BEING AND THE DEATH DRIVE:
THE QUALITY OF GREEN'S THINKING

BY HENRY F. SMITH

The articles in this issue of *The Psychoanalytic Quarterly* are not grouped by theme as they have been in recent issues, but if they were, it would be tempting to title the issue "Analysts Thinking," or perhaps "Analysts Rethinking." Each author thinks out loud about his or her experience with theory and with clinical work in so detailed a way that they cannot help but question received wisdom; they must challenge old ideas by virtue of their personal involvement with the material at hand. In that sense, to paraphrase Freud's comment about finding an object, every true thinking is a rethinking, and in the process we inevitably learn more than the author set out to teach us. This applies to all the papers in this issue.

Nowhere is it more evident, however, than in the first article, André Green's controversial "Sources and Vicissitudes of *Being* in D. W. Winnicott's Work." This paper is the latest in Green's careful study of Winnicott, and as he tells us, Winnicott's writing "may be disquieting even today if we examine at close scrutiny its mixture of contradictions, shortcomings, and intuitions of genius" (p. 34). Due partly to Green's "close scrutiny," partly to his passionate engagement with Winnicott, partly to the clarity of his discourse—in which he seems to hone everything to its essence—but primarily due to Green's personal way of thinking things through, we understand some aspects of psychoanalysis that it seems we never quite understood before.

Henry F. Smith is the Editor of *The Psychoanalytic Quarterly*.

Green's explicit topic is Winnicott's concept of *being*. Along the way, he takes us into an experience of how *being* develops; its dependence on the reflective function of the mother and, by proxy, the analyst; the different connotations of splitting involved; the role of creativity; the meaning of drives and their relationship to *being;* the experience of death or *not-being;* the counterfunction of destructiveness; and the living force of the death instinct, which *being* opposes. I say he *takes us into an experience* because Green's intent is not to teach us about these things. We learn by entering into his conversation with Winnicott and with us.

Let me try to illustrate. Take the simple idea of the analyst's reflecting something back to the patient. Shortly after the paper begins, Green tells us about a patient who said to Winnicott, "I've been trying to show you *me being alone;* that's the way I go on when alone." And Winnicott responds, "All sorts of things happen and they wither. This is the myriad of deaths you have died. But if someone is there, someone who can give you back what has happened, then the details dealt with in this way become part of you and do not die" (Winnicott 1971, p. 64).

Green comments:

> Winnicott had to show the patient that he was aware of his reflective role. So it is he, at first, who presents himself as having to send back what he heard, in order not to let the patient think that her communication dropped dead, fell into emptiness. [p. 14]

This exchange between Winnicott and his patient—and between Green and us—set in the simplest of terms, introduces Green's thought about the reflective function as a vital aspect of how *being* develops in opposition to dying. Green goes on to note "a connection between dying and reflection as a form of resurrection, through the presence of the other, felt as an opportunity for survival—the other having integrated the dead fragments into a new, living unity." These are evocative images, but it is their combination with Green's more personal discourse that is persuasive: "I think that Winnicott was really speaking of how a being can be born from a relationship, even one associated with death, a relationship that may become related to the search for oneself" (p. 14).

Without ever using those staples—clichés, really—of contemporary discourse, *containment* and the *holding environment,* Green leads us to realize that what he is calling *reflecting back* is much more than either holding or containing:

> The person who reflects back is not only reflecting, but also sending back the situation with what has been newly integrated by him or her . . . . It is this understanding that is reflected back—not only the facts that have been communicated . . . .
>
> The creation of *being* needs a person who already *is.*
>
> We now understand why reflecting back is so important: because it stands apart from inner reality, but also looks like it in some way, though produced by another. [p. 15, italics in original]

Green is talking about matters of life and death, of destruction and survival, and of how analysts might have a hand in the latter, but once again in the most ordinary, conversational terms—he is speaking to us—which is what makes it powerful.

Green then comments on splitting, how Klein's notion of splitting—and, separately, Winnicott's—were fundamentally different from Freud's, which leads him to Winnicott's treatment of a boy who was raised by a mother who "wished him to be a girl"; more important, he was "driven to think this should be *his own wish* or *his own nature*" (p. 21, italics in original). The split in the boy's nature illustrates Winnicott's notion of a universal dissociation between male and female elements. Realizing, however, that the boy assumes himself to be mad, rather than that his mother is mad, and noting that he has been listening to the boy as if he were a girl, Winnicott says to him, "It is I who am mad." The patient momentarily feels sane in an insane world.

But soon Winnicott discovers that the boy is trying to pass off his remark as just a "way of putting things, a figure of speech which could be forgotten" (Winnicott 1971, p. 75). Green explains: "Winnicott could not 'really' be mad, just as the patient's mother could not 'really' have seen him as a girl." And then he adds off-handedly, "In this case, the conception of splitting is closer to Freud's description" (p. 21)—that is, the boy both acknowledges and disavows the reality of his mother's and

his analyst's "madness," resulting in a "splitting of the ego" (Freud 1938, p. 276).

Do you see what has happened? In the process of explicating Winnicott's evocative text, Green invites us into an illustration of splitting that makes the concept—both Winnicott's version of split-off male and female elements and Freud's of a split in the ego—more immediately clear than they may ever have been before. And this was not his intent. His intent was to examine Winnicott's case for what it might tell us about the concept of *being*.

In the final third of the paper, Green takes us more deeply into Winnicott's character, but again, the glimpse we have, which is startlingly alive, is effective precisely because it is not Green's aim to psychoanalyze Winnicott. His speculations about Winnicott are incidental to his purpose, which in this section is to examine how *being* relates to not being or to dying, taking as his text those patients who threatened both Winnicott and themselves with physical and/or psychic death. And, without Green's intending it, we are immersed in a dialogue about the death instinct that brings the concept to life anew.

What I am suggesting is that what we learn about the death instinct—or about splitting, or about how Winnicott intervenes with patients, or about the depth of Winnicott's suffering—is effective precisely because each of these topics appears as incidental to the main focus of Green's paper. It is this incidentalness that paradoxically invites us into an experience of discovery.

Green makes a compelling case for Winnicott's need to repudiate the death instinct because Winnicott could not ascribe his patients' despair to their instinct toward destruction rather than to his own failures. Even when the failure was his own grave physical illness, precipitating a patient's suicide, Winnicott felt that to invoke the death instinct only exonerated the analyst from responsibility. Moreover, Green tells us, Winnicott's view was that "the idea of destruction of the object-mother in loving can be tolerated" only if there is "an environment-mother ready to accept"; that is, as Green notes, "if the prospect of reparation is at hand" (p. 25). And here Green adds, again thinking out loud:

> I suppose that, instead of accepting the idea of a death drive, Winnicott reacted by introducing the *being* concept—that is, of

>a *being* that would be strong enough to oppose the temptation
>to totally destroy the object, or could at least help survive its at-
>tacks. [pp. 25-26, italics in original]

Thus the infant can have an uninterrupted sense of *going on being*, in Winnicott's words, if the mother is capable of *going on being*. And, we might add, in the consulting room the patient can have an experience of *going on being* if the analyst is capable of *going on being* despite the patient's attacks.

Green then takes us into Winnicott's devastating experience at the New York Psychoanalytic Society in 1965, the details of which were spelled out by Baudry (2009) in the last issue of the *Quarterly*. It may have been an attack from which Winnicott could not survive—could not *go on being*—coming as it did from his colleagues and accompanied by a patient's suicide. Green speculates that this was the psychic breakdown that led to Winnicott's thinking about *fear of breakdown*.

Now Green returns to Winnicott's view that *being* is separate and distinct from any drive activity. And as he shares his thinking with us, he invites us into his own relationship with the drives, free of any theoretical discourse that might come between us. Again we enter a personal relationship not only with Winnicott, but with Green as well, conveyed—or brought into being—through the medium of their relationship.

Here Green's language bespeaks a lover's quarrel:

>Even if one is tempted to agree with Winnicott that *being* has
>nothing to do with drives, it is very difficult to maintain that
>agreement when we speak of *going on being*. *Going on* implies that
>we are not referring to a static state, but to a dynamic one that
>continues to move on forever. I cannot see how this would be
>possible without involving at some point the idea of a constant
>excitement—awareness, openness, readiness to accept and to ca-
>thect whatever may happen in the realm of psychic activity . . .
>   The instinctual impulse is to mental life what the beating
>heart or breathing is to a living being. [p. 28, italics in original]

It is a lover's quarrel with Winnicott because of Green's passion for the drives. For Green, drives are the breath of life, and we cannot help but see them as he does, with his own "excitement—awareness, open-

ness, readiness to accept and to cathect whatever may happen in the realm of psychic activity." Now he has us with him. If he is "tempted" out of affection for Winnicott "to agree . . . that *being* has nothing to do with drives, surely, we argue for him, that would be so only in the hypothetical state of pure *being.* The aliveness of *being,* as it is lived, must be drive related, since *being* in actual life cannot be distinguished from *going on being.* No *being,* I should think, can be static unless it is so perilously close to death as to be virtually indistinguishable from it.

With death and survival, Green reintroduces us to the matter of time, a topic that has long preoccupied him (Green 2009; Smith 2009), and it is through the lens of time that he next immerses us in the experience of omnipotence, defining it in relation to time: "Omnipotence wants things to be so at once—not only to happen in the future, but immediately." Have you ever thought of it quite this way before? He goes on:

> In omnipotence, there is a belief about things happening in reality—a kind of actualization that is a creation of the subject . . . . Therefore, the loss of omnipotence is felt as a catastrophe, with a concomitant feeling of unworthiness, the failure of making things be. [p. 28]

Making things be. Although Green does not make it explicit, he touches here on the sense of omnipotence inherent in creativity, the bringing something into *being*—now and in the moment. Such omnipotence lay behind Winnicott's creativity and also behind his failure to help his patients with their omnipotence. As Green describes the situation:

> The most dangerous trap in confronting an omnipotent patient is the tendency to oppose him with a corresponding omnipotence . . . . Unfortunately, Winnicott, who knew a lot about omnipotence, could not avoid falling prey to it in his feeling that only *he* could cure difficult cases. [p. 29, italics in original]

The failure of omnipotence announces what may be the most profound part of Green's paper:

> Loss of omnipotence is the loss of the power to make things exist, and one exists through this accomplishment. Omnipotence is like an act of faith by which miracles happen and exist by virtue of one's own will.

I think this could be the meaning hidden behind suicide. The issue is not so much one's own disappearance, but rather the disappearance of the object, which in this way is punished, helpless, impotent, wounded—and definitely annihilated. [pp. 28-29]

Here Green introduces us to that vicious circle so familiar in the analysis of extreme negative states, namely, the effort to punish and destroy the object by punishing and destroying the self (Smith 2008). He concludes for the moment that "*being* is contrary to omnipotence" and comments once more on the death drive, but he does so tentatively—with an "if"—as befits his respect for Winnicott:

If a death drive exists, its aim, *in fine,* is to stop this going on being—to interrupt life or relationships in the activity of the mind, which means to interrupt the movements that bring us forward, to catch every bit of experience, to give it meaning and to bring meanings together with others, which is the evidence that we are going on living psychically. [p. 29]

As he nears the end of his paper, Green speaks of a "feeling of imminent death," a "danger of no longer existing that we cannot figure out" (pp. 30-31). And here he returns to the notion of destroying the object by destroying the self:

The feeling of imminent death is a phenomenological description by doctors. A psychoanalyst could not avoid thinking of it as a victory of bad objects, being killed and wanting to kill the object and oneself in one move. It represents killing two birds with one stone in a devastating deployment of an inner force, the object and the self being reunited in a common non-being.

The real breakdown lay in Winnicott's anticipation of his own death. But as he writes, it has already happened. What I am suggesting is that Winnicott experienced a danger in his sense of *being*. Though we do not know what death is, we may have some feelings about endangering our *being,* our sense of self. This is what Winnicott prefers to deny when he expresses the belief that his patients committed suicide only because they lost hope, when the analyst fails. What he denies in my view is the urgent need to destroy everything—the object and one's self,

both together; they will not be separated any longer. [p. 31, italics in original]

What Green implies but does not fully spell out in this remarkably concise paper is that, in these devastatingly negative states that appear both in Winnicott's patients and in Winnicott himself, not only is there an effort to punish the external object by punishing the self—familiar, garden-variety masochism—but there is also a more fundamental aim, it seems to me, to destroy the internal object by destroying the self, and to do that one has to destroy the person that contains both object and self. In this one act, self and object become one, merged again, as if completing the original wish to be one with the maternal object in a malignant unity in death.

Green speaks of Winnicott's guilt toward those patients who killed themselves and speculates that Winnicott experienced guilt following his father's death. Here we might expand on the relationship between these states of destructiveness—the death instinct, if you will—and the role of guilt. Winnicott's need to destroy both the object and himself, which may have been awakened by the death of his father, would seem to be no simple guilt reaction. But it is in keeping with how Freud (1923) first conceived of what he called the murderousness of the superego and the death instinct that lurked beneath that murderousness. There is a passion in Freud's language that matches Green's—a passion that is all too rare in contemporary discussions of guilt and the superego.

Here are Freud's (1923) words on the intensity of the negative, as he sets the stage: "Helpless in both directions, the ego defends itself vainly, alike against the instigations of the murderous id and against the reproaches of the punishing conscience" (p. 53). And here is Freud's contribution to the mutual destruction of both self and object:

It [the ego] succeeds in holding in check at least the most brutal action of both sides; the first outcome is interminable self-torment, and eventually there follows a systematic torturing of the object, in so far as it is within reach . . . . How is it then that in melancholia the super-ego can become a kind of gathering place for the death instincts? From the point of view of instinctual control, of morality, it may be said of the id that it is to-

tally non-moral, of the ego that it strives to be moral, and of the super-ego that it can be super-moral and then become cruel as only the id can be. [pp. 53-54]

Green speaks of Winnicott's guilt, his need to be punished for his death wishes toward his father, but that punishment, as Freud tells us, must be an expression of the very same death instinct, now visited upon himself. And so it seems that we come again to an endless circle of destructiveness: murderous wishes toward the object leading to murderous punishment of the self, but as that very punishment of the self is itself a punishment of the object, it can only lead to more punishment of the self (Smith 2008). What a field day for the death instinct.

I remember a patient who was caught in just such a labyrinth of destructive wishes toward her father, who had cruelly mistreated her, and her own vicious self-destructiveness. Her physician said to me, "She won't be free until he dies." But her father's death brought no relief, and we can now explain why. The death of my patient's father could not relieve her; it could only evoke anew her murderous wishes, her fear of them, and her retaliatory self-punishment. With no external object to punish, the vicious circle of punishing the self and punishing one's internal objects (the self-punishment at once an act of destructiveness toward them and a misguided attempt at reparation) continues in perpetuity. Relief can come only from a death of the self that is simultaneously a death of the object, a moment in death when self and object are reunited again.

And yet there is one other possibility, for which Winnicott holds out hope. If the analyst can survive the patient's attacks—and, we must add, his or her own self-attacks—perhaps the vicious circle can be broken. It is this same hope for which Winnicott, forsaking the death instinct, held himself responsible. Without evidence of the analyst's *going on being*, however, the vicious circle of punishing the object by punishing the self is surely interminable, until it ends in death.

We are grateful to André Green for his inquiry into Winnicott's thinking because, in his unusually personal way, he takes us into an experience of his own thinking, within which he engages us in certain enduring concepts of psychoanalysis and gives them new life.

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17 Hammond Street
Cambridge, MA 02138-1915

e-mail: henryfsmith@gmail.com

SOURCES AND VICISSITUDES OF *BEING* IN D. W. WINNICOTT'S WORK

BY ANDRÉ GREEN

The author questions the reasons for the appearance of the concept of being *in Winnicott's work four years before his death. Winnicott illustrated his concept of being by describing a patient in whom he found a complete dissociation of male and female elements. Insisting on the role of the environment and the part played by the mother, Winnicott considered that the pure female element relates to the breast or the mother, in the sense that the baby is becoming the breast. He opined that instinct or drive has nothing to do with this. The present paper discusses this viewpoint at length, comparing Winnicott's and Freud's positions. It is noted that Winnicott introduced his concept of being at a time when he felt threatened by his own mortality.*

BEING IN WINNICOTT

In Winnicott's work published during his lifetime, the concept of *being* first appears explicitly around 1966, Winnicott being seventy years old at the time. Before that, the idea is mentioned now and then, but without any explicit development. The main text in which Winnicott deals extensively with this topic is in a posthumous book, *Human Nature* (1988). This book incorporates two lines of Winnicott's thinking, the first dating

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André Green is a member of the Paris Psychoanalytic Society and a former Freud Memorial Professor at University College, London.

from 1954, and the second, following an entirely different pattern, written probably around 1967. So, like Freud's *An Outline of Psycho-Analysis* (1938a), this book will remain forever unfulfilled, as if the author were not quite satisfied with the result of his large overview—though *Human Nature* is a very important book, frequently cited by psychoanalysts, in which Winnicott justifies many of his concepts.

In chapter 5 of this book, entitled "A Primary State of Being," belonging to the 1954 draft, we find some interesting explanations. Winnicott presents one of his most enduring hypotheses. He postulates a primitive state of unintegration at the beginning of life. In fact, the state of being cannot be directly observed, but is inferred from the state of the infant. The main characteristic of this primitive state is a continuity of existence. What is implied is that childbirth is an interruption of continuity, which is resumed in the earliest stages following birth.

At that stage, unintegration is the only observable thing. There is no distinction between body and psyche, and no place for a not-me reality. This illusion of self-sufficiency neglects the fact that the infant is being cared for, physically loved. The dependence of the baby is so complete that one may be mistaken in seeing an entity in the baby alone. The important aspect Winnicott highlights is that, in its first beginnings, *the mother–child unit is an "environment–individual set-up"* (1975, p. 99). So it is wrong to speak about the baby as an individual, because at that time, there is nothing that corresponds to an individual self. This fact cannot be observed directly, but must be deduced from observation. As Winnicott says, at that stage, there is no place to see from.

Therefore, Winnicott infers the existence of a couple, indissociable as such—a couple that constitutes a necessary step in allowing the development of a future self who is distinct from the environment. The environment, the appearance of which cannot be separately detected, is a necessary condition for the being's creation of itself, as a separate entity, to help the being emerge from non-being. In this state of pseudo-self-sufficiency, Winnicott postulates, this symbiosis helps the embryonic self, so to speak, to detach itself from the early unit and establish its own center of gravity—a new individual who at the beginning will ignore the environment and the sources of love, who seems to be subordinate to the needs of this first continuity of being. It seems that active adaptation

occurs in the service of breaking free from total dependence on the environment.

There is a coincidence between this aloneness and the constitution of the center of gravity. The former can never be reproduced as such because this is interfered with by various anxieties. Winnicott considers that the state prior to aloneness is one of unaliveness. As the first experience of awakening happens, with it comes the idea of a first state before aliveness, long before dependence is encountered. A conviction of a peaceful state of unaliveness arises, which may be sought through an extreme form of regression. What Winnicott implies is that this state before aliveness could also be seen as a form of negative being in the individual. This appears to be a state free of object relations, which might be compared to the wish to be not yet alive. From here on, Winnicott begins to criticize Freud's idea of the death instinct; he does so on the basis of his hypothesis of this aloneness, to which some patients will wish to return. The question is: can this state be considered a state of being, or should this aloneness be considered otherwise, as the most proximate condition to *not being?*

At stake here is our idea of *being*. Can being be independent of all relationships? It seems that Winnicott has to admit the existence of a silent relationship in which there is no possible distinction between a *me* and a *not me* to aid in building the concept of being. *To be* is now reached via the care and love provided for the infant; in order to consider it a proper relationship, must we appropriate elements of the infant's diet? Winnicott will never again describe this same idea in detail as he did in *Human Nature* (1988), but he will develop it from new angles.

On February 2, 1966, Winnicott read aloud the second part of what was later published as chapter 5 in *Playing and Reality* (1971), "Creativity and Its Origins," entitled "The Split-Off Male and Female Elements to Be Found in Men and Women," at a meeting of the British Psychoanalytical Society.[1] The first part of "Creativity and Its Origins" offers a very good transition in *Playing and Reality* between chapters 4 and 5—that is,

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[1] This important part of *Playing and Reality's* chapter 5 seems to have been a totality of its own, as it was later reproduced in chapter 28 of *Psychoanalytic Explorations* (1989). Other writings dealing with the same material, and an important section entitled "Answer to Comments" (written in 1968–1969), also appear in 1989, chapter 28.

from "Playing: Creative Activity and the Search for the Self" to "Creativity and Its Origins." The first of these two chapters defends the idea of creative activity appearing in a quest for a formless functioning (perhaps rudimentary playing), where the self can be found. What appears to be created during this phase? Creativity emerges only if this unintegrated state is reflected back. This reflection enables it to become a part of an organized personality. It is the most rudimentary, the most primitive, unintegrated form of psychic activity, but it can only develop if the object reflects it back.

Now we have an addition to the idea of the *environment–individual set-up*. The part played by the environment is a reflective one, as if it is through the mother's look—itself reflecting what she sees in the baby—that the continuity of being is sent back. We see an example of this process in one of Winnicott's interpretations. A patient said to Winnicott, "I've been trying to show you *me being alone;* that's the way I go on when alone," describing formlessness, coinciding with many losses and the feeling that she is meaningless to all the people around her. She may have then unconsciously waited for him to make a statement in a more articulated way. He said to her:

> All sorts of things happen and they wither. This is the myriad of deaths you have died. But if someone is there, someone who can give you back what has happened, then the details dealt with in this way become part of you and do not die. [1971, p. 64]

Winnicott had to show the patient that he was aware of his reflective role. So it is he, at first, who presents himself as having to send back what he heard, in order not to let the patient think that her communication dropped dead, fell into emptiness.

I think that Winnicott was really speaking of how a being can be born from a relationship, even one associated with death, a relationship that may become related to the search for oneself. There seems to be a connection between dying and reflection as a form of resurrection, through the presence of the other, felt as an opportunity for survival—the other having integrated the dead fragments into a new, living unity.

Near the end of chapter 4, the following statement appears.

It is only here, in this unintegrated state of the personality, that that which we describe as creative can appear.² This if reflected back, *but only if reflected back*, becomes part of the organized individual personality, and eventually this in summation makes the individual to be, to be found; and eventually enables himself or herself to postulate the existence of the self. [1971, p. 64, italics in original]

This quotation includes different ideas. First, creativity is linked to an unintegrated state of personality. This state must be reflected back in order for it to become integrated into the organized, individual personality. Reflection implies the necessary existence of another (the reflecting part). This serves as a way of integrating the unintegrated part because it is then not only felt, but also experienced as a recognition—perhaps because the person who reflects back is not only reflecting, but also sending back the situation with what has been newly integrated by him or her. The unintegrated can now be seen in a more coherent and meaningful way because it has had to be understood by the other, and it is this understanding that is reflected back—not only the facts that have been communicated. Formlessness relies on an integrated listening.

Maybe this is what happens in the transitional area of the listener who cannot take it in as his own experience only, but also cannot consider the experience of the other person as that of an alien, because in this situation the other tries to stay as close as possible to the subject, without being confused with him. *Being* needs this state of reflecting back; it is not a spontaneous, direct feeling. The creation of *being* needs a person who already *is*.

We now understand why reflecting back is so important: because it stands apart from inner reality, but also looks like it in some way, though produced by another. But in an earlier stage, there is no difference between subject and object, as we shall see.

Winnicott states that, before writing the 1966 paper, he had never fully accepted the complete dissociation between an individual and that

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² We can bring together creativity in the unintegrated self and elementary playing. [Footnote added by André Green.]

aspect of his or her personality that is of the opposite gender (Rodman 2003, p. 305). He expresses two ideas here: first, the possible complete dissociation of the two elements, and second, its origin in the environment. One consequence is that the split-off elements of the other sex of the personality tend to remain at a particular age or to mature more slowly.

This reference to splitting needs refinement. Splitting is here used quite differently from what Freud meant when he introduced the concept in 1927: namely, that at the heart of the ego, two psychical attitudes toward external reality coexist in so far as reality stands in the way of an instinctual demand. *One attitude takes reality into consideration, while the second disavows it. The two attitudes persist side by side without influencing each other.*[3] According to Freud, the success of this defense is achieved at the price of a rift in the ego, which never heals.

Later, Klein used the word *splitting* in very different ways. She described a splitting in the object (into good and bad aspects) and a splitting of the ego, which can sometimes lead to fragmentation. Klein declared that such primitive defense mechanisms do not replace neurotic defenses, but merely underlie them.[4] In any case, the double attitude described by Freud disappears; splitting is here understood as a deeper and more radical repression.

Winnicott's use of the term *splitting* seems closer to Klein's use than to Freud's, but the situation is not that simple. Nonetheless, a close reading of Winnicott's case described in "The Split-Off Male and Female Elements to Be Found in Men and Women" (later published as the second part of chapter 5 in Winnicott 1971, as noted) reveals traces of a conflict expressed in the patient's two attitudes. The first attitude accepts Winnicott's interpretation; the second will later minimize it or deny it.

We must separate the psychopathological features of the patient in which Winnicott was able to detect this dissociation from the general theory that he presents. *Being* cannot be approached from a static point of view. Being implies something basic, according to Winnicott, just as creativity cannot be related to anything more closely than it is linked to

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[3] My remarks here are inspired by Laplanche and Pontalis (1973, p. 427).
[4] My remarks here are inspired by Hinshelwood (1989, p. 435).

the self. So being is always associated with *going on being,* which appears in all the features of creativity and is never supposed to stop at any time. To be creative means to be alive, and to be alive means to be creative. This is what gives the feeling that life is worth living.

Winnicott links creativity with the transmission of a pure female element in the mother. It is here that he introduces the term *BEING.* To the best of my knowledge, *BEING,* in reference to the concept, *is the only word that Winnicott writes in all capital letters,* at least in *Playing and Reality* (1971), which surely indicates its special status. Occasionally, he writes other entire words in capital letters, but not when referring to a concept.

I have made a brief investigation of the occasions when Winnicott uses words with all capital letters in *Playing and Reality,* which occur exclusively when he is writing about *being,* as follows:

- I don't seem to be able quite to BE. [p. 57]

- It is as though there isn't really a ME. [p. 58]

- I referred to God as I AM, a useful concept when the individual cannot bear to BE. [p. 62]

- Don't make me wish to BE. [p. 62]

- I never 100% AM. [p. 63]

- I'd rather be and crash than not ever BE. [p. 63]

- Relating in the sense of BEING. [p. 80]

- The pure distilled uncontaminated female element leads us to BEING. [p. 82]

On the whole, capitalization of entire words seems to be present only between pp. 56 and 82, that is, in chapters 4 and 5. We find a word with all capital letters in "Creativity and Its Origins" in the following sentence: "No sense of self emerges except on the basis of this relating in the sense of BEING" (1971, p. 80). Winnicott says that *being* happens before the existence of the feeling of the baby and the object *being at one;* here baby and object *are* one. The verb *to be* is applied to a common identity at that time. There is nothing other than identity—or, should we say, the only dilemma is between being and nothingness. It may be related to what has been called *primary identification;* according to Win-

nicott, "the object-relating of the pure female element establishes what is perhaps the simplest of all experiences, the experience of *being*" (1971, p. 80, italics in original).

Here we are still in a field of experiences implying *a continuity between different generations*. Winnicott associates this situation with what he calls the pure female element, "distilled" and "uncontaminated" (p. 82). He equates the male element to *doing*, which happens only after a separation between baby and object has occurred. Drive activity, to which the concept of doing (and being done to) is associated, is opposed to being, which stems from the transmission of the pure female element that has been split off from doing.

The primary identity situation is not only a fusion, but a *trans*fusion in which the mother's *being* is transmitted to the child, just as blood is transferred during a blood transfusion. This process creates being, but it could not be created if it were not already there. The time of separation comes only when the baby has inherited a sense of being that belongs to the baby himself. Separation can then occur without great damage, the baby having been endowed with a sense of being. It is followed by doing (and being done to) and is consequently linked to the split-off male element, active and passive. The existence of a sense of being that belongs to the baby alone cannot exist before this point, according to Winnicott, because the baby cannot be aware of it in his unintegrated state. In other words, there is a denial of a sense of isolated personal being, because only the mother is a person, a human being. Being is there in the baby, but in such an unintegrated state that it has to be reflected back by the mother, who from time to time feels and understands what happens to the baby.

I have no difficulty understanding Winnicott's position, but I question the idea of a pure feminine element—"distilled," as Winnicott says. Obviously, what Winnicott is implying is the existence of a condition *free of drive activity*, which he can relate—*à la rigueur*—to *narcissism, seen as antagonistic to the drives* (as many other authors imply today), responsible for the first psychic mechanisms, based on the identities of subject and object.

I said *à la rigueur*. This is an approximation. Later on, examining ways in which the reality principle could appear, Winnicott finds himself unable to elaborate because he does not like the concept of narcissism. Here he writes:

> I have never been satisfied with the use of the word "narcissistic" in this connection because the whole concept of narcissism leaves out the tremendous differences that result from the general attitudes and behaviour of the mother. I was therefore left with an attempt to state in extreme form the contrast between being and doing. [1989, p. 191]

Let us come back to the splitting off of male elements from female ones, as described in Winnicott's paper of 1966:

> My suggestion is that . . . the pure female element relates to the breast or (to the mother) in the sense of *the baby becoming the breast* (or mother) in the sense that the object is the subject . . . . [In a process of mutual identification] *the baby becomes the breast (or the mother) in the sense that the object is the subject . . . . I can see no instinct drive in this.* [Winnicott 1971, p. 79, italics added]

But, when Winnicott states that in the beginning there is no distinction between body and psyche and no place for a *not me*, does that not imply the existence of what is called *primary narcissism?* In fact, Winnicott oscillates between describing the state of affairs that he imagines is going on, and looking at things from another point of view—the outside—from which he observes the "unit" of the "environment–individual set-up" (1975, p. 99). In the latter case, there is no possibility of a narcissistic state ever having existed—but what should we call this nonperception of the environment in early functioning?

My question is: when this phase is over and breast-feeding starts, how can the corporeal, mutual relationship with the external body of the infant be thought of without any reference to drive activity? Breast-feeding means close contact between the mother's breast and the baby's body, followed by intermittent separation, absence, and desire for the missing

breast. Thus, how can one avoid recognizing the relationship to drive activity?

COMMENTARY

The idea of a pure, distilled female element does not appear outside of this paper—either before or after it in Winnicott's own work, or, to the best of my knowledge, in the work of those who have written about Winnicott's ideas. It seems it was a concept that the psychoanalytic community found difficult to accept. Is this because it was introduced only four years before Winnicott's death?

On close scrutiny, it seems that even Winnicott himself later doubted this discovery: "I cannot avoid it, but just at this stage I seem to have abandoned the ladder [male and female elements] by which I climbed to the place where I experienced this vision" (1989, p. 192). This statement marks the end of a paper, as if Winnicott could no longer link his vision to the idea of the split-off female element, nor had he come up with another hypothesis about it. What seems important to him here is a new duality: (a) the baby being the breast, and (b) the baby confronted by an object and needing to come to terms with it, despite having limited power. So, in Winnicott's writing of two or three years later, although the concept of being is maintained, its association with "a pure distilled uncontaminated female element" (1971, p. 82) is not.

Let us again look at some clinical material. Winnicott observes a patient in whom he discovers a dissociation between male and female elements. But one might ask: What is it that this male patient inherited from his mother who saw him as a girl, instead of as the boy he was? What has been transmitted? Isn't it the splitting with which the patient has identified—feeling that he needed to be a girl as his mother wished him to be, believing he could not afford to disagree with her, while he was nevertheless unable to accept that he was other than the boy he felt himself to be?

I accept that this patient might have thought of the male part of himself as being mad and foreign to him, without noticing that the origin of this idea was in the mother. It was like an enclave or an encroachment

in itself, grafted into him by someone else, and it had to remain uncon-
scious because the mother's love was linked to his survival. It was not so
much that he believed his mother wished him to be a girl, but rather
that he was driven to think this should be *his own wish* or *his own nature.*
Even if this splitting occurred in a very early phase of development, at
the time of the environment–individual unit that Winnicott postulated,
how could it happen in such an indissociable couple?

It was Winnicott's exceptional clinical skills that made him respond
to the patient's self-accusation by saying it was the analyst who was mad:
that is, in knowing that the patient was a boy while listening to a girl.
This interpretation enabled the patient to see himself from Winnicott's
(the mother's) point of view, and to stop submitting to her perception
of him.

But after the weekend break, Winnicott found that he had to com-
plete his interpretation by telling the patient: "*The girl that I was talking
to, however, does not want the man released*" (1971, p. 75, italics in original).
This is a typical case of identification with a mad introjected object,
of the colonization of the subject: the mother does not want to listen
to anything contradicting her omnipotent wish to have a daughter, a
double of herself.

Afterward, Winnicott was left with his assumptions and his sense of
having had limited influence on the patient. A significant change had
indeed occurred: the patient felt sane for a while, though in a mad en-
vironment. But it did not last. It is noteworthy that, although the patient
was quite struck by Winnicott's interpretation that "it is I who am mad"
(1971, p. 75), he later seems to have changed his mind. Winnicott writes:

> Later I was able to see the patient's resistance had now shifted
> to a denial of the importance of my having said "It is I who am
> mad." He tried to pass this off as just my way of putting things, a
> figure of speech which could be forgotten. [1971, p. 75]

Winnicott could not "really" be mad, just as the patient's mother
could not "really" have seen him as a girl. In this case, the conception of
splitting is closer to Freud's description.

We may ask ourselves what Winnicott did with his discoveries. How did he use them?

AGREEMENTS AND DISAGREEMENTS

It is difficult to agree with Winnicott's conception of such idyllic beginnings. I will begin by questioning the conception of the mother equated with the breast.

Freud (1938a) wrote:

> A child's first erotic object is the mother's breast that nourishes it; love has its origin in attachment to the satisfied need for nourishment. There is no doubt that to begin with, the child does not distinguish between the breast and its own body; when the breast has to be separated from the body and shifted to the "*outside*" because the child so often finds it absent, it carries with it as an "*object*" a part of the original narcissistic libidinal cathexis. This first object is later completed into the person of the child's mother, who not only nourishes it but also looks after it, thus arousing in it a number of other sensations, pleasurable and unpleasurable. By her care of the child's body, she becomes its first seducer. [p. 198, italics in original]

We find here many of the ideas Winnicott developed later: the initial lack of distinction between the mother's breast and the body of the child, the original libidinal narcissistic cathexis, the role of the environment, etc. But here the eroticism and the arousal of physical sensations are explicitly mentioned, with the mother becoming the first seducer. There is no trace of the splitting off of a hypothetical, purely female element.

Both Freud and Winnicott put themselves in the mind of the infant, but what they saw was quite different. Though Freud's description appears much more convincing to me, Winnicott's view has the advantage of coming from analytic experience itself. He gathered his material not from the infantile amnesia of the child or from observers, but collected it from the intimacy of the analytic situation, which gives access to a di-

rect testimony on mothering, relying on the mother's discourse of her experience in breast-feeding.

The breast is not only a nourishing organ; it should not be seen as a transmitter of life that is completely split off from sensuality. We do not find many allusions in the psychoanalytic literature to the conflict between a woman's sexual life and that other eroticism, the maternal, born from her physical contacts with both the baby and the father. If a mother finds it difficult to resume her sexual relationship with her husband after giving birth, isn't this because a conflict has arisen between her feminine eroticism and the new eroticism she has discovered with the infant?

Can there be a complete feeling of well-being without an acceptance and a valuation of the bliss following sexual satisfaction? Rodman (2003) wrote: "Marion Milner told me that Donald [Winnicott] had said he was weaned early because his mother could not stand her own excitement during breast-feeding" (p. 14). Milner was surely a reliable source, and, though this is a biographical remark, it seems to fit well in the present context. Thus, when Winnicott writes, "I can see no instinct drive in this" (Winnicott 1971, p. 79), shouldn't we question his observation? What did Winnicott see? What does the baby see when he or she looks at the mother's face? As he writes, "the mother is looking at the baby *and what she looks like is related to what she sees there*" (Winnicott 1971, p. 112, italics in original). Is it possible that the mother's excitement is transmitted to the baby, and with it the unbearable feeling that what is happening should not exist? What Winnicott saw is that, for the sake of being with a "pure uncontaminated element," he had to suppress any allusions to attendant sensuous feelings.

The false self is the one who will be compelled to proceed to this primary repression, to the point of becoming blind to experience—not only to what he sees and is a witness to, but also to what he feels happened unexpectedly and compelled him to discover in himself a new state of felicitous bliss in which he ignored everything.

We must recognize that, after Freud, sexuality was, on the whole, foreclosed or considerably restricted in the psychoanalytic community. So we see where the splitting is.

In Winnicott's theory, there is a split between feminine sexuality and maternal sexuality. Winnicott's mothers are not supposed to link their sexual life with their experiences while they are taking care of the baby, especially in breast-feeding, nor are they to feel any physical sensation of this kind during contacts with the child. Fain and Braunschweig (1971) described what they called the *censorship of the lover* when a mother, waking up in the middle of the night to feed her infant, longs to be reunited again with the father lying in bed.

Some of Winnicott's ideas might almost be seen as an application of Freud's earlier intuitions. On July 12, 1938, in notes published posthumously, Freud (1938b) writes,

> "Having" and "being" in children. Children like expressing an object relation by an identification: "I am the object." Having is the later of the two. After the loss of the object, it relapses into being. Example: the breast. "The breast is part of me, I am the breast." Only later: "I have it," that is, "I am not it." [p. 299]

Here we already find the idea that *being* precedes *having*, the identification of the breast and the body: "the breast is part of me, *I am the breast.*" Winnicott rediscovers Freud, but censors him. For Freud, identification is a characteristic mechanism of early drive functioning (perhaps as its negation, but not in opposition to it).

A HYPOTHESIS ON WINNICOTT'S *BEING*

My speculation centers around this question: why did Winnicott introduce the concept of being when he reached his seventies?

Rodman (2003) makes a bold suggestion about Winnicott's "vision":

> The late life meditation on split-off male and female elements suggests that he had found a way to present his own case, or to integrate his own case, in the man seen as a woman. He would have realized that in the beginning he had been seen by his mother as a girl, and that he had been dealing with this throughout his life without having been able to identify it as such. [p. 310]

I must say that, in reading these sentences, I find that they resonate extraordinarily with what I have thought myself.

During his last years, Winnicott was more apprehensive about his vulnerability, which limited the help he felt he could give to some patients who badly needed the analyst to survive their attacks. I suppose he was more and more afraid of his vulnerability in reaction to the destructiveness of some patients.

Winnicott carried on a very important correspondence with Thomas Main, and in 1957, after one of his patients committed suicide in Cassell Hospital (where Main was medical director), both were so affected that it took them seven years to be able to communicate about the painful event. Winnicott had a coronary event after that suicide. In one of his letters to Main, he alluded to patients who may kill their analysts. He was not speaking of those who physically attack them, but of those who might commit suicide even when they were intensely cared for. In a handwritten note to Joyce Coles, his secretary, Winnicott said at the time of this suicide: "I have lost my only daughter. C. died yesterday. She was a nuisance" (Rodman 2003, p. 235). This latter statement seems to be a retaliation for the pain she had inflicted on him.

The explanation Winnicott gives for suicidal behavior is that these patients have been disappointed in their expectations of treatment. They have lost hope. He does not want to accept the idea of an all-powerful wish to destroy, because it appears to him that he would be trying to escape personal responsibility if he subscribed to that point of view. On the other hand, the need to deny the omnipotence inherent in destroying the object, which would presuppose the idea of a death instinct, had to be repudiated, which placed the blame on environmental failures emanating from the analyst, who is responsible even in being ill.

Winnicott wrote: "The idea of destruction of the object-mother in loving can be tolerated, however, if the individual who's getting towards it has evidence of a constructive aim already at hand and an environment-mother ready to accept" (1965, p. 80). In other words, destruction can only be accepted if the prospect of reparation is at hand. I suppose that, instead of accepting the idea of a death drive, Winnicott reacted by introducing the *being* concept—that is, of a *being* that would be strong

enough to oppose the temptation to totally destroy the object, or could at least help survive its attacks.

A second patient suicided during Winnicott's illness in New York, following his very poor reception at the New York Psychoanalytic Society and Institute in November 1968, when he presented his paper on the use of the object. His ideas were misunderstood. In the discussion, he reacted by saying that his concept had been torn to pieces, and that he would be happy to give it up. He did not feel well during the presentation; he had Hong Kong flu, and his heart was overtaxed.

It is interesting that this experience occurred after he had presented the idea that the analyst must survive all the patient's attacks in order to be at last seen as an external object, placed outside the control of the subjective object. If this is true for attacks linked to the use of an object, what about attacks from colleagues?

Winnicott was hospitalized until the end of the following month. During his illness, he wrote to his brother and sister-in-law: "Clare [his wife] and I both have to face up to the idea of my possible death" (Rodman 2003, p. 332). "It seems that during the last five years of his life, Winnicott was driven to come to terms with the nature of reality"; Winnicott saw "death rising up just ahead of him" (Rodman 2003, p. 322).

Clare Winnicott wrote that, during the last years of her husband's life, "the reality of his own death had to be negotiated and this he did again gradually and in his own way" (Winnicott 1989, p. 3). When he was asked by Clare to write his autobiography, Winnicott wrote about his own death: "There has [sic] been rehearsals (that's a difficult word to spell, I found I have left out the 'a.'[5] The hearse was cold and unfriendly)" (1989, p. 4).

The rehearsal to which he alluded may have occurred with the two patient suicides. Winnicott was afraid of murdering them by not being available, and of being killed by them in return. One of them, J. N., having been informed of Winnicott's illness, wrote to him and asked him

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[5] Winnicott wrote *rehearsal* as *re her*.

to cross the Atlantic to see him, even if only for five minutes. After Clare told Winnicott's patient not to come, the patient wrote: "I hope you die." This was hidden from Winnicott at the time. Before committing suicide, the patient sent another letter, in a sealed envelope on which was written "Not to be opened by Mrs. W, please." Clare respected the patient's wish, but felt the threat. Winnicott was informed of the suicide a month later, when his own condition had improved (Rodman 2003, p. 335).

Whatever the reasons for such an act—omnipotent destruction, irreparable disappointment, distress, loss of hope—Winnicott wished to put all the blame on himself, and not implicate any special destructive trend in the patient. Clare later said that Winnicott may have felt relieved at the news of the patient's death, at not having to help her any more.

So we can parallel the process of self-destruction in Winnicott's body—he had multiple coronary heart problems—and the destruction and self-destructive feelings of his patient, which ended in suicide. Rodman (2003) rightly compares the patient who committed suicide in Cassell Hospital and the one who killed herself when Winnicott got ill in New York, joining them both in the category of patients who, according to Winnicott, are an actual physical threat to the survival of the analyst (p. 353). When Winnicott was finally informed about the suicide of J. N., he noted: "Actually, I would have been surprised if not. When I got ill, I knew I was killing her" (Rodman 2003, pp. 340-341).

In a letter of January 10, 1968, Winnicott wrote:

> The awful thing when a patient commits suicide at this stage, is that he leaves the analyst forever holding the strain and never be able to misbehave just a little. I think this is an inherent part of the revenge that suicide of this kind contains and I say that the analyst always deserves what he gets there. I say this having just lost a patient through being ill. I could not help being ill, but if I am going to be ill then I must not take on this kind of patient. [Rodman 2003, p. 346]

Couldn't it be that Winnicott needed a concept to which he could oppose the destructive trends in patients—whatever their cause might

be—one that could counter, whenever possible, their tendencies toward fatality?

ON *GOING ON BEING*

Even if one is tempted to agree with Winnicott that *being* has nothing to do with drives, it is very difficult to maintain that agreement when we speak of *going on being. Going on* implies that we are not referring to a static state, but to a dynamic one that continues to move on forever. I cannot see how this would be possible without involving at some point the idea of a constant excitement—awareness, openness, readiness to accept and to cathect whatever may happen in the realm of psychic activity—just as creativity cannot be limited to one act, but must keep going in order to express itself, even if modestly. Going on being is a movement or a constant impulse not only to be, but also to be inclined to go on with the experience.

I wonder how Winnicott can speak of a "creative drive" (his expression), on the one hand, and pretend on the other hand that *being* has nothing to do with the drives. He seems to have undervalued Freud's latest conceptions, which considered that the most basic activity of the mind is the instinctual impulse. That is, the instinctual impulse is to mental life what the beating heart or breathing is to a living being.

What is omnipotence? Freud was interested in the omnipotence of thoughts. Winnicott's omnipotence seems to lie beyond that. Omnipotence wants things to be so at once—not only to happen in the future, but immediately. In omnipotence, there is a belief about things happening in reality—a kind of actualization that is a creation of the subject (the subjective object). Therefore, the loss of omnipotence is felt as a catastrophe, with a concomitant feeling of unworthiness, the failure of making things be. Loss of omnipotence is the loss of the power to make things exist, and one exists through this accomplishment. Omnipotence is like an act of faith by which miracles happen and exist by virtue of one's own will.

I think this could be the meaning hidden behind suicide. The issue is not so much one's own disappearance, but rather the disappearance of the object, which in this way is punished, helpless, impotent,

wounded—and definitely annihilated. Omnipotence can frequently be associated with destruction (–K, in Bion's terms) more than with any positive achievement. The most dangerous trap in confronting an om-nipotent patient is the tendency to oppose him with a corresponding omnipotence—not of the destructive kind, but of the reparative kind. Unfortunately, Winnicott, who knew a lot about omnipotence, could not avoid falling prey to it in his feeling that only *he* could cure difficult cases. Almost everyone who knew him closely—Little, Khan, and Milner, for example—knew that he overestimated his capacity to deal with all his patients' needs. Perceiving omnipotence on Winnicott's part could not have helped a patient to give up his own. *Being* is contrary to omnipotence.

If a death drive exists, its aim, *in fine*, is to stop this going on being—to interrupt life or relationships in the activity of the mind, which means to interrupt the movements that bring us forward, to catch every bit of experience, to give it meaning and to bring meanings together with others, which is the evidence that we are going on living psychically. Of course, we do that most of the time with our objects, but even when objects are lacking, we create them through our investment of the world and of our beliefs about the world, which are acts of love. We connect ourselves with others. We are no longer alone. When the power to give meaning to a void, to non-existence, to emptiness appears paradoxically to lead to non-being, that non-being itself—as Winnicott showed—can be a sort of integration.

Going on being is probably an allusion to the survival of the object after it has been fiercely attacked. The subject feels gratitude to the object for having survived his attempts at destroying it, and is ready to be loved. Survival places the object outside the area of the subject's omnipotent control.

PREMONITION OF DEATH: FEAR OF BREAKDOWN

"Fear of Breakdown" is a posthumous work that appeared in the first issue of the *International Review of Psychoanalysis* in 1974 (four years

after Winnicott's death). The date of its composition is uncertain—perhaps just before his death in 1970, or some time during the last five years of his life—though earlier sketches may have been written around 1964–1965, which would confirm my hypothesis of a threat of death at approximately that time. It could be that Winnicott felt himself threatened by a possible breakdown. A breakdown can be a somatic condition[6] (heart failure or cancer or sudden coma, for example) or a social trauma (failure, bankruptcy, national defeat, etc.); a breakdown is any accident in the life of a person that implies a severe blow without the means to cope with it.

The breakdowns I am thinking of in relation to Winnicott were his coronary heart episodes—especially that of 1966—from which he recovered slowly, and which were the result of a blow. The blow consisted not only of his patient's suicide, but also the rejecting reaction of his colleagues at the New York Psychoanalytic Society and Institute—a reaction that he anticipated by asking for Anna Freud's help. However, she felt it was not necessary to support him, given that he had already conquered the psychoanalytic world with his concept of the transitional object.

I would not be surprised if the fear of breakdown referred retrospectively to this dreadful experience. It was a situation that threatened Winnicott's sense of being, which could not protect him from the internal destruction resulting from his colleagues' aggression. He broke down and his patient broke down, both at the same time. In both instances, the destruction was considerable, intolerable, immitigable.

In one sense, Winnicott is right. The true antagonist to the verb *to be* cannot be found. We only know that we *are*. What is the opposite of being? What is not to be? Is it to be dead? Nobody knows what death is. All we know about is a threat to our *being*. In certain conditions, a feeling of imminent death emerges—a danger of no longer existing that

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[6] When Winnicott died, he left a pile of papers that he had not published, but had in mind to do so. One of them is entitled "Excitement in the Aetiology of Coronary Thrombosis." These are notes for a lecture given to the Society for Psychosomatic Research at University College, London, on December 5, 1957. Though they are only notes in need of rewriting, Winnicott seems to have insisted on publishing them; they were reproduced in chapter 6 of *Psychoanalytic Explorations* (1989), pp. 34-37.

we cannot figure out. This is exactly what happens in coronary heart attacks, which Winnicott experienced several times.

The first time I met Winnicott, in 1961, he came to the seminar he was giving with a pain in his chest. He supposed it was linked to a feeling of guilt because he had abandoned his patients in order to give the seminar, and he reacted to this by developing an ache, as if he were quarrelling with his own body. I was amazed and puzzled. Though he never believed in the existence of a force within the individual inclining him to death, he could think of the patient's aggression only as a deserved response for his not having been available. Even in his paper on fear of breakdown, he does not mention the fear of imminent death. Speaking of the patient who committed suicide when he was ill in New York, Rodman (2003) writes: "Her letter shows a complete absence of feeling for the involuntary nature of his [Winnicott's] plight" (p. 337).

The feeling of imminent death is a phenomenological description by doctors. A psychoanalyst could not avoid thinking of it as a victory of bad objects, being killed and wanting to kill the object and oneself in one move. It represents killing two birds with one stone in a devastating deployment of an inner force, the object and the self being reunited in a common non-being.

The real breakdown lay in Winnicott's anticipation of his own death. But as he writes, it has already happened. What I am suggesting is that Winnicott experienced a danger in his sense of *being*. Though we do not know what death is, we may have some feelings about endangering our *being*, our sense of self. This is what Winnicott prefers to deny when he expresses the belief that his patients committed suicide only because they lost hope, when the analyst fails. What he denies in my view is the urgent need to destroy everything—the object and one's self, both together; they will not be separated any longer. Fear of breakdown is the anticipation of catastrophe, which acts as a reminder of some totally forgotten, split-off experience, with a loss of identity and the deep need to have the object break down as well, for it to sink together with the self.

According to Winnicott, breakdown is the consequence of a failure or a collapse in the organization of defenses. There is a breakdown of

the unitary self. But, I repeat, a breakdown is not always mental; it can be a somatic collapse as well. In Winnicott's condition, the collapse was about his heart condition. It is interesting that Winnicott, in addressing the topic, hardly mentions this somatic collapse and instead emphasizes psychotic defenses. He describes the different types of agony, but the somatic breakdown is only briefly mentioned.

If we remember that Winnicott's first coronary heart attack happened after his father died, we may conclude that important guilt feelings are suggested. But, as Smith (2009) observes, guilt is likely to be only a part of the picture; we can surmise that the heart attacks also coincided with Winnicott's awareness of his own mortality and his fear of the danger of his own unconscious murderous impulses and destructiveness, unleashing an awareness of his *not being* and his own need to destroy both the object and himself. In other words, his guilt is by no means a simple reaction based on the need to be punished for his death wishes at the time; it also related to earlier murderous and destructive drives that he unconsciously experienced anew and that he might have repressed in the past. Doesn't this remind us of ideas contained in his posthumous paper "Fear of Breakdown" (1974)?

I will take the opportunity here to mention Winnicott's very strange countertransference feelings toward Khan. We know that Winnicott supported Khan's position in the British Psychoanalytical Society at a time when he could not have ignored Khan's obvious psychopathic behavior with patients whom Winnicott had sent to him; toward some of these patients, Khan misbehaved with violence. We must accept that Winnicott was perhaps blind to this—and even that, to some extent, he unconsciously admired Khan's destructive behavior toward his objects, and indirectly his self-destructive behavior as well. Although we are surprised by Winnicott's extreme tolerance of Khan's psychopathic professional standards and of his instances of acting out, this might represent not only a way for Winnicott to minimize his own faults, but also an indulgence toward behavior that he was himself unable to perform, but nevertheless did not openly disapprove or forbid.

My attempt is to understand Winnicott's experiences. His theoretical choices can be connected to his ideas about having to ignore or deny

aspects that he felt to be dangerous, linked to the eventuality of not being.

Around 1965, Khan's analysis came to an end.[7] Winnicott had to endure Khan's psychopathic and destructive behavior for years, as Godley (2001) described. Winnicott could not ignore this, given that, during the time that Khan was treating Godley in analysis, Khan was himself in analysis with Winnicott. Winnicott, who had referred Godley to Khan, finally decided to interrupt their relationship after Khan assaulted Godley's pregnant wife (see Green 2005).

Winnicott's tolerance for Khan's psychopathic and destructive behavior seemed to bypass any simplified guilt feeling. As Khan writes: "It was most typical of his type of omnipotence that he could never refuse those he knew would compel him to fail" (Rodman 2003, p. 210n).

In the end, we owe Winnicott great admiration. No one has recognized our human failures—and his own—as much as he.

Asked to address the students of the British Society on September 27, 1968, Winnicott complained that they were: "remarkably frightened to conformity" (Rodman 2003, p. 320). He added:

> On the whole, the students do not seem to have been told that all analysts fail and that they all have difficult cases and that they all want new developments in theory which will widen the scope and make possible the treatment of less carefully chosen cases. [Rodman 2003, pp. 320-321]

Analysts, too, fail with some of their patients because they need to prove the truth of analytic theory.

For sure, the issue of the pure, distilled, uncontaminated female element was very important to Winnicott personally. In a letter to his wife Clare in 1950, Winnicott writes:

> Last night, I got something quite unexpected through dreaming, out of what you said. Suddenly, you joined up with the nearest thing I can get to my transitional object: it was something I have

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[7] This is not a very well-established date. Some sources indicate that Khan's analysis stopped much earlier, though it may have lasted five years (1951–1956). Perhaps Khan returned to Winnicott later on, until he definitively stopped in 1966.

always known about, but I lost memory of it. At this moment, I became conscious of it. There was a very early doll called Lily, belonging to my youngest sister and I was fond of it and very distressed when it fell and broke. [This is not to be confused with another doll, Rosie, that he bashed with his croquet mallet, and that was later repaired by his father.] After Lily, I hated all dolls. But I always knew that before, Lily was *quelque chose* [in French in the text] of my own. I knew retrospectively that it must have been a doll. But it has never occurred to me that it wasn't just like myself, a person, that is to say it was a kind of other me, and a not me female, and part of me and yet not, and absolutely inseparable from me. I don't know what happened to it. [1989, p. 17]

Winnicott confesses that he loves Clare as he loved this doll.

We owe Winnicott a debt of gratitude not for having provided us with definite answers, but for having raised some fundamental questions with the greatest sincerity, and for having tried as much as he could to propose answers. But his work may be disquieting even today if we examine at close scrutiny its mixture of contradictions, shortcomings, and intuitions of genius.

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9 Avenue de l'Observatoire
75006 Paris, France

e-mail: andregreen@wanadoo.fr

REALITY TESTING IN PLACE OF INTERPRETATION: A PHASE IN PSYCHO-ANALYTIC WORK WITH DESCENDANTS OF HOLOCAUST SURVIVORS

BY ILSE GRUBRICH-SIMITIS

Repetition of experience endured by the first generation has frequently been observed in descendants of Holocaust survivors. Such repetitions are associated with an erosion of the ability, in the area of the trauma, to distinguish more or less reliably between external and internal reality. This in turn results from the defensive need, in the affected families, to dissociate from such extreme traumatic experiences. Clinical material is presented to show that, at a certain phase in psychoanalytic work with patients belonging to subsequent generations, interpretive activity may need to be temporarily suspended in order to facilitate reality testing and the recognition of the Shoah as an objective historical fact.

Sigmund Freud's concise, condensed essay "Remembering, Repeating and Working-Through" (1914) certainly contains astonishing anticipa-

tory formulations of present-day neuropsychoanalytic questions about different forms of memory.[1] In my view, however—albeit implicitly rather than explicitly—Freud is principally contemplating trauma. He refers again and again to the discoveries that accrued from the psycho-therapeutic procedure of hypnosis and from early psychoanalysis, which was associated particularly closely with trauma. Above all, however, with the notion of the "compulsion to repeat" (pp. 150*ff.*), which he discusses here for the first time, and moreover in an expressly *clinical* sense, he adumbrates a concept that has long been indispensable in the therapy of both directly and indirectly traumatized patients. One need mention only two of the many related notions that could be adduced: repetitive acting out as a preliminary form of remembering, on the one hand, and the retroactive assignment of new meaning known as *Nachträglichkeit,* on the other. A rereading of Freud's text encouraged me to turn again to certain experiences and observations of mine that date back a few years to a time when I was working with descendants of Holocaust survivors.[2]

I

"Remembering," the first of the activities mentioned in Freud's title, as a rule has to do with *reality*, with the traces, however extensively retran-scribed, left behind in a person by *external* reality. To be sure, by his ex-ploration of *internal*, psychic reality, Freud helped to radically undermine the one-dimensionality of the positivistic conception of reality, by dem-onstrating the extent to which unconscious fantasies influence our con-scious perception of external reality[3]—how stimuli from within interfere with those of external origin on the stage of our experience—in such a way that subjectivity and objectivity are fused indissolubly together. In ad-dition, he retraced the laborious developmental path whereby the ego,

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[1] As an explicit reference to this technical paper of Freud's, the theme of the 2007 International Psychoanalytical Association Congress was "Remembering, Repeating and Working-Through in Psychoanalysis and Culture Today."

[2] At the same time, this is a continuation of some previously published theoretical and clinical considerations (see Grubrich-Simitis 1984), in which the phase discussed below is referred to as the "phase of joint acceptance of the Holocaust reality" (pp. 303, 313).

[3] On this point, see Arlow (1969) and the controversial appraisals and discussions of this classical contribution by Smith (2008), Shapiro (2008), and Moss (2008).

in its early ontogenesis, achieves the capacity, which during the course of life remains precarious and susceptible to being lost again, to distinguish between inside and outside, and indeed to perceive and test the external world at all.[4] Yet it would never have occurred to Freud to dispute the impact of external reality. Throughout his life—that is to say, by no means only at the beginning of his work as a psychoanalyst—he emphasized the significance of traumatic factors in his theories on the etiology of neurosis (Grubrich-Simitis 1988, in press), and indeed he defined the consequences of neuroses precisely in relation to reality in the statement that "every neurosis has as its result . . . a forcing of the patient out of real life, an alienating of him from reality" (Freud 1911, p. 218).

However, it is only recently that the epistemological abyss concerning the knowability of external reality has opened up in psychoanalysis.[5] The discovery that our memories are not static entities—due to the work of

[4] See Freud (1911, 1915, 1925, 1930). With regard to *Civilization and Its Discontents* (1930), Schafer (2007) recently noted that "by 1930 Freud has paved much of the way toward establishing for psychoanalysis a modern conception of reality and humankind's place in it. In this essay, Freud's thinking is moving still further beyond the either/or mode that sharply separates subject and object and the now and the then. Being consistently psychoanalytic means remaining programmatically inclusive, as in not requiring a choice between the originary primacy of external trauma and present unconscious fantasy. More and more, both/and is replacing either/or" (p. 1155). Loewald (1960) had summed up these intricate interrelationships as follows: "Instinctual drives organize environment and are organized by it . . . . It is the mutuality of organization, in the sense of organizing each other, which constitutes the inextricable interrelatedness of 'inner and outer world.' . . . As the mediating environment conveys structure and direction to the unfolding psychophysical entity, the environment begins to gain structure and direction in the experience of that entity; the environment begins to 'take shape' in the experience of the infant. It is now that identification and introjection as well as projection emerge as more defined processes of organization of the psychic apparatus and of environment" (pp. 23-24). Of course, another consequence of these considerations that always should be borne in mind while reading the remainder of my contribution is that, after all, there can be no such thing as a pure "real relationship" between analyst and analysand, or indeed a pure perception of external reality, without any transfer of unconscious imagos on to objects in the present—that is, totally without any element of transference.

[5] On this point, see in particular the fundamental contributions of Oliner (1996, 2008). The existence of certain points of contact between the second of these texts and my present paper is attributable to stimulating exchanges since our collaboration, many years ago, in the "Group for the Psychoanalytic Study of the Effect of the Holocaust on the Second Generation" in New York, co-chaired by Martin S. Bergmann, Judith S. Kestenberg, and Milton E. Jucovy.

memory researchers in the fields of neuroscience and the psychology of cognition—but that we incessantly reformulate them throughout our lives with the involuntary incorporation of later registrations, and that there are two fundamentally different memory systems, has occasionally misled psychoanalysts into making overhasty generalizations and drawing apodictic conclusions. An example is the thesis that curative efficacy is obtainable predominantly from what can be deduced about the material stored in implicit memory from the interplay of transference and countertransference in the here and now, or, in other words, that the traditional psychoanalytic work of reconstruction—that is, consideration of the encoded contents of explicit, autobiographical memory—must, in comparison, be seen more or less as a waste of time, and that the historical status of reconstructed events is at most of marginal significance (see Fonagy [1999, 2003], as well as Blum's [2003a, 2003b] responses to Fonagy). In the wake of deconstructivism and postmodern constructivism, it ultimately became the fashion in psychoanalysis for analyst and analysand, in the maelstrom of transference and countertransference, to intersubjectively create narrative realities, and thereby simply to disregard the awkward ineluctability of external reality, on the rocks of which, after all, any omnipotence of interpretation cannot but founder. That being the case, the worrying impression may now perhaps be gained that our discipline has more or less unwittingly come to be affected, in certain quarters, by a kind of collective loss of reality. Birth and death are examples of such ineluctable facts of external reality: the fact that an individual was born and the fact that an individual has died are first and foremost material events, prior to any recourse to interpretation. The same applies to the actuality of traumatic events—and a fortiori to the extremely traumatic, historically unique crime of the Holocaust. The paradox that, precisely with respect to the Shoah, such a thoroughgoing erosion has arisen of the capacity to distinguish with any degree of reliability between external and internal reality, between what actually happened and what is merely imagined, hallucinated, or dreamed, is no doubt attributable not least to a *structural* factor—namely, that in the concentration camps, a *psychotic* universe became *external* reality (see Eissler 1963; Grubrich-Simitis 1981). Certain particularities of the orga-

nization of the camps, planned with diabolical precision, had the aim of an enforced blurring of the boundaries between representations of self and object, between inside and outside, and between past, present, and future. Examples include the systematic breaking down of the barriers of modesty, the abolition of all privacy and intimacy, and the removal of timepieces and calendars.

