EDITOR'S INTRODUCTION

Psychoanalysis was born in a conversation, and it survives today because of the enduring value of conversation in furthering human development. Maintaining conversations is among our most important professional commitments, although not everybody in today's action-oriented society shares our belief in its usefulness. A vital although indirect service that psychoanalysts provide to the broader community is to bear witness to our belief that what can be examined can be endured, never easily or painlessly but always in a way that in the end affirms our humanity.

Like our clinical work, psychoanalytic journals depend upon conversation. In a discipline that is practiced and conceptualized very differently in different geographical and academic communities, the vitality of our work depends upon the exchange of ideas.

But in psychoanalytic publishing as well as in clinical work, we must bear in mind that conversation is a goal and not a given. In his consulting room, Freud quickly discovered what every analyst quickly learns, that analytic conversations move forward only in the face of great challenge. Analysts and patients alike walk a thin line between succumbing to the commonplace and courting the unbearable.

In our broader discourse we invite discussion among analysts who work and were trained in different theoretical and clinical traditions, who live and work in different cultures, and who hold surprisingly different ideas about what a conversation should look like. These encounters with the "other" can be risky; conversation can easily devolve into premature and superficial consensus on the one hand or into rancorous hostility on the other. Both outcomes threaten conversation and invite retreat into isolation and stagnation. But as with clinical work, it is in the tensions that conversation creates that growth eventually becomes possible.

The tradition of independence that has defined *The Psychoanalytic Quarterly* since it was founded in 1932 puts us in a unique position to facilitate generative exchanges. One of a very few psychoanalytic journals worldwide that is not affiliated with a society or an institute, the *Quar-*

terly has long been able to encourage the expression of ideas originating in many different psychoanalytic cultures while maintaining the highest standards of excellence.

As I take on the *Quarterly's* editorship, I am particularly fortunate to follow in the footsteps of others who have maintained a deep commitment to promoting the sort of conversations that have kept and will continue to keep psychoanalysis vital and dynamic. Over the past several decades, Dale Boesky, Sander Abend, and Owen Renik each opened the pages of the journal to ideas that were judged on the basis of their merit, not of their origin.

My immediate predecessor, Harry Smith, built on the *Quarterly's* history of independence, expanding and deepening the range of ideas that can be found in our pages. Harry encouraged publications by authors from other geographical regions and cultural traditions, an increasingly important part of our journal's mission. Where new ideas needed to be illuminated and challenged by alternative points of view, he invited discussion by others, and where important issues demanded that many voices be heard, he put together theme issues. Under his editorship the journal's tradition of excellence within diversity was nurtured and consolidated.

It is my privilege to lead the *Quarterly* into the next phase of its history. My hope is to use these pages to reflect and encourage the creative expansion of psychoanalytic ideas as they emerge within different analytic cultures, and also related disciplines that share our interest in studying human experience in depth. Several projects already in the planning stage will explore areas of shared sensibility and creative controversy in a range of analytic communities.

Although my tenure at the journal is just beginning, I already want to express my gratitude to many people who have helped with the transition. I deeply appreciate the confidence in me shown by our Board of Directors, the dedication and energy of our Editorial Readers and members of the Editorial Board, and the extraordinary talents and commitment of our Managing Editor, Gina Atkinson. With their continuing help, I am sure that the *Quarterly* of the future will continue to be worthy of its unique place in the psychoanalytic community.

JAY GREENBERG

OBSTACLES TO OEDIPAL PASSION

BY NANCY KULISH

Many new theoretical and technical developments have ex-tended our understandings of triangular conflicts in the psycho-analytic setting. Yet until recently psychoanalysis has lacked theoretical concepts for passion and, most particularly, for oe-dipal passion. Contemporary psychoanalytic understandings of the nature of oedipal passion help explain why it is both difficult to articulate and why it continues to be "forgotten." The author argues that individual resistances to oedipal passions reappear and are reinforced in collective theories that distance us from oe-dipal issues. She presents two clinical cases that illustrate enact-ments around, and resistances to, oedipal passions within both analyst and patient.

Keywords: Oedipal complex, sexuality, passion, erotization, con-flict, transference-countertransference, incest.

REEXAMINING THE OEDIPAL COMPLEX

When I first began to think about this topic—the Oedipus complex and obstacles to love and passion—a memory of one of my favorite early psy-choanalytic teachers popped into my mind. Frank Parcells was a crusty, wonderful character, full of pithy wisdom on the nature of life and psy-choanalysis. As he walked out the door after our last class in Basic Con-

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cepts, he remarked nonchalantly: "Don't ever forget, your patients will fall in love with you—let's hope you can accept that and be worthy of it."

