiant preoccupation with his penis. While there was a suggestion of bravado in his observing his penis, seemingly as a means of demonstrating his manliness and capacity to be independent, it appears to have been simultaneously calculated to provoke his father's fury.

Ernst was thus engaged in an enactment with the intrapsychic father, suggestive of what has been referred to as "criminality from a sense of guilt" (Freud 1916, p. 333). The greater "crime" was Ernst's endeavor to advance himself in his studies, presumably at his father's expense; his lesser "crime" was the provocative exhibition of his penis. Thus, his anxiety was eased by this compromise, which was effected through a split in the ego. One product of the split was a self-representation of being properly chastised and subordinated by his father, now reinstalled in his appropriate role of authority, while the other split-off product was a self-representation emboldened to pursue his studies with relative impunity.

Thus, it would appear that Ernst was able to devise the necessary psychic circumstances for a permissible exercise of his powers, thereby lessening the problem of his "obstinate incapacity to work" (Freud 1909, p. 199).[5]

This compromise formation of Ernst's compares with that of my patient Phil's, alluded to above, who, while engaged in a challenging project at his work, became erotically preoccupied with the protruding abdomen of a male co-worker in his group. The intense eroticism radiating from this belly, while constituting the center of Phil's sexual interest, produced a sense of being drained of his own masculinity. At the same time, it had the contrary effect of freeing him to function more effectively in his work.

Currently, in the transference, there was an ongoing triadic drama involving the patient, the analyst, and his work project. A temporary separation from me, necessitated by Phil's employment, produced an irrational sense of being unfaithful and causing me actual harm. The thought of his co-worker's protruding abdomen, however, eased this tension through symbolizing a pregnant body. It represented a view of the patient as fetus, a split-off aspect of himself, which was united with his mother/analyst; thus, the big, "pregnant" belly produced a link with the analyst/mother that could be seen as intact and inviolable. Since this bond was therefore symbolically preserved in his intrapsychic world, Phil then felt freer to effectively pursue his business activities, more secure in the belief that they would not imperil an indispensable object relationship.

In this case, as I believe also in that of the Rat Man, the psyche had worked out an ingenious compromise that safeguarded bonds with representations of the internal parents, thereby providing a welcome sense of serenity. Without these bonds, Phil would have been inclined to shrink from independent functioning. One could say that the protruding belly of my patient's co-worker and Ernst's image of his father

[5] This formulation calls to mind a patient of Gabbard's (2001), who, following his father's death, needed to perform self-tormenting rituals in order to function at work. "His unconscious conviction [was] that he had caused his father's death because of the intensity of his anger. A variety of rituals, including driving to work and back as many as eight or ten times, were designed to undo the death" (pp. 216-217). I suggest that driving to work was viewed as a repetition of the patient's father's "murder," while driving back represented the undoing of the crime.

as a revived authoritarian figure both functioned as fetishes, serving as necessary preconditions for the two subjects to function effectively in their work/studies.

The Rat Man experienced the ecstasy of copulation for the first time several years after his father's death, and he had the idea that "This is glorious! One might murder one's father for this!" (Freud 1909, p. 201). Freud felt this indicated that something in the sphere of sexuality created a barrier between father and son. In my view, Ernst's association to his father's death at the time of his first sexual intercourse had additional implications transcending its sexual significance. We know that one's first act of sexual intercourse often represents something akin to an initiation into adulthood. Because of Ernst's closed-system psychic structure, his first sexual intercourse, in its equation with growth, drained a common pool of resources and thus represented a violent attack on his father, still intrapsychically alive.

The case of Phil, who was psychically fused with his parents, I believe, strikingly illustrates this psychodynamic as well. Shortly before his anticipated first sexual intercourse with a desirable woman, who was aggressively pursuing him, he reported a dream in which both his parents were hatcheted to death. As he was awakening, he had the thought that he "had always known it would come to this." Sexual intercourse represented an expression of himself as an individuated person; this manifestation of his separate identity was represented in concrete terms as equivalent to the violent deaths of his parents, as he had always thought would be the case.

This patient's experience helps inform my view that the Rat Man's initial sexual intercourse represented for him not only an impermissible competition with father pertaining to the Oedipus complex proper, but also, at a more primitive and concrete level of thought, an emancipation from the parent. This was perceived as a violent bodily separation from father and an attack upon him of lethal proportions. The sexual experience was so "glorious," however, that Ernst, like Phil, realized how one might be willing to murder one's parent(s) for it.

About eighteen months after his father's death, an event occurred that stirred Ernst to considerable turmoil and guilt, further indicating a need to inhibit himself in pursuing a productive life separate from

his father. His uncle, grieving on the occasion of the loss of his wife, said, "I lived for this woman alone, whereas other men amuse themselves elsewhere" (p. 274). Ernst assumed that, in referring to other men, his uncle was suggesting that Ernst's father had been unfaithful to his mother. Even though his uncle vociferously denied this assumption, it still had the tormenting effect of somehow causing Ernst himself to feel like a criminal for neglecting his father.

Freud assumed that Ernst's self-incrimination, induced by this episode, was a result of its further intensifying his conflict over hating his father (p. 175). Additionally, I believe that Ernst, in reacting to his uncle's remark on the occasion of a family member's death (an event reminiscent of his father's death), unconsciously identified himself as being the unfaithful one (to his father). However, stimulated by his uncle's supposed intimation, he attempted to defend himself from a potentially intolerable self-incrimination by projecting this unfaithfulness onto his father.

Moreover, Ernst focused his self-chastisement on a very specific, concrete issue: his not having been available to his father at the precise time of his death (p. 174). This constituted a typical obsessional displacement, enabling him to deny the realization that he felt unfaithful toward his father in a broader sense—that is, for not having joined him in death but instead chose to go on, however haltingly, with his own life. Thus, from this point on, a serious incapacity to work ensued, apparently due to Ernst's consideration of his advancement in life as correlated with his father's diminishment. As indicated above, Ernst was able to engage only a part of his mind in living his own life, while the remainder was psychically bound up in a primitive fealty to his father.

THE RAT MAN REGARDS HIS PHALLIC THRUST TO BE DANGEROUS

Ernst's conflict over his phallic self-expression was well demonstrated by an episode in which he suffered obsessional agony while saying his prayers. This suggested considerable conflict over acknowledging and giving vent to his sexual impulses. As Strachey notes in his introduction to the "Original Record of the Case":

> He had made up prayers for himself which took up more and more time and eventually lasted for an hour-and-a-half, the reason being that something always inserted itself into the simple phrases and turned them into their opposite, e.g., "May God-not-protect him". . . . [Freud] explained the fundamental uncertainty of all measures of reassurance because what is being fought against gradually slips into them. [Freud 1909, p. 260]

Freud was pointing out here that all Ernst's prayers to reassure the Almighty of his obeisance and respect came to nothing, since they were countered by a contrary, ego-dystonic, and hostile impulse to defy and offend. Elaborating Freud's explanation, I suggest that the inserting and slipping in of the contrary impulse represented a phallic thrust. While the prayers constituted an affirmation of his deferential unity with divine authority, inasmuch as they limited or circumvented his independent self-expression, they were also subject to intrusion and opposition by a contrary aspiration to be liberated in his masculinity; despite his defenses, impulses to experience himself as in possession of his own genital and of the exercise of its capacity to slip inside were not to be denied. Since this conflict persisted, Ernst was finally reduced to resolving his misery by giving up his prayers and replacing them with the ritual of reciting an acronym made up of the initial letters or syllables of various prayers. He could then recite this formula so quickly that nothing else could slip inside.

Indicative of conflict over his phallic self-expression (and therefore corroboratory of the above formulation) were Ernst's associations during the same session in which this was discussed, which suggested that "his evil wishes possessed power, and this was confirmed by real experience" (pp. 260-261). Here Freud is referring to the first time Ernst went to a sanitarium, when he had a room next to a girl with whom he had sexual relations. When he went to the sanitarium a second time, the girl told him that a professor had already taken that room. Ernst thought, "I wish he [the professor] may be struck dead for it" (p. 234). A fortnight later, Ernst was disturbed in his sleep by the thought of a corpse, and in the morning he heard that the professor had really had a stroke. This incident seemingly intensified his irrational belief that his phallic strivings were dangerous (p. 261).

As one might assume, Ernst was inhibited in masturbating. Though he had rarely engaged in it during puberty, shortly after his father's death, he felt impelled to do so. Each time he masturbated, however, he suffered great shame and swore not to do it again. Although usually able to abstain, there were exceptions when "he experienced especially fine moments or when he read especially fine passages" (p. 203). Masturbation once occurred, for example, when Ernst was in the middle of Vienna and heard a postilion blowing his horn "in the most wonderful way" (p. 203), until the postilion was silenced by a policeman. On another occasion, it occurred while he was reading in *Dichtung und Wahrheit* (Goethe's autobiography) that the young Goethe had freed himself from the effects of a curse, which a jealous mistress had pronounced upon the next woman after her who kissed his lips; Goethe had for a long time superstitiously allowed this curse to hold him back, but now, with overwhelming emotion, he broke free of it and kissed another woman passionately.

In response to Ernst's puzzlement over his having selected such grand occasions to feel impelled to masturbate, Freud pointed to the fact that these two occasions had something in common: "a prohibition and the defiance of a command" (pp. 203-204). I would like to suggest a more textured response. Aside from masturbation causing guilt and shame as a result of conflict stemming from the Oedipus complex proper, in young persons, it is also likely to engender concerns over engaging in an act that in effect proclaims a separate identity. Masturbation can have the imagined effect of diminishing primitive psychological bonds, since young people, especially of a primitive cast of mind, are less likely to regard themselves as mere appendages of parents when vitally experiencing themselves through gratification by their own genital. In effect, a sense of liberation is likely to ensue from the explicit acknowledgment of being in possession of one's own sexual organ.

How, then, was Ernst—who at age six "suffered so much from having erections" (p. 161) that he felt compelled to go to his mother to complain about them, or to confess his actions—enabled to overcome his inhibitions sufficiently to masturbate at all, and especially on these occasions? My surmise is that, at each of these two "fine moments," Ernst identified with persons who were able to liberate themselves from confining bonds to objects, thus enabling them to exultantly give rein to

self-expression. In this way, they overcame what Ernst saw as unreasonable but powerful strictures that had been holding them hostage. Identifying with these persons empowered Ernst to release himself from his own constraints—that is, from his irrational belief that masturbation would result in endangering his parents or compromising his relationship with them.

THE ROLE OF THE RAT MAN'S UNRESOLVED MOURNING FOR HIS SISTER

In addition to Ernst's conflicted relationship with his father, I believe that unresolved mourning over the death of his eight-year-old sister when he was three and a half was a significant factor in blighting his life spirit. Of course, children are not likely to have adequate psychological resources for successful mourning, and hence it is not uncommon that they, like some adults, sustain an emotional bond with the lost object by displacing allegiance onto another person who is identified with the lost one. It is a displacement from Ernst's sister Katherine to another person bearing similar characteristics that, I believe, helps explain the puzzling resiliency of his romantic relationship with his cousin Gisela.

When I first read this case study, I wondered why Ernst, though evidencing extreme ambivalence, nevertheless remained faithful to this woman who manifested many faults, including an inability to bear children, frequent illnesses, and a frustrating proclivity to spurn his invitations for greater emotional involvement. At times, he seemed tempted by more desirable and younger women, but nevertheless remained fundamentally loyal to Gisela.

Zetzel (1966) shed light on this mystery by pointing out that, while undoubtedly the unresolved mourning over his father's death contributed to Ernst's neurosis, the much earlier death of his sister was of comparable importance. (I might add that it was also probably responsible for potentiating the later deleterious effects of the father's death.) Zetzel averred:

> There is a wealth of material in the Original Record to support the hypothesis that the Rat Man's persistent attachment to his ailing cousin represented an over-determined, necessarily ambiv-

> alent effort to revive his sister as he recalled her, namely as an increasingly tired little girl, who was finally carried to the room in which she was to die. Recovery of this lost object entailed sacrifice, that is, a substantial renouncement of libidinal wishes. [Zetzel 1966, p. 127]

Furthermore, Zetzel alludes to a dream described in the "Original Record of the Case" that seems pertinent to this theme. The dream features another of Ernst's sisters, Gerda, who in the dream is very ill. A friend tells Ernst, "You can only save your sister by renouncing all sexual pleasure" (Freud 1909, p. 272). I suggest that Gerda in the dream represents a condensation of both his sister Katherine and the object of his romantic love, Gisela. Since my conjecture, with Zetzel, is that Ernst was required to sustain his psychic allegiance to Gisela as Katherine's contemporary representative, it follows that in doing so, he was renouncing sexual pleasure. Zetzel points to the fact of Gisela's sterility and her periods of illness during which it may be assumed she was unavailable for sexual intercourse.

Also, it should be noted that Ernst was unable to become sexually aroused by Gisela. During one of her illnesses, feeling sympathetic when he saw her lying on the sofa, he suddenly had the "wish that she might lie like that forever" (Freud 1909, p. 194). Zetzel, while not excluding Freud's reading of this as indicative of a desire to render her defenseless and more amenable to his wishes, suggested that this thought intimated a fear of loss—that is, a current reliving of what he had experienced with his sister, who was not able to keep lying where she was, but instead was carried off to die. Furthermore, insofar as Gisela represented Katherine, the legacy of the past may have triggered not only the fear of losing her, but also, in his ambivalence, the wish that he could be done with her.

Freud believed that Ernst, as a result of sibling rivalry death wishes, regarded himself as the cause of his sister's death (p. 206, n1). While in the midst of discussing Katherine's death (p. 299), Ernst provided corroboration for this hypothesis by recalling the suicide of a dressmaker employed by his family. Ernst had made aggressive sexual advances toward the dressmaker, but then caused her to despair by flatly refusing to declare he was fond of her. He suffered considerable remorse after she

killed herself because he believed that she would not have done so if he had responded to her more positively (p. 300).

A further suggestion of Ernst's belief that he was implicated in his sister's death is evidenced by his memory of having done something naughty at about the time that she died, for which his father gave him a beating. (One might speculate that he had provoked his father to punish him [pp. 278-279].) Although he flew into a monumental rage at his father at the time, from that moment on, Ernst was a coward out of fear of the violence of his own rage. He was terribly "afraid of blows," and used to creep away and hide, filled with terror and indignation, when one of his brothers or sisters was beaten (p. 206); even as an adult, he remained afraid of violence.

It would appear that, by establishing a bond of devotion with a sickly cousin (who stood for an important early-life object), Ernst not only endeavored to make restitution to his sister by psychically reviving her and reinstating their relationship, but also attempted—and to a degree succeeded—in sustaining an emotional denial of her death, thereby obviating the pain of mourning. The importance of these unconscious designs is suggested by the steadfastness with which he maintained the link with his cousin Gisela, despite his feelings of being "liberated" from her at times, and even relieved at the opportunity to be away from her (p. 272).

SUSTAINING A CONSTRICTING BOND WITH MOTHER

In Ernst's psyche, his cousin Gisela was not confined to the role of representing the departed Katherine. There is abundant evidence that she was also the bearer of a psychic displacement from his mother. Therefore, his faithfulness to Gisela, despite the intense ambivalence she inspired, was seemingly also founded on an incomplete psychic separation from his mother.

At the time he wrote about this case, Freud was focusing on the intricacies of the father complex, and had not yet turned much attention to the role of the mother in the child's early life. It fell to analysts of a later generation (Beigler 1975; Blacker and Abraham 1982–1983; Holland

1975; Zetzel 1966) to stress the importance of the mother in influencing the Rat Man's neurosis.

As evidence of Freud's neglect of the mother in this case, Blacker and Abraham (1982–1983) point out that Ernst's mother is mentioned forty-one times in the Original Record of the Case, but appears on only eight occasions in the published case. Thus, references to mother dominated over those to father in Freud's working notes, while the reverse is true in the published work. Absent from the published paper is any allusion to Ernst's having had to consult his mother about commencing his analysis. He had turned over his money (the inheritance from his father) to her to control (Freud 1909, p. 297). This abdication provides additional corroboration of his need to restrict his own power, noted earlier in regard to his father and here enacted with his mother. By allowing her to control his money, he reduced what he considered his dangerous psychic thrust while simultaneously augmenting her hegemony over him.[6]

I noted above that Ernst's intense reaction to his uncle's remark on the occasion of his aunt's death—"I lived for this woman alone, whereas other men amuse themselves elsewhere" (p. 274)—had the effect of mobilizing his guilt over not having remained sufficiently faithful to his father. Blacker and Abraham (1982–1983), in addition, make the case that the remark could just as well have stirred up guilt in Ernst over not having been sufficiently faithful to his mother. For example, he had been openly rebelling against his mother by philandering with various young women, to her open displeasure. Upon Ernst's report of a dream (appearing only in the Original Record) that Freud's mother had died, and that, while offering his condolences to Freud, Ernst became terrified that he might burst out in an insolent laugh, Freud asked him: "Hasn't it occurred to you that if your mother died, you would be freed from all conflicts, since you would be able to marry?" Ernst's response was electric: "You are forcing me into this, because you want to revenge yourself

[6] Freud not only describes the Rat Man's dependence on his mother, but also suggests his inhibition over allowing himself to appropriate what he regarded as still belonging to his father. I believe these qualms corroborate a broader supposition that Ernst considered whatever he possessed as having been gained at his father's expense. He was tormented by fears of misplacing or losing any object that had belonged to his father or to Gisela (p. 266).

on me." Escaping from Freud by walking about the room, Ernst beat himself with his fists (pp. 283-284).

This response suggests that Ernst saw Freud in the transference as the incarnation of a vengeful mother, intent upon punishing him for harboring disloyal and destructive wishes toward her. This may be additional evidence that he considered the fulfillment of masculine aspirations equivalent to destructively diminishing his mother.

OBSESSIVE ANGST PROPELS THE RAT MAN ONTO FREUD'S COUCH

Particularly revealing of the psychodynamics of Ernst's disorder was the agony of indecision that occurred following his military maneuvers, which precipitated his going to Freud for help. The instigating events for this anguish were the loss of his pince-nez, his receiving another pair from his optician, and the necessity of paying for their delivery charges.

During the military maneuvers, Ernst was distressed when he heard about a kind of Chinese torture involving rats. He was told of this by a captain of whom he had a kind of dread, "for he was obviously fond of cruelty" (p. 160). Freud noted the horror of Ernst's own "pleasure"—of which the young man was unaware—as he reluctantly described the torture, in which rats were put into a pot and turned upside down onto the buttocks of the victim (p. 167). At that moment, the idea flashed through Ernst's mind that this was happening to a person who was very dear to him—his cousin Gisela. Later, he acknowledged with extreme difficulty that in his mind a second victim was subjected to this torture—his father (p. 167).

On the evening of his being told about the torture, this same captain handed Ernst a packet containing the new pince-nez and told him: "Lieutenant A has paid the charges for you. You must pay him back" (p. 168). At that very moment, however, a "sanction" came into Ernst's mind, to the effect that he was *not* to repay the money or his fantasy about his father and Gisela as victims of the rat torture would come true. It was at this point that Ernst experienced a contradictory inner command: "You must pay back the 3.80 crowns to Lieutenant A" (p. 168).

However, this command was absurd, since a few hours before, another captain had told Ernst how the matter of payment for the pince-

nez actually stood. This officer stated that he had been at the post office when a young lady employee asked him if he knew Ernst. She then told the officer about the arrival of the packet containing the pince-nez, adding that she had previously formed such a good opinion of Ernst that she felt he could be trusted (pp. 172-173); in fact, it was she who had paid the charges for Ernst, not Lieutenant A. It was in spite of Ernst's knowledge of this that he made the irrational vow to repay Lieutenant A that would subsequently torment him.

Thus, Ernst believed that the young woman in the post office might have some interest in him. In addition, Freud noted that Ernst, after a delay, finally acknowledged that the daughter of an innkeeper had encouraged his attentions toward her as well, and—with his sexual drive enhanced by an enforced period of abstinence—he had thought of going to the inn (which was located near the post office) after the military maneuvers were over, to try his luck with her. Thus, Freud felt there was a reason for Ernst's subsequent indecision about whether to travel on to his home in Vienna or to go back to the post office. In Freud's view, the indecision represented an unconscious conflict over whether to sustain his faithfulness to Gisela by returning home, or to seek out other female companionship (the woman in the post office or the innkeeper's daughter who lived nearby). Therefore, according to Freud, the resolve to go back to the post office was rationalized by the necessity to fulfill his promise to pay Lieutenant A, but in reality, it stemmed from his desire to have a tryst with a girl (pp. 211-212).

Freud deduced that one of the many meanings of the rats emerging from Ernst's unconscious was their representation of children. The fact that Ernst's chosen love, Gisela, was unable to have children caused him to feel considerable ambivalence toward her. At the same time, the cruel captain who had told the rat torture story seemed to represent in Ernst's mind the father who had punished him in early childhood. Freud surmised that Ernst—realizing that the captain was mistaken in telling him to repay the delivery charges to Lieutenant A—had, out of "the stirring of his father-complex," formed the following reply in his mind: "As sure as my father or the lady can have children, I'll pay back the money!" (p. 218).

But now, having insulted the two persons dearest to him, his father and Gisela, Ernst regarded himself to be a criminal and deserving of

punishment. Freud postulated that the penalty consisted of his being bound by a vow that was impossible for him to fulfill (p. 218). Later in the case study, however, Freud shifted his emphasis regarding the meaning of Ernst's indecision about going on to Vienna. At first, he alluded to conflict over returning to his lover versus having a rendezvous with another woman. Later, Freud emphasized conflict over returning to his lover versus remaining obedient to his father by fulfilling a vow to repay a representation of his father, Lieutenant A (p. 219).

My formulation of these psychodynamics differs from Freud's and is derived from the closed-system perspective described earlier. Ernst, additionally emboldened by having honorably and effectively performed his role in the military maneuvers, was impelled toward the sexual conquest of young, pretty women who had demonstrated an interest in him. This was so despite the strictures imposed on his behavior by a contradictory need to sustain the imminently threatened, close-binding links with his father and cousin. The captain's account of the rat torture, after which Ernst envisioned his lover and his father as its victims, had blunted his enthusiasm for fulfilling these aspirations, however. Since he saw his projected sexual exploits as expressions of independent functioning, in accordance with his concrete thinking, he also perceived them as diminishing and consuming the very substance of his father and cousin; therefore, he reacted with alarm to the fantasized prospect of harming indispensable objects and exposing himself to severe retaliation.

It would also appear that Ernst, seeing himself as a potential predator, identified himself with the rats in their activity of boring in and consuming the insides of their victims.[7] Not surprisingly, therefore, his interest in other women faded. This was evidenced when the captain requested that he pay Lieutenant A, and Ernst's first thought was "that he was not to pay the money or it would happen" (p. 168) (that is, that the fantasy about the rats would come true for both his father and cousin). I believe that, in deciding not to pursue other women, Ernst was reacting to his awareness that it was really the woman at the post office who was the correct person to be paid, but insofar as he unconsciously associated

[7] Ernst told Freud of a "terrifying" experience while visiting his father's grave. He saw "a beast like a rat gliding past it," and he assumed that the creature had just been having a meal of his father's remains.

this payment to her with an act of unfaithfulness that would harm his objects, it must not be condoned, no matter how much he was bound to repay whomever had advanced the money on his behalf.

The matter of monetary repayment had come to unconsciously represent a test of Ernst's allegiance to his objects, and, in addition, the money itself seems to have represented a part of the very substance of himself that he believed he shared with his important objects. To symbolically purloin these commingled resources for his own individual needs by repaying the money to the deserving person—thus in his mind exercising his masculine self-expression—evoked, as Freud suggested, "a living likeness of himself" (p. 216) as one of the dreaded, vicious rats. Such a vicious criminal attack on his objects would open the way to their retaliating in a comparably vicious fashion.

In order to guard against the consequences of these fantasized depredations, Ernst experienced an irrational inner command, instead, to pay Lieutenant A. It would appear that the cruel captain's imprimatur as punitive, possessive father had been transferred onto Lieutenant A, and choosing him as the recipient of the remittance provided assurance of these resources remaining a part of the common pool.

Although Ernst was agonized by considerable indecision about which course of travel to take following his military maneuvers, it was evident that his wish to have promising meetings with interested women had become problematic—and, furthermore, that the angst over his failure to deliver the money to Lieutenant A eventually landed him on Freud's couch.

THE RAT MAN'S AMBIVALENCE ABOUT RETAINING THE ROMANTIC LINK WITH HIS COUSIN GISELA

Ernst's mother told him shortly after his father's death that she had been discussing his future with her rich relatives, and that an older male cousin was prepared to let Ernst marry one of his daughters once Ernst's education had been completed; this union would offer Ernst the opportunity of an exceptionally lucrative association with the family business. Freud therefore considered that Ernst was confronted with a dilemma

of whether to sustain his allegiance to his cousin Gisela or to accept a match with another cousin, a desirable young woman who would have offered him exceptional professional opportunities. In fact, if he did the latter, he would be following in the footsteps of his father (who in marrying his mother had secured a financially remunerative position in his wife's family's business). Freud regarding Ernst's inability to resolve this unconscious conflict "between his love and the persisting influence of his father's wishes" (p. 199) as a cause of his illness, and in fact he would succeed in resolving it only "by falling ill" (p. 199).

In my opinion, Ernst's inability to successfully mourn the loss of his sister was a factor in his failure to work out this conflict. Contrary to Freud's view that it was Ernst's love for his cousin Gisela that sustained his attachment to her, I believe his motivations were more complex. Among them, as indicated above, was a need not only to utilize his relationship with Gisela to sustain his psychic link with his departed sister, but also, through displacement, to maintain an immature bond with his mother as well.

It seemed intolerable to Ernst that his father had loved and might have married a butcher's daughter, had he not decided to instead marry a rich woman out of convenience—a woman with whom, as it turned out, he had shared a happy and fruitful union. In discussing these matters, Ernst developed a great irritation with his analyst, resulting in his uttering vulgar invectives about Freud and his family (p. 293). Although Ernst later reported experiencing agony over engaging in this attack on Freud, it would seem that in doing so he had been defending against consciously accepting that aspect of his own nature that was tempted to follow his father's example. He projected into his analyst (and into his father as well) this part of himself that he viewed as treacherous.[8]

[8] Ernst's emotional disorder bears similarities to some of Jones's (1949) observations about Hamlet (Shakespeare 1600). Like Hamlet, Ernst was unable to successfully mourn his father and tended to project his pangs of guilt over his own infidelity onto others; he was unable to acknowledge murderous fantasies toward his father, which caused him to delay taking action to assume his rightful place in life; he was inhibited in establishing a satisfactory relationship with a woman, defending himself through indecision and procrastination; and he frequently seriously considered suicide, perhaps partly in order to join his father in death. Without Freud's help, the Rat Man might have lacked the means to lift himself from the despairing morass that claimed the tortured prince of Denmark.

Ernst's fantasy of Freud's having the idea to marry him off to his then-12-year-old daughter, Anna (p. 199), whom Ernst encountered on the stairway to Freud's office, might have indicated a transference wish that his analyst, acting as a protective and liberating father, would rescue him from the constraint of remaining faithful to his cousin Gisela. Freud, however, felt that his patient was interested in marrying his daughter not for love, but for money (p. 200). I note that this view does not square with the apparent aloofness Ernst demonstrated at the offer of marriage to another cousin involved with the family business—an alliance that conceivably would have turned out to be much more lucrative, however.

THE UMBILICAL CORD IS CUT

Near the end of the Rat Man's analysis, Freud recorded a dream containing a transference fantasy:

> [The patient dreamed that] between two women—my [Freud's] wife and mother—a herring was stretched extending from the anus of one to that of the other. A girl cut it in two, upon which the two pieces fell away as though peeled away. [p. 307]

Freud said that Ernst had alluded to hating herring, and when he was fed by Freud, he had left his herring untouched.[9] In the dream, the girl who cut the herring in two was the one whom he had seen on the stairs and had taken to be Freud's 12-year-old daughter Anna (pp. 307-308).

In the session after the next one, there were allusions to "arse-fucking" (p. 311), which gave credence to the herring's representation of a penis—Ernst's penis. It is likely that the fantasy predominately symbolized Ernst's aspiration to emancipate himself from his wishes to be bound to the two women in the dream, who, though identified as Freud's wife and mother, appeared to represent Ernst's own mother and

[9] Departing from convention, Freud once assuaged the Rat Man's hunger by feeding him (p. 303). The material of this session suggests that this had the effect of stoking a hateful mother transference (and one to Gisela) in which the patient felt subjugated and claustrophobic, and hence this action predictably stirred up an impulse to get away from Freud. Indeed, immediately after this, Ernst missed some sessions with the excuse that a family friend was ill and died (p. 307).

Gisela. Moreover, the cutting of the herring in the dream is reminiscent of the cutting of an umbilical cord, thus effecting a separation.

Freud noted that Ernst told him,

> . . . in high spirits, the solution of the last fantasy [that is, the dream of the herring]. It was my [Freud's] science that was the child which solved the problem with the gay superiority of "smiling virtuosity," peeled off the disguises from his ideas and so liberated the two women from his herring wishes. [p. 311]

It would appear that Freud's science was indeed the "child" who eventually resolved Ernst's problems by liberating him from stifling ties with his mother and Gisela. In a concrete sense, this was to be accomplished by Freud's loving offer of his daughter as Ernst's bride. After all, she was thought to be the girl in the dream who halved the herring that bound Ernst to the two women who were usurping his potentially independent spirit.

While one is entitled to be skeptical that a brief analytic therapy of eleven months could have resolved the Rat Man's severe neurosis, there was apparently some amelioration. I have endeavored to establish in this paper that this could have been due in some measure to the therapy having expedited a mourning process that released the primitive psychic bond to the patient's father, thus facilitating the establishment of a less encumbered and more individuated identity. In the process, constricting bonds to his late sister Katherine and to his mother were loosened as well.

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THE INTERNAL OBSTRUCTIVE OBJECT IN THE ANALYSIS OF A WOMAN WHO ENVIES HER RAPIST

BY ELLEN F. WILSON

Through her description of the analysis of a traumatized woman dedicated to the search for power, the author elaborates Bion's (1958) concept of the obstructive object. The complex relationships among the obstructive object, later trauma, and the development of a pathological organization of the personality based on the idolization of power are highlighted. The author suggests that, in such cases, envy and underlying humiliation pose particular challenges in an analysis, and their containment can be central to the patient's recovery of the capacity to learn from experience.

Keywords: Bion, obstructive object, container/contained, envy, humiliation, trauma, power, Klein, shame, triumph.

In her analysis, Anna, a deeply traumatized woman, engaged me in transferences that alternated between two children's stories. On the one hand, she was to be the "Runaway Bunny" (M. Brown 1942), pursued by me, an always interested and protective mother providing her with safety. Yet at other moments, she was a bold and confronting Goldilocks (Southey 1988), standing arms akimbo, with a powerful air of authority, ordering the bears to return her stolen porridge. These strands of transference were rooted in her attempts to come to terms with an internalized mother whom she experienced as failing to provide her with

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an early sense of containment, leaving her with a dread of both affect and emotional connection. The later trauma of oral rape in her adolescence reinforced and hardened her distrust of emotional connection and, mustering her own adaptive resources, Anna adopted a stance of powerful omnipotence to salvage a measure of safety and preemptively to fight off expected abuses.

This paper is an attempt to explore analytic work with a traumatized patient characterized by a profound need for, and searing envy of, power and control. The search for power and control can be an aftermath of trauma, whether early in life or later. With trauma at any point in life, the individual is overwhelmed, helpless, and unable to process thoughts and emotions. Maternal failure to contain can be viewed as one form of cumulative trauma, as the young child repeatedly experiences unmanageable emotions without her own or her mother's mind to provide meaning and regulation.[1]

The trauma of maternal failure to contain can range from mild to severe. In some cases, as a result of failed containment, the infant does not develop the capacity to manage thoughts and intense feelings or is limited in this regard. This can result in a greater vulnerability to later trauma. In other cases, there is a perceived failure in containment, resulting in a representation of the noncontaining aspects of mother, which become mobilized by later trauma. In Anna's case, it seems to me that both elements were present, although there is no way of knowing the "facts" of her mother's behavior.

My work has been informed by the theories of Klein and Bion. Anna's treatment illuminated and challenged aspects of their ideas and led me to my formulations about trauma, power, envy, and humiliation. I will discuss the conceptual context for my formulations before presenting Anna's clinical process.

BION'S CONCEPT OF THE CONTAINER/CONTAINED

Central to my thinking is Bion's (1959, 1962b) notion of the container/contained. The container is a capacity for transforming the raw sensa-

[1] I use *maternal* to refer to the early caretaking object.

tions of emotional experience into feelings and thoughts. The contained are the feelings being transformed. In health, through normal projective identification, the infant finds a mother who can receive and mitigate through her reverie experiences of unpleasure, thereby securing the infant's experience of emotional equilibrium and agency. Through the internalization of the mother's containing function, the infant develops the capacity to process thoughts and feelings for herself, i.e., she develops an internal container to manage the new and increasingly complex emotional experiences that are being derived from her actual experience.

A mother can fail to respond, however, in a way that transforms the infant's emotional states. She may project back into the infant what the infant has projected into her and which she also finds unbearable, leaving the infant with her original dangerous and disintegrative emotional state, made worse through non-acceptance. This is Bion's "obstructive [maternal] object" (1958, p. 146), a term that he used in a limited and descriptive way and that I will elaborate on in this paper.[2] The mother, in not allowing the infant's projections into her psychic space, obstructs the child's mode of communication and the communication itself. She thus invalidates the infant's experience, stripping her child's feelings of meaning and escalating her child's sense of danger (Bion 1962b). Without early containment, the infant is left with unmanageable affects of helplessness, humiliation, and rage. The particularly malignant consequence of early failed containment is the interruption of and distortion in mental development. In Bion's terms, failed containment leads to the development of a pathological container that, in identification the mother, works to destroy emotional contact and attacks knowledge and thinking itself.

The capacity of the child's evolving container and its quality are shaped by the particular quality of the mother–child dyad, which in-

[2] Bion (1958) writes: "From this it became clear that when I was identified with the obstructive force, what I could not stand was the patient's methods of communication . . . . From his feelings about me when I was identified with the obstructive object, I was able to deduce that the obstructive object was curious about him, but could not stand being the receptacle for parts of his personality and accordingly made destructive and mutilating attacks, largely through varieties of stupidity, upon his capacity for projective identification" (p. 146).

cludes both the mother's ability or inability to accept the child's projections, and the child's developmental strivings, related fantasies, and various psychic processes. When Bion (1962b) talks about failure of the container/contained, he presents us with a generalized form of maternal failure. There are many kinds of failures in containment. Narcissistic appropriation is one form. The narcissistic mother changes the discourse from the child's communications and concerns to her own preoccupations, thereby obstructing authentic contact with her child. She may take over her child's communications both by her failure to recognize her child's experience and by the active projection of disowned aspects of herself into her child. Of course, projection goes two ways; the construction of the internal mother who obstructs and appropriates communication involves the mutual interplay of projective processes in both mother and child.

Once established as a currency of exchange, maternal obstruction and appropriation, actual or fantasized, may be experienced by the child as the mother's power to usurp both initiative and meaning. This can slant the infant and young child toward an idolization of power. I use the word idolization rather than idealization to emphasize the malignant nature of the worship of power. A defensive pathological organization of the personality based on power, similar in form to Rosenfeld's (1971) destructive narcissistic organization, may then be constructed. As Rosenfeld indicates, this organization protects against anxieties associated with love, dependency, and envy through fantasies of omnipotence, superiority, and self-admiration. Such a pathological organization, I believe, operates as an alternative to mental containment in that it provides a sense of structure, coherence, and regulation in the face of the painful affects elicited and not contained.

ENVY AS FORMULATED BY KLEIN AND OTHERS

I suggest that a complex and little-discussed form of envy, envy of the bad object, may be specific to pathological organizations in which the search for and maintenance of power is primary. In such cases, envy has a particular quality and focus. In Klein's (1957) formulation of envy, any

resource or attribute possessed by the other and desired by the self can arouse envy. However, it is the good object, envied and attacked because of its valued resources and capacity to satisfy, that is her focus. For Klein, the mother is made bad in the infant's mind as a result of the baby's envious attack. However, Klein does indicate that the actual mother's attitude impacts on the quantity of envy, with greater frustration and deprivation resulting in greater degrees of envy.

Those who have followed Klein (Joseph 1986; Segal 1962, 1993—among others) continue her focus on the impact of infantile envy on the good object. Rosenfeld (1971) and Spillius (1993), however, indicate that envy may be directed toward other attributes, such as destructiveness, strength, and superiority. My belief is that the mother who is felt to obstruct and take over her baby's communications can exacerbate envy not only in her perceived failure to contain, but also by her felt power to covet what belongs to her baby, actual or fantasized. Similarly, in later trauma, the perpetrator appropriates his victim's agency, mind, and sometimes her body. He has the power; he takes and does what he wants. We might suppose that in trauma, whether early or later, envy may then be directed not at goodness but at the power to take for oneself. Self-interest, now perverted and redefined as the power and freedom to "do whatever one wants without regard for others," can be cherished and envied.

THE ROLE OF SHAME AND HUMILIATION

Unbearable humiliation often accompanies and can underlie both envy and pathological organizations based on power. Neither Bion nor Klein emphasizes the affects of shame and humiliation, which, I believe, along with helplessness, can be central concomitants to experiences of failed containment and maternal misrecognitions and appropriations. In this paper, I hope to illuminate the centrality of these affects and the specific need for the analyst to accept and contain them if the patient is to be able to accept her own experience and work through the traumatic transference.

Steiner (2004, 2006, unpublished) speaks specifically of the young child's need for a containing object to manage the shame and guilt that

may accompany the early acceptance of the depressive position. The parent needs to see and accept the child's affect states if the child is to accept his own imperfect self. Otherwise, there can be a shift toward the paranoid-schizoid position in which concern with the object and associated guilt become replaced by a preoccupation with the critical, observing other. (For a discussion of shame and envy from another theoretical tradition, see Morrison and Lansky 2007.) Without an object to contain, the child who looks to the mother's face for acceptance "experiences the danger of being looked down on" (Steiner, unpublished, p. 11), promoting the establishment of the primitive superior-inferior, ego-destructive superego that attacks the self for its deficiencies (Bion 1962a, pp. 97-98). Once established, this kind of superego increases inferiority and shame, which in turn increase envy, and the cycle repeats.

Maternal appropriation, with its associated manipulation of the child's emotions, further exacerbates shame and humiliation. And there is no mother who can help the child contain the shame if the mother is not concerned with the child's emotional state. Later trauma in which, once again, the affect state of the victim is irrelevant or aggressively manipulated by the perpetrator repeats and intensifies early traumatic experiences of shame, humiliation, and helplessness.

INTERACTION OF EARLY AND LATER TRAUMA

When both early and later trauma are present, they intertwine, defining and redefining each other. Trauma can be an attack on psychic structure, activating childhood experiences and reorganizing them according to the later traumatic event.[3] Laub and Auerhahn (1989) suggest that trauma represents to its survivor the failure of an empathic, responsive agent, and can thus undermine or deconstruct the link between self and other, destroying the tie to the internal good object. By extension, internal objects can be redefined, leaving the survivor at the mercy of aggression from both internal and external aggressive objects.

[3] I will discuss Freud's (1918) concept of *nachträglichkeit* in my concluding remarks.

L. Brown (2005), in his discussion of the cognitive effects of trauma, speaks of a regression in symbolic capacity in the adult survivor. Fragments of present and past, now concretized, combine to form an organization (Bion's *beta-screen;* see 1962a, pp. 22-24) that tells a "story," thus providing apparent coherence about the nature of the object in the subject's mind. The rigid reification of this organization protects the personality from the unmanageable terror and humiliation produced by the trauma. But it is a brittle organization, prone to collapse and regression. And the anticipation of repeated fear and humiliation, and of resultant psychic fragmentation, reinforces the organization and re-presents at the same time the power to triumph over the trauma and its associated affects.

In the case of my patient Anna, oral rape pushed her further toward the pathological side of the maternal relationship, not only mobilizing identifications with early aggressive versions of mother, but also leaving her with a dread of affective experience. Both Laub and Auerhahn (1989) and L. Brown (2005) speak of the necessity for the survivor to find an empathic, containing other if the traumatic event is to be narrated and integrated, and the good internal mother resurrected and restored. My becoming and being a containing other was the ongoing challenge of Anna's analysis: while she yearned for contact with a good mother/analyst who would not leave her emotionally alone, she had lost belief in her own or anyone else's capacity to manage and contain the horror of her affective life.

I will present a narrative of Anna's analysis, with the goal of detailing through the actual clinical process how my formulations took shape.