The end-of-the-world experience triggered in a psychotic individual by the collapse of his or her *internal* reality was, for the inmates, the result of their finding themselves at the mercy of apocalyptic *external* events. They were not only exposed to the desymbolizing force of a permanent threat of death; in addition, the world of their families, their traditions, and their familiar ways of thinking and feeling had literally ceased to exist. At a deeper level, it may have seemed to them as if the bad *internal* objects had taken on an autonomous life of their own, becoming all-powerful *external* persecutors no longer subject to the control of the ego, as if they had *really* been externalized. What occurred may in effect have been experienced as the falling apart of the secondary process and the seizure of power by the primary process. The irruption of the utterly meaningless, of the simply unjustified and unjustifiable, threw the symbolic order completely out of gear. In other words, the concentration camps *realized*, made an *external reality* of, a dimension of terror that we would otherwise—if indeed we could imagine it at all—assign at most to *internal* reality, to nightmares, or to psychotic experience.

II

I shall describe in what follows a particular phase of psychoanalytic work with two female patients whose families of origin perished or were severely traumatized in the Holocaust. This specific phase took a remarkably similar course in both analysands. What was involved was the restoration, or indeed the constitution for the first time, of the capacity to fully perceive the Shoah as an *external*, historical reality and to accept it as such. During this phase, each of these patients, who were in treatment with me about five years apart, traveled to Auschwitz. It was as if they wanted to have *sight* of the material evidence—as if only the sense that conveys reality most tellingly, that of vision, could enable them hence-

forth to better distinguish between internal and external reality, between the imagined and the perceived, and between past and present.

The subject of this contribution, then, is a variant of the Freudian sequence of "remembering, repeating and working-through" that bears the stamp of extreme traumatization. However, a characteristic difference should not be overlooked. Freud substantially describes processes in individual patients who, by virtue of resistances due to repression, act out in the transference instead of remembering, whereas the following account, although also concerned with individual therapies, has an intergenerational dimension: as we shall see, the next generation was unconsciously compelled to repeat because the parental generation of Holocaust victims had to protect itself from remembering by means of the dissociative defense of *de*realization. I shall present examples, first, of concretistic repetition in the patients' lives; next, of a particular kind of partly intergenerational remembering on someone else's behalf; and then of the very first seeds of working through. Note that what is presented are not self-contained case histories, but only narrowly circumscribed extracts from that specific phase of treatment. To facilitate understanding, I shall first give some concise biographical information, as it emerged during the course of each patient's therapy.

Let me begin with the patient with whom I worked first. I shall call her Ruth. She was then a student not yet in her mid-twenties. Through her contradictory mixture of, on the one hand, feminine accessories such as beautiful, fashionable jewelry—in particular, earrings and bracelets—and gorgeous flowing locks extending down almost to her waist, and, on the other, provocatively boyish clothing and movements, she almost gave me the impression of someone who was still an early adolescent. She had commenced her studies some time before in another town. Soon, however, she had begun to suffer from increasingly intense panic attacks, which ultimately left her unable to leave her flat. Full of shame at the failure of her studies, she eventually confessed her situation to her parents, who asked her to come back home. She had already contacted me from her university town.

I come now to the history of the parents, who until then had never discussed details of their experience of the Holocaust with their daughter. Both were from eastern Europe. For them, persecution struck

in early adolescence. The father had survived in a labor camp. His own father had died before the persecution. His mother, siblings, and other family members were murdered in concentration camps. So Ruth's father, weighed down with guilt at his survival, had lost almost his entire family. The members of Ruth's maternal family—her grandparents, her own mother, who was then hardly more than a child, and a still younger sibling—had been herded together with other Jewish residents in the market square of their home town. They were then violently separated and transported to various labor and concentration camps. Albeit severely traumatized, they all "miraculously" survived, and found each other again after the war. The patient's parents married in the 1950s. For an extended period, Ruth would begin almost every one of our sessions with a seemingly cheerful and soothing "Here I am again!" She always brought all her things—coat, purse, bags, umbrella, and so on—with her into my consulting room.

The other patient, whom I shall call Leah, was in her mid-forties when she first came to me—that is, some twenty years older than Ruth at the beginning of her treatment. During the initial interview, her appealing face at first seemed careworn, almost prematurely aged. At the same time, however, her wide-awake eyes and athletic, springy appearance gave an impression of gripping intensity. She was the mother of teenage sons, a wife and a working woman, and, as subsequent experience would later repeatedly confirm, as energetic as she was fragile. Apart from a lack of self-esteem that had lately worsened, Leah complained of intense anxiety states accompanied by a pounding heart and terrifying fantasies, which tended to arise as soon as her children were out of her sight. In the preliminary interviews, this tense atmosphere of anxiety was imparted to me directly, on a positively physical level, as in the case of Ruth. If her panic attacks were to get even worse, Leah said at this time, there would be only two possibilities: she would either have to be admitted to a psychiatric clinic or again take flight into drugs. She had been through a relatively short phase of addiction in late adolescence and now feared a relapse; she was also afraid that her sons, who were themselves just embarking on adolescence, might become dependent on drugs for the same reason as herself at their age—namely, on account of an oppressively close mother–child tie. In addition, she

had lately been concerned with the question, which likewise aroused her anxiety, of whether her father—who, however, stood high in her esteem owing to his integrity and solicitude—might have abused her when she was a child.[6] For all these reasons, she said, she now wanted therapy.

Like those of the first patient, Leah's parents, too, had not hitherto spoken to their daughter in detail about their traumatic past, and had indeed for many years expressly forbidden her to ask about it. Her father's family, in Germany, had at a late stage still hoped to find refuge in Palestine. The patient's father, then in his early teens, had been sent there in advance as the oldest sibling. In contact with distant relatives already resident in Palestine, he was supposed to make preparations for his family's arrival, but then his parents and all his siblings in Germany were deported. They were all later murdered at Auschwitz, so that Leah's father, too, lost his entire family of origin. The patient's mother was able to survive in Germany because her father was a non-Jewish German. The first husband of the patient's mother, whom she married very young during the Second World War, was half Jewish and in just as much danger as herself. With him she had a child who died shortly after birth. Not long afterward, she lost her husband in an air raid; his body was so badly mutilated that she was warned not to look at it before burial. The patient's great-grandmother and other members of her maternal family were murdered in concentration camps. When the patient's father came to Germany from Palestine shortly after the end of the war, in a fruitless search for surviving members of his family, he met the patient's mother. Within days they resolved to marry—as Leah put it, "like two children clinging to each other in distress after terrible losses." The sole intention had been to put a new family as quickly as possible into the "void left by the lost families." The father returned with his wife to Palestine (later Israel). However, toward the end of Leah's latency the family settled in the Federal Republic of Germany. As an adult, the patient noted that, whenever she left after a visit to her parents, who lived in another town and were haunted by recurring nightmares, the terrified face of her father, constantly anticipating a repetition of the trauma, seemed to be telling her: "I shall never see this child again."

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[6] The subject of child sexual abuse featured prominently in the media at that time.

Both patients—Ruth as well as Leah—were initially distrustful[7] and exhibited a correspondingly powerful need to control me, one of the manifestations of which was that in many sessions they talked unremittingly, as if driven. It seemed at first intolerable to leave me time and space for independent reflection and speaking, because this was too threatening. I therefore considered it appropriate to accede to the wish of both patients to be able to see me and to work with them sitting up; other factors also militated in favor of this setting.

I I I

Before presenting examples of "repeating"—of enactments—in the lives of both patients, I should like to characterize some specific post-traumatic forms of defense in the first generation of Holocaust survivors that can manifestly be transmitted to their descendants. This may make it easier to comprehend the urge to act out concretistically that is so often observed in succeeding generations. Given the unimaginable, unforeseeable grossness and brutality of the extremely traumatic attack, the frequent incidence of archaic defenses, such as disavowal, splitting, encapsulation, dissociation (see Person and Klar 1994[8]), and somatization, is hardly surprising.

For the first generation, particularly in the initial post-liberation phases, it is not only a matter of the constant threat of automatic anxiety—actually an annihilation anxiety that tends to disrupt the cohesion of the ego (see Hopper 1991[9])—or of the blocking of the process of mourning in order to avoid the initially unbearable pain of loss. Traumatic events that the psyche is as yet unable to metabolize and integrate,

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[7] The specific problems that arise when a German psychoanalyst works with descendants of Holocaust survivors are beyond the scope of this contribution. I have discussed some of the principal aspects of this constellation elsewhere (Grubrich-Simitis 1984).

[8] Although the defense mechanism of dissociation is not discussed here explicitly in relation to the traumatization of the Holocaust, it *is* considered in the context of trauma and of the thesis of a specific encoding of traumatic experiences.

[9] This contribution concerns early infantile traumas and their consequences. One reason Hopper's descriptions and concepts are helpful for gaining an understanding of the deferred psychic effects of the Holocaust is that, in the worst case, extreme traumatization can also destroy the representations of good primary objects, and thus have effects similar to those of a catastrophic early infantile trauma of abandonment.

together with the associated sensations of being absolutely and helplessly at the mercy of an uncontrollable situation, must be kept, like an unsymbolized foreign body, encapsulated and dissociated in the fabric of the mind—that is to say, separated from other psychic contents. The consequence is a thoroughgoing *derealization* of the area of the trauma. For instance, Ruth told me how astonished she had been, while watching the television film *Holocaust* together with her mother in the late 1970s, that her mother, who had after all herself been through the hell of a concentration camp, kept repeating to herself: "It can't be true. Such things simply can't happen."[10] And indeed, it was not until a few years before the beginning of Ruth's treatment, when her mother saw a new documentary about the concentration camp from which she had been liberated, that she had *ad oculos* proof that she had *really* been there: she recognized an emaciated young girl in a group of liberated inmates as herself.

Because the traces left by the experience of extreme trauma in the memory of the persecuted are constantly *derealized* by this dissociative work of defense, they are incapable of assuming the character of memories and hence the quality of belonging to the past. That is to say, they are not incorporated in the otherwise flexible dynamic of lifelong meaning-conferring mnemic revision, nor do they partake of the work of mourning whereby pain is ultimately relieved by the gradual withdrawal of cathexis. They may thus remain catastrophically imperishable. In other words, the normally beneficial division of the temporal continuum into past, present, and future is abolished in relation to the area of the trauma. As Primo Levi (1958), an Auschwitz survivor, put it in his autobiographical account: "For us, history had stopped" (p. 123). As already indicated, the penetrating derealization also impairs fundamental cognitive functions—in particular, the capacity to distinguish more or less reliably between external and internal reality, between perception and imagination or dreaming, and between the nonmetaphorical and the metaphorical use of language (see Grubrich-Simitis 1984). In the worst case, extreme traumatization can damage representations of good

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[10] Only recently, on the basis of self-observation, Kafka (2007) reported "traces of the delusion . . . that the Holocaust has not, could not really have happened" (p. 369).

objects, as well as the very capacity for symbolization and mentalization, which is of course the prerequisite for the binding of extreme quantities of excitation (see Varvin 2000; Varvin and Rosenbaum 2003).

These specific defenses can be transmitted to future generations along complex pathways of identification and introjection, together with profoundly unconscious transgenerational quasi-"assignments," to the effect that the children should help undo the extreme traumatization—that is, to complete the work of derealization. This makes it difficult for the next generation, which is thereby cumulatively traumatized (see Grubrich-Simitis 1981), to perceive and accept the reality of the Holocaust as such. For example, my patient Ruth at first complained that she could not for the life of her retain the historical details she had heard and read, and in some cases had also picked up from her parents and relatives on her mother's side; she often did not know whether they were in the end mere figments of her imagination. Leah, too, was unable to retain much of what she had after all learned from her parents in the course of time—for instance, the first names of her father's murdered siblings.[11] Another assignment to the next generation may concern the mastery, on the parents' behalf, of persistent, quasi-psychotic anxieties that are virtually insusceptible to intrapsychic regulation by the survivors themselves: it will be recalled that both these patients sought treatment for severe phobic conditions. Being unconscious, these assignments may have the effect of a compelling, almost physical tie—at any rate, not one that is mediated by language—that makes it difficult for the children to find their way in their own lives within an individual autobiographical temporal continuum comprising childhood, youth, adulthood, and old age. My two patients' initial complaints that they felt "amorphous," "lacking a center," or "like a flesh wound without a clear outline" seemed to constitute an indirect description of the way the derealization impressed its stamp on the formation of their very selves.

As long as "remembering" in the curative sense is not possible—that is to say, in particular, as long as the capacity for distinguishing more or less reliably, in the area of the trauma, between external and internal

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[11] With regard to the first generation, Laub and Auerhahn (1993) refer to a "double state of knowing and not knowing" (p. 291), and something similar can also manifest in subsequent generations.

reality and between perception and fantasy has not been restored or, as the case may be, established for the first time—the risk of archaic, global identification with the trauma victims persists in second- and also third-generation descendants (see Rosen 1955). Although unaware of the sense of their actions, they may find themselves concretistically repeating elements of their parents' extremely traumatic life history.

I V

Without telling anyone in advance, before taking her *Abitur* (final secondary-school examination) just after her eighteenth birthday, Ruth had suddenly walked out of school. Virtually without luggage and penniless, she hitchhiked to a city remote from her home town and disappeared from view there. Whenever she came upon hard times, she would try to hide in communes, sometimes even among dropouts. Indeed, for a while she lived in a kind of skinhead group, among people she described as "characters with openly fascist slogans and aims," whom she would otherwise radically reject. Having virtually become a down-and-out, again without any notice whatsoever, she turned up some months later at the workplace of her mother, who had been beside herself with anxiety, saying: "Here I am again."

The patient's adolescence had been highly dramatic throughout, no doubt because the movements of separation consistent with her age were so overshadowed, for the extremely traumatized parents, by connotations of death, murder, and permanent loss that they could not be tolerated, let alone facilitated. So, as the patient herself was perfectly aware, the radical enactment just described was a desperate, furious attempt to forcibly free herself from her parents' clinging embrace. However, something that Ruth was not conscious of, which emerged only in the course of our work, was that at the same time it constituted a repetition of traumatic aspects of her mother's life at that age, and hence a concretistic identification with her that could not have been more thoroughgoing: abruptly and without any preparation finding herself torn away from her intimate family circle, penniless, left much too young to her own devices and at the mercy of a hostile environment—and then just

as suddenly miraculously rediscovering her relatives.[12] The fundamental difference was, of course, that Ruth had actively brought about this life situation, which, after all, was in reality only relatively threatening to her, and that she was also able to bring it to an end of her own free will. However cruel the period of uncertainty must have been for her parents, she claimed to this day that her sudden breakout at this point in her life had been an *absolute necessity* for her: she had simply had to prove to herself that she could cope with the situation on her own.

Very similar language was used by Leah when, as a result of a disquieting present-day occurrence at work, she suddenly recalled what had been a far more dangerous act of repetition on her part toward the end of an equally tempestuous adolescence. To get a man with whom she had embarked on a sexual relationship as a schoolgirl out of her head, she had been sent to Israel by her parents. Contrary to their expectations, however, she had disappeared from view there, joining a group of "'fixers,' some of them criminals," who lived "on the beach in cardboard shelters." Eventually, she herself had become a drug addict. She had once been run over by a lorry in an "encounter with death"; to this day, she said, she was "proud" of a scar left by the serious injury she had sustained in that accident. After all, she maintained, it told her that she had coped with everything by using her own resources. Two years after her return to Germany, she had succeeded in getting off drugs. It was only through our work that her Israeli experience became comprehensible as a concretistic repetition of her father's traumatic fate: she *was*[13] in effect this adolescent father who had been sent to Palestine by his parents and who, after losing contact with his family, attempted in spite of his abandonment to make it on his own there,[14] and at least survived.

[12] As mentioned earlier, Ruth began nearly every session in the initial phase of her treatment with the identical opening comment, "Here I am again." I gradually came to understand that this was its meaning, as if she were trying to say: "We were separated, but by some miracle we have found each other again; I'm still around."

[13] A relevant concept in this connection is that of *transposition,* introduced by Kestenberg (1982) to denote a specific psychic process that extends beyond the usual mechanism of identification. Its characteristic feature is the totality, including the sense of bodily proximity, of the patient's way of putting herself into the reality of the extremely traumatized first generation.

[14] The distant relatives had in fact not concerned themselves sufficiently with the young man after his family had been deported from Germany.

The episode in Israel dated back more than twenty years when the patient's treatment began. Yet there were moments of repetition in her present life, too, although these were more tacit in nature. It was only when our work was well underway that a rent in Leah's Jewish identity gradually became evident. She was in effect concretely enacting an idea that might have occurred to her half-Jewish mother during the Nazi period: "It would be better not to be Jewish; I'm not really Jewish." Indeed, after Leah's family returned to Germany, her father had explicitly instructed his daughter to strictly conceal her Jewishness from the outside world so as to ward off any future threat. Since then, she had involuntarily turned her back on everything Jewish, not only externally but also internally, to such an extent that she had apparently remained largely unaware of the increasingly vigorous public debate on the aftereffects of the Shoah that had commenced in Germany in the late 1970s. This ignorance existed, so to speak, in spite of her intelligence, which was also thoroughly alert to political issues. It should be mentioned at this point that the panic attacks that had caused the patient to seek therapy had been intensified by reproaches from her teenage sons that she, their mother, had "betrayed" her Jewishness. In protest, they made friends almost exclusively with Jews of their own age, contemplated emigrating to Israel when they left school, and urged their grandparents to talk to them about their fate as victims of persecution. For a time, it seemed as if the unconscious "assignment" to help with the psychic assimilation of the extremely traumatic experience had been passed on to the next-but-one generation.

The deferred impact of the Shoah in Leah's own life did not in fact become fully manifest in the treatment until some considerable time had elapsed, in stark contrast to the analytic work with Ruth. Step by step, Leah's blocked-off, more preconscious than conscious links with Jewishness and with Israel, where she had spent almost all her childhood, now emerged into the light of day. Proportionately, as the element of repetition in this attitude of not being supposed to be Jewish, not being allowed to be Jewish, and not wanting to be Jewish became transparent to her, Leah gradually became able to discover, or rather to rediscover, her "real core"—namely, her Jewishness and her Israeli roots. After all, the secret question she had always put to herself to test some-

one's trustworthiness was: how would this person behave in the event of a renewal of anti-Semitic persecution? In the same context, it ultimately became possible as well to understand and interpret Leah's idea, which she herself found bizarre, that her father might have sexually abused her when she was a child: it was actually due to the fact that he had had to force the persistent effects of his denied traumatic Holocaust experiences into her, thus contributing to the rent in her identity. She had preconsciously borrowed the image of an overwhelming, traumatizing parent–child configuration from the public debate at the time in order to represent a potentially violent subject that was for her still unconscious, and thereby to render it susceptible to analysis for the first time.[15]

We as yet know little about how the terror of the extremely traumatized first generation is transmitted to subsequent generations where this does not occur in explicitly verbal terms. Mediated by the preconscious rather than conscious registration of exceedingly subtle nonverbal signs in modes of expression, looks, gestures, intonation, and the like, channels of communication seem to exist between one unconscious and another unconscious. What follows is perhaps an example of implicit transmission of this kind (like the incident of the baby's shoes reported by Ruth and described later in this paper, or Leah's perception of the horror of separation in her father's eyes whenever they parted for any length of time): Leah's discovery, or rediscovery of her profound attachment to Israel and Jewishness took place primarily through the medium of music, and in this regard, a Hebrew song her father used to sing to her from her earliest infancy had an evocative effect. When she now asked him about it, he not only sang the song to her, but also told her for the first time when and how he himself had learned it. It had been while he was on an overloaded refugee ship at the age of fifteen, bound for Palestine to prepare for his family's emigration. Another refugee

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[15] In relation to her patient Mario, whose father had likewise lost his entire family of origin in the Holocaust and who had to deny this fact, Faimberg (1981) graphically described the "tyrannical intrusion" (p. 8) of the father's extremely traumatic history into the psyche of his son, her patient. This contribution also discusses the issue of transmission and how it may suddenly emerge in the analytic dialogue, *within* the transference relationship; the author evidently takes the view that the pathogenic traumatic historical events can never be directly accessible in the dialogue between analyst and analysand because they have not been symbolized.

vessel within sight struck a mine and sank so rapidly that very few passengers could be saved; later, having never before been confronted with a dead body, he had seen corpses floating in the sea. While most of his companions had stared at them in horror, someone had suddenly begun to sing this song. Sailing on in the next few days, they had constantly sung it together.

V

In her analytic work with a severely traumatized first-generation patient, Chasseguet-Smirgel (2000) found that the patient was projecting his disavowal of the reality of the concentration camp onto her by imputing to her an impenetrable disbelief in the extremely traumatizing facts, and that all her attempts at interpretation rebounded from this projection. Eventually, however, she opted to tell the patient about a typical inmate's dream from an autobiographical work—namely, Levi's (1958) "storytelling dream" (pp. 66*ff*.), in which both the author's own projective denial and his longing to overcome it are represented in the latent content. Only then was the patient able to take back his projection, step by step. Chasseguet-Smirgel states that, and explains how, the inclusion of third-party material of this kind—i.e., analyst and analysand talking together about works of art in which that apocalyptic terror is reflected, directly or indirectly, in symbolic terms—can be helpful in paving the way toward the agonizing acknowledgment of the reality of the Shoah. To combat his own dire need for disavowal, she suggests, the patient is seeking in the analyst a "witness" prepared to confront the truth, who, however, so to speak, is dependent on the support of art if the impenetrable collective disbelief is to be overcome. Among the artists and writers to have produced works capable of performing this mediating function, Chasseguet-Smirgel mentions painters and sculptors such as George Segal and Anselm Kiefer,[16] as well as the poet Paul Celan, while in this context she also emphasizes the value of cinematic testimony. In her view, if such artistic creations are discussed in session, then—although analyst and analysand remain on the one hand "shielded" from the still unbearable

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[16] In the German version of this article, Chasseguet-Smirgel also mentions Magdalena Abakanowicz.

reality of the Shoah—they are, on the other, already in contact with it before the hard work of overcoming the patient's denial can begin, as a prerequisite for the extremely painful process of personal remembering.

It subsequently became clear to me that Chasseguet-Smirgel's clinical conclusions, published for the first time in 2000, in fact also apply to analytic work with patients of succeeding generations. For, during the period when their intention to travel to Auschwitz was gradually crystallizing, Leah and Ruth each discovered an artistic work of this kind for themselves, which was then discussed in detail in their sessions. In retrospect, this seems to me to have been a kind of as-yet-"shielded" rehearsal, as described above, for the ensuing direct, unprotected personal confrontation with the historical evidence of the concentration camps, and for the patients' own attempt to symbolize this terror and to exorcize it through the medium of language.

Leah, for her part, went to see a performance of the Karl Kraus play *The Last Days of Mankind* (1915–1922). In this great pacifist indictment, Kraus had attempted, from 1915 on, to portray the catastrophe of the First World War in a large number of separate short scenes in literally realistic terms—namely, by the use of a montage of documentary material comprising authentic fragments of that traumatic reality. It was only at the end of the 1920s, in a premonition of the looming new apocalypse, that Kraus had begun to make a stage adaptation of this work, which was originally conceived as a book—that is, as a creation intended only to be read. In the stage production attended by Leah, the link with the Nazi crimes was reinforced by its performance in a bunker used for the secret construction of U-boats with which Hitler hoped to revive his fortunes at sea toward the end of the war. The individual scenes were performed in different parts of the bunker, and the audience had to move with the players. The patient reported that, in doing so, she had suddenly had the impression, with the sharp contours of a sensory perception, of marching in a long line of victims. This had shocked her, as she herself had after all never been a victim in this sense, but had in fact always sought to keep away from all this by distancing herself from Jewishness. Now, however, Leah was wondering whether her sense of utter worthlessness, of bearing an indelible stain, and of repeatedly having to fear degradation and humiliation, might belong not least in this historical

context. At the end of the sessions in which this was discussed, she said she was now resolved to go to Auschwitz. To prepare for her trip, she turned to her father, who was then already seriously ill, but, to spare his feelings, she did not mention her travel plans; however, she asked him for permission to read the letters his parents had written to him before they were deported to Auschwitz. Summing up the impression she obtained from reading these letters, she told me that they seemed to have been intended to calm anxieties and to deny the danger: everyone was well, everything would turn out all right in the end, and they would all soon be together again. The final communication, in a different hand, reported that her father's parents and siblings had gone away, destination unknown; as soon as their new address was available, there would be notification.

Louis Malle's film *Au Revoir, Les Enfants* (1987) had a similar effect for Ruth, on her path to recognizing the reality of the Holocaust, even if—at this time, not long after the beginning of her treatment—she was only just embarking on this process. The film's action, she told me, takes place in a French boarding school run by Catholic priests. A Jewish boy from Germany is harbored there during the German occupation. A fellow pupil of the same age, who notices something mysterious about him, investigates and finds out the truth. They now share the secret and an intimate youthful friendship arises. One day the Gestapo appear, in search of the fugitive. All the pupils must parade before them. In this anxiety-laden situation, the young French boy glances supportively at his friend. Tragically, this glance betrays him to the Gestapo. He is arrested and later murdered at Auschwitz. All this was not fiction, but the reproduction of a historical event: Malle himself had actually been the young French boy, and his film, then newly released, was an attempt to explicitly portray a lifelong theme of guilt, for the first time, in a creative work. Louis Malle himself was present at the showing attended by Ruth, together with her mother. He had in fact intended to speak about the autobiographical background to his work after the film, but when he learned just before the performance started that his young friend's family came from the very town where the film was being shown, and that the friend's father had taken refuge in suicide prior to his own deportation, he had no longer felt able to do so. Ruth reported that her

mother had left the cinema in tears, without saying a word; she had been able to indicate to her daughter only that the boy had been exactly the same age as herself at the time of her deportation. At the end of the session in which she recounted this, the patient announced that it was now clear to her that she had to find out once and for all what her parents had *really* experienced. But she could not ask about it now; she was not ready yet.

V I

I shall now describe the journeys undertaken by these two patients in the terms they themselves used in the sessions before and after their visits. Leah went to Auschwitz one November day, in the company of her husband. They wandered about the site for hours; there were hardly any other visitors there. On her return, she seemed to me to be almost a traumatized person herself. It was only gradually that we came to understand a paradoxical connection: notwithstanding all the patient's *conscious* preparation, the effect of her inspection of this place had manifestly been so "devastating" because she had gone there with the *unconscious* expectation that she could persuade herself, for her father, that what Auschwitz stood for had *not* happened. But then—in contrast to this unconscious expectation, and hence something for which she was totally unprepared—it came as a "shock" to the patient, even some days later, to be forced to *see* with her own eyes that it was all *really true*. What had brought the *reality* of the Holocaust home to Leah on her journey to Auschwitz was not the vast numbers that had been murdered, and not the endless lists of names, but the "little details"—the things the new arrivals had brought with them in their suitcases on the assumption that, even in Auschwitz, there would be something resembling ordinary, everyday life: bedside lamps, crockery, and cutlery—as well as other details, such as shaven hair, spectacles, and in particular tiny children's shoes and vests just like the ones Leah's own children had worn as babies. After all, her grandparents had arrived there with very small children. She could conceive perfectly well of blind rage and unrestrained destructiveness among adults; but having to see with her own eyes the evidence of this historically documented mass murder of babies and infants—the realiza-

tion that "human beings could do such things"—had for her "changed everything all at once, for all time, from the very bottom," and nothing was any longer as it had been before.

In other parts of her descriptions, however, the patient at the same time indicated that this traumatic confrontation with the reality of Auschwitz almost spontaneously helped her in gaining a more realistic footing in her own life. She had suddenly realized—and here, albeit profoundly upset, she was as it were observing the situation from the perspective of the third generation—that the people who were gassed in this place had been her grandparents, as well as her uncles and aunts when they were small children, all of whom were family members she had never known personally. In walking round the site she had, she reported, felt as if she were finally burying these relatives, and doing so on behalf of her father, who had himself never been to Auschwitz because, Leah thought, he would quite probably not have survived the experience. However, her own parents, her sister, and her children *were alive*. That was the categorical difference. The year 1942 was the past, and she now lived in a completely different present. Unlike her forebears, she had been able to go in and out of the gates of Auschwitz at will.

In contrast to Leah, Ruth returned from her trip in a somewhat euphoric state of mind. She was still imbued with the prevailing mood of an international group of young Jewish people—mainly children or grandchildren of survivors—with whom she had traveled to Poland.[17] The group had systematically prepared for this journey over a relatively long period; it was a duty to take part, and the patient felt this to be very much a burden. Yet she was resolved to take this step now, partly because she could then also satisfy a wish expressed by her father: he wanted to visit Auschwitz and other concentration camps with her, and also to show her the place in eastern Europe from which the family had come. So, together with other older people, the majority of whom were survivors, the patient's father traveled with the group; Ruth's attitude toward this was ambivalent. She was afraid of emotional storms—not only from him,

[17] However, during the trip the group was confronted on a number of occasions with vehement manifestations of present-day Polish anti-Semitism, so that Ruth, unlike Leah, could not take home with her the comforting certainty of living in a present utterly different from the Nazi past.

but also from herself. On the trip, she joined the group of young people, who kept demonstratively apart from their elders. In particular, while en route in the coaches carrying the young participants, a kind of manic group defense manifestly arose: people constantly sang, told jokes, and laughed.

On her return, however, it soon became clear in our sessions that, despite this collective disengagement, Ruth had made a definite effort to confront the reality for herself. The visit to Majdanek in particular had helped her understand *once and for all* that everything had *actually and undeniably happened as reported.* At the end of the war, she said, the Nazis had had no time to dismantle the machinery of annihilation there. The gas chambers, the crematoria—everything was still just as it had been. What is more, unlike Auschwitz, Majdanek was not situated, with an air of unreality, in a huge, isolated open field, but in the immediate vicinity of a town. So the population of Lublin could not possibly have been un-aware of what was going on there. On entering a gas chamber, she had had a few moments of acute breathing difficulty. She had seen indenta-tions in the walls—perhaps traces left by fingernails. Like Leah, Ruth, too, emphasized how profoundly important it had been for her to have *seen* all this *with her own eyes.* And, also like Leah, she particularly men-tioned the children's shoes. Standing in one of the huts next to a pile of these, she had suddenly recalled an enigmatic incident from the time of her puberty: it had been the fashion for a time among her schoolmates to have worn-out baby's shoes dangling from their belts; one day, when she had turned up like that at home, her mother had stared at her as if thunderstruck and told her in no uncertain terms to remove the shoes immediately and never again to appear before her eyes with such things. At the time, her mother had not given any reason for her extreme reac-tion.

The patient was confronted with the reality of the Holocaust in the immediate context of her parents' fate when she traveled, alone with her father, to the small town from which both sides of her family had come. As they walked through the town and he pointed out particular squares, streets, and buildings to her, all the time without looking at her, for the first time he gave her a full, detailed, and coherent account of his own and her mother's persecution. She had listened, not allowing her mind

to wander, and thought that now she would be able to remember every-thing—something that she had not been capable of before. After all, she herself had stood in the market square where her mother's family had been herded together in preparation for their deportation.

Not long after her return, the patient wrote a laconic, totally matter-of-fact report on her journey, combining historical and documentary tes-timony with a major feat of genuine symbolization. She told me that she had asked her mother to read this report aloud to her and her grand-father; this we saw as an attempt to induce the mother to remember and to speak. Although the mother had not been able to say anything about herself after the reading and had turned away, the grandfather had expressed eager admiration for his granddaughter's text, and then, as he had occasionally done in the past, he talked to her about his own traumatic experiences of persecution. He now hinted to Ruth that, of all the family members, her mother had sustained the worst direct traumas. The patient could thus more readily accept the fact that her mother could not participate in this incipient joint process of remembering to the same extent that her father and grandfather did.

A particular benefit that Ruth said she had derived from her trip was that she could now at last tell whether she was merely imagining or had dreamed something, or had actually perceived it in the outside world. She felt this to be "reassuring" and seemed proud of this step forward. So she almost panicked when, shortly afterward, she thought she had lost this capability again. She reported an anxiety dream from which she had awoken in terror. She had been able to retain a part of its manifest content: persecuted and in a hopeless position, she saw a gallows before her and resolved to forestall her persecutors by hanging herself from it before they could hang her. After awakening, for a moment she had had trouble realizing that it had been only a dream. But then she had been absolutely certain that she had actually seen this gallows somewhere—perhaps on her trip, she thought.

It was of the utmost importance for her to be able to prove this forthwith. So she went through her photographs and the entire doc-umentation she had brought back with her—but found nothing. She

asked her travel companions, likewise without result. However, a few days later, the patient appeared radiant with joy when she was able to tell me that she *had* really seen this gallows—not on her trip but in a book, namely, *MAUS* (Spiegelman 1986). Even before her journey, this comic, which was highly controversial at the time, had occasionally come up in her sessions, its first volume having been published just before the beginning of her treatment.[18] At first, it had seemed blasphemous to dare to portray the Holocaust in this medium at all. However, the author had in fact succeeded in telling the story of his own father's persecution to unprecedented graphic effect, once his father had finally given him an account of it. So it, too, was a dialogue between the first and second generations. On her return and shortly before having the dream, Ruth had in fact taken another look at this comic, and only now, having visited some of the places mentioned in it for herself, had she been able to fully acknowledge "how incredibly realistic and true"[19] the book was. While working on this paper, I recently looked again at the picture of the gallows in the first volume of *MAUS*, entitled *My Father Bleeds History*. Four victims of persecution, including business associates of Spiegelman's father, can be seen hanging from it (Spiegelman 1986, p. 85).[20] So this day's residue recurred in terrifyingly direct form in the manifest text of Ruth's anxiety dream.

[18] The second volume of the book (*And Here My Troubles Began*) was not published until later, in 1992.

[19] This comment by the patient might also have had to do with the fact that Spiegelman in no way idealizes the figure of his father and also makes no attempt to conceal how troubled the father–son relationship actually was. The author had even confessed to a rhetorical identification with the aggressor and to his "collaboration with Hitler"; this was in his comments to the multimedia CD-ROM of *MAUS*, in which he documents the history of his comic and also presents the original tape recordings of his father's narration. Spiegelman relates the phrase "collaboration with Hitler" to the animal metaphors he uses (Jews appear with heads of mice, Nazis with cats' heads and Poles with those of pigs). Although animal caricatures, he says, are a standard technique in the comic genre, he is suggesting that in this case they also resemble the racist style of discrimination used by the Nazis, who commonly dismissed the Jews as not belonging to the human species and equated them with mice, rats or vermin.

[20] Identification with the hanged victims, which is reproduced in Ruth's anxiety dream—albeit with the reversal from passive to active, from being murdered to committing suicide—is ingeniously visualized by Spiegelman.

VII

The reader may have found it surprising that, contrary to what might be expected from a clinical psychoanalytic text, this contribution has been concerned mainly with *external* reality and with things that took place *outside* the consulting room. Yet this directly reflects the characteristic structure of the sessions with the two patients during the phase described here. The manifest principal subject at the time was indeed the perception, historical reconstruction, and acceptance of the Holocaust as an apocalyptic reality. Together we struggled to undo *de*realization—to achieve *de*-derealization. In other words, we had to work on the effects of the dissociating defense that the patients' parents were compelled to deploy by their extreme traumatization. Looking back, I believe it was a necessary step, in both Leah's and Ruth's overcoming of blind repetition and their acquisition of the capacity for symbolizing remembrance, for them to have visited the actual sites of the traumatic events.

In conclusion, I should like to summarize some of my subsequent reflections on the theory of therapy and on technique. The Holocaust site visits could perhaps even be seen as a kind of transitional modality between repetition and remembering. After all, Freud writes in his text that acting out belongs to the "motor sphere" and remembering to the "psychical" one (1914, p. 153).[21] The act of traveling, that of walking through the places where the horrors occurred, and the countless eye movements when inspecting the historical evidence—these are first and foremost motor activities of the body, of that transitional region between outside and inside, inside and outside. Yet it was only this reconnaissance of the traumatic reality through motor activity, as so vividly described by the two patients, that succeeded in underpinning the henceforth unshakable conviction, and confirming the factual knowledge, that the crime of the Shoah *really* took place. Direct, primarily visual sense

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[21] Insofar as *working through* is used in this paper as a "third term" that connects remembering and repeating (see Laplanche and Pontalis 1973, p. 488), the visits to the sites could be seen as a process of incipient working through. At any rate, Freud stresses the importance of experiencing in working through, and draws a parallel between it and *abreaction* in hypnotic therapy.

impressions were manifestly the only way for this to be established in memory for both Ruth and Leah.

This at the same time ushered in a gradual change in the regulation of affect—in particular, of anxiety. As stated, both patients had initially sought treatment for severe panic attacks—that is, because they were inundated with automatic anxiety. The perception, recognition, and historicization of the Holocaust as external reality, together with the step-by-step process of symbolization in the context of the Auschwitz visits, proved to be essential preconditions for the progressive development of signal anxiety.

For both patients, the concentration camp visits were no doubt associated with the stabilization, or indeed the constitution for the first time, of the cognitive capacity to better distinguish from then on, in the area of the trauma, between external and internal reality, between past and present, and between perception on the one hand and imagining, fantasizing, and dreaming on the other. This therefore involved reality testing, in the narrower, psychoanalytic sense, too—that is, reality testing as a function of the ego[22]—which is essential to the initiation of remembering. As described, this work of remembering began, for both patients, at the actual locations concerned, in the guise of a process of reflecting and talking; in Ruth's case, it even assumed an intergenerational form. Soon after her return, she thought that her father had changed, that he had become more "flexible": this was presumably an accurate observation, and a description in colloquial terms, of a mitigation of the dissociative defense. As Ruth retold her father's account, as well as her grandfather's memories, in our sessions—some elements recurring more than once—a coherent history of her family gradually came into being, one that was now intimately based on the traumatic historical reality that had molded it.

Although these were therapies with individual patients, I realized particularly in retrospect that they indeed had substantial effects within their families, not least because the patients' willingness, as it developed in our work, to learn what had really happened evidently paved the way

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[22] I am here disregarding the complexity of Freud's concept and indeed its inherent contradictions (see Laplanche and Pontalis 1973, pp. 383-385). The term is used in this contribution in the sense of the capacity to distinguish, as just described.

for changes in the parents, too. As stated, Leah had admittedly been unable to talk to her father about her visit to Auschwitz because he was seriously ill. However, she did so with her sister, born ten years later, who, it turned out, had been affected much less severely by the aftereffects of the persecution. Leah also spoke about it to her sons. They, too, reacted almost spontaneously with increased flexibility: they were able to relax the temporary exclusion of non-Jews of their age from their circle of friends, and gradually to relinquish what had for a while been an intensive preoccupation with their grandparents' history of persecution.

Let me emphasize at this point that the idea of traveling to Auschwitz was not something that *I* had suggested to the patients. It was their own decision to confront the reality of the Holocaust by literally having sight of the most immediate historical evidence. However, this was no doubt facilitated by the fact that, in our sessions, there was from the beginning space for talking about the Shoah. This was presumably imparted to the patients principally by my *interpretive restraint* whenever their material hinted at the area of the trauma. As I see it today, the fact that I usually allowed such statements to stand as "actual" ones, and did not construe them as associations—that is, as indications of latent meanings—conveyed to the patients that reality testing in the literal sense, as the testing of the formerly external extremely traumatic reality, was appropriate, and was itself the actual subject matter that called for no interpretation at the time. From this point of view, it was indeed a matter of *reality testing in place of interpretation.*[23]

When, after their return, the patients described many details of their trips and the resulting perceptions, thoughts, and feelings, once again, I normally confined myself to unobtrusive listening and predominantly affirmative comments. This form of speaking in "actual," nonmetaphorical sentences itself has the effect of reinforcing reality. In my patients,

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[23] Moreover, it should be borne in mind that reality testing in this sense always implies the checking of internal reality, too, because, constituting as it does the establishment of external reality—even if that is an apocalyptic historical, external reality—it inevitably sets limits to the omnipotence of the fantasy world and to the otherwise infinite character of unconscious wishes and fears. If my patient Ruth found it "reassuring" to be able suddenly to distinguish more reliably between imagination and perception after confronting the external evidence of Auschwitz and Majdanek, this was no doubt due not least to this salutary, structuring setting of boundaries.

it specifically facilitated acceptance and representation of the traumatic reality. In an earlier contribution (Grubrich-Simitis 1984), I showed in detail, together with a consideration of the linguistic aspects, the extent to which the genuinely psychoanalytic work of interpretation and the psychoanalytic type of discourse depend on the analysand's capacity to distinguish preconsciously between the nonmetaphorical and the metaphorical use of language. One of the typical deferred effects of extreme traumatization may be that this capacity is temporarily restricted. In this regard, interpretive restraint—that is, the substantial avoidance of metaphorical speaking—can help, in the phase discussed here, not only to gradually establish, represent, and historicize the trauma of the Holocaust as external reality, but at the same time to regain the metaphorical dimension that is indispensable to both psychoanalytic working and the regulation of drives and affects. In "From Concretism to Metaphor" (Grubrich-Simitis 1984), I also explained that, in this phase, the "real relationship" between analyst and analysand, as opposed to the transference relationship, temporarily constitutes the foundation on which the entire joint enterprise rests.

Occasional remarks of my patients later showed indirectly that, in this exceedingly stressful phase of our work, they felt themselves to be in secure contact with me—with me as someone prepared to share, bear witness to, and endure with them the knowledge of the monstrous nature of the Holocaust's reality. During this phase, too, in which the focus was temporarily not on the vicissitudes of the transference and countertransference, the analytic dyad no doubt constituted the supporting background, insofar as its previous "history" resonated in this phase, too—in particular, the experience of earlier joint work done on the unconscious/preconscious perpetrator–victim issue, with its intense charge of aggression. In retrospect, I believe that the seated setting proved helpful in this respect, too: the patients were thus able to assure themselves quite concretely, through seeing, of the presence of an empathic vis-à-vis who constituted a *real, new* object that accompanied them, while in no way restricting them in their autonomous searching movements—especially during a period when I no doubt tended to say little. Had I at this time attempted mainly to identify and interpret transference and countertransference manifestations, the patients would almost inevitably

have seen this as an indication that I wanted to steer them toward other matters that were less terrifying because of being merely internal, and, like their parents, defensively to withdraw from the area of the trauma in all its devastating force of reality.

What characterized the relationship between my patients and me in this phase may perhaps roughly correspond to Winnicott's (1969) concept of *object-usage,* even though he evolved it in the context not of extreme traumatization, but of his typical thematic universe of transitional objects, transitional phenomena, the holding environment, and play—all during the early development of psychic structure. In contrast to *object-usage,* we are thoroughly familiar, in psychoanalysis, with the concept of *object-relating*: through his projections, the early infantile subject procures for himself a *subjective object* that he keeps under his omnipotent control. *Object-usage,* however, is something different. In order for an object to be used helpfully, it must first become an external, autonomous object in shared reality. This is conditional upon a productive aggressive act of destruction by the infantile subject, in the course of his espousal of the reality principle—an act that the object admittedly survives. Only now has the object emerged from the infantile subject's omnipotent control, and only now can it be used by him creatively for playful, increasingly symbol-supported orientation in the world. It is no coincidence that Winnicott (1969) refers several times to *external* reality, and that—provided this level of object-usage is reached in psychoanalytic treatment—he recommends that the analyst rein in his urge to interpret at all costs, for here a potential for significant change exists precisely if one does *not* interpret.

An even earlier conceptualization of the phenomena Winnicott is attempting to describe by the term *object-usage* can be found in Loewald's (1960) contribution, mentioned earlier. Albeit again not explicitly in the context of extreme traumatization, the author examines mainly the resumption of the patient's ego development, which can occur by virtue of the "integrative experience" (p. 25) of interacting with a new object—namely, the analyst. This takes place on the basis of many silent and subtly coordinated interactions, which usually pass virtually unnoticed, between the two participants in the psychoanalytic process, and involves not only a potentially new object relationship, but also a potentially new

way of being able to relate to objects in general and, subsequently, also to oneself.

Be that as it may, interpretive restraint on my part did not mean, in the phase of the treatments described here, that there was no interpretive activity at all. To give just one example that has already been alluded to, against the background of the newly available knowledge of the history of the parents' persecution, I was able to demonstrate to the patients the unconscious sense of their massive adolescent repetitions—something that was indispensable not least to the mitigation of guilt feelings connected to these dangerous enactments. The reason these had been so painful was that the patients had unconsciously experienced themselves as Nazi perpetrators who were again attacking the traumatized parents and their newly established families. Indeed, only now did it become possible for both patients gradually to work through their severe fixating conflict of adolescence, which had remained unresolved until then partly because both parental couples had sustained their extreme traumatizations during their own adolescence.[24]

In the phase of each of the two treatments described in this contribution, the core period—i.e., from the immediate preparations for journeying to Auschwitz to the detailed, predominantly affirmative discussion of the impressions, observations, feelings, and thoughts to which the visits gave rise—lasted just under three months. Before and afterward, the work proceeded in many respects along classical psychoanalytic lines—that is, predominantly by interpretation and with the focus of attention on transference-countertransference manifestations that were at times quite intense. Although it may be self-evident, I wish in conclusion to emphasize this point explicitly, because, in accordance with a psychoanalytic commonplace that immediately comes up when external reality features prominently in clinical dialogue, it may wrongly be supposed that the concrete confrontation with the reality of the Shoah described here was due to an avoidance on my part, resulting from my presumed inability to tolerate the pressure of the likely Nazi or perpetrator–victim

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[24] It has occasionally been postulated in the psychoanalytic literature on first-generation patients that survivors traumatized in their adolescence are particularly severely affected; see, e.g., Danto (1968) and Fink (1968).

transferences. In such treatments, however, the opposite is in fact the case: it is comparatively less distressing to work with these transferences and countertransferences, which do indeed necessarily arise, because they ultimately operate in an "as-if" mode, than to confront the task, together with the patient, of concretely and unflinchingly fixing one's gaze on the hitherto unimaginable "things that human beings could do"—as Leah put it—and realizing that these things *had really been done*.[25]

Working primarily on the level of transference and countertransference before and after the phase described here was an obvious course, if only because the usual phase-specific conflict configurations still arise when a child grows up with severely traumatized parents such as those of these patients—albeit, admittedly, in particular forms. But it was only the outcome of our shared work in the context of the visits to Auschwitz that enabled me henceforth to arrive at a better appraisal of which part of the clinical material, in the sense of complemental series, was assignable more to the parents' extreme traumatization or my patients' cumulative traumatization, on the one hand, and which part belonged more to the "usual" unconscious fantasies and conflicts, on the other.

One final remark. I mentioned at the beginning that it is at present quite common to call into question the curative efficacy of the psychoanalytic work of reconstruction as compared with allegedly much more efficient interventions centered on the here and now of the analytic relationship. These doubts might well have been stimulated by the idolization of psychoanalytic work *exclusively within* transference—or indeed, as now increasingly seems to be the case, *exclusively within* countertransference. However, they also reflect the general postmodern questioning of the impact of external reality that has been gaining ground for some time now, in psychoanalysis as in other spheres (see Leary 1994). When, prompted by the theme of the 45th Congress of the International Psychoanalytical Association, "Remembering, Repeating and Working-Through in Psychoanalysis and Culture Today," I revisited this clinical

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[25] In my contribution on extreme traumatization as cumulative trauma (Grubrich-Simitis 1981, pp. 440*ff.*), I discussed some of the specific archaic anxieties that are inevitably aroused in us by confrontation with the reality of the Shoah—i.e. the massive scale of the internal threat that explains why we do everything possible to avoid this confrontation.

material, the illusory character of this radical calling into question seemed to emerge with great clarity. The fathers of both Leah and Ruth had lost their entire families of origin as adolescents, and their mothers, then also youngsters, had likewise been severely traumatized: these are ineluctable facts prior to any discourse, interpretation, or narration, and even prior to the variable interpretations of the victims themselves. This clinical material bears equally clear witness to the absolute indispensability, particularly in the context of trauma, of reconstruction "in the old manner"[26] (Freud 1914, p. 153), which also includes the struggle for remembering in the sense of explicit, autobiographical memory.[27]

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[26] Freud uses the phrase *in the old manner* here directly in connection with remembering.

[27] See, e.g., Smith (1988), Blum (1994), and Bohleber (2007).

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Myliusstraße 36
60323 Frankfurt, Germany

e-mail: grubrich-simitis@t-online.de

RETHINKING PATHOLOGICAL MOURNING: MULTIPLE TYPES AND THERAPEUTIC APPROACHES

BY HUGO BLEICHMAR

Different types of pathological mourning are discussed, with the idea that refining psychoanalytic nosology in this sector can contribute to the enhancement of interventions more suitable for each. Primary fixation to the object—extant before the loss—is differentiated from secondary fixation, which occurs when suffering in the present leads to idealization of an object that is only then felt to be actually lost. The role of narcissism, guilt feelings, and paranoid anxieties in the process of pathological mourning is considered. Clinical material illustrates some of these conditions.

Keywords: Pathological mourning, depression, therapeutic change, memory, dimensional diagnosis, aggressiveness, pathological narcissism, object loss, affects, arousal, unconscious transformations, motivational systems.

INTRODUCTION

Since the outset of psychoanalysis, the subject of memory, of how past and present interact, has provided a constant focus of interest. Freud's discovery of transference phenomena, the importance of infantile life in determining how the present is seen through the eyes of the past, revealed one of the variants of the relation between present and past. However, Freud soon found that this relation was more complex, in that it

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    Hugo Bleichmar is the Director of the Postgraduate Program in Psychoanalysis at the Universidad Pontificia Comillas in Madrid, Spain.

was bidirectional. This led him to describe the condition of *Nachträglich-keit*, translated as *deferred action* or *après coup* (Eickhoff 2006; Faimberg 2005; Thomä and Cheshire 1991), in which an event in the past, at a time when the capacity for symbolization could not give it meaning, acquires meaning through another, later event. He also examined how memory is modified by the present, distorted and adapted to current needs (Freud 1899).

In this paper, I discuss the role of the present in pathological mourning for the reconstruction of the memory of the lost object, differentiating the diverse conditions that originate and maintain pathological mourning, thereby generating different types of this disorder. I also examine the implications for psychoanalytic treatment of this categorization of types of pathological mourning.

Just as the fantasy of a lost paradise arises from suffering in the present, the development of pathological mourning involves constant reconstruction of the memory of the object, attributing to it certain features that it was not formerly felt to have. The present unhappiness, whatever its cause, creates longing for a time and an object that is progressively idealized. This condition leads us to differentiate *primary fixation* to the object—previous to the loss—from *secondary fixation,* or fixation to an object of fantasy constructed in the present and considered the cause of a past of supposed happiness and absence of suffering. I will present a clinical example and then propose a more general model of pathological mourning.

CLINICAL VIGNETTE

Mrs. Y, around fifty years old, started analysis because of depression following her husband's death. At our first meeting, the sad look on a face lined with suffering and her listless movements were clear indicators that the loss of her husband had become a devastating event for her. I learned that while her husband was alive, his outstanding status in society had allowed her to enjoy special deference and a life full of narcissistic satisfactions. Following his death, at first, people continued to call her often, but when these contacts waned, she experienced resentment and a growing hostility toward others. She was overcome by a feeling

of helplessness and hopelessness with respect to recovering her former position.

Mrs. Y fought off the malaise caused by these feelings of helplessness and hopelessness—which, as we shall see, are an essential feature of pathological mourning—by taking refuge in an idealized identity: she represented herself as the widow of a great man too easily forgotten by the rest of the world, and this was something she herself would never do. She dressed totally in black. She researched and compiled her husband's writings and speeches, which had never interested her before. Her husband's figure became the object of growing idealization and began to occupy a prominent place in her thoughts that it had not held while he was alive, which led to *secondary fixation* to the idealized object.

But this attempt at narcissistic compensation was untenable because Mrs. Y's hostile attitude toward the people near her caused the rejection she encountered to make her feel more and more helpless about generating the desired responses that were indispensable to her. Her contacts dwindled to only a few members of her family and the relationship with me in the treatment, in which she conveyed her bitterness, expecting me to share her hostile view of almost everyone.

I had to be very tactful with Mrs. Y. On the one hand, I sometimes felt that I should accept her transference demand and let her know in a non-explicit way that I appreciated her human virtues, intelligence, and interests. However, on the other hand, I knew that I could not limit myself to this, since I would have thus confirmed her vindictive and narcissistic views, which I considered to be important causes of her suffering. As the treatment progressed, I was able to help her recognize her narcissistic needs, rooted in a family with high expectations; she had had to forge a place for herself among her brothers, who received preferential treatment from their father, while she participated in her mother's emotional atmosphere: that of a self-sacrificing woman with silenced but very marked paranoid elements, who used Mrs. Y as the shoulder to cry on in her bitterness.

But Mrs. Y's isolation was not only the result of a narcissistic withdrawal aimed at preserving her feeling of superiority in solitude. From a very early age, she had been a frightened person who considered the outside world dangerous. Her husband's disappearance reactivated these

old fears. Together with the narcissistic nucleus—the area of self-value—Mrs. Y suffered from a paranoid component of her personality that made her feel she was surrounded by figures who might harm her. This vision was the product of triple determination: her identification with the maternal discourse and her mother's attitude of feeling constantly threatened, her father's violence, and the projection of her own hostility.

During treatment, whenever I touched on the paranoid component, I had to simultaneously keep one eye on the narcissistic needs that made Mrs. Y feel "contemptible for being weak and easily frightened," as she said in referring to a female co-worker. It was an important moment in the therapy when she was able to understand the circularity between the idealization of her husband and her distrust of the external world: her hostility toward external figures made her regress to an exclusive relationship with her husband, whom she needed to idealize, but the idealization of her relationship with him kept her from feeling that she might ever find another gratifying relationship in external reality.

It would have been useless for me to try to question this idealization of her husband, or to attempt to make Mrs. Y see her ambivalence and hostility toward him. This would have meant turning a blind eye to her imaginary relationship with her dead husband, constructed in the present in the context of her present suffering, and based on serious disturbances of her narcissistic equilibrium and feelings of basic security. We must recognize that, in helping a patient work through mourning, it is necessary to focus not only on the relationship with the lost object, but also on helping the grieving person overcome the anxieties and limitations that now lead him or her to construct an object that never existed, in either external reality or psychic reality.

To summarize the case of Mrs. Y, the loss of her husband created a situation that basically destabilized her narcissism, generating feelings of helplessness, to which she reacted with aggressiveness, grandiose isolation, and a growing idealization of her husband. These defenses, in turn, had consequences: the more aggressive she was, the more rejection she received from the outside, leading to narcissistic retraumatization as well as increased distrust of people because of the projection of her aggressiveness. This situation became a vicious cycle: her difficulty in forming connections with the external world where she could have found sub-

stitute objects led to a return to increased idealization of the lost object—*secondary fixation*—which reinforced her difficulty in connecting in reality with others, whom she habitually considered inferior to the deceased. As a consequence, she relapsed into feelings of helplessness and hopelessness about ever being able to recover a valued self-image that the lost object had contributed to maintaining.

A question we may ask is whether Mrs. Y's idealization of her husband might not have been influenced by guilt feelings as a consequence of ambivalence, whose effects became manifest after his death. This sequence of ambivalence, unconscious guilt, and defensive idealization are doubtless part of what we find in some melancholic processes after the loss of a loved one. But in this woman's case—though as in all human relationships, ambivalence has to have been present—as far as I was able to explore, guilt feelings were not an outstanding element. Instead, narcissistic pain was the prevalent feeling, and her depression fit better with Kernberg's (1975) description of "depression which has more of the quality of impotent rage, or of helplessness-hopelessness in connection with the breakdown of an idealized self-concept" (p. 20). Kernberg differentiated this type of depression from other depressions in which guilt feelings predominate.

Mrs. Y's husband had helped her maintain an ideal state of narcissistic well-being, and her loss of him involved the loss of this as well. As Sandler and Joffe (1965) stated:

> Mental pain thus reflects a discrepancy between the actual state of the self and an ideal state of psychological well-being. If the presence of a love object is an essential condition for approximating the actual self to the ideal, then loss of the object (or of any other essential precondition of this sort) must inevitably result in mental pain. If the individual feels helpless, impotent, and resigned in the face of the painful situation, then he experiences the affective response of depression. [p. 92]

In Mrs. Y's case, we can speak in terms of secondary fixation because, while her husband was alive, the relationship was not felt to be a close one, and the husband was not an attachment figure. When he went away on trips, even for as long as a month, she often told me that she did not

miss him and felt relieved not to have to do anything with him. She had
not married him because she was in love, but rather because, at her age,
it was what her social circle and she herself expected to happen, and the
fact that the man who was going to be her husband was in a respected
position contributed to her decision.

During Mrs. Y's treatment, something became clear to me: that the
power of my interventions to promote change depended not only on the
truth they contained or on an adequate description of her psychological
state, but also on the support lent to my remarks by a certain satisfac-
tion/pleasure in one of her motivational systems.[1] Thus, to overcome
resistance to change, the analytic intervention must offer something that
in its interplay with resistance will produce more satisfaction/pleasure.
The power of truth and reason always needs support from a need/desire
of the subject in order for the subject to acquire motivational strength.
To the extent that Mrs. Y accepted my interventions, it was sometimes
because her insight was associated with and reinforced by her feeling
that her acceptance made her feel she had intimate contact with me—
the power of attachment. At other times, she accepted my interventions
because her becoming conscious, through interpretive work, of her hos-
tility and the reasons behind it promoted her desire to move toward an
ideal ego, which led her to leave aside pathological behavior that had
previously provided narcissistic satisfaction; instead, she could achieve
narcissistic satisfaction in another way: by seeing herself as one who has
the courage and capacity to change.

The depression Mrs. Y suffered when her husband died must be dif-
ferentiated from other cases of depression that present painful longing
for the lost person, the absence of emotional and physical contact as the
source of suffering—the object having been an important attachment
figure that was esteemed over all others, with a *primary fixation* to it. It
must also be differentiated from cases with predominant feelings of guilt
or pity for the fate the lost person has suffered, as in the case of a patient
whose baby died in his crib, having choked on his own vomit while the
patient and his wife were watching television in the next room.

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[1] For more about motivational systems, see Bleichmar (2004) and Lichtenberg
(1989).

It is different when the object has essentially provided a feeling of security, so that its disappearance throws the subject into a constant state of fear, paralysis, and inhibition, making him or her feel helpless and hopeless in relation to any type of achievement. This sequence is characterized by loss of the object followed by fear, inhibition, and frustration of the many wishes that require action in reality for their gratification, with the consequent depression that is secondary to phobic avoidance.

TOWARD A PSYCHOANALYTIC NOSOLOGY OF PATHOLOGICAL MOURNING

In Mrs. Y's case and the others I have just mentioned, feelings of helplessness and hopelessness to achieve what is desired—the return of the object—are the common denominator that places them in the generic category of pathological mourning, but the different causes of this helplessness and hopelessness afford the possibility of a psychoanalytic nosology of types of pathological mourning.

As for the object, it can be categorized in types according to its function for the subject, in the sense of the needs it satisfies for the different motivational systems that organize wishes, anxieties, and the means of self-protection from them. Just as there is an object of the sexual drive, some objects may enable psychobiological regulation or a decrease in anxiety, or may provide mental organization, or the feeling of vitality, the feeling of identity, or narcissistic equilibrium. When the object is lost, its functions for the subject are disturbed, and the subject's psychological balance is consequently upset as well. In *Inhibitions, Symptoms and Anxiety* (1926), Freud asked the important question: "When does separation from an object produce anxiety, when does it produce mourning, and when does it produce, it may be, only pain?" (p. 169).

We can apply the functions provided by the lost object to the initial description of some of the conditions involved in the different symptoms we observe after object loss. When these conditions are connected to feelings of helplessness and hopelessness, they lead to particular manifestations of pathological mourning.

If the object satisfies needs of self-preservation (feeling safe), the consequence of its loss is the appearance of a feeling of danger. If it

provides psychobiological regulation, what may emerge in its absence is emotional disorganization, anxiety, even neurovegetative unbalance. If it supports a feeling of vitality and enthusiasm, its loss provokes listlessness. If it supports narcissism, its disappearance generates unbalance in this dimension. Also, if the object is the one that satisfies the need to take care of, protect, and provide happiness for the other, its loss can activate guilt feelings, with sensations of emptiness and confusion, since the lost object takes away part of the subject's identity—the activities related to taking care of the other.

Whether or not the clinical depression of pathological mourning occurs depends mainly on the tendency to feel helpless and hopeless—feelings that for some persons are part of a basic reaction to wish frustration or adversity, whose origins are experiences of a sense of helplessness and hopelessness that they have previously suffered, and/or an identification with significant figures who suffer from them. The tendency to feel helpless in situations of wish frustration, of which helplessness to recover the lost object is a variant, is thus an essential dimension to be analyzed and modified in cases of pathological mourning.

Another major factor is the tendency, whether for constitutional or acquired reasons, to react with aggressiveness to psychic pain. But aggressiveness alone does not determine the type of pathological mourning, which depends on the psychic tendencies with which it combines. Thus, if projective mechanisms are an important dimension of the personality, then object loss may lead to a paranoid mourning that includes criticism of the environment and of what others did or do. However, if aggressiveness is combined with the tendency to experience guilt feelings, then we have a type of pathological mourning in which moments of aggressiveness are followed by moments when guilt comes to the fore.

Loss of a significant figure that sets off a mourning process has certain repercussions if suffered by an anaclitic personality, and others if by an introjective type of personality. The work of Blatt (2004) concerning these two dimensions, based on investigations characterized by consistent results, provides a valuable guide for the psychoanalytic clinician in understanding the reaction to different types of loss and the types of symptoms that predominate in clinical depression. It also provides a

degree of predictability of the possible effects of interventions centered on support or on insight.

Also, the painful affects and anxieties activated in the mourning process provoke very different responses, depending on the basic personality structure. For example, some borderline personalities react with disorganization or acting out because of their lack of tolerance of the psychic pain of mourning. We can hold in mind a double diagnosis: on the one hand, the content of the pathological mourning—guilt, narcissistic unbalance, fears, etc.; on the other hand, ego organization, separation between primary and secondary process, and the structure of the superego. This means differentiating between the contents processed by the psychic apparatus and the operations it uses to deal with these contents—the more structural aspect.

What I have just said aims to support the idea that the types of pathological mourning are best understood in a dimensional model of the psyche. This model sees psychic functioning as determined by particular combinations of dimensions that are articulated in complex structures, a view point that has always characterized the psychoanalytic approach to nosology—in contrast to approaches using isolated categories, such as the successive versions of the Diagnostic Standards Manual.