Another memory, this one from several years earlier while I was still a graduate student: My father, spotting the name of the author of the book I was reading (*The Psychoanalytic Theory of Neurosis*), was surprised to discover that his cousin from the old country, Otto Fenichel, wasn't such a nobody, as he had always thought, but was in fact a rather famous psychiatrist. He demanded to see the book for himself, and, over the next two days he read straight through it without comment. At the end, he asked only one question: "Humph, so do you believe in this oedipal stuff?"

Well, yes, obviously, I did, I do. But it is one thing to read about the Oedipus complex in Fenichel's text; it was quite another to confront it in the person of my father and his obvious rivalry with his cousin, who was taking up my passionate interest, let alone having to admit in real time to him that I believed in (and obviously experienced) such "stuff." I believe that the emotional constellations we call oedipal conflicts lie at the heart of much of our clinical work, manifesting themselves often as obstacles to loving. And I have come to appreciate that Dr. Parcells was right in his warning that to be "worthy" of our patients' love makes some demands on us—namely, that we recognize and understand our own oedipal issues.

Over a quarter century ago, Grunberger (1980) warned that analysts' unresolved oedipal conflicts often interfere with their ability to help their patients resolve *their* oedipal conflicts. He emphasized that analysts are particularly vulnerable to the narcissistic aspects of the complex. Twenty years earlier, in a groundbreaking paper, Searles (1959) had reported romantic and erotic desires toward all his patients, which usually occurred late in analysis. Searles argued that in a successful psychoanalysis, the participants—analyst and patient—need to renounce (and by implication, to become aware of) incestuous goals. He felt that such renunciation rests on recognition of separateness and acknowledgment of mutual love and respect.

Drawing attention to how current psychoanalytic theories have turned away from sexuality, Green (1995) challenged the field by asking, "Has sexuality anything to do with psychoanalysis?" And more recently,

Fonagy (2008), in his plenary address to the American Psychoanalytic Association, observed the dramatic decline in psychoanalytic articles with direct references to sexuality: "The major theories of psychoanalysis today place the crux of their clinical accounts elsewhere—principally in the domain of emotional relationships" (p. 14). Even here, Fonagy is lamenting that the field has turned away from sexuality, not specifically from the oedipal complex.

The oedipal complex has undergone much reexamination and reformulation since it was first proposed, and there is still lively debate about its role in psychic life and in psychoanalysis. Freud himself warned us that resistances to its recognition were inevitable; he spoke of the "horror of incest" (1912–1913, p. 1), and wrestled with his own countertransferences to the passionate, difficult transferences of young female patients such as Dora. Over the years, other "horrors" have been articulated—"erotic horror" of the experience of intense sexual desires in the immediacy of the therapeutic dyad (Kumin 1985–1986) and the homoerotic sides of triangular conflicts, which are especially difficult for both patients and analysts to handle (Wrye 1993; Wrye and Wells 1989).

Many of the reformulations about the oedipal complex have enhanced our ability to understand and work clinically with our patients' oedipal issues. From self psychology has come an increased appreciation of the narcissistic conflicts and injuries associated with the oedipal situation (Rothstein 1979). Kleinian contributions (Bollas 1996; Feldman 1990; Steiner 1989) have demonstrated how conflicts connected to the triangular situation, especially the early experience of the primal scene, are reflected in modes of thinking, often interfering with higher-order cognitive functioning. Interpersonalists and intersubjectivists (e.g., Davies 1994; Hirsch 1994) have highlighted parents' participation in the oedipal situation and analysts' participation in their patients' oedipal transferences. Anthropologists constantly remind us of the powerful influences of culture, evident in the myriad forms that the oedipal myth takes (Gu 2006; Pollock 1986). Gender theorists have offered alternative views that take the developmental experience of females more accurately into account (Benjamin 1998; Chodorow 1976; Harris 2005).

Yet serious theoretical problems still entangle us. One is how to delineate a three-person theoretical and clinical picture at a time when we

are still looking for balance on the shifting ground between one- and two-person psychologies. Many theorists, primarily Kleinians, have struggled to conceptualize a third party or position within the analytic interaction itself. This position is characterized by a way of thinking in which a participant can stand outside the dyadic interaction to observe and to understand what is going on. This capacity parallels the child's observing position in the early primal scene. The ability to reflect upon and to accept triangularity and its reality marks the attainment of oedipal development. For Benjamin (2004), this capacity begins in the early nonverbal experience of sharing and creating a pattern of relating between mother and infant. Such experiences foreshadow patterns that are co-created in the analytic situation between analyst and patient.