ANNA AND HER TRAUMA

Anna first came to me for psychoanalysis at the age of forty because of chronic depression and feelings of self-depletion. She felt that at her core, she was empty and deficient in some real but inexplicable way. An expert in special education, she had been unable to complete her goal of achieving a doctoral degree. She was unhappily married to a highly educated, financially successful man whom she did not respect because

of his tendency toward passivity and his limited imagination. They had a learning-disabled child, a boy age eight. She believed that both husband and son lacked a "theory of mind," and were "on the spectrum" of a diagnosis of Asperger's syndrome. She was determined to fix both, to teach and train them to be emotionally responsive, and when they would not or could not respond as she desired, she repeatedly erupted in rage.

Anna was the second child, her older sibling being a brother. She initially portrayed her mother as glamorous, self-certain, and worldly. She joined with her mother in the belief that she, mother, had been destined to enjoy a better, more successful life than the one she had as wife and mother. Alongside this image, there was another version of mother as a narcissistically vulnerable woman, herself prone to insult, who doted on her son and who, during Anna's childhood, was alternately depressed or raging and demanding. This demanding version of mother, elaborated during the treatment, was felt to be a frightening, aggressive figure repelled by her own and her daughter's emotional experiences, and one who responded to Anna's expressions of emotion with anxiety, embarrassment, and disgust.

Anna described herself as a shy, unattractive, compliant child who was shamefully encopretic during latency. She was without friends and spent prolonged time in fantasies of having magical powers that would turn her into "someone special" whom her mother would love. She envied her brother for having "this special ability" to capture her mother's attention. Father was portrayed as a distant figure devalued by mother, an attitude Anna also held.[4] Anna hoped her marriage to her educated husband and the birth of her son would win her mother's love. Her view of her husband and son as possessing serious deficits seemed to continually threaten this fantasy.

Anna left home at the age of seventeen to attend college in a distant city. Two months later, a man picked her up while she was hitchhiking. Initially excited by the man's attention, she quickly became aware that he was going to rape her. She recalls suddenly feeling removed from her

[4] While not a focus of this paper, the father was initially presented as a devalued object for both Anna and her mother. He brought mother and child together in their shared contempt, as opposed to aiding their separation. Only after the working through of her traumas did the father emerge as a benign and loved person.

body, and that she took pride in her cleverness, convincing the man that she was menstruating and so genital sex would be messy. The result was oral rape, which prior to treatment remained vague in her mind. She maintained that she had outsmarted the rapist and thereby triumphed over her helplessness and humiliation. Anna had told no one about the rape; she said to me that she knew she had put herself in danger by hitchhiking, which left her feeling at fault.

Following the rape, there was a change in her personality, Anna reported. When on her own, she felt bold, confident, and independent, and could be outgoing and amusing with social acquaintances. When relationships demanded intimacy, however, she lost spontaneity, was vigilant and emotionally detached, observing and scrutinizing her interactions from a distance, and responding to cues from the other with little sense of her own emotions, thoughts, or choices.

ANNA'S TREATMENT: BEGINNING STRUGGLES WITH CONTAINMENT

The initial three years of Anna's analysis involved her search for a mother/analyst who would offer a steady presence and protect her from and compensate for the emptiness of her experience with her own depressed, narcissistic mother. She would eagerly spend her sessions recounting the events of her day. I felt as though I were with a child just home from school, who wanted to tell her mother every detail of the day's experience. My listening provided Anna with a sense of equilibrium and well-being. She told me that the analysis was to be like her favorite childhood story, *The Runaway Bunny* (M. Brown 1942): I would be the Bunny mother who followed her endlessly and who always found her. As the treatment progressed, this blissful situation ended and containment began to be problematic for both Anna and me. A more sinister version of *The Runaway Bunny* emerged through enactments. Alongside the idealized, protective mother, there was a frightening mother who would not let her "bunny" child have a mind of her own, holding her instead in a claustrophobic grip.

Anna now presented me with her blank, empty self—a self that seemed unable to initiate thoughts and feelings. The emerging clinical

material led me to think of Anna in terms of a deficiency in containment in the context of a mother perceived as narcissistic and depressed, and a mother–child relationship in which neither could find the other. Emotional contact and intimacy did not deepen between us. Instead, there was a repetitive, insistent demand for interaction. If I was quiet for more than a few minutes, she feared an implosion into panic and dysregulation; she said she would disappear into a vacuum of "white space," a frightening place of mindlessness where neither of us existed and connection was impossible. In "white space," there was no internality, but only the anxiety-driven search for contact and/or stimulation.

Sometimes Anna would find relief in obsessively listing the tasks she needed to do. Or she might distract herself with sounds from outside the office. However, the sounds of birds singing in the garden or a sudden spring rain shower—which with other patients occasioned an experience of shared communion—provided Anna with no sense of connection. She was alone, desperately seeking sounds. My reassuring "I'm here" helped for a few moments, but as soon as I stopped talking she would again become blank and anxious, claiming with urgency, "You must find me—you tell me what's on my mind."

While I wanted to find Anna, to give her what she seemed so desperately to want, I, too, began to feel blank and helpless, an insubstantial mother who could not find herself or her child. My own capacity for reverie was lost to me in the urgency of her insistence. I was either talking to her, or I wasn't emotionally or mentally present. I felt trapped in a role that felt suffocating, as I experienced at the same time both oppressive emptiness and the equally oppressive demand to provide her with "talk." At this point in the treatment, the emptiness felt paramount. I wanted to contain the terror of "white space," and struggled to find a way to narrate the experience of mutual blankness, to transform emptiness into something we could think about. I recalled periods in my own analysis in which I was preoccupied with the white, barely demarcated ceiling and walls of my analyst's office, and my repeated associations to the oppressive vacuum of nothingness, of being with a mother I could not reach.

I said to Anna, "In the emptiness here between us, I find myself repeatedly thinking of a young child unable to find her mother's face."

Anna nodded, and there was mutual relief. We talked together about Anna's childhood experience of being with her depressed mother who, when Anna would return from school, would often be lying asleep on the couch, as Anna lay on my couch. She was a mother whom Anna couldn't find, who didn't look for her and with whom Anna would feel herself "collapse into a puddle"—both unable to make contact and unable to sustain herself on her own. As we put together these pieces of her childhood, Anna momentarily felt sad; tears silently trickled down her face. But they were short-lived. "I don't have a dimmer switch," she proclaimed. "As soon as I begin to feel, the switch goes off."

While emotional contact was now sometimes possible, the dimmer switch was still more frequently off. I found I was dreading my sessions with Anna. The repetitive pressure to "find her" became increasingly intolerable. I found myself angry at her impossible demands and critical of myself for my inability to fulfill them. In an effort to give form and containment to the now-oppressive pressure between us, I said, "I keep thinking of a child left alone on the toilet, required to produce a bowel movement while the mother waits outside." She stated sullenly, "I feel like I need to come up with emotions if there is to be a connection. I want to, but I can't." She told me that as an adolescent, she would always have her mother call the movie theater for her when she wanted to see a film, as she was too fearful to call herself. She had never completed her doctoral dissertation because her advisor refused to provide her with direction, instead insisting that Anna develop her ideas on her own. Indeed, her sense of "I can't" existed as far back as she could remember.

My increasing sense of annoyance and pressure made me wonder aloud with Anna if her "I can't"s were also her way of saying, "I won't." She agreed that she deeply resented that she was the one who had to initiate contact, that she had to come to me. She became accusatory: "Why can't you be the one to find me—you could if you wanted to, if you loved me enough." I felt helpless and cruel, as we mutually enacted "You could if you really wanted to."

So Anna and I each became to the other the isolated child and the unresponsive, ungiving mother. On the surface, Anna's blankness seemed a form of angry withholding. However, withholding failed to capture the profound emptiness that she seemed to experience with me.

She appeared to "play dead," erasing the contents of her mind from both of us, in her desperation to control me and in identification with the controlling mother. Unlike the Runaway Bunny, she took no pleasure in initiative; instead, she had a deep feeling of incapacity.

POWER, TRIUMPH, AND ENVY

We were three years into the treatment. Anna went on vacation and returned to tell me she had bought me a present, a statue of a cat similar to her own, something of herself to give to me. But, she said, she had decided not to give it to me: she would keep it for herself. While the present seemed a transitional bond that gave her comfort when we were apart, my sense was that, as with her thoughts and emotions, she was unable to part with it and give it to me. I said, "You can't give me your gift; you will lose too much."

She again demanded, "You must find me." Appropriation and power seemed to have entered the treatment space.

Anna now presented with a stance that was loud and "cocky." A different side of her—the imperious, power-obsessed self—emerged, and power struggles infiltrated the transference. Anna was like Goldilocks, face to face with the bears, as she engaged in a litany of arguments as to what she absolutely needed from me in the analysis. She put forth her own theories of how treatment should work, bringing in educational philosophy and concepts of "social training" as the superior model for change.

I began to feel as I imagined Anna's husband felt—shamed and diminished, pressed to give up any position of my own. Sometimes I retreated, as did he, into passivity. More often, I found myself repeatedly drawn into arguments, or I turned to educating her about the value of psychoanalysis, to which she responded with her own counterarguments. Upon reflection, it seemed that Anna and I were engaged in a vicious game of "gotcha." We both fought to win out over the other, and each wanted to triumph in the struggle to claim authority over meaning.

As I got hold of my aggressive and humiliated countertransference, I began to interpret the contest for power and the superior position, and Anna's deep conviction that one of us had to be in the one-down,

humiliated position. While at one level, Anna seemed to understand the link between my humiliation, her husband's, and the humiliated part of herself—the "hot potato" tossed among us—in our sessions, she became increasingly angry at what she believed were the inequalities in our relationship. Her assumptions of my self-interest and investment in power were totally confused. She viewed me as enjoying my power over patients, setting my schedule according to my self-interest. Her attendance at sessions was experienced as an humiliating submission to me. Interactions were seen predominantly in terms of superior-inferior positions.

Anna's sense of diminishment at my hands was accompanied by enormous envy. She did not envy my capacity to provide her with care, empathy, or understanding, or even my competence, but only the power I was able to exercise in terms of doing whatever I wanted, including exercising power over others.

ANNA: [With elation and a sense of triumph] I beat the traffic today. I checked all alternative routes and figured out the best. I outsmarted them all . . . . The traffic is such a nuisance coming here—I don't know why I come. You don't have to combat it.

E.W.: So I have it easier.

ANNA: Yes. It really bothers me that I do this.

E.W.: Sounds like it feels humiliating for you to make the effort and come to me.

ANNA: You get to be in this position of authority—why can't I? I need a job like yours where my schedule has priority over others'. This is a mind-fucking situation. This is supposed to be about me and for me, but it's really about you and your schedule. It's all you doing what you want. Why don't I have the power here? How do I have power, or is it about power? I have this utter pessimism. Is there any way to feel other than diminished and pathetic? All I can do is to leave—then I'll have power, too.

E.W.: So we're like the traffic: who triumphs and who is diminished, who gets what they want, who comes out on top.

ANNA: Yes, it's not what I want, but it's what I feel.

And, indeed, the world into which Anna brought me was one of power, trickery, and envy.

A PERVERSE SOLUTION TO ADOLESCENT TRAUMA AND FAILURE OF CONTAINMENT

As we continued to work on the power relationship within the hours, Anna became preoccupied outside the hours with repetitive sexual fantasies in which she was a man raping and abusing a woman. When alone, her fantasies excited and enlivened her. However, as she told them to me, images of her own rape and her fear and humiliation would flood over her. She would attempt to regain control through clever, sardonic remarks. While she sought interaction with me to hold and contain her fear, my repeating any detail brought the memory of the actual rape into objective reality, and terror was momentarily lived in the analytic encounter. Her use of fantasy as a substitute container failed. She quickly slid into a state of mental fuzziness, hyperventilation, horror, and unbearable humiliation.

I think that at these moments, by prematurely asking Anna to open herself to her trauma, I failed to be a containing figure. I could not be a witness (Laub 2005) who would bear her trauma with her. Instead, I actualized for her the mother/rapist who disregarded her terror and humiliation, and who was now making her recount her fantasies and reacting by seeming to look at her with disgust. She saw me as a hostile, persecutory figure who provided no recognition of her as a person, who turned what she hoped would be an experience of comfort into a forceful show of power.

Anna would then desperately clamor for intellectual explanations of what was happening and road maps of where she was going. She would say with fear, "If you don't know and I don't know, the earth opens up—there is no way out." One of us had to be omniscient. Cleverness, knowl-

edge, and certainty seemed her only safety nets, not containment. Recall Anna's early images of her self-certain mother: it seemed that, without omniscience, I became versions of both her helpless, humiliated self and her anxious, disgusted mother who could not bear Anna's experience, refusing ingress to her terror.

Anna's earlier power demands had in the countertransference made me at times withholding and oppositional, perhaps more rigid in my responses to her than is usual for me. However, it was her cleverness that I found more problematic. Anna would move from raw anxiety to visual images and metaphors. But then, in her identification with the meaning-destroying mother/rapist, she would quickly elaborate her metaphors, and soon these metaphors became icons that she would then admire, pleased with her own cleverness and triumphant over the destruction of our mutual understanding. Recall that this is how she felt she had triumphed over her rapist, tricking him into oral rape rather than vaginal rape by inducing disgust through her allusion to menstruation. Understanding was repeatedly sacrificed to omnipotence.

I was at first seduced into the mutual admiration of her mental gymnastics. But, more and more, I felt tricked. Each time we came closer to what felt like authentic meaning, the rug was pulled out from under me. What seemed to be authentic was quickly stripped away and I was left confused, not knowing if anything we had understood had meaning. My response was to withhold the road map. So I experienced, with her, her own experience of being tricked when she turned to her mother for comfort and understanding (or to the rapist for a safe ride home). I enacted the demanding, narcissistic mother who failed to contain and who turned away in disgust, leaving her to manage her anxieties alone. We gradually understood that she held a wish for a mother who could let herself know about "awful things" and bear the raw feelings involved.

Anna persevered: "You must go first." I felt immersed in a game of "double dare," challenged and baited to prove my courage. I suddenly found myself using the word fuck instead of Anna's word rape. Anna felt relief at this; finally, she felt I actually knew the crude rawness of her experience. Upon reflection, I realized that, in my enactment of the dare, I became both the counterphobic adolescent girl accepting a ride when she knew it was dangerous, and the rapist, violating her discourse with

my word. At a deeper level, however, up until this point in the analysis, I may have been obstructing Anna's full communication of her trauma by joining with her in her more formal use of language. Perhaps her relief reflected her awareness of my greater receptivity to her experience.

Anna began to express wishes to claim for herself the power she located in men. Men could do what they wanted; she would, too. Her abusiveness toward husband and son again intensified. She felt triumphant. They were submitting to her. Unlike herself as a little girl with her mother, or as an adolescent with her rapist, now she claimed the freedom of the rapist to do as she pleased, indifferent to her impact on others. She wanted me to join her.

ANNA: What do you think of my husband? Is he stupid? There is something wrong with him. And Dr. D [her husband's therapist] doesn't really help him.

E. W.: You want me to trash them with you.

ANNA: Yes, we're both smarter . . . . I couldn't bear it if you had been raped.

E. W.: Then we'd both be women, victims, vulnerable.

ANNA: [With contempt] Yes, weak—I can't stand it . . . . It's the man I want. It's the man taking what he wants. It's not what's on her face that's exciting, it's what's on his face. Total power thing. When I watch it [a pornographic movie], I am the man. I feel his excitement. And then my thought is, this is the ultimate form of penis envy. It's about power. He gets to have whatever he wants. But I want to see him—his total dominating way, the way he gets off. He doesn't care if she wants to be involved or not. Oh, I just had an image where I said, "you fucking son of a bitch," and smashed something into his face. The feeling [rage] went as soon as it came.

Unable to tolerate the thought of either of us as women, Anna quickly moved to her identification with the rapist, and then, as that identifica-

tion faltered, to awe, envy of him, and rage; she declared that this was "the ultimate form of penis envy."

The penis was both hated and envied by Anna for many reasons, including her rivalry with her brother and her identification with mother's devaluation of father. However, her envy seemed more primitive and related to traumatic domination—first by mother and then by her assailant. For Anna, the penis seemed to be the image that evoked the experience of subjugation to an other who was totally indifferent to her as a person and aggressively filled her with himself.

As a result of our work on her hatred and envy of men, Anna could now experience a "kind of growly, wild-animal rage" in regard to the rape, which remained in the back of her mind. Within this context, Anna experienced a dissociated rage reaction. When a parking lot attendant told her to move her car to another lot, she complied, but then found herself stopping the car, walking back to the attendant in total rage, and screaming, "Don't fuck with me!" She was in awe of herself. Her experience was one of total strength. If she had had a knife, she said, she would have killed him.

ANNA: It was the expression on his face. It's not an evil look; it's "I'm not listening to you." It doesn't matter what you say. There is no affect but a firm insistence, a nonregistering of what I'm saying—not like he's trying to have a conversation. I could've handled it better if he were angry. I was determined it wouldn't turn out the same . . . his face, the rapist's face, the expression. He made me take all my clothes off. I'm trying to shield my body by covering myself with my arms. This look on his face. No, I can't cover myself—I'm not allowed. A quiet example of who is in charge. I have to remove my arms so he could touch and put his mouth on me and stuff like that. [Then she spoke with hate.] So there—I've told you. So what!

E. W.: You hate me, as though I've made you uncover your arms.

ANNA: It's like, in telling it, you are diminishing me. You get to see the guy grabbing and pawing—doing what he wants. I was so cold. I was so passive.

Anna's humiliation had gradually become speakable through acceptance and narration, which in turn led to her growing sense that "horrible and horrifying things" could be understood. Her outburst suggested she had a greater strength with which to face the reality of mother/rapist indifference and invasion, manifested by her outrage at the parking attendant, and with that, a new capacity to bear her humiliation. Now in her sessions, quietness—differentiated from her feared passivity and my indifference—was more tolerable. She no longer demanded that I talk.

THE CONTINUED CHALLENGE OF CONTAINMENT: THE OBSTRUCTIVE MATERNAL OBJECT

With the trauma of her adolescent rape somewhat more contained, Anna returned to our relationship. Anna began to express tender feelings toward me: a place where she wanted to be, quiet and contented, without idealization or erotization, a place where we cooperated and worked together. Yet she could stay there only briefly. "I get uncomfortable. There is an anxiety—not like the rape, but more like having a [bowel] accident. I don't know what it is. Love is what I want but I can't allow it, and then I want to attack you."

What remained terrifying for Anna was immediate emotional connection in the present moment. As she put it: "If I allow us to come together in the moment, something will happen that cannot be fixed. Something gets introduced into the relationship and we can't repair it." She continued:

ANNA: My feelings are like something I indulge in, in private—like eating chocolate. A messy person all covered in chocolate, being messy and loving it. But you can only have it if you sneak it. We can't do it [intimacy] in the moment; I can't let you know I want you or need you. If it's in the moment, it will be between us, like I'll be

> exposed to something that occurs in that intimate moment—shame, awkwardness. I'll be vulnerable and you'll remain indifferent, or if you don't, I'll be out of control, like I'll get sick eating so much. The panic is beginning and now I'm angry. Like, why do you need to know about it? Why do I have to tell you? I can't give this to you; it's mine. You take it over and I have to worry about you and I lose it; it's like you'll eat the chocolate. Like the only way I know how to do it is "It's mine, not yours!" You have more power if I give it up.

My reveries returned to the gift she never gave me, my excitement and expectation of a loving gesture that quickly turned into my sense of foolishness and deflation, how what was to be mine became hers. I thought of Anna's desire that was so quickly lost in the anticipated humiliation of non-acceptance, and, relatedly, her fear of emotional dysregulation. Desire lost in humiliation was quickly reduced to an experience of greedy appropriation. For her to tell me of her need or desire was to have desire taken from her. Reciprocally, I found that when I did try to clarify, interpret, or even answer her questions, I encountered a detailed barrage of her ideas and her experience that left me feeling eaten up and taken over, absorbed and dispersed, lost within her. The appropriating, meaning-destroying internal object turned on me. The contained was eating the container, or was the container eating the contained?

Aspects of Anna's blankness now seemed more explainable. She appeared to have constructed a pathological container that functioned to constrict the contained and make it conform to maternal need. New emotional experience, posing a threat to the rules for containment, was unmanageable for Anna because of her conviction that it was her mother's need that defined the shape and range of thoughts and emotions that she could have. With me, any interest I showed in her, or any understanding of her that I had, quickly got redefined as stemming from my self-interest, and then became the new guidelines for the "contained" that I desired and needed her to provide. Thus, safety existed only "if I went first," thereby providing the rules. The "rules" gave Anna control and protected her from being suddenly and traumatically exposed and overwhelmed and/or lost within me.

The cost of such pathology of the container/contained was not only her own initiative, but also the repeated sacrifice of her own mind. Appropriation had been concretely and cruelly played out in the rape when Anna could not prevent the rapist from making her into an abused, humiliated object, existing only for the satisfaction of his needs. With her mother and her rapist, and now with me, she emptied herself out in order to make the contained conform to the desires of the other, denuding herself of thoughts and emotions in identification with the traumatizing other. And again, in the use she made of my interpretations—giving them the meaning of rules that defined the contained—she destroyed both their meaning and any authentic link between us.

ANNA: What I am saying is that there is a little box you want me to dance in. I'm not supposed to go out of the box. And I'll join with you; I'll like the box, too. I want the box. In the box, there is the hope we can be happy together. When I get really angry when you won't go first, it's 'cause you won't tell me where the box is, and then there is no safety. Safety is the goal; love is gravy. With anyone you let matter, you can't be safe because of the box. And analysis is the box you love more than me.

Anna could reach her rage at the presence of the box, now expressed as her hatred of analysis itself. For Anna, I owned the analysis, and she refused to turn herself over to my analytic box. But now she could "think" about her "dread, hatred, and humiliation" in the face of the demands of the box. She also became aware of her attempts "to wipe out" the personal qualities of me, her husband, and son, imposing her own "box" on us all.

We continued:

E. W.: You so want me to talk to you. But do you notice how when I try to share with you, you interrupt and seem to seize what I say and run off with it.

ANNA: I want to be close with my friends, but I can't stop talking when they talk.

E. W.: Perhaps you feel there won't be space for you if you don't quickly grab control of the interaction and box them in. Otherwise, they'll box you in.

ANNA: I want them to just listen to me, then it feels safe . . . . I feel bad that sometimes that's all I want, that I don't really care what they're saying. And my husband—I make him respond as I want.

E. W.: Perhaps it's like here: you are to be whom I want, and I am to be whom you want, rather than each of us being who we are.

With increasing awareness and responsibility for the "boxing," Anna took time to think about what I said. She no longer ran off with my words, thereby usurping meaning. Now meaning could accrue between us. She allowed herself to be curious—something she had avoided all through the analysis, as the idea of asking a question without immediately receiving an answer was associated with utter humiliation. Now she could ponder about me and began to enjoy the experience of her own thinking. She thus "suffered" (Bion 1983, p. 9) and began to reap the rewards of this in terms of self-development.

Anna enrolled in an advanced program to gain additional skills in her work. However, as with much of her initiative-taking in her world outside the treatment, she told me of this only after the fact. She continues to protect herself from and triumph over appropriation.

DISCUSSION AND CONCLUDING COMMENTS

My work with Anna has led me to conclude that failure in maternal containment can result in both structural deficiencies and deformities in the internal container. When failure takes the form of maternal appropriation, a maternal imago may be constructed in which the mother is felt to be powerful in her ability to obstruct and define meaning and ultimately take over the child's self. Emotions and emotional connection, then, can threaten the integrity of the self. As a consequence of and in identification with felt maternal power, an omnipotent organization may be devel-

oped to provide self-regulation and protect the self. In such situations, the analysis itself may at times take the form of a deadly contest, a battle for survival of the mind in a field where the patient believes that only one mind can exist.

This particular case is confusing because the patient appears to have had two major traumatic experiences: one cumulative, experienced with the patient's mother in childhood, and a second one later, on the occasion of her adolescent rape. In the latter, the containing mother was both literally and metaphorically not present. Recall that after the rape, Anna told no one of it—there was no concept of an other who could hold her traumatic experience with her.

The question may be asked as to whether the rape amplified the effects of Anna's early deficiencies in maternal containment, or whether the seeming early deficiencies and her aggressive version of mother developed as an aftermath of the rape itself. The relationship between early and later trauma is complicated and, I believe, reciprocal, involving two directions of temporality. Freud (1918), in his concept of *nachträglichkeit,* shows that early experience can be retranscribed afterward and given meaning in light of later events. From this vantage point, we might wonder whether Anna's aggressive version of her mother was, as Laub and Auerhahn (1989) suggest, the result of the destruction of the link to the empathic mother, and thus an ad hoc construction of mother in the face of the rape.

However, we also know that the past shapes and organizes later events, transference being the prime example. Sometimes past trauma can even lead to later trauma. Greenacre (1952) points out that some little girls place themselves in the position of being sexually abused, repeating in an eroticized way early maternal trauma. Obviously, we do not know if Anna unconsciously positioned herself in this way by hitching a ride. How—and, indeed, if—the question of the impact of early as opposed to later trauma can be answered is unclear. While it is impossible to say with any certainty, my impression is that there was significant maternal failure that placed its stamp on the experience of the rape, and the two traumas were both additive and organizing of each other.

Anna's narrative of her life prior to the rape suggests childhood symptoms and serious difficulty between herself and her mother, con-

sistent with failed maternal containment and narcissistic appropriation (allowing for the fact that her narrative, too, is influenced through *nachträglichkeit*). If Anna had had better maternal containment, it would seem that there would have been more and longer periods of better organized functioning in her life. When the early containing mother becomes transformed after later trauma into an aggressive mother, perhaps the analyst as containing object, and as the benign, internal maternal object, is easier to find. With Anna, the challenge to be in authentic emotional contact might then not have been as difficult.

Envy and humiliation were particularly problematic in the working through of Anna's traumatic experiences. Spillius's (1993) concept of *impenitent envy* provides a background for my ideas on envy of the bad object. Spillius posits two types of envy. Ego-dystonic envy, similar to that described by Klein, which is unconscious, leads to attacks on the object's goodness, and, if it becomes conscious, is associated with considerable guilt. By contrast, certain patients display what Spillius calls impenitent envy, in which envy, often expressed in the form of grievance, is conscious and accompanied neither by guilt nor a sense of responsibility. The envier feels his envy is justified: the problem is the fault of the other, often in their unfair superiority or advantage. In her discussion of impenitent envy, Spillius points out that the goodness of the object is not what arouses envy; rather, she suggests, it is strength and superiority that are valued. She indicates that what is unbearable for patients with impenitent envy is the recognition of both the wish for love and its absence.

Elaborating on Klein's (1957) ideas on the role of the mother in the mitigation or exacerbation of infantile envy, Spillius (1993) suggests that development of envy, in both form and degree, may relate to the conscious and unconscious attitudes of both giver and receiver. When the giver takes pleasure in giving and, "further, that he is not, for example, giving in order to establish superiority over the receiver" (p. 1209), it is easier for the receiver to acknowledge envy and feel positive feelings as well. Of course, the receiver is also influenced by his conscious and unconscious attitudes toward giving and receiving, which in turn influence his ability to accurately perceive the giver's intent. If the receiver can accept what is given with pleasure, this is a return gift to the giver,

and "if the giver can recognize and accept this return gift, this gratitude, a benign circle may be set up in which both parties give something of value to each other" (p. 1209). Here there is a symmetrical relation based not on concrete resources received, but on the mutual pleasure in giving and receiving.

By contrast, when the giver takes little pleasure in giving, "is narcissistic and uninterested in the receiver or . . . is outright hostile or inconsistent toward the receiver" (p. 1209), envy is increased. Then "pleasure in receiving cannot easily develop; and the receiver will not readily feel grateful. The receiver is likely to feel resentful and to give as little as possible back to the original giver" (p. 1209). This formulation would include a mother who obstructs and appropriates instead of receiving her child's communications, thereby creating an asymmetry in which maternal rights and power are now sovereign.

Spillius's concept of impenitent envy has been relatively unrecognized in the literature. My ideas on envy elaborate and expand her work. First, I elaborate the relationship between envy and power. My work with Anna suggests that envy of the bad object may be part of the pathological organization of the personality based on an identification with power. Recall that Anna said to me, "It's all you doing what you want . . . . How do I have power?" Anna's sense of grievance over the inequalities of the analytic situation formed one side of the organization; triumph was the other. Loss of the triumphant position left her vulnerable to the experience of envy.

Second, I extend Spillius's comments on giving and receiving to a particular type of mothering that promotes envy of the bad object through appropriation. A mother who appropriates does not give, but instead both refuses to receive what is given and forcefully takes what she wants. In identification with her version of mother, Anna offered me a statue of her cat and then retracted the offer, keeping her gift for herself. Similarly, while she demanded to be given to through "talk," she refused my interpretations, and instead absorbed them in her own discourse. For Anna and me, there was little pleasure in giving and receiving, and we both suffered associated deprivation and rage.

Third, in the case of Anna, unlike the patients described by Spillius, there was the later trauma of rape. With its utter lack of symmetry, rape

memorialized for Anna the dangerous abuse lurking in a giver–receiver relationship. Anna had hoped to receive a safe ride home; instead, she was confronted with both a forceful "giver" and a ruthless "taker." This cemented her distrust of mutuality in relationships and her envious pursuit of power for herself.

Finally, my work with Anna suggests that the anxieties underlying her envy—that is, her fear of appropriation and of a humiliating uncontained state—needed to be addressed in the treatment before she could begin to consider the absence of love in her life. For Anna, "love" was "gravy." Not until late in the treatment did she approach her wish for love. Confrontation with this wish repeatedly led to humiliation over her vulnerable state and anxiety over the anticipated "takeover." Only as these anxieties diminished could Anna begin to approach her grief and regret over love lost.

This brings me to Anna's humiliation, which was even more difficult for her to bear. Her humiliation was closely tied to her superego, which attacked her for weakness and exalted her in her strength and superiority. Bion (1962a, p. 97), and more recently Britton (2003), emphasize that untamed envy, arising out of the failed communication and containment between mother and infant, results in the pathological ego-destructive superego that continually attacks the self and exposes its inferiority. I believe an underemphasized point is that this kind of superego is related to extreme shame and humiliation. Whether the superego is modeled on the envious parent, on the parent who obstructs and fails to recognize, and/or on the parent who appropriates, superego attacks flood the self with humiliation. And it is humiliation not contained but evacuated that results in self-attack and persecution. Then power becomes the name of the game.

Anna alternated between states of envy and unbearable humiliation, each reinforcing the other and strengthening the superego. Perhaps with an appropriating mother, there can be repeated slippage from envy into the humiliation of nonrecognition: "You have everything, I am nothing." The negotiation of envy of the good object with such patients becomes a repeated challenge to containment, as the awareness of any envy so quickly stimulates humiliation. As Klein (1957) indicates, envy—and, I would add, humiliation—complicates the finding and keeping of

the loving aspects of mother/analyst that are needed to contain such painful affect.

The rape reinforced Anna's humiliation. For her, rage and envy were more tolerable than humiliation. These former affects made her feel active and provided her with some sense of agency. Also, the object was the focus—not her naked, uncovered self. Recall her anguished statement, "Like, in telling it, you are diminishing me . . . . I was so passive." Indeed, through rage and triumph, she had been able to wipe out her humiliation, which continued to exist in unprocessed form—not to be thought about, only evacuated.

The particular dilemma for both Anna and me in the working through of the rape was her deep sense of being alone with her trauma. While she yearned for "holding" in the space of trauma, she could allow me to be with her only for brief moments. At first, as soon as either of us began to speak openly of the trauma, there had been immediate evacuation through projective identification: I quickly became an obstructive object, a disgusted mother unable to bear her experience. Our mutual enactment of the obstructive object was most obvious in our use of language about the rape. Recall that only when I switched to the dialect of the vulgar and explicit—fuck as opposed to rape—did Anna feel the rawness of her emotions to be accepted and understood. I believe my use of the word rape, even though it was her word, constituted for Anna my insistence on the asymmetry of our discourse and reified the power differential she perceived between us.

Further, I suggest that my continued use of more formal and distancing language was felt by Anna as more than a refusal to receive her experience; it became a humiliating and mutilating attack on her communications, resulting in certainty about my disgust and in repetitions of terror in the analytic experience. Then Anna retreated to her narcissistic self-sufficiency. "It's better to manage things by yourself, like a hurt animal going off into the woods," she would say. There were repeated cycles of her projection of disgust, followed by envy and hatred, terror and humiliation, and retreat, as we worked to narrate her experience of rape.

To conclude, in Anna's case, failed maternal containment—the mother's face made persecutory through non-acceptance and appro-

priation—was unconsciously linked to the humiliation entailed in later trauma, and both became central in the treatment. To speak of trauma, to share pain, was to be humiliated by the other. There was no conversation. The malignant feature in such cases is that there is no other available to contain; there is only an other who obstructs and makes bad feelings worse.

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ON THREE STRANDS OF MEANING ASSOCIATED WITH THE WORD *NIGGER* USED DURING THE COURSE OF A PSYCHOANALYTIC TREATMENT

BY DONALD B. MOSS

The author presents an overview of recent clinical/theoretical work on the construction of otherness *in structured forms of hatred. He then uses clinical material to demonstrate three interwoven strands of meaning attached to the word* nigger*, a pejorative used frequently by a patient during the course of a psychoanalytic treatment. As used by this patient, one strand is projective and the other essentialist. The author then reflects on his own use of the pejorative in the text—a third strand of meaning he describes as depressive.*

Keywords: Otherness, hatred, projection, essentialist, pejorative, racism, epithets.

> The torments of a people to whom we owe our luxuries are never able to reach our hearts.
>
> —Denis Diderot quoted in Hyland, Gomez, and Greensides (2003, p. 26)

INTRODUCTION

In thinking about extreme, systematized forms of hatred, we have a particularly valuable opportunity to consider the structure and functions of *otherness.* Systematized forms of hatred—racism, homophobia, misogyny—present us with the *other* in perhaps its most intense form.

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Named, labeled, highlighted, encrusted with attributes, burdened with essential characteristics, the systematically hated *other* occupies an unambiguous place in our personal and cultural imaginations.

We know the contours and contents of this place, whether or not we affirm them. Though hate speech is likely to disturb or incite its listeners, it almost never aims to surprise them. Implicit in hate speech is its claim to function as a reminder of what is already known about its target. Its working assumption is that the place of the targeted *other* has long ago been mapped out. This place has an imaginary location, no less than the ghetto has a material one. Hate speech aims to name, define, locate, and place its target; it aims to separate and segregate.

Hatred and what feels like "knowledge" converge in creating the category of the hated *other*. The other is not known through empathy and identification, but rather through the reverse process, repulsion, and disidentification. In constructing the other, in mapping out its place, a kind of taxonomy is in operation. Systematized forms of hatred engender taxonomical experts: these experts chart taxonomical hierarchies. Civilized humanity tops the chart, with the hated others scattered below, in various—demeaned—ranks. Employing systematic, preexisting ideas—"received" ideas, that is—this class of "experts" emerges. Hook into the preexisting ideas and you instantly join the experts. What is it, exactly, that makes a woman, a homosexual, a person of color hateful? For these hooked-in experts, such questions need not be asked. The answers, in fact, precede the question. Knowledge of the other is revelatory rather than a product of experience.

This kind of imaginary mapping—locating a targeted other and thereby indirectly locating, defining, and affirming a knowing, plural, *self*—self-evidently calls out for both social and psychoanalytic attention. The malignant impact on the targeted other, as well as the deforming impact on the targeting plurality, seem self-evident. The need to work on these malignant deformations seems equally self-evident.

In previous work (Moss 2001, 2003, 2006), I have emphasized the *first person plural* dimension of these systematized forms of hatred. In doing so, I have mapped out a triangular set of relations. The triangle is straightforward. In targeting the other, "I" join with like-minded fellows in orienting ourselves in the world. This orientation obtains in both psy-

chic and material realities. The elemental plurality formed via this construction forever mitigates against isolation, object loss, and abandonment. "We" are now an entity—unified and in the know. Our knowledge precedes and is immune to the influence of empirical or experiential modification. The other appears before us exactly in accord with expectations.

Correspondingly, "we," too, appear before ourselves in exact accordance with expectations. The structure is both ancient and orderly. "I-We" have created nothing. "I-We" are hooked in now, but also, and crucially, we are hooked eternally—from time immemorial to time everlasting. The systematically constructed other is permanent, and therefore, indirectly, so are "I-We."

"I-We" know and are oriented by the "other" just as we are oriented by an equally unquestionable polarity: *in* and *out*. Hatreds structured along *first person plural* lines affirm *first person singular* identity. The other is naturally, and therefore irremediably, *other*. Those who target the other are, then, in the act of targeting, demonstrating their knowledge of human—and subhuman—nature. Hating the other—and resolutely seeing through whatever might confound the grounds for this hatred—confers expert status on the hater.

TWO STRANDS CONSTITUTE THE HATED OTHER

Structured forms of hating the other work by way of at least two interwoven strands. Via a projective strand, unbearable appetites are located in an other that does not have to be constructed afresh. This other seems to be there, its appetites clearly perceptible. Structured forms of hatred make projection effortless. But they not only facilitate projections; they also contribute an object whose essential existence—whose immediate perceptible reality—is crucial to the user. The hated object must have at least these two features: it must be real and its appetites must be excessive. The hated object cannot merely be thought or inferred or felt to be both excessive and real; its excesses and its reality must come to the user without mediations. Knowledge of this other must be immediate, its properties as available to perception as are the immediate properties of

stone or of water. Both its appetites and its reality are, then, in the user's mind, essential features of the object—noncontingent, constitutive, permanent. The hated object emerges from the interworking of these two strands: a projective one and an essentialist one.

Descartes' (1637) "I think, therefore I am" solves the problem of the *evil genius*. Descartes' evil genius was an imagined figure with the power to eradicate the distinction between the real and the illusory. Descartes asked: If such a figure, with such power, existed, on what might a person rely to affirm his/her own real existence? For Descartes, first person singular thought—("I think . . .")—was, finally, the indestructible ground on which one could stand in affirmation of the essential reality of one's own existence (". . . therefore I am").

In the twentieth and twenty-first centuries, Descartes' evil genius has assumed various forms—including Freud's "System Unconscious." And for many now, Descartes' solution seems less firm, less reliable, than it might once have been. We are led elsewhere—or perhaps, following Derrida, we find a way to grit our teeth and permanently defer Descartes' question.

Systematized forms of hatred provide their own solution to Descartes' problem. They furnish a reliable platform on which to ground essential feelings of identity. Those who employ systematized forms of constructing the demeaned other arrive at the following reassuring set of premises: "I am because we are. And we are because they—the other—are not." Here, the hated other serves as the antidote to the problem posed by Descartes' evil genius. The same problem is posed, in less elegant ways, by contemporary assaults on feelings of essential identity. (See here, especially, Adorno 1950.)

HATRED AND PROJECTION

In the construction of the other as a target of systematized hatred, projections (see, amongst many others, Adorno 1950; Bird 1957; Kovel 1970; Moss 2001; Young-Bruehl 1996) seem to solve intrapsychic problems pertaining to appetite: "I cannot endure wanting what I want." That is, via projection, one can locate in the recipient evidence for appetites whose presence in oneself would provoke disgust, distaste, repulsion,

etc.—appetites that are both unnatural and uncivilized. Shared projections identify categories of people who, apparently as a feature of their nature, lack the capacity to control their desires. These projections map deviations and spotlight deviants.

In naming and locating these deviant objects, the locater also maps him-/herself. The target's deviant appetites—always excessive ones—affirm, by indirection, the nondeviant, civilized character of one's own. Structured, first person plural projections locate people whose appetites are uncontrollable—both prodigious and misdirected. They name people who want too much and who want the wrong things. These excessive appetites—of envious, corrupting women; insinuating, predatory homosexuals; oversexed blacks—might, in principle, call for extraordinary measures. They designate people beyond the reach of reason. Such persons, by inference, since they are unable to use reason to govern their own appetites, might have to be governed by unreasonable means. The projections locate excessive appetite and insufficient reason in the target. Indirectly, they locate controlled appetite under the influence of reason in the user.

Projection in Clinical Analysis

In clinical work, I do not think that we treat all emerging "bad objects" as, per se, the result of projective distortion. In essence, we make a distinction between objects whose "bad" character seems to us primarily projective and objects whose "bad" character seems, in significant measure, to actually reside in the object itself. This is especially true as we work within the transference-countertransference sector. We do not assume that, merely because we are accused of having lost control of an appetite, this accusation represents the work of projection.

In a way, then, *psychoanalytic* can sometimes serve as a pejorative projective epithet. I recently heard of the following clinical interchange: The analyst felt he had cause to interpret something along the lines of "A part of you feels weak, while another part of you feels in need of denying your weakness." "That's not true," the patient responded. "That's just psychoanalysis talk. It's a trap. I'm supposed to buy that stuff. I don't. I never will. Take your talk and shove it. It's not real—it has nothing to do with me."