From all the above, we derive what is specific to psychoanalytic diagnosis, with all its richness: it tries to describe mental states and behavior, the multiple components that organize them, and especially the transformations that they undergo as a result of affective motivations with implications for the treatment. This allows us to intervene with the components themselves and not only with the product of their interaction (symptoms, behavior, etc.), adjusting interventions to what happens at each step of the transformations that the process undergoes. For this reason, psychoanalytic diagnosis is gradually configured throughout a process in which we see how the patient reacts in the frame of the transference-countertransference and of the vicissitudes in the patient's life outside treatment.

An additional aspect differentiates psychoanalysis from cognitive psychology: psychoanalysis not only treats the different types of unconscious processing and defenses, but also gives priority to affectivity and

its movements. Freud differentiated between the cathexes of affects and ideas, in anticipation of today's neuroscientific findings; that is, that affectivity, cognition, and neurohormonal organization interact, imposing transformations on each other. Unconscious fantasies and conscious cognition modify affectivity, but are in turn transformed by the latter in a two-way process. Thus, the way a subject feels depends on how he or she thinks, but the subject also ends up thinking in function of how he or she feels (Forgas 2003). Once an affective state is active, it calls up ideas that may be related to it.

THE *UNTERGANG* OR DEACTIVATION OF CERTAIN UNCONSCIOUS CONTENTS

In "The Dissolution of the Oedipus Complex" (1924), Freud introduced a conception of the unconscious that filled the analysts of his time with perplexity. He maintained that when certain conditions are present— lack of expected satisfaction, threat of castration, etc., that is to say, for psychological reasons—the Oedipus may take a very peculiar course: "But the process we have described is more than a repression. It is equivalent, if it is ideally carried out, to a destruction and an abolition of the complex" (p. 177).

How are we to understand this? Is it that the entire unconscious trace of oedipal wishes and fears—representations and affects, the fantasies of which it consisted—disappears completely? The transference, the reactivation of the childhood past, makes it hard to accept that something so significant could totally disappear. But objections to the exaggeration involved in the term *Untergang* (Levy 1995)—Freud thought in terms of dissolution/destruction—does not cancel out his point: that something in the unconscious can lose motivational strength and no longer be a strong, active presence. This differentiates such material from the repressed, which preserves its strength and requires a constant defensive process.

It is this question of different levels of motivational strength of unconscious contents that arises with the introduction of the concept of *Untergang*. If the unconscious were not activated and deactivated in sec-

tors, variations in states of passion would be impossible. Human beings go through moments dominated by an emotional state of hate or tenderness, love or fear, and each state deactivates those that counter it. These states are not mere organizations of consciousness, since if the fear or persecution were *constantly* active in the unconscious, the requisite levels of anxiety and vigilance would be intolerable, and one would never be able, for example, to relax and go to sleep.

The above considerations lead to the belief that, together with active contents having great motivational strength, the unconscious contains other elements that exist at different levels of activation. We see this in patients characterized by a flattening of affect and arousal, our interpretations and clarifications reaching them as ideas but without mobilizing their affectivity or producing levels of arousal that would be provoked in others. This matter is important for analytic therapy because, together with the basic objective of undoing repression and splitting (for which interpretation is essential), analytic therapy presents the challenge of how to reactivate something that has suffered a deactivation process. This leads us to wonder: in a certain type of chronic pathological mourning in which it is not sadness that predominates, but a severe flattening of affectivity, loss of vitality, and a low level of arousal, is it enough to work with interpretations, reconstructions, and analysis of fantasies, or must the analyst's vitality be employed as well to activate those nuclei of vitality in the patient that have suffered the effects of a process of deactivation?

Consideration of the analyst's affectivity and level of arousal/activation demonstrates, once more, that the analyst's position is marked by contradictions between disparate tendencies and tasks that are consciously or unconsciously put into action in the treatment—an issue that Friedman (1988) extensively elaborated. As analysts, we must restrain ourselves in order to allow the patient's self to emerge; on the other hand, we must be spontaneous and genuine in order to avoid stimulating the patient's identification with someone who is not spontaneous and genuine, among other reasons. We must be open to role responsiveness (Sandler 1976).

Added to all that, we must attend to the affective and arousal/activation level that might be more instrumental for each moment of the treat-

ment, even for a single patient. With an excited patient whose emotions overflow, it is necessary for the analyst's tone of voice, rhythm, affectivity, and state of arousal to function as containment (Bion 1962) and to contribute to downward regulation. However, with a patient whose affectivity is flattened—who shows a lack of energy, whose narratives are devoid of vitality—wouldn't an analyst who tries to preserve *affective* neutrality and a low level of arousal in tone of voice, speech rhythm, and strength of expression run the risk of reinforcing the patient's character style, in spite of providing correct interpretations about the biographical causes of those pervasive traits?

Perhaps we should differentiate between patients who: (1) block their affects due to present conflicts or reactivation of past conflicts as a way of not facing internal and external conditions that would generate anxiety; and those who: (2) have from the initial moments of their lives identified with parents with a low level of affectivity/arousal, and/or, in not receiving the wished-for affective response, suffered a process of progressively diminishing affectivity/arousal, which then became a character trait. Recognition of the need of a different technique for certain cases of affect disorder led one author, Blum (1991)—an obvious supporter of interpretation and insight as productive of structural change—to state:

> Depending also upon overall personality structure and ego resources, many forms of affect disorder are best treated in psychoanalysis. Others might benefit from expressive psychotherapy, with face-to-face *affective exchanges* or supportive recognition and *relationship approaches* for those patients with very severe disorders. [p. 287, italics added]

But the use of affectivity and the analyst's level of neurovegetative activation as a component of technique is no doubt a controversial topic, one without clear conclusions as yet; this issue requires further conceptual and clinical research (Jiménez 2007; Leuzinger-Bohleber and Fischmann 2006) in order to answer questions like the following: in specific cases or types of cases, what are the risks of disrupting the analytic process, and how may we combine such a disruption with insight and interpretation?

DIFFERENT REACTIONS TO THE LOSS OF THE OBJECT

Pathological mourning involves a basic state in which the subject feels helpless and hopeless (Bibring 1953; Bleichmar 1996; Haynal 1977) to recover an object and the relationship with it, a relationship experienced as providing a state of well-being (Sandler and Joffe 1965). I use the term *basic state* to indicate that, during pathological mourning, a person goes through different moments: sadness predominates in some, while at other times, psychic suffering triggers diverse defensive processes that are attempts to escape from it (Brenner 1982; Grinberg 1992; Haynal 1977; Hoffman 1992; Jacobson 1971; Klein 1940; Kohut 1971; Pollock 1989; Stone 1986).

Pathological mourning also includes efforts at restitution of what has been lost through a fantasy that modifies the events experienced and leads them to a different outcome, now under the sway of the subject's desire (Renik 1990). In other cases, the subject appeals to weeping as a cry for help to the people around him or her; or defensive self-reproaches may predominate, these being a form of self-punishment to relieve guilt feelings and to recover the love of the superego (Rado 1951). In other cases, dissociative phenomena leave the subject in a state in which pathological mourning is manifested not by depression, but instead by a broad range of behaviors that reflect the effort of the psychic apparatus to keep loss-related suffering at a distance—as is seen with addictions, compulsive activity, etc.

At some moments, depressive affect is relegated to the background and is replaced by anxiety resulting from the feeling of being in danger of something that could happen to the subject as a consequence of the loss of the object that was felt until then to be the subject's protector. In this case, anxiety may be a central component. In other cases, what we find is a generalized phobia, with fears of everything, or hypochondriacal preoccupations. Such symptoms were absent before the loss because what began as a feeling of helplessness to gratify the wish to recover the object finally permeates the subject's whole representation, including

the feeling of being able to face reality or any dangers that may arise imaginarily from the body (Rosenfeld 1965).

Thus, the subject's self-representation of being helpless, incapable, inferior, or weak creates the conditions for everything to be threatening. Fear of an external or internal threat results from viewing it in relation to the resources that subjects think they have. Fear is always the result of such a comparison between the subject representation and the object representation. Once a subject perceives him- or herself as a *self in danger*, the way in which a particular danger becomes concrete depends on areas of vulnerability determined by each subject's particular biography. Thus, hypochondriacal preoccupations that were previously only unrealized potentials may come to the fore, or paranoid fantasies of being attacked, or limited phobias, may make an appearance. Old identifications with hypochondriacal or paranoid parents, which were never before manifest pathology, find appropriate conditions in which to develop and expand.

The foregoing remarks may explain what we frequently observe in the course of a treatment: the resolution of a symptom that was not specifically treated. This outcome may be due to a modification of the subject's global representation; improving his or her basic feelings of security and capability eliminates the condition on which the symptom depends. Basic feelings of insecurity/helplessness can act as a switch leading to manifest symptoms.

WORKING THROUGH

The working through of pathological mourning must involve the multiple factors, different in each case, that prevent separation from the lost object—*primary fixation*—or that are keeping the subject from establishing relationships with substitute objects, which in turn determines a return to memories, with longing for the lost object, which then undergoes a process of idealization and the consequent *secondary fixation*. In the treatment of pathological mourning, as long as the narcissistic imbalance, the paranoid anxieties, or the original or defensive guilt feelings remain unmodified, and if emotional and instrumental resources

are not developed to take advantage of the real opportunities offered, the conditions that make the loss of the object so devastating will remain active.

The conditions I have just mentioned are dimensions to guide our interventions in each particular case, although we must bear in mind that, in the course of the treatment, we will always be subjected to the tension between two poles: on the one hand, a certain focalization and selection of the most pertinent interventions in terms of the therapeutic objective, but, on the other hand, an openness to the emergence of what we cannot always foresee. This means that the maintenance of evenly suspended attention, one of the distinguishing features of analytic therapy, enables the course of the treatment to follow the vicissitudes taken by the patient's psyche, rather than any rigid plan formed a priori.

An important factor at work in pathological mourning is the fixation to feelings of helplessness/hopelessness in former stages of life (Bibring 1953). A real experience of having lost something important and having been able to go on is inscribed in the psyche as a belief that losses are reparable. But this confidence in the capacity to repair depends not only on what happened or on the real reparation that the subject made in response to adverse events, but also on the belief, conveyed to the subject by significant others, that reparation *can* be made, and on what those around the subject do (Brown and Harris 1989; Hagman 1996; Shane and Shane 1990).

The power of the discourse and attitude of a significant other has decisive implications for understanding what the analyst's position can mean in the treatment in regard to the patient's ability to overcome pathological mourning. In effect, while the capacity to set in motion a process toward reparation depends in part on a fantasy or belief that this is possible, in order to overcome forms of destructive narcissism (Rosenfeld 1987) and intolerance of guilt feelings (Steiner 1990), it is also the *analyst's confidence in the patient's capacity* to surmount these difficulties—conveyed in a thousand ways, especially unconsciously, since this is the level that matters—that helps the patient to keep hope in a different future alive.

Analytic treatment is a wager that something can be modified, and in order for it to succeed, we analysts need to have confidence that this will happen. Limits to the patient's transformation are set not only by the patient's pathology or resources; these variables are doubtless important but are not the only ones. The analyst's belief and confidence in the transforming power of analysis are additional significant variables.

With certain depressive patients, there is a danger of the development of a type of masochism in which intimacy is sought through suffering. In such cases, the pleasure in sharing pain is the counterpart of what has amounted to a neglect of the patient's emotional needs at moments when what he or she most needed was someone who could feel, accept, and experience the patient's pain and accompany him or her through it—rather than interpretations. In these situations, both the power of the relationship to produce changes and the power of the interpretation find their specific roles; only clinical wisdom and our sensitivity can determine when and how to articulate these.

This issue is closely related to the value and reach of empathetic listening to accounts of suffering and trauma as a therapeutic factor. Rimé (2007), in a well-documented paper on the transforming value of sharing painful emotional experiences, shows that even though such sharing provides important support, comfort, consolation, legitimization, bonding, and empathy, and consequently emotional regulation, sharing alone is not enough to complete recovery. Changes in the patient's deep beliefs about the self, others, and reality in general are also required.

Here *reality* must be understood with Friedman's (1999) meaning: it is always *human reality*. Thus, Friedman highlights the fact that reality includes values, wishes, compulsions, and libidinal cathexes, and that, above all, it results from exchanges with other human beings who construct different realities. As Friedman maintains, in order to be realistic in the psychoanalytic sense, we need to find multiple ways of relating to the world and to other human beings, and each of these ways is strongly rooted in our individual makeup. This is why not all narratives that an analyst conveys to a patient are equally rooted in the patient's makeup— in the deep sense of what the patient has experienced, that is. Radical constructivism finds an obvious limit at this point.

THE SUBJECT'S DEFICITS AND SECONDARY FIXATION TO THE LOST OBJECT

The working through of mourning requires work in three areas: (a) representation of the lost object; (b) representation of the subject; and (c) the subject's operative functional capacity or real ego resources. It is one thing when fixation to the object and dependence result from the subject's disbelief in his or her own resources, despite having them, and instead represents them as properties of the object; it is quite another when the subject has real deficits, and, in order to complete his or her psychic structure, the subject must participate in a symbiosis with the object to get what the subject lacks.

In the former case, we work mainly on the subject's fantasies, the imaginary representation, on the reasons why the subject cannot take over what he or she possesses and the anxieties preventing this—e.g., paranoid anxieties, guilty feelings, splitting, or projective identification (Klein 1940, 1946). In the latter case, analytic work requires the subject to acquire resources he or she has never possessed, regardless of the causes of this deficit, which forces the subject into symbiosis with someone else to complete the psychic structure.

Secondary idealization of the object enables us to understand why some people do not succumb to depression at the time the object is lost. This is because a new loss not only reactivates pain in relation to losses of the past, or because there is an accumulation of past traumas, but also because, given the ability—or tendency—of the ego to construct and rebuild the past, a memory can be created of something that did not take place. And then something that has not been wished for—has not existed—has now been retrospectively created, and consequently is missed. In these cases, mourning for what was lost emerges and develops when difficulties appear in the present around satisfying the different needs and wishes of, for example, the self-preservative, narcissistic, or sexual type. This warns us against globally applying a therapeutic maxim that is valid for many cases: that in order to work through an actual loss, the *previous* working through of past losses is required. In fact, it is sometimes exactly the other way around: by working through the in-

ternal and external conditions now predominating, which cause feelings of helplessness to impair the individual's legitimate aspirations, and thus by overcoming these limitations, past losses acquire a new meaning.

As I noted above, if the encounter with new objects produces persecutory anxiety (Klein 1946), if the subject has a hostile or distrustful relationship with others, if the subject is insecure about being able to elicit a positive response from others, if because of a paranoid or narcissistic personality structure the individual fears attack, criticism, or rejection—then he or she will isolate the self and construct a phobic-avoidance barrier that will block encounters, even when they are desired. Aggressiveness and ambivalence are essential factors in the origins and maintenance of certain cases of pathological mourning, as described by Freud (1917) and thoroughly confirmed in psychoanalytic clinical work by Klein (1940), Jacobson (1971), Kernberg (2000), Steiner (1990), and others.

Also, if the subject has poor ego resources, for example, or lacks the emotional ability to elicit interest and attraction from others, or if the lost object is a job when the subject has no instrumental skills, knowledge, or practice, then attempts to gain a new object to replace the lost one will fail. For this reason, the lost object will be remembered in a process of *secondary fixation* to it.

Guilt feelings after the death of a loved one determine a return, once and then again, to the memory of that person, to how the subject failed to provide adequate care, and the damage presumably inflicted on that object, in which case any discontinuation of thinking about the object or attempts to replace it are experienced as disloyalty or insensitivity. Faithfulness to the dead person operates as a mandate of the superego, which obliges the subject to stay in touch with it, to never stop missing it, and to grieve over its absence. In these cases of pathological mourning, suffering is the subject's way of showing the self that the lost person was and is still loved, and it becomes a defense against feelings of being guilty and bad. For this reason, the patient resists, both consciously and unconsciously, any therapeutic effort to allay the guilt, pain, and sadness, which are felt to be proof of the patient's love and goodness (Mitchell 2000). Also, guilt feelings prevent the subject from becoming resigned to the loss; instead, there are efforts to rewrite the history of what hap-

pened, and to develop the fantasy of "if this or that had been done . . . ," or "if I . . ."—thus maintaining the fixation to the object.

When the loss is experienced as a narcissistic injury, hatred of the lost object may be activated with the defensive aim of trying to remove it from its position as supreme judge of the subject's value, a position it continues to hold. Thus, it is impossible to get the object out of mind. Life can eventually be organized around the hate relationship with the object: it is attacked in order to depreciate it, but, like obsessional ideas, it proceeds to hold the center of interest. In personalities with paranoid-narcissistic features, though the entire world may be there to be loved, hate keeps the subject from releasing the lost object. However, since this hate is not enough to break free of the object, the consequent feeling of helplessness throws the subject into depression.

If the person suffers from simultaneous feelings of guilt and narcissistic pain, the defensive hate to overcome the latter tends to reactivate the guilt, so that the subject in turn needs to increase the hate in order to overcome it. This is the case of a patient, married for several years, whose husband told her that he was no longer in love with her, that he appreciated her and would like to go on being friends, but had decided to separate from her. The patient reacted with frustration and narcissistic pain, but especially with helplessness in order to make reality conform to her wishes. This suffering activated a sequence we have seen in other situations: wish frustration, general aggressiveness, and, in this patient with a good level of logical reasoning, aggressiveness that found reasons to justify it; that is, she reproached the other for deceiving her and tried to prove that he was a bad person, undeserving of her love. After these explosions of aggressiveness, she felt guilty and dissatisfied with her behavior, which motivated her to justify the hate on the basis of her ex-husband's behavior, again falling into a search for his defects. The hate defending her from narcissistic pain reverberated with the guilt feelings that tied her to the memory of each moment she had experienced with the person who left her.

Further, this patient's attacks on her ex-husband generated not only guilt, but also fear of losing what little remained of the relationship—a fear that she tried to mitigate with expiatory behavior in order to regain the love of the lost object, by giving him presents, asking his forgiveness

for her aggressiveness, and promising to change. This behavior, an attempt at closeness, made her feel humiliated again, when she saw herself as excessively in need of the other, a need she realized was not reciprocal. In turn, when she was unable to recover her ex-husband by accusing him in her explosions of coercive rage (Rado 1951) or with acts of contrition and expiation, she felt helpless, and this feeling reinforced her narcissistic depression.

The type of process described in relation to this patient, of one condition leading to another one—narcissistic frustration to aggression, this to guilt, this to projections into her husband, then reinforcement of fears of losing him, etc., as well as the cycle of wishes, anxieties, defenses, new wishes, etc., that were described in Mrs. Y's case—raises the question of the correct timing, the temporal accuracy, of psychoanalytic interventions. Without this, while we embark on examining the circuit of aggression, the patient could be moving on to severe narcissistic imbalance, and when we focus on narcissistic anxieties, the patient may have shifted toward persecutory anxieties or feelings of guilt, or again to defensive aggression.[2]

CONCLUSION

Finally, to recapitulate, I would like to return to the subject of a possible psychoanalytic nosology of types of pathological mourning based on conditions of genesis and maintenance. These types are: (1) cases with predominant primary fixation to the lost object; (2) those in which conditions of suffering in the present for internal or external causes lead the subject to return to the lost object; (3) those where guilt feelings or narcissistic injury maintain the fixation to the object; (4) those in which the present loss more directly evokes a past loss because the conditions in which the losses occurred are similar; and (5) those in which aggressiveness and hate block reconciliation with the lost object and acceptance of new objects.

Thinking in these terms is useful for psychoanalytic treatment because it may orient us toward the specific factor that needs to be modi-

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[2] For further descriptions of some of these cycles, see Bleichmar (1996) and Busch, Rudden, and Shapiro (2004).

fied in each individual case. We should bear in mind that, although the condition originating and sustaining the pathological mourning may predominate, we may also encounter a combination of other factors, and one or another of these may come to the fore at different moments during the treatment.

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Diego de León 44–3izq.
Madrid 28006, Spain

e-mail: bleichmar@aperturas.biz

THE MIND AS A COMPLEX INTERNAL OBJECT: INNER ESTRANGEMENT

BY CHARLES LEVIN

The psyche is not a passive container (of emotions, memories, representations, objects, structures, drives, defenses, etc.), and not just an object-seeking organism; it acts on itself as the object of its own scrutiny, which can take many forms. Emphasis on the role of interpersonal object relations has sometimes tended to reduce our working model of the psyche to its internalizations and how these shape personality. This essay uses illustrative clinical vignettes and metapsychological reasoning to explore the mind's relationship to itself and its capacity to act upon itself, arguing that attention to this aspect of clinical material is vital to the psychoanalytic process, fostering what might be described as the growth of internal intersubjectivity.

Keywords: Uncanny, internal object, internal intersubjectivity, drive, metapsychology, transference, self-transference, self-concept, observing ego, splitting, hidden observers, multiplicity.

THE MIND AS A TRANSFERENCE OBJECT

The psychoanalytic process commonly gives rise to uncanny bits and pieces of material, odd feelings and images that seem to be related to a memory or a dream or a thought. It is not rare that the entire analytic process comes to seem alien and strange, both for the patient and the analyst. What might be termed an ordinary feeling of strangeness, re-

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Charles Levin is a Supervising and Training Analyst at the Canadian Institute of Psychoanalysis in Montreal and interim Editor of the *Canadian Journal of Psychoanalysis/ Revue Canadienne de Psychanalyse.*

ported by most patients, is that something came very close to becoming conscious, but then slipped away. If one considers that experience carefully, as Freud in his genius was the first to do in a really systematic way, the implications are disturbing.

In the category of the strange and the uncanny, déjà vu experiences are frequently reported, though we tend to interpret them as secondary effects (if we interpret them at all). Patients will sometimes say they had the feeling after a dream that the dream was part of another, ongoing narrative—or life—that the patient is experiencing in another dimension. There is often an initial sense of urgency on the patient's part about these phenomena—"I must figure out what this is"—but it wanes quickly if the analyst is not also curious.

Freud wrote periodically about strange psychic experiences (notably, in his paper on the uncanny [1919]). His own strange experiences were the occasion of much self-analysis (e.g., 1900, 1901, 1936). The early literature on this subject followed his lead in positioning the uncanny on a continuum with the "normal." Like dreams, unusual states of consciousness, however fleeting, were valued as windows on the human mind, even if they might also have indicated the presence of abnormal and idiosyncratic psychopathology.

With Freud's (1919) interpretation of Hoffman's "The Sandman" as a precedent, the emphasis was on the symbolic context in which these experiences arise: typically, the repetition of an oedipal trauma involving a resurgence of castration anxiety. In a paper on déjà vu, for example, Arlow (1959) provided elaborate material involving the reliving and reconstruction of anxiety-laden oedipal situations from early childhood in two different analytic cases. From a metapsychological point of view, he stressed the defensive role of ego regression involving a temporary deterioration or "disturbance" of the "sense of reality."

In this study, I will outline a general approach to such phenomena. My central argument is that they refer not just to objects or to symbolically overdetermined life situations and events, but to the mind's actual and ongoing relationship with itself—that is, to the mind's experience of itself as an enigmatic object, one that is just as important and hard to decipher as the enigma of the mother's unconscious desire (Laplanche 1987, 1997) or of any other archaic object. My thesis is that, although

one can plausibly attribute symbolic content to such experiences based on the patient's associations, their general clinical significance is to signal the surfacing of a hidden part of the mind itself. The presence of the uncanny in analytic material, whether it is announced as such or discerned as "strange" by the analyst, is an important clue that the affect and the dynamic latent in the patient's discourse is not only or primarily concerned with an object relationship in the conventional sense, but also with the mind as an object in its own right. I have chosen the phrase *inner estrangement* as a broad descriptive rubric to cover the range of issues to be addressed.

I will focus on subtler manifestations of inner estrangement, those entangled in what might be termed *average, expectable* analytic material. For example, I will show how patients' descriptions of uncomfortable social experiences may reflect a sense of personal absence and alienation from their own internal worlds, including anxiety arising from unconscious or preconscious knowledge of displaced internal observers and split-off fragments of epistemophilic activity—*hidden seekers.* This underlines my view that indications of inner estrangement are ubiquitous, though the signs of it are often muted, easily overlooked, or explained away as secondary effects of the environment, of object relations, and/or transference to the person of the analyst. My aim is to remind us that the transference is as much a sign of the patient's unconscious relationship with his or her own mind as it is an indication of the relationship with the analyst, and that attention to this fact enhances the analytic process.

A central motif of this paper, which I trace primarily to Bion (e.g., 1959), is that the action of the environment on the mind is concomitant with, and sometimes perhaps even secondary to, *the action of the mind on itself* as it experiences itself in the process of receiving environmental input. This perspective is implicit in the concept of psychic defense, though it tends to get lost in the object-centered point of view—what I think of as our natural "ocnophilic bias."[1] When the formative influence of the object is overemphasized, clinicians may be tempted to forget that psychoanalysis is not just a corrective process for the patient, but also

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[1] The term *ochnophil* derives from Balint's (1968) interesting typology in which the person who is an ocnophil "overcathects his object relationships," in contrast with the *philobat,* who "overcathects his ego-functions" (p. 68).

one of discovery for both partners in the enterprise—discovery and re-discovery of one's own mind, and a coming to terms with it.

Realizing the heterogeneous, multiple, and alien dimensions of one's own psyche is a vital undercurrent of the analytic process, and an important aspect of the struggle against defensive and destructive narcissism. It may be a somewhat private affair for the patient, with its own therapeutic stages and idiosyncratic benefits that need to be recognized, encouraged, and made room for—but not controlled—by the analyst. The achievement of a kind of *internal intersubjectivity*—embracing as fully as possible the separate otherness within oneself, i.e., the analysand's otherness to himself as "subject"—is as significant a step in emotional growth as the analysand's coming to recognize and accept more deeply the separate subjectivity of the other (e.g., the analyst in the transference, the analysand's spouse, children, etc.). In other words, we need also to keep in mind the patient's transference to him- or herself.[2]

We know that in almost every patient, certain problematic defenses are deeply embedded in the sense of personal identity. These can be given up or mitigated, for therapeutic reasons, only if the analytic process helps the patient become more comfortable with the strangeness of the internal world. Even a commonplace feeling, such as envy, might be a part of that strangeness. The mind's reaction to a feeling can be so swift that the feeling itself may become unfamiliar. Indeed, in the case of envy, our concept of the emotion has become almost synonymous with the defense against it: the spoiling attitude toward the object that covers over a withering, sinking, dreadful glimpse of subjective lack.

In theory, we can imagine that the envious devaluation of the object gives the ego a boost by diverting attention from troubling intimations of its own emptiness and insufficiency. The destructive attitude is real enough, but in a certain way it may be beside the point, since the primary aim is to avoid contact with inner strangeness and loss of the ego's sense of control. For this reason, interpreting envy in terms of aggression toward the object might achieve only a subtle reinforcement of the

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[2] Klein often suggested something just like this: for example, when she wrote that in mourning, a "greater freedom in the inner world implies that the internalized objects, being less controlled by the ego, are also allowed more freedom; that these objects themselves are allowed . . . greater freedom of feeling" (1940, p. 359).

defensive smugness of the ego, confirming its illusory sense of agency and the wished-for potency of its fantasies about itself. The occluded feeling of ego lack stares knowingly back while the ego, the *I,* the *me,* drugs itself on strong feelings about the object, oblivious to the presence of this internal observer.

The envy in this example, the painful feeling of lack in envy that might be covered up and hidden way, is only like an internal object to the extent that we think of internal objects as psychic creations. Inner estrangement is not something that is "internalized" and it is not necessarily a representation of anything. A catalytic object experience may be involved (the other person may even have tried to provoke feelings of envy), but the strangeness that spins off from the experience will be singular, probably sui generis. Access to inner estrangement through reconstruction of the analysand's relational history is therefore doubtful; the latter is a story that we can choose to believe or not to believe. On the other hand, the pseudoempirical, here-and-now, transference-countertransference picture of analytic interaction may not help much either, since the analysand's way of dealing with the analyst's personality will not necessarily reflect the self-generated peculiarities of the analysand's mind as an internal object.

When we refer clinically to a person's relationship with his internal objects, we are usually assuming a stable ego perspective and a clear boundary. Though we know that the psychological situation is more complex, we implicitly assume that it is the *self* that is doing all the internal relating, not the *objects.* This sense of stability and centeredness is precisely what is disrupted by the experience or discovery of inner estrangement.

One way to describe this is to say that a gap seems to suddenly arise between the feeling of selfhood—the *I* or *me* feeling—and the scene of mental action. What was imagined as *me* having my own animate experience (in which the experiential quality in consciousness is imbued with the illusion of *my* agency) loses its veneer of unity and continuity. It (the *I*) finds itself in a strange environment populated by independent sources of action and perception. If this experience, usually transitory, can be tolerated, it brings with it a disturbing awareness of losing a previously unconscious sense of omnipotence and control.

In this context, omnipotence has an extended meaning: it refers not only to the fantasy of power over a needed object in defense against feelings of helpless dependence, but also to the ego's illusion of controlling the domain of mental experience over which it claims to preside. That this internal dominion is an illusion is relatively easy to grasp intellectually—Freud pointed it out innumerable times—but it is much more difficult to *acknowledge* emotionally. Glimpses of internal discontinuity and heterogeneity easily slip out of awareness before they can be formulated in explicit terms that can be retained in consciousness.

The idea of the *internal object* is naturally felt to imply containment within a mental field—what we call the psyche or internal world. The containing field, in turn, tends to be imagined as synonymous with the self; so there is almost always a belief that the self encompasses the internal object. To speak of the entire mind or aspects of it as an internal object, however, suggests a very different (though perhaps complementary) approach in which the relationship between container and contained is destabilized and radicalized in a way that is usually felt to be threatening. Often when we speak of an internal object, we are referring to a phenomenon that is really more like another active *self*. In ordinary circumstances, conscious contact with this kind of otherness is difficult to maintain. When we call it the *superego,* we grant this otherness some of its due, but frequently with the result of merely localizing and domesticating it within the bounds of the imaginary self as the familiar "voice of conscience."

When we say, on the other hand, that the internal object is a fantasy, we are implicitly recognizing that the terms in which the psyche operates cannot be entirely reconstructed from a schematic account of personal development, whether that of the ego or of object relations. The fact that, in response to experience, the mind may simply make things up leaves analytic understanding in uncomfortable limbo, subject to constant revision, from analysand to analysand, session to session.[3]

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[3] There is an implied distinction here between objects that are *internal* and objects that are *internalized.* Internalized objects appear closer to "reality" in that they seem to bear some recognizable trace of an interpersonal object and the real relationship with that person. In that sense, they are somewhat like *representations* or conscious memories. But in the strict sense, the psyche does not deal with representations and memories in the ordinary psychological meaning of those terms. All phenomena in the realm of psychic

These considerations imply the need, perennial, for another look at transference phenomena. We tend to see them as projections of "old" objects (persons in the patient's past life) and "archaic" objects (re-fracted internalizations of the latter). Freud (1905a) spoke of transfer-ences as "new editions or facsimiles" that "replace some earlier person by the person of the physician" (p. 116). But what we often see in the transference is also the mind's relationship to itself, as Klein suggested when she emphasized that introjection of an object reimports what has been projected into it.

The singling out of this self-dividing and self-reiterating quality in the transference can be very important for the analytic process. Its sig-nificance is more likely to emerge clearly when we can interpret less globally, on other than purely relational terms that involve distracting references to real persons, including the analyst. Concrete formulations of the "you-are-speaking-to-me-as-if-I-were-your-mother" type can be ef-fective in the early stages, when the transference is imbued with crude assumptions about past and present reality. But analysis can move toward a different kind of interpretation of the same root dynamics, sounding more like "the way you are speaking to me now, as if I were doing such and such, is rather like (or related to) what you seem to keep doing in your own mind to yourself." To be sure, this less concrete approach to the patient's emotional life is already well established; but in practice it remains difficult to sustain because the avoidance of simple object ter-minology like "your mother," which acts as a convenient but misleading shorthand, makes it more difficult to formulate what is actually going on until the analytic couple have evolved their own language for it.[4]

reality are internally created, in the sense that they express a way of dealing with experi-ence rather than the actual experience itself. In working with clinical material psychoana-lytically, we are always working intuitively with a blended product that needs to be parsed in this regard.

[4] Bird (1972) addressed similar issues with respect to the concept of the *transference neurosis*. Distinguishing the latter from "a simple transference reaction," he stated: "[In the transference neurosis] I come to represent *the patient himself*. More specifically, I come to represent some complex of the patient's neurosis or some element of his ego, super-ego, drives, defenses, etc., which has become part of his neurosis. I do not, however, rep-resent as such actual persons from the past, except in the form in which they have been incorporated into the patient's neurotic organization" (pp. 281-282, italics in original).

Joseph's (1986) clinical handling of *chuntering* illustrates the value of keeping a steady focus on how the patient's psychic functioning interacts with itself. The transference demand on the analyst is not just about repeating a pattern of object relating; it can also be a way of deflecting attention from inner strangeness in order to remain unconscious of hidden internal observers and agents. Object seeking in this sense is a way of shoring up the illusion of control over one's own psychic space.

If we call the patient a *subject,* as some French analysts do, then we can see that it is one thing for a subject to observe the mind as an object, and another for the subject to feel itself treated as an object by its own mind, to experience one's own subjectivity as an object of internal mental processes, such as impulses, instincts, and defenses, as if one's own mind included subjectivities other than one's own. When we continue to think of intentionality in the psyche as centralized in the ego, then the idea that we have a relationship with ourselves seems obvious and banal; its strangeness is lost in the one-sided grammatical forms of the reflexive mode, such as self-loving, self-loathing, or self-observation, which remain trapped in the syntax of subject, verb, and object.

In this paper, I take seriously the basic psychoanalytic assumption that intentionality is not, and can never be, completely centralized in the psyche such that there is only one *self* capable of wishing, feeling, and perceiving. This is a very difficult assumption to maintain despite all the evidence that Freud began to assemble that we are inherently strangers to ourselves. Awareness of the insubstantiality and indeterminacy of the self is easily whittled away, especially in clinical discourse, by normalizing strategies of explanation, such as the appeal to the shaping role of the external environment. The aim of this paper is not to challenge the incontrovertible relevance to our clinical work of interpersonal objects and environments or their representations, but to emphasize the irreducibility of the internal environment—the mind as many-sided subject and object of its own experience.

THE OBSERVING EGO

We wish to make the ego the object of our study, our own ego. But how can that be done? The ego is the subject par excellence:

how can it become the object? There is no doubt, however, that it can. The ego can take itself as object; it can treat itself like any other object, observe itself, criticize itself, *do Heaven knows what besides with itself.* In such a case, one part of the ego stands over against the other. The ego can, then, be split; it becomes dissociated during many of its functions, at any rate in passing. The parts can later on join up again. [Freud 1933, p. 58, emphasis added]

To begin making sense of inner estrangement, we need to start rethinking the concept of self-observation. This is an issue that is not likely to be resolved in our lifetimes. This section of this paper briefly takes up self-observation by positing a special form of indeterminacy intrinsic to observation in the realm of the psyche; this includes the problem of the *observing ego* and the inherent ambiguity of visuality as one of the dominant metaphors of psychic life.

Analysands present multiple perspectives on their own experience, but we tend to assume that there exists a more or less stable point of view that embodies a capacity to stand back from the subjective process of experiencing in order to report it to the analyst. We make the same assumption about ourselves as analysts. A patient who free-associates is supposed to be able to relate the parade of thoughts and images filing through his or her mind and to follow their associative links. We seem to believe that the patient is neither merely swept up in some mental tide, nor self-consciously controlling it, but instead is somehow observing, without being dissociated from, the thoughts themselves.

Of course, we are aware that this is not always the case, and we even suspect that it can never be. But the psychology of self-observation is so complicated and paradoxical that we easily fall back into convenient assumptions. Only when the material in the session seems to contain gross distortions of reality do we begin to address the structure of self-perception in its own right as a problem worthy of close attention. It is hard to give up the habit of thinking that there is a stable, unproblematic observer of mental experience available to healthy enough analysts and analysands—that there is simply a part of every person governed by the reality principle that enjoys an unobstructed view of the mind's activity as it enters the field of consciousness.

Implicit in Freud's writings on technique (Modell 1991, p. 20) is a distinction between the *observing ego* and the *experiencing ego*—if not in the patient, at least in the analyst (see also Aron 2000; Sterba 1934). It is reasonable to surmise that, indeed, there may always be a part of us that remains emotionally detached and relatively uninvolved, even during very intense and overwhelming experiences. Except in cases of extreme dissociation, one would expect this detached part of the mind to remain attentively in the background, silently recording the involvement of the experiencing ego. The experiencing ego might itself be considered the primary observer in the sense that, at least from the point of view of consciousness, *to experience something is always in some way to observe it.*

However, the detached part of the ego may in fact play a more prominent role in subsequent processes of recalling, describing, and thinking about the experience. Identification with this detached part, the observing ego, could thus serve the purposes of introspective reflection, but also those of defensive avoidance of what one has experienced.

It is striking how easily the act or effort of self-observation resolves into the image of being outside and looking in, or standing on the banks of a stream watching it flow by—*as if we were not inside ourselves.* Freud (1900) had a definition of consciousness as a "sense organ for the perception of psychic qualities" (p. 615). Bion (1967) reasoned that this sense organ (consciousness) would be helpless to observe the self without the accompanying alpha function "to provide the psyche with the material for dream thoughts and hence the capacity to wake up or go to sleep, to be conscious or unconscious" (p. 115). This implies, correctly I believe, that not only consciousness is involved in the perception of psychic qualities.

Bion (1965) also talked about the "mental counterpart of the sense of sight" (p. 91), while warning that this could be a misleading analogy. Seeing tends to be associated with conscious perception, but this is inaccurate. Not only is it true that visual experience is beyond the grasp of consciousness, but we also forget that, when speaking of the mind or the internal world, "observing" is not really like "looking" in the simple sense of sitting in a fixed position, remaining still, and beholding. A better analogy might be the rather confusing children's games, like musical

chairs or pin the tail on the donkey, that revolve around the indeterminacy of one's position.

In the act of introspection, we catch what we can, and as Freud understood so well through his method of free association, "training our sights" is likely to obscure through selection, rather than clarifying what is going on in the mind. Indeed, there is a significant sense in which self-observation involves the whole body interacting with itself through multiple modalities entailing the different sensory and proprioceptive capacities.

For example, we cannot consider information about muscle tone and posture any less significant than awareness of a visual image in the mental background, or of a popular tune with suggestive but consciously unnoticed lyrics, running underneath the welter of more or less explicit thoughts. Deliberate self-observation is inevitably partial and it always has an agenda, even and especially when it is undertaken as a psychoanalytic act.

One patient liked to speak in terms of "tracking" himself, which meant not only observing, but scrutinizing and ultimately stalking himself, as if he would otherwise "lose track" of himself and escape self-punishment. Yet the hunted part of himself was also on the lookout, and this was experienced in the countertransference as a paranoid feeling about the patient's intrusiveness.

In self-observation, neither the observer nor the observed can remain still or stay exclusively in that role. This does not obviate theories of structure (such as ego, superego, id) and position (such as Ps and D). But it does suggest we need to be more mindful of how such theories may help the analyst or the patient to conceal as well as to observe. As Bion (1975) once remarked, "What makes the venture of analysis difficult is that one constantly changing personality talks to another" (p. 47).

STRANGE OBSERVERS

Ms. F

A patient with a capacity for detached self-observation, Ms. F, began a session by explaining that she felt there was a "permanent hole" in her mind. She went on to say that, no matter what was going on in her life,

in her mind there was always a part of her that was coolly observing what transpired, detached from what was going on.

As she was saying this, I remembered one of my first analytic cases. This patient had a habit of equating the coolly observing part of herself to the psychoanalytic observing ego that she had read about. I remembered that this observing ego had a denigrating quality, more like a primitive superego. As I was thinking about this, Ms. F said: "It's like an observing ego." Though perhaps I should have waited to see what Ms. F would say next, the striking coincidence—that we were both thinking about the phrase *observing ego*—prompted my impulse to ask her whether this was the same observer who used to look at herself in the mirror when she was a little girl and say: "You're bad."

Ms. F started at my comment, as if taken by surprise; we had not discussed her mirror conversations in a long time. At first she said, as if this were self-evident, that the two observers were not the same; but then she hesitated and said she was not sure. I noted silently that perhaps when she had looked at herself in the mirror so critically, it was not at all clear who was looking at whom.

Some time later in the session, she began to describe her behavior in a group situation. She said that when she was in a group, she felt like "the part of it [the group] that is removed." I found this turn of phrase interesting for its concreteness: the idea that she was a removed part, as if amputated from some other body, the group.[5] She then declared that she was "always going to feel that she was 'not on the inside.'"

There was already explicit material in the analysis about how Ms. F wanted to be "inside" me. I was reminded of this, but something else occurred to me as well: the idea that, in feeling herself as the part of the social group that was "removed," she was referring, without realizing it, to the hole in herself that she had mentioned earlier in the session. She was observing that hole, and evidently it seemed strange. Implicitly, she was saying that she felt *in relation to herself* just the way that she felt in relation to the social group: like an outsider, the one who does not belong, the shy observer who finds it difficult to participate.

[5] This image also related to her feeling about her relationship to her mother's body, and her feeling about her status as the extruded member of her family (issues that will not be explored here).

My suggestion to Ms. F that there was a link between the feeling of a hole inside herself and the feeling of being on the outside socially was the beginning of an important new development in her analysis. The realization that she treated herself warily, like a stranger, was a revelation to her. We were in a long middle phase, and we had been going around in circles with a painful erotic transference that was split off in an idealizing way, almost to the point of becoming a negative therapeutic reaction, impervious to insight, and powerfully reinforced by her unusual life circumstances at that time.

In this session, a new vista opened out from the realization that the patient's ongoing account of discomfort in various social and professional groups was also a description of the way she felt "inside" herself, as a participant in her own mental activity. In effect, we might say that her *transference to herself* was emerging. This was a negative self-transference that had been concealed behind the loving and longing feelings for the analyst. As she put it right away in that session, it was as if she were "not on the inside" within herself.

In this unscheduled way, we began to explore the ways in which Ms. F felt awkward, shy, and threatened by the "group" of psychic forces and objects at play in her own internal world, and how she often felt "ganged up on" inside herself. (See Rosenfeld [1988] for detailed examples of related phenomena from a Kleinian perspective.) It took time for all this to rise to the surface in detail. Much of what emerged took on the conventional shape of paranoid-schizoid functioning (Klein 1946), in which she could see more clearly that unwanted feelings and thoughts were being aggressively projected into others and then reintrojected in a persecutory way. The difference was that we could now come to this material out of her growing curiosity about the way her mind worked, and less from the usual dissociative point of view of the "observer" in which she felt overwhelmed by conflict and affect not of her own making.

In short, Ms. F grew less obsessed with me and my mind, and more interested in herself. Her debilitating social circumstances improved considerably.

Material like this suggests to me that the fantasy of being, or having, an observing ego may sometimes be linked to anxieties about being observed by others. This can be explained in the following way. The con-

cept of privacy implies that we are all anxious about being observed by others. Much of the psychological negotiation that occurs in the internal world resembles the precautionary measures we take, as persons inhabiting a social world, to protect this sense of privacy (Levin, unpublished, a). Within the internal world, however, such precautions are taken with respect to the potential to observe oneself, rather than to being observed by others. Those parts of the self that are identified with or seen as somehow allied with the *self* (and these may shift or change places without notice, as in sudden alterations of consciousness—for example, switching identifications from a hostile to a friendly attitude) are protected from seeing or being seen by other parts of the self, particularly those parts that are treated as objects of the self, or even as wholly *other* than self.

From this it can be inferred that overvaluation of the observing ego might involve a fantasy of rendering oneself relatively unnoticeable or even invisible within the sphere of one's own mental activity. In this fantasy, the self-identified part of the mind establishes a sense of privacy in relation to the rest of the mind. The latter might be sensed only vaguely as an undifferentiated *other* (not me)—as opposed to the heterogeneous and specific field of subjectivity that it really is. The designated ego in the fantasy would seem to be observing the scene of the internal world, but in this scenario, it would be doing so in a manner that actually promotes the illusion of not being a part of that scene, and, more important, *not being observed by it.* Such a maneuver may underlie various common forms of self-deception, such as knowing and not knowing, or what Freud (1938) first described as *splitting of the ego* (see also LaFarge 2006; Steiner 1985).

As her analysis continued, Ms. F would often ruminate about real, imagined, and anticipated attacks. These usually took the form of fantasies that she was being criticized or treated unfairly and was defending herself. (Note that such fantasies are ubiquitous in humans.) In her ruminations, she would feel "crushed" and then crush the object in return. What emerged in the analysis was that the feeling of being crushed was related to the activities of the self-deceptive observing ego that we had discovered earlier. When this ego felt threatened, it would "hide where no one can see me" and watch the goings-on from an imaginary distance.

In effect, Ms. F would become wholly identified with the observing function in this attenuated form; or, to put it another way, she would split off the part of herself that was actively involved (the experiencing ego), and then, as it were, project it into whatever was going on (she would become the observing ego and the experiencing ego would become other than herself). At first, she was quite concrete about this, equating the attenuated observing part of her self with the "inside" of herself, while everything that was "going on" would be considered "outside" herself.

Gradually, it emerged—in a way that the patient herself was able to discern—that "what was going on" was largely inside herself, and that in fact "she," i.e., the observing ego part of her, had fled her own psychic space or "territory," in effect evacuating it, so that the place and activity she was hiding from was really, in a crucial sense, her own mind and mental activity. This came out more when she realized that, while she was hiding, she would take great delight in the fact that "they [the people outside] can't even pick up the fact that I'm missing." This often occurred directly in the relationship with me. "I'm not with you any more," she would say, "and you don't even know it."

This sense of her own absence, the hole in her mind, was also the fantasy that I could not really see her. She would want desperately to reconnect with me as a good object, but would retreat timidly like a frightened animal, feeling separated from me by a treacherous wasteland. The wasteland might feel to her like some harm I had done her, but she gradually came to see that this sense of devastation had to do with deliberately "shutting herself down" in the face of whatever life was stirring up in her. The wasteland was the burnt-out field of her own capacity for emotional experience.

With the emergence of this material, we began to understand that the consequence of her autoplastic maneuver of going into hiding within and from herself was to leave her feeling temporarily helpless, empty, and abandoned (a noted consequence of the overuse of projective identification). Her subjective impression was of external objects taking up disproportionate amounts of psychic space and riding roughshod over her feelings, without even noticing her. These creatures seemed to have no internal worlds of their own, like Nietzschean monsters of the will to power who felt no conflict, no guilt, and no pain.

In reality, these figures in her life had often done little more than stray across a psychological boundary that she had neglected to mark, either out of fear of doing so or because she had shrunk so far back from it herself. Finally, Ms. F would explode with cold and self-righteous rage, often, apparently, to the complete surprise of her alleged assailant.

Through repeated analysis of the painful details of such episodes, Ms. F came genuinely to acknowledge that the feeling of being crushed by the object was actually created, in significant measure, by the tactics of her own observing ego. These resembled a psychic "scorched-earth" policy, in which Ms. F, in full retreat, would raze herself to the ground, torching fields of potentially nourishing experience and bridges of possible emotional relatedness.

It is important to note that Ms. F's psychic war-footing and her defensive tactics were overdetermined by her childhood experience: she had an intrusive, controlling mother, a real "blonde beast" who patrolled her body when she was a child. But it was Ms. F herself who orchestrated the current emotional damage, and we could see this even in her adult interactions with the now elderly mother. Ms. F's tactical internal retreats were never simply her response to truly crushing invasions from outside; they were more like seductive invitations to "come inside and beat me up," as she came to describe it. In this sense, the closest thing to a beast was her observing ego, whose privileged defensive distance from the scene of her own psychic activity presupposed an assault on her own capacity to think and feel. After this period of analysis, her mother died, and Ms. F was genuinely sad over the loss of this person whom she had so bitterly hated for most of her life.

Mr. D

The analytic patient Mr. D provides other examples of inner estrangement. One day, at the beginning of a session, he announced that he was feeling hatred toward me. He explained that he felt tormented because he had "confessed" in the previous session that he wanted to be my most special patient. He added that he had always been quite comfortable with this idea in his own mind; but now that he had told me about it, he felt shame. The idea had not seemed shameful to him

before and now it did, which filled him with resentment, because now I must know how dependent he was on me.

This is not an unusual piece of clinical material, but when one takes it apart, one finds a complicated set of interlocking mental activities. One of the enduring curiosities about shame is the phenomenon that Mr. D describes in which something that is consciously known in a seemingly neutral way suddenly becomes painful when seen through the eyes of others. If we ask why it becomes painful, we tend to respond with some kind of social theory. It is important, however, to distinguish between *feeling shame* and the experience of *being shamed*. These often coincide, but they are not identical.

Instead of asking why the idea becomes painful for Mr. D, we might instead inquire why the same knowledge wasn't felt as painful before. One possibility is that Mr. D had been observing his wish to be my special patient from the vantage point of someone who has convinced himself that he is not being seen by another part of himself that he knows would disapprove of such a wish. Crudely speaking, Mr. D was pretending to himself that he was keeping a secret—keeping it, more or less, from himself. Behind this pretense, however, was a more obscure sense that the secret was already out—in other words, that he already knew what he pretended not to know.[6]

Thus, for Mr. D, voicing to me the occluded and refracted thought was rather like moving into the angle of vision that allows an anamorphic image to take recognizable shape.[7] From this I would speculate that an important component of feeling shame may be the exposure not just of the self to others in the social sense, but of a hidden internal observer to whom other parts of the self are thereby felt to be exposed.

I interpreted to Mr. D that I represented a judging part of himself that he habitually avoided awareness of. He found this useful because

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[6] Like Winnicott's (1953) transitional object, this kind of verbal paradox helps to evoke a degree of psychic complexity that escapes the two- and sometimes three-dimensional visual metaphors we use to describe mental topography and the action of thought and defense.

[7] The most famous example of anomorphosis is in Hans Holbein's painting *The Ambassadors* (1533), where in the bottom of the picture there is a shapeless, 45-degree smear—except when the painting is viewed from a certain angle, where the anamorphic image takes the shape of a human skull.

it explained why he was often taken by surprise by things he already knew. For example, he could be aware of the effect he might be having on others; but this would be a matter of indifference to him until they actually pointed it out. It was as if the part of him that was not supposed to know was, in his fantasy, projectively identified with me, so to speak, so that when another part of him actually told me (in a somewhat confessional style) about this wish to be special in my eyes, the information rebounded from me to the internal observer that I represented, and which had hitherto been imagined as out of the loop. Suddenly, Mr. D became aware of this internal observer—and that it had always known. In other terms, we could say that the splitting of the ego collapsed rather violently, and the system of simultaneously knowing and not knowing failed or was betrayed.

Such an understanding is consistent with the fact that the patient stated that he had given in to an impulse to confess. The catalyst had been that, at the beginning of the previous session, the visitor before him had left the office in a wheelchair, and I had helped her get through the door. This had made it necessary for Mr. D to come clean about his need to be special. It was in effect a lover's desperate confession of the need to be loved.

The compulsion to confess is often a displaced expression of the desire for psychic integration; it is usually acted out by trying to induce an omnipotent object to "make the self whole" (as in absolution). These (often sexualized) symbolic acts of confession make good television or religious theater, but they are sometimes catastrophic for the confessor, who is placed in the position of sacrificial lamb (Levin and Ury 2003). A significant portion of the motivation for seeking the guidance and leadership of others has to do with this search for an antidote to the strangeness of one's own internal world. But to sustain the illusion of overcoming the divisions within, the confessing subject needs to remain under the special protection of the omnipotent object. If the analyst or therapist identifies too closely in the countertransference with the projected role of father confessor, the implied domination of the patient's soul will become a sort of transference reality leading to therapeutic impasse.

Mr. D had a strong need for the protection of an omnipotent object, one with whom he could feel he had a special relationship. He reported a dream that he was approached by a headhunter on behalf of a local manufacturer eager to obtain his technical skills. In reality, Mr. D had once worked for this firm, but it had since been bought out by a competitor and reorganized. He mentioned in his associations that the original staff had been united and loyal to the previous owner, who had been something of a pioneer in the industry, with a charismatic personality. The patient had always felt that he had a special relationship with this man. Working conditions had been difficult, he said, due to intense competition, yet all the employees had been willing to make sacrifices because they had a strong sense of personal commitment. At the time of this dream, he was in fact considering a return to the industry in question and was feeling anxious about the competition in his area of expertise.

Mr. D then dreamt that he was called in for an interview with the president of a reputable company. When he arrived at the appointed offices, however, he found only a rowdy group of employees. There seemed to be a meeting in process, but no one was in charge. Questions were fired at him randomly and he was not given any time to answer; then the group began to laugh uproariously and make fun of him.

Mr. D felt safe only when he could believe, consciously or unconsciously, that he was receiving special love and protection from a leader whose authority nobody would dare question (Freud 1921). So long as he was convinced that these conditions were in force, he felt free, full of energy, and capable. However, this fantasy of being uniquely protected, whether it had some specific basis in reality, as it sometimes did, or whether it was a generalized coping mechanism, would lure him into a careless state in which he would become defenseless and somewhat presumptuous at the same time, showing a sort of dreamy sense of entitlement. His worst fears of being misunderstood, mistreated, and abused would go underground, as if there were in fact no such danger at all.

This fantasy served to protect Mr. D from the knowledge that he was also vulnerable from within, that he was inhabited by internal persecutors—a sort of "gang" (Rosenfeld 1971; Steiner 1993), as seen in the dream. Sooner or later, in fantasy or reality, something would occur to

shake this sense of invulnerability, and the illusion of protectedness—from the internal world as well as the external one—would be shattered.

In one instance, he had in reality been much too free in sharing his private thoughts (as he was later with me), oblivious of their likely effect on others at the office where he worked. Eventually, the group in the office acted out the persecutory fantasy he had split off out of awareness, shaming him with an uncharacteristic cruelty that the staff and the manager were unable to explain afterwards. The sudden "waking" from the fantasy of being protected by love into the nightmare of being exposed to malice had the same structure as Mr. D's previously discussed feeling of shame over the wish to be my special patient, which he experienced only *after* he had told me about it.

In examples like these, the external audience acts as a conductor linking the subject up with a hidden part of himself that he is ignoring —one that seems to have been *watching him* all along. In this instance, what could have been treated as Mr. D's transference reaction to the analyst was interpreted instead in terms of Mr. D's *self-transference,* or transference neurosis (Bird 1972)—not unlike the analysis of *chuntering* described by Joseph (1986).

That the experience of shame can be understood as involving the sudden catalysis of an occluded internal perspective lends support to the notion that self-observation is not confined to an observing ego concretely identified with the self. There are also hidden, secret, even "estranged" onlookers whose observational work may be heavily defended against.[8] This idea of multiple internal observers, no one of which has a direct pipeline to psychic truth, raises questions about Freud's view of consciousness as the organ for the perception of psychic qualities. For example, might we think of the organ itself—consciousness—as being split up, so that certain parts of it are displaced, repressed, or otherwise rendered unconscious, alien, or strange? Perhaps consciousness is more

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[8] LaFarge (2004, 2006) traces similar phenomena from the perspective of narrative meaning-construction in the analysis of narcissistic personalities, describing in great detail how, for example, "the fantasy of an imagining figure that is estranged from primitive aspects of the self acts as a rigid barrier to the awareness of primitive aggression" (2006, p. 470). LaFarge's approach usefully emphasizes the countertransference aspect of working with inner estrangement.

like an emergent property of the mental activity it encompasses than a function of an *I* or *me*?

Consciousness characterized as an emergent property could easily be obscured from the experiential range of a centralized observer. As psychoanalysts, we already doubt that consciousness is a necessary requirement for perception, cognition, or even judgment to occur in psychically consequential ways. If consciousness is a situation-dependent, emergent property, rather than a function conferred by a centralized ego, then it could easily be obscured from the view of the designated (centralized) observer without extinguishing the mental activity from which it potentially arises.

Can we distinguish metapsychologically between this seemingly inevitable splitting up of consciousness and the splitting of the ego in the sense that Freud (1938) linked to fetishism and perversion? Splitting of the ego is certainly linked to perversion, but it may be too broad to specify perversion as anything more than a human phenomenon with varying forms and degrees of expression, since the same splitting of the ego, in a milder form, may actually be a precondition of ordinary ego functioning (Klein 1957, pp. 191-192; Smith 2006, p. 715).

Much the same could be said about dissociation linked to an etiology of traumatic abuse. It is always problematic to describe such phenomena; there is an inherent risk of misplaced concreteness in the metaphors we use. In my view, it is important to locate these phenomena of multiplicity and heterogeneity on the continuum between normality and pathology—that is, as traits, more or less exaggerated, of normal psychic life, not necessarily signs of florid and unusual pathology. We need to give the uncanny its due without immediately dramatizing it into a history of abusive interpersonal objects.

The subtle internal games illustrated in examples from the analyses of Ms. F and Mr. D are in my view always at least partly functions of the inherent complexity of the human mind, and never exclusively the result of pathogenic trauma. This does not contradict the reasonable psychoanalytic supposition that some degree of trauma plays a role even in the generation of what is psychically "normal." The tension of this paradox is nicely contained in Stolorow's (2009) argument that the estrangement of the traumatized patient is "fundamentally incommensurate" (p. 16)

with the experience of other people, yet "the possibility of emotional trauma is constitutive of our existence" (p. 50).

INSIDE OUTSIDE

Given primary-process functioning and the inherently defensive aspect of psychic organization, anxiety-driven splitting of self-observation should seem almost logical and inevitable, but it never feels normal to most people, even jaded clinicians, because it defies common sense and the reality principle. A thing cannot be its own opposite; it cannot be in two places at once; and it cannot be in the same place as something else. We naturally apply these simple rules about the behavior of physical bodies in space to the psychological realm of subjectivity, personality, and identity. In consequence, what we may learn in the clinical realm to expect as typical of the psyche still strikes us as strange and uncanny. Inner estrangement is inherent in the organization of the psyche, and a sense of the uncanny will inevitably arise when the effort of self-observation is pushed beyond the boundaries of everyday consciousness, as in the psychoanalytic process.

Like the inversion and multiplication of perspectives within psychic space, the basic symbolic concepts of *inside* and *outside* are naturally unstable. The primary-process logic that Freud extrapolated from dreams and symptoms should in fact lead us to expect the concepts of inside and outside to become reversible, to be inverted, and to multiply. Logically, once the simple notion of an inside is established, it is only a matter of time before a developing psyche attributes properties of insideness to an external object, like the interpersonal mother/breast. But if an object with an inside can be "introjected," then there can be an inside *inside* the inside—both one's own, and the other's, thus complicating both the symbolic organization of the psyche and the relationship with the interpersonal object (Levin 2003, unpublished, b).

Mr. G

The relationship between the illusion of an observing ego and anxiety about being observed links up with the symbolic inside/outside system in the following example from Mr. G's analysis. Though Mr. G was

very clear about needing to be recognized and loved by me, he secretly reacted with fear when one day I said, "This is an enjoyable process." This was a mirroring comment in which I was conscious of paraphrasing what the patient had just been saying. Only after making the statement did I realize that I might have meant much more by it, and that Mr. G could easily experience it as an overstimulating, seductive expression of my own pleasure in the process.

I guessed soon after making the remark that he must be upset by it because he immediately changed the manifest subject. I did not bring the matter up until the following session, when he returned to another episode from the same session in which I had made the remark. In this other episode, he had been musing about what goes on in my mind and in my life, and I had commented that he seemed to be wondering about what I do with what he gives me during the sessions. His immediate reaction had been to say that he was not thinking about what I thought of him.

This was the bit that he returned to on the following day. Mr. G said he had been somewhat disrupted by it because the idea that "you might be doing something in your mind with what I give you *had never occurred to me.*" After he reviewed this thought, I made the link to my earlier comment in the same session. It seemed to me, I said, that he had been frightened by my statement that "this is an enjoyable process." He agreed, pointing out in confirmation that he had changed the subject and only later thanked me for what he took as a compliment. He then produced a number of associations around the theme of being afraid to be seen, being frightened when people started to like him, and the emotional strain of "withstanding people's interest in me, of just standing there and taking it." He added that there were two aspects to this problem: the first was being scrutinized; the second was not knowing what it is that others were seeing when they observed him. He concluded by saying that he felt he was a very odd person with a "thin membrane."

Mr. G was at the time struggling with anxiety about what to say in the sessions. In the next session (third in this sequence), he said that he felt as if he had lost his usual ability to observe his own thoughts and report on them. In the meantime, my thoughts turned to many previous occasions when Mr. G had expressed guilt about wishing he could get into

my mind and literally take out all the contents. On the surface, these remarks had been about his envious desire to possess knowledge, but their confessional tone had always made the patient's explanation of his anxiety seem a bit contrived. On the other hand, Mr. G had on two occasions reported dreams in which he entered other people's houses uninvited and was found out. As a child in school, he had been caught spying on others and severely punished. Now I began to feel that perhaps this material was related to his anxiety about *my* interest in the contents of *his* mind—or, to state this more broadly, his anxiety about being in analysis. I commented that perhaps he was feeling anxious about what to say because he was indeed worried about what I would do if I could get inside his thoughts. Accepting this comment, he added—astutely—that he was having difficulty knowing who was getting into whose mind.

There are many levels to this material, but Mr. G's last comment highlights an important issue that was coming to the fore in the analysis: the latent confusion that had always existed in his mind, but that was now appearing in the transference—between observing and being observed, processes which he soon became aware of having equated. He wanted to keep the ideas of observing me and being observed by me internally separate, as one normally does in waking life. Ostensibly wishing so avidly to scoop out the contents of my mind (he had used language like this frequently), he now realized that he was in fact frightened of those contents, to the point of splitting off his natural curiosity about what I might be thinking about him.

I suggested that he feared poking around in my mind because he might discover himself in there and would not like what he saw—or, worse, discover that he was not in my mind at all. (I consider the latter to be a fundamental narcissistic anxiety [Levin 2003].) The idea that he could get inside me also meant, unconsciously, that I was already inside him (because he had swallowed me up and because, simultaneously, I had broken in). All these fantasy variants implied the possibility that I was seeing things in him that he did not want to see himself.

Working with Mr. G's fusional fantasies and his anxieties about them also brought to light a complementary but seemingly opposite anxiety— the fear of internal *fission*, a process of falling into disconnected bits.