I find these formulations about the kind of thinking, a kind of thirdness, that develops in the analytic situation intriguing and clinically applicable. Indeed, part of the developmental readiness to enter into triadic relationships is marked by the cognitive capacity to deal metaphorically with complexity and with three dimensions. The idea of a co-created thirdness in the therapeutic field, as articulated by theorists like Britton (1989), captures a mental capacity or phenomenon in the cognitive, imaginative sphere.

In the clinical situation, the way in which Kleinians and others work with the concept of thirdness bridges the cognitive, symbolic sphere of mentalization to the emotional field. In interpreting what interferes with a patient's ability to take an observing position, the analyst confronts the patient's strongly charged fantasies and fears, such as the fear of internal dissolution in moving away from the original dyad (Perelberg 2009). But when so-called thirdness is achieved, is this state of mind as it appears in the analytic field equivalent to a fully alive oedipal engagement, or does it simply signal the *capacity for,* or a cognitive dimension of, triangularity?

To my mind, ideas of a co-created thirdness fall short in bringing to life figures within the oedipal triangular drama as they might appear on the analytic stage in the transference-countertransference. That is, the idea of an analytic third and the conceptualization of an enacted triangular drama in the analytic relationship reflect different explanatory frames of reference and different levels of abstraction. The passionate encounter and playing out of oedipal fantasies and conflicts within the

transference-countertransference takes place at the experiential, affective level, described and understood through many conceptual lenses.

PSYCHOANALYTIC IDEAS ABOUT PASSION

So how can we talk about passionate oedipal encounters in the therapeutic situation? Does psychoanalysis have a ready vocabulary for *passion*? I have in mind the definition of the word found in *Webster's International Dictionary* (1976): "a violent, intense, or overwhelming emotion," or "enthusiasm for one's object of interest" (p. 1651). (Interestingly, these are not the first of Webster's definitions, which is "suffering on the cross".) But to begin with, one major issue—as Hoffman (1999) has pointed out—is that psychoanalytic theory has long lacked a vocabulary for *female* passion. Without one, we have no way to articulate intense or positive feelings that a girl or woman may have as a sexual female; we have words only for a renunciation of conjectured inborn masculinity.[1]

This omission dovetails with deeply built-in societal expectations and anxieties. The prohibition against female passion has a long history in Western civilization, upheld by religious and cultural institutions. Women tend to be uncomfortable with their frightening passions and quick to negate their guilt-ridden incestuous impulses. Men tend to fear the power of female sexuality (Horney 1932). A passionate woman is perceived as flamboyant, phallic, "loose," and dangerous. These prohibitions can become translated into well-known resistances in clinical work (Holtzman and Kulish 2003).

It is less obvious that passion is nearly as scarce in our discussions of the *male* triangular situation as it is in the female.[2] In the case of men, too, do we lack a vocabulary for including in the triangular situation something more than renunciation, something positive and vital? Or is it that we simply disregard oedipal passions and turn our attention elsewhere? Some would take out the sexual component altogether.

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[1] Under the umbrella of the term *primary femininity,* contemporary psychoanalysts are now finding ways to address this conceptual lack and to conceptualize a female's positive sense of her body, sexual pleasures, and passions. (See, for example: Elise 1997, 2000; Kulish 1991, 2000; Marcus 2004; Martinez 2001; Mayer 1995; Pelaccio 1996; Richards 1996; and Tyson 1994.)

[2] I am thankful to Marvin Margolis for this observation.

Friedman and Downey (1995), for example, in their discussion of the possible biological bases for the male (positive) oedipal complex, argue that there is evidence for a universal, inborn aggressiveness and competition between male animals, but not for the other sexual component of the triangular situation—an incestuous wish toward the female.

Individually and as a group, psychoanalysts have had difficulty articulating *passions* and, perhaps most particularly, *oedipal passions.* (As a group, we are careful and thoughtful, taught to put experiences into words and to titrate our emotions. While we are passionate about our work, we are often reluctant to admit it.) Our lexicon, handed down to us by Freud and subsequent generations—*preoedipal, oedipal, superego, instinct, erotic transference,* etc.—may connote *passions,* but to my mind, somehow distances us from them.

One exception to this generalization is Loewald (1985), who argued that Freud had in view the human passions when he spoke of instincts and their vicissitudes, and thus the psychoanalytic account of the oedipal complex is best described in these terms. For Loewald, libido is a force emerging from the ego by which the ego strives to keep itself connected with the world from which it is overall differentiating itself. Because instincts are essentially communicative, the individual invests meaning onto significant people in the very act of libidinally engaging with them. Loewald's theory is at once a theory of instinct and object relations, and their interplay. Motivational, instinctual forces represent intrapsychic and bodily demands, the form of which take shapes initially through communication with the mother. Throughout a highly complex course of psychic development, both subject and objects are constituted through interactions within an erotic field.