This is not an unusual moment, I think. What makes this example pertinent to my argument here is that the "weakness" the analyst inferred to be located in the patient is here located, by the patient, in the analyst. It is the analyst's interpretation that is "weak." In addition, though, the patient locates something "real" in the—for the moment—"bad" analyst. He locates "psychoanalysis talk." On hearing of this incident, I, too, like the patient, felt that the analyst's interpretation was "psychoanalysis talk": linked more to like-minded colleagues than to the patient himself. In such situations, the analyst momentarily becomes a "bad object": both the site of projection and the site of an essentialist marker. Indeed, the patient had found "real" "psychoanalysis talk," and, in finding it, could define himself in opposition—as a "real" person whose reality was best served by locating and resisting the "bad object" he was encountering.

In a situation like this one, the patient finds, constructs, and elaborates the analyst's "badness" as an incorrigible structural feature of either his person or his function as a psychoanalyst. When our "badness" is treated as an intrinsic feature of who we are and what we are doing, we are in a position analogous to that of the object provoking prejudicial epithets. Our badness is conceptualized and felt as a permanent, uncorrectable feature of what we do and who we are. The patient so naming us and what we do has, in the naming, arrived at what for him or her seems to be a discovery—one previously made by others, and one that he/she may have arrived at belatedly, but nonetheless one that confirms via "experience" what "wisdom" has already shown. And here in the clinical situation there emerges another "first person plural," structured form of hatred—with "psychoanalytic" as the organizing pejorative.

HATRED AND THE "ESSENTIALIST" VIEW

When we work within such a clinical moment as that just described, we tend to recognize that the accusation of "badness" likely includes a projective dimension, but we might also feel—perhaps even think we "know"—that the patient's accusation refers to something else, something other than what is projected. That is, we can often feel a match between something of ourselves and something of the projection. This match poses a problem for us. We cannot easily distinguish between what might be

our own receptivity to a projection and what might be the projection's accuracy. The projection may correspond to what we sense to be something real—"essential"—about us. For the moment, at least, we cannot distinguish these two aspects of the accusation; we cannot find the "dry spot" that would make such a distinction seem both valid and reliable.

In a moment like this—a typical moment, that is—the "essentialist" and "projective" dimensions converge. In this relatively common category of moment, all that is available to us might be a sense that we are housing some kind of excess, correctable and/or incorrectable, intrinsic and/or extrinsic. We cannot with confidence locate the original source of the "excess." Just as the "bad" object in the transference-countertransference sector can be constituted by both projective and "real" elements (which, at the moment, cannot be reliably distinguished from each other), so, too, is the intrapsychic/social sphere of the "bad" object—the target of hate speech—constituted of these two often inseparable strands. I will elaborate on this in what follows.

USE OF PEJORATIVES

Violent racist sentiment offers a particularly efficient solution to the burdens presented by excess, by what we are unable to endure. The universal antidote to psychic and social excess is simplicity. Presented with too much, one is tempted to find certainty and clarity. One then aims to obliterate ambiguity, to reduce noise, to cut back, to stop thinking, to find the reliable, and to rest. Racist sentiment and racist pejoratives offer a channel to satisfy such aims. Condensed and efficient, they gratify, sanction, and reward fantasies of codified, prepatterned sexualized violence. They offer an opportunity for a display of competent executive authority. And they offer a purgative for the expression of indignant moral certitude. All the agencies of mind are mobilized into straightforward action. No matter how prudent, how vigilant we aim to be, this condensed efficiency leaves many of us susceptible to the overdetermined satisfactions offered by categorical pejoratives.

Systematized forms of constructing and hating the other provide a particularly charged, intense—symptomatic—version of this process. One-word epithets—*bitch, fag, nigger*—provide an even more con-

densed version of the same. Such epithets rarely appear as central to the working vocabulary of analytic patients, but I have had the opportunity of working psychoanalytically with a patient for whom the use of these words is crucial. Their appearance in sessions has an explosive impact on both of us. Whenever one of these words is spoken, my attention, and my patient's, is riveted.

In this text, I mean to elaborate on some facets of what each of us attends to when these words erupt. *Erupt* is the apt word here: the words carry an enormous charge. For most of the time in sessions with this patient, the words and their charge have only a latent presence; often, though, there arises a moment when their charge seems to be set off—triggered. Consideration of this triggering moment allows for the possibility of thinking about the psychic work the words seem to be doing. This work is invariably complex and invariably includes both projective and essentialist elements. The operative word simultaneously works to expel something bad from the patient and name something bad in the world. Sometimes the expulsive/projective dimension of the word's work seems clear and identifiable; sometimes the essentialist dimension—the naming and locating of badness in a site other than the patient's own mind—seems clear and identifiable. Most of the time, these two dimensions are intertwined and efforts to distinguish them are not successful.

A Third Strand: The Depressive Pursuit

In my view, there is also a third dimension, a third charged strand, that becomes perceptible when these words erupt. This third strand came into my focus only as I began working on this text. I have long been trying to think about the kinds of hatreds that seem to me to underwrite the usage of such epithets. Of course, my efforts at thinking about those hatreds and epithets are themselves overdetermined. One prominent strand of determinants pertains to a wish to separate myself from such hatreds—to protect myself from either participating in them or being targeted by them. The idea is simple: thinking about frightening things offers protection against those things. Or, put another way: knowledge is power. I have no conviction that this idea is actually true; what I know, though, is that, regardless of its validity, the idea exerts enormous force on me and, I think, on many of us.

I am in pursuit of a state of mind, an imagined experience of mastery, whose outline I can describe with some precision. But describing it is all I can do. In this imagined state of mind, the epithets assume the status of "ghosts," once frightening but now a thing of the past—a fiction, a superstition, an infantile terror now overcome. Writing this text represents a pursuit of this state of mind. The state represents a moment of innocence. I locate this moment of innocence—when the epithets are neutralized, when, in effect, "the lion lies down with the lamb"—both in an imagined past and in an imagined future. The pursuit is grounded in the feeling that it might succeed. That feeling, of course, depends upon a sense, however slight, that I am going after something real, that I am seeking not merely an imagined object but instead a lost one. Experience is irrelevant. Success is not necessary. Failure is not a corrective. The pursuit persists, driven by the enduring idea that the state can be found, and therefore must be merely lost. The repeated experience of failure will not put an end to this doomed pursuit of a "lost" state of mind; I therefore call this pursuit *depressive*.

CLINICAL ILLUSTRATION: MR. A

Mr. A is in the first year of a psychoanalytic treatment begun to address his mounting, diffuse anxiety and long-standing compulsive behaviors—a need to check and recheck locks, stoves, receipts, bills, notes, etc.

Mr. A describes a particularly brutal background. He was raised in the rural American South. His father died shortly after he was born. He had a brother sixteen years his senior. He often witnessed this brother beating their mother. He himself was also the target of the brother's beatings; he was once stabbed above the eye with a fork.

The family was poor, scraping for necessities in a neighborhood dotted with luxurious houses. The brother, now in prison, is remembered as preoccupied with his own misery. He forecast the same misery for the patient and mocked him for expressing any resistance to this destiny. Taunting and violent, the brother's message was steady: you are just like me and you are helpless to change.

When the patient was ten years old, the brother was sentenced to twenty-five years in jail for an armed robbery, leaving the patient alone

with their mother. Mr. A has never visited the brother in prison. He often tells me how deeply he hates his brother. He imagines with pleasure the day he hears of his death and hopes to have the chance to desecrate the body.

As an adolescent, Mr. A began to resemble the brother. He grew taunting and violent, openly cruel to schoolmates. He felt as though he could kill people with his fists. Once a fight started, there was no sense of limit: "I would go all the way and everyone knew it. People were frightened of me. I wanted that. But I wanted more—I wanted everything, to nail it all down, to get it all. I was valedictorian and best-dressed in my senior year."

Mr. A has been jailed for assault and often, in the analysis, seems to want to intimidate me, taunting, mocking, and frequently telling me about escapades in which he threatens "weaklings" in public places. He thinks of psychoanalysis as an elite treatment practiced by and for elite people, so the fact of being in psychoanalytic treatment seems an end unto itself. The goal is not exactly to get better, but rather to have won yet another credential. "No one but me will have put all of these together in one cluster: the schools, the degrees, analysis, science, violence, drinking, the military—all of it, all me."

Indeed, Mr. A's public accomplishments can seem without limits. He has won honors and fellowships from the country's finest universities. His full ambitions, when realized, will have demonstrated not only his successful, and irreversible, escape from a lowly starting point, but, more important, they will have demonstrated that he has become who he was meant to be—who he really is. He speaks of his life as though it were a fable: the evil mother, the imprisoned brother, the lowly origin, and the heroic struggle to win back his dignity.

Mr. A thinks of himself as unique; he has neither known nor read of anyone like himself. He refers to himself as both "sublime" and "monstrous." Of a colleague of mine whom Mr. A once heard give a talk, Mr. A says: "Your friend is an idiot. It's a travesty that I'm in the same building as he is. He couldn't be a janitor at some of the schools I've gone to."

My feelings toward Mr. A range considerably.

He began his analysis by saying, the moment he first lay on the couch, that he was terrified of what might come out of him. He vowed

to be vigilant; he couldn't allow what was inside to come out. He wasn't sure what it was, but he was certain that it had to remain out of anyone's reach. He also said in that first session that he knew such vigilance would only guarantee that nothing would change. "I'm desperate," he said then, and has frequently said again. This desperation is often perceptible and invariably moving.

But most of the time, his feelings of desperation are far from perceptible, and instead of desperate, Mr. A more regularly seems ruthless. I can get frightened, feel worried that I've made a mistake admitting him into my office, leading me to feel that I might have to be careful about what I say—that he could crack and turn on me were he ever to sense me as a real impediment.

Recently, I was out of town for one week. During the time I was away, Mr. A spent a great deal of money on recreational things: World Series tickets, a private helicopter ride, etc. The expenditures will have the effect of increasing his already overwhelming debt load. He owes more money than he can reasonably expect to earn in two or three years of work.

On his way to his session on the morning of my return, he was feeling "white hot hatred of you. You're stealing my money. You're charging me for a treatment that you can't make work. I'm broke and can't afford this and today you'll give me yet another bill. You're a fraud and you know it."

I said to him that I thought I was meant to feel contrite for having gone away, but that I also noticed that what he spent while I was gone was nearly ten times what I would charge him for a month's worth of work. He responded: "That's very clever! You have your clever ways and I'm not about to be taken in." His response here is of a kind I have become familiar with: taunting, dismissive, and demeaning, while at the same time patently and urgently defensive. This mix has, in my mind, become his signature. It seems to represent both violence against me and an urgent appeal for my help. It provokes in me a signature mix of my own. In the midst of that mix, in some sense, I think he is right—my remark *was* "clever." I meant to deflect his accusation and turn it into an object of interpretation. But simultaneously, I am aware that he

is not right; he wants to reduce what I've said to the merely "clever" and thereby strip it of its potential for interpretive use.

This assault on my capacity to convey meaning breeds a sense of hatred and a wish to be rid of him. At this moment, then, with him taunting me for what is, in part, true, and with me feeling this reactive cluster of violent sentiment toward him—some of which, I think, is grounded in something "true" about him—I feel actually unable to separate projective and essentialist strands from each other. The patient and I seem intertwined, and the surmised projective/essentialist in each of us seems intertwined.

What makes this dense, impenetrable experience bearable for me—even promising—is that, while the patient is taunting me, I am aware that within minutes I will be able to think of the taunt as an expression of his reflexive incapacity to use me as a decent, thoughtful object. This judgment that he is being defensive will likely stir in me an impulse toward pity and identification—the kind of emotions traditionally linked with tragedy—and a wish to protect and care for him. But for now, the moment is too thick with entanglements for me to actually find a way to work in its immediacy. I have to await a moment in which I can feel confident in my capacity to identify individual strands of meaning and motive.

I spend much of the treatment in such states of waiting. The patient and I rarely land on sustained moments in which it seems to me, or, I think, to him, that we are working together in anything like a shared project. Rather, it seems that each of us is aiming primarily to survive the other. Shared work is a rarity. The pursuit of these moments of shared work is, for me, continuous.

The following incident is a particularly pointed example of how difficult it is for me to find my way into what feels like good analytic work with Mr. A.

The Patient Accentuates the "Essentialist" Strand of the Epithet

This session took place shortly after a highly publicized robbery/homicide near where Mr. A lives. A group of poor, "black" youth was arrested and charged with the killing of a "white" woman. The killing

had taken place on a gentrified, upscale street. The victim had been repeatedly described and pictured in the media as well educated, particularly attractive, promising, etc. The crime was pitched to all of us, then, as conforming in its particulars to a widely shared fantasy of racial/class crime: the "black" underclass senselessly erupting into homicidal outbursts in sectors of the city thought safe from exactly such kinds of crime.

The day before the session to be reported, the patient had been speaking about what he and I had come to refer to as his "coldness," a long-standing state of remove from which it seemed to him that no one had any rights to what he called his "inside life."

> I'll do what I'm supposed to do, but don't expect me to feel what you suppose I should feel. I'm responsible to you for my actions, not for my feelings. I'll have sex with you, I'll be a good lover, but don't expect that while I'm doing it I'll be thinking only of you. My desires are mine, not yours. Your job, and my girlfriend's, as far as that goes, is to help me do right by myself and by you. Your job is not to help me feel right. Feelings are mine. I owe nothing to anyone about what I feel.
>
> Like with the killing downtown, I would have known how to deal with those people. They wouldn't have been able to do that to me. I've been in black bars. Me and my friend are the only white guys in the bar. We can hear people talking about us. There's trouble coming and we just turn around and look at them. The look says everything. They back off. No one's ever touched me and my friend. My friend's spent time in prison. No one's ever touched him. He's dead now. It's the saddest I've ever felt. That's what started my breakdown, that he died.
>
> In the old days, in my old neighborhood, something like that happened, we would say how we would catch and string up those niggers. We'd mean it, too. That would be authentic. That would be real. The most disgusting thing about this is how the paper chickens out from saying they were black. I'm disgusted by these gaps in the paper—the race of the killers isn't named. That doesn't make it go away. Revenge is good; it restores order. It's crucial to restore order. To name things. To name things as they are. To get things back in their proper places.

> Like Medea. I hate when people say revenge is no solution. They're so stupid. Revenge isn't supposed to be a solution—it's passion. It's real. It's not to correct something or to be justice or moral. Revenge isn't good. It's meant to be what it is. A real thing happens and then another real thing happens in response.
>
> That's why lynching had meaning. Most of the people lynched were guilty. They did something. Society came after them. People tore through the walls of jails, tore down the doors. They tore through walls. There's something good and right and real about that kind of passion. People are insisting on keeping things in their place.
>
> I'm worried now. These are the kinds of ideas against which I'm always checking, checking, checking. I'm always thinking: what if these kinds of ideas leak out.

I say to him: "This is the first time you've made any connections between any ideas at all and checking." This rather cold and distant remark seems, in retrospect, to represent my own effort to maintain a facade of self-control in the face of my patient's expression of raw respect, even admiration, for the zealots who "tore through walls" to affirm what they knew was "real." My own outrage at what he is saying, my own sense that I want to shut him up, cannot be indulged, I think. Nor can my sense that, in some way, I feel that I know what he means. This "knowledge" of what he means disturbs me. It is the product of an identification with him and with those who "tore through walls." He is referring to something that I sense as primal, as prior to thought. Those people "tearing through walls" resemble, in my mind, what Freud seems to be getting at when he writes that the ego "hates, abhors and pursues with intent to destroy" (1915, p. 138) its sources of pain, its bad objects. I, too, via this identification, locate myself as a figure oriented toward ridding itself of its essentialist, fundamental bad objects.

I counter both my disidentification and identification with this ostensibly emotionally indifferent comment. At the time, I was unable to adequately grapple with either the projective or essentialist dimensions of his narrative. Instead, I retreated to its tepid, manifestly clinical dimension. The intervention was mildly productive, I think, but more important, it was evasive. The pejorative epithet is extremely difficult to

deal with productively. To take it on directly, to repeat the word back to him, feels to me as though it would be to join him in what I would only mean to interpret. To take it on indirectly—to refer to what he's said without quoting the epithet—feels to me as though it would be to admit my own incapacity, to submit to extraclinical regulatory norms. Nothing feels right.

My patient continues:

> I think the ideas have just leaked out here. There may be consequences. I may now be kicked out—my treatment discontinued. You could hate me now. Suddenly I'm a bad guy. You could call in the authorities. No one's supposed to think like this any more. You could try your best to block my progress. It's not bad what I'm saying—people do want to string them up. It just can't be said. I'm trying to say things have to be kept real. That reality counts, that race is real, and if black people did the killing we should say so and if they're strung up it's better than faking reality, putting them in jail, waiting twenty years for the death penalty. And then forgetting what really happened. What really made the crime happen. Who really did what to whom. Race is real. If you can't say what's real, you might as well be dead. Saying what's real keeps you alive. Stop saying it and you're dead. Killing that girl is a crime. Stringing them up is a crime. It's not doing it that's important. It's not important that violence be done. But violence—real violence—has to be said. Not saying what's real, making what's real go dead, is also a crime. Race is real, that's all.

The Patient's Fear of Excess

What does this patient mean by "real" when he says that "race is real"?

What we can say about Mr. A is that he feels overwhelmed when threatened with the loss of the clarifying support that the "reality" of race provides. Without this "reality," he is faced with more than he feels he can endure. He is faced with traumatizing excess.

For Mr. A, race is only one unambiguous sign in a psychic world that seems marked out and mapped entirely by such unambiguous signs. Mr.

A relies on these signs as absolutely as a blind person relies on a cane. Signs are all he has to provide an indication of what is "real." Money is real, degrees are real, labels are real, power is real, hatred is real . . . race is real. That is, signs are real and race is a sign. If the race sign can be disturbed, so can all the others.

For Mr. A, all the primary activities of mind—thought, interpretation, feeling, fantasy—might proceed, but none of these "really" count, because none of them, in principle, rest on unshakable ground. They are all, potentially, merely "clever." Thought, fantasy, and the rest are uncertain, susceptible to disturbance and misuse—like stoves, checks, signatures, and the like.

Signs alone are real; they function outside the reach of the imagination. We may interpret whether or not the car has come to a halt, but the STOP sign itself is beyond the reach of interpretation. Only if they are absolute in their "reality" can signs reliably function as marking out the otherwise inaccessible reality of the world around them. Signs are all that Mr. A feels he has—absolutely has, that is.

Deprive Mr. A of signs and you deprive him of his capacity to both distinguish and to maintain the difference between what is and what might be, between the reliable and the uncertain. For Mr. A, race, and with it the racial epithet, is a marker of a reliable reality, undeniable, permanent—anything but "clever." The racial epithet here, of course, carries extremely violent projective force. But it also carries something more, something "essentialist": the epithet means not only that its target is diminished, but also—and, I think, more important for the patient here—that its target is "real."

The Analyst Aims to Accentuate the Projective Strand of the Racial Epithet

At the time of the next session to be reported, Mr. A has been told that he is one of two finalists for a position he applied to, out of an initial pool of 400 applicants. Mr. A has undergone three extensive interviews and has been told that he will be informed of a decision after the weekend. This, the first session of the week, takes place on Tuesday.

> They still haven't called me. It's such bullshit. Those imbeciles. It's not as though they are interviewing me for the Supreme

> Court. This is one level from the bottom. It's disgusting. The guy says he'll call on Monday. And then, to add to the humiliation, my answering service fails on just that day. I have to call the fucking secretary and ask her if perhaps her toad of a boss has found the time and the inclination to have called me. Sorry to bother her but my answering machine isn't working—the lamest excuse in the book. I have to stoop to that; even if it's true in this case, they have no reason to believe me. To them, I'm groveling for their piece-of-shit job. It's outrageous. And still he hasn't called. He then calls me and says by today, he promises, by noon, and now it's after that and he still hasn't called. And all I can do is wait. I hate it. I hate them.
>
> But, at a meeting just now, I almost lost it. I'm still worried about touching these people. I know you can't get HIV by touching, but still—small cuts, fingernails, there's always a chance. And these people are coughing, hacking things up, they're sick, and I don't want them touching me. And at the end of the meeting, this guy comes in late, very late, like he always does. He comes just to show up. He's not a real scientist. He's a fraud. Filthy, fucking nigger comes in and fakes his way into my meeting. Dirty, sick, lying nigger. And I'm there in the same place, maybe having to touch his hand. It's outrageous.

Here, the racial epithet carries a different valence—a different stress—than it did in the earlier instance. Here, the word is about hierarchy and mapping. It marks *inside* and *outside,* the bad object outside and the good object—the patient—inside. Here, the word carries a traditional—projective—valence. It establishes a bottom, a floor, below which, under no circumstances, might Mr. A follow. This is one thing that racist "projection" does: it sets a limit. Mr. A can fall only so far, can lose only so much, can be only so out of control. The object of his pejorative is located beyond Mr. A's limits; he houses what Mr. A could not bear to house.

In the first instance, Mr. A uses the pejorative primarily as an essentialist noun. It marks reality. To not use it is for him a demonstration that reality itself can be manipulated and managed in the name of some small-minded, ethical consideration. This threat to his perceptual/conceptual foundations is unbearable. For Mr. A, then, the use of *nigger* here

is itself a morally strong, virtuous activity. The user struggles against the repressive, distorting forces of taste and convention and dares to name what must be named. Mr. A considers this naming an act of heroism, akin to the work of a scientist whose search for truth will not be influenced by the demands of sentiment and public opinion.

In the second instance, Mr. A's use of the pejorative seems to primarily function projectively. The word functions to mark out what he himself is not and will never be. The word seems meant to set a limit and to map Mr. A's position on this, the civilized side, of that limit.

The essentialist and the projective function converge on one and the same word. The essentialist strand of the pejorative has a function that is only apparently racist; its actual function is to prop up the user's orienting signs, to protect the user from the threat of losing confidence in those signs, and therefore of losing confidence in his/her contact with reality. The essentialist pejorative protects against the threat of feeling psychotic. The projective pejorative is used to prop up the user's self-esteem, to protect the user from feeling unbearably humiliated, insulted; the projective pejorative protects against despair.

THE DEPRESSIVE IMPACT OF SUSTAINED CONTACT WITH THE PEJORATIVE EPITHET

In writing this paper, I have become aware of a third strand of meaning tied to the use of these pejoratives. In writing about the epithets, I myself have used them; the paper itself became another medium through which the pejorative epithets coursed. In this text, I employed the pejorative in the hope that it could be used and studied without the study itself being infiltrated with projective and essentialist meanings. That hope was not realized. I was, in fact, unable to find a vantage point that was immune to infiltration by these strands of meaning. Nonetheless, the hope persisted, and in fact still persists. This complex constituent of the pejorative—its seemingly intrinsic power to infiltrate my mind with its projective and essentialist meanings—came as a surprise.

In my case, as in the case of the essentialist, the rationale for using the pejoratives was that they are "real" and, as such, they must be named and looked at. In some sense, this conceptual move consisted of placing

a mediating and separating layer of thought between me and the words being used. It was a self-conscious effort at sublimation, made in spite of my thought that such a maneuver is actually impossible to achieve. And in fact, even when muffled by the mediating/separating layer of thought between user and pejorative, these words still carry a transgressive charge here. I wrote them with a sense that I had the right, even the obligation, to do so. Nonetheless, in doing so, I could feel myself, however distantly, partaking of the same kinds of pleasures and reassurances provided by the epithet's projective and essentialist strands.

The pejoratives, in effect, turned on me. In my use of them as objects of study, they became objects of self-accusation as well. The epithets rang in my mind with the charge that what I "really" intended by their usage here was to find in that usage the same kinds of pleasures and reassurances that my patient did. And against this charge, in fact, I am unable to entirely defend myself. The epithet's charge is metaphorically radioactive—dangerous to its handler. The epithet's power leaked through whatever protective layers of thought and sublimation I might have tried to employ.

No matter how far back I moved, no matter how much I wanted to shake free, I was dogged throughout the writing by the brute fact that these pejoratives—though used here by a patient of mine—also formed part of my own language. When I say I sense them as my words, I mean that as I thought of them, and particularly as I wrote them and imagined them in published form, I could sense an enduring, primary, irreducible charge that the words carried in me. Whenever I used them in this text, no matter how abstract and civilized the ostensible purpose, I could feel that charge—those charges—course through me, and I could locate the pleasures, the powers, and the shame that adhere to the pejoratives' use.

A paper like this aims to use pejoratives civilly. This aim persists in spite of the fact that, in its writing, I became aware that the aim itself may represent an essential contradiction. At the heart of this contradiction is the notion that—no matter my motives, no matter the extent to which my thought might strive toward power and clarity—such pejoratives cannot really be used civilly. That is, their malign power—either essentialist or projective—infiltrates me, and, in all likelihood, will infiltrate the reader. This infiltration seems to persist whether we use these

words or whether we insist that they remain unspoken. There seems no escape: the words must be contended with, either by a thought that names them or a regulation that forbids them. Spoken or suppressed, the words maintain their primal power.

Maybe this is as far as one can go in trying to conceptualize this third set of determinants. In order to think of these pejoratives, I have to use them. And yet I know that while using them, I am simultaneously being used by them. Thinking about these pejoratives is, finally, a melancholic activity—an activity that propagates the bad object that one means to render inert. Neither projective nor essentialist, then, this third strand of meaning might best be called *depressive.*

A Final Punctuating, Depressive Anecdote: Mr. X

Mr. X is seeking treatment for a "violent temper," a long history of "scaring people," sometimes "beating them." Shortly before our first session, he had beaten a lover in the face. We have had three consultations so far. The patient has seemed thoughtful, considerate, self-conscious, and eager to gain control over a lifetime of explosively violent outbursts. I am considering whether to recommend psychotherapy or psychoanalysis.

The patient comes in a few minutes late to his fourth consultation session. He says he is upset/angry. It has something to do with my telling him in our third consultation session that I thought his good feelings from the first two sessions would likely be transitory. He leans forward, professorial, even condescending, and tells me that therapists often don't know what they've done to make patients feel better—or worse, for that matter. He's therefore not sure what grounds I might have for making this judgment.

I'm thinking here that my remarks from the previous session had, in fact, taken me by surprise. I wasn't sure, even then or now, what had led me to speak so authoritatively. I'm also thinking that he, somewhat correctly, had sensed them as presumptuous and overreaching. I'm listening, waiting to hear more, a bit puzzled, feeling confronted, anxious, challenged a bit, but not at all alarmed. I'm wondering what he means to be getting at, what's upsetting him.

At this point, though, the patient abruptly changes course.

He says: "You can take your hand away from your mouth."

The remark seems strange. My hand is indeed where it often is: near my mouth, kind of supporting my chin. My first sense of what the patient might be meaning is that he is trying to reassure me. I think that maybe with my hand there I look anxious or concerned or worried. Maybe my hand at my mouth is a marker of feelings like that. Maybe he wants to let me know that I have nothing, really, to be concerned about, as though he were saying, "You can relax." Thinking this, and thinking that I am, in fact, already fairly relaxed, I say nothing and don't move my hand.

The patient then repeats himself, more forcefully: "You can move your hand from your mouth."

Here I become alarmed. He is obviously not trying to reassure me. I don't know what he's meaning or what he's trying to do. I still don't move, but am very self-conscious and uncertain about what to do with my hand.

Then, suddenly, furiously, the patient screams at me: "I said, *take your fucking hand away from your fucking mouth!*"

Immediately, he's standing next to me, one fist raised and cocked, the other holding a briefcase, also raised and cocked, both aimed at my face.

I'm terrified. I feel like a hostage, a kidnapped person, or a helpless child. The patient's power is unlimited. The situation is sinister and deadly. Take your fucking hand from your fucking mouth!—Do everything I say, or else. I put my hands in front of my face. I imagine my mouth split open, my teeth broken, my eyes damaged, orbits fractured, nose fractured, blood all over, how will I get out.

I say, softly I think, "Don't hit me."

The patient walks away from me, toward the door. He stands still in the door, turns, stares at me, his face communicating fury and hatred.

"Faggot!" he says to me. He screams it out and leaves.

I hear him walk the corridor and exit the building. I am in tears. My heart is pounding. My first thought is that he could have killed me.

I try to think about what's just happened. I remember that in the first session, the patient had told me that twenty-five years earlier, he had beaten up his older brother, a tough Marine, who had for years, ever

since my patient had shared an apartment with a man, taunted my patient for being/seeming homosexual. In that same session, he had told me he would be a difficult patient, but had reassured me that the difficulty would never be physical.

I now feel stupid, taken in by this false reassurance, unable to have predicted the violence I have just experienced. Only by a contingency that my patient was in charge of does my face remain intact. I feel furious. I want to beat him, punish him, show him who the "faggot" is. I notice this primitive wish to retaliate, to turn the epithet outward, and I inwardly cringe. I am surprised and embarrassed that my thinking has taken this turn. Moments later, I notice something else—also surprising, also embarrassing.

I catch myself wondering how I had given myself away. What signs of my being a "faggot" were visible? Was it the shirt? Maybe it was the way I had my hands up in front of my face—a sissy. The most surprising feature of this turn of mind is the transient feeling that maybe the patient was right: maybe it was I who was the unwittingly provocative "faggot." Was there something unconsciously seductive in having my hand near my mouth? Are my clothes excessively fashionable? Do I convey signs of retreat from standard forms of tough heterosexual masculinity?

This rush of thoughts is not convincing, not persuasive. But nonetheless they are there—noisy, chaotic, disorienting. I am helpless to silence them. They stir primitive, old memories in which the project of becoming masculine seemed hardly assured of success. The best I can now do is to register these memories and notice how my patient's outrageous violence has resonated with ancient personal vulnerabilities that leave me emotionally uncertain about the "masculine" ground on which I customarily stand.

My most shocking reaction to this projective epithet occurred that night, coming home in the subway. Near me, waiting for the same train that I was, stood a man whom I was certain was gay. He was small and delicate. I looked closely at him, more closely than I usually would. I then felt the force of the word *faggot* practically roaring in my mind. The word that had just that morning targeted me was this time targeting *him*. I was possessed by the word. For a moment, I wanted to really hurt

this man—to hit him, scare him, get rid of him, to get rid of all of them. I felt humiliated and chastened. In this moment, I was much more helpless than I thought I would be. The projective epithet was at work beyond the reach of my capacities for thought.

Later still, home now and physically secure, I tried to think. Perhaps, I thought, this is one way that systematized projections work. The projections are passed on, from one of us to another, passed onto us and passed into us. There they encounter a receptive audience. In me, that audience took the form of doubting the claims I might be making about my own masculinity—of what did it actually consist? How certain was I, really? Not very, it turned out. This projective epithet could be traced from my patient's brother to him, from my patient to me—from me there in the consulting room to me in various moments of boyhood fragility—and then for a moment, in my mind, from me to the man on the subway platform. In each of these passages, the projective epithet constructs an object, an object that seems real, that seems to belong in a particular demeaned location warranting particular violent treatment. In each of its passages, the projective epithet works under cover of reason.

And in each of its passages, one might well wish to interrupt it and to finally obliterate the "bad object" it so forcefully carries. That wish to obliterate both the epithet and its bad object endures, as does the ongoing failure to ever realize that wish. Both the epithet and the wish to obliterate it endure. And here, in the resultant irreducible tension, reside the epithet's depressive dimensions.

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PAYMENT AS PERVERSE DEFENSE

BY WENDY WIENER KATZ

A case is discussed in which the patient's management of aspects of the payment process is seen as a focal point in a perverse defensive structure operating in the treatment. Detailed process material is examined with attention to transference and countertransference components of this defensive process. Recent literature on perverse thought and defense is reviewed in order to understand this case in the context of current thinking, to generate new ideas about the nature of perverse defenses, and to consider the potentially special role that money may play in the operation of such defenses in psychoanalysis.

Keywords: Perverse defense, money, fees, splitting, reality, perversion, countertransference, enactment.

> A physicist, an engineer, and an economist are shipwrecked on a desert island, their only supply a can of beans. The three confer about how to get the can open. The physicist suggests building a fire and heating the can until it explodes. "No," says the economist. "The beans will be scattered and lost in the sand." The engineer suggests dropping the can from a height, high enough to cause it to break open, but low enough so as not to scatter the beans. "No," says the economist again. "There is no tree here, nor any other way to reach such a height." "Okay, if you're so smart," retort the two, "You solve the problem."
>
> "It's simple," says the economist. "First, assume a can opener."

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INTRODUCTION

The economist in this classic joke from academia does not feel bound to solve his real-life problems by referring to reality. He makes use of a type of thinking in which a desired reality takes the place of the acknowledged but inconvenient one, and while his clear-minded scientist companions are desperate, even violent, but thoughtful about their inability to get at needed supplies, he remains unperturbed. The joke plays on the notion that such "assuming" is a disciplinary convention among those social scientists who study the distribution of wealth. But as analysts know all too well, this disregard for the constraints of reality extends beyond the so-called ivory tower.

REALITY AND PERVERSION

In recent years, a number of authors (e.g., Coen 1998; Grossman 1993, 1996; Purcell 2006; Reed 1997; Smith 2006; Zimmer 2003) have addressed the ways in which what are often called "perverse" states of mind may become prominent in the psychoanalytic treatment of some patients. Discussions of perverse states of mind, whether they describe these as transiently mobilized defensive states available to all patients, or as enduring structures in certain narcissistic patients, center on the disturbed relationship of the subject to his own perceptions and actions, sometimes referred to—somewhat problematically—as "reality."

In this literature, a notable lack of consensus on the definition and etiology of perverse mental phenomena coexists alongside a strong sense of agreement on their basis in disavowal and concreteness, and on the countertransferential experience of working with patients who manifest them. Frustration, irritation, outrage, indignation, and similar affects are universally mentioned as the emotional burden of the analyst encountering what are variously termed perverse defenses, perverse "attitudes," or perverse "modes of thought." In everyday terms, as Coen observes, "these patients provocatively refused to be reasonable like everybody else" (1998, p. 1172).

While the extraordinary diversity of what is called *perverse* may be seen as an indication that we should abandon this terminology alto-

gether, my point of view here is that there *is* an essential interpersonal aspect of this psychic state, one that justifies the use of such a controversial term. This is that the subject makes use of a *particular way of dealing with objects,* one characterized by *misuse,* in the service of simultaneously disavowing discomfiting aspects of what he believes to be reality and affirming an important contradictory unconscious wish.

Perverse Defenses and Fee Payment

In order to address this proposition in more detail, I will present material from an ongoing psychoanalysis in which aspects of the process of paying for the treatment were recruited as props for such a perverse defensive structure. Enactments occurred in three areas of the patient's management of paying me for his analysis. While I discuss these as if they were discrete categories, in practice, there was something less boundaried in the way that the experience of payment was thoroughly distorted in this case. Central to my thinking is the idea that the invisible thread binding these distortions together was the element of *misuse,* a misuse in which the gratification of wishes for revenge and restitution for childhood wrongs was layered on top of earlier instinctual gratifications, facilitating the disavowal of an ungratifying present reality experienced in the transference. I consider the term *misuse* to refer to situations in which the patient himself thought of his behavior as wrongdoing.

Because it is likely that patterned behavior around money in psychoanalytic treatment not infrequently represents this type of defensive process, looking at interactions around the fee from the vantage point of their perverse aspects may be especially useful in revealing defenses against selected pieces of the transference that might otherwise evade notice. More generally, an examination of the use of money in perverse defense may shed light on some of the many shadowy areas in psychoanalytic theorizing on perverse phenomena.

CLINICAL ILLUSTRATION

An attractive, highly intelligent, middle-aged entrepreneur with an edgy sense of humor and ready access to his fantasy life, Mr. J came to treatment in a state of despair, unable to recover a year after suffering a series

of personal losses. Mr. J complained of chronic depression and anxiety, as well as trouble imagining a future for himself. After six months of psychotherapy, he began an analysis four times per week on the couch.

Mr. J's difficulties with external reality came up early in the analysis and were made vivid to me in the countertransference. Like many patients who go on to exhibit perverse states, Mr. J experienced a rapid regression as the analysis began. He reported panic, depression, and a recurring sense of disorientation outside of sessions. "I feel like I am living someone else's life," he said. "I wake up and for minutes, I don't know where I am or what year it is."

A painful negative transference emerged in which he found me threatening and cold, and vividly imagined that I might stab him. This contrasted alarmingly for him with his experience of his previous therapist whom, he felt, he had charmed and entertained. He recalled a frightening childhood scene—repeatedly being awakened in the middle of the night by his intoxicated mother screaming at him. He remembered two recurring childhood dreams. In one, he was unable to identify his mother among the dozens of identical versions of her who came to pick him up from nursery school; while in another, he was being chased around and around the outside of the house by wild monkeys, while his oblivious mother stood passively in the kitchen.

The transference crystallized around his feeling that I required him to give me everything, including his money, devotion, and inner thoughts, while withholding or even stealing from him everything that he longed for, typically represented by food. Mr. J constantly declared that he was "starving" while on the couch, fantasized aloud about what he would eat when he left my office, and struggled with urges to binge on sweets during the weekends. He chewed gum and occasionally ate candy on the couch. In dreams and displacements, he identified with fat women, whom he saw as rejected, lonely, and insatiably hungry—in a word: "losers."

At times, the feeling of being starved appeared to be condensed with fantasies of being mutilated or destroyed. "This is making me worse," he would insist, claiming that the analysis was causing him to "fall apart" in an undefined way, although he was functioning normally at work. He developed a pseudoscreen memory in the form of a fantasy about a lie

that he would tell should he have to explain to others why he was falling apart: he would say he was suffering from having witnessed a murder as a small child. This fantasy was further elaborated in a dream shortly afterward in which he saw a small black child whose arms had been cut off by an angry man, and who was unprotected by his unkempt mother; the mother was omniscient in her understanding of this mutilation as a fate worse than death for the boy, but she was passive.

I felt intense pressure and anxiety in response to Mr. J's distress. To add to my discomfort, I intermittently experienced an unusual and very compelling paranoid fantasy that Mr. J was not a real patient; I imagined that he was a type of impostor, planted by unknown authorities to test whether I could tell a real patient from a fake one and whether I could correctly recognize "analytic" material. The countertransference was split: I knew my bizarre idea was a fantasy and yet I was haunted by it. I struggled to identify the source of this disturbing experience.

Mr. J's material, at this early point in the analysis, was filled with the language and imagery of eating, excreting, bodily mutilation, and catastrophes of separation; yet this primitive experience was expressed blandly and seemed entirely disconnected from the reality of my patient as a grown man who owned a business and had sustained a long relationship with a woman. I was filled with feelings of suspicion: Had he been reading Melanie Klein in preparation for his sessions? Was he "feeding" me material that he knew would stimulate me? I had a sense of being manipulated or controlled, of our interaction mimicking, rather than actually being, a process of analysis.

In one early session, Mr. J remarked, "It's interesting how you have that butterfly picture. Someone mentioned butterflies the other day . . . . If you touch them you kill them. Maybe it's a myth."

In an approach toward the surface of this communication, I said simply, "It's a thought about yourself." "Yes!" he cried with what seemed to me unwarranted pleasure and surprise. "How did you know?" Yet he seemed unable to elaborate on this "understanding."

Later, I came to see this interaction as an instance of a patient's inducing an analyst to speak his own thoughts in order to feel he is receiving them as concrete objects from the analyst (Zimmer 2003). Through repeated interactions like this, the countertransference took

shape around a nagging anxiety that I might be believing something that was not real, or that I might be *dis*believing something that *was* real.[1]

Britton (1998) notes that the "function of belief" can be defensively *suspended*, leaving perceptions and fantasies in a state of limbo, neither accepted as true nor dismissed as unreal. When the belief function is suspended, Britton points out, "so are its emotional consequences, and calmness is purchased at the price of a prevailing sense of unreality" (p. 16).[2] Britton argues that "the place sought in the mind" by such suspensions of belief is related to the transitional space described by Winnicott, in that within it, the question of reality testing simply is not taken up. But while the suspension of belief in the service of play and creativity is characterized by flexibility and a voluntary quality, in the perverse defense it is compulsive and rigid. A tacit agreement not to submit a belief to reality testing becomes, in the perverse position, a fearsome injunction.

Although uncomfortable for both Mr. J and me, the sense of uncertainty made it possible for other disturbing experiences to remain vague and unarticulated. In the butterfly example, my contact with the full emotional reality of Mr. J's *actual* experience of himself as a fragile creature endangered by his contact with me was limited by the way that this idea was communicated in a context of uncertainty and suspiciousness. And, correspondingly, Mr. J was able to feel he had "gotten" something, to give the superficial appearance of feeling understood, yet to avoid actually experiencing himself as having been dangerously "touched."