Anxiety about falling to bits is ubiquitous in psychoanalytic reports. One might speculate that such anxiety may arise from an unconscious perception of the strength of the impulse toward splitting and projective identification (i.e., various ways of manipulating inside/outside boundaries[9]). These fusional defensive processes, motivated to shore up the sense of ego unity and identity, are recognized as threatening to bring about the opposite result: psychic disintegration. Thus, it would not be surprising if material involving fusion of self and object, analysand and analyst, were also followed by, and *sometimes caused by*, underlying anxieties about internal fission or disintegration anxiety. The theme of fusion, whether it appears in the form of a wish or a fear, may indicate that the subject feels too close to the awareness of inner strangeness and natural multiplicity, the inherently decentered quality of psychic reality.

This was the situation for Mr. G. His anxiety and puzzlement about what I might be "doing" with him (his material) in my mind led him not only to persecutory-claustrophobic images of being trapped, caught, and punished, but also to corresponding agoraphobic anxieties about getting completely lost. For Mr. G, the experience of being more fully inside his own mind was at first like experiencing vertigo in a threatening, unpredictable, unbounded world, just as we saw in the case of Ms. F. Those who caught Mr. G breaking and entering their houses/minds in his dreams were in that sense inhabitants of his own internal world. In the last analysis, the house that was being broken into was his own psyche, which he now could recognize as having seemed chaotically shattered and dispersed, spinning centrifugally out of control.

It had always been clear that Mr. G had a strong but inhibited and frustrated desire to know, to learn, and to master. In this paper, I have emphasized the issue of internal perception, but his situation involved great discomfort and strangeness arising from the decentered nature of the epistemophilic drive as well. Not only hidden observers, but also avid internal seekers of knowledge, can make their uncanny presences dimly felt. This phenomenon can be related theoretically to any child's

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[9] It bears repeating that the basic symbolic duality *inside/outside* is not synonymous with the realistic pair *internal/external*. Both *inside* and *outside* are internal, and *outside* is, of course, the natural breeding ground for inner estrangement. This point is made eloquently by LaFarge (2006) in her analogy of a "topographical map" (p. 473).

curiosity and anxiety about mysterious matters of the adult world—what Freud (1905b) called the "sexual researches of children" (p. 197).[10]

But why should the epistemophilic drive go partially into hiding? And how is this even possible? Psychic drives in the Freudian sense are not inherently centralized under what eventually becomes the official or executive ego or *I*. This is probably why instinctually driven curiosity is proverbially risky, as we know from the adage of the inquisitive cat. Klein (1935, 1946) described in great detail the kind of panicky internal reaction that feeds on itself when need and desire are felt to be getting out of control. What is it that places a limit on primitive defensive reactions, such as splitting, displacing, projecting, when there is too much anxiety? What stops the defensive response from degenerating in a self-replicative way, producing an infinite regress that undermines psychic viability?

The usual answer is the object—through, for example, holding (Winnicott) and reverie (Bion)—but perhaps there is also an internal stopgap mechanism. If the epistemophilic impulse in a particular stimulus context gives rise to fission anxiety, the defensive response of seeking fusion with an object might only compound the anxiety, as seems to have occurred transferentially in the case of Mr. G.

Another, more schizoid line of defense would be to put a cap on further splitting and inversion by institutionalizing the impulse in that experiential context—that is, by establishing a compromise formation in which an observer (an internal object) is created but then hidden from consciousness. The desire to get inside and know in that stimulus situation is thus fixated in the form of an internal intruder hidden from the observing ego. In this way, the defensive response to the threatening stimulus is stabilized in a paranoid form that restores stability, but restricts the range of accessible experience. This would not be an internalized object but an internally created one—a psychic institutionalization of an emergent process involving unbearable anxieties, such as shame, distintegration, or annihilation.

[10] Freud (1905b) dated the appearance of "the activity which may be ascribed to the instinct for knowledge and research" between the ages of three and five (p. 194). For an extremely useful reframing of the concept of an epistemophilic drive, linking it—in the light of Kleinian theory, especially Bion's—to much more fundamental issues than "late" oedipal sexuality, see Britton (1998).

METAPSYCHOLOGICAL CONSIDERATIONS

In Ms. F, Mr. D, and Mr. G, we have seen how intense anxieties mobilized in the transference may be related to complex fantasies about the relationship to one's own internal world. When we think about this kind of material, we tend to lump together three things: the patient's relationships with his objects, his relationship with the analyst, and his relationship to psychic reality, i.e., the mental space within which the first two are expressed. The dimension of psychic reality and the relationship to one's own internal world might be described as the architecture of mental space—or its design and management—as opposed to its contents. This infrastructural dimension of the psyche is generally taken for granted, fading into the background of our discussions; it may also be explicitly and reductively folded into the object-relational model in terms of which transference is generally understood. In this regard, using gestalt analysis of image perception as an analogy, *object* is to *psyche* as *figure* is to *ground:* it is the object, not the psyche, that we remember seeing.

We normally conceptualize anxieties aroused in the transference as relating primarily to the object; but they may also refer to the relationship with one's own mind or to the psychic background. This is especially the case—as I have tried to show in the example of Mr. G—when anxieties arise in response to issues around proximity, such as getting inside or being entered. We think of entering and being entered as having to do with objects, of course, but they may, simultaneously and even primarily, have to do with feelings and fantasies about what it is like to be inside *one's own* mind/self, what it is like to explore one's own mental space. We naturally interpret anxiety about being seen—for example, fantasies of the evil eye—as having to do with objects, overlooking the way in which both affect and fantasy may also be understood as describing aspects of one's relationship to one's own mind, and to various internal observers and seekers that have been excluded from the official role of the ego working on behalf of a putative self.

Two complementary ideas should be conveyed at this point. First, the concept of transference can be further differentiated so as to empha-

size the architecture, or design and management, of the internal world
(and how this is expressed in the transference), in contradistinction to
the object relation per se—and particularly to the dyadic affective con-
stellations of internalized interpersonal objects favored by writers such
as Kernberg (1984) and Davies (1996). Extending our concept of trans-
ference to include this architecture—the mind as an object in its own
right—corresponds in some ways to Klein's (1952) suggestion, devel-
oped by Joseph (1985) and her school, of thinking about transference
as involving *total situations,* not just persons and personalities.

Second, this architectural aspect of transference is inseparable, of
course, from its contents. In other words, we have to assume that the
nature and development of internal psychological space, its design and
management as a container, will necessarily be influenced in significant
measure by object relations, particularly the earliest ones, both internal
and interpersonal (cf. Grotstein's [1981] *background object*). The internal
world is never simply and unambiguously inner, never wholly subjec-
tive substance, never completely animate and personal. It is a hybrid
construction—or, from another perspective, a compromise formation.
Again, we need to remember that, though the *I* inhabits the internal
world, it does so in an inhibited way, like a stranger or colonist, never
unequivocally at home.

To interpret the transference entirely in terms of the relationship
with the object, internal or external, would be to impose a symmetry
on the patient's experience such that his fantasies about his own mind
would be flattened out into his experience of the object. Too much em-
phasis on intersubjectivity in the analytic couple and not enough on the
patient's *internal intersubjectivity* could easily result in collusion with the
defensive aspects of the patient's fantasy of having/being an observing
ego. As we have seen—for example, in Ms. F—this fantasy may serve
to position the subject at an imaginary midpoint between the internal
world and the external world, in such a way that the two realms are
treated as roughly equivalent and relatively unconnected to the self. In
extreme cases (Britton 1994), inside and outside may be experienced as
completely interchangeable, and thus entirely disconnected from per-
sonal responsibility. Overemphasizing the internalized interpersonal ob-
ject in the transference tends to obscure the patient's relationship to his
or her own mind and its role in determining the patient's experience.

Freud recognized that the internal world is not just the product of internalized social experience or representations; it comes into being also as a result of various kinds of *action upon the self by the self*. The phrase *action upon the self by the self* does not presuppose a substantive concept of the self. We can think of it first as an organismic response to drive experience governed by the pleasure principle (Freud 1900). Freud's (1915) description of this is very close to the Kleinian understanding of projective identification:

> This [helpless] organism will very soon be in a position to make a first distinction and a first orientation. On the one hand, it will be aware of stimuli which can be avoided by muscular action (flight); these it ascribes to an external world. On the other hand, it will also be aware of stimuli against which such action is of no avail and whose character of constant pressure persists in spite of it; these stimuli are the signs of an internal world, the evidence of instinctual needs. The perceptual substance of the living organism will thus have found in the efficacy of its muscular activity a basis for distinguishing between an "outside" and an "inside." [p. 119]

On this basis, Freud (1915) then postulated a further development:

> The original "reality-ego," which distinguished internal and external by means of a sound objective criterion, changes into a purified "pleasure ego," which places the characteristic of pleasure above all others. For the pleasure-ego the external world is divided into a part that is pleasurable, which it has incorporated into itself, and a remainder that is extraneous to it. It has separated off a part of its own self, which it projects into the external world and feels as hostile. [pp. 136-137]

Freud's thought experiment has implications for the concept of inner estrangement. The most important is that what first identifies the inside turns out to be something felt as *other*, an instinctual pressure: it is something that one attempts to flee or otherwise master through muscular activity. It is as if we cannot really discover the idea of a self until we have identified a part of it with which we have no desire to identify. Yet this phobic gesture is the precipitating cause, if not the origin and basis, of symbolic psychological life as we know it. For when the attempt

to master instinctual pressure through muscular action fails, the *inner* or *self* or *me* or *own-body* status of the drive experience is simultaneously glimpsed and denied. It is projected into the external world, leaving behind a feeling of inwardness.

One might therefore say that, in order to experience the psyche as a container, one has to empty it out. The expulsion of a thing one finds inside oneself actually *creates* the inside as metaphorical psychic space. That space is marked by traces of the action upon the self, which consists of separating off a part of the self, in fantasy, and projecting it into the external world. In turn, the traces of inward action generate the elusive quality of inner estrangement we have been exploring.

That the action upon the self is conceived in theory as a projection into the external world is problematic. I am referring to the fact that the baby's first symbolic (as opposed to perceptual) distinction between inside and outside is not an empirical discovery by the baby, but the baby's fantasy. Freud sometimes took the metaphorical language of inside and outside in a too-literal direction. But of course, in his description of the creation of these categories, the only sense in which the inside is *literally* inside is that it is a fantasy about the subjective experience of the body, the fantasy of an internal world.

If we refer to the realm in which this kind of fantasy takes place as the *inside,* the *internal world,* etc., then the *outside* created by splitting and projection is really a *doubling of inner space,* and the *outside* to which Freud (1915) refers in the passages quoted earlier is actually still inside. After all, it is clear in Freud's text that the projection *is* a fantasy, just as projective identification, in Klein's original description, refers to the projection of a part of the self into an internal object—that is, into something unconsciously active within, not literally into another person in the external world.[11]

There is a sense in which inner estrangement may represent in all of us the founding violence of psychic life, the original hatred that we

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[11] The social effect on others of projective identification is a secondary phenomenon. When it occurs, it is due to other mechanisms related to the way that we translate psychic states into the language of interaction. The literal *projecting into the other person* does not arise directly from projective identification, the primary defense, which is an intrapsychic manipulation of the internal relationship between inside and outside, an action of the mind upon itself.

must still feel toward the mind for its inescapability, and especially for its capacity to convey mental pain. Freud (1915) stated that "the ego hates, abhors and pursues with intent to destroy all objects which are a source of unpleasurable feeling" (p. 138). He continues, in a well-known passage: "Hate, as a relation to objects, is older than love. It derives from the narcissistic ego's primordial repudiation of the external world with its outpouring of stimuli" (p. 139).

But as Bion would point out, this originary predatory hate also requires the rejection of that part of the ego, self, or internal world that is capable of experiencing the pain. Aulagnier (1975) argued in somewhat different terms that the primal rejection of a stimulus necessarily entails a simultaneous rejection of the libidinal zone to which it corresponds (p. 27), for the "pictographic representation of this encounter (between psyche and world) has the peculiarity of ignoring the duality that makes it up" (p. 18). The mind tends to reject the part of itself that might recognize and know the unwanted stimulus, whatever its source.

From a therapeutic point of view, however, when this hostile, predatory aspect of the mind's relationship to itself surfaces in the transference, it also represents the efforts of those displaced and disowned bits and pieces—accumulated like detritus in the hinterland of the psyche—to find their way back to the busy hub. As it was for my patients Ms. F, Mr. D, and Mr. G, we may discover to our surprise that the desire to understand ourselves and the growth of our internal intersubjectivity are motivated equally from the side of the detritus, the inner estrangement that pursues and tracks us down.

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4999 Sainte Catherine Street West
Suite 328
Westmount, Montreal, Quebec
Canada H3Z 1T3

e-mail: charleslevin@videotron.ca

COPIES WITHOUT ORIGINALS: THE PSYCHODYNAMICS OF COSMETIC SURGERY

BY ALESSANDRA LEMMA

The use of cosmetic surgery and procedures has sharply increased in recent years. This paper outlines an object-relational framework for understanding the unconscious fantasies that may drive the pursuit of body modification and proposes three categories of such fantasies. For some individuals, the pursuit of "beauty" through cosmetic surgery provides a psychic retreat from the reality of dependency as the self retreats into believing that it can create itself (the self-made fantasy). For others, it is a means for creating a felt-to-be ideal self, thereby averting the pain of the loss of an object that would love and desire the self (the perfect-match fantasy). For still others, it may be the only means of expelling an object felt to be alien or polluting that is unconsciously identified with the body (the reclaiming fantasy).

Across all ages and cultures, we find examples of body modification. The first recorded plastic surgery technique was performed as early as 1000 B.C., in India, to replace noses that had been amputated as punishment, or when an adulterous Hindu wife's nose had been bitten off by an enraged husband (Favazza 1996). The Italian surgeon Gaspare Tagliacozzi is often credited as the father of modern plastic surgery. During the sixteenth century, inspired by the need for plastic reconstructive surgery

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Alessandra Lemma is Head of Psychology at the Tavistock Clinic in London and Honorary Professor of Psychological Therapies at Essex University.

due to frequent duels and street brawls, Tagliacozzi pioneered the Italian method of nasal reconstruction (Gilman 1999). The origins of cosmetic surgery are therefore to be found in the covering up or repair of violent interactions—a dynamic that I will suggest is central for understanding some individuals who seek cosmetic surgery.

All over the world, cosmetic surgeons now wield their scalpels to reveal so-called new bodies. The trend to relate to the body as a "project" (Giddens 1991) has fueled the global beauty business, which is growing rapidly and continues to thrive even in times of economic recession. Since 1997, there has been a 465% increase in the total number of cosmetic procedures performed worldwide. Of particular concern are reports indicating that the increase in cosmetic surgery on young people, aged eighteen and under, has more than tripled over a ten-year period: to 205,119 in 2007.[1]

THINKING ABOUT THE BODY AND ITS MODIFICATION

The subjective experience of one's body develops in a given family, in a given culture, and at a particular point in time—that is, the individual body is always also a social body and, importantly, it is a *gendered* body. The experience of being in a female body differs from the experience of being in a male body, and this, in turn, is colored by the prevailing cultural projections into the respective female or male body.

This is a vitally important dimension of an individual's experience of being-in-a-body, and one that has been eloquently articulated by many authors (see, for example, Cixous 1976; Frosh 1994; Grosz 1990; Orbach 2009). It is indeed impossible to think about the body outside the cultural, social, and political discourses that frame our lives, and that exert more or less pressure on us—in particular on our pursuit of a desirable appearance. But in this paper, I am primarily concerned with the internalized object relationships that drive the pursuit of cosmetic

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[1] The source of these figures is the January 15, 2009, issue of *Dermatology Daily,* an e-newsletter of the American Academy of Dermatology.

surgery in some patients, and consequently I will not address the contribution of sociocultural factors.[2]

A cross-cultural overview makes it clear, nevertheless, that a variety of body modification practices have now entered the mainstream in both Western and non-Western cultures: not only cosmetic surgery and procedures, but also tattooing, piercing, and scarification (Lemma 2010; Pitts 2003; Pitts-Taylor 2007). Their widespread use suggests, at the very least, a degree of caution in assuming pathology too readily in those individuals who avail themselves of such practices. After all, we all modify our bodies if only through clothes, makeup, hair dye, orthodontics, or contact lenses; body modification per se is not the province of a group of people who are very different from "the rest of us." But body modification can acquire a more compelling quality, and its pursuit may then function as a way of holding the self together.

The research literature in this area is somewhat ambiguous. Most interview-based studies report evidence of psychopathology in patients undergoing cosmetic surgery, though this is not reliably the case when using standardized psychometric measures (Sarwer et al. 1998). Studies looking at the prevalence rate of mental health problems in those requesting surgery nevertheless suggest a higher percentage (19%) than that found in other surgery patients (4%) (Sarwer et al. 2004). The rate of patients with Body Dysmorphic Disorder (BDD), which one might expect to be high in this population, has been reported as varying between 9% and 53%, with this variability most likely resulting from the use of different measures (Aouizerate et al. 2003; Ercolani et al. 1999; Phillips et al. 2000). What is clear, however, is that there is a greater representation of patients with BDD among cosmetic surgery patients than in the general population, where the rate of BDD is 1 to 2%. Requests for unusual facial cosmetic changes involving bone contouring, such as bone grafting or cheek and chin implants (when the face is felt to be too wide or too thin), are typically associated with a significant impairment in psychological functioning (Edgerton, Langmann, and Pruzinsky 1990).

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[2] A fuller discussion of these factors can be found in Orbach (2009) and Lemma (2010).

Of course, it is neither helpful nor possible to generalize about the meaning and functions of any kind of body modification because the motivations underpinning decisions to modify the body are complex and diverse; superficially similar methods of body modification may have diverse ends. But one thing binds them together: given that the body develops within and through our early relationships with other people—most notably with key attachment figures (Fonagy and Target 2007; Winnicott 1972)—its modification invariably expresses something about the quality of internalized relationships, and impacts both internal and external relationships.

Thus, understanding the dominant unconscious fantasy underpinning the pursuit of cosmetic surgery and/or procedures is central to helping these patients. I will describe three unconscious fantasies in patients I have seen: the *self-made fantasy,* the *reclaiming fantasy,* and the *perfect-match fantasy.*[3] I suggest that these fantasies may be perceived as necessary to the psychic equilibrium of individuals for whom the modification of the body has acquired a more compelling quality. These fantasies are not mutually exclusive: at any given point in time for any given individual, the function of cosmetic surgery may shift and be underpinned by different fantasies.

THE SELF-MADE FANTASY

"I like my beauty hard-core," writes one woman, and

> . . . I want to see results, not just hope for them. So I have had fat syringes of Restylane slowly released into the tender flesh around my mouth. I have had my breasts augmented and my brows transplanted . . . . I have cried with pain in taxis on the way home from so-called lunch-hour treatments. [*Elle* Magazine, March 2009, p. 309]

The writer of this account also adds that, for her, this is "not an exercise in self-hatred." Rather, she views her efforts to modify her body

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[3] These three types of fantasies taken from my own clinical experience illustrate my argument, though there may of course be many other possible unconscious fantasies underpinning the decision to modify the body.

as a manifestation of the fact that she "loves beauty," and many other cosmetic surgery patients as well would see this as their justification for altering the given body. But what does "loving beauty" mean? I cannot presume to know what it means for the person quoted above, but I have a clearer sense about what "loving beauty" has meant to some of my patients for whom the pursuit of beauty was a "psychic retreat"—that is, a place of "relative peace" (Steiner 1993, p. 1) in the mind that allowed them to avoid reality.

For some of the patients I have in mind, "loving beauty," and hence its pursuit through cosmetic procedures/surgery, was a way of enacting the omnipotent fantasy of giving birth to the self by redesigning the body, thereby circumventing the (m)other, and hence any experience of dependency on the "object of desire" (Britton 1998).[4] The use made of the body by these patients bears witness to the need to remold the body according to one's own specifications, without interference from the (m)other: it is an enactment of what I call the *self-made fantasy*.

The attempts to circumvent the (m)other are often supported by a state of mind in which the body becomes obsolete, the self is omnipotent, and triumph over the (m)other is achieved.[5] The outcome of the modified bodily self makes it unclear just "who" the person is, and, at a more concrete level, who s/he looks like. This brings to mind what Jean Baudrillard (1988) called *copies without originals:* an ideal image of the self that is aspired to and that cosmetic surgery in particular promises to deliver. But I suggest that this image itself cannot be referenced back to an original—that is, to the individual's body given by the (m)other.

This brings us to the important question of identification—a process that has invariably been disturbed in the patients I am describing. The problem is well illustrated in the ever-popular television "makeover"

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[4] I choose the term *object of desire* as opposed to *primary object* or *significant other* in order to underline the sensory, sensual, bodily components of this earliest relationship, and how critical it is to the establishment of a desiring and desirable body-self as the foundation for the expectation that the self will be loved and that it can love.

[5] The self-made fantasy is graphically represented in the work of French body artist Orlan and Australian cyberpunk artist Stelarc. Their work powerfully and provocatively illustrates the way in which the body can become the site for the self's reinvention. For discussions of Orlan's and Stelarc's art, see, for example, Goodall (2000) and Lemma (2010).

shows. These shows support the aim *to become the ideal,* and not simply to strive to *be like it,* as we would expect if a more ordinary identificatory process were at work. The unconscious psychological mechanism deployed by the format of these programs is what Resnik (2005) refers to as *physical transvestism:* the self acquires another person's bodily shape and character by dressing in someone else's clothing, imitating their gestures and looks (as in shows that invite participants to select their surgery according to the look of a particular "star"). Imitative identifications of this kind may conceal deep feelings of envy because they are an appropriation of the other through imitation. As Gaddini (1969) observed, imitation precedes identification and takes place primarily through vision. Such imitations are fantasies of being or becoming the object through modification of one's own body.

For these patients, the object is perceived to possess the wholeness or unity of which the self feels deprived. This has been a striking feature in my work with several women who underwent cosmetic surgery and who, through the surgery, appropriated something "better" (e.g., bigger breasts) that did not belong to the self, and that the internal (m)other was felt to possess and to withhold. In other words, the self-made fantasy distinguishes itself from the other fantasies I will discuss due to the underlying envious attack on the fantasized maternal body/object that is its hallmark.

The implicit attack on the object that I propose may provide a way of understanding the results of four large epidemiological studies, carried out in the United States and Europe, which have found a relationship between breast implants and suicide. Across these studies, the suicide rate was two to three times greater in patients with breast implants than in patients who underwent other cosmetic procedures (Sarwer 2006). It is unclear what accounts for this finding; it has been suggested that post-operative complications, which are not uncommon following breast augmentation, may lead to depression and then suicide. It might also be the case that patients who seek breast augmentations have more unrealistic expectations, and/or that they have greater preexisting psychological problems. This view is supported by a study that found an increased prevalence of pre-operative psychiatric hospitalization in women who sought breast implants relative to women who had undergone other

kinds of cosmetic surgery (Jacobsen et al. 2004). I would like to suggest that in these patients, the concreteness of the appropriation of the maternal breast fuels more acute paranoid anxieties of vengeance and retaliation, which may provide yet another explanation for the increased risk of suicide.

Of course, circumventing the reality of one's origins inevitably entails not only a denial of the shared corporeality of mother and baby, but also of the reality of the parental couple. The attack on the parental couple is implicit in the self-made fantasy. In many of these cases, it is possible to discern the absence of what Birksted-Breen (1996) refers to as the *penis-as-link,* that is, the absence of the linking and structuring role of the knowledge that mother and father are linked and form a creative couple.[6] Acceptance of this reality allows the individual to come to terms with the fact of both difference and complementarity, and hence to accept his or her own insufficiency as well as the need for the other. The solution to this psychic dilemma is found in the enactment of a fantasy through the manipulation of the body, a fantasy that reassures the self of its omnipotence and self-sufficiency. This psychic position might well be termed *phallic* in the sense that being the phallus represents a psychic state of complete self-sufficiency, and hence is an attack on otherness; it functions as a defense against dependency.

THE RECLAIMING FANTASY

It is through the body that we experience most concretely the tension that arises in any kind of intimacy: tension between the desire to fuse with the other and the fear of being taken over by the other. In some individuals, this may arouse profound claustrophobic anxieties that cannot be reflected upon, and the modification of the body may be understood as an attempt to manage this kind of anxiety.

Rey (1994) described a primitive, universal position of claustrophobia and agoraphobia, which he rooted in the body.

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[6] Birksted-Breen (1996) suggested that it is the failure to internalize the penis-as-link that underpins a number of pathologies, such as anorexia and suicide, in which the body is the site of unconscious enactments.

> One of the various manifestations of the body self is its rela-
> tionship with claustrophobia and agoraphobia. Claustrophobic
> space is the result of projective identification of the body and its
> inner space into the outside world . . . . It is therefore the child
> inside the mother's body who becomes claustrophobic inside
> the inner space of his mother projected into the outside world.
> [p. 267]

Glasser (1979) identified an internal scenario—the *Core Complex*—
characterized by the wish to fuse with the object, but this fusion is felt
to present a danger of total engulfment, and hence has to be violently
resisted. This kind of tension is present in some of the patients for whom
the modification of the body then provides the means through which
they can reassure themselves that they are indeed separate from the
other. It defends against the wish to fuse with the other, which would
otherwise expose them to the terror of undifferentiation. I suggest that,
for some individuals, the removal or remodeling of a body part thus
serves the function of reclaiming or rescuing the self from an alien pres-
ence, which is now felt to reside within the body; that is, the modifica-
tion of the body is driven by what I am calling the *reclaiming fantasy*.

The body may also be experienced as a container of the other's hos-
tile projections, and consequently it may feel like an occupied territory.
In these cases, the body may then have to be visibly modified—physically
"marked" as separate in some way—in order to create an experience of
ownership of the body, and hence of the self, and so to reclaim it from
the perceived invasion. In other cases, a body part(s) felt to be "ugly"
may need to be literally cut off or remodeled in some way, so as to kill
off the hated object that has become concretely identified with the felt-
to-be ugly body part(s).

The reclaiming fantasy thus concerns the *expulsion* from the body
of an object felt to be alien or polluting. The patient's subjective experi-
ence is of feeling possessed by the object, concretely felt to reside in the
body, from which the self must break free. The violence that underlies
this fantasy is directed at expelling the object, but it is not aimed at
triumphing over the object—a quality that is more characteristic of the
previously discussed self-made fantasy.

THE PERFECT-MATCH FANTASY

Early physical exchanges between mother and baby are vitally important for the establishment of attachment, and they are also central to shaping our experience of ourselves as desirable. This experience, first and foremost, is a bodily experience. For the rest of our lives, our bodies mediate desire. The experience of being-in-a-body, in turn, is profoundly shaped by the desires (or their lack) that are projected into it by others (Grosz 1990; Krueger 1989, 2004; Lacan 1977; Schilder 1950). In this respect, the importance of the early gazing relationship and of skin-to-skin contact between mother and baby cannot be emphasized enough. Touch and vision are inseparable, a single axis underpinning the earliest physical and psychic experiences.

At their best, looking and touching confer the gift of love. But when these are absent or in short supply, or when looking and touching are laced with hatred, possessiveness, or envy, then the body self may feel neglected, shamed, or intruded upon. In these cases, the body that is felt to be the cause of the internal unease or turmoil becomes the canvas onto which psychic distress is externalized and worked on.

Desire lies at the heart of the earliest relationship between mother and baby.[7] In order to approach the experiential realm of being-in-a-body, it is therefore essential to think about desire. In order to feel desirable, we are dependent on the other's libidinal cathexis of our body self, most crucially in early development. Too much desire and the child will recoil, feeling his body to be colonized by the mother's "demand." But the absence of a mother's desire can be just as problematic. A mother's inhibitions as she handles the baby's body will also be indelibly inscribed in the body. The legacy of not being desired is as insidious as the pressure to meet the mother's demand (Olivier 1989). This may lead to a need to alter the given body in search for a bodily form that will elicit desire.

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[7] I use the term *mother* because often the mother is the primary caregiver, but of course key attachment figures besides the mother also play a crucial part.

In the *perfect-match fantasy*, the body modification serves the function, I suggest, of creating a perfect, ideal body that will guarantee the other's love and desire. In describing this fantasy, I have in mind two groups of patients. In the first group, the patient appears to be primarily preoccupied with an internal object felt to be inaccessible or unavailable—one that is "opaque" (Sodré 2002), hard to read. Repeated exchanges with an actual mother who is felt to be inaccessible, for whatever reason, may contribute to the establishment of an internal tormenting experience of uncertainty about her feelings toward the self.[8] The search for absolute certainty in relation to what the other "sees" when looking at the self may subsequently lead to desperate attempts to create the ideal body that will guarantee the other's loving, desiring gaze (Lemma 2009). "Being beautiful" can then become a dominant and unyielding organizing feature in the internal world, fueled by the fantasy that, through "beautifying" the surface of the body, the self and the object will be tied together in a mutually admiring gaze. For these patients, I suggest, cosmetic surgery is a means of averting the pain of the loss of an object that would *always* love and desire the self.

Typically, the patient's subjective experience is of a painful, humiliating insufficiency. This narcissistic wound is "cured" by a manic flight into changing the body's surface. The perfect-match fantasy therefore concerns the *fusion* of an idealized self (very concretely felt to be an idealized body) with an idealized object/body.[9]

Where there has been an undercathexis of the body self by the mother, there may be not only a desire for an idealized mother who will look at the self with admiring, loving eyes, but also an accompanying sense of grievance about the felt deprivation, and hence a need to attack the object. Hostility toward the object may therefore be an integral part of the relationship with the wished-for, idealized, desiring, and desired object.

[8] I describe this as a *contributing* factor because I consider that the baby's innate disposition also invariably interacts with the mother's responses.

[9] I understand the underlying dynamic in this latter group of individuals as similar to the unconscious fantasy, which I have described elsewhere, that drives *self-preservative lying* (Lemma 2005). Like those lies used to serve up a fantasized, more attractive version of the self, so as to manage the anxiety generated by the object's inscrutability or unavailability, the pursued "new" nose is a kind of lie that is felt to guarantee an admiring, loving gaze. In these cases, cosmetic surgery is an enactment of the perfect-match fantasy.

In the second group of patients who exhibit forms of the perfect-match fantasy, the clinical histories, along with the quality of the transference that ensues, suggest an experience of relating to a mother who was narcissistically invested in the patient's body and appearance (sometimes with clear sexual overtones), undermining attempts at separation. Here, instead of an undercathexis of the body-self, the mother's over-stimulation of the baby's body leads to a hypercathexis of the body self (Lemma 2009). The surface of the body is overinvested with concern, attention, and projection of the mother's need for admiration. This is, to use McDougall's (1989) term, a case of "one body for two."

Although the individual may derive gratification from this excess of interest in his or her body, the body is often also felt to be the site for intrusive inspection and improvement, and this in turn can mobilize hatred for the felt-to-be intruder. Where there has been a hypercathexis of the body self, the individual may oscillate between a wish to maintain the narcissistic fusion with the idealized object and attempts to separate from the felt-to-be-possessive object through the redesign of a body part that has become unconsciously identified with the hated object. In other words, in this group, the psychic function of the fantasized surgery, or of the actual surgery, may fluctuate within the same individual, at times giving expression to the perfect-match fantasy, while at other times it may represent an enactment of the reclaiming fantasy.

MAKING OVER REALITY

So far, I have suggested that in some individuals, the pursuit of cosmetic surgery/procedures serves the primary function of managing anxieties and conflicts that cannot be reflected upon.[10] It is the *compelling* nature of the pull toward modifying the body, whether in actuality or as a comforting fantasy in the mind, that distinguishes these patients.[11] The

[10] Of course, cosmetic surgery also provides solutions to difficulty in coming to terms with aging and death. In this respect, it is important to underline that the greater availability of such procedures to stave off the signs of aging can undermine our capacity to work through the difficulty we all have in accepting our inescapable transience (Bell 2006).

[11] I am not referring here to individuals who modify their bodies during an acute psychotic episode. The patients I will describe in more detail were not floridly psychotic, but from an analytic point of view, we would understand their decision to alter their bodies as guided by the ascendance of a psychotic process in the mind.

more compelling pursuit of cosmetic surgery/procedures is often underpinned by a despairing and/or violent state of mind toward the self and the object, which represents a more enduring, central, organizing function in the person's psychic economy.[12]

Because these patients have a characteristically underdeveloped capacity to reflect on what they feel—many do not know what they feel, at first—the work is slow and requires a gradual introduction to the notion of a mind. Although work in the transference is vitally important, I have found that these patients, to begin with, need gentle encouragement to simply elaborate interpersonal narratives before they are able to make use of work in the transference. Working with dreams is especially helpful in this respect, even though very few of these patients report dreams spontaneously, and it is important to note not only their defensive aspects, but also the way in which the dreams reveal the patient's progressive attempts to represent experience[13] (Bolognini 2008, in press).

CASE VIGNETTE: MS. A

Ms. A, an only child, was born prematurely. Due to complications, her mother had been seriously at risk during the birth, and the patient recalled growing up in the shadow of these early events. She knew from her father that her mother had become very depressed following her birth and had "taken time out," as the family referred to it, leaving Ms. A for many months in the care of her father (who was often away on business) and her elderly paternal grandparents.

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[12] The three fantasies I propose reveal how the body may both provide the content of fantasy (Bronstein 2009), and become the canvas on which these fantasies are enacted. My descriptions of these fantasies represent an attempt to formulate my own current understanding of the psychic function of body modification; hence they are provisional hypotheses, not "facts"—though I am aware that hypotheses can all too readily lead to reification of processes that are, in reality, far more fluid and nuanced.

[13] In practice, however, very few of these patients report dreams spontaneously. When I started to explicitly convey that I was interested in their dreams, and when we began by exploring them outside of the transference (that is, I "minded" the transference, but it was not the primary focus of my interventions at this early stage), I found that the dreams provided helpful bridges into the notion of an unconscious mind, without exposing the patient to the more threatening immediacy of the transference. Once this notion was more established, it became possible to start focused work in the transference.

Ms. A had therefore spent the best part of the first year of her life without a mother able to respond to her needs or to take pleasure in her. She made a point of telling me early on that her mother had been unable to breast-feed her. She was clear that she had never felt close to her mother, and that her mother had never taken much interest in her. Although her father was described as a more sympathetic figure, he was felt to have been largely absent.

As an adolescent, Ms. A had become preoccupied with what she perceived to be her small breasts. She had felt deeply unattractive, and she told me that she had barely been able to think about anything else, counting the days until she could have surgery to enlarge her breasts. She hated swimming and the summer months because this exposed her "disadvantage," as she put it. She vividly conveyed that, in her mind, the world was full of women with large, plentiful breasts who had access to men and all good things in life, which conversely were denied to her.

Aged twenty-two, not long after she had left university and secured her first job, Ms. A underwent surgery to augment her breasts. She recalled this as the best time in her life: she felt confident, had her first sexual relationship, and was apparently less consciously burdened by her entrenched grievance toward her mother.

I met Ms. A when she was in her early thirties and had just become a mother herself. It was this transition to motherhood that provoked a pronounced depressive breakdown. She found it hard to adjust to her baby's dependency on her, and she did not breast-feed her daughter, who was said to have feeding difficulties. Her husband was described as very similar to her father: a reliable man, but not very attuned to the difficulties she was experiencing, she felt. Although he had supported her coming into treatment, she found it very difficult to credit him with this.

From the outset, despite Ms. A's regular attendance, I was confronted by her difficulty in receiving any help from me, as if the only psychic position she could tolerate was to believe that she could give herself all that she needed. Alongside her omnipotent stance, I felt very closely scrutinized by her. More specifically, as she arrived and left the sessions, I felt she closely surveyed my body. At times, she explicitly made reference to what I wore—for example, speculating about the designers I liked, whom she would then "rubbish" with statements like: "They are a

bit passé, but fashion recycles itself, I guess." Several weeks after making this statement, Ms. A arrived wearing a dress very similar to one of mine (only the color was different), but made no reference to this. Her interest in my bodily self felt controlling and intrusive.

The following brief excerpt is from a session that occurred toward the end of the first year of our work. In the preceding session, Ms. A had become very preoccupied with a friend's decision to have a breast augmentation, depicting the friend as "in desperate need" of the surgery because she was in such torment about her small breasts. Ms. A said her own breast augmentation had been "a positive step," even though she was sure that I did not see it this way. In the same session, Ms. A had also alluded to difficulties with her husband: she swayed between casually playing with the idea that she could leave him and the thought that *he* might leave *her*. I believed she was the one "in desperate need," given how difficult things had become in her marriage, and yet she was not connected to this in any real way.

> PATIENT: My friend has finally set a date for the surgery. I will accompany her—I keep telling her there is nothing to worry about, that she will be fine and will feel better once it's over . . . . I had a weird dream last night: that I found you walking in the street and you were wounded . . . . I don't know why, but I woke up this morning thinking that you've been looking very tired lately—you look like you've shrunk—and that . . . maybe . . . something's up in your life . . . .

[Her perception of me was interesting, as I had in fact returned only a few weeks earlier with evidence of having had a break in the sun.]

> ANALYST: What's on your mind in relation to that?

> PATIENT: I saw a removal van outside in your street a few days ago. A man was loading a lot of things in it . . . antiques . . . . I have seen him before . . . . I think it's your husband . . . so I thought that this might be him moving out . . . . I was thinking that if X [her husband] and I ever split up, it will be painful to divide our pos-

sessions—there are some things I feel are mine and I would be determined to fight for them . . . . I guess that if it *was* your husband, you won't want to talk about it with me! Anyway, I know that therapists have their own therapy, lots of supervision, lots of money [laughs] . . . so you're probably all right! [Her tone felt rather dismissive.]

ANALYST: In your dream, you see me wounded, shrunken, with nothing left. And yet there is another me who has it all: support, money, holidays . . . .

PATIENT: [She speaks after a silence.] My friend will feel better—I have told her that the pain and discomfort she'll feel post-operatively is NOTHING [her emphasis on this word was marked] compared to how much better she will feel eventually. Anyway, she can take pain relief . . . . These days, if you get the right anesthetist and the right pain control, you don't have to feel any pain. [She then gives details of the breast augmentation operation she herself underwent. It all feels very removed from the difficult reality of our exchange, as if she is now in a place in her mind where she is completely in control and can give herself the breasts she needs.]

ANALYST: It's very hard to think with me about how *you* are actually feeling. Instead you retreat into a NOTHING part of your mind, where you don't have to feel anything and you can provide for yourself.

PATIENT: [As she resumes speaking, she sounds irritated with me.] I feel fine . . . . Okay, inasmuch as things are okay these days . . . . As I said, the other day [she sighs in an emphatic manner], X [her husband] is becoming impossible—he needs so much from me that I simply can't give him . . . . But I'm fine . . . . It will all come out in the wash, but . . . sometimes it just feels like he demands too much of me . . . . Everyone wants a piece of me right now, and I just want to say to them, "Keep out!"

ANALYST: That's what you are saying to me right now: "Leave me alone, you are asking too much of me." [There is a long silence.]

PATIENT: My daughter is still fussing over food . . . . She must be hungry, but she seems determined not to eat . . . . She refuses to eat—that's how it feels: purposeful . . . . I will need to take her to the doctor again . . . . [She goes into great detail about her various consultations with doctors whom she invariably concludes cannot help. Although this has a distancing effect on me, I am struck that I remain very connected with, and moved by, the picture of the hungry daughter who refuses to eat.]

ANALYST: You are also hungry and need help, but you come here determined to prove that what I have to offer will be useless to you. It's as if you have to deny what you need from me and refuse what I offer so as to hold yourself together. [There is a long silence in which the patient starts to cry.]

PATIENT: My husband told me last night that he couldn't stand it any longer. He's thinking that he should move out for a while . . . . [She then details the row of the night before, and her anxiety is now more present in the room.]

I will not go further into this session, except to say that I eventually took up the way in which Ms. A recognized at some level that she was rejecting my attempts to help her, and that she feared I would not "stand it" any longer.

Discussion

This brief exchange captures the quality of the transference that characterized the early phase of our work. At the start of the session, Ms. A's vulnerability and felt-to-be humiliating smallness were projected into the friend and into me (in the dream). Her own sense of feeling small and frightened and in need of help was apparent, and yet she could not allow herself to connect with it. Instead she retreated into an anesthe-

tized state of mind where she felt no pain, and in which she could give herself what she needed without recourse to another person/me.

In Ms. A's dream, I was wounded and emptied out—a reflection, I thought, of her attacks on me and of her wish to take from me what she felt should rightfully belong to her. Her associations to the dream suggested that I was also perceived to have more than enough already: the supervision, therapy, and money she was sure I was getting—and, I would add to this, her knowledge that I had just been away on holiday. The removal man/husband could be understood as reflecting the part of her that wanted to remove the good things she perceived me as having and to reduce me to a "shrunken" shadow of myself.

Toward the end of the session, I felt that Ms. A allowed herself temporarily to connect with what I had said. But the exposure of her vulnerability was felt as deeply threatening to her delicate equilibrium. Indeed, in the next session, she elaborated further on the fantasy associated with the sight of a removal van outside my consulting room: she became explicitly triumphant, and created a scenario in her mind in which she supported me by paying my fees. In this conscious fantasy, my husband had left me, and I needed patients to keep up my mortgage payments. In other words, *I* was the one with small breasts, and I was stuck with them.

Where there has been an undercathexis of the bodily self by the mother, envy of the fantasized maternal body may be discerned. Whatever the cause of the mother's lack of desire, the self may experience this as a refusal to give what is needed in order to feel desirable. Instead, the maternal object is felt to indulge in the withheld "desirable" goods. Deprived of sufficient gratification, the self then feels hard done by and may hold a grudge against the felt-to-be depriving object. For Ms. A, the grievance took the very concrete form of trying to acquire for herself the maternal breast through breast augmentation; that is, I understood this as an actualization of the *self-made fantasy*.

Ms. A's imperative as a young woman to modify the bodily given according to her own design was a concrete enactment, I suggest, of the imperative that dominated the transference; for some time, she had to persistently deny her dependence on me, and so she owed me nothing. The symbolic breast that Ms. A had internalized was one that was resentfully present and intimated the existence of something better and more

exciting than her baby-self trying to feed from it. For example, Ms. A felt that her mother had always invested her energies in the pursuit of her own activities and friends, to Ms. A's detriment. She told me, too, that her mother would frequently talk about the fact that she had almost died while giving birth to her. Ms. A felt that her mother "used" this fact to extract guilt from her.

The sessions were often dominated by Ms. A's rage at her mother's current demands on her time. I thought that Ms. A thus felt both obligated *and* devalued; obligation had replaced gratitude. Gratitude can only flourish in a relationship where what is received has been freely given. In sharp contrast, the object one feels obligated to is experienced as owning the self, and the object and the self are thus destructively tied together.

CASE VIGNETTE: MS. B

Through the case of Ms. B, I will illustrate that the different kinds of fantasies I have outlined may be present in the same individual, at different points, depending on the state of mind in relation to the anticipated and/or actualized body modification. Ms. B's predicament illustrates the way in which the surgery was used in her mind at different times to actualize either the perfect-match fantasy or the self-made fantasy.

Ms. B was in her late fifties when I met her. The onset of her depression had coincided with the finalization of her divorce, which followed several years of an acrimonious legal battle. Her husband had left her for a younger woman, and Ms. B had been determined to fight him. The hatred she felt for him and the fight of the divorce had staved off the latent depression, but once it was finalized, she collapsed. She felt hopeless about the possibility of meeting anyone else at her age, and she anticipated a miserable, lonely old age.

Ms. B was difficult to engage. A depressed, aggrieved state enveloped her, and at first she showed little interest in my attempts to reach her. She complained about everything: her husband had betrayed her, her daughter had abandoned her to live abroad with her own husband, her friends had deserted her, and her body was failing her. I, too, was soon added to this list of disappointments. Her narrative was punctuated by

recriminations about other people's negligence and selfishness; she was invariably the victim of others' neglect or cruelty. As Feldman (2009) emphasized, the aggrieved patient feels that it is the object who must change.

Ms. B focused a great deal on her bodily appearance. She was in fact a strikingly attractive woman who looked much younger than her years. I was to learn later that this was partly on account of a face-lift she had undergone a few years prior to her husband's leaving her.

As I explored Ms. B's early childhood with her, she described distant relationships with both her parents. Her mother was felt to have been "devoted" to her father and was a socialite for whom appearances mattered a great deal. Ms. B pointedly recalled that her mother was always the center of attention. Her father, she felt, had in turn been "devoted" to her mother.

Ms. B did not have any siblings; her mother's firstborn had died at birth. Her relationships generally were impoverished. She kept everyone at a distance and yet controlled them, especially her only daughter, of whom she was very critical.

Ms. B's desperate state of mind was palpable. She was tormented by thoughts of her husband with his new, younger wife. The torment was partially fueled by the dominant version of the couple in her mind: for example, she imagined them mocking her as they enjoyed luxurious holidays together. She would go over such fantasies in her mind again and again, torturing both herself and them with her hatred in the process. The combined parental couple (Klein 1952) was forever tantalizing and cruel; in turn, this incited her envious attack on it.

I will give excerpts from three sessions spanning a three-week period, during which Ms. B resolved to pursue surgery to her eyes. After a few months in therapy, she arrived for her last session of the week in a very disgruntled state of mind. She pointed to her eyes and said: "Look what *she* has done!" (her emphasis).

I was confused as I could not really see anything untoward. I said nothing. I felt Ms. B stiffen in her posture, and I recognized my by-then-familiar feeling that I had somehow disappointed her. I was mindful, too, that this was a Friday session, and that the weekend break often stirred

her rage toward me, as she turned me into someone who did something "bad" to her by exposing her need for me.

Ms. A begrudgingly explained to me that she had been for her Botox injections (she had been having these every four months, approximately, though I had not known this), and that the female doctor who had administered the injections had done it wrong. Now her eyelids were droopy. As she spoke, she was very angry and told me she was thinking of suing the doctor.

I said that she seemed to feel not only angry, but also deeply humiliated by what had happened, and she now comforted herself with the fantasy of exposing the doctor for her failure.

Ms. B angrily retorted: "Words can never make me feel better!" She added that she felt at peace only when she looked good. It was then that she told me about her earlier face-lift and her use of cosmetic procedures and surgery, starting in her late thirties. This then exposed her extensive reliance on all manner of cosmetic procedures, virtually on a weekly basis (for example, dermabrasion, Botox, facials, teeth whitening).

By the following Monday session, Ms. B was calmer, yet very detached, and she announced casually that she would be missing two or three weeks the following month as she had booked herself in for a blepharoplasty to rectify her drooping eyelids. As she spoke about the surgery, she took on the quality of being in a trancelike state. She told me that the surgeon was "*the best*"; his practice was closed, but he had made an exception *for her;* the operation was not dangerous—"no different to having some tooth fillings"; she had made sure she would get the most senior anesthetist, and so she would feel "*no pain.*"

I eventually said that she was letting me know she now felt very safe in a part of her mind where she could rely on feeling special, and that she believed she would be taken care of. In this place, she no longer felt exposed as she had after her Botox injections the previous Friday. I added that I thought the weekend break had also left her feeling exposed to her need for me, for which she hated me, and she was now making it clear to me that she did not need me.

After a brief pause, Ms. B replied that there was nothing, really, for us to talk about. She was clear that the surgery was something she had to

do, and she reverted to talking about the surgeon and how experienced he was.

It proved impossible to engage Ms. B in thinking with me about the meaning for her of the proposed surgery. The sessions of that week were suffused with this rather manic state of mind—which also had a chilling quality, as if she were now so safely tucked inside a narcissistic cocoon that the other person (me) ceased to exist.

Later in the week, Ms. B reported this dream:

> I can see the beach. I am swimming in calm waters. The sea is clear and beautiful. I can see beautiful, colorful fish swimming underneath me. The sea is warm, like a blanket. And then suddenly I can hear terrible screams and a little girl is drowning.

Ms. B reluctantly responded to my interest in her associations to this dream by saying that the sea reminded her of a beach her parents loved. They would go there on holiday at least once a year. They were both keen swimmers and would swim far out, leaving her behind on the beach to play on her own. She was silent, and then remarked that she felt good today because the weather outside was warm.

I took up her feeling of safety in the dream, how she was tucked under a warm sea-blanket, but noted that this was only part of the story; there was also a very frightened little girl screaming for help.

Ms. B then added that the best thing about the dream had been the way she had felt "light" and "at peace in my body."

I said that it seemed very hard to listen to the little girl's screams.

Ms. B replied that the little girl struck her as "very small," and then she pointedly added that she was "not actually screaming."

I felt very dismissed by her tone, as if I were making too much of the girl's struggle to remain afloat, and yet I was quite sure that Ms. B had herself used the words *terrible screams*. I said it seemed imperative that neither of us pay attention to the fact that someone was drowning and was not being rescued.

Ms. B casually replied that fear had to be "overcome, not succumbed to," and with that statement, I felt she bolted the final lock and shut me out. She canceled the following session—interestingly, due to a sore

throat, which left me wondering about the drowning girl whose screams had been so hard to hear in the session.

In the first session of the following week, Ms. B seemed more agitated; she indicated that the weekend had been stressful because her daughter was being "difficult." Ms. B said that her daughter "owed" her a visit, and she berated her daughter for not suggesting that she would come see her. She then told me this dream:

> I am shopping in [she names a country], I think . . . . I see this beautiful fur coat. It's on sale, half price, and I tell my husband that it's a real bargain. My husband says I have one already, why do I need another . . . and then he says, "It's just another scam to get people to buy things they don't need." I feel terrible. It's so soft and I feel cold, but he simply doesn't understand. He leaves the shop . . . . He hates shopping. I stay, and the shop assistant is no longer there, and I just take the coat and run out with it. The alarm starts ringing and there is so much noise. I start to feel dizzy . . . can't walk . . . . I fall over, I think . . . . Then I wake up in the dream, and I am in a strange place I don't recognize. I feel sweat pouring down my face, but I say to myself, "You are not there any more."

As she recounted this dream, Ms. B became very anxious and distressed.

I observed how anxious she felt in the dream and now in the room with me. I said that she was letting me know how urgently she needed to wrap herself up in a luxurious state of mind in which she would command the devotion that she felt no one was prepared to give her. And yet, I added, a part of her recognized that the fur coat was a kind of scam to get her to buy into something that was not what she really needed. I then linked this to her upcoming blepharoplasty.

Ms. B went on to say that sometimes, when she looked at photographs of herself when she was younger, all she could see was a very depressed face—nothing beautiful about it. She now had nothing left—her life was over—why not make herself feel better, at least, in the only way she knew how?

I said that my thoughts about her dream had left her feeling exposed to this very depressed, damaged part of herself, and that she was

now saying to me: "How could you do this—can't you see this is all I have?"

Ms. B was briefly silent. When she resumed talking, I felt more connected to her than I had for some weeks. She said she was glad I had said that because she did not think she could cancel the surgery. She thought this was what *I* thought she should do, but she could not call it off.

She told me she had been invited to spend a long weekend abroad in a few months (which would coincide with one of our breaks). She imagined that all her friends would be curious to see how she had fared post-divorce. They would be looking good. Already she was *the divorcée,* she said, and this made her feel very exposed and lacking in some fundamental way, so that she could not face having people see her face looking "so old."

Interestingly, Ms. B was then able to think with me, albeit in a limited way, about how her decision might be linked to the meaning of the upcoming separation from me when I would be going away. Significantly, too, I thought, rather than hiding herself away from me during the weeks of convalescing post-surgery (which had been her plan), in the following session, she asked me if she could still attend her appointments. I saw her in fact only days after the operation, when she was still bruised and swollen.

Discussion

From the start of my work with Ms. B, I felt that she demanded absolute devotion, and that anything short of that left her feeling bitterly disappointed, as if she were thrust back into an intolerable oedipal scenario in her mind in which a devoted, passionate couple shamefully excluded her. This gratifying union, from which she felt so brutally left out, was where she herself desired to be and what she felt was owed to her.

The failed Botox treatment left Ms. B feeling raw and exposed to the anticipated harsh, mocking glare of an excited couple whom she felt was forever excluding her. She managed this humiliation by fantasizing about suing the doctor, and then resolving to modify a part of her body—perhaps her eyes, in a not insignificant way. Once she had made this decision and conjured up the image of how her eyes would look,

she seemed to enter a trancelike space in her mind in which an ideal-
ized object was looking at an ideal version of her. As I listened to her,
I gained the distinct impression that I was completely redundant in the
room. I understood what was happening between us, and in her mind,
as the result of her retreat into a *perfect-match fantasy.*

The surgery promised Ms. B an all-enveloping, unbroken psychic
skin (Anzieu 1989)—the skin that, ideally, the mother has given up to
the child to guarantee its protection and strength. She now felt less vul-
nerable, more in control, and, crucially, she felt desirable. The idealiza-
tion of this psychic system, of which the omnipotent fantasy was a core
component, was central to her psychic equilibrium. This was apparent
in the way she configured the coming events in her mind and presented
them to me: the surgeon was *the best,* she was special, and she was safe
(she would feel no pain). The anticipated surgery sustained her. It was
important not simply in terms of its promised outcome (she would look
so much better), but also in terms of the *process of transformation* itself
(she was special and she was, in her mind, elevated as the special patient
who got to see the best surgeon, and she would be taken care of). For
Ms. B, in that moment, the surgery provided an opportunity to avail her-
self of the loving gaze and touch of a surgeon/father/mother who would
make her felt-to-be-ugly self beautiful, and so guarantee that she would
not be overlooked.

The first dream Ms. B brought in elaborated some of these dynamics.
I understood this dream as reflecting the way in which the certainty of
the upcoming surgery functioned in her mind as a kind of enveloping,
warm sea-blanket. Significantly, Ms. B was in the sea looking at the beach,
and thus had taken up the parental position. It is she, secure as part of
a beautiful, colorful couple, who now looks on at the desperate girl/
mother who is drowning, reversing the early memory/narrative in which
she felt she had been the one left alone on the beach while her parents
enjoyed each other.

In the transference, I felt that Ms. B had projected into me the expe-
rience of being left out, and I was indeed to be abandoned to my useless
words while she had access to a very special one-to-one event with the
surgeon/father. Ms. B had effectively assumed the mother's identity—
her skin—and she was now loved and admired by her devoted father. In

this dream, I suggest, we can discern the activation of the *perfect-match fantasy* (she is now part of an idealized couple with father), and also of the *self-made fantasy* as she enviously "drowns" the mother and re-creates herself.

The second dream was reported in the wake of a painful rejection by the patient's daughter. This external rejection appeared to puncture the newly acquired skin that only the previous week had made Ms. B feel less raw. In this dream, Ms. B desperately needed a soft, warm skin to hold her together (the fur coat).[14] She was trying to communicate her impoverished inner state to her husband/me, who instead told her she had enough, that she did not need anything else. Desperate, in a very paranoid-schizoid frame of mind, she then had no option but to steal the fur coat.

So far, I have been suggesting that the unconscious function of the cosmetic surgery for Ms. B was to appropriate the maternal body/position in relation to her father. If her eyes were less droopy, if her face were less lined, then surely she would be the one swimming out to sea, with father leaving mother to drown instead of her. But what is so interesting about this second dream is that it suggested that, at one level, Ms. B recognized that this was what she was doing: she was stealing something that did not belong to her, and hence the paranoid anxiety that gripped her. Alarms went off; she lost her balance and fell unconscious.

Cosmetic surgery and procedures, at an unconscious level, may mobilize paranoid anxiety. A core feature of the self-made fantasy is indeed the appropriation of something that belongs to another—or, to put it another way, this fantasy belies an inability to receive and accept what the object has given. The given body is felt not to be good enough, while the fantasized (m)other is felt to possess all the goodness, which can now be literally incorporated through surgery (as I earlier suggested had been the case for Ms. A). This in turn gives rise to a fear of retaliation, and hence paranoid anxiety is stirred. The only way to assuage this kind of anxiety is through surgery, which covers up (at least temporarily) the "ugly" feelings that underlie its pursuit, through the surface beautifica-

[14] See Lemoine-Luccioni (1983) and Silverman (1986) for very interesting discussions of clothing as a kind of skin.

tion of the body—an oasis of calm after the storm—which also serves the function of reassuring the self and the object that no real damage has been done.

CONCLUSION

The decision to pursue cosmetic surgery or procedures is not always an indicator of pathology. Rather, I have emphasized in this paper that what requires understanding when such surgery is requested is the state of mind of the patient in relation to the surgery, and the unconscious meaning this holds for him or her. More specifically, I have suggested that an enslaved relationship to the pursuit of body modification can become a psychic retreat (Steiner 1993) that belies a violent state of mind toward the object. Indeed, cosmetic surgeons, too, recognize that some individuals who seek cosmetic surgery—so-called insatiable patients (Goldwyn 2006)—will never be satisfied with the outcome because what they need cannot be delivered by the surgeon.

In an external climate of seemingly infinite possibilities for self-creation, the potential for perverse solutions to psychic conflicts and anxieties is heightened. In the internal world, psychoanalysis allows us to understand that the real challenge is how to stand up to the seductions of identification with a narcissistic, omnipotent object, as this paper has illustrated through an exploration of the unconscious fantasies that may underpin the pursuit of cosmetic surgery and procedures.

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Tavistock Clinic
120 Belsize Lane
London NW3 5BA
United Kingdom

e-mail: alemma@tavi-port.nhs.uk

LIKE DRIVES, CULTURAL PRODUCTS EXERT A "DEMAND ON THE MIND FOR WORK": AN INTRODUCTION TO TWO EXEMPLARY ESSAYS

BY DONALD B. MOSS

Keywords: Drives, analytic knowledge, analytic thinking, analytic work, usage of texts, external/internal, applied analysis.

PERSONAL PRELUDE

Psychoanalysis, and psychoanalysts, can easily drift toward a sense of self-enclosure, self-sufficiency, and self-satisfaction. The legacy we inherit is immense. Like all inheritors of immense fortune, we are likely tempted to treat the legacy as capital, lock it in a vault, and live on its interest. By *living on interest*, I mean, in effect, avoiding work and living leisurely, i.e., being able to indulge an urge to rest. Resting—what Hirsch (2008) recently referred to as *coasting*—can certainly seem sensible. Why work more than we have to? Our inherited theory—a strong, conceptually powerful, and ever-growing web of divergent yet interlocked reflections on experience—can seem limitless in its tensile strength and interpretive reach. Sit still, listen, and read, and its riches will flow toward you, piece-meal, from around the globe: Freud, Klein, Bion, Matte Blanco, Loewald, Kohut, one-person, two-person, drive, attachment, countertransference, projective identification: your diversified resources continuously accrue.[1]

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[1] I am purposely bracketing out the place of practical concerns for the moment—particularly our loss of market share and our concomitant steady drift toward the cultural margins. I am focusing only on the growing conceptual apparatus, the burgeoning theoretical resources available to the workaday psychoanalyst.

Donald B. Moss is on the faculty of the New York University Psychoanalytic Institute.

Coasting, resting, living on interest, sitting still—whatever the metaphor, the point is that psychoanalytic thinking is work. The structure of our days provides ample opportunity to defer that work. Most of the time, we can effectively get by with what we have. We don't have to make anything new. We don't have to create. We can use what we've used before.

Bringing this into the clinical situation, the demand for work is often heralded by the experience of *not knowing,* the brute sensation that one's available conceptual apparatus is insufficient for the immediate situation. Indifference is then threatened. In these frequent and uncomfortable moments, no idea seems useful. Part of the discomfort comes from a conscience-driven sense that, as a competent clinician, one is *obliged* to know. This obligation is only intensified when one can sense the rush of information and theoretical power pouring into one's consulting room in the form of journals, talks, supervisory reflections, etc. In the midst of this abundance, the admonition to *know* only intensifies, but rarely does it solve the problem; if anything, it exacerbates it. The gap between what we experience as reality and what we feel as necessity does not, in fact, narrow.

A dilemma ensues. The experience of not knowing—the precondition for productive, original, creative clinical thinking—contains within it a direct challenge to the confidence and psychic framework that support one's capacities for productive, original, creative thought. The necessity—and the opportunity—to think arises precisely at moments when we are most likely to doubt the usefulness of our capacities for thought.

Like everyone else, of course, we do our best to fend off this kind of disruption, this kind of dilemma, as much as possible. In doing so, in exerting effort to avoid the disruptive impact of not knowing, we are fending off demands on our minds to think, and therefore indefinitely postponing the work of thinking.

Fending off demands, averting disruptions—the activity I intend to describe here falls under the general category of *defensiveness.* I mean to draw attention to what seems to me this common feature of our clinical work: defending ourselves against both the necessity and the opportunity of thinking. It is here, in such moments of defensiveness, that our enormous legacy often comes into active play.

We have been analyzed and professionally trained; we read, write, and attend conferences; we teach and supervise; we are the direct heirs of a man whose body of work ranks him with Newton and Einstein. We cannot actually be facing, then, a kind of nickel-and-dime crisis. What is in front of us must be a well-known variant of what we—and all our predecessors—have faced before. Certainly, we will find a way to meet the clinical demand we face; we are "obliged" to, and "of course" we can.

When we are successfully defensive at such moments—when, in fact, we turn our attention away from the immediate predicament in front of us and toward the task of fulfilling that professional obligation and/or finding the temporarily missing notion that confirms our dimwittedness was only momentary—we are likely indulging a deep urge whose cumulative force results in a fundamental drift toward rest.

Three personal examples, only one of them clinical, come to mind:

(1) Facing the frightening waves breaking in front of me fifty feet into the sea, I remind myself that my skin is well sunblocked, my towel high enough up the beach, dinner is purchased, and, after all, bodysurfing is not really for everybody. I exit the water, almost satisfied, almost having encountered what prudence, really, advised me against. I know that my fear of those waves is infantile. I can see people around me, equally inexperienced, having the time of their lives. Prudent, though "respecting" my emotions, I walk to the shore and manage to hold my head up as I do—little or no damage done. The demand was there, the threat to my competence, the sense that I know I can handle this, but maybe not now. In the face of that demand, comparable to the clinical moment of not knowing, what I actually do is turn away, postpone the engagement, and promise myself to return, to "get 'em next time."

Weeks later, far from the ocean, I do what the bodysurfers do not—I write about my retreat. I construct a satisfying—and safe—moment of reflection. I take pleasure in playfully yoking beach to office, in confessing weakness in public. The pleasure I take, though, is still infiltrated with the nagging sense that I didn't actually ride the wave. While I avoided the work, the thinking that would have made it possible to do, I nonetheless extracted an illustration from

the experience, not quite making it worth it: I am settling for an interesting retreat instead of undertaking the work linked to a dangerous engagement.