This split countertransference and accompanying blurring of the sense of reality was, I think, an early signal of the operation of a perverse defensive process that in time took a more structured place in the treatment. I began to see Mr. J's management of money as a focal site for this type of process.

[1] Arlow (1971) discusses the "practical joker" (p. 326) as a perverse character type who tricks people in order to enjoy revealing that what they believed to be true is only make-believe. In these interactions with Mr. J, I felt that I might be the victim of such a practical joke in believing him to be "for real."

[2] In another theoretical framework, Grossman (1993) describes this as the patient's "taking liberties" with his reality-testing function. His ability to test reality is intact, but he chooses not to use it when to do so would reveal a conflict with certain cherished wishes. Grossman does not go into the broader implications of this "attitude," as he calls it, for the overall sense of reality.

The Matter of Money

The misuse of money was undoubtedly overdetermined in the case of Mr. J, whose childhood history of a kind of enigmatic, shameful, and secret poverty suggested a longstanding link between questions of reality and the concrete object of money. By his report, he was raised in an affluent neighborhood, but in a household characterized by scarcity. His frightening, sadistic father enjoyed upsetting the children by, for example, eating a treat he knew they had been saving while laughing at their distress. His narcissistic, volatile mother cried when disappointed by her children's gifts to her, and complained ragefully about their need for basic supplies like water and shoes.

When he came to treatment, Mr. J was focused on grandiose-sounding plans to expand his newly opened business so as to amass a huge sum of money that would allow him to own several homes and not have to work. He envisioned re-creating himself as a powerful, desirable, and admired tycoon at the center of a life of leisure and plenty. Extraordinary wealth always seemed to be right around the corner, while his current life was characterized by a chronic frantic scramble to pay his bills.

My countertransference reaction to these oscillations in Mr. J's sense of his own finances was intense. I appreciated the tenuousness of his grasp on his finances; nonetheless, I experienced excitement on hearing Mr. J's descriptions of his projects and the profits he expected to realize. I admired his creative ideas and enjoyed imagining his future success in a field that seemed exotic to me. I was aware of a narcissistic pleasure in playing a part in the development of this talented man, and I had fleeting but specific fantasies of my patient's future as the rich and indulgent father of an adored daughter. I imagined that soon I would be able to raise his fee, sharing in his success.

But then he would encounter problems: deals would fall through, expenses would rise, and I would experience a sharp feeling of disappointment and disillusionment. Perhaps the seemingly ingenious business plan he had described was actually illegal, or just stupid! How could I have thought I would be able to raise his fee, when in fact I would probably have to lower it? I worried that Mr. J would become unable to pay

and would have to leave the treatment, ending his progress and affecting not only my finances but also my psychoanalytic training.[3]

Founded following a hostile break from an admired and envied employer, Mr. J's business was managed in what sounded to me like a chaotic and often unethical manner. Many transactions were made under the table; he regularly lied to his customers; and he found ways to circumvent advertising regulations. There were shifting of credit card debts from card to card, failure to pay taxes, pocketing of petty cash, stalling of unpaid employees, and so forth. Mr. J blandly reported these practices to me as they came up, all the while insisting that I accept his sense of himself as upright and responsible; it was to be understood that the conventions of his milieu, coupled with his past deprivations and current needs, entitled him to act in this way.

"Why are you pointing out that it was wrong? I already *said* I know it was wrong!" he would shout with irritation, in response to my attempts to clarify that he had lied or cheated, as though his preempting me in my characterization of his behavior substituted for actually acknowledging that it was true. Grossman (1993) called this type of behavior a manifestation of "the perverse attitude toward reality," observing that such a position enables a person to "turn down the volume on reality" (p. 423) when the gratification of a forbidden wish is threatened. The troubling reality is acknowledged, yet treated as having no special validity. Indeed, Mr. J appeared easily able to rationalize his misuse of others. He blatantly acknowledged exploiting service people, customers, and assorted others whom he encountered in his life outside the analysis, but by characterizing them as "trash," "lowlifes," "idiots," or "disgusting and ugly," he implied that they were unworthy exceptions to a general rule that he would otherwise follow.

A different type of exception played a part in the patient's reasoning when it came to his failure to pay me on time; this had the flavor of the "impenitent envy" described by Spillius (1993): he was sure I was well off and not depending on his fee for my livelihood, so not paying me was

[3] Mr. J was a control case, his analysis having begun in my third year of training. This fact, known to Mr. J, undoubtedly played an important role in many aspects of the treatment, including his feelings about being "used" and my countertransference difficulty in effectively confronting his failures to pay.

not inflicting any harm on me. Sometimes, yet another exception—this time in him rather than in the object—was invoked in relation to this behavior. "I always pay"—*eventually* was implied, but never voiced—he frequently reminded me, implying as he said this that his vague intention to pay me at some point in the future was the same as actually paying.

Mr. J complained frequently that he could not keep track of his accounts, that he was unsure how much money he had, how much he was spending, or how much he was owed. He often stated resolutions to sit down and figure it all out, to go through receipts and statements, to balance his books, to consult an accountant, but was unable to follow through on most of these plans. When I asked questions in an attempt at clarification, I would find myself drawn into the confusion. As he talked, Mr. J would weave back and forth, bringing in other characters with whom side deals had been arranged, speeding forward in time to include money that he expected to receive, racing back to take account of a debt that would have to be paid off, and so forth. To listen to him talk about his finances induced in me the feeling, which matched his, that it would be impossible to untangle the threads, that it wasn't reasonable to expect clarity in such a complicated situation.

Form of Payment

My initial discussions with Mr. J about money came in our negotiation of his fee. I lowered my regular fee for his psychotherapy, and on his conversion to analysis a few months later, I lowered it again. Mr. J began to make his payments to me in cash. Initially, when he paid his first bill with cash, I told him—probably with evident surprise and discomfort—that I could not accept it, lamely citing a need for checks in order to do my record keeping. Later, after thinking about it, I realized there was no rational basis for this and I let him know I would accept cash.

When eventually, in his third year of analysis, I confronted his use of cash and one of the fantasies I suspected it expressed—that of a joint evasion of tax paying—my interpretation was confirmed by his equivocations and defensive response. "You can do whatever you want with it—I don't care!" he snapped, adding with studied nonchalance that he supposed I might pocket the cash and buy things I wanted. There was de-

valuation implicit in paying me with cash, typically presented as a wad of hundred-dollar bills pulled out of his pocket: perhaps an allusion to prostitution, certainly a denigration of my professionalism, as well as the implication of my easy corruptibility. I think that these implied meanings, apprehended but not reflected upon in the moment of receiving the cash, were the basis for my difficulty first in tolerating the behavior, and then in calling attention to it by interpreting it.

The use of cash was thus the first aspect of Mr. J's approach to payment that I would describe as perverse, for I came to see this devaluing way of paying me as a rather clever compromise. That it was necessary to pay me was manifestly acknowledged, ensuring that the real abandonment he had earlier experienced and continued to dread would not occur, while at the same time, he could instantly avoid seeing that he had paid me since no concrete record of the transaction existed.

Indeed, later in the analysis, Mr. J developed the persistent, nagging idea that he had never paid me at all. This was coincident with, but split off from, a growing feeling of guilt toward me and a sense of having damaged me by his paranoid attributions. That is, the false conviction of not having paid me was accompanied by anxiety, but not by the logically linked feeling of *owing me something*. My sense was that the false belief *substituted* for this guilty gratitude. The belief seemed to ward off an intolerable feeling that threatened to emerge as Mr. J approached acknowledgment of certain realities in our relationship—in particular, his perception that he was getting something good from me.

Timing of Payment

Tampering with reality was also evident in the timing of Mr. J's payments. Soon after beginning analysis, he initiated a pattern of lateness with his payments, and would fill his sessions with lengthy descriptions of the seemingly chronic state of crisis in which his business found itself. He let me know, in the course of free association, about decisions he made that involved money going elsewhere than to me; in particular, he and his business partner elected to make a significant long-term investment. He rarely linked these disclosures to his missing payment, instead leaving it to me to make the connection, which he then felt as an unjusti-

fied and disturbing attack. His voice rising, his body tension increasing visibly, he would bark out his accusations: I must be preoccupied with my need for his money and unable to listen to anything he was saying! I must be angry with him and struggling internally since I was prohibited from showing it directly!

Mr. J justified his alternative uses of the money by his expectation of realizing great profits, which would ensure his future ability to pay me a higher fee. He rejected interpretations characterizing this behavior as the extraction of an involuntary loan from me, instead taking my comments as confirmation that I was uncontrollably angry and would soon dump him. When I insisted on examining this issue rather than accepting his interpretation, he grew more uncomfortable, and became convinced that actually *I* was misusing *him*. He accused me of falsely restricting the hours I made available in order to show him who was boss, and of lying about when I had listened to a phone message that he had left late at night. My note taking, he insisted, signified that I was exploiting him for my own research or training purposes. Although he was entitled to it, he said, my continuing to see him despite his failures to pay promptly gave away the "fact" that I was getting *something else* (by implication, something illegitimate) out of him. At the same time, my insistence on talking about payment meant that money was all I cared about.

Mr. J's view of himself as my victim was impervious at this point to any of my interpretations. He carefully managed the danger of the situation by making sporadic, partial payments. I repeatedly interpreted his need to blind himself to any need of mine in order to feel secure. Being in a relationship in which he had to take account of the other person's needs was intolerable to him, I observed. He agreed, citing his difficulty in "giving" or even feeling generous in his relationship with his former girlfriend, but did not seem to see this as something that could be understood or changed. Yet he claimed that he *wanted* to pay me, indeed *wished desperately* that he could pay me.

Meanwhile, Mr. J made use of a seemingly inexhaustible array of tactics for *failing* to pay me: he would forget to write a check, forget to bring a check he had written, inadvertently shortchange me when he brought cash, pay me with a check but request that I delay depositing it, and try to sign over to me checks he had received. On occasion he insisted on

overpaying me in order to then be "ahead," which would feel, I interpreted, like getting something for free because I would owe him the sessions. While superficially he accepted my interpretations of these actions and regarded them with some degree of insight, he could not elaborate on them, and seemed satisfied to continue as if they had not been made.

I later came to think that my focus on his inability to think of me as needing or deserving anything was a defensive response on my part to the intense aggression aroused in me by his refusal to believe I needed to be paid. This disavowed aggression was at the same time enacted in the insistent quality of my interpretive efforts.[4]

By grossly mismanaging his business affairs so that he was often utterly without liquid funds and *unable* to pay me (not to mention many others, such as his landlord, his employees, and his credit card companies[5]), Mr. J manipulated and heightened his sense of my having an unsatisfied need. We came to understand this as a complex behavior in which Mr. J warded off his own feeling of neediness, and at the same time took revenge upon me for my perceived withholding by means of projective identification.

I found myself feeling anxious and suspicious, frequently wondering hopefully whether that day might bring some payment, only to have my hopes dashed—or tantalizingly partially satisfied—as Mr. J handed me a wad of cash without telling me the amount, implicitly challenging me to demean one or both of us by counting it in front of him. I felt trapped and vaguely humiliated, and forced into an unanalytic vigilance in listening, awaiting material that might provide an opening for me to observe that he owed me money.

Yet because his experience of not having enough money to pay was clearly very painful, as he emphasized his despair and fear over his finances in general, it took me some time to appreciate the intense *excitement* that Mr. J generated in himself and in me through this management of the situation. For example, he would enter the session in

[4] I am grateful to an anonymous reviewer at *The Psychoanalytic Quarterly* for this clinically useful observation.

[5] The details of this mismanagement were important, of course, as they involved a series of sadomasochistic relations with business associates in which Mr. J allowed or arranged for himself to be the one exploited and misled.

a state of tension, wondering whether I would mention the overdue bill, whether I might sound angry, whether this might be the last straw. Or, he would enter in a state of obliviousness, and then experience a frightening startle if I said anything about the money. In yet another scenario, he would come in with money to pay me, but would not reveal this initially, only to bristle with self-righteousness and contempt at my raising the issue of his debt. Correspondingly, he could imagine me in a state of mounting and unbearable tension, of internal conflict over my own greed and suspiciousness—an image of me that seemed to give him pleasure, to judge by the involuntary grin that would come over his face when I wondered aloud about such a fantasy. The pleasure was suffused with intense anxiety about how my turmoil would affect him.

Purcell (2006) observes that we have been insufficiently appreciative of the fact that rage and intense anxiety in the countertransference constitute a type of excited response to the patient, often having unconscious or preconscious sexual elements. This "actualization in the countertransference of [the patient's] transference fantasy of excitement in the analyst" (p. 108) is not only an important sign of a perverse state in the patient, as Purcell points out, but may also be a necessary involvement of the analyst's mind in sustaining this state in the patient.

It became clear to me only in retrospect that the excitement between us around payment provided Mr. J with a sexual gratification that effectively changed the meaning of the interaction as it was occurring. This type of subversion of the analytic interchange is described by Purcell with respect to the patient's use of his own free associations, by Reed (1997) with respect to the patient's uses of the analyst's interpretations, by Zimmer (2003) with respect to the patient's relationship to his own thought process, and by Smith (2006) with respect to the patient's potential use of every aspect of the analytic process to subvert that process. Here I am emphasizing the patient's recruitment of a formal element of the analytic situation—payment—to support such subversion.

In one session five months into the analysis, Mr. J had fallen far behind in his payments and owed me $4,200. He began a session by talking about a payment of $5,000 that he was expecting and that he intended to use to pay off his debt to me. He then expressed anxiety that his client would not pay him promptly and that consequently he would not

be able to pay me. "I just want to pay and be done," he professed. He moved to reporting on aspects of his work and social life, and then said, "By the way, I'll tell you where I went . . . . I feel uncomfortable telling you because I owe you money. I told you I'll pay you the $5,000 and you seemed to accept it. I feel guilty spending money on anything else. I'm having violin lessons—$135 an hour, three times a week—like another doctor—a lady I see. She told me my playing is good, gonna improve. I felt so good . . ."

I was aware of feeling annoyed about this news as I asked about the guilty feeling. He said that he had no money to pay me, leading me to ask how he was paying the music instructor.

He replied, "With company checks. I don't know if I will be able to afford it. Bothers me how expensive it is to come here. Last summer [before he had a business partner] I wasn't accountable to anyone, so I just siphoned it off. Can't any more."

As I listened to Mr. J, I felt confused, pressured, and anxious, pushed into the position of making probing inquiries about his payment practices and about money he was paying to others. This continued as his thoughts went to his cleaning lady, S, another "woman I pay to take care of me." I asked him about paying *her*, and his explanation of this also evoked a strong reaction in me (the kind of distaste and judgmental stance that Coen [1998] cites as a typical reaction to the provocatively perverse patient). Mr. J said, "Yes, of course, but she is forty bucks. I use the money from the [customers'] credit checks. When black people come, they always have bad credit—I have to know. I charge $20 cash. Two or three a week. It's not a scam. I use that to pay S." He then reacted to my probing by saying: "Now I feel a little bad, confused. I feel we agreed I'd give you the $5,000 when I got it."

I said (no doubt somewhat irritably), "We agreed on that because you said you had no money available now."

As he did whenever I brought up his overdue bill, Mr. J then embarked on a lengthy, agitated, and implicitly reproachful explanation of his need to use what little cash he had elsewhere. There might be "consequences" if he did not; for example, he might be evicted or his credit rating might suffer.

"Look, I just want to give you the whole $5,000 so it's paid, in advance . . ." He spoke tensely: "I *don't believe* I paid other people instead of you . . . . I feel now that *you don't believe* me . . . . Now I feel guilty I am paying this new person [the music instructor] and not you. I have a very responsible payment history. You seemed to accept it . . . . Now I'm scared you're going to throw me out. I feel like you think I tricked you as part of some psychological scheme; you think I'm a liar."

In this session, Mr. J is employing what Grossman (1996) described as the perverse use of the concept of psychic reality. In saying that he *fears* I will kick him out, that he *feels* I think he is dishonest, he subtly negates the possibility that these notions could correspond to reality. Grossman warns that a professional tendency to overvalue fantasy may lead the analyst not to confront such negations. I think that this warning may underestimate the extent to which the confrontations themselves inevitably become part of the enactment. In this case, in my insistent quest for the truth of the financial situation, I was drawn into asking questions that made Mr. J feel excitingly exposed and frightened.

But such excitement could be generated in myriad ways connected with late payment. For example, Mr. J would frequently declare dramatically that the analysis was making him worse, and he would threaten to quit. Then I would experience a panicky feeling in response, with a catastrophic conviction that I had ruined the analysis by failing to be more confrontational and limit-setting. It was clear to me, even at the time, that the further complication of this being a control case, one that I very much wanted to continue for my own reasons, greatly enhanced my difficulty in maintaining a neutral stance and a clear view of reality—in this case, the necessity of payment.[6]

Purpose of Payment

In addition to the use of the form and timing of payments, there was a third distortion: a subtle redefining of the purpose of payment. I suspect that this type of distortion, in particular, frequently goes unno-

[6] Another obvious countertransference complication is the writing of this paper. Initially conceived as an attempt to write my way to a better understanding of the patient and the treatment, the paper cannot escape having the meaning, in part, of my finding a way to get something from Mr. J, who withheld so much.

ticed in analytic treatment, for when payment is occurring without the problems and disruptions that were present in this case, unconscious fantasies about it may not come to the attention of either partner. I also believe that the conventions of billing and fee collection in our field may reinforce blind spots in this area.[7]

While in everyday terms, we ordinarily understand payment as the transfer of money for goods or services provided or relied upon—the money initially being the property of one party and then of the other—Mr. J did not experience paying for his treatment in these terms. First, he did not feel himself to be paying for a *treatment,* expressing surprise when I referred to it that way. Furthermore, rather than "paying" me, Mr. J invariably spoke of "*bringing*" or "*giving*" money to me, seemingly in order to keep me pacified or benevolently inclined.[8] He felt my bills to be demands for feeding or threatening summations of my grievances against him. He dreaded opening the bill and would delay this for days or weeks.

Similarly, when he was paid by his own customers, Mr. J did not treat the money as payment for something he provided. For example, when it was necessary to provide a refund, he felt outraged, insisted that he was being stolen from, and tried to avoid returning the funds. Money in his possession was simply *his,* whether or not it was owed to someone else for something he had received or failed to provide. When it was relinquished, he complained that he had been robbed. Mr. J acknowledged the legitimacy of all these routine claims against his assets without any apparent awareness that his withholding made *him* the thief.

One day in the middle of a session, Mr. J observed a quarter on the rug. "Is that mine?" he asked. I had not noticed the coin before and did not know whether it had come from him or another patient. I remained

[7] I have in mind such generally unquestioned practices as billing by the month or charging per 45-minute chunk of treatment, as well as *ideas* about these practices, such as seeing them as contributing to the construction of a "frame" around the analytic process.

[8] It is interesting to note that in this respect, Mr. J seemed to have an intuitive appreciation of the etymology (one might say the latent meaning) of the verb *to pay,* which derives from the Latin *pax* (peace), and had the original meaning of *to appease,* later evolving into an old French word (*paiier*) which meant "to pacify or satisfy a creditor." In other words, the evocation and management of aggression in the object may be fundamental to the concept of payment.

silent. "It fell out of my pocket, I think," he stated. He picked it up. "It is mine," he said, slipping it into his pocket. In an instant, desired possibility became fact.

As I began to conceptualize Mr. J's management of money as perverse in the sense I have described, and to address my interpretations more specifically to his special and exciting ways of making "paying" into "not paying," the themes of "looking away" and "making things not real" (Mr. J's words) began to emerge. He developed severe insomnia, and as we struggled together to understand and address this, he noticed, in an unusual moment of truly curious self-observation, that rather than being unable to fall asleep, as he had initially reported, he was actually repeatedly waking himself up from near-sleep. He thought of this self-waking as a kind of "looking away" from the contents of his mind—in this case, his drifting-off fantasies of being held by me. Bringing himself to me as a "cranky child" (my words), one who was irritably preoccupied with his fatigue and unable to think or consider my interventions, was a further way of not knowing what he knew, and instead engaging me in more exciting sadomasochistic struggles in which he challenged me to extract thoughts from him.

Puzzling over his irresistible urge to "look away," Mr. J intermittently demonstrated insight into, and sadness about, his wish to "make" people and situations in his life "not real" so as to avoid feelings of need and longing. Outside the analysis, he began to apply himself consistently to an aspect of his work that he did not especially enjoy, with—for the first time—the clear thought that whatever he might wish for, and however much he and I might explore those wishes, we both knew at the same time that he was an adult who must work in order to earn the money to support his treatment.

The patient paid off his by-then substantial debt to me, expressing both the wish to be a person who does the right thing, and the sense that he had a choice about this. Immediately after he paid me the balance (with a check), we had a session in which I felt him to be working with me in a different way. The session began with a lengthy silence, as many recent ones had. When I asked about it, Mr. J said with exasperation that when he was not with me, he longed to be with me, and when he *was* with me, he longed to escape.

I observed that the same alternation seemed to occur *within* the sessions, as he thought silently in imagined conversation with me, but could not talk aloud to me as he found me in reality. To my surprise, he became interested in exploring and refining this idea, rather than simply "accepting" (i.e., dismissing) it as usual. He said, "You're right, it is like that, but it's not *you* who seems different, it's me." He added that he was a six-year-old when he longed for me, but he needed to be an adult in order to talk to me.

I said, "Talking would mean bringing those two parts together."

He said, "I don't know who I am then. I'm afraid of losing everything. I'm the one who was unloved and neglected. I need to keep being that."

In the next session, Mr. J began immediately: "I need to tell you something. Last time I was here, I was very surprised. A total shift from the beginning to the end—I saw my mind move." He compared himself to Sybil, the split-personality subject of a book he loved. He felt that an adult, normal "self" had "shown up" in the session, and that this was a relief. He told of a dream about a car trip in which someone "wouldn't let us do what needed to be done," and recognized this as a role he himself sometimes played in the analysis. While this new position remained tenuous, giving way more often than not to versions of his more familiar stance, the insight remained as an important reference point that facilitated Mr. J's continued working through in this area over many years.

THE PERVERSE IN PSYCHOANALYTIC THOUGHT

The psychoanalytic literature on the perverse is a rich collection of creative but often contradictory formulations and hypotheses that have grown out of Freud's (1927, 1940) original insights concerning the defensive splitting of the ego and the practice of sexual fetishism. In contrasting a newly recognized type of psychic defense, splitting, with defenses in which anxiety over an internal impulse is warded off by repression of the impulse, Freud noted that in some defensive operations, an assessment of external reality is distorted instead. In contrast to cases of psychosis, where external reality is denied outright, in these other

cases something more complicated happens. There is evidently a mode of mental experience in which a selected aspect of external reality is held to be both real and unreal, is believed and disbelieved simultaneously, through a "rift in the ego which never heals but increases as time goes on" (p. 276).

Although Freud famously discussed the sexual fetish—a defensive structure mobilized in the face of overwhelming castration anxiety—as an example of a behavior reflecting this type of thinking, he made it clear that other traumatically disturbing perceptions of external reality—such as the death of a significant object—could be observed in some people to evoke the same response: a split in the ego in which both experiences of reality were not only maintained separately, but could even be experienced as compatible by way of "artful" manipulations of affective meaning or "displacement[s] of value" (Freud 1940, p. 277). This "artful" quality, in which an element of cunning is involved in making the incompatibility appear unimportant, is widely considered a hallmark of perverse mental functioning.

The question of perverse *character*, already implicit in Freud's formulation of a deformation of the ego, and of its relation to the variety of behaviors known as sexual perversions, is complex. Arlow (1971) first systematically described patients in whom there was a developed character trait of playing with reality, which analysis revealed to derive from early perverse sexual trends. These included the "unrealistic character" who manifests a "refusal . . . to face reality squarely" or "treat[s] reality as if it were a bad dream" (p. 318); the "petty liar" (p. 324), who has a need to embellish or make aspects of reality ambiguous to others; and the "practical joker" (p. 326), who is compelled to inspire anxiety in others by leading them to believe something and then exposing the truth.

Mr. J shared qualities with at least the first two of these types, yet did not seem to have the history that Arlow's theory would predict. Arlow understood these characters to be acting out defenses related to fetishism and exhibitionism which, following Freud, he ascribed to traumatic castration anxiety. This viewpoint sees the fetish as not simply the prime *example* of perverse structure in action, but as in fact its universal precursor and direct origin, with various perverse character traits—those

centering on distortions in the sense of reality—emerging as derivatives of, or adaptations to, an original traumatic response to castration.

In thinking about Mr. J's analysis, I find useful a number of more recent formulations (which incidentally seem to me to be more in keeping with Freud's original observations) in which the particular distortion in the relation to reality, rather than its putative origin in castration anxiety, is seen as primary.[9] Such formulations aim to conceptualize the use in the analytic situation of a type of thinking in which disavowal and disregard for reality are prominent, and in which concrete, sometimes sexually gratifying substitutions are made for the disavowed reality. In effect, in many of these writings, the concept of the sexual fetish—the needed and reassuring object that makes unnecessary the relinquishment of a defensive illusion—is imported and expanded into a more general understanding of a defensive style.[10]

Grossman (1993, 1996) described cases similar to Arlow's in which the *refusal to acknowledge what is perceived* is paramount. But, like many contemporary writers on this subject, he differs with Arlow in that he sees obligatory sexual perversion as a "special case, an application to the sexual sphere of a way of thinking" (1996, p. 512), which he calls the perverse attitude to reality. For Grossman, the defining element of this attitude is that the subject is *able* to distinguish an assessment of reality from fantasy, but feels no obligation to do so when faced with perceptions that are very troubling or that threaten a desired gratification.

Grossman emphasizes the compromised superego functioning in these individuals, in that a type of "dishonesty" (1996, p. 513) prevails with respect to reality testing. Chasseguet-Smirgel (1991) and others

[9] Freud himself did not refer to the type of thinking characteristic of the fetishist as itself perverse. Rather, his use of that term was reserved for primitive elements of sexuality, unintegrated component instincts, and immature aims, which he had described much earlier (see Freud 1905).

[10] In so doing, the literature takes a step away from the focus on defensive alterations of perception that have interested ego psychologists such as Arlow (e.g., 1985), who more narrowly construes the ego functions of reality testing. By contrast, there is a broadened view of "reality" that includes complex constellations of perceptions, attributions, beliefs, causal connections, and convictions about what is possible. This broad view of reality seems to me analogous to the "total transference situation" described by Joseph (1985), as contrasted with the more discrete transference phenomena that tend to be the focus of traditional ego psychological approaches.

(e.g., Reed 1997) have argued in a broader way that perverse structure represents the dominance in mental functioning of a set of omnipotent and magical beliefs characteristic of the anal phase, with defense rooted in primitive sexualized fantasies of destruction. Bass (1997) and Zimmer (2003) suggest that the severe castration anxiety that tends to underlie what we think of as perverse sexuality is itself only possible in the context of already impaired ego functioning at the time of exposure to sexual difference.

Regardless of the specific etiology postulated by each writer, in these writings, perverse *thinking* is seen as more basic and prevalent than the structured sexual perversion that may sometimes be one of its many expressions. While some authors have attempted to describe the specific anxieties or particular danger situations that plague these patients and lead to the mobilization of the defense, all these tend to be reducible to familiar, basic-danger situations—separation and castration—expressed in varying levels of abstraction. These formulations suggest that the patient using a perverse defense is primarily distinguished not by what makes him anxious, but by the intensity of his anxious response and the concreteness of the associated fantasies.

Like that of disavowal, the role of excitement in perverse mental phenomena is widely observed but variously theorized, although it obviously bears greatly on the issue of the relation to sexuality. Coen (1998) vividly described the way that patients mobilize and evoke excited states in order to avoid a sense of knowing or believing what they perceive. He characterizes perverse defenses as those that *create a kind of encompassing excitement* that wards off "the unbearable" (1998, p. 1171).[11] Within the excited state, the patient is able to appear to acknowledge certain painful perceptions while effectively rejecting them, according them no palpable, emotional reality.

Coen emphasizes that the enactment of sadomasochistic object relations frequently takes center stage in analysis with the production and maintenance of this type of excitement. But the same end may be achieved through other means; for example, patients using perverse

[11] What is "unbearable" and "what is wrong" are Coen's deliberately loose terms for the patient's knowledge or awareness of a range of affects, thoughts, and narcissistically disturbing need states that may be the objects of the perverse defense.

defenses "can be provocative, vengeful, obstinate, peevish, grandiose, dismissive, or distracting" (p. 1171), all in the service of creating excitement in interaction with the object. Perverse defenses, in this conceptualization, are distinguished mainly in terms of a quality of "refusing to be reasonable"—an "attitude of not caring, dismissal, or indifference that is achieved by distracting themselves, *tuning out* what is wrong" (p. 1170, italics in original). Coen emphasizes the subject's use of "tuning out" (p. 1172) as a way to draw others into exciting fights, the purpose of which is to create an altered omnipotent, grandiose state of consciousness.

Echoing Grossman's (1993) observation that these patients "take liberties with respect to reality," Coen (1998) notes that "they act as if they, unlike the rest of us, do not have to test their beliefs" (p. 1188), emphasizing that this attitude has the important effect, or perhaps function, of annoying and upsetting other people, amplifying the experience of a distracting excitement in the object relation.

Discussions of the defensive use of excitement place differing emphases on the nature of its importance: Is it the overwhelming of ego functions and consequent prevention of secondary-process thought? Is it the provision of substitute gratifications? Or is it giving the stamp of reality to an enacted fantasy? Secret sexual excitement is mentioned by Reed (1997) and Smith (2006), among others, as an experience that changes the meaning of the analytic interaction and makes true insight and change impossible. Purcell (2006) introduces the useful idea of defensive "stabilization" by way of disavowed sexual excitement. In his view, with such patients the analyst's own excitement is elicited by projective identification, rendering him ineffectual. The process is, in effect, a defensive tampering with the analytic instrument.

In fact, in Mr. J's analysis, the importance of sexual excitement and gratification in his early management of payment became clear to me only later in the analysis, as I listened to material in which he described his sexual experiences with others. Although he felt himself to be heterosexual in desire (albeit very inhibited in action), Mr. J made at first sporadic, and then more frequent, defensive use of sadomasochistically tinged homosexual encounters. These experiences served to ward off anxiety around threatening heterosexual feelings and fantasies in the transference, to enact a sexual triangle in which he imagined me to feel

humiliatingly excluded, and to dispel dependent longings that underlay and colored these heterosexual feelings and arose strongly during separations in the analysis.

With his sexual partners, he achieved narcissistic and sexual gratification chiefly through withholding: at times he withheld his name and basic facts about himself, and he also withheld sexually, sometimes allowing his partners to pleasure him but not reciprocating, at other times allowing them only to sleep in his bed, but "pushing them off" whenever they attempted to touch him. He was thrilled by the feeling of being desperately desired, but felt contempt and disgust toward the men who desired him. Self-disgust led to a period of abstinence from all sexual activity, during which time he became severely constipated. While aware of consciously resisting the urge to defecate, he treated himself daily with enemas and suppositories.

The excitement that accompanied these activities—excitement organized around paired experiences of withholding and desperate "going in after it" (as he put it)—helped me appreciate the substitute gratifications that Mr. J had earlier found through his management of payment. Yet in repetitively using the feeling of "paying but not really paying" to maintain this gratifying excitement, he had been unable to move forward, remaining instead in a state in which, to paraphrase Coen (1998), he did not seem to be an analytic patient. Indeed, for a long time, this was Mr. J's more usual state, with periods of accessibility to insight and true curiosity the rare interludes punctuating states in which both analyst and analysis were misused in the sense I have described, in order to avoid further change.

While Freud (1905) used the term *perverse* in his theory of sexuality to describe instances in which the "normal" sexual aim and/or object were ousted or preempted entirely by other aims and objects, not all behaviors meeting those criteria qualify as derivatives of perverse *psychic structure*, in which reality-oriented *thought* is distorted in particular ways. The two are overlapping but not mutually inclusive categories. This type of thought can and often does lead to sexual behavior that may be defined as perverse, and it may make sense to see most perverse sexuality as involving some element of perverse thought in action. That very primitive sexual fantasies may *underlie and structure* the distorted experience

of thought in these patients (Zimmer 2003) suggests that the sexual excitement that emerges when this type of thought is brought into the analytic interaction must be seen as serving double duty. The sexualization of the exchange wards off its dangerous and ungratifying meanings, through disavowal and substitution, while the thoughts are prevented from taking on reality-oriented characteristics by virtue of their close tie to primitive body sensations. *Disavowal, distraction,* and *illusion*, the hallmarks of perverse defense, in Grossman's (1993, 1996) view, are all brought into play.

In attempting to integrate some of this thinking with formulations suggested by my experience with Mr. J, I have suggested that a basic element in the perverse defense may be the patient's misuse of objects, functions, and actions in the service of maintaining a split view of selected aspects of reality. One effect on the analyst of this misuse is to stimulate a split in the countertransference.[12] This situation is evocatively described by Coen (1998) in terms of his own and his colleagues' ongoing, irresolvable "struggle to determine whether my two patients *could not or would not"* (p. 1169, italics added). Coen lays special emphasis on the perverse patient's tendency to elicit the analyst's "opprobrium." But it seems to me that a key feature of the use of perverse defenses is that it does not elicit simply a disapproving or frustrated response, but that it elicits apparently incompatible responses that bring into question some aspect of reality. Such splits in the countertransference, through the subtle interpersonal actions that inevitably result from them, function to bolster the prevailing transference split. The interpersonal (and inevitably intersubjective) dynamics exist in a dialectical relationship with the intrapsychic state.

PAYING AND REALITY

While money can become a vehicle for the communication and acting out of innumerable unconscious conflicts in any analysis, in Mr. J's case, it seemed to me that money became important primarily as it was in-

[12] Naturally, this split must be understood as a defensive response occurring in the mind of the analyst, but I would argue that it is a typical and predictable response to the encounter with this type of patient.

volved in a distortion of reality, in turning *paying* into *not paying*. In attempting to understand the choice of payment as the primary area of misuse, I have noted that money was for Mr. J, as for many people, a highly marked category during his upbringing. But one might also speculate about factors not specific to Mr. J that may make money a strong magnet for perverse enactment.

I have discussed the prevailing idea that perverse structure depends upon anal-phase modes of thought; and the symbolic link between anal eroticism and money has been repeatedly observed since it was first pointed out by Freud (1908). Perhaps money is symbolically suited to represent the destructive "fecalization" that Chasseguet-Smirgel (1978, 1991) argues is characteristic of perverse psychic life. On this view, the universal *differences* of life (namely, sexual and generational ones), felt to be intolerable, are denied by way of a "digestive" process of thinking that reduces everything to an undifferentiated mass (feces) and then elevates feces by idealization.

But another way to think about this issue is to understand money as useful not only for representing a process of destructive *de*differentiation, as outlined above, but also as *simultaneously* valuable at another level of organization for representing the opposite process—that is, the differentiating process of exchange between a subject and an object. The ability to represent these particular opposites in condensation may be a special quality that lends itself to being utilized in the service of splitting.

A dream from early in Mr. J's analysis illustrates the way these two meanings of money can work together: Mr. J dreamt of a machine that sorted coins. He had seen and admired something like this recently, while in a bank with his mother, in the process of accepting a much desired (and much resented) loan from her. In the dream, he went to pour his coins into holes in this machine. But the inside of the machine turned out to be nothing but a pit or bucket; moreover, a man was urinating into it. He disgustedly decided not to put his coins in, but brought them to a teller who shorted him on the exchange.

This dream seemed in part to represent a maternal object ruined by imagined sexual and destructive attacks on it and unable to provide an organizing function, suggesting an unconscious link between money

and the process of containment.[13] That is, having and retaining money was linked to having and retaining reality-oriented thoughts. This link may help explain why the transfer of money became so involved in the process of perverse defense in this case. To generalize Freud's insight about money as a symbol of the original gift of feces (Abraham 1923), we might see money as potentially representing *any* mode of exchange, bodily or mental, and perhaps always condensing multiple modes.

CONCLUSION

I have presented material from Mr. J's analysis in order to explore the way that a perverse defensive structure may emerge in the analytic situation around the management of payment. Any aspect of the payment arrangements and process may be recruited into such a structure, as I have illustrated with Mr. J's rich array of methods for experiencing himself as simultaneously paying me and not *really* paying me. The ability to maintain this view was dependent upon enactments around payment that elicited doubts about reality in the analyst, while substituting sexually exciting exchanges for the patient's narcissistically painful transference experiences that they warded off. The clinical process from Mr. J's analysis suggests that when difficulties around money become prominent, it may be fruitful to consider these struggles from the point of view of perverse defense, with attention to all aspects of this complex defensive structure.

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FREUD, TRANSFERENCE, AND THERAPEUTIC ACTION

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The author traces the development of Freud's conception of the nature and significance of transference in the psychoanalytic process. He notes that from 1910 onward, Freud was convinced that the analysis of the transference is the sole factor involved in the therapeutic action of psychoanalytic treatment, despite the fact that, late in his career, he observed and described the power of reconstruction to be effective as well. The author agrees with those analysts who contend that, while the analysis of the transference is essential to proper analytic technique, it is not the only agent of therapeutic impact.

Keywords: Freudian theory, transference, therapeutic action, interpretation, topographic model, resistance, therapeutic alliance, analytic technique, neurosis, conflict.

Near the end of his life, in one of his last published works, "Analysis Terminable and Interminable," Freud (1937a) wrote:

> Instead of an enquiry into how a cure by analysis comes about (a matter which I think has been sufficiently elucidated) the question should be asked of what are the obstacles that stand in the way of such a cure. [p. 221]

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Although the paper is primarily devoted to Freud's ideas about the nature of those obstacles to cure, his parenthetical aside, which clearly expressed his confidence in his theory of the therapeutic action of analysis, deserves more attention than it receives, either there or elsewhere in his work. As evidenced by the psychoanalytic literature of the past decade or more, few analysts today would profess a comparable degree of assurance about what constitutes the curative force or forces in psychoanalytic treatment. This is so even among those of us who remain convinced of the value and importance of Freud's revolutionary findings and theories. It is notable that Freud wrote as if he fully believed in his conception of the nature of the therapeutic process, despite the fact that his governing theories had evolved dramatically from the early days of catharsis, through the vicissitudes of libido and resistance, to defense analysis and ego psychology.

In this paper, I shall try to trace the development of his conviction that successful analysis of the transference is the sole key to the therapeutic efficacy of analysis. I also intend to raise questions about the nature and quality of the evidence supporting that belief.

It is true that psychoanalysts of every theoretical persuasion recognize the importance of transference phenomena and agree that these require attention from both analyst and patient. I believe that Freud's discovery, comprehension, and technical utilization of the transference in psychoanalysis is one of his most remarkable, creative, and useful discoveries. However, the idea that the analysis of transference is the *only* factor that is responsible for the therapeutic effect of the treatment has been the subject of considerable controversy.

I find myself in agreement with those analysts who assert that, important as it is, transference analysis is *not* the only agent involved in the therapeutic action of psychoanalytic treatment. As we shall see, late in his career, Freud himself noted some difficulty connected with his formulation of the exclusive role of the analysis of the transference in accounting for therapeutic efficacy (Freud 1937a). In light of his own observation, we can only wonder why he did not find it necessary to modify his position about transference analysis, as on occasion he did do in respect to other important elements of his theories.

I think it is always fascinating and rewarding to study the evolution of Freud's thinking on virtually any aspect of the psychoanalytic edifice. Despite his admirable gifts as a writer, students of his work often misunderstand or misinterpret him; this is all the more true of those with one or another motive to disparage or misrepresent him. In my view, the strength of his powers of clinical observation, and of his adherence to the primacy of those observations, should be tremendously impressive to all but the most biased reader. I think this is also true of his extraordinary capacity to construct and, as I have mentioned, to modify or abandon when necessary portions of the theoretical scaffolding with which he sought to connect and explain what he had noticed in his clinical work with patients.

I propose to follow precisely his steps in the discovery and elucidation of the phenomenon of transference, and of his assignment to it of the pivotal role in bringing about every truly psychoanalytic cure. I believe this is more than a mere academic exercise, since it is evident that even today this idea has practical implications for both theory and technique. Differences of opinion about the nature of therapeutic action, and about the exclusive focus on transference analysis, are evident in our professional conferences, our literature, and our varied psychoanalytic curricula in the increasingly pluralistic environment of our field today.

In the opinion of the editors of the *Standard Edition,* Freud's first mention of the term *transference* in the *Studies on Hysteria* (Breuer and Freud 1895) and his discussion a little later in *The Interpretation of Dreams* (1900) both employed it in a rather imprecise, generalized context. It was only in the postscript to the Dora case (Freud 1905) that he presented a thorough description of the features of transference, along with an early explanation of its important role in the therapeutic process. He wrote there:

> What are transferences? They are new editions or facsimiles of the impulses and phantasies which are aroused and made conscious during the progress of the analysis, but they have this peculiarity, which is characteristic for their species, that they replace some earlier person by the person of the physician . . . . To put it another way: a whole series of psychological experiences

> are revived, not as belonging to the past, but as applying to the person of the physician at the present moment. [p. 116]

He also hinted at the importance of positive transference as an aid to the patient's recovery, and said that the transference constitutes both an obstacle to, and at the same time an ally of, the treatment process. He stated unequivocally that the transference must be identified by the analyst and destroyed by explaining it to the patient.

In one of the "Five Lectures" (1910), Freud summarized his understanding of the issue up to that time, asserting that transference appears in every psychoanalytic treatment of a neurotic patient, and noting, without elaboration, that hostile transferences were often mingled with affectionate ones. He offered the generalization that

> . . . the part of the patient's emotional life which he can no longer recall to memory is re-experienced by him in his relation to the physician; and it is *only* this re-experiencing in the transference that convinces him of the existence and of the power of these unconscious sexual impulses. [p. 51, italics added]

He added the astute observation that transferences are not unique to psychoanalytic therapy; they arise in all relationships, but are made use of in a unique way by psychoanalysis. In short, by 1910, Freud was evidently firm in his belief that transference experiences, when properly analyzed, are the only reliable means by which patients become convinced of the nature and significance of their unconscious impulses and beliefs. Thus, he thought that the analysis of the transference was not just the *most important,* but in fact the *only* method by which a genuine psychoanalytic cure could be achieved. As far as one can tell, this assertion was based entirely on his cumulative body of clinical experience, not on theoretical deduction. At any rate, as far as I can determine, he did not offer a specific theoretical rationale for reaching this conclusion, either there or elsewhere in his writings. Interestingly enough, neither did he provide detailed case reports illustrating systematic and thorough transference analysis!

The next steps in the elaboration of the subject were presented in the familiar series of papers on technique published between 1912 and

1917. It should be borne in mind that at that time, Freud still thought that neuroses were a consequence of libidinal regression that was caused by actual, current experiences of frustration; the regression, he believed, was then subsequently enforced by repression. It is also important to recall that at that stage in the evolution of his theories of mental functioning, what we have since come to call the *topographic model of the mind* was the foundation of his thinking about the nature of the mental apparatus. It seems safe to presume that Freud's evolving conception of the centrality of transference analysis was, in his mind, consistent with and supported by his views about the nature of libido and his emphasis on the distinction between the different levels of consciousness.

"The Dynamics of Transference" (1912a) spelled out his increasingly complex views of transference, neurosis, and therapy. He emphasized that libidinal cathexis, of which transference is a manifestation, is only partly directed toward reality, but is largely unconscious in nature and thus revives infantile imagoes of an unrealistic content (p. 102). He proposed that this pathological state sought to maintain itself, with the repressive forces functioning as resistances to the analytic technique of encouraging free association. Freud believed that it was the process of free association that constituted the essential tool for the recovery of crucial buried memories and the removal of the relevant repressions, and thus for achieving the relief of symptoms. The central mission of analytic therapy was then redefined as the identification and removal of repressions, thereby to liberate the libido from their pathogenic effects. Resistances were taken as evidence of the inner struggle going on between the patient's wish to recover and his unconscious need to try to maintain the neurotic status quo.

Transference then entered the picture, according to Freud, influenced both by the unconscious wishes and imagoes and the resistances against their expression. The most obvious evidence of this inner struggle with which analytic technique had to deal were stoppages in the flow of free association. These were caused, Freud said, by the patient's discomfort at the requirement to verbalize proscribed wishes and ideas about the person of the doctor. This was even more difficult for the patient because of the simultaneous presence of the affectionate transference, which contributed to the patient's wish to please the doctor. Here Freud

set the stage for his emerging belief that the transference constitutes the arena in which every conflict must be fought out.

Freud saw that transference was divided into affectionate and hostile sectors, but still more important, he suggested that the affectionate ones were further subdivided. There were elements of it, derived to be sure from the libido, that he designated as "unobjectionable" forms that powered the recovery process. The other components of the affectionate transference were the frankly erotic ones that, in sharp contrast, constituted resistances. Freud summed up this formulation in this way:

> Transference to the doctor is suitable for resistance to the treatment only insofar as it is a negative transference or a positive transference of repressed erotic impulses. If we "remove" the transference by making it conscious, we are detaching only these two components of the emotional act from the person of the doctor; the other component which is admissible to consciousness and unobjectionable persists and is the vehicle of success in psychoanalysis exactly as it is in other methods of treatment. [p. 105]

He then repeats the formulation that the transference, albeit a source of resistance, is also what makes the "hidden and forgotten erotic impulses immediate and manifest," and he concludes in his familiar and often quoted words: "For when all is said and done, it is impossible to destroy anyone *in absentia* or *in effigie*" (p. 108).

However long this ingenious proposal about the complex divisibility of the transference may have lasted, it has not survived, at least in this precise form, the convincing but subtle rebuttal of its tenets by Stein (1981). In a clinical tour de force, Stein demonstrated the concealed and powerful resistances he found to be embedded in the so-called unobjectionable positive transference. I qualify my notation of the demise of the term *unobjectionable positive transference* because the idea that there is a positive relationship to the analyst that provides essential support to the treatment hardly disappeared from the analytic scene. It was revived in the guise of a *realistic relationship* or as a *therapeutic alliance* or some such entity, which, according to proponents of these concepts, exists outside of or alongside the transference relationship. In many quarters,

this way of thinking about the complexity of the relationship between patient and analyst persists today, although it, too, has been challenged by other analysts—among them Friedman (1969), Brenner (1979), and me (Abend 2000). To pursue this familiar debate here would take us too far afield.

I must also mention, if only in passing, that a great many analysts, of many theoretical persuasions, have further developed the idea of a vital, supportive relationship that they contend arises between each patient and his or her analyst, elevating it to an even more significant degree of prominence. It is widely, if not quite universally, accepted that aspects of this relationship—or, more accurately, of the patient's experience of the relationship with the analyst—must play an important role in the therapeutic effect of analytic treatment. Furthermore, this therapeutic action is regarded as a powerful force for change, even though it may not ever be a subject for specific analytic interpretation and discussion; therefore, it may never be included in the domain of the patient's conscious insight.

Once again, to pursue this fascinating and controversial topic any further at this point would not be directly relevant to our designated task of following the path of Freud's developing theory. Suffice it to say, Freud apparently distinguished between the support and encouragement provided by the "unobjectionable" positive transference, and therapeutic action, which resulted exclusively from the proper analysis of the transference. This is a theoretical differentiation with which many contemporary analysts disagree. For those who are interested in this issue, there is certainly no shortage of analytic literature devoted to considering this subject.

To return, then, to Freud's explication of transference and therapeutic action, in "Recommendations to Physicians Practising Psycho-Analysis" (1912b), among other nuggets of advice on technique, he strongly advised against self-revelation on the grounds that it might encourage resistance and was bound to complicate resolving the transference. In "On Beginning the Treatment," subtitled "Further Recommendations on the Technique of Psycho-Analysis, I" (1913), he advised the use of the couch "to isolate the transference and allow it to come forward in due course sharply defined as a resistance" (p. 134).

A little further on, he added: "So long as the patient's communication and ideas run on without any obstruction, the theme of transference should be left untouched" (p. 139). He counseled waiting for the formation of a positive attachment before offering any interpretations at all, and waiting until the transference appeared as a resistance before addressing it with the patient.

Freud then tried to describe the mechanism of cure as different from simply bringing to consciousness past buried traumatic memories and forbidden wishes, as had been the point of view characteristic of his early technique. He had obviously learned that mere intellectual awareness of unconscious material on the patient's part could be transitory as long as resistances were left intact. In fact, he asserted, it was the energy of the transference that was utilized to overcome the resistance. This reference to energy serves as a reminder of Freud's adherence to a biologically determined conception of the mental apparatus at work in neurosis and in efforts to treat it.

He continued to reveal his growing body of clinical experience and observation in ideas set forth in his next paper, "Remembering, Repeating and Working-Through" (1914a). There he gave a more elaborate description of how the forgetting of crucial elements of the patient's past is a motivated activity, and therefore the gaps could only be filled in by overcoming the repressions that enforced this motivated forgetting. He mentioned, just in passing, a vital addendum to his clinical understanding to which he would not return for more than two decades. While discussing problems of memory and forgetting, he commented that important unconscious fantasies are different from repressed memories, in that they may never have been conscious at all, yet conviction of their existence and importance might nevertheless be obtained (1914a, pp. 148-149).

Freud's most powerful new point in this most important paper, though, was the idea that significant repressed material may be "acted out," that is to say, repeated in behavior, rather than remembered. He introduced the phrase *the compulsion to repeat* in this context. Most important for technique and the theory of cure, he identified the transference as a particular and troublesome form of this tendency. He pointed out that this repeating in action in the transference serves to replace

the therapeutically effective and therefore desired activity of the patient consciously remembering pathogenic events and fantasies (p. 150). He wrote: "Transference itself is only a piece of repetition, and . . . the repetition is a transference of the forgotten past not only on to the doctor but also on to all the other aspects of the current situation" (p. 151). He also thought that "the greater the resistance, the more extensively will acting out (repetition) replace remembering" (p. 151).

As far as technique is concerned, Freud asserted that the compulsion to repeat becomes channeled into the transference:

> We succeed in giving all the symptoms of the illness a new transference meaning and in replacing his ordinary neurosis by a "transference neurosis" of which he can be cured by the therapeutic work . . . . It represents an artificial illness which is at every point accessible to our intervention. [1914a, p. 154]

He added that it takes time and patience to allow the patient to "work through" the resistances. This was essential to enabling the patient to then do the requisite analytic work, that is to say, to follow the fundamental rule of free association to the recovery of pathogenic memories. He believed that only by that method, in that sequence, could the patient acquire the necessary conviction about the existence and power of repressed instinctual impulses, which Freud thought provided the key to therapeutic effectiveness.

At that time, Freud also wrote an article about the management of the transference, "Observations on Transference-Love," subtitled "Further Recommendations on the Technique of Psychoanalysis, III" (1914b). He described a typical case in which a female patient falls in love with her male analyst. His advice was to neither discourage these feelings nor to respond to them positively, even in little ways. He wrote, "We ought not to give up the neutrality towards the patient, which we have acquired through keeping the counter-transference in check" (p. 164). This reference to countertransference was an altogether new idea, and it was not elaborated in any detail at that time. He also added his since-famous dictum that the treatment "must be carried out in abstinence" (p. 161). In the same paper, he astutely dismissed the idea that

transference love is not genuine, commenting that every state of being in love reproduces infantile prototypes.

In the *Introductory Lectures on Psycho-Analysis* (1916–1917)—in particular, those on transference and analytic therapy (27 and 28), Freud summed up his then-current ideas about the mental apparatus, the nature of neurosis, its genesis, and its treatment by psychoanalysis. His explanations are full, explicit, and unusually clear, probably because he was writing for an educated but analytically unsophisticated audience, and not, as previously, for aspiring analysts. Rather than quote him *in extenso,* I will paraphrase and briefly outline his major points. We can reasonably think of this condensed explication as constituting the platform from which history tells us he was on the verge of ascending into new theoretical territory.

- Neurotic conflict is a struggle between libidinal impulses and ascetic repressive forces. Since the former are unconscious and the latter conscious, the task of psychoanalysis is to make the libidinal impulses conscious so the decisions about them can be made on equal ground, that is to say, in consciousness.

- By lifting repressions, we remove the conditions that lead to the formation of symptoms. This is accomplished by discovering and showing the patient the resistances that maintain repression.

- Resistances are part of the ego, so when they are recognized, they can be given up. The adult ego is different from the weak ego of childhood, and hence can, with the doctor's help, find better solutions to conflicts.

- Freud described the phenomenon of libidinal transferences that appear, he said, in every analyzable case. He added that variations exist in which the frankly sexual dimension is concealed, and he also noted that negative, hostile transferences might be present as well.

- The analyst, he said, must pay attention to the transference only when it becomes a resistance. Interpreting it to the pa-

tient leads to transformation of the transference, which is in actuality a repetition in action of the past, into the opening of the pathway for the return to consciousness of the important memories that it replaced.

- The emergence of the transference leads to the creation of a new form of the patient's illness, the transference neurosis, which replaces the original presenting symptoms. The transference neurosis offers proof of the libidinal nature of repressed impulses.
- The work of overcoming resistances is the essential function of psychoanalytic treatment. The analyst aids this work by educative suggestion; incorrect suggestions will fall away since they do not lead to uncovering the underlying obscurities.
- And, finally, therapeutic activity amounts to an alteration of the ego, aided by the doctor. The ego then becomes more conciliatory toward the libido and thus inclined to grant it more satisfaction. The key to this process is the attraction of a portion of the libido onto the doctor by means of the transference. At the end of a successful psychoanalytic treatment, the transference must have been cleared away.

Please note that this account holds to the centrality of the libido concept, which, as I mentioned earlier, was always conceived of as a biological entity having psychological effects. Freud outlined its vicissitudes in neurotic illness and its treatment. Transference, or more precisely the transference neurosis, constituted the only vehicle of possible cure, since it expressed the libido in question in a form that could be directly observed and changed at the then-current moment. Perhaps the only hint of the tremendous modification of his theories that was shortly to emerge was provided by Freud's increasing emphasis on alterations of the ego as crucial to the mechanism of cure.

It is surely beyond the scope of our present inquiry to try to identify all the factors that led Freud to set aside the topographic model of the mind, and to offer in its place what has become known as structural

theory, with its emphasis on the qualities of the ego, and the new subdivision of it that he named the superego. Among these factors must have been his observations about the importance of aggression, and particularly of self-directed aggression, which rendered his earlier view of the primacy of self-preservation as a core psychological motivation no longer tenable.

Furthermore, he must have come to recognize that his idea that all resistances were located in the domain of the conscious ego was also incorrect; many of them had the same quality of being unconscious that he had previously reserved for the instincts. He described this change in *Beyond the Pleasure Principle* (1920), offering instead the distinction between the ego and the repressed. Likewise, his accumulated observations must have led him to surrender his earlier belief that libido was somehow transformed into a toxic substitute, anxiety, by the process of repression. This notion had to be replaced by the recognition of anxiety as an integral component of psychic conflict, serving as a trigger for defensive efforts by the ego, rather than being a result of that activity.

It is fascinating to note that a careful reading of all Freud's published work that appeared during the years in which his theories were being so substantially modified does not indicate that he made any effort to revise his theories about the nature of transference and its role in therapeutic action. His two most extraordinary publications during this period, *The Ego and the Id* (1923) and *Inhibitions, Symptoms and Anxiety* (1926a), make no mention of these important issues. One can only wonder at this remarkable consistency—or perhaps one might say *in*consistency—in view of the profound changes in Freud's understanding of the nature of psychic conflict, and the vastly increased attention he paid to the specifics of producing changes in the ego. Even though he clearly made the latter task the centerpiece of psychoanalytic technique, he was not moved to undertake a reexamination of his ideas about the transference, including either its technical handling, or the special, exclusive role he assigned to it in the psychoanalytic treatment of neurosis.

In fact, he repeated his formulations about those questions in familiar terms in "An Autobiographical Study" (1925), and again in *The Question of Lay Analysis: Conversations with an Impartial Person* (1926b). A brief quotation from the former paper will illustrate this:

> The transference is made conscious to the patient by the analyst, and it is resolved by convincing him that in his transference attitude he is *re-experiencing* emotional relations which had their origin in his earliest object-attachments during the repressed period of his childhood. [p. 43, italics in original]

Even though his last writings indicate that he held an unshaken belief in his ideas about therapeutic action, there are some rather notable, if subtle, differences. Most important, in my view, is a passage in "Constructions in Analysis" (1937b). After defining *constructions* as "conjectural versions of [the patient's] forgotten early history" (p. 261), Freud goes on to say:

> Quite often we do not succeed in bringing the patient to recollect what has been repressed. Instead of that, if the analysis has been carried out correctly, we produce in him an assured conviction of the truth of the construction which achieves the same therapeutic result as a recaptured memory. [pp. 265-266]

He then adds the following interesting acknowledgment:

> The problem of what the circumstances are in which this occurs and of how it is possible that what appears to be an incomplete substitute should nevertheless produce a complete result—all of this is a matter for a later inquiry. [p. 266]

This is the remarkable passage to which I alluded earlier in this paper. Is it merely a recognition that, because of his advancing age, others besides himself would have to try to solve this problem? Could there perhaps have been, on the other hand, just a shadow of doubt about his often-repeated assertion that only the analysis of the transference, and the consequent reemergence of crucial memories, provides the key to the therapeutic effectiveness of analysis? On careful examination, I could find no hard evidence in his writings that would lend so much as a hint of confirmation to the latter speculation.

Certainly, there are definite shifts in emphasis about the curative elements of psychoanalytic treatment in Freud's last writings. In "Analysis Terminable and Interminable" (1937a), he says that decisive factors contributing to the success or failure of the treatment include the persistent

influence of early trauma, variations in the constitutional strength of the instincts, and inherent alterations of the ego (p. 224). He was building on his increased focus on the qualities of the ego, both in terms of the malleability of its defenses and on a quantitative measure of its strength or weakness as compared to the power of the instincts. He summed up his late view of therapeutic action in the following words:

> The therapeutic effect depends on making conscious what is repressed, in the widest sense of the word, in the Id. We prepare the way for this making conscious by interpretations and constructions, but we have interpreted only for ourselves and not for the patient so long as the ego holds on to its earlier defenses and does not give up its resistances. [p. 238]

In his final paper, the posthumously published *An Outline of Psychoanalysis* (1940), Freud says clearly that a relative or absolute weakening of the ego is a precondition for neurosis (p. 172), and its cure is a consequence of the analyst helping the weakened ego, giving it back "its mastery over lost provinces of his mental life" (p. 175). Then, after summarizing once again the appearance and nature of the transference, he says forcefully: "A patient never forgets again what he has experienced in the form of his transference; it carries a greater force of conviction than anything he can acquire in other ways" (p. 177). I am afraid that many Freudian analysts of today would only wish that his certitude about the permanent impact of transference analysis fit more consistently and precisely with their own clinical experience.

It seems to me that tracing the evolution of Freud's theories about therapeutic action amply demonstrates both significant changes in his ideas and an unyielding consistency. I suppose it is possible to regard the changes as no more than increasingly detailed elaborations or refinements of his basic concepts, which retain a persuasive fundamental constancy. However, I believe that one might reasonably arrive at a different conclusion. I propose to briefly review once again the steps in his relevant theoretical development, and along the way I shall try to indicate why I hold that opinion.

First, there was Freud the neurologist, treating neurasthenic and hysterical patients. He discovered that important traumatic memories

were sequestered in a state outside the patient's conscious awareness. Treatment centered on bringing these memories back into the patient's conscious recognition. By the time of the publication of the Dora case (1905), he had observed and understood the fundamental nature of transference phenomena. He had also already become convinced that the pathogenic material of the neuroses, which was held out of consciousness by repression, consisted of childhood sexual wishes and fantasies.

Just a few years later, he stated definitively that it was *only* by means of reexperiencing the repressed emotional life in the transference that the patient could be convinced of the existence and power of these unconscious sexual impulses. He put forward the idea that explaining the transference to the patient, and thereby destroying it, was the key to therapeutic success in psychoanalytic treatment. I need hardly point out to modern analysts that Freud's concept of destroying the transference through interpretation has not stood the test of time.

Freud's theories were further developed and elaborated in the well-known series of papers on technique that appeared between 1912 and 1917. By then, libido theory had emerged, and the topographic model of the mind was Freud's controlling explanatory schema of the mental apparatus. Once again, I would like to remind the reader that libido was, in fact, a quasi-biological conceptualization, treated as if it were an actual substance, one with psychic energy attached to it. Consistent with the biological roots of libido theory, psychic energy was clearly conceived of rather concretely, not simply figuratively. Freud proposed that this energy could be split in different directions, with a portion of the libido held in a state of unconsciousness by countercathectic energies that enforced repression. These latter phenomena manifested themselves as resistances in the course of attempting psychoanalytic therapy. The task of proper psychoanalysis, then, was redefined as identifying and removing the repressions in question.

The transference in psychoanalysis was thought of as constituting a new pathway by which the pathogenic portion of the libido could rise to the surface of the patient's mind; it appeared in the form of action that was a repetition of the repressed impulses, rather than as conscious memories. This new version of the pathogenic libidinal impulses, which

produced what Freud named the transference neurosis, could thus be directly engaged by the analyst, *mano a mano,* as it were. Genuine insight into the nature of the crucial repressed material could then be achieved by destroying the resistances. This was to be accomplished by interpreting them to the patient, which would then be followed by the patient's working through them in some unspecified fashion.

It is possible to recognize that this intricate theoretical evolution presents a very sophisticated derivative of Freud's earliest psychoanalytic theories of therapeutic action that emphasized catharsis. Surely, Freud had learned from clinical experience that mere intellectual recognition of the troublesome unconscious material was insufficient and therapeutically unreliable. For the patient, gaining emotional conviction about it was essential, and the transference neurosis, according to Freud, provided the stage on which the forces of resistance and repression could be observed in action, as it were. Thus, they could be identified and interpreted by the analyst in the present moment and thereby effectively destroyed, at least in therapeutically successful cases.

We cannot help but admire Freud's ability to grasp the implications of his ever-growing body of clinical experience. Even now, a century later, we can recognize in *our own* clinical work much that he was the first to see and understand. Still, the question must be asked, just what was the basis, so early in his theoretical development, for his insistence that *only* through the analysis of the transference could emotional conviction about the nature of the troublesome unconscious impulses be obtained?

He said that the transference neurosis was the sole locus in which the repressive forces could be appreciated and overcome. It seems to me that this assumption made sense to Freud precisely because it was a logical extension of his then still somewhat concrete view of the nature of libido, its dispositions and vicissitudes. How else are we to make sense of his dictum that the transference should only be interpreted when it became a resistance, as evidenced by disruptions in the free flow of associations?

We do know for certain that as he gained even more clinical experience, Freud found his earliest basic assumptions less satisfactory. He substantially changed his opinions about the precise nature of the instinctual drives, he gained a more complex and accurate view of the uncon-

scious portion of mental life, and he arrived at a better understanding of the constituents of intrapsychic conflict and their interrelatedness. Consequently, what became known as the structural theory replaced his earlier topographic model as an explanatory schema of the mental apparatus and its functioning.

As an accompaniment to these most important advances, he became much more interested in studying and understanding the operations of the newly christened ego and superego. Although he wrote less specifically about technique, it is abundantly clear that his emphasis became centered on how the ego could be helped to acquire a more mature, more advantageous way of dealing with instinctual demands.

The deepening grasp of mental functioning that was being acquired by Freud and his immediate followers resulted in the emergence of what became known as defense analysis, or, more broadly speaking, ego psychology. A series of technical papers presented at the Marienbad Conference in 1934 reflected this new overview of technique. The landmark book *The Ego and the Mechanisms of Defence* (1937) written by his daughter, Anna Freud, doubtless in consultation with her father, codified these principles of psychoanalytic theory and technique.

Freud's own specific, independent contribution to the new era appeared, as I have said, in "Constructions in Analysis" (1937b). As he reported there, he had observed that reconstructions of formative childhood situations offered by the analyst could become convincing enough to patients to have a full therapeutic effect, despite the fact that they did not fit the formula that he had for so long insisted was the only method by which such curative conviction could be reached. He acknowledged his puzzlement, but, as we have seen, he did not see fit to surrender or even modify his opinion about transference and therapeutic action.

It is certainly easy to see that the emergence of ego psychology was an outgrowth of Freud's long-held conviction that analysis had to identify and remove resistances in order to be therapeutically effective. His new emphasis on quantitative factors regarding the relative strengths of the ego and the instincts, and on what he called inherent alterations of the ego also having an effect on outcome, seem to reflect his experience with less than fully satisfactory analytic results. Why, then, did Freud never find it necessary to extend his views of therapeutic action

to include the possibility that factors other than, or in addition to, the analysis of transference might also play a role in producing beneficial analytic results? It is hard to say, but it does seem to me that his own work and that of his students should have led him to that conclusion.

To return now to my earlier assertion that the topic we have been pursuing is of more than simply academic interest, I had in mind the fact that the debate about the exact nature of the therapeutic action of psychoanalysis persists to this day. An important aspect of that ongoing controversy is precisely the troublesome question regarding the exclusive concentration on transference analysis. This approach, in one guise or another, is still advocated in some quarters, while others regard it as too restrictive a prescription for effective psychoanalytic technique. While I cannot hope to summarize in great detail this discussion as it has evolved through the post-Freudian years, I can call the reader's attention to a few representative highlights.

Strachey's well-known paper "The Nature of the Therapeutic Action of Psycho-Analysis" (1934) coined the phrase *mutative interpretation* to indicate the essential role of transference analysis in bringing about change; all other kinds of intervention were relegated to ancillary or preparatory status. His wording still echoes in psychoanalytic discourse. Shortly after the end of World War II, the British Kleinian school introduced the idea of utilizing the analyst's countertransference to learn more precisely about the specifics of the patient's transference. This change in technique—controversy about it aside—still maintained the principle of the analysis of transference at the center of analytic treatment. Although it is not easy to find literature that specifically addresses their theory of therapeutic action, exposure to the clinical work of the British Kleinians even today suggests that most, if not all, of that group concentrate their attention on the moment-to-moment analysis of the transference in a fashion reminiscent of Strachey's dictum.

Here in the United States, Gill long ago (1982) proposed an exclusive devotion to the analysis of transference as providing the most effective way to produce beneficial analytic results. Furthermore, there are large segments of the relational and intersubjective schools that also advocate focusing exclusively on the so-called here-and-now interactions in

the analytic sessions, which amounts to another version of maintaining transference analysis as the sole pathway to useful therapeutic action.

That said, this technical approach, and the theory from which it is derived, has also been seriously questioned by many analysts over the years. Blum's paper, "The Position and Value of Extra Transference Interpretation" (Blum 1983) provides an outstanding and thorough summary of the debate up to that time. He cites such prominent analytic scholars as Stone and Brenner, along with Fenichel, Anna Freud, Rangell, Arlow, and others who made the case against exclusively transference-centered analysis.

For example, Blum quotes Stone as follows:

> The extra-analytic life of the patient often provides indispensable data for the understanding of detailed complexities of his psychic functioning, because of the sheer variety of its references, some of which cannot be reproduced in the relationship to the analyst . . . extratransference interpretations cannot be set aside or underestimated in importance. [Stone 1967, p. 35]

And, further, Blum cites Brenner:

> [Transference] remains but one factor among many in any analytic situation. An analyst has always the task of deciding as best he can from the available evidence which factors are the most important at a particular time in the analysis. If his conjecture . . . is that something other than the transference is most important at the moment, he will interpret whatever that "something other" may be. [Brenner 1976, p. 128]

In his own voice, Blum calls attention to the importance of reconstruction in illuminating the patient's past, and also points to the necessity of analyzing incidents of acting out in the patient's life outside the analysis: "Derivatives of unconscious conflict (and their interpretation) are not limited to transference" (1983, p. 586).

And, finally, lest it seem that this vital difference of opinion is by now anything like a settled matter, consider Blum's article entitled "Repression, Transference and Reconstruction," published in the *International Journal of Psychoanalysis* in 2003. It was written, he says, at the invitation of the editors of that journal, as a response to a 1999 guest

editorial by Fonagy. Blum's summary of Fonagy's position includes the statement that, "while relying exclusively on the current transference, he [that is, Fonagy] proposes a new theory of therapeutic change through the experience of 'self-with-other,' rather than the primary analysis of unconscious intra-psychic conflict, trauma and their genetic determinants" (Blum 2003, p. 497). Blum quotes Fonagy as saying: "Therapies that focus on the recovery of memory pursue a false god. Psychoanalysts should carefully and consistently avoid the archeological metaphor" (Fonagy 1999, p. 220).

To mention but one passage from Blum's counterargument:

> Without the patient's life history, including education, family and culture, as well as character, the transference cannot be fully understood and vice versa. The repetitive reactions of childhood are important patterns, often vital to full comprehension of the adult analytic transference. Moreover, what is acted out, outside the analytic situation, may not directly appear in transference. The analysis of character is only loosely related to transference. The same character traits and attitudes are present everywhere, inside and outside the analytic process. We do not know our patients' character through transference alone, and the analyst is not the only transference object. [2003, p. 498]

I said earlier that, given space constraints, it would not be realistic for me to attempt to present a truly comprehensive account of the continuing discussion about transference and therapeutic action. My intention has been simply to document my assertion that the argument did not disappear from the analytic world with Freud's passing from the scene. The multiplicity of contemporary ideas about the therapeutic action of psychoanalysis is widely recognized. A recent compendium on that subject published by *The Psychoanalytic Quarterly* (Volume 76, Supplement, 2007) clearly demonstrates the wide range of current opinions.

Winds of change were, in fact, already beginning to make their appearance in the 1930s (Greenberg 2007). Different interpretations of exactly what constitutes paying analytic attention to the here-and-now interactions between analyst and patient further complicate how present-day analysts might think about the implications of Freud's emphasis on the specific value of the analysis of the transference neurosis.

For those of us who, following in Freud's original footsteps, are still convinced that understanding the patient's past is essential to an effective comprehension of his or her present circumstances and troubles, it should require no great stretch of the imagination to think that an analogous historical approach to understanding analytic theory is also valuable. That is the path I have elected to pursue and along which I have invited the reader to follow.

As far as I am concerned, the familiar saying that the past is prologue to the present describes part of the ineradicable legacy of Sigmund Freud. As to how that past is to be best understood and its consequences dealt with, that is another matter. I think we can still look with admiration at Freud's determined and inspired pursuit of those goals, without necessarily being obliged to adhere to his belief that it is *only* through the analysis of the transference that those ends can be achieved.

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DISCUSSION OF SANDER M. ABEND'S "FREUD, TRANSFERENCE, AND THERAPEUTIC ACTION"

BY MARILIA AISENSTEIN

Keywords: Transference, countertransference, drive theories, libido, affect, repetition compulsion, psychic topography, death drive.

It is a pleasure and honor to discuss Sander M. Abend's text. The central question posed by the author is whether the analysis of the transference may be considered today as "the sole key to the therapeutic efficacy of analysis" (Abend, p. 872).

Abend immediately qualifies this Freudian assertion by saying that he shares the viewpoint of those who, while emphasizing the analysis of the transference, do not make it "the only agent involved in the therapeutic action of psychoanalytic treatment" (p. 872). He asks why Freud, who never hesitated to question his own ideas, did not change this position up through the end of his life, and this despite what he wrote in "Analysis Terminable and Interminable" (1937a) and "Constructions in Analysis" (1937b). Abend then leads us in an impassioned and skillful reading of Freud, a reading that takes into account the twists and turns of the writer's thoughts and his construction.

I am in full agreement with Abend here and I share his passion for this reading. Studying Freud makes me think of a kaleidoscope, a toy that fascinated me as a child. A great number of elements, forms, and colors—and a slight movement makes the structure topple, but just as quickly reconstructs it differently. A new clinical discovery makes Freud rethink it all: he puts everything into the pipeline, plays with concepts,

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Translation by Steven Jaron.

and revises without abandoning any of them. Thus, in 1914, the difficulties of his clinical work led him to define the notion of narcissism and then to introduce it into his drive theory. From 1915 to 1920, some small touches, like the appearance of the expressions *repetition compulsion, drive reversal,* and others show that the turning point of *Beyond the Pleasure Principle* (1920) is ineluctable. The concept of the death drive as equivalent to an unbinding force brings him to a new version of psychic topography; onto the unconscious described in 1915 is superimposed the more complex notion of the id, and so on.

In my view, it is beginning in 1914 with "Remembering, Repeating and Working-Through," through 1937, that Freud goes into and affirms his idea of transference as the "sole" therapeutic tool. I agree with Abend that he never abandoned this idea, and that it is one of the reasons why he modified his drive theory and his understanding of psychic topography. I shall return to this point.

Abend rightly takes up Freud's comments on transference from 1895 onward in various works. It is true that Freud considered transference as simultaneously an obstacle and an ally in the healing process. He thought that it should be identified by the analyst and then "destroyed," with the help of the patient's becoming conscious of it.

Abend brilliantly analyzes "The Dynamics of Transference" (1912a) and "Recommendations to Physicians Practising Psycho-Analysis" (1912b); I would like to add to his analysis the idea that the difficulties Freud met with—and, consequently, that are demonstrated in his reading, in his understanding of transferential phenomena—are simply the consequence of the as-yet unrecognized *repetition compulsion,* a concept that first appeared in 1914 in "Remembering, Repeating and Working-Through."

This short text is critical to Freud's conception of transference, and indeed Abend notes the importance of the distinction made therein between unconscious fantasy and the repressed, the former capable of remaining forever unknown. I think that this makes explicit certain transferential movements whose recognition is possible only through the work of the countertransference—if ever.

But, above all, a reading between the lines of the article leads me to think that here Freud *poses an implicit postulate: there exists in the human psyche two dialectically related compulsions, the repetition compulsion and the transference compulsion.* They are dialectically related in that they are of the same essence and their common aim is repetition, but they may be differentiated and opposed in the frame of the cure, with one becoming a therapeutic tool (transference and its interpretation), and the other, the opacity of pure repetition (among which we count the negative therapeutic reaction). While this phenomenon is only briefly mentioned in "Remembering, Repeating and Working-Through" (1914), Freud returns to it in *The Ego and the Id* (1923) and again in "Analysis Terminable and Interminable" (1937a). This is where he gives his most convincing description, when he ties it to the death drive.

Here I am perhaps giving the impression of digressing, but on the contrary, my intention is to show that at a certain point, reading Freud cannot be done simply chronologically, but instead demands that we move from one text to a much later one, the second shedding light on the enigmas contained in the first. Returning now to the article of 1914—in which Freud explains that the stronger the resistances, the more repetition occurs in place of memory—I should like to point out that transference is a series of repetitions, displaced onto the analyst, which fall into place as an analyzable *transference neurosis.* But we are still in the first topography (unconscious, preconscious, conscious), and we lack the concept of an ego that is equally a repressing agency; the resistances thus become unconscious. This explains how the working through described by Freud in this essay and in "Transference" and "Analytic Therapy" (Lectures XXVII and XXVIII of the *Introductory Lectures on Psycho-Analysis,* 1916–1917)—that is, as patient work leading to the creation of an interpretable transference neurosis—would soon turn out to be insufficient in difficult treatments. In 1920, this would lead him to modify his drive theory in order to take into account an intrapsychic destructiveness of which, until then, he had been unaware.

While disputed by some colleagues, the second drive theory (libido and death drive) is for me a matchless conceptual tool. First, it makes it

possible to move past the sterile debate about whether sexuality is properly placed on the side of life or of death. It also makes possible a conception of thinking itself. Freud describes his second drive theory one final time in *An Outline of Psycho-Analysis* (1940), as the opposition between a binding force, libido or Eros, and a movement of unbinding that is likewise indispensable to life. Thinking consists of bringing together, but also of separating.

Rooted in the drive, thinking is conceivable for me only through the second drive theory. In my view, the opening up and enrichment of thought processes in analysis, with the help of the method of free association (which permits integration of unconscious movements into secondary processes) is the greatest therapeutic effect of the psychoanalytic cure (Aisenstein 2003, 2007a). The aim of my remarks is to affirm that this cure can take place only with the help of transference. In this sense, I continue to believe, like Freud, that transference—to which I would give a broadened meaning—is indeed "the only agent involved in the therapeutic action of psychoanalytic treatment" (Abend, p. 872).

I shall give a brief clinical example. The patient was a 40-year-old woman who had serious asthma that prevented her from working. She was single and had no children. She was eight months into a twice-weekly, face-to-face treatment in a hospital setting. Her psychic organization was typically borderline, but there were long periods in which she exhibited mechanical thinking, becoming concrete, descriptive, and unemotional (Aisenstein 2006).

For months, she fixed her gaze closely on me and threw herself into either factual descriptions of her life or furious diatribes against the weather or the government, Social Security or her doctors, and so on. She was one of those distressing patients with whom I have learned to be silent and wait. She was in the present; she did not recount her history and in fact recalled nothing of the past. One cannot speak of classic transference in such a case, but rather of a massive, undifferentiated cathexis.

One day, after the patient had complained about her allergist, my secretary, and my silence, she began to describe at length a new and vio-

lent intercostal pain she had been experiencing since the weekend. She told me that a rib fracture had been diagnosed secondary to coughing fits and high doses of corticosteroids.

I then thought about a very dear friend who had died of an embolism. This friend had not consulted a doctor for the pain that she, herself a doctor, had thought was an intercostal fracture. I was seized by a powerful affect of sadness. A few seconds later, the patient moved and breathed loudly—an asthmatic fit was beginning. She got up as if she were about to leave. She screamed at me, "There—it's your fault! You let go of me!"

I asked her to sit back down and then I spoke to her at length.

I told her that she was correct; in my mind I *had* let go of her. I had thought about someone else whom her situation made me recall. Still, she and I needed to consider together her intolerance of being unable to control another person's thinking.

At that moment, the patient, who was still standing, sat down. She breathed more easily, and I suggested a construction by telling her that it was probable she had caused me to experience an invasion and thought control of a type from which she herself had most likely suffered in the distant past. She cried for the first time.

This was a powerful moment. Based on the introduction of a third party and some history, analytic work could begin. But how did this moment come about?

The patient had alternated between mechanical, concrete descriptions and discharge-type emotions that did not organize themselves into affects. She fell short of a transference that could arrange itself into a transference neurosis. Nevertheless, she was massively cathected, thanks to what I would call *transference compulsion.*

I assert that with difficult, non-neurotic cases, we cannot restrict ourselves to the Freudian definition of transference. Young children fall in love with a toy, a doll, or a truck; this is already an instance of transference. We must conceive of several levels of transference before it becomes interpretable, just as we do in a classical analysis. (This is a question that I have developed elsewhere and will not elaborate here; see Aisenstein 2007b.)

To return to my patient, thanks to the transferential cathexis, she *unconsciously perceived* an affect that was preconscious in me, an affect that would very likely have gone unnoticed in a patient with better neurotic defenses. Some might speak of *psychotic insight,* but if this is a clinically valid assessment, it is hardly satisfactory on a theoretical level. How might we better understand it?

I refer here to the patient's *unconscious perception,* though Freud never proposed a specific theory of unconscious perception. Nevertheless, it exists implicitly in his work; in fact, it supports his entire theory of dream construction. Latent thoughts are reactivated by condensed diurnal residues, and so on. Without the notion of unconscious perception, the theory as outlined in chapter 7 of *The Interpretation of Dreams* (Freud 1900) becomes unintelligible (Bollas 2007).

An attentive rereading of Freud's "The Unconscious" (1915) has helped me grasp in finer detail the fate of the affect between the unconscious and the preconscious. Freud reminds us in this article that the specific goal of repression is the suppression of the development of the affect: "We know, too, that to suppress the development of affect is the true aim of repression and that its work is incomplete if this aim is not achieved" (Freud 1915, p. 178). However, if the repressed representation remains in the unconscious as a real formation, the affect itself is but "a potential beginning which is prevented from developing" (p. 178).

There is no unconscious affect, but formations exist that are charged with energy that seek to pierce through the barrier of the preconscious and that take on the character of anxiety. Freud compares affect to motility; both are processes of discharge, though with a difference: "Affectivity manifests itself essentially in motor (secretory and vasomotor) discharge, resulting in an (internal) alteration of the subject's own body without reference to the external world; motility, in actions designed to effect changes in the external world" (Freud 1915, p. 179, n1).

These lines are enlightening when we reconsider the clinical sequence discussed above. Within and thanks to the transferential-countertransferential process, my patient perceived an affect in me that met

up with a preformulated unconscious affect, which was transformed into anxiety and into the asthmatic fit, followed by a motor discharge. I suggested a construction and interpretation that would then modify what she was experiencing into a true affect.

My discussion is at once personal, brief, and incomplete. It cannot do justice to the richness of Abend's text. I should nevertheless like to single out a few additional points here. I consider myself still more Freudian than Abend is. This is partly due to my classical training; in fact, I do think that transference is the sole key to therapeutic action, and that it is, furthermore, the only one enabling access to the unconscious in the cure of difficult cases. It thus does not seem at all astonishing to me that Freud did not—on this point, at least—modify his opinion; it is perfectly logical.

More than purely theoretical, Freud's *oeuvre* is clinical; his theory is rooted in his clinical work. Gradually, he seeks to account for clinical experience that is more and more complex. The second topography, for instance, superimposes itself onto the first—which, moreover, he does not abandon, in order to take into account unconscious resistances, repression by the ego, sexualization of the superego (which he shows to have its roots in the id, and how it can weaken the ego), and so on. All his theorizations after 1920 are the result of his clinical failures, and they seek to forge useful concepts with an increasingly difficult clinical reality, which has become our contemporary clinical reality.