(2) In her second session after the summer break, a patient expresses relief that she no longer imagines any erotic contact with me. She has moved on to the next stage. That kind of wishing is a waste of time. She has moved on, gotten better. She has found the wherewithal to tell her husband that she does not want him to touch her. She has long wanted to say this to him. Saying it brings her to feel closer to him than she has felt in months. Her shoulder has been giving her a lot of trouble; she has been in pain. She has a crazy idea, she says, that the reason her shoulder hurts is that she has not been able to rest it on this couch for some weeks now. Now that she's here, now that she can rest her shoulder on this couch, she feels certain the pain will soon vanish.

This sequence seemed to me packed with meaning: denials, enactments, "crazy ideas," reactions to the summer break, etc. I was certain that interpretation was called for and was possible. I was equally certain that I did not know what to say. Everything that occurred to me seemed canned and hackneyed. I felt engaged, I felt the patient's presence, I felt the material's immediacy, and yet . . . I could manage nary a thought.

This was no way to start the new work year, I thought.

I said, with little conviction, "What was once an unrealizable wish for erotic touching has changed into a realizable wish for curative touching."

The patient said, "I guess so."

The rest of the session seemed to me mildly productive, although its details remain blurry.

Crisis averted—no thinking done.

As with the crashing waves, I was satisfied enough. I hadn't run away. I had managed a tepid response. It could have been worse/weaker/lazier. As with the waves, I thought, "I'll "get 'em next time." And, as with the waves, the failure turns into a potentially productive example, a thoughtful contribution.

(3) I just finished rereading the Flannery O'Connor story, "Good Country People" (1955). As before, I was very satisfied with the story. I told a few people how great I thought it was—told them of its plot concerning a young woman with a Ph.D. in philosophy who has an artificial leg. She lives back home with her profoundly uneducated mother. She is seduced by a Bible salesman, whom she thinks of as quite beneath her. He gets her up in a hayloft and makes off with her prosthetic leg. He is a villain, his Christianity a sham. He sticks the leg in a suitcase container of hollowed-out Bibles filled with whiskey and runs off, leaving the woman stuck in the hayloft.

Great story, I say. What makes it great, someone asks. In fact, I am not certain. I know it has something to do with castration, Christianity, Catholicism, class resentment, arrogance, but I can't really say what makes it great. What I do in response to the question is say that the story pulls together these themes in a "remarkably efficient way." "It's the efficiency," I say, "that makes the story great."

Now, what I said may or may not be so. What is undeniable is that what I said got me through the question. In fact, the question stumped (!) me. My answer covered over the "stump," as an artificial leg does—as, in fact, this retelling of the incident does.

I almost worked at answering the question. In retrospect, I can take my evasion as itself an interesting example of what I mean to write about: a strange—but important, and in some form, I think, common—kind of secondary gain.

We almost always find a nearly acceptable solution to the crisis whose optimal solution would have made thinking necessary. The other-than-optimal solution is generally close enough to satisfy us, or at least to defer the crisis, or to push it off into a future that may never arrive. The shock of not knowing has been ameliorated, the work of thinking averted.

In employing our resources in this way, we can turn a disruptive crisis into a mere problem. We did not, then, have to actually "think." What

we did instead was "find." While thinking is indeed hard work, "finding" solutions is not. Proceeding in this way, we in effect turn our legacy into something resembling a complex table consisting of categories of problems and categories of solutions. Lines bind the one group to the other. Follow the lines and the problem is—more or less—solved.

No psychoanalyst, of course, would explicitly recommend a procedure remotely resembling this one. I am not speaking of a recommended procedure. I am speaking instead of what I think is happening clinically much, if not most, of the time: a relatively comfortable, relatively familiar, relatively benign set of exchanges. Nothing much. Ruptures in that set of exchanges occasion a crisis. Here is where the legacy comes in, in both constructive and destructive ways.

And yet, from its beginning, each one of the strands of theory we inherit has taken up the destructive, even deadly, consequences that follow from just such an indulgence.

The elemental determinants of this tendency to indulge have been abundantly named—*resistance, repetition compulsion, death instinct, Thanatos*—but they remain, although bluntly experienced, barely understood. In the physical world, the effects of these elemental determinants may make them congruent to the force of gravity or the tendency toward inertia.

For us, regardless of which strand of theory we are putting to use, opposition to this inertial force takes the form of *work:* the work of love, the work of building, the work of analysis, etc.—in general, the work of "Eros." Directly within our quotidian working clinical field, we encounter this play of competing forces as they influence consciousness, our own and our patients': the drift toward stasis, narrowing, and obliteration on one side, and the demand to move, think, and expand on the other.

I am certain we have all had restful experiences of the sort I have in mind here, ones, in effect, funded by our inheritance. We are listening to a patient or encountering a cultural product, and we sense that we need not really bother with what's in front of us; we intuit that without much work, we can insert whatever it is into well-known interpretive categories: we get it. We might remember a time when we didn't get it; we might feel a pleasant sense of how few people actually do get it; and we likely feel a kind of contentment at finally, now, getting it ourselves. The

pleasure resembles, I think, the kind yielded by the appreciation of a good glass of wine or a complex piece of music. I emphasize here the difference between *work* and *appreciation.*

The pleasure of appreciation: what once was difficult, beyond us—whether patient or cultural artifact—has now become manageable.

When the situation turns manageable like this, there is no need for much work, much thought, and certainly no need for psychoanalysis. In my view, then, the task of maintaining oneself as a psychoanalyst includes finding a way to keep one's situation from becoming manageable in this way, keeping it "difficult enough" that inherited ideas, no matter how vast, do not suffice. The work I have in mind would have the analyst protect the situation, the clinical/theoretical/cultural one, from, at one end, the interpretive pull exerted by the boring and the manageable, and at the other, the interpretive pull of the impossible.

Patients, texts, and cultural artifacts regularly offer us the opportunity to do the work of keeping ourselves in relation to a "difficult enough" object such that we can go on being "good enough" analysts. Texts and artifacts give us this opportunity in situations where the stakes are apparently much less than they are with patients. Although the stakes are reduced, the nature of the task is, I think, identical.

The other day, I was on the subway going to work in a car filled with predominantly working-class black and Hispanic people. I was noticing their clothes, most of which I found ugly and tasteless: loud patterns, oversized and overpatterned trousers, garish representations plastered on T-shirts, an excess of tattoos, and more. Annoyed, I thought, "Why are they dressing like this—it's so offensive." And then, in a flash, I had another thought: dressing like this is an act of defiance, meant, in part, to offend; an act not entirely unlike, I thought, acts I had long admired: the putting on, or taking off, of charged items in all forms of oppressive contexts. Pathetic tastelessness or proud defiance—each notion offers me an orienting frame by which to make sense of what I perceive. And yet each frame itself pre-dates the actual moment of the perception. In that sense, whichever frame I land on, I am arriving at a familiar one, one that seems to provide me with what I need to know, while actually protecting me from an awareness of how little I actually do know.

Here, then, at this moment when I experience a volatile mix of both offense and admiration, when I sense that what had seemed grounded in a single certainty only a moment before is now grounded in what seems another certainty, I am presented with the opportunity to feel like a psychoanalyst. I can work to fend off each of these two preexisting certainties, treating them both as potentially toxic benefits of my own personal and cultural legacy. This fending off will leave me burdened with the experience of *not knowing*. The experience now becomes "difficult enough" to demand thought, and personal enough to demand psychoanalytic thought. The difficulty resonates with difficulties I've experienced clinically; it resonates with texts I've read; and it provides me with the opportunity to work, to think particularly about my own "resistances and repetitions," about my own participation in wishing either to enforce oppressive, normative codes of conduct or to reflexively celebrate their flaunting.

This moment on the subway is exemplary of what so-called applied psychoanalysis offers us: a chance to ask whether the music we're hearing is really best thought of as "noise," whether the novel we're reading is best thought of as "incomprehensible," whether the sexuality we're hearing about is best thought of as "perverse"—a chance to first experience dislocation, and then, psychoanalytically, a chance to work to find ourselves.

CONCEPTUAL INTRODUCTION

The two essays that this text "introduces" warrant no introduction. Each admirably introduces itself—places itself in context, lays out its pertinent arguments, arrives at its provocative conclusions, and gracefully disappears, appropriately leaving us to deal with what we have just received. This introduction, then, will apply not to these particular texts but rather to a category to which I think they both belong. I mean, then, to introduce the category more than to introduce the specific articles.

This category is a vague one. Its central feature resides in aspects of the demand made of its audience. The demand, as I see it, is severe—the texts are difficult. But although the demands may be severe, they are also easily—almost pathetically—susceptible to dismissal. The category

I have in mind, then, generates severe, important, and easily dismissed demands. The elements in this category—one not limited to written texts—make important demands upon us but lack the force, the power, to insist that those demands be heeded. The category can be thought of, then, as a pathetic, melancholic one: it lacks the capacity to create the disturbance requisite to its own satisfaction. The elements of this melancholic category need never be taken up seriously, and in fact need never be taken up at all. No explicit harm is done to the diverted audience; such diversion will escape general notice and engender no bottom-line costs.

These texts—and the category of which they are a part—are positioned at the margins of psychoanalysis. Not written from its interior, the demands they make do not come to us from that interior. They come as though from the outside, as though from an adjoining entity—as likely as not, someone else's concern and not necessarily our affair.

In contrast, think, for example, of Freud's canonical texts, or, say, those of Klein, Fenichel, or Kris—the demands these texts make cannot reasonably be ignored; they have force; they insist; a psychoanalyst must, in effect, encounter them; evade the encounter and you sacrifice your professional legitimacy. Of the texts residing in this interior category, we do not hear colleagues comfortably saying, in effect, "Oh, yes, well, I don't read that kind of stuff." Of marginal texts like the ones here, we are likely to hear just that.

Marginal texts like these can be usefully thought of as residing on our external frontiers. I use the term *frontier* here in order to link the place from which these texts' demands seem to come to the notion of *frontier* as famously used by Freud. Freud used the figure of the frontier in order to conceptualize the drive. He positioned the drive at the frontier that was formed by the connection of mind to body. The drive exerted force—*pressure*—by way of its representatives. These representatives, in turn, made themselves felt as a *demand on the mind for work*. This demand, Freud felt, had the power to create a disturbance with which the mind must deal. Dealing with unbidden disturbance was what Freud meant by the mind's *work*.

So, then, if we compare the category occupied by these texts to the category occupied by drives, we can see that the basic difference resides

in the two categories' respective powers to disturb. The demands of drives create an unavoidable disturbance. The demands of these texts do not. This is simply another way of saying that drives' demands seem to come from *inside,* while the demands of these texts' category seem to come from *outside.* Outside demands lack power; inside demands have it in spades. In fact, this is how Freud conceptualized the founding difference between *inside* and *outside.* If a demand cannot be fled, its source is experienced as inside; if it can, its source is located outside.

To think of these texts as exerting demands, then, is to think of them as like *external* drives. They demand work, but the work they demand can be avoided, fled. I think that, just as the fate of the drives' demands—emanating from an interior frontier—necessarily warrants our attention, the fate of this category's demands—emanating from an exterior frontier—also warrants our attention. The very opposition—*interior/exterior*—deserves our scrutiny. After all, as with any marker of pain, we have long been aware that the manifest location of a demand's source cannot be used as a reliable indicator of a demand's origins.

These texts' category of demand, then—apparently so clearly emanating from our external frontiers, and therefore so apparently avoidable—makes it possible to think of just what we mean by the dichotomy *external/internal,* and of just how these locations have been established.

These texts' very externality might provoke, therefore, in indirect fashion, a concurrent demand that emanates more closely from our traditional interior. The moment we interrogate their apparent location, we change that location. We begin to wonder. How did they come to appear as though from the outside? Have they been expelled and extruded? How has the frontier between them and us been established? How reliable is it? What have been its determinants?

With this, I have come to the first goal of this introduction: to interrogate the apparent externality of the source of the demand generated by these two texts—that is, to call into question the location of that source, and, therefore, to complementarily call into question our own location as readers.

Change the source of the demand to an unknown site and the force of the demand increases drastically. We can no longer be confident that the demand is best handled by dismissal. We may—*may*—have to take it

into account. And once we've done this, we have gone a long way toward eliminating the apparent distinction between the demand made by these texts and the demand made by drives. Drives, too, can be positioned as though coming from a dismissible exterior. We are trained to be suspicious of manifest locations. It would be useful, I think, to read these texts in the spirit of that well-honed suspicion: with uncertainty about whether to rely on their apparent location.

Each of these texts transmits a set of demands emanating from a frontier. The frontier seems to be an external one. We are left here, as we are left in the clinical situation, with the task of contending with an apparently external cluster of demands. Depending on the outcome of our suspicious encounter with these demands, we will handle them with varying degrees of dismissal or engagement. The resultant impact of these demands, the manner in which they either modify their recipient or are, in turn, themselves modified by their recipient—us—seems to me to merit attention. Such attention, I think, warrants the appellation *work*.

This category of text provides an occasion to think again not only about *internal/external,* but also about *demands, minds,* and *work.* In my view, this constitutes perhaps the central conceptual cluster of psychoanalysis. That the occasion to think of these notions comes via a demand made by essays commonly clustered in the marginal category of applied psychoanalysis may, I hope, provide a fresh perspective on these ancient terms.

Our external margins filter demands impinging upon us from outside. I think we may have come to think of that filtering function as more reliable, more clear-headed, than it might actually be. In the clinical situation, we long ago learned to suspect all such filters, all such acts by which we and our patients confidently locate margins and pay scant attention to what lurks outside of them. That suspicion has served us very well. This introduction is an appeal for an expansion of our habitual range. We may well be excluding elements of "the world" that, in fact, originate as elements of ourselves.

Think, for instance, of what has happened with the wild demands made by now-marginalized Freudian texts like *Totem and Taboo* (1912), *Civilization and Its Discontents* (1930), and *Moses and Monotheism* (1939). These demands, and the sources from which they derive, have at this

point been tamed and de-animated, caged as though they reside in pleasant, well-documented conceptual zoos. They bear rereading; they bear being relocated. With these two wild and beautiful essays in hand— "Computing the Unconscious," by Stephen Dougherty, and "Menu Cards in Time of Famine: On Psychoanalysis and Politics," by Adam Rosen-Carole—I mean to remind us of that animal, of the driven nature of our conceptual and cultural surround, and the concomitant costs we might pay when we too confidently manage that nature and too quickly defer the work that could follow if we choose to take up its demands.

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80 University Place
Fifth Floor
New York, NY 10003

e-mail: donaldbmoss@mindspring.com

COMPUTING THE UNCONSCIOUS

BY STEPHEN DOUGHERTY

This essay examines the unconscious as modeled by cognitive science and compares it to the psychoanalytic unconscious. In making this comparison, the author underscores the important but usually overlooked fact that computational psychology and psychoanalytic theory are both varieties of posthumanism. He argues that if posthumanism is to advance a vision for our future that is no longer fixated on a normative image of the human, then its own normative claims about the primacy of Darwinian functioning must be disrupted and undermined through a renewed emphasis on its Freudian heritage.

Keywords: Posthumanism, computationalism, cognitive science, neo-Darwinism, modularity, adaptation, information theory, exformation, enigmatic signifiers, repression, entropy, forgetting.

What is meaning? Why do we seek meaning? How does a meaningful mind emerge from the material substrate of the brain? Human beings have been pondering such questions at least since the ancient Greeks. Yet if cognitive psychologists and neuroscientists are suddenly asking them with a certain urgency, it is precisely because they have ignored them for so long.

In the age of information theory and the computational theory of mind, the question of meaning has generally taken a back seat to the question of function: if the mind/brain is like a computer, then how does it process information? How are thoughts produced and moved about in the "circuitry" of the brain? Are there specific algorithms that

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Stephen Dougherty is an Associate Professor of English at Volda University College in Volda, Norway.

determine the unfolding of thought processes? These questions are not
only of a different order than questions about meaning; they would also
seem to preclude the existence of meaningful questions. A computer,
after all, is a machine, and machines, it is generally assumed, cannot
produce whatever it is we call meaning.

But in recent decades, some cognitive scientists have gained confi-
dence in their abilities to tackle the question of meaning in spite of their
commitment to computer models for the mind. There are at least three
reasons why. First, connectionist models of cognition, where the gov-
erning metaphor is the mind/brain as an emergent and "massively par-
allel" processor, allow for more sophisticated ways to imagine the neural
movements of thought.[1] Second, the reconceptualization of metaphor as
a fundamental cognitive category has provided theorists a way to bridge
the gap between function and feeling.[2] Third, the rise of computational
theories of the *unconscious* has allowed cognitive scientists to imagine
that all aspects of the human psyche are susceptible to informatic expla-
nations.

As cognitive scientists and neurobiologists are acutely aware today,
the investigation of meaning and affect means nothing without a theory
of the unconscious—which is only to say that the gap in thought opened
up by Freud's investigations of the unconscious cannot possibly be re-
fused or ignored now, despite the residue of behaviorism that still clings
to the cognitive sciences. But what is the computational unconscious?
How does it differ from the Freudian unconscious? Are the two far apart,
as one might reasonably expect given the divergent epistemological tra-
ditions underlying them? Or do they share some common ground—
enough of it, let us say, to validate the position of those who seek the
goal of synthesis?[3]

[1] Rumelhart (1998) explains that connectionist models are "neurally inspired, and
we call computation on such a system brain-style computation. Our goal . . . is to replace
the computer metaphor with the brain metaphor" (p. 208). But the brain metaphor is al-
ready thoroughly overdetermined by the computer metaphor. Connectionism is still very
much a product of an information-processing, computer-oriented paradigm. For an ex-
cellent thumbnail sketch of neural network information processing, see Hoffman (1997).

[2] See Lakoff and Johnson (1980). Their well-known argument is that metaphor is a
mode of cognition that allows us to interpret the unconscious.

[3] On the virtues of synthesis, see Modell (2003). On its apparent impossibility, see
Changeux and Ricoeur (2000).

By exploring such questions, I hope to underscore the important but usually overlooked fact that computational psychology and psychoanalytic theory are *both* varieties of what is now called posthumanism. I wish to use the term *posthumanism* in order to mark two things. First, and more pointedly, posthumanism signifies a kind of *coding up,* or a *becoming information,* of body and psyche. Posthumanism in this sense is intimately bound up with the rise of information theory and the modeling of the mind/brain as a machine: it is both an information processor and a cybernetic device responsible for regulating the movements of the body.

Thus, cognitive science's identification with the field of the posthuman is unequivocal. The "soft self" that Andy Clark (2003) envisages in place of the self-as-essence, constituted by a "rough and tumble, control-sharing coalition of processes—some neural, some bodily, some technological," clearly belongs to the posthuman landscape (p. 138). So, too, does Rodolfo Llinás's (2002) neurobiological model of self, where consciousness is the byproduct of the 40-Hz electrical activity in the thalamocortical system. In both examples, we have reached the world of the posthuman precisely because consciousness is construed as the epiphenomenon of the functioning of information systems and subsystems.

The consequences of this information approach extend well beyond the field of cognitive sciences or consciousness studies, and so posthumanism also marks something else, something bigger. In the examples above, consciousness no longer anchors a concept of the human whose apotheosis was once grounded in its (consciousness's) irreducibility and utter uniqueness in the world. Therefore, the integrity of the object of *humanism,* i.e., the sacrosanct figure of the human as ideally conceived through the whole epoch of Western modernity up to Darwin, is *at least potentially* undermined (I will shortly explain the qualification) by such cognitive scientific and neurocognitive approaches.

But of course, psychoanalytic theory also delivers a serious blow to traditional humanism and human narcissism. After all, Lacan insisted at the dawn of the age of information processors that Freudianism is not a humanism (over the din of the ego psychologists, who were insisting to the contrary), and he used imagery from the world of computers and cybernetics to help him communicate his theories and concepts. Lacan was clearly fascinated and indebted to the new "thinking machines"

arriving on the scene at mid-century, and in his *Seminar II: The Ego in Freud's Theory and in the Technique of Psychoanalysis* (1991b), he spent a great deal of time and effort seeking to integrate the disparate realms of information theory and psychoanalysis.

From the very beginning of the computer revolution, then, psychoanalysis was grappling with information theory; and even if information theory was at the time paying little heed to psychoanalysis, disdainful of any hint of an appeal to the irrational and fearful of pursuing the subjective dimensions of meaning, connections between the two fields were nevertheless being forged. Here is one of Lacan's typically intriguing and unsettling gestures of mediation in his lecture "Psychoanalysis and Cybernetics":

> We are very well aware that . . . [the] machine doesn't think. We made the machine, and it thinks what it has been told to think. But if the machine doesn't think, it is obvious that we don't think either when we are performing an operation. We follow the very same procedures as the machine. [1991b, p. 304]

The machine is incapable of thought, according to Lacan, precisely because the algorithmic processes that define and delimit its functioning are programmed into it by people who in effect tell it how to think. But if the machine does not think, then neither do we, because the same kind of logical operations define and delimit our own rational thought processes. Lacan thus inverts a popular variety of posthumanist argument, enshrined in the very notion of artificial intelligence, that both humans and their computer artifacts do a lot of thinking, and that computationalism is the proper (and exclusive) paradigm for understanding how it occurs. Instead, we are left with the far more unsettling proposition that neither man nor machine thinks.

Whereas the more boosterish, cognitivist posthumanism is replete with thought, Lacan's psychoanalytic posthumanism would seem to be devoid of it. But that is only if one leaves the unconscious out of the matter—where, the psychoanalyst will insist, thought moves in another scene, dislocating the goal-directed, "programmed" orientation of transparent rationality, and following rules that cannot be defined in computational or propositional terms.

From the standpoint of cognitive science and neuroscience, this is the sticking point: this commitment to something outside of or beyond either computational cognition, or, more broadly speaking, any information-oriented approach to cognition. Insofar as the cognitive scientist is a strict materialist, he refuses to allow the possibility that mental functioning possesses rules that go beyond physical causation, be it the transfer of neurons along a ganglion, or the bumping together of mental symbols as bits of matter. Insofar as he is a neo-Darwinian, he approaches the mind/brain as a homeostatic machine whose purpose is to sift through the data that the world presents in order to maximize the organism's adaptiveness. So if the cognitive scientist no longer denies the efficacy of the unconscious, then he still seeks to explain it along familiar lines. It is this unconscious, amenable to information theory and machine metaphors in spite of its occlusiveness, that I wish to investigate, both on its own terms and in the context of its relation to psychoanalytic theory.

A word, then, about why I wish to complicate the definition of the posthuman by refusing to read it as a figure for the decisive triumph of the code, but instead as a contested site between informatic and psychoanalytic perspectives. If posthumanism as a cultural-political program is to assume a truly critical posture, if it is to advance a new kind of collective self-awareness that is no longer fixated on a normative image of the human, then its own normative claims about the primacy of Darwinian functioning must be disrupted and undermined through a renewed emphasis on its Freudian heritage.

Freud believed that psychoanalysis delivered a humiliating blow to man, and as the unwelcome messenger, he felt a sort of brotherhood with Copernicus and Darwin. Just as Copernicus removed man and earth from the center of the physical universe, Freud showed that man is decentered from his own conscious thought processes. But Freud's relation to Darwin is and always has been troublesome. "[Darwin's] biological research destroyed man's supposedly privileged place in creation and proved his descent from the animal kingdom and his ineradicable animal nature," Freud wrote (1916–1917, p. 285). After the initial howls of derision died down, however, the application of Darwinism in the twentieth-century pantheon of sciences (molecular biology, genetics,

neurobiology, cognitive science, artificial intelligence) has only served to recenter biological man. As Laplanche explains, evolution provides man with a firmer ontological grounding in the age of modern science than humanism or traditional religion can provide:

> The family tree, which more than one has striven in vain to re-construct, now goes back beyond Abraham, Isaac and Jacob, be-yond Adam, to take in the history of all life to the point where the term "phylogenesis," once restricted to the origin of a single species, ends up encompassing the entire evolution of life, of which the human species is the last link in the chain. Solidly in place, firmly centered on the animal pyramid, man does not fail to consider himself its culmination, the blossom of the family tree. [Laplanche 1998, p. 81]

If Freud misinterpreted Darwin's long-term impact, then it is because he did not live to see how neo-Darwinism itself would erase the humilia-tion of evolutionism. In the field of cognitive studies, for example, hard science and popular science writers alike typically describe the human brain as the most wondrous and complex thing in the whole universe. They marvel at how it expertly selects relevant information from the data stream in order to maximize our functioning; and they exhibit what can only be described as species-ism (like sexism or racism) when they de-scribe the human brain's superior abilities (relative to those of other animals) to choose behaviors based on goal orientation.

My point is not that the human mind is not marvelous; and in part, the cognitive scientists' pridefulness is an admirable strategy for fos-tering among the millions of avid readers of their literature a healthy sense of respect for the human body. But as Laplanche's analysis helps us see, one cannot avoid feeling that their rhetoric encourages a species bigotry, *a new humanism*, that a great deal of nonhuman and posthuman cognitive research is actively seeking to overcome.

My purpose in juxtaposing information theory and psychoanalysis under the shared banner of posthumanism is thus in part to dislocate cognitive scientific claims about man's superior fitness, and to cast doubt on the central cognitive scientific proposition that the mind/brain is a preeminently adaptive organism. By focusing discussion on the uncon-

scious, I hope to underscore the importance of recognizing both the contributions and the fundamental limitations of information theory as applied to the human sciences. Though such applications are popular today, the unconscious presents special problems that can help us recognize the continued relevance of psychoanalysis and the limits of information theory in representing the workings of the human mind and the development of the human psyche.

THE DARWINIAN MODULES OF THE UNCONSCIOUS

The computational unconscious is conventionally understood as a kind of offline processing. Such processing is often referred to as *implicit memory,* as opposed to explicit or fully conscious memory, and it constitutes a rich field of study within cognitive science and related disciplines. The origin of the current interest in implicit memory lies in the study of amnesiac patients. Rescued in part from the nineteenth-century psychological studies of Hermann Ebbinghaus, the implicit versus explicit distinction has provided clinicians a way to understand how amnesiacs could demonstrate behavioral knowledge of a traumatic event without any recollection of it; how, in other words, they could be in a state of "knowing and not knowing" simultaneously. As Ebbinghaus argued, "the vanished mental states [created by prior events] give indubitable proof of their continuing existence even if they themselves do not return to consciousness at all, or at least not exactly at the given time" (quoted in Masson and Graf 1993, p. 2).

A number of well-known studies around the turn of the twentieth century confirmed Ebbinghaus's view. S. S. Korsakoff, for example, showed that even though amnesiacs lacked conscious awareness of past events, they still seemed to possess affective traces of memory capable of influencing behavior. As an illustration, Korsakoff recounted the story of a patient who had received electrical shock therapy. Later, the patient was shown part of the apparatus for the shock equipment but could not remember receiving the treatment. Still, the patient displayed great fear and assumed that Korsakoff was going to hurt him. The French psychiatrist Claparede reported a similar observation in 1911; he pricked a new

patient's hand with a pin, and despite her later inability to remember the encounter, the patient remained wary of his handshake ever after (Masson and Graf 1993, pp. 2-3).

While these mildly abusive tales of induced anxiety make up part of its clinical prehistory, the implicit/explicit distinction did not fully come into its own until the rise of computer technology in the mid-twentieth century. As Marylene Cloitre explains:

> Computers provided the blueprint for a new conceptualiza- tion of mental functioning. In computer systems, information could be stored in independent but interacting modules, each of which might have partial or no knowledge of the contents of other modules; intermodule access to information could be governed by an executive system that oversaw the operations of its parts. [1997, p. 56]

What computer technology offered, as Cloitre suggests, was a new logic of the mind, along with a new constellation of metaphors for cog- nition. One of its most immediate effects was to rescue psychology from the clutches of a behavioral approach that absolutely disparaged any talk of the unconscious. At the same time, it provided the implicit/explicit memory distinction the fertile theoretical soil it needed to truly flourish for the first time.

The groundwork for this new logic of the mind, and the matrix within which implicit memory theory would develop, was laid by Alan Turing's syntactic approach to cognition. For Turing and the compu- tationalists who followed, explains cognitive philosopher Jerry Fodor, "cognitive mental processes are operations defined on syntactically structured mental representations that are much like sentences" (Fodor 2000, p. 4). What Turing showed the world was how to make a "thinking machine" capable of recognizing any argument on the basis of its syntax; and what the computationalists insist, Fodor continues, "is that cognitive mental processes are (perhaps exhaustively) constituted by the kinds of operations that such machines perform" (p. 13).

As the dramatic rise of cognitive science in recent decades shows, the attempt to explain the production and ordering of mental functioning according to the syntax of mental representations has been hugely suc-

cessful. And yet the effort to *reduce* such functioning to computation has always been troublesome. Part of the problem, as Fodor argues, has to do with the widespread and uncritical acceptance of what he calls the *massive modularity thesis,* which assumes that cognition is entirely (or almost entirely) made up of modules like those that Cloitre (1997) refers to above: systems whose informational resources are site-specific, so to speak, or "encapsulated" with respect to the data that each contains. As Fodor (2000) sees it, in their desire to know and explain the mind strictly as an information machine, cognitive scientists have been too eager to erase the differences between mental processes of a local nature (those related to specific functions) and those of a global nature (relating to the experience of consciousness itself). Whatever human consciousness is, or however it is produced, it simply does not mesh with Turing's account, according to Fodor, and computationalists have gotten nowhere nearer to explaining consciousness than when they started out decades ago.

If there is disagreement among computationalists themselves about their successes on this score, most would nevertheless agree that modularity at least does a good job of explaining unconscious processes. Fodor himself basically cedes this point, since the local processes where he admits modularity is a relatively more sensible cognitive model are largely unconscious processes. But let us consider this a moment. Recall Cloitre's (1997) description of computer architecture: "In computer systems, information could be stored in independent but interacting modules, each of which might have partial or no knowledge of the contents of other modules" (p. 56). In considering this a model for cognitive architecture—"If computers could do this, why not that presumably more complex processing system, the human mind" (p. 56)—the first thing to note is the basic assumption that motivates the extension of the analogy across the whole domain of mind: for the computationalist, conscious and unconscious functioning are equally instances of information processing. To be sure, the conscious and unconscious, or explicit and implicit, memory functions bear on different bodies of information, according to the cognitive scientist. Typically, this distinction is understood as concept-driven versus data-driven. Cloitre explains as follows.

> Whereas explicit memory is formed by and relies on the mean-
> ingful elaboration of events and their relationship to other infor-
> mation in the memory network (i.e., is "conceptually driven"),
> implicit memory is most often expressed by behaviors that de-
> pend on the exposure to and processing of sensory-perceptual
> or motor aspects of experience (i.e., is "data driven"). [1997, p.
> 56]

While the former is constituted by mental representations that make
up a conceptual network, the latter is made up largely of the psychic reg-
istration of bodily events. According to this view, the two distinct memory
systems are independent of each other because of their functional dif-
ferences. Nevertheless, since the modules that make up implicit and ex-
plicit memory systems are equally products of encoded information, they
both represent (at least potentially) equally understandable patterns of
computation. In terms of what is knowable about the mind from a sci-
ence of information perspective, in other words, there is absolutely no
ontological difference between consciousness and the unconscious.

But then, what of Freud's insistence that the unconscious is beyond
spatiotemporal location, or Lacan's (1981) lesson that the unconscious
"is neither being, nor non-being, but the unrealized"? (p. 30). Clearly,
such notions defy the cognitive scientific understanding of the uncon-
scious as a modular space, yet they constitute critical philosophical state-
ments that are too important to concede outright to the computation-
alists. Is there any ground for convergence? Perhaps, but I think it is
unwise to impoverish psychoanalysis in the search.

This is precisely what happens in Friedrich Kittler's work. Kittler
(1999) suggests that the modular theory of mind is simply a more tech-
nologically attuned version of the Lacanian unconscious, and a prefer-
able one because of its rigorous and unproblematic materialism. Kittler
reaffirms Lacan's famous dictum that the unconscious is the discourse
of the other. But he argues that what we typically fail to recognize is
that the discourse of the other is nothing more than the vast portion of
mental computation that goes on independently of consciousness.

The cognitive philosopher Daniel Dennett makes a similar argu-
ment, which should help clarify the point, as follows.

> We have come to accept without the slightest twinge of incom-
> prehension a host of claims to the effect that sophisticated hy-
> pothesis-testing, memory-searching inference—in short, infor-
> mation processing—occurs within us even though it is entirely
> inaccessible to introspection. It is not repressed unconscious
> activity of the sort Freud uncovered, actively driven out of the
> "sight" of consciousness, but just mental activity that is somehow
> beneath or beyond the ken of consciousness altogether. [1987,
> p. 162]

As Dennett's summary dismissal of repression underscores, much is
at stake in the rhetorical shift from the discourse of the other to the
discourse of modules. For the modular theory makes it possible to cir-
cumvent Freudianism (there is no repression) in order to theorize the
unconscious strictly in Darwinian terms. A module is a closed loop whose
architecture by its nature keeps out information that is not specific to its
particular operation. Modules are, as Joseph Tabbi neatly summarizes,
"distinct subsystems connected to eyes, ears, and other sensory organs
that (because they operate faster and at a different level of functionality
than language) cannot be penetrated by consciousness" (2002, p. 9).

As to the question of why so many cognitive scientists champion
a modular architecture as opposed to something else, Tabbi explains:
"When a module appears, in the course of evolution, it frees the or-
ganism from the crushing weight and endless delay of specific tasks"
(2002, p. 9). What this clarifies is that the theoretical justification for
modularity follows a Darwinian logic of adaptation. Conversely, there is
no need for the modular thesis *unless* modularity is a function of adapta-
tion.

But toward what is the adaptation of the modular unconscious di-
rected? What is the measure of the organism's increased fitness? The
answer, it would seem, is faster information processing—and therein
lies the essential problem with the modularity thesis. Since modularity is
fashioned on the architecture of computer processors, since the theory
itself is the product of our information-driven, technoscientific media
society, then it follows only too readily that the adaptation would be di-
rected toward ever more subtle integration into our contemporary me-
dial environments.

To pose the problem in slightly different terms: the unconscious modules achieve their effects through relentless repetitions. They are forever closed in on themselves since they are in essence simple feedback mechanisms. As Tabbi interprets the theory:

> Like computer "hardware," . . . the mind's modules have largely separated out from language, so as to function smoothly and automatically as a self-reproducing circularity untroubled by thought's tendency to go outside the circle and think back on itself. [2002, pp. 9-10]

We might think of the modular unconscious, then, as a Darwinian adaptation to keep thought on a short leash, hewing as closely to the path of the real as the logic of fitness will allow. However, the modular unconscious also constitutes part of a closed loop with the complex networks of visual, aural, and verbal media that make up our global information society. The modules on the inside, in other words, hook up with the modules on the outside in order to form closed loops (albeit bigger closed loops) that fasten and integrate the individual ever more securely to the ur-system of global information, which is of course itself an index for the movements and transformations of global capital.

Although Tabbi raises warning flags that perhaps the interior and exterior modules "fit only too well" (2002, p. x), he does not pursue this simply because that is not the purpose of his book, which instead charts how the effects of modular and systems theories have registered themselves in contemporary American fiction. Nevertheless, he poses the problem adeptly in a chapter on Thomas Pynchon's novels: "When consciousness, like corporate power, is itself composed of a collection of partially connected modules or media, what resistance is possible?" (2002, p. 52).

The more modules there are, the less space there is for seeing beyond the modules; and if we believe we are in fact "plugged into" our media environments at a deep, unconscious level, then we can only presume the inevitability of our increasing fitness for the technocorporate landscape that is the horizon for modularity itself.

IS SYNTHESIS POSSIBLE?

In moving toward a more productive basis upon which to compare cognitive scientific and psychoanalytic theories of the unconscious, we must keep our eyes trained on a fundamental difference that has already announced itself: in the computational and modular variety of cognitive science, the unconscious is beyond language. However, in psychoanalytic theory, or at least in Lacan's seminal rereading of Freud, the unconscious is constituted by and in language. By virtue of the unconscious, there is far more space and time for thought to go astray than is ever merely healthy for the organism—which is precisely why humans fail to adapt, fail to find their niche, from the psychoanalytic perspective.

Unlike the situation in modular theory, the unconscious of psychoanalysis has not separated out from the world of meaningful and/or potentially meaningful symbols, and neither is it "untroubled" in its homeostatic circularity. On the contrary, the unconscious in psychoanalysis is the dimension that opens up the self-enclosed organism to the outside: it is precisely what destabilizes and decenters the organism by introducing it into language. Slavoj Žižek clarifies this, with special reference to the cosmological revolution that inspired Freud and Lacan:

> When Lacan defines the psychoanalytic subversion not as the replacement of the one (false) center with another (true) one but as the very intermediate position of a "decentered center," of a center that does not coincide with itself, his original reference is here, or course, Kepler: the true revolution was not that of Copernicus (replacing the earth with the sun as the center around which planets circulate) but that of Kepler (who asserted that planets do not circulate but move in an elliptical orbit—and what is an ellipse, if not a circle with "decentered"/redoubled center?). It is against this background that Lacan interprets the Freudian revolution. It consists not in replacing the old center (the conscious ego) with a new center (the "deeper" unconscious self) but in sustaining an elliptical "decentered" center. [2004, p. 66]

In its relation to the ego, which philosophers throughout modernity have sought to purge of alterity and ground as a stable, integral essence, the unconscious as a process of unstable orbit is haunting. Indeed, if this model of the unconscious that Žižek famously seeks to sustain in the very teeth of cognitive science's ascension has found its own decentered center in university English departments in the United States, it is perhaps because the act of reading more than anything else foregrounds this haunting—this power to be transfixed and hollowed out from the inside by the most impalpable of things, the words we use to moor ourselves to the real. The unconscious in psychoanalysis is the process of *haunting*, such that "once you introduce the unconscious into the frame," as the ultraliterary psychoanalytic theorist Jacqueline Rose writes, "then it becomes impossible, even perhaps beyond Freud's own account, to regulate the forms of traffic between present, future and past, between the living and the dead" (2003, p. 87).

What both Žižek and Rose attempt to communicate is that the human mind works *only* within a complex network of social relations; and of course those relations are constituted primarily, though not exclusively, as Laplanche will stress, in terms of language. Still, it is not language as such that haunts us, but rather the alterity that language introduces into the psyche—the traffic that goes on between ourselves and others (the living, the dead, the not yet alive) by virtue of language.

This notion of something alien deep inside us is anathema to modularity because its point of reference is what can only be described as self-referential (i.e., intermodular, or intrapsychic) communication; its object is a mind already biologically primed by evolution to function properly of its own accord. The modular mind already knows what its goal is: to be fit for living as a self-sustaining organism; and, thanks to evolution, the unconscious modules take control of this without our even knowing it. This is what the theory of instincts argues, too, and clearly modular theory turns the unconscious (qua informational network) into the seat of human instinct. It goes where Freud in his structural mode goes in *The Ego and the Id* (1923), but then it fails to go where Freud went in *Beyond the Pleasure Principle* (1920). It fails, in other words, to recognize the cut of the unconscious, the way the unconscious can pry open the feedback loops and jam the self-reproducing circuitry of instinct itself.

The efficacy of the mind as machine metaphor in contemporary cognitive science hinges in no small part on the success of modularity as an architectural principle. It also depends on a functional redefinition of memory and forgetting in computational terms. As we've seen, Lacan was extremely sensitive to information-oriented approaches to cognition and the computer metaphor of mind, which makes his work a philosophical touchstone of continuing significance. "From the point of view of language," he insisted over half a century ago, "these little machines purr something new for us, perhaps an echo, an approximation, let us say, [of human cognition]" (1991a, p. 119). But it was important for Lacan to recognize what they were *not* purring, too. Similarly, if the psychoanalytic tradition is to survive today in the face of cognitive science's ascendancy, it is important for us to carefully scrutinize more recent and far more comprehensive claims about the heuristic value of computationalism.

ON HUMAN AND COMPUTER MEMORY

"The important entity in the man–machine equation [is] . . . information, not energy," N. Katherine Hayles (1999, p. 51) explains. But while the oddly meaningless quantity *information* is the coin of the realm in the age of computers, scientists have once again become interested in energy equations and thermodynamics as computers have become more powerful.

In the 1950s, a century after Rudolf Clausius proposed the first and second laws of thermodynamics, physicists and engineers started talking about entropy in computation. Since the law of entropy is so fundamental to the workings of the universe, it was naturally assumed that computation was shot through with used-up energy. "It was almost inevitable," writes Hans Christian von Baeyer, "that the conviction would arise that every step of a computation, and even every move of a message from one place to another, necessarily costs energy" (2004, p. 156). And yet in 1961, Rolf Landauer disproved the conventional wisdom. His discovery was that manipulating and transmitting bits of information does not necessarily involve any thermodynamic cost. Rather, what costs is getting rid of information. For example, von Baeyer writes:

> If a computer stores a 3 somewhere, and adds a 5 to it, these two
> digits will be erased and an 8 put in the place of the original 3.
> If an infinite memory were available, and you never had to clear
> a file to make room for new information, the computer could
> operate at zero cost; but a finite memory, or a finite magnetic
> tape, has to be erased before the next computation can com-
> mence. The energy wasted in that seemingly innocuous cleaning
> operation is the cost of forgetting. [2004, p. 158]

The superposing of *erasing* and *forgetting,* as if they were the same
thing, betrays the dependence on the human model of this information
theoretical principle. Indeed, the fact that psychoanalysts get to the prin-
ciple before computer scientists and physicists do is a bracing reminder
that the human mind is not like a computer nearly so much as a com-
puter is like the mind, or at least certain aspects of it.

Lacan (1991a) stated the principle this way: "Integration into his-
tory evidently brings with it the forgetting of an entire world of shadows
which are not transposed into symbolic existence"; and "in every entry
of being into its habitation in words, there's a margin of forgetting" (p.
192). Yet as Lacan fully recognized, there is a difference between human
forgetting and the discarding of information. Forgetting is a structural
necessity in both minds and computers because entropy cannot be over-
come. Nevertheless, one cannot simply reset a register in the brain, as
one can do with a computer, in order to erase old memories that are
clogging up the works.

The effort to translate Landauer's machine principle to cognitive
science acknowledges this fact on one hand, and yet it forgets it on the
other. Let us consider Charles Bennett's theory of logical depth, a no-
table effort to reconstitute information theory without bracketing subjec-
tivity, as mainstream information theory has done since Claude Shannon.
The theory of logical depth seeks to rescue human meaning, always reso-
nant with unpredictable subjective dimensions, but within the predict-
able framework of computationalism. In contrast to Shannon, for whom
information was strictly a probability function, Bennett argues that "the
value of a message appears to reside not in its information . . . nor in its
obvious redundancy . . . , but rather in what might be called its buried
redundancy—parts predictable only with difficulty" (Bennett 1988, p.
230).

This buried redundancy, or complexity, is the source of meaning as well as affect for Bennett. Our sense that there is something immeasurable and inexplicable in psychic life emerges from the algorithmic computations discarded along the way toward the production of a message.

In Tors Nørretranders's (1998) popular scientific terminology, the latent is turned into *exformation,* i.e., everything that is not present in information but is nevertheless transferred in a message. Exformation names the whole complex series of algorithms that the mind must perform beneath the level of cognition in order to transmit something that will readily be perceived as *information.* Nørretranders explains, with an eye toward Bennett:

> So when we say "information" in everyday life, we spontaneously think of information-as-the-result-of-a-discarding-of-information. We do not consider the fact that there is more information in an experience than in an account of it. It is the account that we consider to be information. But the whole basis of such an account is information that is discarded. Only after information has been discarded can a situation become an event people can talk about. The total situation we find ourselves in at any given time is precisely one we cannot provide an account of: We can give an account only when it has "collapsed" into an event through the discarding of information. [1998, p. 109]

What Nørretranders offers is a hybrid theory of the unconscious: part computational, part phenomenological. And in its very hybridity, it represents an improvement over the strictly computational modular theories that do not even attempt to account for affect. As Mark C. Taylor has suggested, Nørretranders's explanation conjures in fascinating ways St. Augustine's philosophy of mind in *Confessions* (397–398 A.D.). Like the unfathomable mind that Augustine argues exceeds itself, "exformation is not simply absent but is something like a penumbral field from which information is formed" (Taylor 2001, p. 203).

Taylor invokes the example of Augustine in order to support Nørretranders's position. Yet neither Taylor nor Nørretranders remarks on how the theory of exformation resonates with rather more recent, psychoanalytic accounts, in spite of the remarkable surface resemblance. Here we need only remember Lacan's lesson about how integration into the symbolic entails a world of forgotten shadows.

There would seem, then, to be some strategic reasons why *this* forgetting is forgotten. To begin with, forgetting psychoanalysis allows the computationalist to maintain the blithely affirmative perspective that characterizes so much cognitive scientific literature. If one's cognitive theories hinge on the assumption that the mind is above all a wonderful machine artifact, like an internal combustion engine (improves overall mobility) or a computer (improves information-processing power), then one is likely, of course, to dismiss whatever might undermine that assumption. Such a dismissal allows Nørretranders to proclaim:

> Perhaps we should count ourselves lucky that information theory has demonstrated so clearly that information is not particularly important. For it thereby becomes clear that there must be something else that really counts: *the real source of beauty, truth, and wisdom.*
>
> The ironic thing is that this "else" can be described as the information we have got rid of: *exformation.* [1998, p. 98, italics added]

However, there is a big difference between getting rid of information and forgetting a world of shadows. While the encoding of data on a magnetic tape is erasable, the encoding of memory-experiences in the folds of the brain is not. On the one hand, the theory of exformation recognizes this since it imagines discarded computations as constituting an affective field swirling around the hard bits of information we transmit to one another in human messages. On the other hand, it forgets what this means in real human terms.

In the following section, then, I want to turn back to Freud on dreams and the unconscious, and then forward to Laplanche on his theory of enigmatic signifiers, in order to show how the lessons of psychoanalysis can help correct the memory problems of computational theory. On the other side of the ledger, I want to suggest that the incorporation of information theoretical insights like those discussed above can help, and are already helping, to productively reorient psychoanalysis in the twenty-first century.

INFORMATION-AGE PSYCHOANALYSIS: EXFORMATION AND ENIGMATIC SIGNIFIERS

"It is a prominent feature of unconscious processes," Freud insisted in *The Interpretation of Dreams*, "that they are indestructible. In the unconscious nothing can be brought to an end, nothing is past or forgotten" (1900, p. 577). Taking this together with Lacan's teaching, we end up with what would seem to be an extremely self-conflicted statement about forgetting and the ontology of the unconscious: we live in a world of forgotten shadows that can never be forgotten. It sounds remarkably like the theory of exformation—except on one critical point. While exformation and logical depth theories, on one hand, and psychoanalysis, on the other, make memory and forgetting central theoretical concerns, only psychoanalysis recognizes that there is a cost in living among shadows. This is especially curious in light of the attention paid by information theorists to the cost of entropy in data processing, which is not unrelated to the cost we are now considering.

Let us consider the competing perspectives on the value of the unconscious. As quoted earlier, Nørretranders (1998) remarks that the computational residue of the unconscious—exformation—possesses intrinsic ethical value as a mysterious source of wisdom about ourselves. Freud insisted the same thing about dreams of the unconscious, although he had to buck scientific orthodoxy far more forcefully than Nørretranders in order to do so. Freud rejected a variety of then-popular explanations for dream causes and dream mechanisms—that dream images are caused primarily by external sensory stimuli, or by internal sensory excitations—in order to argue that the mind functions according to laws that are related to but nevertheless irreducible to the laws of the body and its determination by physical causation. His dispute in 1900 was with the reigning psychiatric wisdom of the day. But, more fundamentally, it was with scientism per se in the study of mental phenomena:

> It is true that the dominance of the brain over the organism is asserted with apparent confidence. Nevertheless, anything that

might indicate that mental life is in any way independent of de-
monstrable organic changes or that its manifestations are in any
way spontaneous alarms the modern psychiatrist, as though a
recognition of such things would inevitably bring back the days
of Philosophy of Nature, . . . and of the metaphysical view of
the nature of mind. The suspicions of the psychiatrists have put
the mind, as it were, under tutelage, and they now insist that
none of its impulses should be allowed to suggest that it has any
means of its own. [Freud 1900, p. 41]

Freud's repressive hypothesis—that the dream is a fulfillment of
a repressed wish—represented a monumental effort to prove the irre-
ducibility of the mind to the body, and to explain how the unconscious
can be such a powerful presence in our lives and so occlusive at the
same time. Yet there were problems with the theory of repression from
the start, mainly having to do with the nature of its relationship to the
unconscious. Is there repression only because there are biologically en-
coded, unconscious wishes in the human psyche that must be repressed?
Insofar as Freud argued yes, he could be, and of course has long been,
charged with biologism. How can we speak of repressed primal wishes in
so universal a fashion? What violence do we perpetrate on the human
psyche by razing the unconscious to the monotonously level field of oe-
dipal fantasy?

Gilles Deleuze and Félix Guattari (1983) initiated the high theo-
retical assault on Freudianism and repression in the late 1960s. But it
is important to remember, too, that in the ideological struggles of the
1970s through the 1990s known as "the Freud Wars," the anti-Freudians
saw repression as the weak link in the psychoanalytic edifice; and indeed,
the inroads of cognitive science during the same years were gained at
least in part at the expense of the repressive hypothesis.

However, the most important point of contention during the Freud
Wars had to do with the closely related issue of seduction. Many skep-
tics argued that the disturbing vogue of repressed-memory syndrome
and the public paranoia about rampant child sexual abuse that swept
through the United States in the 1980s and early '90s was the inevitable
bitter harvest of Freudianism. In some ways, the fact that Freud himself
had abandoned the belief that patients' memories of seduction consti-

tuted evidence of past sexual abuse did not help at all. This was simply a case of too much ambivalence for the law: the law could not adopt the methodological rule of thumb established by Freud in interpreting dreams, where, as John Forrester (1997) explains, "believing in the truth of a dream does not commit one to believing that the events recounted in the dream were real" (p. 229). What could the law do with a truth that has no basis in the real? In the eyes of the law, the memories of seduction introduced as evidence in courtrooms around the country either pointed to the reality of child sexual abuse, or they did not. Either they were authentic memories of events that really happened, or they were lies.

If there is another way to think about seduction, then it involves recognizing, as Freud did in *The Interpretation of Dreams* (1900), that the mind does not reflect a preconstituted reality so much as it creates one on the basis of a complex of contingent human experiences that are both unique and irrevocable. But it may also involve rethinking the nature of repression, and therefore the nature of the unconscious itself, in ways that I shall argue evoke the informatic models previously discussed.

Freud explains in his famous case study of the Rat Man that

> The unconscious . . . [is] the infantile; it . . . [is] that part of the self which had become separated off from it in infancy, which had not shared the later stages of its development, and which had in consequence become *repressed*. [1909, p. 177, italics in original]

Why this should occur—why certain sexually charged impressions from one's unconscious and infantile memory bank should possess the ability to haunt through a lifetime and give shape to one's destiny—was resolved in Freud's mind by the myth of Oedipus. Thus, Deleuze and Guattari (1983) famously criticize "the incurable familialism of psychoanalysis, enclosing the unconscious within Oedipus, cutting off all vital flows, crushing desiring-production, conditioning the patient to respond daddy-mommy, and to always consume daddy-mommy" (p. 92). As Deleuze and Guattari insist (and of course their insistence makes up only part of the din of critical theory unleashed after 1968), there is no oedipal triangle—or, at the very least, it is hardly a universal or funda-

mental dynamic. Rather, "Oedipus opens to the four winds, to the four corners of the social field" (p. 96).

Thus, the unconscious for Deleuze and Guattari is a product of social history, and social history is likewise a product of unconscious libidinal investments. The relationship is one of mutual in-forming, such that we reproduce "in delirium entire civilizations, races, and continents . . . . There is no signifying chain without a Chinaman, an Arab, and a black who drop in to trouble the night of a white paranoiac" (p. 98). Oedipus is busted down from a universal structuring principle to "the ultimate private and subjugated territoriality of European man" (p. 102).

The fall of Oedipus was due to the traumatic meltdown in authority structures across the Western world that constituted part of the history of the 1960s, and more broadly the mid- to late twentieth century. As is suggested above, Deleuze and Guattari (1983) situate the meltdown in the context of the shift to a new postcolonial awareness, which is why it took "the dreams of colonized peoples" to get recognized before the classical Freudian edifice started falling apart (p. 96). But we must likewise situate the fall of Oedipus within the context of a new posthuman awareness. Insofar as, from its very beginning in the Renaissance, humanism in politics, philosophy, aesthetics, and so on constituted itself through a process of racialized and gendered segregation (the universalism of the white man versus the particularity of the colonized and subjugated other), postcolonialism is indeed a particular expression of the broader ideology of posthumanism.

The ideology of humanism begins to dissolve like a dream once something akin to the human agency that Europeans horded for centuries is finally extended to the colonized. But if we have become posthuman, it is because the segregating function of Oedipus has failed along two related axes: first, the European/non-European axis; and second, the human/nonhuman axis. Then this second axis itself diverges along two related lines. The first line corresponds to the man-versus-animal binary, and the second corresponds to the man-versus-machine binary.

Lacan was moving psychoanalysis toward greater dialogue with information theory and machine metaphors by the early to mid-1950s. In part as a result of this reorientation, Lacan was forced to rethink the meaning and value of the oedipal dimension of psychoanalysis. As Deleuze and

Guattari (1983) claim, their own line of critique is effectively presaged by Lacan, at least insofar as Lacan demonstrated that "the segregative use is a precondition of Oedipus" (Deleuze and Guattari, p. 104)—that Oedipus, in other words, is in part a product of modern racialized history, and thus is historically contingent.

This recognition has been damaging for orthodox psychoanalysis because, at least in North America, the identification between Oedipus and the psychoanalytic project has always been so strong. Nevertheless, continental European psychoanalysis has dealt with the problem more effectively. For fifty years, it has been in the process of dismantling Oedipus and then refilling the gap with lessons gleaned from information theory. This was already beginning to happen with Lacan; and although it is not typically recognized as such, I want to suggest that Laplanche's work represents a further chapter in this transformation.

As Judith Butler writes:

> To understand the unconscious . . . is precisely to understand what cannot belong, properly speaking, to me, precisely because it is a way of being dispossessed through the address of the Other from the start. For Laplanche, I am animated by this call or this demand, and I am at first overwhelmed by this demand; the Other is, from the start, too much for me, enigmatic, inscrutable. And this "too much-ness" must be handled and contained for something called an "I" to emerge in its separateness. The unconscious is not a topos into which this "too much-ness" is deposited. The unconscious is formed, as a psychic requirement of survival and individuation, as a way of managing—and failing to manage—that excess and, in that sense, as the continuing life of that excess itself. [2001, p. 33]

The reader familiar with the vocabulary and concepts will recognize the interpolative mechanisms whose functioning is assumed: the child is addressed by the adult, and the child's identity is constituted in the process of this address. This is simultaneously the process of being "hailed," in Louis Althusser's sense, into the field of history and ideology.[4] But as Butler suggests with the memorably awkward phrase "too much-ness,"

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[4] See Althusser (2008) on the power of ideological state apparatuses in shaping subjectivity.

what Laplanche contributes to this well-known narrative of psychosocial development is the crucial stress (even beyond Lacan) on the *failure* of the process. Much that is in the adult's address, or demand, cannot be integrated into the child's world because it is inscrutable, and doubly so: the full meaning of the address is unknown to the adult as well, precisely because the adult was once a child who in his or her own turn was hailed by an adult too soon, and thus could not possibly fathom (and still cannot fathom) the full meaning of the address.

This is the essence of Laplanche's revision of Freud's seduction theory: the child is seduced by the adult caregiver insofar as he/she is presented with an address, a demand, whose sexual value is not immediately recognizable by either party, yet it is nevertheless part of the substance of the address. For human sexuality is of its very nature a function of the enigma of the address; it is born of the enigma. In the caregiver's loving caress of the child, far more is communicated than can be assimilated.

What follows for Laplanche is that the unconscious is constituted by these messages that cannot be deciphered, though they may become reactivated as decipherable signals in the future. Thus, the unconscious is not a receptacle, a container, for primal memories of real or imagined seduction. Rather, it is more accurate to think of the unconscious as a process whereby these "designified signifiers" get split off from decipherable communication and collect as a kind of residue: the unconscious element is "not . . . a stored memory or representation, but . . . a sort of waste product of certain processes of memorisation" (Laplanche 1998, p. 89). The difference for Laplanche hinges on Freud's forgotten distinction between memories and reminiscences. In Freud's early theorization of the unconscious, Laplanche argues, he "neglects . . . the innovative core of his own formulation":

> Hysterics suffer not from memories, forgotten or not, but from "reminiscences." The term could, of course, be reduced to memory—a memory cut off from its context—but it could equally be allowed to bear the value of extravagance which is not lacking in Platonic doctrine: something which returns as if from elsewhere, a pseudo-memory perhaps, coming from . . . the other. [1998, p. 71]

Normal psychic development has far less to do with repressed primal scenes and far more to do with the reminiscence of enigmas—the mysterious and disturbing sense of something that has been imparted to us, and is now deep inside of us, yet is not part of us because it is untranslatable.

The resemblance to Bennett's (1988) theory of logical depth and Nørretranders's (1998) exformation is in some ways striking. Recall that for Bennett, as Nørretranders renders it, "meaning does not arise from the information in [a] . . . message but arises from the information discarded during the process of formulating the message" (Nørretranders 1998, p. 78). The resemblance, then, has first to do with what distinguishes both Lacan and Laplanche from Freud in terms of fundamental concepts.

> What is missing in Freud [Laplanche explains] . . . could be given different names, but in the end they are not greatly distinct: address, message, sign, something which signals, even signifier—a category which it has been the great merit of Lacan to have brought to the fore. [Nørretranders 1998, pp. 78-79]

Lacan imports these concepts from the related disciplines of information theory and linguistics, refracting psychoanalysis through the prism of informatics at mid-century. Laplanche's contribution is a more heightened awareness of living in a world of signs, perhaps a more acute sensitivity to the information fatigue that is only more intense as our medial environments go digital. Concordantly, he opens his analysis to a much broader bandwidth of human communication than did Lacan, stressing the "too much-ness" of it all, recalling Butler (2001): "Messages are offered on all sides. By messages I do not necessarily nor chiefly mean verbal messages. Any gesture, any mimicry functions as a signifier" (Laplanche 1999, p. 126). If these messages do not signify because neither the child nor the adult possesses the code to decipher them, if they are what Laplanche calls "enigmatic signifiers," then they remain in abeyance in the unconscious, *as* the unconscious.

Compare Laplanche's residue of the unconscious to Nørretranders's (1998) exformation, "what is rejected en route, before expression" (p. 95). Laplanche would agree with Nørretranders that "information is not

very interesting. The interesting thing about a message is what happens before it is formulated and after it has been received" (Nørretranders 1998, p. 96). Laplanche would likewise agree that "most of what we experience, we can never tell each other about" (1998, p. 144). Since we do not know ourselves, then we cannot communicate it to anyone else, at least not in any propositional form.

These are notable convergences, and they are possible because in Laplanche's work, psychoanalysis is more interdisciplinary than ever before: his is a fully information-age psychoanalysis, enriched by Lacanian insights, but also informed by the trajectory of information theory in the last decades of the twentieth century, as the problem of the cost of information would come to take center stage in theoretical debates. As John Fletcher explains in his richly textured introduction to Laplanche's *Essays On Otherness* (1998), Laplanche's most important contribution to Freudian psychoanalysis is in his rethinking of "the economic aspect or 'pressure'" that the Freudian drive exerts upon the mind. Fletcher writes: "Laplanche relates . . . [this economic aspect, or cost] not to a constant biological force but to 'the demand for work' made by the repressed, untranslatable source objects" (Laplanche 1998, p. 33).

What these repressed elements demand, in other words, is a constant "working over" as the subject seeks to make them symbolizable or "computable," and thus to fully integrate them into his or her life history. Fletcher quotes Laplanche in order to underscore the full value of this cost: "'The measure of the difference or disequilibrium between what is symbolisable and what is not in the enigmatic messages supplied to the infant [is] . . . the measure of the quantity of trauma'" (Laplanche 1998, p. 33).

However, it is precisely on the issue of cost—this question of something very much like entropy, in fact—that we must finally recognize the gulf separating Bennett's (1988) and Nørretranders's (1998) computationalism from Laplanche's psychoanalysis. The residue of exformation is the inevitable product of a cognitive-computational process in smooth working order. The mind as computer creates exformation as a product of its *optimal functioning*. The discarding of computations along the way toward some final algorithmic product that counts as a communicable

statement is in effect the sign of the *health* of the mind as computer. This is why Nørretranders stresses that exformation is affirmative: it is the source of beauty and wisdom and meaning in life.

But while Laplanche's unconscious may indeed be a source of the beautiful and the affirmative (at least there is no reason it could not be, depending on just how costly the "working-over" process is in each individual's case), it is more certainly a source of trauma and anxiety. It is what troubles our lives because it cannot be left alone. The difference is that, even though the theories of logical depth and exformation are in their own turn inflected by the insights of psychoanalysis—what they offer, after all, are computational simulations of the Freudian unconscious—they are ultimately too conditioned (and this should not surprise) by the model of computer memory. What Laplanche calls enigmatic signifiers are treated in Nørretranders's (1998) computer simulation as if they could be erased at any moment.

Exformation is not erasable, as it turns out, but it doesn't have to be because, for Nørretranders, its build-up as computational residue entails no similar cost. Remember Landauer's Principle: in a computer, what costs thermodynamically is the discarding of information, the resetting of the register. But all the manipulations of bits along the way are free. Since Nørretranders never gets as far as the resetting operation—he cannot because there is no equivalent operation in the human mind[5]— he never comes to grips with the cost of psychic life. He simply fails to account for the specific nature of the wear and the breakdown of the human mind, which has much to do with how the residue of the unconscious impinges on the psyche over the course of a lifetime.

The problem with the theory of exformation is the problem with all computer models of cognition that fail to keep a sufficient distance between the terms they associate in metaphor. A mind may indeed be like a computer; and metaphor may indeed be an indispensable tool to help scientists communicate the nature of the invisible things that have come to constitute their fields of inquiry. But a mind is not a computer.

[5] There may well be memory attrition and diminished ability to remember (especially in the short-term) as a person ages, but that is not to be confused with the strictly mechanical process of erasing old computer memory.

Neither is the mind an information processor, at least not in the specific sense that a computer is an information processor. What the mind "processes" is not information but experience. Some of this experience may well get culturally transmitted in the form of logical-propositional statements about the world and ourselves. But even then, the important consideration is the human transformations that occur by virtue of this process.