Even though there may be interpretation of the transference, for me, all interpretation takes place *within* the transference. This is often considered a standard distinction in France. For me, there is thus no such thing as "extratransferential interpretation," either conceptually or in practice; all the analyst's comments are heard by the patient from within the transference. Sometimes I happen to make an interpretation or commentary on mental functioning and not on mental contents, but this remains within the transferential process and becomes meaningful for the patient in the *hic et nunc* and only through the transference.

A final point concerns another issue raised by Abend: the "destruction" of transference. On one level, this is a matter of translation among

the German, English, and French languages,[1] but in any case, I do not believe that the transference can be "destroyed" by its interpretation. It is made legible thanks to the setting and is "clarified" by interpretation, but it endures since it belongs to the life of the human psyche. I have argued that psychoanalysis is the only therapeutic method for helping our patients, whatever their pathologies, "to become, or become again, the principal agents in their own history and thought" (Aisenstein 2007a, p. 1460). This may take place only through the transference. To be a thinking subject, one must cathect an object. At the end of an analysis, the transference to the psychoanalyst is not destroyed but displaced, opening the way to different sublimations, and sometimes to the capacity to love.

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[1] In German, *erschlagen* means "to knock out." In French, we would rather say *elucider,* "to vanish." In fact, we do not know if Freud meant that transference is ever "destroyed."

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COMMENTS ON SANDER M. ABEND'S "FREUD, TRANSFERENCE, AND THERAPEUTIC ACTION"

BY JORGE CANESTRI

Keywords: Argumentation, therapeutic action, memory traces, transference, Freudian theory, interpretation.

The structure of this scholarly paper is clear from its final paragraph, in which Abend writes that if, as Freud says, we are still convinced that "understanding the patient's past is essential to an effective comprehension of his or her present circumstances," then it follows that an "analogous historical approach" (Abend 2009, p. 891) is valuable to understanding analytic theory. The form chosen, therefore, is that of an argumentation in the sense developed by Perelman and Olbrechts-Tyteca (2001): *argumentation* means to affect, through discourse, the intensity of the listener's agreement with specific theses. Although objections could be raised concerning the logical obligation of correspondence between premise and conclusion, I agree with the inferential process proposed by Abend: I think that a critical-historical examination of a concept is useful in any discipline, but it is particularly important in ours.

The author thus guides us along two routes: the first is the evolution of Freudian thought on the discovery and elucidation of the concept of transference; the second is an outline of Freudian theories on therapeutic action. The two routes certainly overlap, especially since the question to which Abend wants to find an answer is whether it is necessary to adhere to the Freudian thesis stating that only through the analysis of transference "could emotional conviction about the nature of the troublesome unconscious impulses be obtained" (Abend, p. 886). This

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"emotional conviction" is seen as an essential element of the therapeutic action of psychoanalysis.

It is quite clear, at least from my point of view (and I think from Abend's also), that an examination of Freud's concept of therapeutic action, although centered on the analysis of transference, allows us to construct an outline of various ramifications that do not relate only to the transference. This becomes clear when, in the course of his chronology, Abend follows the escalating complexity of Freud's theoretical evolution.

This leads Abend to question whether the changes that can be found in Freudian theories on therapeutic action are to be considered only as detailed elaborations or refinements of basic concepts, or if, on the other hand, it is possible and reasonable to come to a different conclusion. I agree with the author that the development of Freud's theoretical ideas in the last twenty years of his life may suggest that what is at stake is more than simply additional details. The quotations that Abend takes from various Freudian works illustrate this idea very clearly.

Abend begins his work by quoting the well-known sentence from "Analysis Terminable and Interminable" (1937a) in which Freud demonstrates his certainty about how analysis cures, while reflecting on the obstacles that analysis finds along the route to the cure. Is this certainty justified? Do today's analysts have a similarly solid—and, above all, consistent—certainty about the nature of the healing forces of psychoanalysis? Abend thinks this is not so, and at the end of his work he refers to a recent compendium on the subject of therapeutic action (*The Psychoanalytic Quarterly*, Volume 76, Supplement, 2007), in order to highlight the wide range of possibilities described in contemporary theoretical pluralism. I find myself in agreement with the author in this case also. I have suggested that: "The definition of what therapeutic action means to a psychoanalyst will be closely connected to and will depend on the overall theory preferred by that analyst" (Canestri 2007, p. 1601).

Abend begins by elucidating and describing the Freudian concept of transference, and, like many other Freudian scholars, he underlines the innovations in the concept of transference that appear in "Remembering, Repeating and Working-Through" (1914). Specifically, Abend points out the difference that Freud traces in this text between repressed memories and unconscious fantasies that have never been conscious, and between

remembering and *acting out* (perhaps not a successful translation of the Freudian *agieren*). The *compulsion to repeat* makes its appearance, as does repeating in action in the transference, which substitutes the much more reassuring activity of consciously remembering pathogenic events. We are faced with a historical period of transition in Freud's theoretical productivity. In outlining an overall map of the Freudian theory on the cure, Abend suggests dividing the transference into positive and negative, including in the negative, as Freud does, erotic transference. Would the positive therefore be an *unobjectionable positive transference* that cooperates with the therapeutic operation?

I agree with Stein's (1981) opinion, quoted by Abend, concerning the possible existence of "powerful resistances" that could be embedded in this type of transference. I use the conditional tense inasmuch as these resistances can certainly hide behind the unobjectionable positive transference, although this is not necessarily so. But I believe that Abend's idea is convincing in the sense that this positive transference, intended as an essential support to the therapy, may take on different forms in contemporary psychoanalysis—the *realistic relationship,* the *therapeutic alliance,* etc., outside of or alongside the transference relationship. That this "supportive" relationship between analyst and patient is an important force toward effecting change—and, furthermore, that it is not subject to interpretation and analysis—is a thesis supported by many analysts of different orientations.

Abend rightly does not deal further with this issue, which would take the discussion too far afield. He contents himself with emphasizing that Freud distinguishes between the support provided by the *unobjectionable positive transference* and the proper analysis of the transference. Personally, I think this situation is similar to what occurs with extratransference interpretation: that is, the latter is certainly present in everyday clinical practice but, as Etchegoyen (1983) says, we must always ask ourselves what is the significance, from the point of view of the patient, that extratransference interpretation assumes in transference.

So, as we have said, we are entering a period when the transference becomes more complex due to the fact that the patient does not remember, but repeats. We could say that the very conception of the transference has been modified quite a bit, and yet Freud, says Abend, "does

not indicate that he made any effort to revise his theories about the nature of transference and its role in therapeutic action" (Abend, p. 882). It seems to me that this attitude is the one Freud normally takes: his theoretical revisions end up by being incorporated into a whole, apparently without any of the component pieces of conceptual construction being specifically abandoned or eliminated.

The transition hypothesized for this period becomes more evident with the change in paradigm leading to the so-called structural theory. Abend is right in pointing out that, despite this obvious change, Freud does not reexamine his ideas about transference. However, our author, and I as well, recognizes subtle but significant differences in Freud's last writings as far as therapeutic action is concerned; Abend takes into consideration "Analysis Terminable and Interminable" (1937a), "Constructions in Analysis" (1937b), and *An Outline of Psycho-Analysis* (1940).

Perhaps, however, having reached this point, we might note that Abend's suggestion—that Freud was convinced that "the analysis of transference is the *only* factor that is responsible for the therapeutic effect of the treatment" (p. 872, italics in original)—can be relativized. The fact that Freud did not explicitly reexamine his ideas about transference does not necessarily imply that he continued to be convinced that the analysis of the transference was the only factor responsible for the therapeutic effect of the treatment. Experience tells us, moreover, that were we to expect the same criterion of reexamination for every Freudian concept, idea, or hypothesis, we should find ourselves in a difficult situation, since (as I mentioned earlier) it was extremely rare for Freud to explicitly examine his own theoretical revisions or abandon his previous conceptualizations.

It could be said that transference, with its subsequent integrations (e.g., the compulsion to repeat) and conceptual modifications, is a necessary (and, I would add, an essential) condition of therapeutic action, but not one sufficient unto itself. Abend's examination seems to be partly oriented in this direction, with which I would agree. We wonder why transference is, in any case, a necessary and an essential condition, I think. I believe that the author himself, through his historical review, provides a particularly useful clue. Let us consider what Freud proposes with his texts "Constructions in Analysis" (1937b) and *An Outline of Psy-*

cho-Analysis (1940). In the first, he introduces constructions—therapeutic instruments intended to recover what cannot be remembered.

Here I must diverge a little from the synonymy that Abend draws between *construction* and *reconstruction;* in this sense, I am guided by the useful distinction that Sandler and Sandler (1998) make between these two concepts. While the first refers, from their point of view, to the interpretation of an unconscious object relationship enacted in the here and now of the transference, the second indicates, from the viewpoint of the analyst, what has happened and what has been experienced during the patient's development.

The concept of construction, as Abend rightly reminds us, refers to the last Freudian theoretical period. Considering Freud's last works—and taking into account narcissistic, borderline, psychotic, and "parapsychotic" pathologies, as well as those deriving from early traumas—has predisposed us to the belief that our theories on interpretation, while adequate for neurotic pathology, have perhaps been insufficient to handle more serious cases. We may be in the presence of what Freud (1896) defined as a "memory trace from an earlier phase which has not yet been translated" (p. 235)—that is, of very primitive experiences of very early phases, possibly corresponding to registrations of perceptions or to something preceding perception, something in a psychosensory register.

As we recall, Freud speaks explicitly of these "traces" in his famous and often-quoted letter to Fliess of December 6, 1896:

> As you know, I am working on the assumption that our psychical mechanism has come into being by a process of stratification: the material present in the form of memory-traces being subjected from time to time to a *re-arrangement* in accordance with fresh circumstances—to a *re-transcription.* [1896, p. 233, italics in original]

An interpretation of these traces deserves the name of a *construction,* as Freud himself illustrated. In other words: "The analyst does not reproduce a pre-existing phantasy, but he produces something that had not been there before in this form" (Loch 1993, p. 35) and "[contains] it within a form" (Green 1975, p. 10). This aspect of the interpretation construction—of "translating" conditions for which "rational inter-

pretations" will not suffice (Loch 1993, p. 37)—had already been hypothesized by Freud and emphasized by Bion (1989, pp. 51-52), and is of major interest to today's analysts, considering that the treatment of serious pathologies forces us to face this challenge. Even more so, we must confront the "untranslated traces" that are unreachable through a normal mnemonic revelation (in the sense of hysteria), inasmuch as they do not possess assignable semantic or declarative values.

The discussion contained in *An Outline of Psycho-Analysis* (1940) is oriented in the same direction. The analyst must help the weakened ego by giving back to it "its mastery over lost provinces of his mental life" (Freud quoted by Abend, p. 884). But as I mentioned above, we have to consider that in some cases it is not even a matter of "lost" provinces, but of provinces that have never belonged to the subject's mental life in the traditional sense. It is not by chance that in his *Outline,* Freud extends the concept of *Spaltung* to neurotic pathologies as well as to normality, emphasizing that there are many "provinces" in the human being, many of which remain unreachable. As the great Portuguese literary writer Pessoa (1997) said: "Each of us is several, is many, is a profusion of selves . . . . In the vast colony of our being there are many species of people who think and feel in different ways."[1]

A careful reading of "Constructions in Analysis" (1937b) and *An Outline of Psycho-Analysis* (1940) suggests that—and here I am partially following Abend's reasoning—not only is a more complex theory of transference described in this final period of Freudian construction, but also a more complex theory of memory and of the ego emerge as well. If we accept this, then it is understandable that the analysis of the transference should be specifically privileged, and that through the analysis of the transference (in its wider conception), the "emotional conviction" essential to the progress of the cure should be obtained. A necessary condition, as I said—but not an entirely sufficient one for sketching an overall theory of therapeutic action. For this reason, I agree with Abend about the need to broaden the Freudian concept of therapeutic action to include other factors in addition to the analysis of transference.

[1] See the following URL: http://www.goodreads.com/quotes/search?page=2.

Abend attributes to the British Kleinian school the idea of using "the analyst's countertransference to learn more precisely about the specifics of the patient's transference." He also says that "this change in technique . . . still maintained the principle of the analysis of the transference at the center of analytic treatment" (p. 888). I would introduce some nuances into this picture. It is known that Klein had many reservations about the clinical use of the countertransference in the sense mentioned by Abend. She saw a shadow of danger in an indiscriminate use of the countertransference that could allow the analyst to attribute his own conflicts and fantasies to the patient. Heimann (1950), who at about the same time as Racker (1953) described and theorized the countertransference, cannot be described as a Kleinian in all respects, nor for that matter can Racker.

I do not think it was this change in technique that maintained the centrality of the analysis of transference in analytic treatment. Abend says that "it is not easy to find literature that specifically addresses their [Kleinian] theory of therapeutic action" (p. 888). I note that Hinshelwood (2007) clearly emphasizes a change in the conceptual instrument of the transference as evidenced in clinical practice. He speaks of a shift from transference as a "usable force"—a position attributed to ego psychology—to its being seen as "a *unique understanding* (and insight) about that patient's mind" (p. 1483, italics in original). From this can be deduced the author's theory (and that of Kleinian psychoanalysis) concerning therapeutic action. Hinshelwood says: "From a Kleinian point of view, therapeutic change comes from a deeper understanding and insight into the specific roles and relations exhibited and enacted in the transference" (p. 1483).

As Abend notes in his work, Strachey's wording on the essential role of transference conceptualized in the *mutative interpretation* "still echoes in psychoanalytic discourse" (p. 888). From Strachey's time onward, Kleinian psychoanalysis has continually emphasized the role of transference and its interpretation, extending the very concept of transference (e.g., Joseph 1985). It is interesting to see that this concept of transference and its central role in the theory of therapeutic action is more British than Kleinian; I believe that the other British schools as well would easily

identify with the substance of the Kleinian position regarding transference.

All this serves only to underline that Abend's scholarly argument on the role of transference in the therapeutic action of psychoanalysis, from the point of view of Freudian theory, can certainly be extended to other post-Freudian schools as well. Transference therefore retains its value as shibboleth, just as Freud (1933) believed that his theory of dreams had done:

> The strangeness of the assertions it [the theory of dreams] was obliged to put forward has made it play the part of a shibboleth, the use of which decided who could become a follower of psycho-analysis and to whom it remained forever incomprehensible. [p. 7]

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FREUD'S TECHNIQUE: MORE FROM EXPERIENCE THAN THEORY

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Keywords: Freudian technique, libido theory, structural theory, transference, therapeutic action, resistance, neurosis.

Puzzled and perhaps a little annoyed by the persistent idea that interpreting the transference is the only way to effect analytic change, Sander M. Abend (2009) tracks the dogma back to Freud's prestructural writings on technique. A masterful teacher, Abend plainly and cogently lays out the line of thought that led Freud to this belief. I know of no more concise and sympathetic exposition of early treatment theory than this, and I personally believe that Abend's reevocation of our misty past is by itself worth the price of admission.

Having given the early ideas a really fair hearing, Abend then points to the greater sophistication of later theory and technique, and asks why, long after Freud had opened up larger vistas, he never disabused analysts of the idea that treatment progresses solely by interpreting the transference. Abend finds a clue to this riddle in the early theory of a quasi-physical libido, which Freud associated with the vivid image of catharsis. Could it be, Abend asks, that Freud was unable to pry his imagination loose from libido theory even while he was developing a subtler and more scientific theory of ego and defense? That would explain why, among the many useful approaches suggested by his later theory, only this early one won Freud's endorsement. If so, we would have to say that Freud's atavistic loyalty to libido theory discouraged analysts from employing all the tools their broadened rationale made available. Although Abend does not deny that many analysts have their own reasons

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for glorifying transference interpretation, I think he would be happy to leave us with the impression that the transference-only dogma is a kind of genomic parasite from Paleolithic libido theory.

It is a convincing account. Freud does indeed seem to have taken transference as empirical confirmation of libido theory. But I will suggest another way of reading Freud on technique that might lead to a slightly different conclusion. We are familiar with Freud's general reluctance to give up one idea while overlaying it with a different one. But I suggest that we can learn something by turning our gaze to his specific, microscopic unwillingness to revise shifting treatment ideas inside *Papers on Technique* (1911–1915), even in that short interval, even before the advent of the structural theory, and even within the scope of a single paper. I will use as my example chiefly "The Dynamics of Transference" (1912).

It is impossible to read the *Papers on Technique* in sequence without realizing that this group of essays records an investigation in real time. The journey of exploration from the first paper to the last is not the kind of rhetorical fiction that Freud often uses to escort the reader through false hopes and blind alleys until, by apparent process of exclusion, he is brought to a preplanned solution. Instead, *Papers on Technique* is more like a laboratory log honestly kept without erasures, in which Freud reported serious conceptual and practical difficulties as they afflicted him, and recorded his progressive efforts to cope with them. Bit by bit we see him ruminating and trying first one way and then another to get a fix on the strange treatment he had stumbled upon. Our general question, then, is why Freud published a given individual paper and the *Papers on Technique* as a whole just as they were written, rather than rewriting the whole thing (perhaps in a revised version) from the standpoint of his final understanding. At the very least, one might have expected him to footnote corrections and revisions, as he did in other updated expositions. Why didn't he do that with *Papers on Technique?*

The only possible answer, it seems to me, is that the *thing* Freud was discovering could only be described by this method of successive passes. We may imagine *Papers on Technique* to be something like those atlases of anatomy that superimpose several transparencies upon each other, layering up two-dimensional diagrams to a three-dimensional body. No one of them alone will show the thickness of the subject, and each obscures

the other. Or we may compare these *Papers* to the successively displaced images on a pack of cards that display a "movie" when flipped through in rapid succession. My metaphors will not, I fear, bear close scrutiny, but they may suggest how Freud counts on us to gather into our mind the contrasting and conflicting ideas that pile up and accumulate as we tangle with the treatment phenomenon. The implication is that we must be able to think in several different ways at once, or at least in flexible alternation, as we take up our stance in psychoanalytic treatment. In the course of the book, every crucial term is both retained and radically redefined instead of being edited and replaced: *resistance, transference, memory,* and much else by implication. By defining and redefining these terms, Freud seems to be searching for their "cash value" in the consulting room, correlating their varying operational definitions and puzzling over how they relate to each other. To my mind, this strange way of apprehending analytic treatment is independently rediscovered by every learner, and I believe it is this paradoxical mind-set that, in confirmable fact, conjures into existence a specifically psychoanalytic treatment.

If *Papers on Technique* is, as I suggest, a real-time record of Freud's thinking about things that he was still trying to get into focus, it follows that the way to read the book is by identifying at each recorded moment who the Freud was that was making the entry. One must first imagine the *preliminary expectation* Freud brought to a given problem, then the nature of the *practical difficulty* (and its conceptual placement) that prompted his note, and finally the resolution he provisionally reached *at that stage* of the inquiry, a resolution that may occupy as little as one paragraph. The key to the next passage or paper will then be *another difficulty* he encountered, together with any *uneasiness left over* from the solution(s) in the preceding paragraph or paper(s). In each case, his vision of treatment is best understood as a reaction to a particular, practical problem that inspired it.

As Freud moved from hypnotic and cathartic treatments, where the term resistance had the common vernacular meaning, and began his vexed inquiry into the new, psychoanalytic treatment he had chanced upon, we see him struck by the fact (recorded in the first of the *Papers*, "The Handling of Dream Interpretation," 1911) that resistance could take the inconspicuous form of seemingly good-faith compliance, and

moreover, it could actually *produce* something (a plethora of dreams), rather than just concealing something (memories). Most startlingly and portentously, Freud discovered to his great distress that resistance could not only fit itself into the analyst's obvious external resemblance to a parent, but could also mold itself to the analyst's most personal wishes—in Freud's case, a paramount interest in dreams and pride in their interpretation. A description of this sort of resistance—such clever, whole-person, positive maneuvering, still regarded as the work of "the" resistance—pastes a new image over the previous impersonal, almost physical stickiness of unconscious memories.

As though that wasn't headache enough, Freud could not escape the thoroughly perplexing impression that this sort of thing was no occasional bump in the road. It seemed to him that his daily job had turned out to be outmaneuvering the patient's sly maneuvering—a very different and much less agreeable task than the joint effort of dislodging memories, which was what both he and his patient had initially signed on for (and which, it should be noted, remained for him the ultimate aim of psychoanalytic treatment).

This is the Freud we follow into his next lab note ("The Dynamics of Transference," 1912), where we virtually hear him ask: "Why . . . why am I always embroiled with what the patient wants from me, when all I want is to learn about his experiences? I can understand that memories would hold themselves back. I am skilled at coaxing them out. I am famous for the kind of patience that requires. I can even understand that any diversion would be useful to a force dedicated to holding back memories. But why do these memories almost *always* conceal themselves by some sort of grabbing at *me*?" Freud seems not to have anticipated this situation, much less welcomed it as a happy confirmation of theory. He had no incentive to see a familiar rapport transformed into a duel. It was no great joy to smother (lest it give a hostage to resistance) his paramount interest in the coded secrets of humanity while patients dangled their dreams before his eyes. He was discovering that he couldn't continue in a way that had always seemed sensible. It was not clear what new sense could be found in the new doings. It was not even clear what the problem was. Freud's immediate reaction (in writing) was to assure himself that it was, in fact, no problem at all, but this reassurance was

repeated suspiciously frequently. Watching Freud banging his head over and over again against this problem in page after page of *Papers on Technique,* I, for one, find it impossible to think of him as complacently fitting it neatly into a well-prepared, theory-satisfying vision.

In this second paper in *Papers on Technique* ("The Dynamics of Transference," 1912), Freud tries in several ways to assimilate the original notion of resistance and transference to the newly perceived, blunt fact that the main difficulty of treatment was the patient's wishful pressure on him. That this was an urgent and bothersome issue is shown by his repeated posing and "solving" of the problem, followed a paragraph or two later by another statement of the problem and another (or the same) declaration of victory. He is obviously not even sure how to put his question. Only midway through the paper does Freud realize that repressed material is not just an *escape* from current frustration, but also a continuous *source* of desires. Even at that point, however, he is still unwilling to identify the shape of neurotic desire with the configuration of the transference (p. 104, n1). He still insists that transference resistance is just one more ruse and distraction (though now he acknowledges that this form of the resistance has some special "advantage" [p. 104]). The exposition seems to end on that note. However, there are two paragraphs remaining in the paper (pp. 107-108). And there, in what looks like an afterthought, Freud writes as though transference and resistance are almost *synonymous.* He has suddenly gone all the way to that extreme. Yet he retracts nothing from the formulations of the body of the paper, simply saying that he is adding "another aspect" (p. 107)! And not only that: not only does this last move—a mere couple of pages long, but by far the most vehement and memorable of the paper—leave the earlier formulations inviolate; it is tacked on almost without a bridge, as though utterly unrelated to what preceded, to which, indeed, it bears no resemblance in voice or method.

What is the function of these last two appended pages that almost identify resistance with transference? Freud is telling us that it is one thing to describe interacting parts of the mind as "the" resistance using "the transference" to keep "the unconscious" from consciousness. But it is another thing ("another aspect of the same subject," p. 107) to observe what the whole *person* is visibly *doing to the analyst* as a result of the

resistance ("anyone who has observed all this . . . ," p. 107). What led to this postscript? We picture Freud laying down his pen after finishing pages 99 to 106, looking back and suddenly realizing that he has been downright misleading if he leaves it at that. He has not prepared future analysts for what they will *see*. They need to be alerted to—they need to be *warned about*—the *intentional,* as well as the causal, aspects of the event, for that is what they will actually experience, and it is on that level that they will be called on to react. Analysts must be ready for the interpersonal experience of resistance. So he adds pages 107-108. Freud has learned the hard way that analysts are not (merely) adjusting internal forces such as "the" resistance; they are negotiating (battling, as he sees it) with *people* who want what they want, rather than what the analyst wants. I can imagine Freud saying to the novice, "You must accept this ahead of time, so you won't be so frustrated when you get embroiled in it, as I was when—and for which reason—I was impelled to write this paper in the first place."

When we grasp the message of this addendum, we understand why it does not replace the main part of the paper. The main part consists of elaborate, redundant *explanation,* while the addendum is a short, sharp shock of *recognition.* It is a descriptive supplement, albeit a vital supplement, to the preceding impersonal speculation about "the" resistance, transference, unconscious memory, and free association, which had been laboriously worked out and apparently concluded. The main part and its addendum are two ways of perceiving the patient, and no matter how incommensurable they are, an analyst must respond to both at once.

Having registered this double vision, Freud is moved in his peroration to join the two aspects together: every successful effort to deal with the resistance will have the effect of prying loose the patient's segregated immersion in early relationships, and forcing them into open scrutiny. The resistance will fight this with transference. But that's just another way of saying that the patient fights for satisfaction. Highlighted by the analyst's interpretations, the fight over satisfaction brings the patient's segregated early relationships into contact with the rest of his world, especially with his other views of the analyst, and in that context their segregated meaning and exclusive insistence will be killed off. That is how treatment will accomplish its objective.

How much theory can we find in this concluding picture? Not much, I think. The story relies on nothing more than a rough image of fixation—the sort of fixation that almost all psychotherapists take for granted without a second thought. Libido is mentioned just once in the rousing conclusion (and there only to name what is being chased by the analyst that causes the patient to react with visible, active "passions").

That's how it seems to me on reading the *Papers on Technique*. But Abend finds the guiding spirit of libido hovering over the story, and, in truth, how could it be otherwise? When we recall how overwhelmingly important libido theory was to Freud at the time, and when we remember that analytic theory was always more important to Freud than treatment, we simply cannot gainsay Abend's point. Even if an appeal to libido as theory isn't evident in the words, in the progression or in the reasoning in Freud's technical writings, who can say it wasn't in the back of Freud's mind? What we *can* say, however, is that, up front, what was *visibly* pulling Freud forward was a set of orienting problems that all psychoanalytic therapists face all the time. Among them are questions like: What is the relationship between fantasy and memory? What does memory have to do with desire? How does fantasy—especially unconscious fantasy—get woven into current perception and striving? What is the relationship between habituated, passive perception and active, intentional recreation? How can we describe wishes as hiding but also seeking? Shall we say that the patient is handicapped or that he is too demanding?

Freud is stumbling into these problems as he discovers analytic treatment. When the patient's secret, past attachment slides into the present moment and grabs Freud by the throat, he is witnessing two aspects at once—an impersonal resistance to memory, and a patient's personal orneriness. Agitated by the liveliness of that scene, it occurs to Freud that this must be precisely where the therapeutic action is. That is, after all, a tempting inference, isn't it? Even Abend might agree that later analysts draw the same conclusion not in deference to Freud's authority, but because the idea is just plain tempting. It's a neat thought, you might say. It seems to call out to the analyst.

Be that as it may, "The Dynamics of Transference" (1912) also retains, alongside this killing off of a relationship, the original, "impersonal" project of retrieving blocked memories by means of analyzing

"the" resistance, and it retains, moreover, the explicit statement that the transference does not necessarily capture all or even the essence of the neurosis. ("[We should not be led to] conclude in general that the element selected for transference-resistance is of peculiar pathogenic importance [p. 104, n1]," which is a comment that contradicts the final pages, and will be even more dramatically contradicted—though characteristically not retracted—by the theory of the transference neurosis published just two papers later.)

It remains for the fifth of the *Papers* ("Remembering, Repeating and Working-Through," 1914) to fuse these two attitudes together, thus squaring the circle, as it were. In this penultimate chapter of the *Papers,* Freud makes the famous, fateful, and startling démarche: he declares that memory appears as action. Here, if anywhere, we might look for the influence of libido theory. Indeed, if Abend is right, we might wonder that libido theory hadn't shouted that particular lesson in Freud's ear right at the beginning, saving him the agony of the preceding installments. But libido theory didn't speak then, and it doesn't speak now. Evidently Freud isn't talking to theory in this paper. What is guiding him, then? I believe Freud is trying to maintain the nondirective, receptive stance designed to fish memories out of dutiful associations, while in fact fielding what is closer to a full-time, personal assault on the analyst in his professional capacity. Solution: the one is the same as the other; actions are memories. *Voila!* There we have a fusion of quite different attitudes to the patient, and Freud makes no bones about—or apology for—their bundling. (See Friedman 2008.)

Considerations of space preclude detailed discussion of Freud's other writing on technique. But I would plead for a similar contextual reading of other passages that seem to be molded on libido theory. We may note in one passage, for example, that, if we take the wording seriously, Freud seems to see a convergence with—rather than a derivation from—libido theory when he writes: "I will now complete my picture of the mechanism of cure by clothing it in the formulas of the libido theory" (1916–1917, p. 154). What is he clothing in theoretical language if not what he had just discussed in terms of emotional attachment?

What about the image of the transference neurosis as a miniature neurosis, where each symptom has shrunk into an aspect of transfer-

ence—the transference neurosis as a domesticated neurosis—a neurosis in captivity? But what prompted the idea? In the context of "Remembering, Repeating and Working-Through" (1914), one might argue that this idea is an opportunistic bonus that springs to Freud's mind in the course of explaining how patients are persuaded to keep their newly indulged neuroticism confined to the couch. If you picture analysts using their authority to protect patients from acting out at home, it is easy to add that this draws everything that could be a symptom into the analytic relationship itself. It is as though Freud heard himself say, "We persuade the patient not to show off his neurosis in public; we keep it for ourselves," and was suddenly inspired to add, "Not only that! By God! We keep it *all* to ourselves! And, now, wouldn't that make it handy for *treatment*?" Ferenczi and Rank (1925) did go on to *derive* a technique from libido theory as a theory, but for our purpose what is significant is that it did not win Freud's blessing. As Abend observes, the idea of a complete and completely transposable neurosis was silently abandoned by 1937. As far as I know, it had never been implemented in Freud's practice to begin with.

All right: I'm stretching a point. The idea of a transference neurosis (in this sense of the term) has more weight than a passing thought. Even within *Papers on Technique,* it is embedded in other significant contexts, for instance, the picture of psychoanalysis as an *unfolding* rather than an operation, or the reassurance that treatment has a normal course and a natural completion. These images can be paired to images of libido discharge, to be sure. But in the first place, they can just as well be compared to the unwinding of a thread of traumatic memories, as sketched in *Studies on Hysteria* (Breuer and Freud 1895). And secondly, as noted, Freud was not overjoyed with the most direct application of libido theory to technique, advocated by Ferenczi (1920) and by Ferenczi and Rank (1925). The ties that bind transference neurosis to a concrete theory of libido (if that's what it was) were not so tight as to keep Freud from separately deriving ideas like transference neurosis and resolution of transference from the *strange phenomena he experienced* as he watched desire funnel itself into the psychoanalytic situation. It is this "translation" of desire into action that Freud pondered (or worried, as a dog might worry a bone) throughout *Papers on Technique.*

I have suggested that the problems Freud was dealing with had to do with such things as the relationships between past attachments and present desires, and the relationship of memories to demands—perennial, practical problems for any therapist. I would add one more problem that Freud did not lose sight of as easily as we do today. That is the problem of therapeutic action. Abend implies that Freud took catharsis as his model of treatment because it would enable him to say that a physical-ish libido is discharged in both cases. I suggest that, so far from satisfying himself with a favorite formula, Freud was anxiously scratching around in the sedate, new treatment to find some sort of human drama that could account for therapeutic action, some plausible treatment force that could be plainly accountable for radical change, something that could be compared to "the widening of consciousness" in hypnosis, and "the transformation of symptoms and the affects" that followed catharsis (1904, p. 250). Freud had first-hand knowledge of these, and he was *hunting* for a therapeutic power of comparable magnitude in a nondirective therapy. That hunt would have been unnecessary if he had been satisfied to *deduce* it from libido theory. To the age-old question "How can talking help?", something resembling libido theory is always available as a "no-brainer" reply. But Freud did not quickly or glibly settle on what it was in this new, protracted, meandering, chatty, nondirective therapy that he could honestly recognize as so powerfully disruptive. And at the end of his search, what did he find? Was it the lightning bolt of transference interpretation? Was it the spectacular recoil from a blast of heavy libido? As easy as it would have been for an armchair libido philosopher to offer such tidy formulas, and acceptable as that would have been to analysts who are always willing to settle for verbal hocus-pocus in place of a theory of therapeutic action, it wouldn't satisfy Freud's personal, empirical perplexity. It would have been a device of theory, not a finding of fact. And in this case, Freud seems to have been more anxious to satisfy his curiosity than to crow about his theory, for the answer is presented as a throwaway line—the literary equivalent of talking to himself, sotto voce. Where, then, did Freud finally find the wrench he could identify as the therapeutically effective equivalent of catharsis? It was the self-sundering stress that patients endure when they force themselves to continue associating in the face of a powerful resistance (1914, p. 155).

That, I submit, is the answer of a witness, not a theorist and certainly not a libido theorist.

It will be seen that I differ from Abend only in degree. Abend grants that the story starts with Freud's clinical experience, but he argues that it continues as blind adherence to libido theory in its most concrete form. I've drawn a different picture. We don't have Freud available to cross-examine so we will write the history in various ways. Much depends on how Freud's manner of expression strikes us. I have argued that Freud's technical writing does not much rely on abstract formulas (which may explain why those writings remain available for debate through the decades). I believe that in the *Papers* Freud is preoccupied with the most experience-near, interpersonal, almost physical aspects of the treatment situation, as it is felt by all practitioners.

In these papers, technical terms seem to me quite secondary to common-sense reasoning. A stereotype plate of loving, a sausage that spoils the dog race, a woman of elemental passion who knows only the logic of soup with dumplings for arguments, a priest succumbing to the still-persuasive, dying insurance salesman—this is the epistemological level of Freud's lesson. The rest seems to me a matter of observation and perplexity in the sweatshop of practice.

If you flick through the varying comments in *Papers on Technique,* you will find justification for many alternative treatment procedures. I think that reflects the depth and multidimensionality of the actual field of treatment, and the correspondingly fluctuating meaning of cardinal terms used to grasp it. (That seems to be what Freud means when he says that the aim of treatment can be equivalently formulated as the overcoming of resistance, the recovery of memory, and the resolution of the transference [1904, p. 253].) In any event, none of the contradictory images is deleted from the main texts. The analyst should analyze only resistance; the analyst should analyze "unserviceable" character traits. The analyst should analyze fantasies; the analyst should keep a patient's longings dangling before her as a lure. The analyst should interpret transference only when it is a resistance; the analyst should interpret the whole of the transference as embodying the whole neurosis. The analyst should float freely and not try to figure things out; the analyst should look for underlying complexes and make sure that he is in touch with the patient's daily life.

Is there any single bottom line? In particular, what is the bottom line as regards the role of transference interpretation? I conclude by neither disputing nor agreeing with Abend's preferred position on transference interpretation in psychoanalysis. Psychoanalytic treatment obviously embraces many types of inquiry and interaction. Our arguments usually hinge on which features we regard as unique to analysis, and on how we weigh the trade-offs among different procedures. But I do suggest that Freud's early writings on technique and his familiar formulas keep certain primal issues before us, while his inconsistent theoretical terms and formulas spin around them like electrons orbiting their atom's nucleus.

In summary, Abend has given us a plausible account of a belief anchored in an antique, unscientific libido theory that owes its longevity to Freud's refusal to trade it in for his later, more cogent theory. For my part, I see Freud grappling with elementary practical questions that theory, whether early or late, could only embroider—questions about old patterns that play hide and seek with the analyst and tantalize him as he tries to figure out how to change unchanging natures. Those questions, I submit, are not answered by libido theory, or by its demise.

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COMMENTARY ON SANDER M. ABEND'S "FREUD, TRANSFERENCE, AND THERAPEUTIC ACTION"

BY JAY GREENBERG

Keywords: History of psychoanalysis, transference, therapeutic action.

In his carefully documented and clearly argued paper, Sander Abend illuminates a largely overlooked but highly consequential conundrum in the history of psychoanalytic ideas. The problem is this: Although the fundamentals of his theoretical structure changed dramatically from its first iteration in 1895 to the work in progress that was his legacy to future generations of psychoanalysts, Sigmund Freud held tenaciously and perhaps even stubbornly to one of his earliest visions of the therapeutic action of the treatment he created. From beginning (if we date the beginning to the Dora case, published in 1905 but written four years earlier) to end, Abend reminds us, Freud insisted that only the analysis of the transference is capable of leading to enduring, stable, and genuinely psychoanalytic improvement. Abend suggests that Freud never revisited this idea in light of theoretical changes that rendered it no longer tenable.

Abend argues compellingly that Freud's vision originated at a time when he was working with a conceptual system that had relatively few moving parts. Mainly, there was the quasi-physiological mover of our erotic lives, libido, and a psychic apparatus that is capable of expelling unwanted mental contents from consciousness. The rejected contents are inaccessible to awareness, but the mind is incapable of extinguishing them or even of greatly weakening their power to shape our experience and behavior.

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All important human relationships in Freud's vision call forth experiences and behaviors that are nothing more than the return in disguise of banished, libidinally charged wishes from the past. The analytic relationship is unique not because these wishes determine its qualities (which they do in all relationships), but because, in contrast to all other relationships, it is structured to allow them to stand out in stark relief. As a result, they can be seen with a clarity unknown in any other setting. When they emerge in the transference, the wishes can be stripped of their disguise, making it possible to trace their origin and meaning to the unremembered past. Exposed to the light of secondary-process rationality, the wishes can be seen for what they are. When this happens, the transference will be destroyed, and the neurosis along with it.

Given these early theoretical assumptions, psychoanalysis works because the mechanism of transference and the technique that exposes it combine to sweep away the pathogen. And, Abend points out, if we equate the resolution of transference with the cure of neurosis, it is logical to link therapeutic action to transference interpretation. But the logic holds, he continues, only as long as the etiologic hypothesis holds, and as Freud's thinking evolved, the earlier theoretical scaffolding appeared more and more simplistic.

Freud introduced the most consequential changes to his theory in the years between 1917 and 1926. The concept of identification was introduced and later generalized; the death instinct and the correlate of a primary aggressive drive emerged alongside libido as an irreducible motivational force; the tripartite structural model of the mind replaced the topographic model; and the revised theory of anxiety strengthened the ego and implicated it more than it had been in pathogenesis. With these changes, knowing the unconscious mind meant much more than simply following the sequestered libido to its ancient hiding places.

It is not surprising, then, that as he was introducing these changes, Freud also reformulated his statement of what could be expected to happen in a successful psychoanalysis. After decades of assuming that the efficacy of treatment derives from its ability to "make the unconscious accessible to consciousness" (1916–1917, p. 435; see the even earlier, nearly identical formulation in Freud 1903, p. 253), in 1933, he asserted that as a result of analytic treatment, "where id was, there ego shall be"

(1933, p. 80). Abend does not mention this shift; he doesn't even quote the later formulation. But to my eye, at least, the change entails a significant revision of the theory of therapeutic action, and perhaps also—but not necessarily—modifications in technique (see Greenberg 1996; for the relationship between psychoanalytic goals and therapeutic action, see Greenberg 2002). The earlier formulation, making the unconscious conscious, emphasizes awareness alone. Even if we recognize that, inevitably, we must engage our patients in a variety of preparatory, non-interpretive ways (this is admittedly already a large loophole), it can plausibly be argued that it is ultimately the interpretation alone that cures.

But "where id was, there ego shall be" shifts the tone, and along with it our appreciation of the nature of the analytic process. In putting things this way, Freud borrows terms from his revised metapsychology and invokes the new model's developmental slant. In the new model, ego emerges from, and to some extent occupies, the territory once dominated by id in the process of normal growth. So by recasting his formulation of treatment goals and effects, Freud seems to suggest that the psychoanalytic process gets something back on track that had been interrupted or distorted early on. This is a reading that Loewald (1960) was to embrace and expand forty years after Freud's original statement.

Abend views Freud's formulation somewhat differently than Loewald and I do; he frames it in terms that convey a clinical/structural rather than developmental sensibility. Thus, he talks about strengthening of the ego, defense analysis, superego analysis, and so on. But placing the developmental echo on center stage suggests a new line of thought: Freud comes across as suggesting that something must be happening in analysis other than interpretation leading to awareness.[1] Of course, development may facilitate (and be facilitated by) awareness, but that is hardly the whole story; Freud is hinting that something previously unnoticed is going on that contributes to analytic change. The two formulations do not simply describe the same movement in different conceptual terms; very different ideas about therapeutic action are implied.

[1] The idea of "something more than interpretation" has been promoted by the Boston Process of Change Study Group (Nahum 2005; Stern et al. 1998). My argument here takes no position on the particular events or effects described in their work.

Here Abend joins Freud in failing to fully appreciate or to articulate the radical implications of the revised formula. In this context, let me examine Abend's central idea in this paper: despite all the theoretical changes, Freud never abandoned his view that "the analysis of transference is the *only* factor that is responsible for the therapeutic effect of the treatment" (Abend 2009, p. 872, italics in original). This sentence can be read in two quite different ways; it might assert that Freud always believed that the analysis of *transference* (as opposed to the analysis of extratransference experience) is essential, or it might suggest that the *analysis* of transference (as opposed to some other use of the experience) is necessary. Abend intends to develop the first reading; toward the end of his paper, he underscores the value of work outside the immediate analyst–analysand relationship. Further, he suggests that this shift in focus is implied or even required by Freud's late emphasis on the psychology of the ego.

But it isn't quite clear, to me at least, why the late theory necessarily directs our attention outside the transference, even given that the focus has shifted from the interpretation of wishes to the analysis of defense. As Abend notes, Freud famously decreed that "when all is said and done, it is impossible to destroy anyone *in absentia* or *in effigie*" (Freud 1912, p. 108), an idea that seems free of theoretical implications. What difference is there if the victim of the destruction is a childhood sexual fantasy, an archaic object relation, or a disavowed self-state? What matters is the immediacy, not the target. So even if the goal were to explore the functioning of the ego rather than only of libido, we could still argue that transference interpretation is uniquely effective because it works directly with the experience of the moment, and thus is the most powerful way of learning whatever we believe needs to be learned. In fact, the argument for the unique efficacy of transference interpretation was made most cogently—and free of theoretical preconceptions, including his own—by Strachey. "The point of urgency is nearly always to be found in the transference," Strachey wrote. "Extra-transference interpretations . . . are . . . likely to be devoid of immediate energy" (1934, p. 154).

This reading explains an observation that Abend finds confusing: he notes that analysts of many different theoretical persuasions continue to keep transference interpretation at the center of their attention, clini-

cally (and at the core of the theory of therapeutic action). After Freud, the same sensibility has been supported not only by Strachey, but prominently by Gill (1982), by contemporary Kleinians, by American relational analysts, and by others. This should indicate that asserting the centrality of transference interpretation does not depend on any particular theoretical commitment, which suggests (contra Abend) that Freud's early intuition stands independent of his early theory of pathogenesis.

I have mentioned that Abend's proposition that only transference analysis is capable of leading to therapeutic effects is ambiguous. I will use the second reading—only transference *analysis* is effective—to develop an alternative hypothesis about what Freud may have been thinking late in his career. If we work with the idea that, in asserting the goal "where id was, there ego shall be," Freud was invoking a developmental approach, it is clear that there is more we can do with the transference than simply analyze it.

I would suggest that from the beginning of his career, Freud knew this; that is, that we inevitably do something with the transference besides analyzing it. Putting this in stark terms, I would say he knew that some manipulation of the patient's experience (perhaps *titrating* that experience would be a more palatable way of putting it) is necessary if analysis is to have any chance of succeeding. Of course, Freud himself never asserted that these manipulations had any direct impact on therapeutic action; the assertion would have compromised his claim to uniqueness and brought analytic treatment in far too close proximity to dreaded suggestive techniques. But this omission amounts to what Glover at the 1936 Marienbad Conference was to characterize as "mere special pleading" (1937, p. 132) for a theory-bound notion of therapeutic action, one disembedded from the larger context of the psychoanalytic situation.

So consider what Freud did not make explicit: that the *unobjectionable positive transference* does not simply emerge; it has to be nurtured. The first explicit acknowledgment of this is in *Studies on Hysteria*, when Freud refers to the "special solicitude inherent in the treatment," which creates the setting within which the erotic transference develops (Breuer and Freud 1895, p. 302). Specific instances of Freud's non-interpretive use of the transference are clearest in the Rat Man case, his feeding herring to his patient being the most widely noted. Even more striking,

however, is another incident, this one appearing in the published account of that analysis.

Freud (1909) describes a session that "was filled with the *most frightful transferences*, which [the Rat Man] found the most tremendous difficulty in reporting" (p. 284, italics added). After describing a fantasy in which he and his siblings are being hanged while his mother watches, the Rat Man tells Freud that "he knew . . . that a great misfortune had once befallen my family: a brother of mine, who was a waiter, had committed a murder in Budapest and been executed for it." Freud's reaction to this dramatic transference disclosure was remarkable:

> I asked him *with a laugh* how he knew that . . . . He was referring, as I know, to a Leopold Freud, the train-murderer, whose crime dates back to my third or fourth year. *I assured him* that we never had any relatives in Budapest. *He was much relieved* and confessed that he had started the analysis with a good deal of mistrust on account of this. [1909, p. 285, italics added][2]

Here, presented with a transference fantasy on a silver platter, Freud declines to analyze it. Instead, he responds affectively (the laughter) and with reassurance (not to mention self-disclosure). It is an instance, early in Freud's career, in which transference analysis is clearly subordinated to the use of the analytic relationship to soothe a fear that threatens to disrupt the treatment (or at least the session). So Abend's claim—drawn, it is true, from Freud's formal assertions—that Freud insisted, always, on *analysis* of the transference needs some modification. In this example, we see him extinguishing a "frightful" transference, or, to put it differently, manipulating his patient's experience with socially conventional compassion and kindness (I will not address the obvious countertransferential commentary to which Freud's decision could be subjected).

Of course, analysts viewing Freud's formulations from outside have always pointed to the importance of the patient's experience alongside its analysis. In only his second communication with Freud, a virtual fan letter written in 1906, Jung allowed himself a trenchant comment: "Your therapy," he wrote, "seems to me to depend not merely on the affects

[2] Strikingly, a search of Psychoanalytic Electronic Publishing's database reveals only one published reference to this incident (Gottlieb 1989).

released by abreaction but also on certain personal rapports" (McGuire 1974, p. 4). Ferenczi and Rank (1924) greatly elaborated this intuition, arguing that the patient's experience of the relationship, not just its interpretation, contributed directly to therapeutic action. The discussion, which winds its way through the entire history of psychoanalysis, does not need to be reiterated here. It can be epitomized by contrasting Freud's statement in the paper on transference love that the nature of the analyst's participation in the analysis has "no model in real life" (1915, p. 166) with the sensibilities of Strachey (1934) and Loewald (1960). Despite their many differences, both these latter authors insist that the analyst revives and rectifies an early developmental experience. This rectification is carried out in the very act of interpreting by an analyst following the received technique.

These considerations lead to some thoughts about the passage from "Constructions in Analysis" (1937) that both Abend and I find remarkable, although we draw very different conclusions from our reading of it. In this paper, Freud wrote:

> Quite often we do not succeed in bringing the patient to recollect what has been repressed. Instead of that, if the analysis is carried out correctly, we produce in him an assured conviction of the truth of the construction which achieves the same therapeutic result as a recaptured memory. [pp. 265-266]

According to Abend, Freud was puzzled by this but "did not see fit to surrender or even modify his opinion about transference and therapeutic action" (Abend, p. 887). Quite in contrast, I believe that, despite his reluctance to theorize the point in making this statement, Freud is elaborating his revised, developmentally informed sensibility. The passage sets up an opposition between *conviction* and *remembering*, raising the question of what a conviction is and what its source might be.

The contrast is illuminating, especially considering that, since *Studies on Hysteria* (Breuer and Freud 1895), Freud had taught that remembering is the essential force driving therapeutic action. In contrast to remembering, the concept of conviction points to changes in the patient's *attitude*—toward his or her own history, but also toward the analytic process itself and toward the analyst. By 1937, Freud had been talking about

these kinds of attitudes for many years; strikingly, he taught that they *are* transferences. In "Remembering, Repeating and Working-Through" (1914), he is explicit about this: attitudes *replace* memories. Defiant attitudes toward the doctor replace memories of having been critical of parental authority; passive attitudes, such as not having anything to say, reflect homosexual longings; failure to understand harks back to perplexity about early efforts at sexual research.

From this, it is hardly a great leap to suggest that a conviction about the ideas that have emerged in treatment—*especially when this conviction is not accompanied by any conscious retrieval of memory*—is a vicissitude of the analytic relationship, perhaps even a transference in its own right. According to this new sensibility, patients' reconstructed experience of themselves and of their lives cannot be separated from their relationship to the person who has participated in and even guided the restructuring. Both Strachey, who believed that this participation recapitulated the development of the superego in a more benign form, and Loewald, who taught that the analyst's interpretations are new versions of what mothers do when they organize their child's experience, focused on this aspect of the psychoanalytic situation and process.

Strachey had already made this point when Freud wrote the "Constructions" paper, and Glover had written about the therapeutic (in his terms, suggestive) effect of "inexact interpretation"—and, by logical although implicit extension, of all interpretation (see Greenberg 2002). These ideas dovetailed, probably uncomfortably for Freud, with his own clinical experience, which indicated that the attitude of conviction can be as therapeutically effective as the retrieval of pieces of the repressed past. The challenge this presented must have been formidable; probably nothing had shaken the fundamentals of Freud's project so powerfully since he decided that he must abandon the seduction hypothesis. It could not have been easy to accept the likelihood that for more than forty years, he had been unwittingly trafficking in transference experience. It is no wonder, then, that—as Abend points out—he washed his hands of the problem, bequeathing its fuller considerations to new generations of analysts.

But it is also here that I part company with Abend. He astutely recognizes Freud's dilemma, but like Freud himself, he is reluctant to pursue its implications. As a result, he misses an important opportunity: if we connect the new developmental sensibility of "where id was, there ego shall be" with the even newer idea that (interpersonally created) conviction can be as therapeutically useful as the archeologically modeled recovery of ancient artifacts, the idea that something beyond the *analysis* of transference must contribute to analytic change becomes less opaque.

Although the problem of therapeutic action has not been and never will be fully resolved, I would suggest that the dilemma is not nearly as dire as either Freud or Abend fears it might be. Recent developments in clinical theory suggest that things needn't be nearly so dichotomous as Freud imagined they were, especially in the earlier works such as "Remembering, Repeating and Working-Through" (1914). What we have learned is that it is possible, even facilitative, to imagine that more than one thing is going on at every moment in every analysis, and that the various events affect therapeutic action in intricately related ways (see Gabbard and Westen 2003). In Loewald's (1960) terms, analysts "make the unconscious conscious" *and* serve a developmentally crucial relational function—*in one and the same act,* seamlessly. Recent neurophysiological theories proposing the existence of multiple unconscious registers, although controversial and far from fully worked out, strongly support these clinical hypotheses.

In light of this, we analysts need not be quite as fearful as we once were about providing our patients with what classical analysts lamented as "interpersonally promoted experiential effects" (Valenstein 1979, p. 118). Yes, the gap between psychoanalysis and "suggestive" therapies may be closing, but the sharpness of the distinction (although not the value of keeping it in mind) was always illusory. We can help patients become aware of the meaningfulness of their experience (Sugarman 2006), unravel specific lifelong, paralyzingly conflictual personal meanings, and still play a developmental role in their lives without undue concern that the one function disrupts the others. This means, of course, that there is no single royal road to therapeutic effectiveness. Abend eloquently

shows us that at the end of his life, Freud knew this, even if he was hesitant to wholeheartedly embrace the implications of what he had learned.

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RESPONSE TO COMMENTARIES

BY SANDER M. ABEND

In preparing my remarks to present as the 56th Annual Freud Lecture, it seemed appropriate to me to choose a subject that would celebrate Freud's work, and in "Freud, Transference, and Therapeutic Action," I combined this goal with addressing my own long-standing concentration on questions of psychoanalytic technique, and on my more recent preoccupation with the question of what constitutes the therapeutic action of psychoanalysis. In my preparatory research for this endeavor, I carefully reread all that Freud had to say on the subjects of transference and on therapeutic action. I am therefore confident that my citations are accurate, though, as any student of psychoanalysis in general, and of Freud in particular, must know, interpretations of what was on his mind, and of what was influential in determining what he thought and wrote at any particular juncture in his career, are necessarily always subject to speculative interpretation. I have presented my own best guesses, with full awareness that others may differ with my choices.

Under these circumstances, I am extremely gratified to see that a group of distinguished scholars, all of whom I know and respect, have been persuaded to write commentaries on my work; each of them assuredly adds something to the ideas I have chosen to highlight. In some cases, these additions reflect the differences that exist between the dominant theories that influence my thinking about psychoanalysis and those that underlie the positions of each of the discussants. It is not my intention to pursue these differences in detail, but merely to note where and how I think they enter the picture.

Dr. Aisenstein, for example, who writes from a point of view that reflects her immersion in the French psychoanalytic milieu, disagrees with my understanding of what constitutes transference interpretation, since her school of thought includes not only the explicit verbal interpretation of the transference; in addition, she thinks there exists a separate

class of interpretation called interpreting "in" the transference. I believe that the latter kind of intervention does not include mentioning aloud to the patient any aspect of the transference as the analyst understands it. Instead, the analyst presumably sees the transference merely as a determining, but nevertheless not verbalized—and presumably also quite unconscious—background to the material of the analysis. This is quite a different view from mine (and, I submit, from that of Freud as well).

Dr. Canestri adds for our consideration certain preverbal, or at least not verbalized, contributions to the complexities of the transference that he thinks are important to keep in mind, especially in connection with certain more severe kinds of psychopathology. This is a subject that also interested Freud, as it does, in one form or another, many contemporary analysts. His addendum is a definite new dimension to the subject matter of my lecture. In many respects we seem to think much alike, and I appreciate his agreement with much of what I had to say.

Dr. Friedman is probably the most thoughtful and dedicated student and analyst in our field in regard to understanding Freud's famous papers on technique. He thus lends his expertise to the question of how to regard that portion of Freud's *oeuvre*. His is an intriguing interpretation, not necessarily setting aside my assumptions about the controlling influence of libido theory, but adding another dimension to its possible genesis. He is kind enough to sort of agree with me, though he finds my hypothesis incomplete. Our readers ought to find these remarks interesting, and perhaps convincing, as I do.

Dr. Greenberg takes me to task from the basis of a long-standing difference between us that stems from his dedication to relational theory as fundamental to understanding the psychoanalytic enterprise, as opposed to Freud's, and my adherence to emphasizing and concentrating on the theory of the vicissitudes of infantile instinctual conflict as central to the field. To what degree these viewpoints are, or can be made to be, congruent is a subject that he and I have debated in many contexts for many years, without either of us fully convincing the other. Once more, readers should be stimulated to think about these issues.

If I am correct in my assessment, these commentaries, along with my lecture, could supply the initiative for analysts to think anew about central issues pertinent to our field. One cannot ask for more. I heartily

thank my colleagues and friends for their thoughtful consideration and their interesting contributions.

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BOOK REVIEWS

TIME, SELF, AND PSYCHOANALYSIS. By William W. Meissner. Lanham, MD: Jason Aronson, 2007. 286 pp.

There are books we review and there are books that make us review our own inner struggles. Meissner's book fits into the latter category. For over a year, I read and reread *Time, Self, and Psychoanalysis,* and each time I discovered new ideas to think about and use in my work as a psychoanalyst.

As I went through the book, I found myself thinking about some of my own patients whose most profound conflicts were expressed through distortions of the analytic framework, especially around matters of time. I was reminded in particular of my 29-year-old male patient, Dr. D, a psychiatry resident who started a five-times-per-week analysis, with his appointment times arranged only on a weekly basis in the early part of the analysis. This arrangement was initially rationalized by his being in a demanding training program. However, it soon became clear that his inability to have even a regular monthly schedule with me (unlike most other residents, who rely on their monthly call schedule to plan their analytic meetings one month at a time) had some very important meanings. Early attempts to understand this with Dr. D were met with great anxiety on his part and an insistence that this arrangement had to do only with external reality. Once his residency ended and we attempted to move toward regular appointment times, even greater anxiety emerged.

For my part, I realized that I had been accommodating and incorporating Dr. D into my analytic work schedule much in the manner that a mother might accommodate an infant or young child's needs and demands into her days and nights. I consciously questioned his rationalizations about why only a weekly schedule could be planned, but unconsciously, I kept going along with him.

A little over two years into the analysis, I could finally allow myself to feel the toll this was taking on me and could begin to experience a sense

of resentment, frustration, and anger about being controlled in this way (which of course I had allowed). I could now see that the maintenance of my patient's analytic frequency and his schedule had become much more my burden than his, and I began to actively wonder aloud with him about this. Most important, perhaps, was my unspoken recognition that I could not possibly have offered Dr. D five hours a week at irregular times (interestingly, he would take *any* time I offered him that was not during his assigned work hours, without discussion or argument, and with great appreciation) *unless I was keeping some hours open by not taking on another analytic patient.*

As I began to understand privately what I had been living out with my patient, I was able to work more directly and effectively with him around the issue of his appointment times. We learned over the next few months that our arrangement made Dr. D—the fifth in a sibship of seven—feel very special. At the same time, since he was taking time slots that had been canceled by others or were "leftover" times, he could also feel that he was getting "only scraps, nothing special," which then served to assuage the guilt he felt about *wanting* to be the special child of his harried, fragile, already overburdened mother/analyst, and feeling that he was succeeding in sucking me dry. Dr. D felt guilty also about being the only member of his family who was getting analytic help—"where I get to talk about myself, just myself," as he put it. Thus, having an irregular schedule felt as though he were in analysis, but not really, and he did not have to feel guilty about having what his siblings did not.

The real turning point in our understanding of this issue, though, came when Dr. D noticed feeling short of breath in the sessions each time we moved closer to having regular times. Associations to this symptom led him to more detailed memories related to his younger sister's death, which occurred during his teenage years. She had been the only female child in the family, much loved by his parents. Dr. D's guilt about her death, his ideas about what it felt like to be buried in a coffin under the ground—"forever confined; how does one breathe there?"—and his guilt that he was the living one and now getting help in his analysis: all these factors contributed to his dread of a commitment to regular hours, which "feels so confining," and to his reluctance to have a regular, full, helpful analysis.

I found myself thinking also about another patient, a 51-year-old schoolteacher, Ms. U, in a four-times-per-week analysis, who was often ten to thirty minutes late for each session, canceled multiple sessions at short notice, and always wanted to leave about a minute before the end of each hour. Over time, we were able to work with and gradually understand Ms. U's feelings of needing me intensely and defending herself against this by behaving as though time with me were meaningless, as well as her wanting me to miss her while I waited for her, and her protecting herself from feelings of intense excitement or anger in the analysis by shortening each session. Time and the games she could play with it in her analysis were a way of titrating the intensity of seemingly unbearable feelings that Ms. U imagined could never be safely discussed between us.

I pondered over why some patients choose to begin analysis at five hours a week, while others need to start with fewer hours and then build up, and still others never want to consider a five-times-per-week analysis. What do these hours with the analyst, in and of themselves, mean to these patients? What can we understand about our patients by more deeply examining their sense of internal and external time, and the uses and misuses that time is put to in the service of resolving conflict?

Such are the dilemmas and difficulties that Meissner takes up and expounds upon in this book, in a manner that is simple and direct while dealing with very complex issues. He begins by talking about subjective and objective time. He writes:

> As I watch a dog crossing the street, I experience two durations—one is the duration of the dog's action, the other is the duration of my watching. I experience both durations, but in different ways—I am the subject of that watching experience . . . . Time, in this sense, is a complex phenomenon involving the interplay of objective and subjective aspects; for example, the real motion from before to after and the numbering or measuring of this motion by the human mind. [p. 5]

Meissner wants to make a clear distinction between subjectively experienced time and objective time. He notes, "The child begins life already immersed in an intersubjective cultural world and is oriented to

that world through physical capacities" (p. 15). He believes that "this preconscious relationship and dialectic with the world begins with the nursing couple, introducing the child into a pre-reflective bond with the other that is embedded in bodily terms in the body self" (p. 16).

"For Merleau-Ponty," Meissner continues, "the pre-reflective experience of time, that is, 'lived time,' is equivalent to what we are calling subjective time, and for him it is the foundation and measure of our lived spontaneity" (p. 16). Meissner then adds a lovely line: "The time of the self (understood in his [Merleau-Ponty's] terms) is experienced not as the flow of 'instants,' but rather as directions of being held in memory and anticipated in hope" (p. 16). *To be held in memory and anticipated in hope:* what a useful way of understanding what all our patients are looking for, in one form or another, to varying degrees, depending on their particular life histories and internal worlds. Concepts such as this add to our understanding of what our patients are trying to do and the problems they are trying to solve through their seemingly puzzling actions, often around time-related issues.

I particularly enjoyed the chapter titled "The Subjective Sense of Time: Development." Here, Meissner refers to the work of Arlow, English and Pearson, Klein, Grotstein, the Grinbergs, Ogden, and Colarusso, to name some, and presents us with the idea that "development of the sense of time depends then in some part on the quality of relation with the maternal or other primary care-taking figure" (p. 21). He highlights "the fact that the sense of time develops in an object-related context" (p. 21).

The author then takes us to the work of Ogden, describing that in the very early days and months of life, the mother enters into "the infant's sense of time" (p. 22), following the infant's individual needs and rhythms. Differentiation begins as the infant experiences (hopefully) tolerable frustrations of those needs and wishes. In line with the thinking of the Grinbergs, we are told that:

> . . . those patients who have not had a receptive mother with a "capacity for reverie," who could not contain their projections of anxiety and pain, preventing them from acquiring the experience of an internal space, had . . . difficulty in acquiring the notion of internal and external time. These mothers, it appears,

> did not function as a "time-container" which could receive the "time-contained" of the baby," leading to . . . disturbances in the differentiation between being "inside" or "outside" time, resulting in a state of confusion. [p. 21]

Meissner goes on to describe the further development of time sense in infancy, and then to follow the sense of time through the oral, anal, and oedipal phases, on into adolescence and adulthood (much of this discussion centers around the work of Colarusso). He also addresses issues of time in old age and the challenge of dealing with the inevitability of death.

In the third chapter, which deals with the phenomenology of the subjective sense of time, Meissner begins to address the issues of time and timelessness in intense mourning, depressive states, mystical states, and dreams, and while under the influence of drugs. He describes distortions of time sense in psychosis and other psychopathological states. Worth mentioning is the "phenomenon of timelessness (the zero dimension) as a function of primary process mentation" (p. 51), which derives from the work of Loewald. Meissner makes a distinction between Loewald's idea of this phenomenon as related to primary process and Arlow's notion that the sense of timelessness "may better be attributed to an unconscious fantasy wish to undo the limitations of time, perhaps to ward off the threat of death" (p. 51).

Particularly interesting in the notes following this chapter is a reference to the idea of zero time (as described by Sacks in 1995), occurring in some states of brain pathology. Sacks describes a patient of his, Greg, who was suffering from a midline brain tumor, noting:

> Some sense of ongoing, of "next," is always with us. But this sense of movement, of happening, Greg lacked; he seemed immured, without knowing it, in a motionless, timeless moment. And whereas, for the rest of us, the present is given its meaning and depth by the past—as well as being given potential and tension by the future—for Greg it was flat and (in its meager way) complete. [p. 56, n18]

The three chapters in the book dealing with case material referring to three individual patients in treatment with the author are well written

and thoughtful. All three patients had certain difficulties with time in the analytic setting, either in terms of the scheduling of appointments, lateness, or feelings about ending the hours. Meissner tells us through detailed clinical material how he tried to deal with these issues in a generally tactful, sensitive, and analytically curious manner.

Following up on these three cases in chapter 12, the author wonders about the contribution of his countertransferential feelings in the three analyses, with particular reference to Abe, "The Late Lawyer." The material here is rich and the analyst's devotion to understanding his patients very much in evidence. However, two aspects of the clinical material were for me quite puzzling. One had to do with the use of highly intellectualized statements made by the patients about themselves: Dan, "The Dilatory Doctor," asks, "Was I acting out symptomatically?" (p. 172), while Ellen, "The Sleeping Beauty," states, "I missed Thursday as an act of aggression and Friday was just avoidance." Later, she muses, "I can't fiddle around, but my resistance is still there," and close to the end of her analysis, she declares, "My interpersonal relations are superficial."

To me, these statements sound like highly intellectualized attempts to distance oneself from feelings, and I am usually interested in wondering with my patients about their choice of words at such a moment, my concern being that the patient is trying to convince both of us that something has been worked out/understood, when in fact there is a great deal of defensive protection still at work. It is clear that Meissner is sorting through a lot of material here, and in the interest of time and space, not all issues can be addressed. However, since these three cases are presented in detail as examples of how Meissner works with patients, I found his apparent acceptance of such highly intellectualized statements unusual. If Meissner decided, for some reason, to ignore this particular defensive style in these patients, it would have been helpful to explain to his readers why he chose to do so, since we know that much can be learned by taking up such minute issues, particularly in our more challenging patients.

Another aspect of the clinical material surprised me in regard to Meissner's work with Dan, "The Dilatory Doctor." After Dan had been in analysis for about three and a half years, Meissner felt that the analysis was being used by the patient "as a safe haven against all the demands

and forces that confronted him with the less gratifying and less narcissistically comforting aspects of life" (p. 171). This conclusion on the analyst's part was supported by earlier clinical material, but the specific intervention Meissner decided upon to address the problem was startling, to say the least: "In an effort to lessen the intensity of the analytic attachment and begin a form of analytic weaning, I decided to propose a lessening of the analytic schedule from five to four hours a week" (p. 171). This intervention seems to me to be in direct contrast to the theoretical understanding of time and the meanings it can have in our minds, so poignantly outlined by Meissner earlier in the book.

Dan continued his analysis for another four years at four times a week, with material relating to the change proposed by the analyst echoing in later sessions. Finally, a termination was planned, with the patient setting its specific date. Meissner writes, "Much of his [Dan's] narcissistic sense of entitlement and specialness had been eroded, and his approach to the problems he faced in his work and his personal life sounded more realistic and adaptive" (p. 174). Would this not have been possible without the analyst suggesting that the patient come less often? Could this have been a manifestation of the analyst's unrecognized intolerance of the patient's intense neediness: his wish to be special, his need to delay dealing with reality, his pleasure in torturing his analyst with the progressive/regressive movements in both his analysis and his life, and his terror that if he dealt more realistically with time, it would lead to his death?

I leave to the reader the consideration of what other interventions one might have made with such a patient. What makes this intervention all the more ironic and troubling is that, earlier, Meissner refers to Freud's "parameter of setting a time limit in the Wolf Man's analysis" (p. 167), mentioning "the authoritarian manipulativeness and exercise of analytic power and control that Freud introduced into the analytic interaction with this patient" (p. 168). We know that the Wolf Man, after his analysis with Freud, remained in treatment with other analysts for most of his life.

Meissner's understanding of these three patients who used time in the analysis to express profound conflicts relating to varying levels of

development is summed up in the last chapter, "The Self and Time in Analysis," where he writes:

> In each case, there was a compelling need to maintain a largely infantile, narcissistically grandiose, and entitled sense of self rooted in developmental determinants stemming from long past reaches of the patient's self-experience. The strongest resistances that analyst and patient had to struggle with were the reluctance to give up infantile entitlements to have things on their own terms, including the subjection to the rigors of time. [p. 247]

Based on the clinical material, this summation makes sense *as part of the story;* but I believe that the problem of the painful sense of loss involved in truly growing up and dealing with time and life in a consistently realistic way must be kept in the forefront as we try to help such patients. The journey involved in giving up the wish to be the infant of a mother who lives in the infant's time, and progressing on to being the one who must live in the time arranged by one's external world and the realistic demands of one's adult life, is a difficult passage. This journey entails not only giving up a sense of entitlement, but also dealing with the recognition that each new step forward moves the present into the future—hopefully, a good and useful future, but definitely one that takes us away from a fantasied, blissful past. I believe this journey is a struggle for both patient and analyst, and that our awareness of such wishes in ourselves permits our tolerance and understanding of them, in the deepest possible way, in our patients.

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ENVY AND GRATITUDE REVISITED. Edited by Priscilla Roth and Alessandra Lemma. London: Karnac Books, 2008. 239 pp.

In 1943, a series of scientific meetings called the Controversial Discussions began at the British Psychoanalytical Institute. The meetings were an attempt to reduce the polarization of psychoanalytic theories and attitudes that had developed among Melanie Klein and her followers,

Anna Freud and her followers, and psychoanalysts of a more independent inclination. The institute hoped to bring about a less antagonistic atmosphere and a meeting of the minds to repair the fractures that had developed. No meeting of the minds happened, at least not on the scale hoped for. Yet an agreement among Melanie Klein, Anna Freud, and the then-president of the institute, Sylvia Payne—forever known as "the gentleman's agreement"—allowed the various groups a fair but separate existence within the institute.

To this day, the controversies surrounding Klein's theories live on. The arguments with Klein have focused on what she saw as the early and ubiquitous nature of unconscious phantasy in the infant, her position on the innate existence of the death instinct, and her assertions about the depressive position and the appearance of early stages of the Oedipus complex in the last half of the first year of life. Of particular interest for this review, of course, is the controversy surrounding Klein's description of envy as an expression of the death instinct: it is an "oral-sadistic and anal-sadistic expression of destructive impulses, operative from the beginning of life, and . . . it has a constitutional basis" (p. 176).[1]

The reader will find material from the 1943–1944 Controversial Discussions inhabiting many chapters of *Envy and Gratitude Revisited*, but in a muted form. First and foremost, the book is a celebration and an expansion of Klein's enduring work.

According to Gammill (1989), analysts' interpretations of envy in their analytic patients where there was no evidence for it caused Klein to exclaim in frustration, "I don't know if my work will be destroyed by my most fervent followers or my worst enemies!"[2] Idealization as well as denigration, we understand from Klein, can motivate the envious spoiling of the good object. Although there are disagreements, the reader will not find much denigration of Klein in this new book. The perspective of a half century has a way of subduing fervor in both followers and enemies.

Simply put, this book enlivens the good object once again. It is a refinding of Klein at her best. In the introduction, Priscilla Roth describes each author's contribution to the book. Roth's summary is her

[1] Klein, M. (1957). *Envy and Gratitude and Other Works: 1946–1963*. New York: Free Press.

[2] James Gammill quoted by Ronald Britton in *Envy and Gratitude Revisited,* p. 125.

own feat of differentiation and synthesis of Klein's and her contributors' ideas about envy and gratitude. At the end of her reading of the fourteen chapters, Roth acknowledges, "It is a measure of Klein's lasting bequest that so much flows from it—like a bountiful well from which any number of vessels can be filled" (p. 18).

This rich collection of essays appears more than fifty years after the publication of *Envy and Gratitude*. It is a fitting occasion for inviting a number of psychoanalytic writers to revisit Klein's culminating work. Many of the contributors are familiar names in the evolution of Kleinian psychoanalysis in Britain (Irma Brenman-Pick, Ronald Britton, Michael Feldman, Peter Fonagy, Alessandra Lemma, Edna O'Shaughnessy, Caroline Polmear, Priscilla Roth, Ignês Sodré, and John Steiner), with an international infusion of writers from Argentina (R. Horacio Etchegoyen), Germany (Heinz Weiss), France (Florence Guignard), Israel (H. Shmuel Erlich), and the United States (Robert Caper and Henry F. Smith). As Etchegoyen—who wrote the foreword to the book—points out, these essays have been "wisely compiled to illustrate the ideas of key psychoanalysts from the northern hemisphere" (p. xvi). It is somewhat unclear whether his comment is a compliment or a complaint, given that—with the exception of Etchegoyen himself—the southern hemisphere is not represented.

Even a brief glance at the table of contents gives one a sense of the range of ideas addressed: the hatred of love, envy and triangularity, envy and narcissism, envy and adolescent motherhood, envy and gender, envy and separateness, pathological envy, envy in Western society, the repetition compulsion and the death instinct or anti-life, the negative therapeutic reaction, vicious circles of envy and punishment, and envy of envy and gratitude, among others. Making one's way through the essays in this book impresses the reader with the astonishing influence Klein's study of envy has had on psychoanalysis.

When she wrote her book, Klein seems to have arrived at a point where she could present the progression of her clinical work and the evolution of her theoretical ideas as if in conversation with her audience. The unusually natural flow of her prose and the comfort she had with the point at which she had arrived as an analyst provide a serenely satisfying read. Her own private experience of gratitude—for her col-

leagues and for her study of psychoanalysis in general—emerges in this small volume.

Evidence of gratitude appears as well in most of the contributions to *Revisited*. The authors convey either explicitly or implicitly how the clinical passion and creative intellect expressed in *Envy and Gratitude* have affected their work. One sees how Klein's theories continue to provide the analytic community with fodder for disagreement and conflict, as well as for agreement and creative expansion.

Roth describes the historical scene surrounding the introduction of Klein's notions about envy:

> The juxtaposition of the power of the relationship to the breast with the deadly destructiveness of an innate hatred of the very goodness of the breast sent a shudder through the British psychoanalytic community, presenting to some readers a drama of stark contrasts, easily reduced to a battle between good and evil. In fact, the issues are far more complicated and multidimensional and, in spite of the controversy, continue to engender important developments in psychoanalytic understanding and to be of enormous clinical value—as will be clear from a reading of the chapters in this book. [p. 2]

The "shudder" has not totally disappeared; it is still felt in some psychoanalytic communities and contexts.

From new and various perspectives, the essays in *Envy and Gratitude Revisited* elaborate the complexities and clarify some of the misunderstandings about Klein's study of envy, especially about envy as an expression of the death instinct. In his discussion of envy and the repetition compulsion, Steiner describes his way of thinking about envy and the death instinct, which he reformulates as an anti-life instinct:

> I believe that it is possible to clarify the role of the death instinct in the repetition compulsion if we think of it primarily as an anti-life instinct representing a hatred and intolerance of all those things that stand for life and for creativity in particular (Feldman, 2000). The purpose of such an instinct remains difficult to understand, but the reality of its manifestations is impossible to avoid. When it is reformulated as an anti-life instinct, the

> relationship with envy becomes clearer and the two may indeed turn out to be different aspects of the same thing. [p. 138]

Steiner reconsiders the death instinct from a perspective that might be appreciated rather than shuddered about. Anti-life, like envy, is about the good object and the complex defensive destruction of the goodness and creativity that one depends on for life and sustenance, rather than about a pursuit of destruction for its own sake.

In his chapter on the negative therapeutic reaction, Feldman, too, reflects on the relationship between envy and the death instinct, but with a different emphasis than Steiner's. Feldman asserts that envy itself is not the manifestation of the death instinct; rather, the manifestation is in the sadistic impulses that envy evokes, along with the excitement and gratification of them:

> I would argue that while the pleasure and gratification in these destructive, spoiling reactions and the devaluation and undermining of the goodness of the object do, of course, partially or wholly, defend against the experience of envy, they are not *in themselves* the expression of envy, or "inherent" in envy. [p. 173, italics in original]

Erlich calls *Envy and Gratitude* a "clinical-theoretical masterpiece" (p. 51). In keeping with the "clinical-theoretical" dimension of Klein's work, a number of the essays in this book either make a clinical case the focus, or they include substantial clinical or literary vignettes to illustrate their resonances with Klein's ideas or to expand upon them.

Sodré takes the characters of Othello and Iago to dramatize her ideas about envy in the triangular situation:

> *Othello*, Shakespeare's great tragedy of domestic violence, provides the most powerful example in literature of how destructive envy involves a triangular situation in which the envious self is the tormented outsider and consists in an attack, the aim of which is to obliterate love itself. For Iago, the sight of love between two people is so unbearable, so utterly tormenting, that it must not be allowed to exist in his mind. [p. 19]

As they do in Klein's book, Othello and Iago make appearances in several chapters of *Envy and Gratitude Revisited.* This is not surprising given Iago's envious and destructive character, but it also reminds us of the universal and timeless nature of envy, how the pervasive human struggle and fascination with envious destruction have survived in the wider literature of our culture. Britton points out that "theologians of various religions, Jewish, Christian, and Muslim, have accorded more central importance to envy as a source of destructiveness than many analysts" (p. 126).

Klein described how great literary works have depicted envy; she turned to Chaucer, Shakespeare, Spenser, and Milton to express the universally destructive power of envy. In the following quote from *Envy and Gratitude,* she uses Milton's great epic to characterize the destructive urges of the envious for omnipotent control over the good object:

> The capacity to give and to preserve life is felt as the greatest gift and therefore creativeness becomes the deepest cause for envy. The spoiling of creativity implied in envy is illustrated in Milton's *Paradise Lost* where Satan, envious of God, decides to become the usurper of Heaven. He makes war on God in his attempt to spoil the heavenly life and falls out of Heaven. Fallen, he and his other angels build Hell as a rival to Heaven, and become the destructive force which attempts to destroy what God creates. This theological idea seems to come down from St. Augustine, who describes Life as a creative force opposed to Envy, a destructive force. In this connection, the First Letter to the Corinthians reads, "Love envieth not." [p. 202]

Rather than emphasizing a retrospective look at envy in the history of literature and theology, Fonagy celebrates the relevance of Klein's contributions to more current trends in the study of developmental psychopathology. He brings Klein into the twenty-first century of wider psychological research and concerns by addressing the biological implications of the dynamics of envy and gratitude.

> Naturally, Klein's approach to biology was in terms of libidinal fixation, but it is the sadistic character of the expression of oral and anal concerns that retains the poignancy of her contribu-

> tions. The leap forward is offered by the understanding of the dynamics of envy and how the working through of this heretofore little-understood sentiment is an essential precondition for the experience of a genuinely mutual relationship. The biological aspect turns out to be crucial . . . . An understanding of the psychic reality of genetic causation is a major contribution of Kleinian psychoanalysis. [pp. 203-204]

Klein begins *Envy and Gratitude* with a comment about her interest in two "attitudes that have always been familiar—envy and gratitude" (p. 176). *Familiar* is the evocative word. These attitudes, envy and gratitude, involve emotions of everyday life. Many of the authors in *Revisited* turn to their analytic practices and interactions with their patients to show, rather than explain, the unbearable aspect of the experience of envy that must inevitably be survived by analyst and patient alike. Smith writes about the vicious circle of envy and punishment that develops in the analysis of a patient in which "sadomasochism is played out by me on her, and her on me, and, simultaneously, by each of us on ourselves" (p. 226). But what comes across in his telling of it is the voice of an analyst who, out of gratitude for psychoanalysis, has learned to bear and to understand, after all the muddle, the vicious circle of punishment and self-punishment that must be enacted and analyzed in this particular analysis.

In *Envy and Gratitude,* Klein offered her own wisdom about the exquisitely slow and painful movement of the analytic endeavor:

> In analysis we should make our way slowly and gradually towards the painful insight into the divisions in the patient's self. This means that the destructive sides are again and again split off and regained, until greater integration comes about . . . . When this happens, the ego is strengthened, omnipotence of destructive impulses is diminished, together with envy, and the capacity for love and gratitude, stifled in the course of splitting processes, is released. [p. 225]

Of course, Smith is describing the involvement of the analyst in a complex interaction of transference-countertransference dynamics, as well as mutual involvement in the process of projective identification

and enactment. Countertransference and the two-person aspect of projective identification were not at all what Klein had in mind as she described the projective-introjective circle of splitting off and regaining destructive parts of the self. What Smith's and Klein's descriptions do share is a sense of the way in which the experience of analysis makes for a more integrated existence in which envy and the need for punishment are eventually mitigated by gratitude and the capacity to love.

Gratitude always seems to get short shrift when it comes to thinking about envy and gratitude together; the torment of envy typically wins our attention. In *Envy and Gratitude Revisited,* one contributor focuses primarily on gratitude: O'Shaughnessy writes about patients whose gratitude for what the analyst has to offer is consciously expressed. One patient, an 11-year-old boy, returns shortly after the end of his first session to say, with great seriousness, "Thanks, thanks, thank you" (p. 80). This poignant expression of gratitude comes about after the experience of being understood by a good object. In the context of the entire session, the moment when this young boy returns to put his thanks into words is deeply moving. One is reminded of what Klein said about gratitude in *Envy and Gratitude:*

> One major derivative of the capacity for love is the feeling of gratitude. Gratitude is essential in building up the relation to the good object and underlies also the appreciation of goodness in others and in oneself. Gratitude is rooted in the emotions and attitudes that arise in the earliest stages of infancy . . . . The infant can only experience complete enjoyment if the capacity for love is sufficiently developed; and it is enjoyment that forms the basis for gratitude. [pp. 187-188]

A second analysis that O'Shaughnessy describes is with an adult. She shows us how the experiences of losing and regaining the good object, along with acts of reparation and the pain of the depressive position, strain the capacity for gratitude at any given moment. O'Shaughnessy warns the analyst of the dangers in the countertransference when it comes to gratitude: it can "recruit our narcissism, seductiveness, tendencies to couple in spurious idealizations, our capacity for self-deception, or our mania" (p. 86).

While not frequently center stage in *Revisited,* gratitude is often hidden in the wings. Lemma quotes Bion: "The part played by love may escape notice because envy, rivalry and hate obscure it, although hate would not exist if love were not present (1962a, p. 10)" (*Envy and Gratitude Revisited,* p. 98). And in his observations on envy and narcissism, Caper calls attention to the notion that inherent in the envious hostility toward the good object is the recognition of the object's beauty. Caper supports viewing envy as a "manifestation of endangered narcissism" (p. 49), and argues against the clinical usefulness of seeing envy as the equivalent of a destructive instinct. Envy arises out of the compelling nature of the good object, of goodness outside one's reach and control.