This is not to say that the computer metaphor is without merit. However, it possesses value not in strict prescriptive terms, but as a loose indicator of the direction in which questions about human cognition and psychic life should become reoriented in an age when information machines and mass communication technologies have so irrevocably transformed the conditions of our existence.

Thus, I would argue in closing that, along with the technologically attuned psychoanalysts, the media theorist Marshall McLuhan might still be a more useful guide than the computational cognitive scientists for helping us understand the nature of our relation with our information technologies. For McLuhan, our electronic media constitute extensions of the human sensorium; our information technologies are prostheses that we create in order to help us negotiate the ever-increasing cultural and material complexities of our existence. They fail (and McLuhan failed to recognize the real import of this) insofar as their mobilization contributes to the process by which the historical development of human technoculture speeds up at ever-faster rates—and so we find ourselves always falling farther and farther behind in the race to catch up to ourselves, to translate in both personally and collectively meaningful terms the signs of human culture. Our technology is by no means radically alien, but there is nevertheless a certain ontological gap—an elliptical decentering between ourselves and our technology, perhaps—that must be accounted for.

As I have argued, Lacan fully recognized (and Laplanche benefits from this) that information machines have much to teach us about psychic life. For computers are not only extensions of the human sensorium; they are also technological artifacts that objectify the logical func-

tions of the mind/brain. Thus, they are remarkably useful tools for understanding more fully—more objectively, at any rate—the complexities of human cognition.

Nevertheless, as Lacan equally understood, a rigorously orthodox materialist perspective possesses limited value for the human sciences. It utterly fails to understand human becoming, because being and the object are not the same thing. Lacan's argument on this point is Bergsonian through and through: man "isn't an object, but a being in the process of becoming, something metaphysical" (1991b, p. 105). As a being, man exists in time. We seek to understand the enigma of the unconscious "in time" because there is so little time for it.

And this is where the explanatory power of information machines fails us. For they know nothing of "haste, the relation to time peculiar to the human being, this relation to the chariot of time" (1991b, p. 291). Lacan's existential commentary on this point is worth revisiting, especially as an antidote to the exultant posthumanism on offer from the computationalists.

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Ragnvaldmarka 11
6100 Volda, Norway

e-mail: stephend@hivolda.no

MENU CARDS IN TIME OF FAMINE: ON PSYCHOANALYSIS AND POLITICS

BY ADAM ROSEN-CAROLE

The author interrogates the limits of psychoanalytic practice and psychoanalytically inclined political theory. The limits of psychoanalytically inclined political theory are read for what they can tell us about the lasting eclipse of the political, and so, inversely, for what they can tell us about what a viable political culture requires, just as the limits of the political efficacy of psychoanalytic practice are read for what they can tell us about what would be required for its successful realization.

SEDUCTION AND CONFESSION

I would like to speak to the seductions of psychoanalysis, both as theoretical enterprise and as a clinical—or, more broadly, a practical—exercise. More specifically, I would like to speak to the seductions of the practical and theoretical elaborations of psychoanalysis as they expose us to, and in some way promise, a progressive political future. And so, I must confess, I will speak both to and *through* these seductions. That is, I will speak to those who, like myself, have been seduced by the political promise of psychoanalysis, or might yet be, and I will speak from within a state of seduction, of great enthusiasm for the practical and especially the political promise of psychoanalysis.

Adam Rosen-Carole is a Visiting Professor in the Philosophy Department at Bard College.

This is important to underscore from the beginning because what I would like to discuss are some profound worries about the progressive political potential of psychoanalysis, and I take it that, at least in part, the intensity of these worries is an indirect effect of the prior seduction, never breaking out of its orbit. Simply put, I doubt that I would be so concerned if I were not previously *and still* immensely enamored with the prospects of what psychoanalysis as a theoretical and practical endeavor might contribute to a progressive political future.

And so, yes, I confess from the outset to a seduction by the political allure of psychoanalysis. But might not a confession function as a seduction, a display of disarmed self-exposure that seeks to reciprocally disarm those to whom it is addressed by positioning them as putatively exempt from the enchantments to which the confessor confesses, all the better to expose them to the compelling force of these enchantments? Might not this confession function as an address, a plea, a demand?

But that aside, my worry, simply stated, is twofold:

(1) Concerning psychoanalysis as a clinical—or, more broadly, a practical—exercise, the worry is: does the emancipatory potential of psychoanalytic practice amount to little more than an offering of menu cards in times of famine?

On the one hand, psychoanalysis seems to offer a great deal that is of immense political import. For instance, psychoanalytic practice may foster habits of self-reflection in a world where deep anxieties about our prospects for becoming socially superfluous feed into passionate commitments to ignorance about ourselves and our condition, and thereby promote thoughtless immersion in routine and wholesale identification with standardized social roles. Further, psychoanalytic practice may encourage reflection on ends in a world where the hegemony of instrumental reason and the usurpation of political culture by technobureaucratic expertise have largely devastated the institutional spaces in which reflection on ends could be cultivated. And psychoanalytic practice may induce habits of tolerance for, or even pleasure in, emotional and cognitive ambiguity in a world where self-assured decisiveness is the rule. Or it may encourage capaci-

ties to engage others in their concrete specificity, rather than as embodiments of transferential projections or as mere occasions for working out psychic conflicts and the like.

On the other hand, though in these ways and many others, psychoanalysis seems to promote the sorts of subjective dispositions and habits requisite for a thriving democracy, and though in a variety of ways psychoanalysis contributes to personal emancipation—say, by releasing individuals from self-defeating, damaging, or petrified forms action and reaction, object attachment, and the like—in light of the very uniqueness of what it has to offer, one cannot but wonder: to what extent, if at all, can the habits and dispositions—broadly, the forms of life—cultivated by psychoanalytic practice survive, let alone flourish, under modern social and political conditions? If the emancipatory inclinations and democratic virtues that psychoanalytic practice promotes are systematically crushed or at least regularly unsupported by the world in which they would be realized, then isn't psychoanalysis implicitly making promises it cannot redeem? Might not massive social and political transformations be the condition for the efficacious practice of psychoanalysis? And so, under current conditions, can we avoid experiencing the forms of life nascently cultivated by psychoanalytic practice as something of a tease, or even a source of deep frustration?

(2) Concerning psychoanalysis as a politically inclined theoretical enterprise, the worry is whether political diagnoses and proposals that proceed on the basis of psychoanalytic insights and forms of attention partake of a fantasy of interpretive efficacy (all the world's a couch, you might say), wherein our profound alienation from the conditions for robust political agency are registered and repudiated?

Consider, for example, Freud and Bullitt's (1967) assessment of the psychosexual determinants of Woodrow Wilson's political aspirations and impediments, or Reich's (1972) suggestion that Marxism should appeal to psychoanalysis in order to illuminate and redress neurotic phenomena that generate disturbances in

working capacity, especially as this concerns religion and bour-
geois sexual ideology. Also relevant are Freud's, Žižek's (1993,
2004), Derrida's (2002) and others' insistence that we draw the
juridical and political consequences of the hypothesis of an ir-
reducible death drive, as well as Marcuse's (1970) proposal that
we attend to the weakening of Eros and the growth of aggres-
sion that results from the coercive enforcement of the reality
principle upon the sociopolitically weakened ego, and especially
to the channeling of this aggression into hatred of enemies.
Reich (1972) and Fromm (1932) suggest that psychoanalysis be
employed to explore the motivations to political irrationality, es-
pecially that singular irrationality of joining the national-socialist
movement, while Irigaray (1985) diagnoses the desire for the
Same, the One, the Phallus as a desire for a sociosymbolic order
that assures masculine dominance.

Žižek (2004) contends that only a psychoanalytic exposition of the
disavowed beliefs and suppositions of the United States political elite can
get at the fundamental determinants of the Iraq War. Rose (1993) ar-
gues that it was the paranoiac paradox of sensing both that there is every
reason to be frightened and that everything is under control that allowed
Thatcher "to make this paradox the basis of political identity so that sub-
jects could take pleasure in violence as force and legitimacy while always
locating 'real' violence somewhere else—illegitimate violence and illicit-
ness increasingly made subject to the law" (p. 64). Stavrakakis (1999)
advocates that we recognize and traverse the residues of utopian fantasy
in our contemporary political imagination.[1]

Might not the psychoanalytic interpretation of powerful figures
(Bush, Bin Laden, or whomever), collective subjects (nations, ethnic
groups, and so forth), or urgent "political" situations register an anxiety
regarding political impotence or "castration" that is pacified and modi-
fied by the fantasmatic frame wherein the psychoanalytically inclined
political theorist situates him- or herself as diagnosing or interpretively

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[1] For a discussion of interpretive politics, see Balibar (1994); for an overview of the
history of psychoanalysis and political theory, see Rosen (2007).

intervening in the lives of political figures, collective political subjects, or complex political situations with the idealized efficacy of a successful clinical intervention? If so, then the question is: are the contributions of psychoanalytically inclined political theory anything more than tantalizing menu cards for meals it cannot deliver?

As I said, the worry is twofold. These are two folds of a related problem, which is this: might the very seductiveness of psychoanalytic theory and practice—specifically, the seductiveness of its political promise—register the lasting eclipse of the political and the objectivity of the social, respectively? In other words, might not everything that makes psychoanalytic theory and practice so politically attractive indicate precisely the necessity of wide-ranging social/institutional transformations that far exceed the powers of psychoanalysis?

And so, might not the politically salient transformations of subjectivity to which psychoanalysis can contribute overburden subjectivity as the site of political transformation, blinding us to the necessity of large-scale institutional reforms? Indeed, might not massive institutional transformations be necessary conditions for the efficacy of psychoanalytic practice, both personally and politically? Further, might not the so-called interventions and proposals of psychoanalytically inclined political theory similarly sidestep the question of the institutional transformations necessary for their realization, and so conspire with our blindness to the enormous institutional impediments to a progressive political future?

The idea, then, is to use the limits of psychoanalytic practice and psychoanalytically inclined political theory as a form of social diagnosis. I want to read the limits of psychoanalytically inclined political theory for what they can tell us about the lasting eclipse of the political, and so, inversely, for what they can tell us about what a viable political culture requires, just as I want to read the limits of the political efficacy of psychoanalytic practice for what they can tell us about what would be required for their successful realization.[2]

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[2] So as not to be too coy—another confession—I should specify that when I speak of the practical and theoretical possibilities and limits of psychoanalysis, I also have in mind those of philosophy, political theory, or most broadly, the humanities.

PRACTICES OF FREEDOM

In order to account for the seductiveness of psychoanalytic practice and the allure of its political prospects, even if in an incipient and very provisional way, we would do well to begin by situating psychoanalysis as a form of practical reason (*phronesis*), or more precisely, as a modern form of practical reason insofar as it is harnessed in the service of freedom, widely understood.

As a form of practical reason, psychoanalysis allows us to embrace and affirm our exposure to life, to adhere to its mutability, in order to orient ourselves *within* its transience. This involves an unrelenting attention to phenomena unfolding from what they manifestly are into what they, and we along with them, may yet be: a steadfast attention to and reckoning with the futurities latent in the present, to the futurities fracturing the present, preventing it from collapsing and congealing into a closed givenness. This involves unremitting attention to life in its concreteness—which is to say, in its imperfectly legible blend of determinacy and indeterminacy (or manifestness and potentiality)—and so unfailing attention to ourselves as the locus of certain possibilities for the development of life otherwise.

In other words, the practice of psychoanalysis aims to induce an agential standpoint through which life becomes available to inflection or intervention from within, as opposed to a spectatorial standpoint from which life is felt as imposing itself from within (intrapsychically) or without (socially) and to be ordered as if from afar. Indeed, learning to acknowledge oneself as orchestrating, however unconsciously, that which appears to be a matter of brute fate, and so taking responsibility for it—for instance, learning to see oneself as provoking the stale patterns of object relations from which one suffers, and taking responsibility for them—is one of the primary accomplishments of psychoanalytic practice, at least when it is successful.

Though in its popular caricature, psychoanalysis is obsessively preoccupied with the past, such an interest in the past is motivated by an emphatic concern with and for the future, for what might yet issue from the past that is not entirely past. Psychoanalysis, always with an eye toward

the future, is at least as much a discourse of hope and possibility as it is a brooding over the history and ramifications of psychosexual determination. Psychoanalysis, always on the lookout for whatever margin of freedom is available to us, is at least as interested in cultivating an agential standpoint as it is in drawing to the fore the various intrapsychic and suchlike constraints on our legislative powers. As such, psychoanalysis is incredibly seductive—especially in a world where the practical standpoint seems to be, at most, a relic of a bygone age in which the forces of economic determination, social rationalization, and cultural administration had not yet so massively overwhelmed the efficacy of individual initiative; especially in a world where, as seems to be the case today, the practical standpoint generates an illusion of freedom in the service of ideological captivation; especially in a world where hope and a sense that possibilities for self-determination and efficacious world intervention are genuinely available are radically diminished and fleeing faster day by day, if not already vanquished.

With its emphasis on hope, possibility, and agency, psychoanalysis is extraordinarily seductive. Whether it transpires in the clinic or elsewhere, psychoanalytic practice aims at cultivating capacities to immerse oneself in and reflectively engage that by which one is captivated, claimed, or moved. It seeks to open us onto our determinate possibilities for intervention in the world, that is, onto our capacities to reflectively pursue or impede developments in the flux of life, to inflect life in its unfolding. As a form of practical reason, psychoanalysis allows us to attune to, and commit ourselves to, the unfolding of life in its determinate possibilities, to life (and to ourselves) as developing into what it (and we) may yet be. There is, inescapably, an affirmative dimension of psychoanalytic practice, an affirmation of self and world for what they may yet be, an affirmation of life in its sacred transience, an affirmation of life as freedom.

As a form of practical reason, psychoanalysis is a cultivated form of perception, a style of reading, or, more precisely, a mode of inhabiting the world that illuminates otherwise illegible or unnoticed features of experience and guides our responses to them. Such responses may take various forms: from puzzlement and reflection to sustained inquiry, to specific sorts of action, to abiding in and yielding to the affective fullness of experience, to various ways of acknowledging the distortions,

fractures, and allusiveness of experience itself, to name only a few. What is important to underscore is that the success of psychoanalysis is, at least in part, a matter of its efficacy in keeping us *in touch* with compelling sources of inspiration and enabling us to reflectively endorse or reject them. That is, its success is, at least in part, a matter of keeping us *in touch* with others and with ourselves (oftentimes as utterly elusive, to be sure), and so a matter of its ability to yield a world within which our forms of perception, reflection, and response are *sensible:* meaningful, experientially weighty, and reasonable within the context of our aims and constraints.

As a form of practical reason, then, psychoanalysis is at once a well-spring of vitality, of heteronymous impulses or affectively weighty inclinations, and a form of reflective and sensuously compelling responsiveness to them. And it is precisely by exposing us to and calling for us to reflectively engage that which touches and moves us that it opens the space of agency. The success of psychoanalytic practice, then, is to be measured, at least in part, in terms of its felicity in attuning us to various features of experience *as* significant and in orienting our responses to them in a manner that allows us to avoid, as much as possible, our propensities to respond in self-defeating, destructive, or rigidly constrained ways.

The aim, then, or at least a predominant aim of psychoanalytic practice, is to open us onto the futurities latent within the development of life, and so onto our concrete possibilities for agency. That is, psychoanalysis aims to attune us to prospects for influencing the development of phenomena from within, prospects for realizing that which has been buried under the weight and suffering of our psychic status quo—or at least prospects for lending consideration to and making ourselves available to that which has been tendentially muted or distorted by the entrenched forms of selective attention to which our psychic histories, conflicts, and the like have given rise. Psychoanalysis aims at freedom: freedom of more expansive and attuned perception and response, freedom of imagination, feeling, and thought, and thereby freedom of initiation. One might even say that the very point of inducing transference is to remobilize drives for the sake of new beginnings. Psychoanalysis aims at the freedom to undergo, explore, and engage that to which

our conflict-driven or otherwise psychohistorically determined forms of attention have rendered us heretofore impermeable.

For instance, psychoanalysis aims at the freedom to acknowledge the import and impact of others on our lives, and the freedom to acknowledge the consequences of our own actions on others (and in their reverberations, on ourselves). It aims at freedom from our penchant to subsume others within the frozen slots of fantasy or to otherwise corral them into firmly fixed structures of libido-laden and conflict-driven perception, and thus at the freedom to acknowledge and engage others in their singularity. Attempting to invert the causality of fate wherein destruction of the other implies self-destruction, psychoanalysis aims at liberating the other into her ownmost singularity, into her greatest range of freedom, by liberating the self from its propensity to assimilate the other to desired and/or dreaded imagoes and the like.

To give a few more examples, psychoanalysis aims at the freedom to avow one's fragmentation, permeability, dependency, and want of control, to engross oneself in one's animality, and to acknowledge without condescension the ineradicable animality of others. It aims at the freedom to trust and explore, say, old conflicted hopes that have been largely repudiated for fear of the unbearability of their disappointment or due to the terror of their projected consequences. At its best, psychoanalysis allows us to dream with the world while keeping our wits about us enough not to be frightened off by irrational expectations of catastrophe. It aims at the freedom to experience one's forms of life as unlivable, as painful and impoverished, and at the freedom to experience one's hopes and dreams as perhaps having a place in the world, or at least having a claim on the world—both of which are precisely motivations to live otherwise.

In sum, psychoanalysis is directed toward the freedom of life—the freedom of enhanced emotional vitality, greater lability of cathexis, augmented adaptive relationality, and heightened responsiveness to the impact and import of concrete others; that is, it aims at freedom from the autonomism of defenses and their cognitive and relational consequences, from (self-)destructive and (self-)distorting habits of (self-)assessment and response. Generally, it aims at freedom to undergo experience in its specificity, which is to say, in its affective, orientational fullness

and its ambiguity, and thereby it aims at the freedom to orient our delib-
eration and action to the concreteness of experience.

So much is it aimed at freedom that we might even describe psycho-
analysis as a practice of freedom. And as such, it is incredibly seductive.

DEMOCRATIC HABITS AND DISPOSITIONS

The next step in appreciating the political allure of psychoanalytic prac-
tice is to explore its contributions to the subjective dispositions and
habits requisite for a thriving democracy. Much of this can be anticipated
from the foregoing, so the discussion will be brief. The basic idea is that
the various freedoms and aptitudes discussed above seem to be precisely
what a vibrant democracy requires of its participants. To the extent that,
for instance, psychoanalytic practice promotes the dissipation, or at least
the diminishment, of resistances to the desire to know oneself, one's his-
tory, and one's world, generally, to the extent that it seeks to root out our
passionate commitments to ignorance, it fosters the conditions in which
more unrestrained desires for reflective engagement—with oneself, with
others, and with the world—can take root. And in this way, it promotes a
crucial subjective precondition for a flourishing deliberative democracy.

Likewise, to the extent that psychoanalytic practice tends to open a
space between impulse and action, or between a first-take and a reflective
endorsed position, it opens a space for reflective deliberation, a space in
which desires and considerations may arise in the light of which our
initial impulses can be repudiated or revised. That is, it opens a slender
space of agency and in this way prepares us for deliberative democratic
life. Further, to the extent that it cultivates the capacity to bear, and even
take pleasure in, emotional ambiguity and cognitive complexity, that
is, to bear or even enjoy reflective engagements with that which is im-
perfectly legible and to some extent incalculable and unpredictable (as
complex political situations most often are), it induces the dispositions
of desire and reflective capacities necessary for political judgment, and
so can be seen as a training ground of sorts for a democratic citizenry.

To give a few more examples: To the extent that psychoanalysis frees
one from rigid patterns of perception and reaction modeled on percep-
tions of and responses to one particular, engrossingly important other,

that is, to the extent that it cultivates aptitudes to reflect on and respond to the concrete claims of others rather than to the ways they might figure in one's fantasies, conflicts, and the like, psychoanalytic practice prepares subjects for institutions of democratic deliberation. Likewise, to the extent that psychoanalytic practice generates the freedom to engage in an activity for reasons internal to that activity, rather than for reasons internal to the psychohistory of the individual, it opens the space of rational motivation, and so yet again seems to be a training ground of sorts for subjects who would be up to the task of democratic collective self-determination. In a similar vein, by promoting the habit of replacing reasons for belief that do not warrant these beliefs with reasons that do, or at least might, it instills the habit of developing reasons that can be shared, that can be rationally assessed by others, thereby contributing to the subjective preconditions for genuinely political deliberation. In these ways and many others, psychoanalytic practice promotes the sort of reflective habits and ethico-cognitive dispositions requisite for subjects who would contribute to a thriving deliberative democracy.

Onto this list of the democratic virtues of psychoanalysis, one must add that, quite crucially, psychoanalytic practice tends to induce and support expansive reflection on ends, habituating those who undergo it to regular reflection on what they want to pursue and why. And by mollifying defenses and otherwise supporting analysands' capacities for reality testing, it supports reflection on the likely consequences of the particular means selected to achieve the ends we are encouraged to consider. Though of course within the context of ordinary psychoanalytic practice, these sorts of reflections most often have to do with intensely personal matters—sexuality, love, family relationships, vocational choices, and the like—the point is that the habits induced in this limited, intensely personal context would be of great public importance were we to have a public sphere in which the deliberations of an engaged citizenry impacted public policy.

Finally, we must add to this brief list of the democratic virtues of psychoanalytic practice that, to the extent that it promotes tolerance for, forgiveness of, or indeed joy in the persistent animality of the human condition—its vulnerability, its neediness, even its consequent madness—that is, to the extent that it facilitates tolerance for, forgiveness

of, or joy in one's own and others' frailties, abiding dependency, driven-
ness, narcissism, and even aggressiveness or cruelty, psychoanalytic prac-
tice may dissolve motivations to assume a lofty position above the fray, to
assume an administrative standpoint from which others, seen as figuring
repudiated aspects of oneself, seem to be unruly masses in need of ex-
ternal administration. And so it may dissolve impediments to egalitarian
social bonds and facilitate the conditions in which collective initiatives
can be undertaken. By prompting us to acknowledge within ourselves
the irrationality, cruelty, and so forth that we so easily identify in others,
and on the basis of which we are all too often prone to discount them as
equals, and then by helping us find ways to forgive or even affirm that
which we condemn, both in ourselves and in others, psychoanalysis may
deflate the motivation to defensively assume an administrative stand-
point from which unruly impulses in ourselves and others are framed as
mere objects of political administration, and thus again contribute to the
subjective preconditions for a thriving democracy.

THE WORRY

Now, as a practice that contributes to affective vitality and intimate con-
nectedness with others, and that yields genuine insights and enlarges our
reflective capacities, psychoanalysis is incredibly promising, both person-
ally and politically. As a practice that encourages our availability to and
enriched responsivity to others, to affectively significant and cognitively
intriguing features of experience that have been tendentially ignored or
defended against, and to sensuously compelling inclinations or impul-
sions—wishes, hopes, dreams—that might yet pave the way for a future
more satisfying than can even be imagined from here, again, psychoanal-
ysis is extraordinarily enticing, both personally and politically.[3] And how
can its contributions to the various freedoms and democratically salient

[3] I take it that the very authority of psychoanalysis is predicated upon the reflective
affirmation of the life of which it is a part, which is to say that its authority feeds on the
various successes and discoveries, and generally the flourishing, of the life oriented by it.
In other words, I take it that the sensibility that one's life would be wanting in integrity,
orientation, and fullness without the forms of attention, insights, questions, and capaci-
ties that psychoanalysis enables or encourages is the source of its authority. If so, reflec-
tive affirmations of the seductiveness of the practice are built into the practice itself.

capacities, habits, and dispositions discussed above not amplify the allure of its political prospects?

But what becomes of affective vitality in a world dead set on manipulating desire into a dull craving for more or less identical, and more or less identically disappointing, commodities, and in a world where ascetic discipline and immersion in social and cognitive routine seems to be the only way to stay economically and socially afloat? What will be the fate of our availability to intimate connections in a world where, on the one hand, social bonds are rendered threadbare by the imperative of self-interested individualism, and on the other hand, intimate relations are massively overburdened as they become the successor to the now desiccated public sphere as the primary forum in which belonging (connection) and individuation (separation) are negotiated—that is, in which acceptable forms of mutual recognition are worked out?[4] What becomes of affectively compelling forms of perception and reflection—in other words, emphatic experience—in a world radically inhospitable to individual initiative, a world where the forms of solidarity and acting in concert necessary for realizing that which is sparked by emphatic experience are largely unavailable? What is this freedom to which psychoanalysis contributes in a world that is decidedly unfree?

And what chance of flourishing, or even of minimal effectiveness, do these practices of freedom have in a world where possibilities opened through psychoanalytic practice often fail to find the nurturance and support necessary for their realization? Is this a world with which we can dream, or does it condemn us to continual rude awakenings to the imperative of accommodation by which the risk of social abjection is warded off for yet another day? What chance do the democratic habits and dispositions to which psychoanalysis can contribute have in a world where democratic institutions through which collective deliberation would genuinely influence public policy are largely unavailable?

Or, concerning the prospects of psychoanalysis as a modern form of practical reason, is it not the case that psychoanalysis and all that it affords will never be *sufficiently* orientative, that it can never offer thick

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[4] On the problematic character of mutual recognition, even in its presumptively ideal forms, see Markeel (2003).

enough orientations to dispel our sense of being wayward, adrift in rei-
fied culture? Are not substantial social-institutional transformations nec-
essary conditions for the flourishing life to which psychoanalytic practice
attempts to give rise, for life that we do not just survive but truly live?

Against the corroding effects of capital, its ability to dislodge us from
established forms of connection with one another and with the world—
say, those elaborated by tradition, religion, and social authority—the ori-
entation that psychoanalysis as a form of practical reason can offer seems
to be, at most, tantamount to a tattered road map through an infinite
desert. And against the coordinating effects of capital that lock us into
reified social relations, the emancipatory inclinations psychoanalysis can
induce seem frail indeed.

Generally, the question is: is all that is opened up by way of analysis
doomed to, at best, stunted growth, and—far more likely—massive frus-
tration and impediment? In other words: are these practices of freedom
just too frail and fragile to flourish in a world such as our own? Are these
democratic habits but a last bulwark against the strong winds of antipo-
litical technocracy? Is the agential standpoint that psychoanalysis works
to induce and the alternative life prospects that it makes available not so
massively wanting for the social support necessary for their realization
that they cannot but function as ideological lures that keep us tethered
to an otherwise unbearable status quo? If so, does not psychoanalysis
promise more, much more, than it could ever provide? What, then, are
we to make of this promise, this temptation?

To be sure, psychoanalytic practice, as much as it aims at a variety
of freedoms, is no wild utopianism. The possibilities for agentful world-
intervention and self-actualization to which psychoanalytic practice at-
tunes us are *determinate* precisely insofar as they are circumscribed by
sedimented patterns of object attachment and relation, deep-seated
wishes and conflicts, character structures, fantasy fixations, defensive
tendencies, and the like. Working through means nothing if it does not
mean acknowledging these constraining conditions time and again, and
working toward the slender margin of freedom that they allow.

Though psychoanalysis aims to refine and expand our capacities to
initiate and innovate, to begin and begin again, and thereby to usher

in the unanticipated, the new, and as much as it aims to embolden our aptitudes to respond to ourselves, to others, to the world in ways that would not be *as* determined by prior conflicts and the like as was the case previously, it does so explicitly in light of the various psychic forces that keep us tethered to the stale—and so often painful—repetition of the same. But is this concession enough? Doesn't the very figuration of constraint as a largely intrapsychic affair evince a covert utopianism, or at least a profound blindness to the forces of social objectivity?

What I want to claim here is that not only are the forms of life cultivated by psychoanalytic practice in need of social-institutional support if they are to be realized; the deep problem is that psychoanalysis is *constitutively* blind to certain forms of social objectivity, namely, reified forms of sociality, and this implies a severe limit to its political promise. Insofar as psychoanalysis is not conjoined with social theory and maybe even with a philosophy of history, it cannot sufficiently conceptualize latency in terms of the specific possibilities available to sociohistorically situated individuals. Though drawing on social theory may generate a more holistic and nuanced picture of the analysand, and specifically bring to light cultural determinants of her suffering[5]—and so, implicitly, cultural conditions for her healing and flourishing—certain aspects of psychoanalysis's sociohistorical blindness are not simply contingent failures subject to redress by infusing social theory into psychoanalytic theory.[6]

First of all, the practical problem is that when the social theory of the analyst heavily informs his diagnostics and the direction of the therapy, that therapy often runs into difficulties because analysands tend to feel (1) understood as a mere fulcrum of social forces and thus treated abstractly, and so negligently, and (2) either (a) normatively impinged upon, and so violated, or at least distracted from the intimate matters she is in therapy to work out, or (b) compelled to comply with the normative purview of her analyst, which brings its own set of problems. If

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[5] Cf. the work of Horney (1950, 1967, 1994, 1999, 2000), Herman (1997), Caruth (1996), Fromm (1932), Davoine (2004), Van der Kolk (1996), Castoriadis (1997), Brennan (1992), and Bernheimer and Kahane (1990).

[6] Ignoring this leads to the "add-culture-and-stir" mistake of Horney and the Culturalist school so deftly criticized by Adorno (1967, 1968).

one of the primary tasks of psychoanalysis is to help the analysand find *her own terms* though which her suffering and desire can be articulated and negotiated with afresh, and so through which a more viable future can be imagined, then the heavy-handed use of social theory in psycho-analysis is bound to be counterproductive.

Second, the structural-epistemological problem is that, if psychoanalytic practice is not to be theoretically heavy-handed, then psychoanalysts can only know what individuals within analysis can know, and if social relations are reified, then there is a socially imposed limit to the insights achieved and future prospects delivered via analysis. If social objectivity is dissimulated and mystified, that is, if the structures of our interdependence are socially opaque and the forces organizing modern social life are self-obscuring, then this reification is bound to be reproduced in the source material of analysis, that is, in the analysand's self-experience.

So, when the analyst facilitates the analysand's freedom to experience, think, feel, and ultimately commit herself otherwise, all he really can do is help the analysand, say, commit herself to forms of self- and world relation that appear less injurious or more livable *to her*, but what appears less injurious or more viable will in all likelihood be limited to that which *can appear so* from the historically sedimented purview of a more or less bourgeois, self-interested, rights-bearing being. That is, what becomes available via analysis is that which can become available to the sociohistorically positioned analysand, and not only is there nothing psychoanalysis can do to get around this, psychoanalysis is not even in a position to shed light on the problem without delving into social theory and thereby abdicating its mandate to tarry with the problems and issues that the analysand experiences as at the heart of her predicaments.

Analytic practice is caught in a double bind: as it seeks the emancipation of the analysand, either it is forced to become politically didactic and consequently counterproductive (or at least problematic qua analysis), or it promotes the extremely limited forms of emancipation imaginable by a typical bourgeois subject—and so it should be no surprise that, from Freud onward, emancipation tends to be figured in terms of greater capacities for love and work.

PSYCHOANALYSIS AS PREMONITION
AND PLACEHOLDER

But perhaps the forms of attention and insight afforded by psychoanalysis, as well as the transformations of subjectivity and intersubjectivity that it can incite or prepare, are, though objectively limited, important to appreciate as fragments—opaque articulations—of life lived fundamentally otherwise. Perhaps in our world, psychoanalytic practice cannot offer anything more than a premonition of or a placeholder for forms of life whose viability assumes a world transformed by that "slight adjustment" of which Benjamin (1996, 1999) speaks when referring to the coming of the Messiah.

Would not the redemption of promises of emboldened subjectivity, stronger social bonds, more successful integration of the semiotic and the symbolic, and so forth, which psychoanalysis cannot but make, require social and political transformations on a messianic scale? And is not each image of happiness or the promise thereof, until that point of messianic transformation, idolatry and blasphemy, as Adorno (1967, 1968) would insist? Perhaps. But though its political promise is undoubtedly limited, and though that promise is uncomfortably complicit with ideological demands for unconditional affirmation of the status quo (i.e., demands to affirm, and thus to remain committed to, the dominant structures of the status quo, if only because they are hospitable to reforms as a result of which we could more wholeheartedly embrace them), we can still appreciate the extraordinary resilience with which psychoanalysis continues to prepare subjects for a democracy-to-come. And we can appreciate psychoanalysis as a wonderful resource for generating experiences of vitality, of personal and interpersonal flourishing, that however fleeting and frail they may be, image a world that can be truly lived.

What I want to underscore here is that these experiences or anticipatory images are incredibly important insofar as, perhaps, it is on their basis (rather than on the basis of commitments to abstract norms or ideals) that we can concretely measure the poverty of the status quo and

imagine what a world worth living in would feel like. The inestimable import of psychoanalysis to a progressive political future, then, lies not only in its preparation of subjects for democratically self-determined life, but also in its capacity to generate experiences, and thus anticipatory (though necessarily deformed) images, of reflectively capacious, spontaneous, affectively rich and fulfilling, nondamaged life, against which the depravity of the status quo can be concretely discerned, and which can serve as the affective impetus to social and political transformation.

But then again, even if the intensely desirable yet socially unviable forms of life nascently cultivated by psychoanalytic practice allow the insulting uninhabitability of contemporary culture to be experienced in its unbearable weight, and even if the experience of life lived somewhat more rightly is an incentive to transform social and political conditions such that they would support the forms of life cultivated by psychoanalytic practice, without any clear avenues for alleviating the suffering thus brought into more fine relief and rendered affectively salient, without available institutional channels through which subjective inspiration might become social objectivity, is not psychoanalysis just offering menu cards in time of famine? As much as it might alleviate certain impediments to human flourishing, does not psychoanalysis condemn us to suffer—to suffer for want of a world in which what was begun via psychoanalytic practice could find its necessary social support?

Yes, of course; but just as the tendential unavailability of democratic institutions to public initiative is no reason to dismiss the import of preparing subjects for them, that these experiences and the anticipatory images of flourishing life to which they give rise regularly fail to find the social support necessary for their viability is no reason to simply discount them. These images and experiences have both a preparatory and an anticipatory value that, unfortunately, is all too rare.

In order not to be too confessional, let me try to illustrate this point with reference to a well-known film. In Charlie Chaplin's *Modern Times* (1936), there are two extraordinary scenes, one set in a factory and another in a department store. In the factory, on a stage of dehumanizing industrial routine, reified interpersonal relations, corporate hierarchy, and wanton alienation of the workers, and with the backdrop set by utterly terrifying, larger-than-life machines that humble and even humil-

iate the all-too-human stature of the workers, that threaten to consume them, and that are operating for a purpose that is wholly inscrutable to them—it is the perfect depiction of social rationalization/reification—in this factory where intense anxiety about economic and thus social and personal abjection keeps the workers not just tethered to the machines but willing to work harder and harder for their stern and seemingly ir-rational, even whimsical taskmaster whose sole concern is the rate of production, in the midst of this, all of a sudden, swept up by the rhythms of the workplace, the tramp begins to play.

The machinery becomes the playground for Chaplin's jubilant, guiltless play, the tools become ornaments of his dandy dance, and the workers who are seeking to stop him become the unwitting provocateurs of his spontaneous free play. All alone, all of a sudden, Chaplin tran-substantiates the brutal monotony of the industrial workplace into the rhythm of human self-realization. All alone, all of a sudden, Chaplin transubstantiates the dehumanizing convulsions of his industrial, disci-plinary routine into the expression of life. And as Chaplin whirls about, we see what it would mean to dream with the world, to find the world a place for our animal bodies, for the expression of life.

In the second scene, set in a department store where the tramp has found employment as a night guard, in a stroke of what Benjamin (1996) might call divine violence, the tramp fully exculpates himself from the demands of legality and property. Vanquishing all concern for the potential consequences of his actions (losing his job and his already precarious social standing, etc.), he makes the resources of the store unconditionally available to his lady friend and himself, transforming commodities into creature comforts, undertaking a one-man act of egali-tarian expropriation. Then, abandoning all concern with social appear-ances, utterly immune from the guilt of being found out and fired, he plays, putting on a pair of roller skates and whirling about the second floor toy department.

Part of what is so extraordinary about both of these scenes is that there is not even a hint of naive romanticism about throwing off the trappings of modernity or the strictures of civilization in order to return to a state of unencumbered, natural bliss. Rather, Chaplin transubstan-tiates the *very* modern spaces in which he finds himself into spaces of

spontaneous free play and egalitarian redistribution that could not take place without them. He shows what pleasure can be had with, and what a human world can be facilitated by, technology and commodities, performatively testifying to the untapped latency of modern times for genuine human flourishing. These scenes would never work—they would just be just a bit of kitschy nostalgia—were they to take place anywhere else but in the epicenters of capitalist production and distribution: the factory and the department store.

Now, what I want to say in particular about the power of these scenes, about these images of spontaneous and guiltless play and of genuine human flourishing, is that they convey an incredibly persuasive sense that unless and until the world can support the integration of bios and zoe that these scenes figure, unless and until pleasure can run amuck in the spaces once consigned to discipline and profit-driven consumption, unless and until freedom and equality have a place *in* the institutional spaces of modernity (the workplace, the market, etc.), the world is not yet sufficiently human.

What these scenes express so powerfully, indeed so desperately, is that a world that cannot support the tramp's spontaneity and affectionate beneficence is emphatically false, deeply inhuman. Unless the tramp can experience work as a jungle gym, as a place for human flourishing rather than a highly disciplined and rationalized operation of profiteering, this is not a world in which life lives. Unless spontaneity can be released without the fear that it will lead to total ruination—which is the fear that slowly comes to saturate the department store scene as Chaplin's roller-skate dance brings him perilously close to the unrailed precipice of the second floor—and unless spontaneity can be released without turning into aggressive hostility—as in the famous globe-dance scene from *The Great Dictator* (1940), and as in *Modern Times* when Chaplin's free play in the factory also involves elements of assault on his co-workers and eventually spills over into a threatened sexual assault of a woman passing by the front of the factory—in other words, unless spontaneity can be expressed without distortion, the world is not yet sufficiently human, which is to say, it is not yet a world in which bios fully expresses zoe and vice versa.

Of course, there is a specter of desperation haunting *Modern Times,* for nowhere in the film is there expressed a modicum of confidence in the plausibility of the institutional reforms necessary to allow life to truly live . . . except in the very figuration of that desperate necessity. Chaplin's *via negativa* hopefulness is what allows the film to develop a poignantly desperate tone rather than a cynically acquiescent one. The difference is slender but significant. It is also worth noting—if only for the sake of forestalling the objection that the tramp is but a beautiful soul with whom Chaplin identifies in order to exculpate himself and his film from the guilt of participation in the modes of production and consumption critiqued by *Modern Times* (the film is part of the Hollywood film industry, after all)—that Chaplin is keenly aware that *Modern Times* is unavoidably implicated in the object of its critique. Were it to try to avoid or even fail to acknowledge this complicity, it would no longer be able to so forcefully advocate on behalf of the latencies of modern times.

Notice, for instance, that the seemingly romantic and naive figure of spontaneous, exuberant vitality that Chaplin presents in the early and middle scenes as radically abrasive to rationalized and reified capitalist culture is, in the later scenes where Gamin and the tramp find employment dancing and singing in a restaurant, cited and exposed as fully susceptible to commodification—indeed, as just that bit of novelty that capitalist ventures are always seeking to give them an edge over their competitors. Spontaneous play, in these later scenes, is presented as anything but immune from exploitation and domestication by the cultural forms it resists.

Indeed, in these later scenes, vitality and spontaneity are presented as easy and desirable prey for, and indeed eminently integrable into, commodified, profit-driven culture. Gamin's seemingly pure, innocent dancing in the street draws a crowd, and this marks her as a valuable commodity for the entertainment industry, represented by the restaurateur who offers her a job. The smooth—but not seamless—integration of Gamin's playful, childlike dancing into the restaurant business, and of course Chaplin's famous singing/dancing waiter shtick, figure the commodifiability of play, the appropriability of spontaneity, and so the complicity of the figure of life truly lived in systems of domination inimical to it. More to the point of Chaplin's filmic self-consciousness, these scenes

reveal to the viewer the context of profit-driven entertainment in which the earlier scenes are implicated.

The forms of flourishing life that Chaplin's films figure, I think, give a sense of what sometimes becomes available through psychoanalytic practice. They are the best images I can think of to express what becomes available, though in a very anticipatory way, in a good analytic hour. But if the forms of life that Chaplin figures, like those to which psychoanalytic practice may give rise, are not only unsustainable but deeply deformed by the world in which they would be realized—if, as Adorno (1974) would have it, wrong life cannot be lived rightly—then all that is promised and prepared for by psychoanalytic practice, both personally and politically, though genuinely important and not to be underestimated, is deeply suspect, perhaps little more than menu cards in time of famine.

Though psychoanalytic practice is to be appreciated for its contributions to the development of habits, dispositions, and capacities that would allow for, indeed would be crucial to, the success of alternative political futures in general, and those that involve democratic collective self-determination in particular, the value of psychoanalytic theory and practice cannot be thought apart from the viciousness of the world in which its marginal interventions are necessary.

ALL THE WORLD'S A COUCH

The value of psychoanalysis for political theory is hard to deny. By drawing attention to and explicating a variety of psychic elements within the political or various psychic impacts of the political, psychoanalysis both exposes and redresses a number of blind spots in traditional political theory. For instance, psychoanalysis allows us to explore the complex identificatory and libidinal patterns—the passionate attachments— intertwined with social and political solidarities, the fantasies animating various political scenes, and so forth, thereby allowing us to address the motivations to and psychic "mechanics" of various political formations.

This is to say, psychoanalysis gives access to the symptom-value and psychic contours of political behavior, allowing us to explain what cannot otherwise be explained: say, how attachments to structures of domina-

tion are established and maintained, how passionate attachments to manifestly irrational (in the sense of self-defeating and/or self-injurious) political movements get a grip, and so on. Further, on the basis of the insights into the psychic contours of political phenomena that psychoanalysis uniquely affords, social-political diagnoses and proposals for change can be articulated that would not be otherwise available.

Though the contributions of psychoanalysis to political theory are immensely attractive and not to be underestimated, there is a serious problem that needs to be considered. The first approach to the worry concerns the penchant toward methodological individualism manifest from Freud onward. It is all too often the case that psychoanalytic concern with collective political phenomena actually has nothing to do with collectivities that are in any relevant sense experientially or factually self-determining. That is, it takes the notion of political agency off the table from the get-go.

Paradigmatically, in *Group Psychology and the Analysis of the Ego* (1921), Freud is interested in the conditions of collective regression (namely, amplification of omnipotent fantasies and desires for absolute authority, abdication of ego functions, suspension of critical functions, supplication before an external ego ideal, and so forth); he is interested in the formation of a *Masse*. Freud is interested in collectivities only insofar as they are composed of individuals determined by *external* sources of authority: that is, as *administered* subjects rather than what we might want to call *political* subjects. Indeed, Freud's model of politics seems to be a model of cultural administration and ideological captivation rather than collective self-determination. The very fact that Freud's *Group Psychology and the Analysis of the Ego* seems to so accurately describe politics understood as collective administration and ideological captivation may warrant some wariness about this interpretation of politics, and thus about psychoanalysis's contributions to its explanation. If, as Reich (1970) and Balibar (1994) suggest, *Group Psychology* is deeply (whether or not consciously) attentive to the dynamics of protofascism, its ability to describe so-called political phenomena risks making fascism into the very paradigm of politics.

Indeed, if *Group Psychology* is about politics, then politics is itself quite troubling, perhaps worthy of resistance as such. So the worry here is that,

if this Freudian type of psychoanalytic account of political phenomena seems to be called for, if what is at stake is the formation of an irrational *Masse* and so forth, then the propriety of the psychoanalytic interpretation may precisely indicate the eclipse of the political understood as collective self-determination.

The second approach to the problem has to do with psychoanalytic contributions to political theory that avoid Freud's methodological individualism, but nevertheless run into the same problem. An expanding trend in social criticism involves a tendency to discuss the death or aggressive drives, fantasy formations, traumas, projective identifications, defensive repudiations, and other such "psychic phenomena" of collective subjects as if such subjects were ontologically discrete and determinate. Take the following passage from Žižek (1993) as symptomatic of the trend I have in mind:

> In Eastern Europe, the West seeks for its own lost origins, its own lost original experience of "democratic invention." In other words, Eastern Europe functions for the West as its Ego-Ideal (*Ich-Ideal*): the point from which [the] West sees itself in a likable, idealized form, as worthy of love. The real object of fascination for the West is thus the *gaze*, namely the supposedly naive gaze by means of which Eastern Europe stares back at the West, fascinated by its democracy. [p. 201, italics in original]

Also, we might think here of the innumerable discussions of "America's death drive" as propelling the recent invasions in the Middle East, or of the ways in which the motivation for the Persian Gulf Wars of the 1990s was a collective attempt "to kick the Vietnam War Syndrome"—that is, to solidify a national sense of power and prominence in the recognitive regard of the international community—or of the psychoanalytic speculations concerning the psychodynamics of various nations involved in the Cold War (here, of course, I have in mind Segal's [1997] work), or of the collective racist fantasies and paranoiac traits that organize various nation-states's domestic and foreign policies.[7]

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[7] "It is as if down there, far away in the Vietnam jungle, America has lost a precious part of itself, had been deprived of an essential part of its very life substance, the essence of its potency; and because this loss became the ultimate cause of America's decline and impotence in the post-Vietnam Carter years, capturing this stolen, forgotten part became an element of the Reaganesque reaffirmation of a strong America" (Žižek 1993, p. 205).

Here are some further examples from Žižek, who, as a result of his popularity, might be said to function as a barometer of incipient trends:

- What is therefore at stake in ethnic tensions is always the possession of the national Thing. We always impute to the "other" [ethnic group, race, nation, etc.] an excessive enjoyment: he wants to steal our enjoyment (by ruining our way of life) and/or he has access to some secret, perverse enjoyment. [1993, pp. 202-203]

- Beneath the derision for the new Eastern European post-Communist states, it is easy to discern the contours of the *wounded narcissism* of the European "*great nations.*" [2004, p. 27, italics added]

- There is in fact something of a *neurotic symptom* in the Middle Eastern conflict—everyone recognizes the way to get rid of the obstacle, yet nonetheless, no one wants to remove it, as if there is some kind of *pathological libidinal profit* gained by persisting in the deadlock. [2004, p. 39, italics added]

- If there was ever a passionate attachment to the lost object, a refusal to come to terms with its loss, it is the Jewish attachment to their land and Jerusalem . . . . When the Jews lost their land and elevated it into the mythical lost object, "Jerusalem" became much more than a piece of land . . . . It becomes the stand-in for . . . all that we miss in our earthly lives. [2004, p. 41]

Rather than explore collective subjects through analyses of their individual members, this type of psychoanalytically inclined engagement with politics treats a collective subject (a nation, a region, an ethnic group, etc.) as if it were *simply* amenable to explanation, and perhaps even to intervention, in a manner identical to an individual psyche in a therapeutic context.

But if the transpositions of psychoanalytic concepts into political theory are epistemically questionable, as I believe they are,[8] the question is: why are they so prevalent? Perhaps the psychoanalytic interpretation of collective subjects (nations, regions, etc.), or even the psychoanalytic

[8] See Rosen (2007).

interpretation of powerful political figures, registers a certain anxiety regarding political impotence and provokes a fantasy that, to an extent, pacifies and modifies—defends against—that anxiety. Perhaps such engagements, which are increasingly prevalent in these days of excruciating political alienation, operate within a fantasmatic frame wherein the anxiety of political exclusion and "castration"—that is, anxieties pertaining to a sense of oneself as politically inefficacious, a non-agent in most relevant senses—is both registered and mitigated by the fantasmatic satisfaction of imagining oneself interpretively intervening in the lives of political figures or collective political subjects with the efficacy of a clinically successful psychoanalytic interpretation.

To risk a hypothesis: as alienation from political efficacy increases and becomes more palpable, as our sense of ourselves as political agents diminishes, fantasies of interpretive intervention abound. Within such fantasy frames, one approaches a powerful political figure (or collective subject) as if s/he were "on the couch," open and amenable to one's interpretation.[9] One approaches such a powerful political figure or ethnic group or nation as if s/he (or it) *desired* one's interpretations and acknowledged her/his suffering, at least implicitly, by her/his very involvement in the scene of analysis.

Or if such fantasies also provide for the satisfaction of sadistic desires provoked by political frustration and "castration" (a sense of oneself as politically voiceless, moot, uninvolved, irrelevant), as they very well might, then one's place within the fantasy might be that of the all-powerful analyst, the *sujet supposé savoir*, the analyst presumptively in *control* of her-/himself and her/his emotions, etc. Here the analyst becomes the one who *directs and organizes* the analytic encounter, who *commands* psychoanalytic knowledge, who *knows* the analysand inside and out, to whom the analysand *must speak*, upon whom the analysand *depends*, who is in a position of *having something to offer*, whose advice—even if not directly heeded—cannot but make some sort of *impact*, and in the face of whom the analysand is quite *vulnerable*, who is thus powerful, in control . . . perhaps the very figure whom the psychoanalytically inclined interpreter fears.

9 See, e.g., Frank (2005).

Minimally, what I want to underscore here is that (1) a sense of political alienation may be registered and fantasmatically mitigated by treating political subjects, individual or collective, as if they were "on the couch"; and (2) expectations concerning the expository and therapeutic efficacy of psychoanalytic interpretations of political subjects may be conditioned by such a fantasy.

And if we are willing to say that politics is a matter of collective self-determination rather than external administration, perhaps we might risk another hypothesis: tendentially, the psychoanalytic interpretation of political subjects comes onto the scene precisely when politics flees or is faltering, that is, when politics is under eclipse. If a psychoanalytic interpretation seems altogether necessary and inescapable, this might be because the relevant factors involved are indeed predominantly, or at least to a significant extent, precisely psychological ones (albeit socially mediated)—issues of libido and psychic history, of attachment patterns and death-bearing impulses, of fantasies, trauma, and so on.

And if these are indeed the relevant issues, their very relevance precisely marks the dissipation of politics, or at least the dissipation of politics understood as the processive self-determination of a collectivity that can, *in principle*, reflectively endorse or deny, and so recognize itself in, the policies pursued in its name. If a certain political scenario is governed by unconscious fantasy, if what is at stake, what motivates and accounts for the so-called political scene, is really unavowed desire, aggression, acting out, etc., then the deep plausibility of a psychoanalytic reading seems to bespeak, precisely, the a-politicality of that scene. Politics, if it is a matter of collective self-determination, involves (but is surely irreducible to) reasons for action that can be shared, that is, reasons *other than strictly unconscious ones,* reasons that can be reflectively endorsed or rejected, reasons that can be responsibly assumed.

If one senses that the intelligibility of a political scenario afforded by conventional modes of political theory, or the reasons given by politicians for their actions, amount to defensive rationalizations, it may be that there is tactical nontransparency at play. Or it may be that the adequate account of such a "political" scenario requires careful attention to *unconscious* factors. From the purview of politics as collective self-de-

termination, reasons for action that *cannot* be (rather than simply *are not*) shared, that cannot be made public, are a-political reasons.

Of course, politics—*if* it is a matter of collective self-determination, *if* it is a matter of collective deliberation upon policies proposed—cannot simply be a form of rationalism. Even rationally supportable policies will inevitably accrue unconscious investments, satisfy desires of which we are unaware, repeat and enact tendencies that are opaque to us, and so forth. Of course, there will be psychological factors at play in politics. I would even go as far as to say that the very language of politics is a language of pathology. But if politics is a matter of collective self-determination, it requires, quite crucially, a relative transparency of warrants for political action; it requires warrants that, *in principle*, can be publicly shared and understood, can be affirmed or rejected by a self-determining collectivity. Such a politics requires the sharing of warrants that do not involve glaring logical errors that bespeak a wanton irrationality. Politics, then, if it is predominantly organized by unconscious impulses, logics, and so forth, *is not political.*

By way of conclusion, the worry about psychoanalytically inclined political theory goes something like this. At the level of form, the question is: can the diagnoses and proposals that proceed from psychoanalytically inclined political theory—or any other form of political theory, for that matter—be anything more than formal placeholders or stand-ins for viable, vibrant political life? Aren't these diagnoses and proposals what becomes of the practice of political judgment under conditions of large-scale alienation from politics, that is, under conditions in which the diagnoses and demands articulated by psychoanalytically informed political theory are wanting for the public institutions through which they could be realized? And if the so-called interventions and proposals of psychoanalytically inclined political theory sidestep the question of the institutional transformations necessary for their realization, aren't they conspiring with our blindness to the enormous institutional impediments to a progressive political future? Doesn't psychoanalytic political theory—and I would say contemporary political theory in general—bear the burden of political alienation? And might this burden be evident in, and at least partially responsible for, (1) its reactive tendency to turn all the world into a couch, and (2) its hyperactive prescriptiveness?

At the level of content, the question is: might not psychoanalytically inclined political theory, precisely in homing in on the unconscious dynamics of political investment, ideological captivation, and so forth, indicate precisely the apolitical dynamics of what passes for politics? If the value of psychoanalytic political theory is in its disclosure of motivations that are self-secluding, self-distorting, or otherwise constitutively opaque and so unshareable, then isn't the allure of a psychoanalytic interpretation of ostensibly political phenomena an indication that politics has fallen under eclipse; and so, in the name of politics, might there be reason to be wary about the whole enterprise of psychoanalytically inclined political theory?

Finally, then, the worry is that frustrations with the limited viability of the habits and forms of life cultivated via psychoanalytic practice (discussed in the first part of this paper) may feed the temptation to interpretive "intervention" (discussed in the second), and so menu cards in time of famine provoke the offering of meals, i.e., political proposals, that can't be delivered. If so, again, what I want to insist on is that the value of psychoanalytic theory and practice, though not to be belittled, cannot be thought apart from the viciousness of the world in which its marginal contributions and interventions are necessary.

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15 Appletree Drive
Rhinebeck, NY 12572

e-mail: rosen@bard.edu

WHIMSY

BY WARREN S. POLAND

Keywords: Whimsy, humor, sublimation, pleasure.

> As I was walking up the stair
> I met a man who wasn't there
> He wasn't there again today
> Oh, how I wish he'd go away.
> [Mearns 1922]

Without the safety to let one's mind play, without the freedom to think any thought just for the fun of imagining, we might find that childhood rhyme terrifying. Yet most of us hearing it are amused, not frightened. Although the poem threatens both the dependability of what one sees with one's own eyes and the logic of what one thinks with one's own mind, the little doggerel delights by being whimsical. Indeed, it is a pleasure not because it denies logic and senses, but because it toys with them as if they were mere playthings.

Many years ago, I tried to think through some of the development of a sense of humor, both the nature of humor itself and the gift of laughter (Poland 1996). Yet each time I tried to grasp whimsy, I was stopped, unable to hold it in my hands.

In the many years since then, I have continued to think about the subject. When I saw something whimsical, I was amused; but whenever I tried to reason out the nature of whimsy, I felt bemused. How could it be that something could give me so very much pleasure yet I could never grasp it? I tried. I failed. I tried again and I failed again. Over and over and over.

Warren S. Poland is a psychoanalyst who regularly contributes to the psychoanalytic literature.

As a psychoanalyst, I am familiar with missing the point, with having to listen repeatedly before I begin at last to realize what is being said. (Whenever my vanity has me feel I have overcome that weakness, analysands with whom I work quickly remind me of it. As one remarked with exasperation, "You can be brilliant at being stupid.")

Sometimes the problem has been my listening too hard, my trying to hear too much. Just as there are images that can be seen only from the corner of one's eyes and there are messages that can be read only between the lines, so are there experiences that can be appreciated only by valuing what is not directly noticed and recognized. At times the most important messages come to one in ricochet fashion.

That, of course, was my problem in thinking about whimsy. I was so determined to take hold of its nature that I long resisted the realization that its ungraspability may be the very essential point.

Whimsy is a wit soufflé—light, sweet, and quickly disappearing. Made too rich, it falls flat; made too sweet, it is saccharine and precious. To succeed, even to survive, it must be delicate, light, and evanescent. Humor helps, but humor is not essential. On the other hand, fear, danger, loss, and unhappiness can have no place. As in playing with balloons, it is the pleasure of lightness that counts the most. Ideally, one could play with a balloon from which the containing rubber skin had been removed. Soap bubbles, where nothing of the soap remains but its shining iridescence. The smile without the Cheshire cat.

The old popular song advising one to "catch a falling star and put it in your pocket" has whimsy without being droll. It is not whimsical because it is a metaphor, nor even because it is an effective metaphor; it is whimsical to the extent that it floats.

The poem of the man on the stair who isn't there and yet who won't go away is whimsical not because it is paradoxical or ironic, but because in a way that seems lighter than air it suggests that even reality, one's senses, and logic can be playthings.

What does the dictionary tell us? Webster (1973) calls whimsy a whim or caprice, "a fanciful or fantastic device, object, or creation." More modern Encarta (2009) gives two definitions: the first is an "endearing quaintness or oddity," and the second an "impulsive notion, an idea that has no immediately obvious reason to exist."

A whim or caprice is born from a person's inner impulses, a desire or wish unburdened by the constraints either of the laws of reality or the restrictions of convention and morality. A caprice is where one "just feels like it," apart from inner imperatives or the demands of outer reality: "I felt like doing a somersault." The oddity lies in the absence of convention and familiarity; the endearing quality speaks to the setting aside of danger from inside or outside, from self or other.

However, even though the lightness is a product of creative style, the energy must have arisen from an inner impulse—yet with whim it must be an impulse not driven by urgency. A caprice can never be an urge driven by compulsion. "No immediately obvious reason to exist": the game is afoot for the fun of the game. Like a person's dancing simply for the pleasure of feeling the music of movement rather than the need to perform, and like a wit's expressing a pun for the play of the words rather than the import of the message, whimsy arises from desire embodied in the pleasure of expression and expressive mastery rather than conflictual, vital need. Or, if there is a need, it is like the need for unencumbered luxury we all feel at times. Perhaps it is akin to a satisfied infant's playing with its mother's nipple. Contentedness and the fun of playing rather than insistent resolution of conflicts are necessary conditions for whimsy.

No, it is not reasonable to assume there can be any human activity entirely removed from underlying urges. Even sublimation has its sources. Yet must the pressure of drive and the demands of execution always imply inexorable conflict? Many forces combine to result in any seemingly singular instant of behavior or feeling. Often those forces would clash before yielding to each other in a final outcome of compromise, but there are moments when forces do not clash head-on. Rather, they aim mostly in the same direction, as if some would tilt a bit more to the right and others a bit more to the left, while chiefly reinforcing each other.

Aggression and sexuality, narcissism, the internalized voice of criticism and restriction, the constraints of reality—all of these are readily apparent when we think of conflict and compromise. How easy it is for us to leave for last in line—if not to forget entirely—the instinct to mas-

tery, with its attendant pleasures of expression and even creativity, at times the fruit of internalized voices of admiration and encouragement.

Whimsy, thus, may result not only from the liberation following peaceful resolution of conflict; it may also thrive in less conflicted areas where security, encouragement, love, and constitutional talent have flourished. When sublimation is permitted free sway, the instinct to mastery (Hendrick 1943) yields the pleasure of function fulfilled.

Such is the land where whimsy dwells. Whimsy may derive from substantial conflict mastered or it may mainly express more autonomous skills. Some whimsies are born free, some achieve freedom, and some have freedom thrust upon them. Whatever the underlying urges, conflicts, and fantasies, the very nature of whimsy is the playfulness of contentedness, the freedom when the instinct for mastery has succeeded and the individual can take pleasure in its functional pleasure. The shadow of more urgent drives may at moments still be evident. However, when those conflictual elements are so untamed as still to be recognizable, we recognize antics and pranks more than whimsy.

I realize now that the incident that triggered my earlier study of the development of the sense of humor was itself a moment of whimsy nascent, a manifestation of delight in growth and the instinct for mastery. "The 16-month-old child walked into the living room, bent over, put a piece of bread on her foot, looked up at the adults present, announced 'Shoe,' and burst out laughing" (Poland 1996, p. 178). The broad delight the child's "joke" elicited was the shared pleasure in a new skill, one that evidenced both mastery and the capacity for enjoyment in creative play.

Clinical analysis not only can relieve symptoms, but also can unleash striking growth when one is liberated from long-standing inhibitions. A young reporter came for analysis paralyzed by indecisiveness. His need for absolutes and his inability to integrate mixed feelings left him frozen in the face of needed life decisions. It was with marked embarrassment that gradually his humor came to be exposed. He felt it to be "silly," the inane humor of a little boy, a humor that showed him to be cute but not an adult among adults. He first offered his "silly" humor as a symptom to be removed.

As oedipal conflicts were analyzed, as the young man was able to venture beyond his clinging to juniority and able to risk feeling and acting like a man among men, he began to value his native wit and whimsy, enjoying rather than squelching them. With his father away at war, he had been raised by a mother who did not seem responsive to his budding masculinity, who did not react warmly to his incipient charm. His humor, like his sexuality, were treated as signs of smallness and weakness, qualities to be overcome. Now, feeling more respectful of himself and more secure in the world of adults, he became able to expose his humor in both social and professional circles. He was no longer ashamed of the childlike aspects of his imagination, and his increased freedom for fantasy allowed him a humor both creative and light. His capacity for whimsy was no longer inhibited.

I wonder whether one could ever satisfy an insurance company that new freedom for whimsy was evidence justifying the expense of a clinical analysis. Perhaps the problem is not merely with minds devoted to bookkeeping, but with the nature of whimsy itself. Whimsy is too light ever to allow strings to be attached. Whimsy must float free.

Even when whimsy may first be born in the stark emotional wars of early conflict, the resultant whimsy itself can only come into the light when no longer bound to those anxious roots. Greenacre (1955) incisively analyzes as equivalents of central screen memories core schema she elucidates and illustrates across the work of Lewis Carroll. Her conjectures about the underlying issues in Carroll's psychology are convincing. Nonetheless, much of the poetry that was the end product of Carroll's mastery and creativity can be read with unfettered pleasure as successful whimsy.

Sterne (1759–1769) has Tristram Shandy wonder whether the limitations of his life resulted from what was lost during his conception by his father's preoccupation with whether the clock had been wound. Sterne's humor achieves whimsy by virtue of its being delightful as playful thinking, an idea not bound by reality. Whatever origins are inferred or speculated, whether such origins are discovered psychoanalytically or themselves imaginatively conceived, the presence of whimsy is determined by emotional liberation from such thorny beginnings.

Yet even as whimsy would soar free from its origins, it may secondarily be put to other uses. Something can itself be conflict free and yet be put into the service of other conflicts, although the essence of whimsy is then lessened or lost. When something light is put to such secondary purpose, the person with so tendentious a goal will disavow what previously had been whimsical. "This is no mere whimsy of mine" proclaims the heaviness of one's argument as something not to be blown away as froth, as something that commands consideration and must have force. Caprice melts in the fire of battle.

With so much of life shaped by self justification, by positioning oneself in the world of others, by scoring points in debate, it is no wonder that successful whimsy seems out of place in the world of adults, that it so often is left aside to child's play, where supposedly innocent children are thought to know no better.

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5225 Connecticut Avenue
Washington, DC 20015-1845

e-mail: warrenpoland@verizon.net

A PLEA FOR NEGOTIATION IN THE PUBLIC SPACE BETWEEN INTERNAL AND EXTERNAL FIELDS OF REFERENCE

A Review Essay on
Race, Color, and Racialization: New Perspectives from Group Analysis, Psychoanalysis, and Sociology, by Farhad Dalal[1]

BY MAURICE APPREY

> **Keywords:** Racialization, racism, group analysis, sociology, hatred, whiteness, group identity, group functioning, power, internalization, externalization.

INTRODUCTION

In these ethnic times, it is gratifying to see psychoanalysts writing about ways in which we may come to grips with group hatred. But it is equally disturbing to find that such a brilliant exposition as Farhad Dalal's *Race, Color, and Racialization* tilts in one direction, that of exploring external fields of reference to our inside lives. When he juxtaposes the work of psychoanalysts who write about group hatred and charges that they have it backwards when they start from the internal world and move to the external one, we are implicitly or explicitly invited to ask what happens in the negotiated public space between inside and outside.

This review essay is a prefatory attempt to invite a discussion about what happens in the negotiated third world between groups when groups hate each other. To ask analysts to adjudicate between practitioner-

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[1] Published in 2002 by Brunner-Routledge in Hove, England/New York, 251 pages.

Maurice Apprey is a Professor of Psychiatry and Neurobehavioral Sciences at the University of Virginia School of Medicine, and is a Training and Supervising Analyst at the New York Freudian Society.

scholars who tilt in one direction or another would inevitably re-create more split loyalties unlikely to be constructive; hence the plea to create a complementary praxis out of practices that depend on antinomies of inner and outer worlds.

DALAL'S EXTERNAL FIELDS
OF REFERENCE

What kind of socially based theory of the individual can be created that is related to psychoanalysis and yet is unlike psychoanalysis? What are we to do with psychoanalytic schools of thought that privilege the individual as though he or she were either outside the group or preexisted it?

It is Dalal's project to create a socially based theory of the individual person that takes the group seriously by starting with the premise that "the clue to individual psychology is to be found in the nature of the group," and "the understanding of social life is the foundation for the understanding of personality" (p. 158). Dalal's socially based theory of the person began in an earlier book of his, *Taking the Group Seriously* (1998). In a recent article in *The Psychoanalytic Quarterly,* he addressed processes of detachment, dehumanization, and hatred in racism as his contribution to a special issue on race, culture, and ethnicity in the consulting room (Dalal 2006). In these publications, he makes us aware of the reach and limits of the work of Freud, Foulkes, Elias, Matte Blanco, Winnicott, and others, and creates his own integrative theory.

In *Race, Color, and the Processes of Racialization,* this project continues with new perspectives from group analysis, psychoanalysis, and sociology. This time Dalal's account of the group is structured around what he calls the *dominant dichotomies of black and white.* Here he reengages Freud (1921), Elias (1991), Matte Blanco (1988), Winnicott (1951), and Foulkes (1990) in order to interrogate difference and its consequences in the form of race and racism. "Even more specifically, . . . [this book] is about the racism that is organized via another difference: the notion of black and white" (p. 1).

This delimitation of the dominant dichotomies of black and white affords the author the opportunity to provide a powerful account of race and the group, racialization and group processes. It is important to bear

this delimitation in mind in order to grasp the power of his argument, first and foremost. Then and only then can we address the limits of that bordered structure that privileges these dominant dichotomies.

The two projects of creating a socially based theory of the person and identifying how humans interrogate difference and identity converge in this book through a series of steps that primarily begin with the work of British sociologist Elias and his notion of process reduction. Appropriation of a psychoanalyst, Matte Blanco, follows. Then comes the pediatrician turned psychoanalyst, Winnicott, and lastly the group analyst, Foulkes.

From Elias, Dalal takes the notion of process reductions that feed misapprehensions of the Other. These misapprehensions typically follow three steps. First, there is *abstraction,* which may develop a life of its own after attaining secondary autonomy. Second, *the general is made prior to the particular.* Here the idea of a thing is made prior to the thing itself. Third, a *generalization* follows and transcends time, becoming fused with a primary autochthony of purity in an idea. The concoction of *purity* can fuel the *actualization* of an idea, a process that can easily be corrupted, Dalal notes.

A classic example of this cluster of three errors in the Eliasian schema can be found in the blackening and whitening forces of the Enlightenment era, as follows. First, passions are repudiated and relegated to the animal realm. Second, persons of color are treated metonymically, as though they, too, belonged to the animal domain. Third, Europeans borrow the whitening process to create markers of difference from blackness.

Such whitening and blackening processes do not remain innocent. They can become transformed into antagonism. Dalal turns to Matte Blanco to delineate the transformation from abstraction to antagonism. In Matte Blanco's schema, human minds are seen to freeze processes into states where finitudes operate. These finitudes break up infinite processes into fragments, and the fragments are subsequently treated as absolutes that are set up to be antagonistic to each other, as in the following: outside–inside, finite–infinite, the real–the ostensible, true self–false self, meaning–significance, the symmetrical–the asymmetrical, and so on.

The symmetrical and asymmetrical take us to the heart of Matte Blanco's schema. Symmetrical logic seeks sameness and homogenizes things that would otherwise be deemed different. Asymmetrical logic differentiates. Matte Blanco gives pride of place to a combination of symmetrical and asymmetrical logic, so that, ultimately, all thought is a combination of both forms of logic. Sometimes "globules of similarity in a sea of difference" (Dalal 2002, p. 175) result, and at other times, elements of unconscious thought arise in a stream of consciousness. Dalal's appropriation of Matte Blanco allows him to see the emergence of *instability.*

Dalal takes us to Elias in order that we may see identity as an outcome of *process reduction,* and so that we can grasp the pressure to blacken or to whiten a group. Matte Blanco comes in to stress the *instability* of coherence of a group's illusion of self-sameness. Winnicott follows to show us how groups come together on the basis of the illusory and bridge-building experience of *connection.*

Dalal next turns to Foulkes to tap the latter's proposal that the inner processes of individuals result from the internalization of forces that operate within the group to which those individuals belong. Those internalized forces are racialized structures of experience that groups internalize to foster blackening and whitening dichotomies. Members of a group proceed to favor those like them who belong to a same-named grouping when they reduce difference within the group and maximize difference between groups. *Who one is* becomes *where one belongs. Who one is* comes into sharp contrast with *which person one is not.* The illusion of likeness within the group and the exaggerated contrast outside the group have to be sustained. How is this accomplished? Thanks to the mechanisms of idealization and denigration, emotions can be mobilized to organize relations within and between individuals who constitute the group, and to reflect power relations inside and outside the group.

Building on his synthesis of the work of Elias, Matte Blanco, Foulkes, and Winnicott, among others, Dalal now suggests that, at the societal level, "groupings are cathected so that projections of all individuals are patterned by the types of power relations that prevail. *It is almost always the case that it is the more powerful that tend to be the idealized ones*" (p. 184, italics added).

The following way stations *from identity formation* to *racism* are Dalal's. I would like to dub this trajectory *external fields of reference to the inside world.* I paraphrase the way stations as follows:

- *Identity* incorporates *relationships between members of a group.*

- The *functions* of a group promote the *naming of the group* and the *scope of activities* delineated by the group's functions.

- *Who one is* becomes synonymous with *where one belongs.*

- The *sense of belonging,* however, is potentially *unstable* and *can create conflict* within us.

- *Power* is constituted by *the capacity to promote a privileged version of reality.* Into this privileged *ideology,* power enters and attempts to *define, degrade, and homogenize relations,* persuading all concerned that a *particular way of viewing reality* is the *natural order of the world.*

- *Threats* to identity formation inside a group are perceived to originate *from the outside* when other groups seek to overturn the status quo. Threats are perceived to have come *from the inside* when there are multiple concurrent claims on one's identity.

- *A group essentializes its name* in order to *reduce anxiety* and to *minimize perceived or real threats* to its identity.

- When *the name of a group* is *racial,* it *embodies racism.*

Dalal's synthesis is faithful to his view that group processes must be privileged as external fields of reference to the inside world. In his own words, once again, "*the clue to individual psychology is to be found in the nature of the group,*" and "*the understanding of social life is the foundation for the understanding of personality*" (p. 158, italics added).

Wedded to his view that group processes take pride of place, the author finds developmental or instinctual psychoanalytic theorization of racism to be problematic. With the exception of the work of Freud, Winnicott, and Fairbairn, *psychoanalytic theorization of racism* advances our knowledge of aggression and hatred *of particular individuals,* but *fails to address group hatreds.* I will quote his apt words.

But even when these group theories are used . . . the group-individual dichotomy is always in play, and *it is said that decent individuals do bad things when they get into groups because when in groups the primitive within them is let loose to wreak havoc.* [p. 80, italics added]

Noting the limits of developmental and instinctual theories of psychoanalysis in addressing group hatreds, Dalal is quite pointed in his criticism of Volkan, whom he quotes as follows:

When the core identity forms, some unintegrated fragments of the self, both positive and negative, always remain unintegrated. Because these unintegrated black and white fragments threaten to throw a child's established grayness off center, keeping them inside his identity is a bothersome reminder, a thorn. [Volkan 1997, p. 89]

Dalal's criticism is that the good and bad unintegrated fragments are not white and black in themselves. For Dalal, *it is not the case that the world gets blackened and whitened from the inside out because of externalization of internal fragments.* Rather, Volkan and other psychoanalysts who theorize about race and racism "have got it back to front" (p. 202), according to Dalal. He wants us to go from the outside to the inside, and he characterizes the work of Volkan and others who theorize from inside to outside as following a flawed reversal. Internalization of blackened and whitened phenomena is pitched against externalization of unintegrated fragments into the outside world as blackened and whitened.

Do we privilege internalization or externalization? Do we privilege linear causality from one end to the other? Must we even privilege a form of circular causality in which it is immaterial whether internalization or externalization comes first, since both contribute apperceptions that become addenda to perceptions of an intersubjective and constituted space between self and other, or between one self-same group and an outside group?

It is tempting to say that the tension between these two conceptualizations must remain unresolved until we have ethical and pragmatic, clinical or conceptual contexts in which to resolve them. Rather, the relationship between the two—the privileging of internal or external fields

of reference—is a *negotiated* one. I shall elaborate by turning to the realm of conflict resolution, where psychoanalysts, historians, and diplomats attempt to resolve ethnonational conflicts.

THE CONTEXT OF CONFLICT RESOLUTION BETWEEN FEUDING PARTIES

Previously, in discussing the group process in which two factions feud in a fractured community, I wrote about this process from the standpoint of rigid and dichotomous polarizations, where alterity is absolute in relation to a negotiated place of relative alterity (Apprey 1996, 2001). I have posited four stages that the feuding parties negotiate:

1. A *polarization* between the two groups;

2. The *discovery of a multiplicity of factions* within each group (once thought to be homogeneous);

3. The *crossing of mental borders*; and

4. The *ethic of responsibility* between two groups.

In the polarization phase, there is *antagonistic demonization of the Other,* who may house all the grievances of one group for historical crimes committed against them or perceived as such. Antagonistic demonization allows each group to externalize shame and humiliation into the other. Antagonistic demonization, then, serves *defensive purposes* that mitigate the current of each group's anxiety about mixing blood, as it were, with the Other, and—just as important—the demonization abates each group's experience of narcissistic injury. In addition to the exteriorizing strategy of antagonistic demonization, the venom behind the polarization facilitates the establishment of boundaries between one group and the other. That is the *adaptive function*. Feuding groups in ethnonational conflict have to negotiate their way through their defensive attacks and their constructed self-definitions that allow them to put a border between one group and the other. Adaptive ways of defining the self and knowing the enemy depend on Dalal's eight way stations, from identity to the naming of a group in pointedly racist or other maladaptive terms.

Using both Volkan's and Dalal's accounts of factors contributing toward racist hatred, we can appreciate that both externalizing and internalizing modes operate in the negotiation of group hatred. The externalization of unintegrated infantile or primary process presences and their accompanying defensive operations can be observed and palpably experienced in conflict resolution. In reverse, the interiorizing strategies formed on the outside but interiorized over time are also observable in the manner in which they shape the expression of hatred at the outset.

However, when third-party facilitators carefully preside over the dialogue in ways that permit some understanding of the defensive operations that conceal anxiety on both sides, as well as the adaptive use of antagonistic polarization to serve purposes of self-definition, the two feuding parties are able to work their way to the next phase, in which each group discovers within itself instability, paradox, a multiplicity of factions, and a multiplicity of claims, despite the earlier perception of homogeneity. Heterogeneity thus replaces homogeneity. In Dalal's attribution to Matte Blanco, there are sometimes "globules of unconscious in a sea of consciousness" (p. 178).

The new-found instability within each party propels them to attempt to cross mental borders that had previously been instituted for defensive or adaptive purposes. With trepidation, anxious humor, wit, and agonistic and playful negotiation, they venture into the Other's mental space, only to discover a limit. The limit reminds each party who each self-same group is, who the enemy is, and what the obstacles to *mixing blood* are. However, the limit does not keep them from entering the fourth stage, in which they discover the ethic of responsibility for each other. It is this ethic of responsibility that allows the hitherto feuding factions to agree that, although they may never fully trust each other, they can nevertheless engage in trade together *for the common good*.

CREATING COMPLEMENTARITIES OUT OF ANTINOMIES OF INTERNAL AND EXTERNAL REALMS IN A PUBLIC SPACE

What happens, then, when both psychoanalytic concepts that theorize about racism, and group analytic theories about processes of race and ra-

cialization, enter into conversation? A new public space is created, where meaning-making is negotiated publicly in much the same way that two feuding parties negotiate in ethnonational conflict resolution.

In ethnonational conflict resolution, when two parties perspectively speak to each other about what they want the Other to know about their grievances, *they name the object of their anguish* and *establish a reference,* even if they initially do so in an antagonistic or polarizing way. Each side sets up the object of negotiation as the subject that is going to be articulated in the dialogue. One side then uses another term that will *proclaim* a grievance in order to draw the interlocutor's attention to some particular feature of the object, such as the perception of a historical injury. In a public space, self and Other can feud over the subject of negotiation in a relatively safe domain.

So, for example, the representatives of a former colony might say to the erstwhile colonizer: "In 1920, we had forty kilometers of land that you Soviet colonizers took. We are now in the year 1991. We Estonians have restored our independence—we want back our forty kilometers of land." As the negotiation continues in the public space, Estonians discover a paradox: an instability in their nationalist frame of reference. Specifically, if they reclaim their forty kilometers, they must also welcome into their country more Russians, who can tip the balance in elections if they became citizens.

Thus, paradox, ambivalence, and instability must be worked through and negotiated. Group analysis, the tradition that Dalal more or less represents, and the psychoanalytic theorization of racism, which Volkan is asked to represent, have to come together to create complementarities out of antinomies, so that a third and even more powerful tradition, one that optimally understands group hatreds, can be created—even if in the end we are still nervous about aspects of the first two traditions.

CONCLUSION

I have juxtaposed a profile of Dalal's substantive work to psychoanalytic projects that privilege inside lives, and I have opened up the public space between them. Other parts of the book collectively help to gather

his work into a master narrative of psychoanalytic accounts on race, processes of racialization, culture, and ethnicity.

In ten chapters, we have an almost encyclopedic series of summaries, appropriations, and syntheses of previous work on race that are woven seamlessly together without creating what could easily seem like a mere catalogue of ideas. Accordingly, we are treated to scholarly expatiations of the work of Freud, Klein, Fairbairn, and Winnicott that deepen and reconfigure what we know from them about racism and psychoanalysis. We peek with Dalal into the consulting room to visit the possibilities and limits of theorizing race and metapsychology. From there we are treated to other rich accounts of theories of racism that are implicitly or explicitly psychoanalytic, including the work of Fanon, Dollard, Adorno, Rustin, Kovel, and Wolfenstein.

Thanks to Dalal's major contribution, psychoanalytic training institutes and psychoanalysis in general now have an authoritative book with informed conceptual pretexts, varied contexts, and a scholarly text on race, racialization, color, ethnicity, and culture. If we want to teach ourselves and our candidates how to theorize race and metapsychology, we should start with Dalal, proceed to others like Volkan, and interrogate the interstices that present themselves in the public space between internal and external fields of reference.

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P.O. Box 5227
Charlottesville, VA 22905-5227

e-mail: MA9H@hscmail.mcc.virginia.edu

BOOK REVIEWS

HANDBOOK OF EVIDENCE-BASED PSYCHODYNAMIC PSYCHO-
THERAPY: BRIDGING THE GAP BETWEEN SCIENCE AND PRAC-
TICE. Edited by Raymond A. Levy and J. Stuart Ablon. Totowa, NJ:
Humana Press, 2009. 399 pp.

This book is dedicated to memories of the life and legacy of a psycho-
dynamic treatment researcher, the late Enrico Jones. This dedication
is paradigmatic since the volume focuses on the interface between em-
pirical science and the practice of psychodynamic psychotherapy. The
editors remind their readers that "psychodynamic treatment remains,
scientifically speaking, the poor cousin to other treatments" (p. xxv).

This statement is immediately counteracted by Falk Leichsenring's
elegant opening chapter, a review of efficacy and effectiveness studies of
psychodynamic therapy. Placing this author at the start of the book helps
correct the introductory statement about the status of psychodynamic
treatment, as Leichsenring is the most prominent German researcher in
the meta-analysis of psychodynamic treatment studies. He has produced
an impressive collection of such evaluative work—the most recent being
a hotly debated (even in the *New York Times*) study that he coauthored on
the efficacy and effectiveness of long-term psychodynamic psychotherapy
(Leichsenring and Rabung 2008[1]).

Why is it often the impression of the general public and of the psy-
chiatric scientific community that the psychodynamic view has outlived
its usefulness? Does the sheer number of cognitive-behavioral treatment
studies account for the negative press, or are there other factors at work?

Ever since the *Handbook of Psychotherapy and Behavior Change*[2] became
a primary source for up-to-date information on the state of the art, psy-

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[1] Leichsenring, F. & Rabung, S. (2008). Effectiveness of long-term psychodynamic
psychotherapy: a meta-analysis. *J. Amer. Med. Assn.*, 300(13):1551-1565.

[2] Bergin, A. E. & Garfield, S. L., eds. (1971). *Handbook of Psychotherapy and Behavior
Change*. New York: Wiley, pp. 345-407.

chodynamic research has held a prominent position in this arena; even the fifth edition of this handbook reiterates the same message (Lambert 2004).[3] So, most likely, other factors may also be responsible for the deplorable state that calls for an increased effort to communicate the findings of the psychodynamic research field to other mental health care professionals and the public.

The chapters that follow this book's initial meta-analytic tour de force summarize recent studies demonstrating that it is possible to conduct formal research in psychodynamic psychotherapy while fulfilling the usual investigative criteria. In chapter 2, Frederic N. Busch and Barbara Milrod explain that research in the psychodynamic treatment of panic disorder is a good example of this. Although commonly practiced, such treatment had not been subjected to a formal efficacy study until one was conducted by Milrod et al. It is to be hoped that further such studies will be carried out that may corroborate these findings.

Chapter 3, authored by Tai Katzenstein, J. Stuart Ablon, and Raymond A. Levy, adds interesting insights to assumed mechanisms of change that are informative for clinicians. The Psychotherapy Q-Set-method, developed by Enrico Jones, turns out to be useful in differentiating three forms of intervention, highlighting psychodynamic clinicians' use of diverse techniques, including cognitive-behavioral, interpersonal, and others. The authors make the strong point that the study of naturally occurring treatment process might help redirect the focus of research projects; such study also permits investigators to learn from the wisdom of practitioners. Conversely, a simplistic method of carrying out tests under standardized conditions before applying them in the field could yield misleading results.

Empirical support for the efficacy of psychodynamic psychotherapy in treating eating disorders is provided by Heather Thompson-Brenner, Jolie Weingeroff, and Drew Westen in chapter 4. In considering the prevailing use of cognitive-behavioral therapy with such patients, the authors point out that even the rather small numbers of Randomized-Controlled trials of psychodynamic psychotherapy for eating disorders confirm that

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[3] Lambert, M. J., ed. (2004). *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change.* New York/Chichester, UK: Wiley.

dynamic therapies are at least as efficacious as other forms of treatment. Furthermore, the authors note that there has been "more extensive research [in the use of dynamic therapy] for related conditions, such as personality disorders, interpersonal problems, and motivation and alliance issues, which characterize groups with eating disorders" (p. 68).

In a certain sense, borderline pathology and its treatment have dominated the arena of comparative treatment research. A fair number of treatments have been developed that are truly evidence-based, including: Dialectical-Behavior Therapy, Schema-Focused Therapy, Mentalization-Based Treatment, Interpersonal Reconstructive Therapy, and Transference-Focused Psychotherapy. In chapter 5 of this book, Kenneth N. Levy, Rachel H. Wasserman, Lori N. Scott, and Frank E. Yeomans argue for a broader definition of *evidence*. They recommend "searching for evidence-based explanations of treatment, rather than credentialed, trademarked, brand-name, or evidence treatment packages" (p. 94). In addition to succinctly reviewing the merits (and shortcomings) of the Menninger study and the rather surprising findings of an Australian naturalistic study based on Kohut's principles, the authors also mention the Mentalization-Based Therapy of Bateman and Fonagy, which so far is unique in its completion of an eight-year follow-up. K. N. Levy et al. note that

> The most important tests remaining for Mentalisation-Based Treatment are to examine its putative mechanisms of change. Bateman and Fonagy hypothesize that changes in Reflective Functioning underlie the improvements seen in Mentalisation-Based Treatment; however, to date findings have not been published regarding changes in the level of reflective functioning in . . . Borderline Personality Disorder patients [who were seen in Mentalization-Based Treatment]. [p. 98]

In describing the Transference-Focused-Psychotherapy approach at some length, the authors note that this technique is different from Dialectical-Behavior Therapy and other psychodynamic forms of treatment. "Key to the change process is the development of introspection or self-reflection; the patient's self-reflection is hypothesized to be an essential mechanism of change" (p. 102). Thus, we expect to see evi-

dence of the degree to which this goal is achieved. The authors' careful description of prior effectiveness studies that paved the way for the New York Randomized-Controlled Trial already hints at the clinical usefulness of Transference-Focused Psychotherapy; the results of the final efficacy study show that patients treated by all three methods had significant improvement in both global and social functioning, as well as significant decreases in depression and anxiety.

Interesting and clinically significant are the differential effects: both the Transference-Focused Psychotherapy group of patients and the Dialectical-Behavior Therapy group showed significant improvement in suicidality and anger, but the Supportive Psychotherapy patients did not. In addition, "only the Transference-Focused-Psychotherapy-treated group demonstrated significant improvements in verbal assault, direct assault, and irritability" (p. 107).

The strongest finding of the Transference-Focused-Psychotherapy study, in line with the putative mechanisms of action, is the demonstration that, after twelve months of treatment, there was a significant increase in the number of patients classified as secure with respect to their attachment state of mind, while this could not be demonstrated for the other two treatments. However, it would be interesting to learn more about those patients whose attachment status did not change after one year of treatment; for example, would further, lengthier treatment have been helpful? Alas, it will not be possible to answer such questions because the project did not have funding for longer observational study.

Most informative for understanding the pitfalls of research methodology is chapter 5's discussion of why Schema-Focused Therapy appeared more efficacious than Transference-Focused Psychotherapy in another comparative trial, performed in Amsterdam. Discussions of the limitations of research too often escape clinicians' full understanding, and this volume tries to remedy that situation is a valuable contribution. It is by now well known that instances of proven superiority of one bona fide treatment over another are likely to be strongly correlated with researcher allegiance. Luborsky et al. (1999)[4] found a correlation of 0.85

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[4] Luborsky, L., Diguer, L., Seligman, D. A., Rosenthal, R., Krause, E. D., Johnson, S., Halperin, G., Bishop, M., Berman, J. S. & Schweitzer, E. (1999). The researcher's own therapy allegiances: a "wild card" in comparisons of treatment efficacy. *Clin. Psychol.: Sci. & Practice*, 6:95-106.

between the researcher's allegiance and psychotherapy outcome! (Mind that this works in the opposite direction as well.)

The concept of defense mechanisms is one of the original and most durable theoretical contributions of psychoanalysis to dynamic psychology. This statement is endorsed by the British experimental psychologist Kline in a monograph devoted solely to the area of defenses.[5] Studies of changes in defensive functioning in psychotherapy, conducted with the use of Defense Mechanism Rating Scales, should rely on a sophisticated, single-case approach, as J. Christopher Perry, Stephen M. Beck, Prometheas Constantinides, and J. Elizabeth Foley illustrate in chapter 6. Each case demonstrates how different aspects of defensive functioning change over different time periods and psychic states. The four cases illustrate especially well that we should be more specific in our reasoning about how structural change comes about; it may relate to a particular kind of disorder, and/or to the kind of treatment. The four cases reported in considerable detail suggest further hypotheses related to factors of structural change, which include potential interactions between moderators and mediators of defensive change.

Studying the process in its myriad details was an early topic of research, as documented in the 1953 compilation by Mowrer,[6] as well as in the chapter by Marsden (1971)[7] in the first edition of the *Handbook of Psychotherapy and Behavior Change*. Although all succeeding editions of that *Handbook* reported extensively on process variables, and there has been a widespread impression that efficacy research has dominated the field since the 1980s, now a kind of "back-to-basics" movement is setting in. Today, since the equalizing paradox of psychotherapies is well established (the dodo bird effect: since all therapies are equally effective, "all

[5] Kline, P. (2004). A critical perspective on defense mechanisms. In *Defense Mechanisms: Theoretical, Research, and Clinical Perspectives*, ed. U. Henschel, G. Smith, W. Ehlers & J. Draguns. Amsterdam, the Netherlands: Elsevier, 2004, pp. 43-54.

[6] Mowrer, O. H., ed. (1953). *Psychotherapy: Theory and Research.* New York: Ronald Press.

[7] Marsden, G. (1971). Content analysis studies of psychotherapies. In *Handbook of Psychotherapy and Behavior Change*, ed. A. E. Bergin & S. L. Garfield. New York: Wiley, 1971, pp. 345-407.

must have prizes"), many talk about a new, third phase in research (e.g., Wallerstein 2001).[8] Process studies are back on stage.

Researchers have long been focusing on specific therapeutic factors, intervention, and patient–therapist interactions. In chapter 7, Caleb J. Siefert, Jared A. Defife, and Matthew R. Baity report on a number of more recent coding systems, among which the Jones Psychotherapy Q-Set—due to the authors' allegiance—takes a prominent place. This chapter is quite helpful in sorting out the technicalities involved, and gives a fair amount of information about when to use which coding system. Although one might not totally agree with the authors' conclusion that "the empirical study of psychodynamic psychotherapy represents one of the most exciting advances within the field of psychology" (p. 175), it is fair to say that the move to sophisticated, painstaking, descriptive research is a sound one, since much of clinical theorizing has little support in recorded data. This pertains especially to psychoanalytic theorizing, so that prominent authors (e.g., Fonagy[9]) recommend developing clinical theories that stay close to what really happens in the consulting room. Studying process entails the use of tape recording, and this is the direction in which the field must move (Kächele, Schachter, and Thomä 2009[10]).

Although many facets of psychodynamic treatment theory have been investigated by methodological inventions, empirical studies of countertransference are limited. The few analogue studies that are available are "based solely on the therapist's unresolved conflict and as a result, have operationalized countertransference in terms of a therapist's avoidant behaviors" (p. 181). As demonstrated in a relatively early study,[11] linguistic analyses can catch the subtleties of a therapist's in situ speech, but little work of this kind has been done. In chapter 8, Ephi Betan

[8] Wallerstein, R. S. (2001). The generations of psychotherapy research: an overview. In *Outcomes of Psychoanalytic Treatment: Perspectives for Therapists and Researchers*, ed. M. Leuzinger-Bohleber & M. Target. London: Whurr, 2001, pp. 30-60.

[9] Fonagy, P. (2003). Some complexities in the relationship of psychoanalytic theory to technique. *Psychoanal. Q.*, 72:13-47.

[10] Kächele, H., Schachter, J. & Thomä, H. (2009). Psychoanalytic process research. In *From Psychoanalytic Narrative to Empirical Single Case Research: Implications for Psychoanalytic Practice*. New York: Routledge, 2009.

[11] Dahl, H., Teller, V., Moss, D. & Trujillo, M. (1978). Countertransference examples of the syntactic expression of warded-off contents. *Psychoanal. Q.*, 47:339-363.

and Drew Westen present a countertransference questionnaire as an instrument with which to empirically measure countertransference, illustrating its usefulness with clinical material. Betan and Westen hope to identify a variety of countertransference constellations in order to help clinicians anticipate potential countertransference challenges that are especially inherent in working with many forms of personality disturbance. Indeed, the authors convincingly state, "such research would help to refine our understanding of our concept of average expectable countertransference responses and may be enhancing our understanding of the variables that impact patient–therapist match" (p. 195).

The therapeutic alliance is probably the most intensively studied phenomenon in psychotherapy. It has consistently proven to be a reliable predictor of positive outcome (in short therapies, I should add), as Jeremy D. Safran, J. Christopher Muran, and Bella Proskurov point out in chapter 9. A concise summary of the concept of therapeutic alliance leads the authors to the rich fruits of its measurement. Obviously, the more research data that is available, the more complex the picture gets. Clinically important is whether or not the alliance remains stable during certain phases of treatment. "The concept of alliance ruptures overlaps to a certain degree with constructs such as resistance, empathic failure, and transference tests" (p. 210), the authors observe. Only fairly recently have ruptures in therapeutic alliance and their resolution become objects of systematic studies, which are neatly summarized and clinically illustrated in this chapter.

The issue of *affect* was prominent in Freud's early work; now it seems to be making a comeback, judging by the next two chapters in this volume. Here affect-focused techniques are quasi-rehabilitated. Research summarized by Marc J. Diener and Mark J. Hilsenroth in chapter 10 suggests that psychodynamic therapists should increase their patients' emotional awareness, should deepen their patients' in-session affective experience, and should facilitate patients' emotional expression. Obviously, the mere act of writing about emotional experiences has therapeutic power, as Pennebaker demonstrated.[12] So what is new here? The answer is that the practical implications of the use of affect are being ex-

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[12] Pennebaker, J. (1997). Writing about emotional experiences as a therapeutic process. *Psychol. Sci.*, 8:162-166.

plored; no longer is it the interpretation of past experiences, but rather it is exposure to warded-off thoughts and feelings that should unlock the unconscious. Alexander and French's (1946)[13] recommendations are validated if one considers this body of evidence.

In chapter 11, therapist-researchers Leigh McCullough and Molly Magill are not afraid to speak of "systematic desensitization of the underlying affect phobia" (p. 252). One might say that the more treatment is focused on affect, the better the therapeutic outcome. In discussing the historical roots of the concept *affect phobia,* McCullough and Magill underscore the integrative nature of affect and their consequent treatment recommendations. However, research has become more reserved in relation to anxiety-provoking techniques; such methods were used "too strongly, too often, and too soon" (p. 259), according to the authors. The current recommendation to the clinician comes as no surprise: a spoonful of sugar helps the confrontational medicine go down. Detailed case illustrations help the clinical reader appreciate the enormous work that McCullough and her group have invested in developing these short-term models. Salient is their conclusion: "Research has been the architect as well as the demolition squad of the affect phobia treatment model" (McCullough and Magill, p. 274).

More recent and more blatant questions are raised about the medical disease model and its focus on manifest behavioral symptoms. Time and again, psychodynamic researchers have argued that, instead of a focus on symptoms, basic vulnerabilities should be targeted. A showpiece for this argument is the detailed reanalysis of the NIMH Treatment of Depression Collaborative Research Program, conducted by Sidney J. Blatt, David C. Zuroff, and Lance Hawley in chapter 12. This chapter showcases a complete data set. Using two major types of experience that result in depression—anaclitic and introjective—a host of finely detailed analyses are shown to support the conclusion that introjective patients do not fare well in short-term treatments. Also interesting is the diversity of data sets that have been used to power this conclusion: a Belgian study providing nine months of inpatient psychotherapy, the Menninger data

[13] Alexander, F. G. & French, T. M. (1946). *Psychoanalytic Therapy: Principles and Applications.* New York: Ronald Press/Wiley, 1974.

set, and other studies on long-term, intensive treatments—all of which concur that "symptom reduction during treatment is significantly mediated by a reduction in these personality characteristics of vulnerability" (p. 293).

New methodologies raise new issues; with the availability of ever more sophisticated neuroscientific technology, new ways of questioning become feasible. Therefore, a remarkable synergy between the fields of psychotherapy and neuroscience has begun to emerge. In chapter 13, Joshua L. Roffman and Andrew J. Gerber describe how the new technological understanding of brain functioning may impact our understanding of psychodynamic constructs and therapy. It could also—as a welcome side-effect—powerfully influence the perception of psychotherapy among our potential customers.

Still, there is a long way to go, and this chapter familiarizes readers with some technical details that influence the interpretation of findings. "Though it is somewhat distant, it is not difficult to imagine some of the useful consequences of a successful program of neurobiological research into psychodynamic theories and treatments" (p. 331). Indeed, it would be wonderful if therapeutic outcome could be predicted by identifying baseline patterns or neurobiological activity in response to specific tasks. However, the overwhelming evidence from psychotherapy research indicates that pre-treatment measurements are unlikely to contribute greatly in examinations of outcome variance.

Long before brain imaging became feasible, psychophysiological measurements began to play a role in psychodynamic research over half a century ago, as discussed by Carl D. Marci and Helen Riess in chapter 14. Still, one cannot escape the impression that the impact of psychological studies on psychotherapy as practiced has remained marginal. The research reviewed in this chapter confirms "the existence of a measurable, biologically based influence that emerges from the physiological responses between patient and therapist during psychotherapy" (p. 353). However, many questions are still unanswered; the step from laboratory investigation of discrete events (such as an outburst of laughter or a sudden negative emotion) to the complexity of therapeutic processes is a big one. Although psychophysiology has the potential to help generate empirically testable hypotheses on the mutual influence between patient

and therapist, it seems less clear that it can help "bridge the gap between research and clinical practice" (p. 354).

A collection of open letters by researchers in psychodynamic psychotherapy rounds off the volume. This final section makes one aware that the capacity to reflect on one's own involvement is necessary in order to find one's position in the balance between the poles of practice and research.

Is this volume delivering its promise to "bridge the gap between science and practice"? For some clinicians, some of its chapters will seem quite technical, yet they provide informative material on recent developments and achievements. To balance these, other chapters include detailed clinical material likely to gratify the therapist reader. The take-home message of this volume might be that there is no need to be ashamed of psychodynamic therapy; there is more empirical evidence of its efficacy and unique suitability to certain disorders than most clinicians are aware of.

HORST KÄCHELE (ULM, GERMANY)

FROM PSYCHOANALYTIC NARRATIVE TO EMPIRICAL SINGLE
    CASE RESEARCH: IMPLICATIONS FOR PSYCHOANALYTIC
    PRACTICE, VOLUME 1. By Horst Kächele, Joseph Schachter, and
    Helmut Thomä. New York/London: Routledge, 2008. 496 pp.

Many of us at times have a questioning—bordering on doubtful—at-
titude toward medical treatment in general and psychoanalytic treat-
ment in particular. At the same time, we heartily recommend treatment
for others and have confidence in the clinical acumen of selected col-
leagues, not to mention in ourselves. Yet how much of this confidence is
based on objective appraisal and how much on faith?

    If you are of two minds—as I believe most of us are—this book will
appeal to you. Starting with Freud's traditional case presentations, co-
authors Kächele, Schachter, and Thomä—members of the Ulm Psycho-
analytic Process Research Study Group in Ulm, Germany—demonstrate
the ambiguity and incompleteness of the usual clinical accounts. The
following complaints are familiar to all of us: the presenting therapist

is subjectively biased and arbitrarily chooses what is pertinent; the audience fails to agree on the dynamics of the analytic situation, even if they share the presenter's clinical theory; and/or the discussion turns to what the presenter omits, which, if included, would offer a different picture. Audience members may feel that they would have chosen an alternative clinical theory to structure the treatment, thereby guaranteeing more success in furthering the analysis.

How can one make case presentations more objective and avoid the above difficulties? In an effort to short-circuit the vagaries of subjective evaluations, the authors offer use of the single-case study with tape recordings, augmented by outside investigators' examination of verbatim transcripts, as a robust strategy for more objectively assessing the psychoanalytic process.

They begin by summarizing the background and questions that led to the current single-case research. The 40-year controversy between hermeneuticists and empiricists is described: is psychoanalysis a clinical enterprise governed by rules that lead analyst and patient to study their interaction and thus achieve an understanding of the patient's psyche, or does the analyst use elaborate suggestion to influence his patient? Until single-case empirical research was introduced, the analyst and/or his supervisor were too often given sole authority on what constituted the psychoanalytic process.

The case study that follows in the book, referred to as the *German Specimen Case,* is part of a larger research enterprise centering on audio and video recordings with verbatim transcripts from the "textbank" of the Ulm Psychoanalytic Process Research Study Group. Over thirty years ago, this repository for psychoanalytic treatment material was established. A computer-based data bank was developed under the auspices of the German Research Foundation, and was opened to researchers in 1988. Eventually, transcripts of sessions representing a variety of therapies (family therapy, group therapy, cognitive behavioral therapy) were incorporated into the textbank.

The centerpiece of this book is a detailed description of the psychoanalysis of a patient called "Amalia X." Following this description, Kächele, Schachter, and Thomä present a variety of research studies de-

signed to report selected features of the psychoanalytic process derived from treatment.

Amalia was a 35-year-old, single woman who was treated by Thomä from 1973 to 1978. She was seen in psychoanalysis at three times per week, for 517 sessions. Analyst and patient agreed at the beginning that her treatment would be tape-recorded and used for research. The book's synopsis of her background and treatment is based on a review of verbatim transcripts of the tapes.

Presenting Symptoms: Amalia came for help because of increasing depressive complaints and low self-esteem. Rigid religious scruples and obsessive-compulsive thoughts caused her much suffering. Occasionally, she experienced breathing difficulties and blushing. Although a teacher living on her own, she still felt the need to be in close contact with her mother. She had two brothers—one two years older, the other four years younger—to whom she felt inferior. During her childhood, her father was absent as a result of World War II. After the war, her father (who was remote and unemotional) continued to be away because of his work. Her mother was outgoing and suffered from the father's inaccessibility; because of his long absences, the patient tried to replace him as a partner to her mother.

Amalia's early history was characterized by significant illnesses and separations. Because of serious childhood illnesses and her mother's chronic tuberculosis, she and her brothers were forced to live with an aunt for ten years. Despite these hardships, Amalia was one of the best students at her school and remembers enjoying games with others, although she reports having been sensitive. She got along well with boys but had difficulties with girls, whom she saw as more attractive but less intelligent than herself.

In her late teens, she had a friendly, affectionate relationship with a boy her age, but because of stringent parental demands, she relinquished this friendship. Since the onset of puberty, she had suffered from abnormal growth of body hair—hirsutism—of unknown causes. The stigma attached to this affected her in many ways; she felt depressed and insecure in thinking she was not a complete woman. Although her religious scruples protected her from the anxiety of being rejected in a sexual relationship, she felt that this was what she wanted; she doubted that

she could ever form heterosexual relationships, however. Apart from her social insecurities, she enjoyed success as a teacher.

Despite her moderately severe symptoms, the analyst found Amalia quite feminine, and noted her superior intellect and career satisfaction. He felt she would be a suitable analytic patient and had the following expectations: through analysis, she would be able to understand the multiple meanings she associated with her hirsutism and eventually give up being paralyzed by it. He believed she had a sufficiently strong female sexual identity to achieve successful relationships with men.

The analytic treatment was a success. A consulting psychologist administered personality inventory tests to Amalia at three points: before treatment, immediately after treatment began, and two years later. A comparison of the profiles before and after treatment showed her inventory scores to be less pathological. Two years later, she continued to progress and to show improvement on the inventory. These results were also evidenced in the patient's newfound ability to establish long-term sexual relationships. Though she continued to be conscientious and to place high demands on herself and others, she became livelier and more humorous, and began to enjoy her life more.

Verbatim transcripts were made of five-session blocks of treatment at twenty-five-session intervals. From these transcripts, a longitudinal overview was produced, with features of the analysis categorized under the following seven rubrics: External Symptoms; Sexuality; Self Esteem and Guilt Issues; Familial Object Relationships; Extrafamilial Object Relationships; Relationship with the Analyst; and Countertransference. Descriptions of material related to each category were given for every five-session interval.

The Course of the Analysis, Summarized from Transcripts: In the beginning of the analysis, the patient talked about situations of conflict at work. Relief from her anxieties was sought through attempts to obtain the analyst's approval of her thoughts and behavior. By beginning hormone therapy, she hoped her hirsutism would improve, though she doubted she would get over her feeling of appearing too masculine. Fantasies about passionate sex led to fears of being overwhelmed and immoral.

Amalia was frustrated that she had no control over the analyst, and she could not persuade him to reassure her despite her complaints of feeling like an old maid. Weekends and holidays were spent with parents and relatives. Underlying hatred of her father made it difficult for her to be with him. A wish to be close to the analyst was compromised by fear that he would reject her.

As the analysis progressed, the patient's thoughts shifted from her hirsutism to concern about her underlying sexual identity. She compared herself with more attractive women and imagined that men would reject her. She wanted to know what was inside the analyst's head. The analyst interpreted her desire to control what he would tell her, and she recognized this wish as connected to her sexual desires. To defend herself, she began to criticize his interpretations that focused on her sexuality. She often complained that he always knew where things were headed, and she was humiliated when he pointed out her underlying insecurity. Both strongly positive and negative feelings toward him were expressed.

Amalia's sense of her body began to change. At the beginning of the analysis, she was frightened to imagine her naked body. Later she dreamt of herself in a transparent nightgown and found herself attractive even in the presence of a man. Guilty feelings about sexual urges escalated, and she felt she might be a nymphomaniac. Her mother would be aghast!

By Session #300, the patient had begun to seek contact with men, and by Session #380, she had started a sexual relationship. During sex, she resisted passive positions and tried for a more active role. She was again ready to reject her sexual feelings when she suffered a minor injury during intercourse, leaving her unable to have orgasms either with intercourse or masturbation. At the same time, however, she felt pleased with her own sexual responses.

Amalia's hostile statements to the analyst around a long separation were followed by an apology; she thanked him for everything he had made possible in her analysis. She imagined seducing the analyst by drawing the curtains and taking off her clothes. In concluding hours, she felt strong and independent, imagining the analyst to be weak. She continued to feel that he would disapprove of her strong feelings. In the final hours, she was no longer jealous of his other analysands.

Research Projects: Investigative work on the Ulm Psychoanalytic Process Research Study Group's Amalia transcripts includes studies in the following areas: comparative psychoanalysis; emotional insight; changes in self-esteem; "Suffering from Oneself and from Others"; "Dream Series Analysis as Process Tool"; "The Core Conflictual Relationship Theme"; "The Unconscious Plan"; "Reaction to Breaks as Indicator of Change"; "The Psychotherapy Process Q-Sort"; and "Linguistic Studies: Verbal Activity in Psychoanalytic Dialogue." There is also a project focusing on "Emotional Vocabulary with Qualitative Analysis of the Text," including examples of studies from target hours on "Love, Rage, Depression, and Reactions to Termination," "Characteristic Vocabulary of an Analyst," "Emotional and Cognitive Regulation in the Psychoanalytic Process," and "Attachment and Loss."

The authors have adapted research protocols from some well-known American researchers and applied them to the study of Amalia: Lester Luborsky's "Core Conflictual Relationship Theme," Joseph Weiss's and Harold Sampson's "Unconscious Plan" from Control Mastery Theory, and Enrico Jones's "Psychotherapy Process Q-Sort." For those familiar with these studies, the changes that the Ulm Group makes to their protocols will be of interest. There appears to have been a cross-fertilization of ideas among the various groups.

Three research studies focused on #151–155 of Amalia's treatment hours. The investigative work by Amalia's analyst, co-author Thomä, bears scrutiny for three reasons: first, it deals with Thomä's thoughts and interpretive style as they contribute to the emerging transference; second, it demonstrates how his being both an analyst and a researcher influenced both the analyst and the analysand; and third, a summary of it was presented at an International Psychoanalytical Association Congress panel, where it generated much controversy.

Thomä chose parts of session #152 and session #153 to show how he elicited strong emotions connected with the emerging transference. At the beginning of #152, the patient reported a dream in which she was stabbed in the back with a knife by a man; she associated to a fight between the man and herself, and the different levels of meaning of fights between the sexes. When she reported that, at her workplace, she felt forced to give in to her male boss, the analyst interpreted that she felt

criticized by him—the analyst—for giving in. The analyst hoped that this interpretation would kindle her courage to rebel against previous prohibitions. Amalia replied that she knew the analyst would not criticize her; she then went on to say that, at times, she felt like grabbing the analyst's neck and holding him tightly, but feared he wouldn't be able to take it and might drop dead.

Going back to the stabbing in the dream, the analyst interpreted the aggression as a fight to the finish. From Amalia's response, he realized he had gone too far, because she talked about withdrawal from a struggle as her only possible response. Thinking of her underlying feeling of loss, he told her that if she withdrew instead of struggling, she would guarantee his preservation.

The patient retreated to an image of a tree from an earlier hour— what could she get from the image? The analyst, thinking again of suppressed aggression, questioned whether she wanted to break off some branches. She responded that she was interested in the analyst's neck, but was also preoccupied with his head. He said that she often talked about his head. Amalia launched into a long, animated monologue, with the analyst occasionally saying "hmm," after which she suddenly became aware of what she was really interested in: above all, she wanted to get *inside* the analyst's head. He mistakenly heard "*put* inside" instead of "*get* inside." She corrected him: she wanted to get inside to get something out. She said that she found this difficult to say in front of 100 eyes. (Although not mentioned in the text, this last statement might refer to the many researchers studying her.)

Thomä then tells us how he views the above transactions. He sees the patient's interest in his head and her wish to put something in it as directly related to the transference: she wants to know what he is thinking and would like to influence him. This intense interest in his head, together with the knife dream, suggest that the head also stands for the penis, which she is trying to control.

Thomä's analytic technique is demonstrated as the dialogue progresses: working from the surface, he tries to get at the patient's sexual and aggressive impulses toward him. This causes Amalia to retreat, after which he tries again, and in Session #153, she admits without his direct interpretation that she is interested in his penis as well. Unfortunately,

he does not describe any countertransference reactions that might have influenced his thinking or interpretations at this juncture.

Thomä discusses the clinical theories he used to structure the analysis. He regarded his work as predominantly dealing with oedipal conflicts, even though he recognized the importance of the patient's numerous traumatic experiences. Amalia's wish to reside in his head could refer to both phallic intrusion and a pregenital wish to reunite with her mother.

What I find missing here, however, is more specific reference to the patient's history. Her dream of being stabbed in the back might relate to her rage at her parents: specifically, for the father's emotional unavailability and both parents' absence for ten years. This meant that they never sufficiently encouraged her to develop a strong sense of self or a capacity to relate to men.

Interestingly, Thomä compares the Control Mastery Group's focus on the patient's overcoming of early traumatic experiences with his own emphasis on oedipal conflicts (p. 235). The Control Mastery Group would advocate conducting Amalia's analysis differently, but Thomä imagines that they would come up with a similar result.

As mentioned, differences in clinical theory and technique in Amalia's analysis were discussed in a panel discussion at an International Psychoanalytical Association Congress (pp. 235-236), where there was little agreement about which factors were most responsible for change: the analyst's interpretations, the relationship with the analyst, or both. The discussants had difficulty integrating their disparate clinical theories. Nevertheless, Thomä's addition of his reactions to the verbatim transcript material led to the formation of a more coherent theory of the psychoanalytic process. His reasoning can be understood even if one prefers to describe the process from the vantage point of a different clinical theory. The sharing of these investigative results with colleagues of different clinical persuasions justifies the comparison of verbatim transcripts with subjective clinical impressions.

Two other research investigations were conducted on the same hours (#151–155). In the "Longitudinal Overview" summarized by Kächele (pp. 152-220), we can review these specific hours (pp. 176-178). Under the subheadings "Relationship to the Analyst" and "Sexuality," the

themes mentioned are not significantly correlated with Thomä's clinical hypotheses. The reader would benefit if this data from the transcripts could be compared and contrasted with Thomä's ideas.

Erhard Mergenthaler and Friedmann Pfäfflin, in "Emotional and Cognitive Regulation in the Psychoanalytic Process: A Microanalytic Study" (pp. 376-382), demonstrate a concept called *Therapeutic Cycles Model* (TCM), which measures a patient's emotional experience and cognitive mastery. In an ideal cycle, four patterns emerge in sequence: relaxing; the report of negative emotional experience; positive experience; and working through, with insight processes measurable through connections.

In their review of Session #152, Mergenthaler and Pfäfflin cover some of the same data that Thomä does, but use a different framework to explain change in the patient. They see modifications in the emotional and cognitive tone and in the analyst's relatively greater activity as determinative of a positive outcome. This contrasts with Thomä's idea that repeated interpretations of warded-off sexual transference caused positive change. Although the ideas derived from TCM research and Thomä's clinical theory are not mutually exclusive, an explanation of how—or whether—they can be reconciled would be helpful.

Bearing in mind the conditions in Germany when Amalia was growing up, her traumatic experiences (absence of father, multiple illnesses in the nuclear family, and prolonged separation from mother) might not have been far from the norm. How does her background compare with the usual clinical histories of analysands in the United States during the same period? She seems considerably more compromised than what one would hope for in a suitable analytic patient, and yet she appeared to have an excellent outcome. Both the analyst's interpretive skill and a good match between analyst and patient seemed responsible for the positive outcome. (Was it the skill of the analyst or a good match between analyst and patient that permitted their strong relationship to develop—or both? Did aspects of the cultural context contribute to the excellent outcome?)

Reading this volume with its international focus reminds us of the breadth of research and clinical theory that influence our practice. The book's comparison of verbatim transcripts with clinical impressions fur-

thers our integration of our respective clinical theories. Less successful is the book's integration of the various research projects with the clinical narrative; in order for clinicians to understand research, they need to understand its relevance to clinical material in greater detail. The authors have begun to facilitate this, but there is still much to be done to bring researchers and clinicians together.

ALAN Z. SKOLNIKOFF (SAN FRANCISCO, CA)

AN INTEGRATIVE APPROACH: COMPETING THEORIES OF INTER-
PRETATION. By Robert Hooberman. Lanham, MA: Rowman and
Littlefield Publishing Group, 2008. 153 pp.

It is with great interest that I have read Robert Hooberman's most recent
book, and there is much to recommend it. Notwithstanding the title,
the author's aim is to demonstrate that a melding of classical theory and
object relations in approaching the patient is both possible and optimal.
As we all know, since the beginning of our science, psychoanalytic theo-
rizing has resulted in repeated "splits"; shifts in theoretical focus, com-
bined with the disruptive effects of political and social allegiances within
institutes have led to bitter disagreement and ultimately the formation of
new schools of psychoanalysis, as Rangell has pointed out.[1]

Proliferating therapeutic and theoretical perspectives have been dif-
ficult for beginning psychoanalysts to integrate into their work. This fre-
quently has resulted in either an inflexible adherence to one theory and
technique, or the stance that "anything goes." Early on in this short book,
Hooberman states his belief that "the unique contributions of seemingly
competing theories need not necessarily compete at all; my effort in this
book is to show how apparently different aspects of the psyche can be
addressed together" (p. 4). Although there may not always be agreement
with his particular recipe for doing this, his clinical material and explica-
tions of his technique are valuable and worthwhile.

Because of Hooberman's stated aim to bring many different ideas
together, theoretical concepts can be given only thumbnail descriptions,
but these are enriched by clinical examples and benefit from a broad

[1] Rangell, L. (2004). *My Life in Theory*. New York: Other Press.

bibliography suggesting further readings. In his brief introduction, Hooberman makes his central point that there is no such thing as the one right interpretation. He specifically eschews the traditional view of interpretation as solely communicating to the patient an understanding of his unconscious conflicts as re-created in the transference. By expanding his own definition of interpretation to include any explanation offering new insight into any aspect of patient behavior or ideation, he contends that the interpretive effort can be broadened and enriched. But as he himself warns, for those more traditional analysts who understand only interpretation of transference as the agent of mutative growth, this book may not be the best choice.

Hooberman describes himself as eclectic, by which he means that he melds object relations perspectives, classical conflict models, and interpersonal models in his clinical approach. In his view, this can optimally be accomplished through a focus on character. Decrying the pejorative flavor of character—as in *character disorder*—and its neglect in early writings because of a focus on symptoms, Hooberman sees character as each individual's unique mental creation. He reminds us that character is a stable, structured defensive formation that operates largely unconsciously, and while built of early internalizations and identifications with parental figures, it also reflects instinctual wishes, unconscious core fantasies, and a myriad of compromise solutions to the inevitable conflicts of childhood.

In his third chapter, "Formulation," Hooberman states that, along with being alert to presenting symptoms and diagnostic possibilities, the analyst must pay attention early on to family dynamics, the so-called implicit family history, and hidden coded language. By identifying early on the self-object internalizations that form the scaffolding of the patient's character, the analyst can learn the patient's typical ways of being-in-the-world. Armed with this understanding, the analyst can then offer experience-near "links" to the patient that help convey the nature of the therapeutic task and aid the patient in appreciating the need for more intensive work. Hooberman underscores his belief that empathic and meaningful contact can be facilitated by an early examination of countertransference in conjunction with traditional history taking.

Many times in the course of this book, Hooberman returns to his central theme that interpretation is facilitated by a detailed understanding of character and its birth in the family dynamic, and that highlighting the identifications and introjections present in the patient builds therapeutic trust, reduces the patient's anxiety, and allows for emergence and tolerance of deeper, more conflicted material. He specifically recommends that interpretation proceed from this initial focus on the patient's early identifications to analysis of ego and defense, and then—usually later—to an interpretive focus on the manifestations of individual dynamics as they arise in transference-countertransference paradigms. The author repeats his assertion that such an approach does not compromise the use of transference material as a treatment develops.

The book is replete with clinical examples that illustrate his approach and offer support for the value of this broader understanding of the clinical task. A series of patients are introduced and reintroduced as Hooberman explicates specific issues and how he might use a number of theoretical conceptualizations with each over the course of a treatment. Approaches incorporating empathy, reverie, and the use of countertransference are explored, along with a more traditional focus on the analysis of defenses, unconscious conflict, and compromise formations. Although a summary description such as this suggests a kind of clinical cacophony, Hooberman offers case material highlighting how the analyst can smoothly utilize multiple clinical and theoretical foci to deepen his understanding of an unfolding treatment. Most analysts appreciate the need to adjust one's perspective from global to micro levels, and would agree that such flexibility allows for quicker and more accurate understanding of emerging clinical phenomena. Multiple vignettes effectively demonstrate the writer's profound understanding of his patients.

Perhaps necessarily, *An Integrative Approach: Competing Theories of Interpretation* does have a polemical feel. Time and again, Hooberman seems to make a straw man out of classic approaches, implying that an analyst who practices in this manner uses "rote" techniques that suffer from "constraints of reductionism and parochialism" (p. 141). At another juncture, he repeats his charge that his eclectic approach avoids exposing the patient to a "theoretically prescribed premature interpretation" (p. 133).

Regrettably, in my view, reconstruction of childhood memories is specifically downplayed, since Hooberman shares Fonagy's view that explicit memories are less central than a focus on the patient's frequently self-defeating chronic ways of being-in-the-world.[2] In chapter 7, he recommends that the effort to reconstruct explicit past histories be reserved for patients who have suffered overwhelming trauma, such as those described by Shengold as having suffered soul murder.[3] Hooberman's description of these very psychically limited patients is quite remarkable in its sensitivity, and serves us well as a reminder of the terrible problems such patients have in doing therapeutic work.

The author pointedly notes that his approach is helpful specifically for those patients for whom direct interactivity around transference material may be too intense. In his view, it may be essential to avoid the here-and-now aspect of pathology for some time, especially as it may generate unbearable anxiety around the patient's repressed and conflicted wishes. In discussing a particular patient, S, Hooberman demonstrates his initial focus on S's way of responding to an external situation as she had with her mother, and then how she appeared to act like her mother toward someone else. Hooberman makes it clear that only later on, after this is "digested," would he raise the issue of how she repeats this behavior with him. Such an approach is optimal, Hooberman argues, when the ego is weak and buffeted by emotional storms. There is no question that this way of "interpreting away from the transference" is often necessary and definitely has its place in our armamentarium.

An Integrative Approach: Competing Theories of Interpretation successfully argues that a character perspective and its underpinnings in family dynamics, reflected in object relations, is important clinically and has perhaps been underappreciated. However, one potential problem with the interpretive schema outlined by Hooberman is the likelihood of underestimating what an individual patient can tolerate. As a result of the analyst's consistently steering away from direct transference analysis,

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[2] Fonagy, P. (1991). Memory and therapeutic action. *Int. J. Psychoanal.,* 72:639-657.

[3] Shengold, L. (1989). *Soul Murder: The Effects of Childhood Abuse and Deprivation.* New Haven, CT: Yale Univ. Press.

centrally important sexual and aggressive conflicts are potentially denied entry into the clinical situation.

One of the male patients whom Hooberman describes quit treatment repeatedly as a response to what would appear to have been homosexual wishes that originated with his exciting and frightening father. Had the analyst explored directly the patient's need to leave therapy as an unconscious re-creation of that wish, the full power of the repetition compulsion might have been highlighted and the need to quit forestalled.

Overall, however, this book is entertaining and thought provoking. It gives us much to consider in terms of our own practices and how we conceptualize mutative interactions in psychoanalysis and psychotherapy. Hooberman is to be congratulated on this thoughtful and courageous book, which demonstrates so much of his personal thinking and feeling. Each analyst struggles to find ways to understand his patients, and a reconsideration of the many ways in which that understanding can be used to help them live fuller lives is a lesson to be learned again and again.

DOUGLAS J. VAN DER HEIDE (NEW YORK)

REDISCOVERING PSYCHOANALYSIS: THINKING AND DREAMING, LEARNING AND FORGETTING. By Thomas H. Ogden. New York/London: Routledge, 2009. 184 pp.

For a number of years now, Thomas Ogden's publications have become a genre of their own. He has begun to write about writing, or, to put it the way he does, to conduct a *close reading* of various authors' writings and their utterances. These authors include not only psychoanalysts but also poets. His idea of a close reading can be thought in the context of a literary parsing of the author's text. By *literary,* I mean that Ogden seems to place himself outside the loop of the author's backdrop, i.e., outside the analytic loop if they are analysts, and positions himself as a combined literary critic trained in critical studies and a linguist closely following his subject's productions, one who extends them beyond what the subject may believe he has said or written. The closest approximation I can

come to what I believe Ogden is undertaking is *literary editing,* as well as the *garnishing* of a text.

Already a noted writer and now a critic of writing, Ogden has a particular style of writing. I think of him as a sort of nonfictional novelist and a would-be poet who writes the way he speaks. I can *hear* and *feel* his presence as I read him; his style is highly distinguishable. He writes with formidable but respectful reassurance, clarity, and wisdom. His writings reveal the tight focus of his attention and his dedication to his subject.

In numerous works, Ogden has used his close (very close) reading of poets, authors, and psychoanalysts—and even analysands—to bring aesthetics and literary critical judgment into psychoanalysis.[1] He has, in a word, given new status to *reading.* He encourages us to read our chosen authors aloud so as not to miss out on the element of sound in their writing. And who but Ogden would note that "reading poetry and fiction in an analytic seminar is an experience in 'ear training'"?[2]

Attempts at integrating psychoanalysis with literature have hitherto been characterized by the search for psychoanalytic themes in a particular literary subject.[3] What Ogden has done is the opposite: that is, he has applied literary criticism to the clinical as well as theoretical scene. I believe he is thereby *dreaming* in the Bionian sense, so as to *undream* (decode, decrypt) the author's original text, which, in Bion's terms, already constitutes an encoded, encrypted dream—all in order to realize the deeper and broader implications of the author's personal style and preconscious, and/or the original unconscious message. The ultimate revelation of this may more often than not surprise the dreamer.

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[1] See, for example, the following Ogden works: (1) (1997a). Listening: three Frost poems. *Psychoanal. Q.,* 66:567-595; (2) (1997b). *Reverie and Interpretation: Sensing Something Human.* Northvale, NJ/London: Aronson/Karnac; (3) (1998). A question of voice in poetry and psychoanalysis. *Psychoanal. Q.,* 67:426-428; (4) (1999). "The music of what happens" in poetry and psychoanalysis. *Int. J. Psychoanal.,* 80:979-999; (5) (2000). Borges and the art of mourning. *Psychoanal. Dialogues,* 10:65-88; (6) (2001a). Reading Winnicott. *Psychoanal. Q.,* 70:279-323; (7) (2001b). An elegy, a love song and a lullaby. *Psychoanal. Dialogues,* 111:293-311; (8) (2003). On not being able to dream. *Int. J. Psychoanal.,* 84:17-30; and (9) (2005). *This Art of Psychoanalysis: Dreaming Undreamt Dreams and Interrupted Cries.* London: Routledge.

[2] Ogden, T. H. (2006). On teaching psychoanalysis. *Int. J. Psychoanal.,* 87:1069-1085; see p. 1077.

[3] E.g., Jones, E. (1954). *Hamlet and Oedipus.* New York: Garden City Publications.

Ultimately, Ogden employs a new technique to uncover the *realization* of the ultimate Truth, "O," in an author's texts. There are two interesting concepts behind this that warrant mention. The first is: "As argued by Ortega y Gassett, every utterance is deficient (says less than it wishes) and exuberant (says more than it plans)."[4] Unspoken thoughts are multifarious and vertical, thus simultaneous. Uttered thought must be transposed from the vertical, infinite axis to the linear (sequential) axis, but we might say that something is lost in translation. As analysands quite frequently put it, "I had a dream last night, but I'm frustrated that I don't remember all of it." Thus, we become disappointed that we cannot utter all that we had had in mind at any given moment. Speech and writing, consequently, seem doomed to suffer from the inescapable frustration of incompleteness and overexposure. Yet we often become amazed when, as analysands, we see the way our free associations and the analyst's subsequent interpretations result in an expanded version of our meager initial associations.