Klein has been widely criticized for what has been called her pessimism (i.e., her focus on envy, the death instinct and destructiveness in the paranoid schizoid position), and also for her alleged lack of consideration about how the actual mother plays a decisive role in the development of her infant. Lemma, skeptical about the idea of envy as innate, takes up the relationship with the actual mother as a source of envy. Specifically, she writes about adolescent mothers and the children of adolescent mothers whose experiences of inadequate maternal feeding lead to problems internalizing a "generous object." In particular, the adolescent mother who has a history of inadequate maternal feeding may not be able to enjoy feeding her own baby, a situation that runs the risk of the development of an intergenerational "destructive cycle of envious retaliation" (p. 108).

Each one of the essays in *Envy and Gratitude Revisited* deserves comment in its own right, though the breadth of the contributions makes that impossible in this review. Every essay contributes once more to rejuvenating Klein's thinking about envy and gratitude. Britton makes a statement that, when quoted out of context, may somewhat distort his intended meaning, but, like poetry, it condenses into a few well-chosen words a multiplicity of associations and meaning: "Through the awareness of death, of the finite nature of things, and of the limitations of the self, envy came into the world" (p. 127).

Whether as an expression of something innate, or because of the inevitable experience of good and bad over time, or by some other way of knowing, envy enters our psychology. Klein's study of envy and gratitude

has stimulated at least a half century of thought, to which this new book makes a forceful contribution.

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BEYOND THE REFLECTION: THE ROLE OF THE MIRROR PARADIGM IN CLINICAL PRACTICE. By Paulina Kernberg, in collaboration with Bernadette Buhl-Nielsen and Lina Normandin. New York, NY: Other Press, 2006. 211 pp.

Paulina Kernberg died on April 12, 2006, and this book was published later that year. Her daughter, Karen Kernberg Bardenstein, a coauthor of another of Paulina Kernberg's books,[1] writes in the afterward that this book was the author's "last comprehensive creative effort, spanning over ten years of intense observation, reading, integration, and writing" (p. 193). Kernberg's interest in the mirror paradigm goes back well over twenty years, as evidenced by a 1983 paper of hers.[2]

The brief introduction to *Beyond the Reflection* not only gives a pithy review of how language and literature treat mirrors and reflection worldwide, but also gives a very useful outline of the organization of this complex book. Kernberg begins the historical discussion of mirroring by referring to the ideas of Lacan, a pioneer in grappling with the role of the mirror in human development.

The author opens the first chapter, called "Mother as Mirror," which deals with self-development, mirror behaviors, and attachment, by telling how she became interested in mirrors. As director of Cornell University Medical School's residency program in child and adolescent psychiatry, she was teaching her students about attachment and was observing a 21-month-old girl. When the mother left the room at Kernberg's request, having left her purse next to her daughter and saying she would come back in a few minutes, Kernberg had expected to see signs that the girl

[1] Kernberg, P. F., Weiner, A. S. & Bardenstein, K. K. (2000). *Personality Disorders in Children and Adolescents.* New York: Basic Books.

[2] Kernberg, P. F. (1983). Reflections in the mirror: mother–child interaction, self-awareness, and self-recognition. In *Frontiers of Infant Psychiatry, Vol. II,* ed. J. Call, E. Galenson & R. Tyson. New York: Basic Books, pp. 101-110.

missed her mother, such as movement toward the door to look for her. Instead, the child went to the free-standing, full-length mirror, clutched it with both hands, attempted to go into the mirror as if it were a door, and then hid behind the mirror, saying, "Mommy, mommy!" She then settled down to play until the mother returned to the room, all the while with a pleasant expression on her face. Kernberg was struck by the fact that the child had not gone to the door to look for her mother, but had used the mirror to console herself as if it were the mother. The attachment to the mirror paralleled the attachment to the mother for this girl, suggesting the possibility that "the mirror actually stood for the mother, literally evoking and reflecting the child's relationship with her" (p. 5).

Especially in the first three chapters and continuing throughout the book, there is a relevant discussion of attachment and the development of the self, and their specific applications to the reactions of young children to mothers as mirrors and to mirrors as mothers. Kernberg explains that the "mother's mirroring function is a complex interaction that is mediated by affect expression, contingency detection, cognitive capacities of both the child and mother, and the quality of the interaction between mother and child" (pp. 5-6). The infant can work out whether or not the mother's mirroring function has caused a given stimulus, that is, whether the response of the mother is contingent on his affect state and action. The infant who is content and relaxed, and gurgles or kicks his legs, will set in motion in his attuned mother responses such as smiling, talking, or touching. Contingent on the mother's response, the infant will "spontaneously monitor his own body state to find out what it was that resulted in such welcomed attention" (p. 7). This responsive sequence is similar to that seen in negative affect states such as anxiety, in which the infant will express the negative affect vocally and behaviorally to a mother who understands the signals of anxiety, and who

> . . . mirrors this understanding back to the infant with facial expression, tone of voice, and motor movements. The infant's affect state resonates with communicative signals given by the mother, and so gradually the infant becomes cognitive of his own affect state. In this way, the mother can be said to function as a human mirror for her infant. [p. 7]

Mothers help their children distinguish which of her facial expressions mirror the child's internal state and which belong to the mother. For example, mothers can "maximize" their facial expression, or speak in "motherese"; they can not only mirror the state of anxiety of an infant who has just received an injection, but can also add empathy to the mix.

The author makes good use of the findings and theories of other early childhood explorers. She states that Winnicott's intuitive observation that "the baby essentially recognizes himself in the eyes and face of the mother, *and in the mirror, which can come to represent the mother's face*" (p. 21, italics in original) provided exactly the background for her hypothesis. She notes also that in a later paper Winnicott notes that many babies have the experience of not getting back what they are giving. When mother's face does not respond because she is depressed, self-absorbed, or indifferent, it does not function as a mirror that reflects the affects and contingent responses that serve as organizers for the child, and the child then withdraws.

Kernberg utilizes Stern's comments on the mother's mirroring function. The experience of mutual gazing, simultaneous vocalizing, mimicking, and smiling increases the child's sense of self. The way the mother processes her experience as a mother and her interaction with the child and the external world impact strongly on the way the child experiences himself and his relation to his mother and to the external world.

Kernberg includes Ainsworth's emphasis that the secure attachment of the infant to the mother, expressed in smiling, touching, watching, and scrambling over her, allows the infant to explore the world and other attachments. In contrast, the insecurely attached infant clings and cries to avoid separation. In her clinical practice, the author realized that descriptions by child, adolescent, and adult patients of their perceptions and relationships with their mothers correlated with their descriptions of their own behavior in front of the mirror. One of her examples is that of a 14-year-old, schizophrenic boy whose mother would call him " lazy and clumsy" in joint sessions; the boy would think that he "looked like a jerk" when he looked in the mirror (p. 26).

The reader has been well prepared for the chapters on "Mirror as Mother" and "Development Perspective: Awareness of Self and Other in the Reflected Image." Kernberg begins with Freud's observation of

an 18-month-old child, with whose family he was briefly staying, who reacted to his mother leaving for a few hours by crouching down in front of a full-length mirror to make his mirror image "gone." Freud thought that the child had played "disappearance and return" with his own mirror image. Kernberg had the luck to follow up with the same child, now an adult, more than eighty years later. He told Kernberg, "Naturally, I was playing my mother who was gone" (p. 31). This illustrates that the 18-month-old child's own reflection can also signify the image of the mother, as can the mirror itself.

These chapters present the sequential developmental behaviors for children up to three years of age, as proposed by academic researchers such as Amsterdam. For example, according to Amsterdam, infants at three months express an interest in mirror image movement; at five to eight months, the image is a sociable companion; at twelve months, the infant makes an effort to enter the mirror, to look and reach behind it; and at seventeen to twenty-four months, there may be an avoidance of the mirror because it looks like another child or mom but is not one. At twenty-four months, the child may begin to look at the mirror again and can now say, "That's me."

What Kernberg adds to this scheme is that, if the mother–child relationship is problematic, the child will not have these expected age-appropriate behavioral reactions to the mirror image. This was the case with the child named Wendy described by Mahler, who was said to have a mirror reaction of bursting into tears instead of being gleeful, due to her relationship with a mother who, after the end of the symbiotic period at four months, was unable to enjoy the playfulness of the individuating child.

The next six chapters of *Beyond the Reflection* are devoted to the use of the mirror in the diagnosis and treatment of young children, school children, and adolescents. Following are summaries of a few of the clinical examples.

- A two-and-one-half-year-old girl with a moderate developmental delay, who was still being breast-fed, and her mother were both in front of a mirror. When asked by her mother who the two images were, the child answered first with her

own name, and with "Mommy" when questioned a second time. A year later, she could easily discriminate between her own and her mother's mirror image.

- A 46-month-old boy suffered from intense separation anxiety, which interfered with his functioning at nursery school and sleeping at night. Kernberg saw him in psychotherapy twelve times over six months. By the tenth session, he had changed from calling his own mirror image "Mommy" to seeing himself as a cowboy.

- A seven-year-old, borderline child with separation anxiety, who had been verbally abused and had talked about suicide, howled in horror when he looked at himself in the mirror as instructed.

- After eight months of treatment with psychotherapy and medication, a 15-year-old girl with major affective disorder, on looking into the mirror, said that she had come a long way since her first mirror interview before she began treatment. She was no longer putting herself down and could actually see some beauty in herself.

Kernberg describes the methodology of her 1990–1992 study of sixty children between twenty-four and thirty-six months of age, which reexamined earlier research by Amsterdam. The standard setting was a playroom with a full-length mirror. For four periods of five minutes each, the child was to be alone in front of the mirror first, then in front of the mirror with mother, then to eat a snack with mother followed by a structured activity, and finally to be in a free-play situation, after which the mother would leave the room for five minutes, or less if the child became upset. While Kernberg included Amsterdam's thirty-two behavioral items in her behavioral checklist, she also added over eighty more, such as the child's saying that "nothing" is in the mirror, naming parts of his face or body, and growling in front of the mirror. These behaviors were submitted to statistical analysis, the results of which clustered into four areas: (1) confident exploration of the child's own mirror image, (2) pleasurable self-recognition, (3) active attempts to integrate the experience, and (4) uncertain or peculiar reactions to the experience. The

first three correlated with secure attachment; the last was indicative of insecure or disorganized attachment (p. 88).

Kernberg postulated that the same theories about the use of mirrors in the diagnosis of young children would hold true for older, school-age children, and even for adolescents. The mirror as mother or primary caregiver was seen to persist. In her study of sexually abused school-age children and a control group of normal children, she found that the mirror reflected the feelings and body responses toward the abuser (frequently a member of the family). For example, a sexually abused boy stabbed the mirror and then sat on the floor in front of it.

The adolescent looking into the mirror sees himself not only in the present, but also the experience of being seen in the past, due to his continuity in self- and object representations. Kernberg and Buhl-Nielsen set up a semi-structured mirror interview that utilized twelve questions, which they used to study a group of sixty-five normal adolescents between the ages of twelve and twenty-one, as well as a group of sixty-five adolescents with psychiatric disorders, including personality disorders. The questions were formulated to elicit responses describing (1) the relationship to the self, i.e., "What do you like about the way you look?" (2) the relationship to others, i.e., "Do you feel that other people find you attractive?" and (3) the relationship of self to mirror image, i.e., "Do you feel that the image in the mirror has nothing to do with you?"

As might be predicted, most of the normal subjects were able to come up with positive features about their images. Only a minority of the psychiatrically disordered group showed a somewhat positive attitude toward themselves, however, and often with a sense of distance. Most of the normal group felt that others would find them attractive either physically or psychologically or both. Those in the psychiatrically disordered group had a more difficult time believing themselves attractive, even when told this by others. Almost all the normal subjects were initially puzzled and skeptical about the question of whether they felt that the mirror image had nothing to do with them; they then answered "no." Many in the group with psychiatric disorders answered "yes," showing much splitting and dissociation from the body self. The results of five of these mirror

interviews, with both male and female subjects from both groups, are reproduced at some length in *Beyond the Reflection.*

Kernberg adds a delightful and apt touch to her book in the form of mirror cartoons from *The New Yorker* that illustrate the multiple functions of mirrors, such as reinforcing positive self-regard, as an aid to seeing who a person wishes to become, and as recording negative reactions, such as feeling unaccepted. One cartoon shows a woman in the dressing room of a store, trying on a new outfit. On the wall is an almost full-length mirror reflecting her, and just to the side of it is a mirror-length sign that reads, "PEOPLE IN THE MIRROR MAY BE MORE ATTRACTIVE THAN THEY APPEAR" (p. 150).

In the last, brief chapter, "Present and Future Uses of the Mirror," there is a discussion of further research in ethology, such as that focusing on mirror self-recognition by chimpanzees, on the neurobiology of the brain's mirror neuron system, on the use of mirrors in preschool education, and on preschoolers in various at-risk populations.

Something I had hoped Kernberg might discuss—since she was the director of a residency training program in child and adolescent psychiatry, as noted—was whether the child fellows in her program received any training in the diagnostic and psychotherapeutic use of the mirror, and if so, what that training consisted of. I put the first of these questions to the directors of two residency programs in child and adolescent psychiatry in Baltimore, and both said that there was no such training. However, one child psychiatrist in charge of a zero-to-five clinic was using the mirror to teach very deprived children about their affects. Did Kernberg herself have experience in teaching about mirror studies in psychoanalytic institutes, especially to those in child analytic training? This book does not provide the answer.

While writing this review, I received a call from one of the instructors in the child division of the Baltimore-Washington Institute for Psychoanalysis, asking for suggestions about additional assigned reading on development. I recommended this book because of the way it handles the development of the self and attachment. When I subsequently called the chair of the child committee to inquire if there was any instruction

about the mirror in the child and adolescent curriculum, he said that there was not. However, he had heard about Paulina Kernberg's *Beyond the Reflection: The Role of the Mirror Paradigm in Clinical Practice* from the instructor who had contacted me, and planned to purchase it himself.

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ABSTRACTS

THE INTERNATIONAL JOURNAL OF INFANT OBSERVATION AND ITS APPLICATIONS

Abstracted by Marsha Silverstein

Psychoanalytic infant observation, developed at the Tavistock Clinic in London in 1948, has become an essential feature of preclinical training in child and adult psychotherapy, psychoanalysis, and related fields throughout the world. Now in its twelfth volume, *The International Journal of Infant Observation and Its Applications* publishes diverse writings emerging from this field, including the work of psychoanalysts, psychotherapists, social workers, and others. It comprises case studies on infant and young child observation, research papers, and articles focusing on wider applications of the psychoanalytic observational method, including its relevance to professional practice in psychoanalysis, psychotherapy, social work, teaching, nursing, and related fields.

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Disruptive and Distressed Toddlers: The Impact of Undetected Maternal Depression on Infants and Young Children. By Louise Emanuel, pp. 249-260.

Emanuel's subject is the relationship between undiagnosed postnatal depression and subsequent acting out in toddlers. She conducted a series of brief clinical interventions with parents and their toddlers who were referred because of the children's disruptive behavior or sleep disorders.

Emanuel begins with a review of the literature on the relationship between postnatal depression and infant development, and goes on to present Bion's theory of containment as a means for conceptually understanding what goes awry for children such as those she saw in treat-

ment. In the literature review, she cites a variety of articles that note the importance of maternal responsiveness to the newborn as a means of enabling the infant to attach and proceed with mental development. She notes the hypersensitivity of the infant to maternal withdrawal, pointing out that a lack of attuned maternal responsiveness can lead to a response of protest and withdrawal in the infant within a very short span of time. She cites a study that correlates postnatal depression with insecure attachment on the part of the child. Another study links postnatal depression with cognitive disturbances in older infants, as reflected in poor performance on object permanence tasks and disturbances in the ability to focus attention in new situations.

Emanuel notes that babies themselves can affect their mothers' mood. Those who are constitutionally irritable or have poor motor functioning can contribute to maternal depression, whereas easily gratified infants can help defuse anxiety or allay depression in a vulnerable mother. There are risks in the latter situation, however, in that such an infant can become idealized and be pulled into enlivening a mother in a way that is destructive to the child's development of a sense of subjectivity.

In discussing Bion's concept of containment, Emanuel describes the infant's need for the mother or primary caretaker to take in and manage the baby's sometimes overwhelming sensory experiences—such as distress, excitement, terror, intense pleasure, hunger, or loneliness. The mental apparatus of the infant is not yet able to manage such experience, and the baby will attempt to get rid of unpleasant sensations through crying, kinetic movement, sneezing, and other such behaviors. Under optimal circumstances, the mother, in a state of "reverie," takes in these communications, is stirred up by them, makes sense of them in her own mind, and responds to the expressed need in an attuned way. In such situations, the baby experiences a mother who can think about, understand, and process her own feelings. Through many repetitions of such an exchange, the infant gradually becomes less overwhelmed by distress and increasingly able to make sense of her own experiences. In this way, the baby gradually internalizes the containing function of the parent and begins to be able to think for herself, thus developing a nascent sense of a subjective self.

When a mother is unable to provide such containment, the infant must intensify the attempts to get rid of the distressing sensations that beset her, to attempt with greater force to "gain entry into the mother's mind" in the hope of being understood. Again drawing on a Bionian concept, Emanuel notes that when the mother is emotionally absent, the baby has an experience of persecution. Such an infant will fail in her attempt to evacuate unbearable affects into her mother's mind, and the projected distress will come back in an unmodified and more frightening form.

This persecutory experience can lead to different responses on the part of the infant. Some babies intensify their attempts to get the mother's attention with increased hostility and aggression, often exhibiting signs of what may later come to be diagnosed as ADHD. Some infants may relinquish their attempts to reach their mothers and, in an identification with the mother, become "hard to reach," themselves depressed. A third response to postnatal depression can be seen in the infant who relinquishes dependency, becoming precociously self-sufficient in intellectual or motor development. This type of infant has been described by Bick as developing "second skin" defenses as a way of holding the self together in the absence of maternal containment.[1] In their inability to acknowledge dependency, such children may later have great difficulties in learning—either disappearing into a world of fantasy where they can control everything, or becoming oppositional or disruptive when presented with new challenges at school.

In her first clinical example, Emanuel presents the case of Timmy, a little boy who was out of control and physically aggressive with his single mother. Timmy had been an unwanted child and his mother had felt abandoned by the maternal grandmother after Timmy's early infancy. Mother was overwhelmed by Timmy, as was his infant sister, who responded to the situation at home by withdrawing into sleep for much of the day. After a night during which both children were unable to settle, Emanuel suggested to mother that Timmy might be anxious and frightened by the power of his aggressive attacks during the day, and spoke

[1] Bick, E. (1968). The experience of skin in early object relations. *Int. J. Psychoanal.*, 49:484-486.

to Timmy's need to experience mom as able to keep both him and his sister in her mind. Mother subsequently reported an improvement in nighttime sleeping.

Mother described Timmy as an infant who had been precociously advanced in motor development. His physical prowess and pseudoautonomy were experienced by mother as a rejection and caused a further withdrawal on her part. The more he became a "superman," pushing himself to feats that were beyond his capacity, the more she felt defeated by him. Timmy defended against the needy and dependent part of himself, which had thus gone unseen by his mother.

In a pivotal clinical hour, with a sense of emotional safety provided by the therapist, Timmy was able to show a more vulnerable side of himself. Emanuel then encouraged Timmy's mother to comfort him. With Emanuel present and available to contain the mother, she was able to begin to contain him in his distressed state, and, modeling Emanuel, began to put words to what he was feeling. Over time, Timmy's aggressive attacks diminished and mother was able to appropriately attend to both of her children.

In the case of Douglas, uncontrollable tantrums and sleep disturbance were the presenting symptoms. Douglas's acting out was part of a family dynamic is which the father was marginalized and mother was dominated by her son's anger. Appropriate generational boundaries were disrupted, and Douglas played the role of the mother's "little man." When the parents expressed hesitation about having another child, Emanuel saw that Douglas had managed to prevent his parents from doing so; she interpreted that he was creating an angry split between them in order that he would not be displaced by a new baby. The aggressive control he was exerting over them was engendering greater anxiety and provoking further disruptive attacks.

In the course of the brief treatment, Emanuel learned that both parents had endured trauma and severe abandonment in their childhoods. As a result, both had strong infantile needs for containment and protection, and felt abandoned by the other in the face of Douglas's arrival. Father was threatened by the appearance of this infant who took mother's attention away from him and was unable to provide a hold for mother, who became depressed after Douglas's birth.

Having observed Douglas's hyperactive behavior in the session and heard of his fascination with batteries that "charged things up," Emanuel wondered with the parents if he had been an infant who quickly felt the need to enliven mother with his activity. Elaborating the metaphor of the dead or recharged battery with these parents seemed to help them understand that Douglas was trying to work out his distress at mother's depression, while also having the effect of making her feel that he was destroying her good maternal functioning. Mother returned saying that she had been able to think about his rageful outbursts and put words to his feelings, rather than simply screaming back at him. As with Timmy, Emanuel saw her intervention as providing containment for the mother and father as parents and as a couple, as well as making space in her mind for the needy child in each of them.

Emanuel notes that in neither of these cases had the mother's postnatal depression been recognized or diagnosed. She worked backward, from the presentation of the acting-out child, to come to an understanding of early disruptions in maternal containment. She emphasizes the importance of early detection and intervention in mothers at risk for postnatal depression, in terms of the manifold negative effects it can have on a child's emotional, cognitive, and social development. She also offers a hopeful model for an intervention with such families that can help parents recover their capacities "to recharge their own batteries" and carry on with the work of parenting.

Eating Difficulties in Early Infancy and Experience of the Combined Object. By Ornella Caccia, pp. 295-304.

Caccia utilizes Bick's model of infant observation and a Kleinian understanding of early psychic life to explore the phenomena of disordered eating in infancy and the intergenerational transmission of pathology. She considers the positive and negative aspects of early projective identification. She also addresses the quality and integration of part objects in the mind of the mother, insofar as these affect the developing mental life of the infant.

In the absence of organic and/or traumatic causes of eating disorders in infancy, Caccia sees the emergence of significant eating disorders

as the result of intrusive projections and anxieties on the part of the mother. Caccia describes the psychic world of the mother of an eating-disordered infant as dominated by paranoid-schizoid states of mind, in which primitive splitting persists and there is a failure to achieve stable, integrated internal objects. Instead, unsuccessful attempts to integrate part objects lead to confusion, anxiety, and a lack of clear boundaries between parts of the self and self and object. The mother engages in pathological projective identification with her infant, characterized by unconscious phantasies of violence, fragmentation, and confusion.

Caccia emphasizes that, in such situations, there is a reversal of Bion's model of a healthy mother–infant relationship of container/contained. Rather than the mother absorbing the unmetabolized projections of the infant and returning them to the baby in a modulated and digestible form, the infant is used as a receptacle of the mother's projective identifications. What is unconsciously conveyed to the baby is the necessity of taking in these projections and returning to the mother a more integrated, less destructive image of herself. As feeding is a primary mode of communication between mother and infant, it is understandable that the infant—unable to distinguish between the actual milk and the mother's fantasy of what she is giving—may experience the food as toxic and bad. In these dyads, the baby's normative task of integrating the bad and good breast is undermined by the psychic reality of the mother. The bad breast persists, offering milk that is tainted.

Eating disorders are not the only form in which infants respond to the invasion of nonmetabolized maternal phantasies. The development of sleep disturbance, skin rashes, and respiratory problems may be due not only to organic factors. They can represent the first evidence of psychosomatic disorders. But Caccia emphasizes that eating disorders of psychogenic origin are among the most pervasive.

Caccia presents three cases of infants whose families participated in Tavistock infant observation. In each case, the material—gathered by the observer over a period of a year of weekly observations in the family's home—afforded a detailed picture of the genesis of eating disturbances in the context of a disordered mother–infant relationship. Caccia advances the idea that these three mother–infant pairs illustrate the failure in the mother of two processes of psychic integration: (1) between li-

bidinal and destructive parts of the self and object, and (2) between two components of psychic bisexuality at the part-object level, breast-nipple and penis-vagina. In the latter case, the phantasy of union between breast and nipple or penis and vagina is experienced as catastrophic.

In the observation of Valaria, it is noted that the mother is unable to successfully integrate her libidinal and destructive impulses. The phantasized danger of her aggression toward her infant propels her into a distorted perception of the baby; she sees Valaria as wasting away in the absence of objective signs, reads every sign of disturbance in the baby as hunger, and puts baby to breast when, in fact, the infant is sated or responding to some other internal distress. This sets up a dangerous cycle in which the baby's understandable response—to expel the unwanted/unneeded milk through vomiting or diarrhea—increases the mother's anxiety that something is wrong with her milk. Her response is to become more intrusive toward Valaria.

Caccia suggests that the mother's phantasy is that something poisonous is inextricably mixed with her good milk. The badness in her may be passed to her daughter, killing her, or may be thrown back violently by Valaria, thus endangering mother herself. In response to this unbearable situation, Valaria's mother precipitously attempts to wean the baby, but, in so doing, gives her an incorrect mixture of powder and water, such that the child develops an allergy to milk protein. Caccia understands this accident as the way in which Valaria's mother continues to enact her unconscious phantasy that she is damaging her baby: by giving her "bad food," even though she is no longer nursing her. The danger now exists in the outside world: the poison is in the milk protein contained in the formula Valaria would drink, and, as luck would have it, in many other foods that the baby might eat as she grows older—meat, fruit, and the like. Thus, Valaria, through the mother's need to restrict her diet, remains bound in an ambivalent relationship centering around food—the mother's confused and violent "gift of life" to her daughter.

In the cases of Ricardo and Simone, Caccia uses observational material to illustrate how the mothers' inability to integrate psychic bisexuality was linked to eating disturbances in their sons. She quotes Houzel, who suggests a link between failed integration of psychic bisexuality in the mother and profound mental disorders, such as autism, in the

child.[2] Caccia sees the mothers of Ricardo and Simone as unable to offer a breast that is at once feminine and masculine, available *and* limiting, able to attract the infant "without seducing it" and separate "without expelling it."

The observation of Ricardo shows a mother whose need to keep out the "masculine" is reflected in an "anything goes" response to feeding her baby. She wishes for unlimited availability to him, a nursing relationship absent of any frustration. In her mind, there is perfect symbiosis between the two of them, but the observer notes that this mother is involved in a phantasy of perfect harmony with her infant that excludes the communications of Ricardo himself, and that is predicated on the violent exclusion of any third person. This rejection of the third, an eradication of anything that would disrupt the phantasy of perfect union and sufficiency in the dyad, is enacted with pediatrician, observer, and the child's father, whom she excludes at every turn.

The relationship of Ricardo and his mother is characterized by the complete absence of limits. It lacks the regulation that could allow Ricardo to accustom himself to the increasing absence of his mother and help him differentiate from her. Ricardo's mother soon becomes overwhelmed by the self-created tyranny of the nursing relationship and, in a fashion reminiscent of the weaning of Valaria, abruptly terminates it. Ricardo responds by developing chronic diarrhea. Consultations with various pediatric specialists ensue, but Ricardo's mother never implements their suggestions in a consistent fashion and withdraws from each consultation, seeking help elsewhere.

The observation concludes when Ricardo's mother abruptly places him in full-time day care, eliminating the possibility of further visits from the observer. Precipitously dropped by his mother once again, Ricardo responds with an endless series of colds and other respiratory difficulties.

Simone's mother presents an unintegrated breast to her infant, as well, but her presentation is characterized by what Caccia calls "masculine" to the exclusion of "feminine." Simone's observer notes that, from the outset, mother is very intrusive in putting her nipple or a pacifier

[2] Houzel, D. (2003). Arcaique et bisexualité psychique. *Journal de la psychanalyse de l'enfant,* 32:75-96.

into Simone's mouth. There are repeated instances in which Simone spits out the pacifier followed by his mother's insistently reintroducing it. If he stops sucking, she stimulates his body, tapping his head or back, or moving the nipple back and forth in his mouth. When Simone's suck is lax or distracted, his mother becomes more anxious that her nipple is defective and further ups the ante, continuing to press herself upon him, worrying that something is the matter with him.

Simone seems able to assert himself in the face of his mother's intrusiveness, becoming energetic in affirming his own needs. Yet the observer notices that he is himself becoming stubborn and somewhat tyrannical. Mother responds with excitement to his aggressivity, referring to him as "Atilla." Caccia conjectures that he has become the heir "of all the masculine, phallic aspects of his mother, of which, as a newborn, he had been a victim."

Overall, it appears that Simone weathers his situation more successfully than Valaria or Ricardo. The rapport between Simone and his mother improves dramatically during his second year of life; both of them are brought to life by the excitement of early oedipal interactions. Nonetheless, there are remnants of the disorders of their early relationship: a delayed onset of language, which Caccia sees as the result of mother's pleasure in his dominating, "macho" behavior, and a continued rejection and intolerance to milk, which now extends to most dairy products.

In concluding, Caccia makes the following points:

1. Eating disturbances in infancy are often the child's response to maternal pathology, as well as being linked to problems in the parents' relationship.

2. The three observed mothers evidenced problems in integrating either good and bad aspects of the self or the masculine and feminine aspects of their psychic bisexuality.

3. The infants of these three mothers received confused messages; nothing they took in was felt to be reliably good. These children had to try, on their own, to distinguish good experiences from bad ones. Given the tremendous added burden of their mothers' unresolved difficulties,

the task of integrating good and bad part objects, or masculine and feminine aspects of themselves, became too much for these infants.

4. Eating disorders appear as one of the most primitive ways in which the infant responds to disordered maternal projections. Vomiting, diarrhea, food intolerance, and food refusal are all concrete ways of responding to maternal confusion expressed through feeding. Still, the formation of an eating symptom may protect better-functioning areas of the child's relationship with mother.

5. The mother's difficulty in integrating her own psychic bisexuality and identifying with a good combined object is a factor in the intergenerational transmission of mental disorders.

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A Conflict between Distance and Closeness: The Mother's Bittersweet Experience of Becoming Separate from Her Toddler. By Lucy Dunbar, pp. 77-88.

Dunbar utilizes a Mahlerian model to consider the issue of separation from the mother's perspective rather than from the infant's. Focusing on the period between sixteen and twenty-four months of age—which Mahler called the "rapprochement sub-phase"—Dunbar interviewed eight women about this developmental stage in their child's life. Dunbar selected rapprochement because Mahlerians consider it a critical period in character formation, and because she is interested in the negotiation of ambivalence—in both toddlers and mothers—that characterizes the period.

Dunbar notes that at this stage, toddlers become increasingly aware of the separateness from their mother and, in response, manifest patterns of alternate clinging and assertion of independence. Beset by wishes for reunion and fears of re-engulfment, the toddler expresses his conflict in an increase of aggression and tantrums. The author cites Mahler, Pine, and Bergman, who believed that as the toddler gradually finds optimal distance from the mother, he is able to move into the next

developmental subphase, that of self and object constancy.[3] The acquisition of object constancy enables the child to be separate, as he can now retain a mental object of the mother in which her good and bad qualities are integrated.

Dunbar critiques the fact that the model of Mahler, Pine, and Bergman focuses primarily on the child. She seeks to balance their orientation with an inquiry into the mother's experience of the period. Citing Bergman and Harpaz-Rotem, the author states that *both* mother and child become involved in repairing the disruptions that inevitably occur in their relationship, co-constructing a new way to be together.[4] She references Stern's idea that women must reappraise many of their self-representations when they become mothers,[5] and suggests that such reappraisals are likely to be significant when the mother of an infant becomes the mother of a toddler.

Dunbar interviewed eight mothers, all volunteers, with whom she conducted a semi-structured interview. She found the material to constellate around the following issues: loss, anxiety, danger and damage, boundaries, and conflicting desires.

Separation was experienced as a loss by six of the eight women. They describe feeling empty at times, even physically sick. The threat of loss seems to have threatened the integrity of their basic body ego, as described by Furman.[6] Following Furman, Dunbar discusses the fact that, during pregnancy, the infant *is* part of the mother's body, and this leads to a bodily, as well as a mental, narcissistic cathexis of the child. During toddlerhood, mothers must deal with the intense challenge of realigning this cathexis and changing the balance of their investment in the child. The mothers in the study are working to transform narcissistic cathexis into object investment, as they come to view their child as a separate person.

[3] Mahler, M. S., Pine, F. & Bergman, A. (1975). *The Psychological Birth of the Human Infant.* New York: Basic Books.

[4] Bergman, A. & Harpaz-Rotem, I. (2004). Revisiting rapprochement in the light of contemporary developmental theories. *J. Amer. Psychoanal. Assn.,* 52:555-569.

[5] Stern, D. (1995). *The Motherhood Constellation: A Unified View of Parent–Infant Psychotherapy.* New York: Basic Books.

[6] Furman, E. (1994). Early aspects of mothering: what makes it difficult to be there to be left. *J. Child Psychother.,* 20:149-164.

Dunbar's mothers also speak of feelings of anxiety in association with their child's separation. Feelings of uncertainty, frustration, and guilt are common. Dunbar understands this as related to the wish of these mothers to retain the image of the ideal mother–infant dyad. She suggests that their aversion to separation and conflict indicates the use of splitting and an idealization of the earlier period of their child's life. For these women, the wish to be separated from their child and to regain some of their previous freedom can cause feelings of guilt and the wish to undo.

Dunbar notes that ambivalence and the mobilization of aggression serve to stimulate individuation in both mother and child. The child needs to feel aggression in order to separate from the mother. As well, the child's aggressivity helps the mother begin to have some distance from the child, enabling her to assert her separate identity and establish some boundaries. The author comments that some mothers in her study underplayed their children's aggression, which she sees as a sign of their reluctance to fully engage in the process of separating and individuating from their children.

Separation also raises concerns about physical danger at this time. The mothers comment that they know some of their fears are irrational, but express them nonetheless. Associations to accidents and anxiety about travel are voiced. Dunbar speculates that the mothers are anxious about whether their children can survive separation. Citing Bowlby, she wonders if their descriptions of separation as dangerous indicates their projection of their own denied feelings of aggression toward their toddlers.[7]

While the experience of separation as a loss and as dangerous is expressed by Dunbar's subjects, they also speak of the benefits of boundaries in their changing relationships with their children. One mother notes the value of feeling more distinct from her toddler as she helps him deal with a conflict with another child. Conflicts enable the child to gradually distinguish between "me" and "not me," and this process is essential in the development of independence and autonomy.

[7] Bowlby, J. (1973). *Separation, Anxiety and Anger: Attachment and Loss, Vol.* 2. New York: Basic Books.

In negotiating the task of separating from their toddlers, all the mothers speak of their conflicting desires. One mother describes herself as "of two minds" or "torn in two." "You want both things," she remarks. She and the other mothers must be able to let themselves miss their children when they are separated, and come to terms with not feeling needed at all times. They have to accept their child's phase-appropriate rejection. Yet, on balance, the mothers in this study were able to tolerate feelings of being rejected by their toddlers because of their capacity to empathize with them. Dunbar cites Mahler in saying that the mother's satisfaction in her child's development must override the sense of loss and rejection, just as the child's pleasure in separating enables him to overcome the anxiety and threat of object loss.

Ghosts in the Nursery and Wolves at the Door. By Richard Duggins, pp. 77-88.

Duggins writes of the observation of an infant and his parents during the first year of the baby's life. The infant, Rory, is the child of an unmarried, working-class couple, each of whom is burdened by a traumatic past and current economic insecurity. Duggins describes the vicissitudes of Rory's development over the course of the observation, focusing on the initially persecutory anxiety that pervaded the family, the struggles of Rory's mother to maintain emotional closeness with her infant, and the difficulties of Rory's father in managing his sadistic and intrusive impulses toward his son. He cites Fraiberg in discussing how unconscious factors can overwhelm both parents and cause them to act out in abandoning or aggressive ways.[8]

Duggins points to the appearance of second-skin phenomena in Rory at moments of extreme emotional abandonment by his parents (see footnote 1, p. 969). The author also describes gradual changes that occur over the course of the year: the diminution of the persecutory atmosphere in the family, the beginning evidence of a triadic relationship

[8] Fraiberg, S., Adelson, E. & Shapiro, V. (1975). Ghosts in the nursery: a psychoanalytic approach to the problem of impaired infant–mother relationships. *J. Amer. Acad. Child Psychiatry*, 14:387-421.

between Rory and his two parents, and the positive identifications with the observer that develop in each parent.

At the outset of the observation, the parents appear overwhelmed. Although proud of their large and robust infant, they communicate unconscious fears that the world is a threatening place and that they are inadequate to provide Rory with what he needs. As well, their reaction to the observer conveys great ambivalence as to whether he will be a source of safety or danger for their vulnerable family.

In presenting segments of the actual observations, Duggins conveys the high level of anxiety and sense of precariousness that characterized Rory's early weeks. He describes Rory's mother as despairing that her milk supply is adequate, withdrawing from him emotionally or physically at times. He shows the contagion of her distress to Rory's father, who expresses his anxiety by becoming irritable or by absenting himself entirely. Yet, Duggins notices, Rory is able to draw his mother out, to help her settle and feel more confident about her ability to nurse him.

Despite Rory's constitutional strengths and moments of attunement, the early phase of this observation is quite concerning to Duggins. He notes that mother's intense anxiety often precludes her ability to read Rory's communications, and observes that Rory is beginning to manifest second-skin phenomena: looking out the window for long periods as a way of holding himself together when his mother is unable to hold him emotionally.

Where Rory's way of relating to his mother seems to be primarily to draw her out and create closeness, the opposite phenomenon is observed in Rory's reaction to his father. Father tends to be intrusive and Rory, in response, pushes him away—by kicking when held too close and by passing gas when father holds him too tightly. Duggins speculates that Rory's psychic development may become complicated by the maternal-like role that his father plays in his life. Father appears comfortable feeding and changing Rory, paralleling the activities in which mother engages. But he has difficulty in being a steadying presence for mother when she becomes anxious, and he worries about his ability to be a strong provider for his family.

Duggins discusses the difficulty he experiences staying focused on Rory at times when one or the other parent's anxieties or enactments

eclipse the baby whom Duggins is there to observe. In registering how difficult it is for him to stay focused on Rory at these times, Duggins realizes that Rory's precocious physical development, his staring at the television, or his sometimes manic behavior are defensive responses to the unbearable feeling of being dropped from his parents' minds.

In spite of his distress at witnessing Rory being either intruded upon or ignored, Duggins is able to have empathy for Rory's parents as he slowly learns details of their traumatic histories. At this point in the article, he quotes the classic by Fraiberg, Adelson, and Shapiro in which the authors muse on the power of ghosts of the parental past, which "invade the nursery and claim their rights above the baby's own rights."[9]

There is evidence through much of the observation that Rory suffers from significant misattunement on the part of both parents. Duggins expresses concern as to whether Rory will be able to be curious about the world around him because of the lack of psychological safety and predictability in his developing internal world. Still, the author is impressed at the emergence of Rory's "epistomophilic curiosity" about his mother's body and its contents. This curiosity becomes evident in Rory's play at around eight months, when mother discovers she is pregnant with a second child. While both parents are initially in denial about the pregnancy, Rory begins to engage in concentrated and focused play that indicates the new baby is very present in his mind. The author offers excerpts from his notes during this period of the observation, in which Rory becomes fascinated with putting his toys in the washing machine and then taking them out. In describing the washing-machine play, Duggins is struck not only by how Rory gets inside of mother (the washing machine), takes her babies (toys) out of her, and then puts his babies (toys) into her, but also by how Rory's mother facilitates and creatively encourages the play.

As the observation period draws to a close, Duggins expresses a sense of sorrow about leaving and reflects on his concern that the arrival of a new baby will overly tax the fledgling equilibrium that Rory's parents have struggled so long to achieve. Although he leaves with questions about the future of the family, the author notes the positive changes

[9] See footnote 8, p. 979.

that have occurred over the course of the observation. He remarks that the entire family is now able to be together, rather than collapsing into a dyad from which the excluded parent withdraws. He notes Rory's robust and forgiving nature, which—despite periods of "second-skin" withdrawal—has given his parents the chance to be with him in ways that will facilitate, rather than restrict, his development.

Finally, Duggins considers the positive effect that the observation and his presence have had on the family, affording Rory's parents the containment they needed to confront and better manage their "ghosts." He discusses an important element of the observational stance: the position of not acting on, but instead simply bearing, the difficult unconscious feelings of the observed family. It is this quality of observation that is seen as helpful in making such feelings more manageable. The author speculates that it is his "not acting" that has enabled Rory's parents to find contact with difficult feelings that were previously unbearable. In turn, Duggins suggests, it is through their identification with him, the observer, that they have become increasingly able to bear Rory's states of distress, and thus to offer him a greater sense of containment.