The second concept of Ogden's to which I would like to call attention is one expressed in a citation in Freud's "The Unconscious" (1915):

> Just as Kant warned us not to overlook the fact that *our perceptions are subjectively conditioned and must not be regarded as identical with what is perceived though unknowable,* so psychoanalysis warns us not to equate perceptions by means of consciousness with the unconscious mental processes which are their object. *Like the physical,* the psychical *is not necessarily in reality what it appears to us to be.* [p. 171, italics added]

I understand these comments to prefigure Bion's concept of the ultimate unknowability of reality, "O."[5] To put it another way, Kant is reminding us that the objects of the external world are just as mysterious and mystifyingly unknowable as unconscious objects.

The title of the present book offers a promising goal: *Rediscovering Psychoanalysis: Thinking and Dreaming, Learning and Forgetting.* This title is especially consonant with Ogden's deep appreciation of Bion's

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[4] I am grateful to Yair Neuman (unpublished) for this citation.

[5] See (1) Bion, W. R. (1965). *Transformations.* London: Heinemann; and (2) Bion, W. R. (1970). *Attention and Interpretation.* London: Tavistock.

work. Bion, as we have come to know his major postulates, exhorts us to "abandon memory and desire" when listening to a patient. What he is advocating could be said to resemble "wilderness training": we must continually listen to the patient almost as if we had never known him or her at all. Consequently, we operate without an orienting compass insofar as we deny ourselves the guidance of memory. Although we have learned the canons of psychoanalytic theory, we must now disallow ourselves from remembering them, and, instead, theory must unbiddenly remember *us*. Thus, every hour with every patient, we are put in the position of the joys and sorrows of discovering psychoanalysis anew. In forgetting we are free to discover and rediscover newfound thoughts—paradoxically, for the first time again!

In chapter 1, Ogden summarizes the theme not only of the chapter, but of the whole book as well: "How better to be introduced to psychoanalysis than by means of an invitation not to be taught, but to discover" (p. 1). This is Bion, and yet it is also the result of Ogden's very close reading (dreaming) of one of Bion's foremost contributions to epistemology—"abandon memory, desire, preconceptions, and understanding." The analyst who clears his or her mind in this way finds that it becomes a welcoming empty receptor for the emerging unknown "O" of the moment. Ogden, following in the footsteps of Bion, exhorts us, in other words, to continue rediscovering the psychoanalysis we thought we had already discovered—but, paradoxically, each time, it turns out to be a different psychoanalysis, whether we are working with a patient or a supervisee or perhaps writing about psychoanalysis.

Ogden's concept of "rediscovering psychoanalysis in the experience of talking with patients" (p. 2) is unique. The author states:

> It requires a very long time—in my experience, something in the order of a decade or two of full-time clinical practice—to mature as an analyst to the point where one is able . . . to talk with each of one's patients in a way that is uniquely one's own, and unique to that moment in the analytic conversation with that particular patient . . . . Talking with patients in the way I am describing requires that *the analyst pay very careful attention to the analytic frame*. When I am able to speak with a patient in this way, it feels to me that I have ceased "making interpretations" and

offering other forms of "analytic interventions," and am instead "simply talking" with the patient. [p. 3, italics added]

Ogden explicates this notion at greater length when he discusses how to deal with the patient who cannot dream.[6] He believes that his very utterances to these patients constitute dreaming—in the service of unconsciously enabling the hitherto nondreaming patient to begin dreaming. Having been analyzed by Bion, and also having been deeply immersed in his contributions, I have a good idea what Ogden means by *dreaming*, but I wonder how many non-Bionians do. Bion implies more than he explicates by *dreaming*. What does it mean that Ogden's patient did not dream? How do we know?

Yet I do wish Ogden had presented convincing clinical material to justify his assertion. When Bion states that the analyst must *dream the analytic session* (the patient's unprocessed emotions), what does that mean, specifically? He often spoke and wrote apodictically. I think I understand what he means by dreaming, but I also think it needs to be clinically portrayed in unmistakable terms. We have to wait until chapter 2 for Ogden to answer my request to simplify the concept of dreaming.

Dreaming, particularly Bion's radical redefinition of it, constitutes the Ariadne's thread that runs through Ogden's work. In chapter 2, "On Talking-as-Dreaming," Ogden continues a theme from chapter 1. He states:

> The analyst's participation in the patient's talking-as-dreaming entails a distinctively analytic way of being with a patient . . . . The experience of talking-as-dreaming is different from other conversations that bear a superficial resemblance to it . . . . What makes talking-as-dreaming different is that the analyst engaged in this form of conversation is continually observing and *talking with himself* about two inextricably interwoven levels of this emotional experience: (1) talking-as-dreaming as an experience of the patient coming into being in the process of dreaming his lived emotional experience; and (2) the analyst and the patient thinking about and, at times, talking about the experience of understanding . . . something of meanings of the emotional

[6] See Ogden, T. H. (2003). On not being able to dream. *Int. J. Psychoanal.*, 84:17-30.

situation being faced in the process of dreaming. [p. 15, italics added]

That citation helps clarify what Ogden (and by induction, Bion) means by *dreaming* in the practical, clinical sense.

Ferro uses Bion's theory of dreaming to state that the analyst should dream the analytic session by offering or encouraging the development of *narratives*.[7] I do not believe that this is what Ogden is doing, but I do think that some helpful clarification would be in order. In what follows, I shall try to shed some light on the more practical aspects of what Bion means by *dreaming*.

What I understand that Ogden *is* doing is lifting the arbitrary "straitjacket" from the traditional, formal practice of analytic technique. This permits entry into an "I-Thou" intimacy with the patient so as to help the patient become able to dream—or, to be more specific, and this is my opinion—to be able to improve the activity of his own alpha function. This in turn reinforces the function of the patient's contact-barrier, necessary to maintain the separation of the conscious from the unconscious—so that the patient will then be able to more effectively think *and* dream.

Is Ogden simply employing psychotherapy for difficult patients and labeling it *psychoanalysis?* No, because he emphasizes the need for the analyst to work within the frame. What Ogden seems to be doing is creatively and imaginatively expanding the horizon of analytic engagement while maintaining the analytic frame. He has, in short, introduced a radically new form of legitimate (in my opinion) psychoanalytic technique.

Later in chapter 2, Ogden highly recommends that the text be read aloud when used in teaching. (I recall reading about an ancient, illiterate man who was confined to the oral tradition and was forced to teach *The Iliad* and *The Odyssey* to his illiterate audience by reciting them aloud!)

Sometimes listening can effectively complement seeing, an idea I find compelling and invaluable. In this regard I cannot help thinking of how children learn reading: by being read to. They learn to associate the personal and subjective musicality and prosody of the voice with the

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[7] See Ferro, A. (2009). Transformation in dreaming and characters in the psychoanalytic field. *Int. J. Psychoanal.,* 90:209-230.

more formal words (the *constant conjunctions* that bind experiences abstractly). One of the ideas Ogden emphasizes is that reading and writing, as well as speaking, constitute forms of dreaming. His major emphasis in chapter 2, however, is his exploration of *close reading*.

I should now like to discuss Bion's extension and reformulation of Freud's concept of dreaming as put forth in *The Interpretation of Dreams* (1900), the former of which Ogden closely follows. Dreaming for Bion, and not for Freud, served reality as well as the pleasure principle. For Bion, dreaming is a form of unconscious thinking, as well as an emotional clearing-house or damper that allows formal thinking—and being— to take place. Bion calls dreaming "the curtain of illusion."[8] In short, dreaming is the curtain of illusion that colors (mediates) all external perceptions and internal stimuli, so as to make sensory and emotional experience tolerable. In order to be able to think and to experience the apogee of a self-transformation in "O," dreaming, or more particularly, the *alpha function of dream-work,* must clear the way by processing (mediating) sensory-emotional distress by narrating it.

In chapter 3, Ogden once again demonstrates his innovative focus on a virtually ignored theme: the overall effect on the analysand and analyst that emerges from the supervisor's dreaming of the presented sessions, not just the effect that the analytic supervisor has on the supervisee.[9] The supervisor is dreaming not just the supervisee and not just the patient, but also the couple as a unit—and even more, a fourth factor: the supervisor himself as part of the inseparable entourage. This change in observational focus on the part of the supervisee reminds one not only of Bion's having introduced unique concepts of group process into psychoanalytic technique,[10] but also of technical trends in psychoanalytic technique that have been put forth by the contemporary London post-Kleinians, where *intersubjective process in the here and now* is privileged over text and reconstruction. Yet Ogden is virtually the only one to en-

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[8] Bion, W. R. (1992). *Cogitations.* London: Karnac, p. 147.

[9] See Brown and Miller's experience of this phenomenon as described in: Brown, L. J. & Miller, M. (2002). The triadic intersubjective matrix in supervision. *Int. J. Psychoanal.,* 83:811-823.

[10] Bion, W. R. (1961). *Experiences in Groups.* London: Tavistock.

franchise the analysand ↔ analyst ↔ supervisor "troika," working via dreaming. For Bion, dreaming is itself a form of thinking—really a function of allowing formal, abstract thinking to take place by mediating the emotional cargo associated with the thought. He originally associated this activity with the alpha function.

In chapter 4, Ogden discusses how he teaches seminars. He again discusses Bion's concept of dreaming. He states that clinical teaching *is* collective dreaming, an important idea that I would like to take into an epistemological context. Traditional teaching implies a linear, sequential flow of ideas from the teacher to the student. In group dreaming, information arrives simultaneously to the participants.

In chapter 5, Ogden continues to subject Bion's psychoanalytic style to close reading. The concept of *style* is itself unique in the way that Ogden portrays it. The analyst's own personal nature (in relating to the self and/or to objects) constitutes an analytic instrument in its own right. Ogden focuses on Bion's style in "answering" questions put forth by an audience composed of psychoanalysts; that is, Bion fields the audience's questions rather than answering them directly. He opens up the broader and deeper ramifications that a question points toward, all the while helping the questioner not to close the gap of curiosity and uncertainty and, instead, to keep the question unsatisfied and thus open to an endless input of thoughts without end.

Based on my own analytic experience with Bion, the ideas Ogden expresses about Bion's style in chapter 5 ring true. As Bion's patient, I came to believe that he was hypnotizing me with his speech—because his interpretations seemed to me to be somewhat tangential to my associations. I recall that I oftentimes felt stupefied, but upon leaving his consulting room, I would have the experience of feeling unusually clear. (Others of his analysands reported similar experiences.) It was as if he were trying to help me bypass my conscious "editor-self" so as to clear the way for my preconscious mind to be "unconsciously" open, receptive, and engaged.

In chapter 6, Ogden reaches what for me is the pinnacle of his close reading of Bion. There he presents "Bion's four principles of mental functioning" (p. 90): "the human need to know the truth" (p. 91); "it takes two minds to think one's disturbing thoughts" (p. 97); "thinking

develops in order to cope with thoughts" (p. 100); and "dreaming and the psychoanalytic function of the personality" (p. 103). This outline is followed by a discussion of how Bion draws upon these principles in clinical practice. This quaternary of principles constitutes the apogee of Bion's theory of mind.

In chapter 7, Ogden rereads (one might even say, *micro-reads*) Loewald's "The Waning of the Oedipus Complex" and offers some unique ideas that unfold from his reconception of it.[11] Loewald puts forth the idea, according to Ogden, that the Oedipus complex is a cyclical, perhaps helical, phenomenon in which "it is the task of each new generation to make use of, destroy, and reinvent the creation of the previous generation" (Ogden, p. 114). After comparing Loewald's formulations with Freud's, Ogden's close reading reveals a virtual disclaimer on Loewald's part of the originality of his formulations. Ogden suggests that this behavior prefigures and demonstrates Loewald's premise. Ogden reads Loewald as stating that "it is the fate of the child (as it was the fate of the parents) that what he makes of his own will enter a process 'passing from personal into general possession'" (Ogden, p. 117).

Put another way, our creations are fated to enter into the "castration" imposed by time, when the individuality of our creation becomes absorbed into the nameless maw of anonymity. Ogden summarizes: "This tension between influence and originality lies at the core of the Oedipus complex, as Loewald conceives of it" (p. 117). Without realizing it, we individually create the ultimate hidden forerunners of our "spontaneous" thoughts. Bion often said to me and others that he never wrote anything original. Each thought's progenitors are lost in the mist of time.

As I was reading this portion of Ogden's critique, I first conjured the notion that Loewald, through Ogden, was placing the Oedipus complex in the domain of helical dialectics (thesis 1 → antithesis → synthesis → thesis 2, etc.). I also thought of Bion's dialectic between "narcissism" and "socialism" within the personality (see footnote 8).

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[11] Loewald, H. (1979).The waning of the Oedipus complex. In *Papers on Psychoanalysis*. New Haven, CT: Yale Univ. Press, 1980, pp. 384-404.

Another component of Loewald's thesis is the role of oedipal parricide and matricide and the subsequent role of the murdered parents as installed superego figures within the child's personality. My own understanding of this fantasied act is that the murder of the parents creates an internal covenant, as in the Eucharist, of the bond (of guilt) between the murderer-child and his murdered parents. The child's continuing experience of guilt privileges him to claim what he has accomplished—as long as he realizes at whose expense it occurred.

In chapter 8, the final chapter, Ogden immerses himself in one of his mentors, Harold Searles—both the man and his works. Ogden was supervised by him and got to know him well. Searles is one of the most unique analysts one could ever come across. Ogden believes that he "is unrivaled in his ability to capture in words his observations concerning his emotional response to what is occurring in the analytic relationship and his use of these observations in his effort to understand and interpret the transference-countertransference" (p. 133). Searles's career consisted, in the main, of treating hospitalized psychotic patients *psychoanalytically.*

Ogden shows us Searles's rationale in frankly sharing his countertransference feelings, particularly of love, with his patients. His feelings are located in the tender love of oedipal childhood, i.e., not distinctly in the realm of adult sexuality; they represent love as validation of the patient's own lovability. Ogden comments: "In order to successfully analyze the Oedipus complex, the analyst must fall in love with the patient while recognizing that his wishes will never be realized" (p. 137). He further categorizes this technique as constituting a paradox: "the wished-for marriage is treated simultaneously as a real and imaginary marriage" (p. 137). Searles understands this relationship, according to Ogden, "not as a corrective emotional experience, but as the meeting of a developmental need for recognition of who the patient is (as opposed to the satisfaction of desire)" (p. 138).

Ogden then performs a profound and moving literary reading of Searles's words. Since this is the underlying theme of this book, I shall quote it at length.

The words "while we were" (three monosyllabic words repeating the soft "w" sound) are followed by "sitting in silence" (a pairing of two-syllable words beginning with a soft sensuous "s" sound). The sentence continues to echo the soft "w" sounds of "while we were" in the words "away," "was," and "when," and ends with three tagged-on words that explode like a hand grenade: "including my wife." At the core of the denouement is the word "wife," which, with its own soft "w," conveys the feeling that this is the word that has been adumbrated all along, the word that has lain in wait in all that has preceded. The easy movement of sound creates in the experience of reading the tranquility of the love that Searles and the patient felt for one another, while the tagged-on thought, "including my wife," powerfully cuts through the dreamy quietude of the scene. [p. 139]

Ogden is adding at least two new dimensions to textual (including psychoanalytic) analysis: the *aesthetic* (Bion would speak of the *aesthetic vertex*[12]) and the formal *linguistic*. Put another way, Ogden has brought the technology of linguistic analysis and the hidden eloquence of poetry's revelation to bear on the analysis of text. Observe, for example, what he does with alliterations (*was, when, wife*), linguistically, and with the "soft *w*," aesthetically. I believe that Ogden may very well be touching on a hitherto little-mentioned aspect of dream-work itself. The importance, significance, and promise of this new approach would be difficult to overestimate.

Ogden finishes this chapter with, first, a discussion of Searles's prescient understanding of unconscious identification in the clinical situation, and, second, with a brief comparison between Searles's views and Bion's. Ogden believes that, even though the focus of each differed—he sees Bion as the abstract thinker and Searles as the uncanny and pragmatic clinician—they were also very much alike in their analytic ideals in terms of containment of the patient's anxieties, the worship of truth, and their unique ways of conceiving the relationship between consciousness and the unconscious. I shall cite Ogden on Searles's thoughts on consciousness.

[12] Bion, W. R. (1965). *Transformations.* London: Heinemann, p. 52.

Searles shows the reader what it means to make use of consciousness as a whole—that is, to create conditions in the analytic setting in which the analyst perceives what is occurring in the transference-countertransference by means of *a form of consciousness characterized by a seamless continuity of consciousness experience.* [p. 152, italics added]

Ogden then speaks again of Bion's ideas:

Bion's alteration of the topographic model is nothing less than breathtaking in that it had been impossible, at least for me, to imagine psychoanalysis without the idea of an unconscious mind somehow separate from ("below") the conscious mind. *The conscious and unconscious minds, for Bion, are not separate entities, but dimensions of a single consciousness.* [pp. 152-153, italics added]

One might easily speculate that Ogden could be thought of as the intersubjective third between Searles and Bion.

With *Rediscovering Psychoanalysis,* Ogden has written a profound and significant work, one that heralds a new age of psychoanalytic thinking and psychoanalytic practice. It also alters our way of thinking of psychoanalysis itself: it is as though our patients present their lives as their private novels (uncompleted dreams) for us first to *un*dream and then *re*dream, so that they can ultimately discard the novel and confidently bathe in Bion's concept of Truth.

Earlier in this review I discussed Ogden's interest in an author's style. Ogden's style itself is worthy of a work of its own.

JAMES S. GROTSTEIN (LOS ANGELES, CA)

FORMS OF KNOWLEDGE: A PSYCHOANALYTIC STUDY OF HUMAN
     COMMUNICATION. By Anna Aragno. Baltimore, MD: Publish
     America, 2008. 428 pp.

In *Forms of Knowledge,* Anna Aragno addresses core issues that confront
psychoanalysis and practicing psychoanalysts today. She notes that the
fragmentation of the field into diverse perspectives, the lack of an over-

arching metatheory, and the lack of a unified treatment theory call for a new way of conceptualizing psychoanalysis. The author takes on this challenge and more: the book comprises an impressive attempt to re-orient the field. Aragno has devised a creative, interesting, and highly contemporary approach. The model put forth in the book is intended to be a conceptually different foundation for psychoanalysis, one that will effect a paradigm shift in treatment models toward a unified psychoana-lytic perspective.

Aragno brings philosophy and some aspects of philosophical method to bear on the construction of a comprehensive framework or model of human communication. She draws upon pertinent work in epistemology, the philosophy of language, linguistics, psychology, and critical theory. In grounding a metatheoretical model in actual forms of communica-tion rather than in their myriad motivations or consequences, Aragno departs from traditional psychoanalytic theory construction and places the means of psychoanalysis at the forefront. This approach affords a new vocabulary with which to revisit traditional as well as contemporary questions in psychoanalysis.

In addition to building a model of modes of communication, *Forms of Knowledge* explains new concepts and reworks existing ones to ground psychoanalytic theory and practice in a wholly psychoanalytic founda-tion. From that vantage point, a proposed goal of the model is to be able to make use of and engage in interdisciplinary dialogue. It is suggested that this model can resolve debates among different psychoanalytic per-spectives. The proposed model is said to eradicate Cartesian dualism and integrate biology into psychoanalysis at the foundational level, by virtue of its specifically developmental format. Further, the model attempts to provide a theory of affect and nonverbal communication generally, as well as a theory of knowledge and learning.

The model of communication put forth is designed to be holistic and biopsychological. It is represented by a chart (p. 168) that includes six progressive communicative modes, from signals through ideo-motor replication to signs and symbols, and ultimately to psychoanalytic and su-pervisory communication. Communication is understood broadly to in-clude as many facets of the transmission of information from one person to another as possible, including verbalization, tone and cadence, body

language, and other intuitive, unconscious transmission and reception. The underlying foundational concept is that of dialogue, and forms of interaction are articulated.

On the basis of the study described here, in which communication is used to ground a unified metapsychology for psychoanalytic theory—and because communication is the medium of treatment—Aragno attempts to unite metatheory and treatment theory into a seamless whole. This emphasis is significant in a field in which metapsychology has frequently been posed in opposition to multiple treatment perspectives that eschew metapsychology, some of which lack articulated theoretical models.

A subsidiary purpose embedded in *Forms of Knowledge* is to model psychoanalytic and supervisory processes, exhibiting their complexity and layers. Here the book's project is to articulate different forms of communication, how each develops, in what context, and how different forms might intersect and overlap in structure and function with others. This discussion and the proposed model exhibit how the different layers of experience of each participant can bear on a single aspect of a communication. This discussion provides a rich, unfolding panorama of the intricacies of the psychoanalytic and supervisory processes, and is of value in itself. The descriptions have the feel of vivid portrayals of these processes, offering much for analysts, supervisors, and supervisees to productively ponder.

In Aragno's model, communication begins with affect, taken to be a biological signal system. Through interaction with the environment and the development of sensori- and ideo-motor systems and language acquisition, an individual can progress from signal to sign to symbolic modes of communication. In the chapters that discuss this progression, Aragno relies and builds upon the work of Vygotsky, Piaget, Langer, and others. While bodily or psychic processes may be to some extent isolable, Aragno builds the argument that meaning is developed and expressed by the entire organism, through multiple and simultaneous paths.

This book emphasizes the kinds of human interaction and their vicissitudes throughout the life cycle. Communication is by its nature interactive, and in *Forms of Knowledge*, interaction is considered antecedent to relationship. It is out of interaction that an individual learns, creates,

and processes meaning, and it is whole persons who participate in inter-action. Moreover, meaning is proposed to be, in its essence, co-created.

As a result of the author's study of forms of communication, an explanation is provided for how psychoanalytic interaction within a psychoanalytic process creates change for analysands. Further, on this basis, there is a discussion concerning how psychoanalytic education and learning can best proceed. The emphasis here is on supervision as the core of psychoanalytic education. According to the author, transcripts of sessions cannot convey what occurred in the session and cannot begin to communicate the meanings that were developed. Thus, Aragno stresses that optimal psychoanalytic education should include supervision in which supervisor and supervisee discuss as much as possible of the to-tality of the therapeutic setting and other aspects of sessions. Crucially, for Aragno, this involves attention to and emphasis on parallel processes, in addition to the supervisee's narrative description of sessions.

Much of the contents of the book do not present new or original research. Rather, formulations of others concerning development, thera-peutic action, metapsychology, and other broad categories are presented. A strength of the book is that Aragno carefully synthesizes a vast amount of thought and research and puts it to use in proposing an organized theoretical framework that is genuinely psychoanalytic. In laying out an overview of discussions of development and facets of expression, com-munication, understanding, and change, she has assembled a valuable text for displaying the nature of analytic work. Practicing analysts may benefit from working their way through the text as a means of evaluating their operative theoretical principles, as well as their technique. Students and beginning analysts have much to gain from taking in this aspect of the book and its vivid description of analytic and supervisory processes.

Forms of Knowledge raises two sets of issues: those concerning the de-tails of the model presented and propositions put forth, and those con-cerning an overview of the model and its usage. Three noteworthy ex-amples of the former, each pivotal in the book's discussions, are (a) the problem of the existence and location at which meaning and psyche are created out of soma, (b) the assertion that meaning is wholly co-created, and (c) whether a model grounded in a developmental conception of

communication is substantially distinct from relational perspectives, and whether it is also compatible with or can supersede classical perspectives.

The first of these issues must be addressed by all frameworks that begin with the body and posit the development of mind from there. Involved here is whether holism and biologism can be made compatible and if Cartesian dualism is eradicated in this model. These questions are addressed in the book through the assertion that affects constitute the beginning of communicative operations, and are purely bodily phenomena. This position leads, then, to the difficulty of explaining how meanings accrue and mind comes into being from these beginnings. If, as is asserted in *Forms of Knowledge,* all data (including sensory data) are registered by means of interpretation—in other words, by the mind— then the mind in turn must be derived initially from the body.

It is proposed that interpretive systems arise in a developmental progression, starting from interaction. Interaction begins bodily, with affective expression and reception. This sort of formulation that begins from the body seems inevitably to lead to the dualism that Aragno eschews; at its core, it appears anti-holistic. The claim that interaction yields meaning requires the reader to take some leaps. For example, interaction involves at least a dyad. One gap in the discussion lies in the implied proposition that dyadic interaction gives rise to intrapsychic meaning, and furthermore not only to the development of the individual, but to the individual himself. Pertinent to this is that it may be that in *Forms of Knowledge* there is a conflation of affect as communication with the experience of affect. While the former is accounted for, the latter is not. Filling in this missing piece would move the discussion in the direction of an explicit derivation of the intrapsychic. A holistic account would need to posit an organism that encompasses some forms of meaning and mind from the outset.

Another issue, one of the book's crucial propositions—that meaning is co-created—is not discussed as fully as it might be. This assertion is intended as distinct from a relational perspective, and is instead a component of the proposed model as a new paradigm. While a relational perspective might extract meanings and derive aspects of persons from relational fields, here the emphasis is on meaning arising from total, whole-person communication. While the vocabulary is different, it is not

clear whether there is a fundamental difference. More generally, it is not clear whether the proposed model is in its implications significantly different from a relational model. Although this model may not ultimately constitute a distinct position, the shift in focus to communication provides another way to approach psychoanalytic questions. Specifically, in its relevance to understanding psychoanalytic and supervisory processes, the emphasis on systematically discerning modes of unconscious communication may well be more illuminating for psychoanalytic education than are emphases on the relationship.

These considerations lead to another question: whether what is proposed in *Forms of Knowledge* offers a new paradigm for psychoanalysis, one that lifts the debate out of the controversy between classical and relational perspectives. Setting aside the fact that there are other psychoanalytic perspectives distinct from these two (which are the only ones explicitly discussed in the book), the question is whether a model grounded in a conception of communication could accomplish this. Part of the book's assertion is that, in shifting the focus from persons to forms of communication, a paradigm shift is accomplished. This, again, may depend upon how the concept of a person and the intrapsychic are explained in this model.

As the reader of this review may have gathered, the book's enormous undertaking raises interesting questions well worth more discussion than can be accomplished in this review. I will mention only a few additional ones. First, how can a model of communication also be a model of knowledge and learning, as well as a general theory of mind? The answer hinges on how the intrapsychic is characterized in the model, in addition to the specification of what is sought in the broader categories of knowledge, learning, education, and the mind. Second, is a model of communication also, in itself, a treatment model? While a communication model is a promising base for a treatment model, more is needed for it to function as the latter. Third, what does it mean to fuse clinical considerations and theory into this model of communication? And, finally, does the base concept of dialogue in this model eliminate the debate between classical and relational approaches to psychoanalysis, and is the combination of biological and dialogical bases an attempt to incorporate both? To answer the former, more detail would be necessary

about how the proposed model either retains, refashions, or obviates concepts and principles of the classical and relational perspectives. For the latter, consistency may be an issue and warrants discussion.

While the book does not address these important questions in as much detail as may be required to convince, it makes a significant contribution in bringing them to the forefront of psychoanalytic thought. It is useful to return to the dual focus of the book: metatheoretical model building, and modelings of psychoanalytic processes in general. A model based in communication could be highly useful for the latter. In order to assess the metatheoretical model proposed here, more work would need to be done in the form of spelling out precisely how the framework can accommodate the aspects and conceptions of the classical and relational perspectives that are to be retained, and how the structure accomplishes the goals of a metatheory.

No attempt of this nature could realistically be put into simple, succinct language that is clear and transparent to follow at every step. Even taking this into account, however, this book is unduly difficult to read. There is repetition that could have been pared. While this does not detract from the content of the book, it undermines the reader's ability to appreciate the points presented; editorial changes would have yielded a more powerful book. Still, I would encourage psychoanalytic candidates, in particular, to persevere in their reading of it. *Forms of Knowledge* displays the nature of and offers valuable insight into psychoanalytic process.

MONTANA KATZ (NEW YORK)

MAKING A DIFFERENCE IN PATIENTS' LIVES: EMOTIONAL EXPE-
    RIENCE IN THE THERAPEUTIC SETTING. By Sandra Buechler.
    New York/Hove, UK: Routledge, 2008. 297 pp.

The purpose of this book, as the author describes it, is to

> . . . formulate what emotion theory, interpersonal psychoanalysis,
> and my own clinical experience have taught me about having
> a significant emotional impact in treatment . . . . The funda-

mental tenets of emotion theory . . . have powerful implications for therapeutic action . . . . [How does] one person affect how life feels to someone else? [p. ix]

In the first chapter, Sandra Buechler lists assumptions underlying emotion theory, many of which seem plausible. For example, Assumption 1 is that "the emotions constitute the primary motivational system for human beings" (p. 3); Assumption 2 is that "emotions are adaptive" (p. 7). The tenets relate more or less directly to six subsequent chapters, which focus on core emotions such as shame, grief, joy, and anger. A final, "special" section is titled "Training: Nurturing the Capacity to Make a Difference."

The book is overly long and somewhat meandering in its style of exposition. For someone promoting the centrality of emotions, this author is extraordinarily wordy. If her intended audience is the psychoanalytic community, she often belabors the obvious, treading familiar ground. By the end, her initial questions about therapeutic action are far from fully answered, yet along the way she makes interesting points, some of which are summarized below.

Creating emotional change is an additive process. Assumption 5 in emotion theory holds that

> The emotions form a system, with a change in one emotion affecting the experience of all the others . . . . Emotions are affected by the company they keep . . . . For example, shame may be bearable if it is not joined by intense anger about feeling the shame. [p. 64]

> We can have an effect on any emotion by addressing any other emotion. [p. 57]

She describes emotions as fluid, blendable by their very nature, and therefore amenable to influence in the clinical situation. Therapeutic change comes about by adding emotion, according to Buechler, not by focusing on the troubling affect. She sees the additive process as akin to mixing colors or flavors. Adding an emotion to the "primary color" emotion results in a different colored (or flavored) emotion (p. 56).

She implies that clinicians err in the direction of focusing in single-minded fashion on an affective symptom per se. One can get

> . . . stuck trying to diminish the patient's shame by addressing it. This is similar to the situation when we try to treat depression. [p. 57]

> I have found that focusing on the patient's depression . . . generally does not alter the depression. Human feelings such as sadness, fear, and rage are most often modified by *other emotions*, such as life's joys, curiosities, surprises, and passions. Consequently, I have found it more useful to focus on these feelings (or their absence). [p. x, italics in original]

> I find it most useful to focus on the emotion that is just outside the patient's awareness. I will wonder, for example, what the visibly angry person *also* feels. [p. 65, italics in original]

Demonstrating recovery of emotional balance. In the process of empathizing with the patient's affective state, the therapist reveals a mode of affect regulation that is different from that of the patient. Buechler gives an example of a patient whose

> . . . tempo quickens . . . whenever she feels slighted, disregarded, or unappreciated . . . . I feel the fit coming on, and I tend to take cover by moving a few inches away from her emotionally, watching her and waiting for her to observe what I am doing. [p. 36]

In response to another emotionally agitated patient, the author observes that

> I find myself talking slowly, as I resist being drawn into her maelstrom . . . . It would be hard for me to stay inside of this affect storm . . . . If I don't seek some kind of cover I will resent "her" disorder too much. [p. 27]

Buechler labels this process "empathic recovery of emotional balance" (p. 27). She proposes that the definition of empathy be expanded beyond mirroring or trial identification to include the therapist's recalibration/recovery process. With regard to her focus on therapeutic

action, she makes the point that the patient, who sees that his therapist "feels" his emotion yet processes it differently, is helped in several ways. First, his self-observation is expanded. To notice the contrast between his own (or his family's) way of processing the emotion and that demonstrated by the therapist helps him become conscious of his own style, together with the realization that "there is more than one way to be" (p. 23). Second, the patient is given a model of emotional regulation with which he can potentially identify.

Tuning in to emotional nuance. Buechler is a master at analyzing emotional nuance. She details the ways in which emotions are "affected by the company they keep" (p. 64)—i.e., how they can intensify, mute, or counteract one another. She points out that, like primary colors, named emotions are not "pure"; they encompass a range of shadings. She also uses "flavors" as a metaphor for qualitative differences within a primary emotion. For example, sadness can be flavored with the joy of curiosity, or with the pride of facing one's truths. She distinguishes between different "flavors" of shame. Shame that recruits anxiety is different from shame that evokes anger or shame that is allied with guilt. To lump different aspects of an emotion under one name is to lose the potential for full emotional contact with the patient. Another umbrella category to which she devotes a long chapter is grief, which involves many different emotions and activities, including acute loss, regret, loneliness, and ongoing love.

Being a separate person emotionally. Buechler offers a template for therapeutic action in the example of a writer, Martha Manning, who described how she emerged from a crippling depression by hearing her daughter Keara singing each morning in the shower: "I leaned against the bathroom door, waiting for her to sing and let her voice invite me to try for one more day" (Manning quoted by Buechler, p. xi). Buechler concludes that "by maintaining her own balance and expressing her own feelings, Keara offers her mother a basis for a renewed attachment to life" (p. xi).

The author goes on to say that

Insight clarifies, but does not create strength [for Manning to bear the depression] . . . . What caused it to happen was joy and

love . . . . Keara's song tells her mother that joy and love, too,
exist, [that] life goes on alongside depression. No one is telling
Manning not to be depressed, that she doesn't have cause, or
that she should handle things differently. No one is advising her
to "pull up her socks" and tough it out. No one is preaching
Stoicism. At the moment, at least, mood-altering medications
are not the answer, because how to get rid of the depression is
not the question. At issue is *how to add something.* [p. xi, italics in
original]

In this and other passages, Buechler directs criticism at other thera-
peutic approaches (whose proponents often go unnamed here). Wrong-
headed approaches include those that advocate "pulling up one's socks"
and those that put too much stock in insight. Some represent what she
calls the "pus" theory of emotionality; i.e., the goal is to "get the emo-
tion out and over with" (p. 230), and she states that analysts are guilty
of promoting this approach. She also refers repeatedly to clinicians who
"focus on the depression itself, [becoming] obsessively fixated on it and
hopelessly lost in failing attempts to change it" (p. 57). She implies that
approaches outside of emotion theory ultimately reduce to efforts to get
rid of the affect rather than to "add something."

At first, it seemed to me that these criticisms were caricatures di-
rected toward attitudes in the popular culture, but it becomes clear by
the book's end that the author is strongly objecting to "an analytic tradi-
tion that privileges insight as an instrument for gaining cognitive control
over emotionality" (p. 144). Strong emotion is pathologized in psycho-
analytic institutes, according to Buechler, where intense emotionality is
felt as a threat; patients and candidates "are considered healthy if their
emotions are not too intense" (p. 230). She asserts that "we prize and
privilege analysts with schizoid and obsessive tendencies," and those who
hold rigidly to theories and buzzwords in the service of "defensive avoid-
ance of intense feelings" (p. 231).

Although we have all heard clinical presentations where such char-
acterizations are apt, Buechler generalizes this theme to the point that it
seems to me she constructs a straw man. The analysts whose writing she
criticizes, such as Christopher Bollas (p. 37) and Roy Schafer (p. 57), do
not strike me as illustrating her points. She herself seems to be indulging

in pathologizing when she describes an unnamed group of analysts as "schizoid and obsessive" (p. 231).

In the first part of the book, Buechler conveys a mistrust of theoretical formulations because of their potential to distance the clinician from his curiosity in the emotional here and now. Later in the book, she reveals her view that theories call on certain emotions in the practitioner. Given the new climate of skepticism about scientific "truth," Buechler proposes that we shift our choice of theory onto an emotional grounding. Candidates should make choices about which theory to espouse based on which model is emotionally "right for them, given who they are, rather than which represents the 'truth'. . . about human experience" (p. 218).

As Buechler sees it, conflict theory tends to create a competitive oedipal triangle in the treatment, made up of "the patient, the analyst, and the 'bad' parents . . . . The analyst becomes the 'better' parent, and righteous anger is a frequent accompaniment . . . . We arm ourselves with theory, ready to do battle" (p. 217). Using a deficit model, "we do not feel as though we are pitching a battle so much as healing wounds. Softer protective urges are elicited" (p. 217). "Repair (unlike battle) can be accomplished without [anger]" (pp. 217-218).

According to the author, a candidate who is choosing which theory is "right" for him as a person should apparently choose according to whether he is by nature more tender-hearted or righteously angry. I disagree with this position on a number of fronts. First, Buechler inaccurately portrays intrapsychic conflict theory as summed up by oedipal dynamics. Second, her assumption that we must resign ourselves to emotionally taking sides when we perceive intrapsychic conflict is not one I accept. Worst of all, the idea that we should choose theories based on their fit with our emotional comfort zone, as opposed to whether they explain clinical data, is a blatant argument to jettison the empirical method in favor of emotional affinities. This position is as destructive to our field as the intellectual ivory tower the author decries; hers is an *emotional* ivory tower.

I would have liked more illustrations of how patients respond within the clinical process to Buechler's use of the assumptions of emotion theory. Her guiding principle—that we change emotional states by

adding something (p. xi)—may be true enough, but it does not go very far in explaining process or in providing guidance for the practitioner. Her criticisms of those who rigidly adhere to theory, hone in obsessively on a symptom, and/or fear emotional intensity would be more useful if she quoted excerpts from their clinical material and proposed alternative interventions deriving from emotion theory.

By the end of seven detailed chapters, I was not persuaded by Buechler's presentation of emotion theory as a cornerstone for therapeutic action because of all that she leaves out. Her initial questions end up seeming naive, considering what she brings to bear to answer them. She does not justify why we should narrow our view to the affective landscape, as multifaceted as it may be. She sometimes writes as though she is not aware of the narrowness of the view she presents.

A scholar of emotions who sets out to make a difference in a patient's deeply troubled emotional life needs to be more than a painter combining emotional colors. Equally important is an understanding, calling on all the theoretical and technical tools available to us, of what impels people to maintain their anguish and to play out the same painful scenarios year after year. Adding a new emotional "color" from the outside often has little impact on entrenched patterns.

In the example of the daughter who sang in the shower and thereby allowed her depressed mother to keep going, the addition of an emotional color from the outside does seem to have made a significant impact. According to Buechler, the change occurred because the daughter's singing "showed [her mother] that joy and love exist, too" (p. xi). To my mind, Buechler's understanding of the event bypasses several crucial questions, such as: what emotion did the singing evoke in the mother? Buechler assumes it was joy and love, which is plausible but far from self-evident. Whatever it was, it gave her a feeling of strength to face the day.

A second crucial question is, what allowed the mother to access the new emotion? Before and after, there were presumably many other opportunities to perceive that "joy and love exist" that she failed to take advantage of. The singing itself was a catalyst, not the crucial added ingredient. One can easily imagine a case where a child's singing would actually *deepen* a depressed mother's anger or hopelessness—if, for ex-

ample, the mother felt it as a cause for envy, or if it triggered an image of abandonment. In any case, the work of the clinical hour would be to explore the meaning of the singing and to connect this to the emotions evoked. Was it interpreted by the patient as a sign that the daughter had survived her mother's withdrawal? Is the patient conflicted about recognizing that daughters do not have to succumb to a mother's abandonment? Did the singing bring to life a memory of being sung to by the patient's own depressed and withdrawn mother? If she imagines that her own internal mother feels like singing, does she then give herself permission to feel hope and strength? Obviously, I am making liberal use of speculations here; my purpose is to point to territories where Buechler does not take us.

In seven chapters, the author makes no mention of the conscious and unconscious motives, conflicts, and capacities/deficits that shape emotional life. Although she sees the value of stepping out of an immersion in the patient's affect to add a different emotion or a different angle on self-regulation, it is unclear whether this includes the ordinary interpretation of conflict, defense, and object relational history that many analysts consider their stock in trade. Why or why not? It is not clear whether Buechler would be willing to step out to the extent of venturing an interpretation about how the current emotion connects to the individual's development—e.g., that this is an affective memory, or how the emotion may be part of a cherished fantasy of triumph, abandonment, murder, etc. There is also no mention of whether she considers it valid to interpret emotional patterns in their defensive functions, especially as a means of maintaining attachment to needed objects.

However, in the last three chapters, the "special section" devoted to training candidates, the author makes some effort to rectify the imbalance of the first seven chapters. She concedes that candidates' learning would indeed need to go beyond the precepts set forth in the first section of the book. She stresses the importance of listening at the level of the preconscious so that the jigsaw pieces of emotional communication can be fitted into the context of the patient's overall themes and history. She notes that candidates should be ready to go beyond an emotional give and take in order to make choices about when to interpret defense. She makes a plea for training that would "cultivate analysts who

stay close to lived emotional experience, who mine it for its information, who are relatively unafraid of it, . . . who can write what they feel, and feel what they read" (p. 231).

So long as these capacities are combined with intellectual openness and a commitment to empirical learning, that is a worthy ideal.

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ABSTRACTS

RIVISTA DI PSICOANALISI

Abstracted by Aurelio Zerla

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The title of this issue of Italy's *Rivista di Psicoanalisi* is "The Notion of the Field," although its contents are about various subjects. I have selected four papers for discussion here that have a connection with the concept of the field. The first is by Claudio Neri and is specifically about this topic. Two others are by Stefano Bolognini and Vittorio Gallese and are about, respectively, plurality and complexity, and mirror neurons; they are not directly about the concept of the field, but come close to it in speaking about intersubjectivity. The fourth paper, by Giuseppe Civitarese, considers transference interpretation in relation to the theme of narration.

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The Enlarged Notion of the Field in Psychoanalysis. By Claudio Neri, pp. 103-134.

Neri's article is divided into two sections. The first deals with the notion of the field and other concepts that are close but not coincident with it. The second section develops the idea of the *enlarged field.*

The first psychoanalytic works on the field were authored by Madeleine and Willy Baranger, beginning in the 1960s, and introduced the concept of the *bi-personal field,* thereby proposing an expansion of Kleinian psychoanalysis through the contribution of concepts taken from Gestalt psychology and from Merleau-Ponty's "the psychology of man." The Barangers, starting from the consideration that patient and analyst participate in the same dynamic process, distinguish the individuals involved in the field from the field that they produce and in which they are

immersed. The field is not the sum of the internal situations of the members of the couple, nor is it traceable to either of them, but it configures itself as a third element with independent qualities and dynamics.

The analytic field so defined is articulated into three levels of structuralization: the first has to do with formal aspects and the initial contract (the setting), and the second with the dynamic aspects of manifest content and verbal interaction. The third level concerns the functional aspects of integration and insight with respect to the unconscious bi-personal fantasy.

The unconscious bi-personal fantasy represents the most original aspect of the Barangers' proposal. It joins Kleinian concepts to the field concept, for fantasy is seen as constructed out of the intersection of the projective identifications of the two members of the analytic couple. The unconscious bi-personal fantasy is the specific object of the analysis, whose aim then becomes that of mobilizing the field and of permitting the reactivation of projective and introjective processes, the paralysis of which causes suffering.

Corrao sees psychoanalysis as a practice that specializes in the transformation of sensory and emotional experiences into thoughts and meanings.[1] His theory of cure is centered on the transformations and evolutions of the psychoanalytic field, which includes the analyst, the patient, and the analyst's theories. A consequence of this valorization of the notions of transformation and of the field is the abolition of a stable distinction between subject and object, which are considered functionally reversible.

Neri briefly mentions the "Italian School," naming several of the Italian analysts who have contributed to the concept of the field: Riolo, Correale, Di Chiara, Gaburri, Chianese, and Ferro. He also traces the Italian tradition of paying close attention to moment-to-moment developments in the analytic hour to the fathers of Italian psychoanalysis: first Federn and Weiss, and later Perrotti, Musatti, and Servadio. He notes that similar attention to moment-to-moment changes is seen in the work of the Boston Change Process Study Group. Attention to nonverbal (or

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[1] Corrao, F. (1986). Il concetto di campo come modello teorico [The concept of field as a theoretical model]. In *Orme, Vol.* 2. Milan, Italy: Cortina, 1998.

extraverbal or ultraverbal) communication does not replace interpretation, however, but coexists with it side by side, redefining its position and importance.

Neri states that the notion of the field has received much more attention in Italy than it has internationally; in Italy, the high degree of interest has led to original elaborations. He then compares the notion of the field with other, similar concepts, such as *atmosphere, bond, setting,* and *analytic relationship.* He then addresses common and shared space, field and transference, the third, changes in the field, Freud's classic train metaphor for the free-associative method, the alpha function, bidirectionality of emotions and narrations, and the dream, giving a clinical example to illustrate his views of the dream.

The subsequent sections of this paper present more clinical material to illustrate Neri's thinking about what he calls a *freely fluctuating dialogue,* as well as language and field structuring, the analyst's language, and dialogue with a spiraling movement. Two brief sections deal with collective fantasies and myths, and with Bion's evolution in O. A charming example of free dialogue is illustrated by the analyst's expression of appreciation at learning some practical household tips from his patient. Neri combines Bionian concepts with self psychological ones, such as that of the selfobject.

Plurality and Complexity in the Internal World and in the "Working Self" of the Analyst. By Stefano Bolognini, pp. 179-195.

The author starts out by quoting from Lynn Gamwell, who noted that Freud surrounded himself with artifacts from antiquity—statues representing ancient Egyptian, Chinese, and Greek wisdom—and that he considered them his companions to whom he turned as one turns to an attentive audience.[2] Bolognini goes on to state that modern-day psychoanalysts have much greater analytic company to draw support from than did Freud.

"*Noi oggi siamo meno soli*" is his Italian way of saying that we analysts today are less alone. At the same time, contemporary analysts have

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[2] Gamwell, L. (1989). *Sigmund Freud and Art: His Personal Collection of Antiquities.* New York: Harry Abrams.

largely abandoned the pretense of Spartan neutrality, both in their be-
havior and in the appearance of their consulting rooms, in contrast with
what was the norm a few decades ago. They are more likely to admit
their own existence as individuals. However, the truly important "pres-
ences" in the analytic space are invisible to the patient: they are internal
representations within the mind of the analyst, the internal cultural com-
munity of the analyst.

A century of psychoanalysis brings us comfort—but paradoxically
so—in the form of a "difficult richness of complexity of theoretical
models that poses us with a problem of abundance," as Bolognini puts
it. This abundance, this plurality creates a problem in light of our narcis-
sistic longing for uniqueness in our attempts at scientific explanations.
We face the difficult task of imagining and accepting the coexistence of
both foundational theories and contemporary viewpoints.

The author believes that what prevents us from being able to rec-
ognize and appreciate such complexity and plurality is a transferential
problem. By this he means that there is a tendency among analysts to
identify with role models in a totalistic way, as though they were archaic
parental imagoes, or the "total" and preoedipal parent that one should
not betray. Alongside these individual identifications are institutional
ones. He notes that portraits of the great masters of psychoanalysis hang
on the walls of institutes in all three of the continents where psycho-
analysis has had a pervasive influence, together with portraits of local
society presidents. The latter serve the function of linking the interna-
tional ideal with the local family history, functioning as shock absorbers
between the dilemma of plurality and a guarantee of institutional iden-
tity and continuity.

Despite these difficulties, Bolognini believes that our preconscious
is able to bypass our usual theoretical preferences and, at the right mo-
ment, to bring to our attention this or that author—perhaps someone
we don't even like, but who may have written pages of useful clinical
wisdom that happens to fit the clinical situation we are struggling with in
our consulting room at that particular moment. Our working ego is still
responsible, though, for the necessary task of assessing the appropriate-
ness of such influence from the preconscious.

Bolognini is happy to notice that panels at analytic meetings these days are pluralistic and respectful of each other's points of view. Many participants even seem genuinely interested in learning about a different approach.

Finally, the author—continuing his use of family metaphors—says that, at the risk of being simplistic, now that it has been 150 years since his birth, perhaps it is time to consider Freud a grandfather figure more than a father figure in the universe of psychoanalysis.

From Mirror Neurons to Intentional Consonance: Neurophysiological Mechanisms of Intersubjectivity. By Vittorio Gallese, pp. 197-208.

Gallese is an Italian neurophysiologist who was among the first to discover the existence of mirror neurons in primates and in humans. Here he presents his research findings and ideas in a paper addressed to the Italian Psychoanalytical Society at its national meeting in 2006, where he was an invited guest.

He begins by referring to a *Newsweek* article on Freud, which stated that Freud is not dead, and he adds that, certainly, what is also not dead is research into the origins of the way human nature expresses itself. This nature, he says, has a paradoxical aspect: tightly bound to an evolutionary path of continuity, it is also marked by an incommensurable and radical uniqueness. He quotes German philosopher Helmuth Plessner's philosophical anthropology, which emphasizes a position of eccentricity as peculiar to the human condition.[3] This provides us human beings with the ability, unique among living species, to relate to ourselves from a "behind-our-own-shoulders" perspective.

Gallese then reviews research done by his group and others over the last fifteen years, believing that this may offer some interesting views on our understanding of the mechanisms that underlie interpersonal relations, and an occasion for reflection from a psychoanalytic point of view as well. But before engaging the reader in such a review of the research,

[3] Plessner, H. (1928). *Die Stufen des Organischen und der Mensch. Einleitung in die philosophische Anthropologie [The Stages of the Organic and Man: Introduction to Philosophical Anthropology]*. Berlin, Germany: Walter de Gruyter & Co., 1975.

he quotes from the Italian poet Francesco Petrarca (1304–1374), who greatly influenced the values of the Renaissance, and in whom, Gallese says, we can see the emergence of the voice of subjectivity[4]:

> I cannot find another screen that will save me
> from the people noticing what I manifest.
> Because in my acts of extinguished happiness,
> from the outside, one can read how inside I burn.[5]

Gallese then continues, "There is a quality of our internal life, a phenomenal dimension that manifests itself externally, which the eye of the observer, more or less accurately, can read or comprehend." Among the many authors in the history of human thought who have attempted to understand this transfer of meaning, which is preverbal and implicit, Gallese cites Nietzsche and Husserl. From the former:

> To understand another person, that is, *to imitate his feelings in ourselves* . . . by imitating with our own body the expression of his eyes, his voice, his walk, his bearing . . . . Then a similar feeling arises in us in consequence of an ancient association between movement and sensation.[6]

Mirror neurons, from a certain point of view, exemplify this relationship between movement and sensation, Gallese notes.

From Husserl, Gallese mentions the concept of *Paarung*, according to which the other is understood by virtue of a primitive holistic process of coupling. The author then proceeds to place emphasis on the importance of the body in the transfer of meanings from one person to another, and on the crucial dimension of intersubjectivity in the construction of subjectivity. However, he adds, this does not mean that subjectivity does not have its own very important, pregnant, and foundational dimension. He sees intersubjectivity and subjectivity as complementary dimensions,

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[4] As an aside, I find it intriguing that Gallese's street address happens to be . . . Via Francesco Petrarca, 6!

[5] Petrarca, F. (1327–1368). Sonetto XXXV. In *Canzoniere,* ed. P. Cudini. Milan, Italy: Garzanti, p. 49. (Translation by Aurelio Zerla.)

[6] Nietzsche, F. W. (1881). *A Nietzsche Reader,* ed. & trans. R. J. Hollingdale. London: Penguin Books, 1977, pp. 156-157, italics in original.

and he underscores that if we leave out intersubjectivity, we risk ending up with an image of the mind and of psychism that has prevailed in the cognitive sciences over the past fifty years, a view that reifies the body. The body is instead the prelogical origin of our capacity to comprehend the "flesh of the world," according to Merleau-Ponty, who underlines the centrality of empathy in our experience of the world. Here Gallese quotes Freud on empathy, first with the latter's statement that we go from identification to empathy through imitation (1921). And second: "It is only by empathy that we know of the existence of psychic life other than our own" (Freud 1926, *Inhibitions, Symptoms, and Anxiety, S. E.*, 20, p. 104).

From this point, Gallese begins to speak more with the specific voice of the neurophysiologist. He clarifies that the neuron is not "an epistemological subject." Neurons are "machines" that generate tensions, voltages. The only thing that a neuron is likely to know of the outside world is a handful of ions, like potassium, sodium, calcium, chloride, and so on, which incessantly go in and out of its membrane channels. There is nothing intrinsically intentional in the functioning of a neuron. It is not contained inside a magical box, but inside an organ, the brain, which is in turn bound to a body, and grows and develops in parallel with that body, through which it has access to the external world.

From Gallese's viewpoint, the interpersonal dimension is fundamental for understanding what happens in our central nervous system when we get into the domain of social intelligence. He again observes that classical cognitive science has reified the body and viewed cognitive functions in a solipsistic way, ignoring the influence of interchange, of intersubjectivity in constructing, developing, and solidifying its purported computational architectures. His approach and that of other like-minded groups is radically different. It is a bottom-up approach, which chooses as its object of study the "non-propositional contents of social cognition."

Under normal conditions, Gallese says, we are not alienated from the meaning of the actions, emotions, or sensations experienced by others, because we enjoy what he calls an "intentional consonance" with the world of others. He links this with mirror neurons, and implies that they are involved in our ability to directly experience each other's humanity,

to assign to the other the status of "alter ego," of *other-subjectivity*—which by looking at itself "from behind its shoulders" shares with us the human position of eccentricity. All this does not require an explicit rational explanation, a logic applied *post hoc* to the data recorded by our senses. Thanks to the mechanisms of mirroring and simulation, the other is experienced as an "other self."

The author goes on to review how he and others arrived at determining the existence of these mechanisms, crucial for our understanding of intersubjectivity. About fifteen years ago, Gallese's group discovered neurons in the pre-motor cortex of the macaque monkey. The group noted that the neurons discharge every time the animal carried out motor acts with his hand or his mouth that were aimed at achieving a goal—such as grabbing a piece of food, manipulating it, or breaking it. The neurons also discharged when the animal was the passive spectator to analogous actions carried out by a human being or by another monkey.

Subsequent studies have shown that a similar mirroring system is present in the human brain, too. In humans, such neurons appear to be activated in order to understand not only others' actions, but also the intentions behind those actions, and they are also activated during the comprehension of linguistic expressions describing such actions. Motor simulation is involved in reading narrative fiction as well, which, according to Amy Coplan, provides an empathic perspective for the narrative.

These discoveries led Gallese to describe embodied simulation and the important role of imitation in social cognition (we unconsciously mimic others' nonverbal behavior; we like those who imitate us; mutual mimicking increases with increasing closeness and when we want to affiliate with someone else), and to state that embodied simulation can be considered a functional correlate of empathy.

The Metalepsis or Rhetoric of Transference Interpretation. By Giuseppe Civitarese, pp. 5-28.

Civitarese introduces his article with a citation from French literary theorist Gérard Genette, who states that two of Luigi Pirandello's plays,

Six Characters in Search of an Author and *Tonight We Improvise* are but examples of a vast extension of *metalepsis*, since they portray actors who are, from moment to moment, both "protagonists and players."[7] As Genette says, characters who have escaped from a painting, book, photograph, dream, memory, or an illusion confirm the importance of the limit that they teach themselves to overcome at the expense of verisimilitude, which coincides with the narration or the representation itself: a mobile but sacred frontier between two worlds, the one in which we narrate and the one of the narration.

Civitarese clarifies in a footnote that he uses Genette's modern and extended concept of *metalepsis,* not the traditional one from classical rhetoric. In this sense, metalepsis becomes an intermediate concept between rhetoric and narration theory, and it indicates the paradoxical transgression of the borders that mark narrative realities that are ontologically distinct—for example, the extratextual world of the narrator and the one in which his characters live.

Civitarese then opens his article proper by finding similarities between a passage in John Fowles's *The French Lieutenant's Woman* (in which the novel's author encounters the novel's protagonist on a train and does not know what to do with him, where to take his story) and Freud's famous metaphor of the train passenger describing the passing landscape outside his window as an illustration of the free-associative method.

In the consulting room, says Civitarese, we could find a situation analogous to the one imagined by Fowles if the patient were to look in from the outside and see himself in the company of the analyst in the external landscape—that is, if he were to see the analyst not just as one of many figures who appear in his discourse, but as the coauthor or reader of the text of the analysis, who—in the same instant he appears outside—is also sitting on *this* side of the window, inside the train compartment, as it were.

Isn't this, Civitarese asks, the panorama, more or less clear, that we see with each transference interpretation? In fact, he adds, both the page from Fowles and the scene from analysis described above present

[7] Genette, G. (1972). Figures III: discourse of narration. In *Narrative Discourse: An Essay in Method.* New York: Cornell Univ. Press, 1983.

themselves as typologies of "self-conscious" narratives. In the foreground is the metanarrative and inevitably "ideological" nature of the respective representational spaces.

The author's central thesis is that transference interpretation, one of the principal therapeutic factors in psychoanalysis, is in its typical form a *metalepic operator*—namely, a rhetorical device (a specific type of narrative scheme or figure of discourse), thanks to which, in the "text" of the analysis (meant in first approximation as the autobiographical story of the patient), there are continuous intrusions of the analyst as the *extra-diegetic* (i.e., extranarrative) reader (or interpreter or addressee).

But, since interpretation itself has a narrative character and can be formulated not only by the analyst, it would be more correct to state that both analyst and patient, seen as co-narrators and co-addressees, insert themselves systematically, taking turns, as extratextual authors (or extrascenic playwrights/spectators) into a text or a scene from which they have heretofore been absent, because each belongs to a different diegetic universe.

Thus, in the text of the analysis, there is an encounter between the "characters" and their authors/readers, who have at this point become, after the denouncement of the unconscious plot, fictional themselves—as Borges would say[8]—and are no longer the real and historical figures that they were. There is a violation, that is, of the border between the world of the author or reader and the world of the "text," between observer and observed.

Rhetoric for Civitarese does not mean artificial, ornamental, or emphatic, but refers to a "figurative intelligence and theory of sense" (Bottiroli 1993[9]) or an instrument of interpretation of the discursive strategies that underlie the general processes of signification (Simons 1990[10]). The concept of metalepsis, which the author uses here as a heuristic instrument, underlies the constructive, anti-essentialist, or fictional nature of the interpretive work in analysis. In this light, he says, transfer-

[8] Borges, J. L. (1964). *Other Inquisitions, 1937–52.* London: Souvenir Press.

[9] Bottiroli, G. (1993). *Retorica. L'intelligenza figurale nell'arte e nella filosofia* [*Rhetoric: Figurative intelligence in art and philosophy*]. Torino, Italy: Bollati Boringhieri.

[10] Simons, W. H. C., ed. (1990). *The Rhetorical Turn: Invention and Persuasion in the Conduct of Inquiry.* Chicago, IL: Univ. of Chicago Press.

ence interpretation appears as a device whose function is to bring about systematic, intentional "effractions" of the setting/frame, or better yet, of the order of discourse. These effractions have both a transformative and a transgressive character. In order to create access to new ways of being and new realities, preestablished borders are dissolved and new delimitations of sense are assigned. The technical problem, Civitarese adds, is how to dose this "violence" and how to dress the interpretations so that they may be accepted by the patient. To illustrate this, he provides detailed material from a clinical case, but only after two more subsections: "Which Text and Which Author?" (in which he states that interpretation is structured as a narrative in itself, and notes Freud's preference for word construction over interpretation), and "Transgressions."

The clinical case that follows is titled "The Fortress." Following detailed descriptions of sessions with the patient, Sara, Civitarese notes that a crucial moment, a turning point, occurred in an hour when he felt a sense of discomfort at being pushed to look for something concrete, to "do" something, because the patient's silence had become unbearable for him—as unbearable as it must have been for her for years. The emptiness suffered by the patient reverberated in the analyst. The patient's sense of abandonment was projectively transmitted to the analyst by means of her obstinate silence. After the analyst's recovery of a function of reverie and a capacity for containment, a visual screen was rebuilt.

The two final subsections of Civitarese's sophisticated and erudite article are entitled "Radioactive Interpretations or Soft-as-Foam-Rubber Interpretations" and "Reframings." The first of these is about the importance of using "soft" or unsaturated interpretations, especially with more fragile patients. The article's final subsection elaborates the concept of the frame and its relation to interpretations, especially transference interpretations in the context of narratives. References are made to, among others, Winnicott, Roussillon, a film by Louis Malle, Chekhov (in relation to a scene reminiscent of the Pirandellian ideas discussed at the opening of this article), and a painting by Lorenzo Lotto entitled *St. Girolamo Penitent* (which, interestingly, contains a locust in one corner of the frame).

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This issue of the *Rivista di Psicoanalisi* contains other interesting material, such as an article by Ezio Maria Izzo entitled "Oedipus at Colonus: Old Age and the Feeling of Finality." This paper addresses the suitability of elderly patients for psychoanalytic psychotherapy. After reviewing the literature and commenting on various aspects of the later stages of life, the author concludes that a capacity for introspection and other age-related factors make many elderly persons well suited for analytic therapy.

In another article, entitled "The Body and Melancholia: Observations about a Clinical Case," Roberto Musella utilizes case material to trace a possible relationship between melancholia and psychosomatic issues. Incorporating a discussion of metapsychology and drive theory, the author discusses the body–mind relationship, touching on issues such as the relation between sexual fantasies and the source of the drive, and the possibility of a connection between melancholia and oral fixation.

Giovanni Foresti provides a brilliant essay/review of the very interesting English-language book *Truth, Reality, and the Psychoanalyst: Latin American Contributions to Psychoanalysis,* by Sergio Lewkowitz and Silvia Flechner (2005). Published as part of the International Psychoanalytic Library, this book addresses some of the theoretical and technical psychoanalytic issues that arouse major interest in contemporary practice, including countertransference, field theory, the interface between internal and external reality, dream analysis, and child and adolescent analysis. Each chapter combines a main contribution by a Latin American author with a comment by a psychoanalyst from a different cultural tradition—the main thesis being that scientific creativity here is the result of an uncommon balance between various sociocultural factors, which has enabled the emergence of an unusual combination of theoretical pluralism and research on new methods of scientific comparison.

The above-described essay is especially relevant on the Italian psychoanalytic scene in light of the welcoming reception that analytic contributions from Latin America have received in the Italian analytic community, with the resulting further conceptual elaboration of key ideas, such as that of the analytic field, by gifted and creative Italian analysts (see the write-up on Claudio Neri's article, pp. 303-305).

Ambra Cusin discusses the experience of treating a non-mainstream population in a paper written in diary format, entitled "Landing by

Rubber Dinghy: The Experience of Listening to 'Migratory Unease' in a Clinic for Foreigners." The aim of the treatment project in which the author participated, *Il Ponte* ("The Bridge"), was to raise clinicians' awareness of particular issues related to treating immigrants, including patients' legal status, the possibility of past trauma, psychosomatic factors, and the likelihood of depression. Of primary importance in treating such patients is the establishment of authentic contact in the initial consulting session, the author notes. She also discusses the influence of group transference, as well as her own countertransference while participating in this project.