In an essay on the place of Eros in the work of Loewald, Lear (1996) elucidates how Loewald thinks of passion as central to psychoanalysis. First, in the analytic situation, passion is generated as crucial emotional experiences, such as the oedipal crisis, are relived and re-created. According to Loewald, "the transference neurosis is the patient's love life as it is relived in relation to a potentially new love-object, the analyst" (1971, p. 311). Because the analyst's interpretations tend to facilitate psychological growth in the analysand, these communications can be

considered erotic, in terms of the Socratic idea of Eros as a developmental force.

Second, for Loewald, the love of truth in our field is in itself a passion. Certainly, coming to grips with the truth lies at the heart of the oedipal conflict—for Oedipus's struggle was to fix his eyes on the truth, as it is every child's or every analysand's struggle around the unpleasant truths of one's own urges and the truths of the primal scene (see Michels 1986).

Passion is the name Bion (1963) gave to the process of integrating and utilizing one's most basic and important emotions to make meaning. This seems to me to dovetail with Loewald's thinking about how the individual, being impelled from within, endows his relationships with passionate meanings. The psychoanalytic endeavor, therefore, is in this way of thinking a passionate one, by definition. This would also put oedipal passion squarely within the therapeutic situation in another way, correlating with the Kleinian linking of the ability to make meaning with mastering the oedipal situation. So both the analytic investigation and the ensuing transferences and countertransferences are inevitably endowed with (oedipal) passion.

Several psychoanalysts have attempted to elucidate and define passionate romantic love, and have implicitly or explicitly linked it with oedipal dynamics. For example, Kernberg (1974, 1977) asserts that mature romantic love involves simultaneously a transgression into the forbidden domain of sensuality and the arena of the primal scene, and a transcendence of the limits of gender and generation. Bergmann (1997) also discusses passions in the therapeutic relationship in the context of forbidden desires.

In his comprehensive essay on romantic erotic love, Ross (1991) asks why, in their theorizing, analysts have so persistently avoided confronting the sensual passions of adult sex and love. He notes that Freud primarily viewed adult passions in terms of their infantile prototypes, transfigured by later moral and realistic constraints. Moreover, analysts have focused on the *content* of love relationships, rather than the on form and quality of the affects—that is, the passions—involved. In a brief discussion of countertransferences and resistances to oedipal passions in the clinical situation, Ross suggests that analysts may begrudge their patients, espe-

cially the younger ones, their passions. I think that, in general, adults may wish to forget and distance themselves from adolescent turmoil and thus begrudge the younger generation their passions (Kulish 1998).

For Ross, the essence of passionate sexual love is the feeling of danger and of putting oneself into an altered state of mind. It is a complex and sustained affective disposition, object-directed and impelled. More than a repetition and reworking of earlier infantile predispositions, it is neither synonymous with "genital primacy" nor regressive. Falling into romantic language, Ross emphasizes that sexual love involves a psychic and illusory reaching for the unattainable, the "soul" of the lover. He then elaborates the oedipal danger that he feels gives romantic love its passion: "Perhaps most important in terms of psychic structure, passionate love demands a moral or ethical accommodation—a reorganization of the superego so that it can countenance hitherto forbidden wishes" (1991, p. 471). In an earlier study of Western and Hindu love tales, Ross and Kakar (1986) included another ingredient of passion: early longings for the maternal object. Similarly, Person (1988) defines romantic love as a compound passion.

Other analysts have speculated that it is the scarcity and unattainability of the love object that heightens passionate enticement. Freud (1912) wrote that "some obstacle is necessary to swell the tide of the libido to its height" (p. 187). In her clarifying discussion of different dynamics of love, desire, and *jouissance* in the writings of Lacan and Mitchell, Bernstein (2006) speaks to this sense of unattainability. Lacan's *objet a* is defined as the illusory fragment, a kind of leftover psychic whiff from the primal lost object that is projected onto the desired love object. Thus, love is an uncanny game of narcissistic illusions in which one is wanted for what one does not have, and one desires what one cannot have. Echoing Lacan, Mitchell (2002) alludes to the narcissistic riskiness of romance over time.

Even more adamantly than Ross, Stein (2006) links oedipal conflicts to the experience of passion. She characterizes passion as a partial overcoming of prohibition; excitement is an "oedipal triumph over internalized parents, incorporated in a prohibiting superego" (p. 763). In the course of development, early bodily pleasures become revitalized and resuscitated by breaking the repressive barriers erected around them.

According to Stein, the most poignant, frenzied, and obsessive passions come from states of absence, sin, and abuse. The element of passion in romance can be explained by a repeatedly and fantastically enacted transgression of oedipal prohibitions. Passion is experienced through an "unforgetting" (p. 767). The oedipal roots of romance make love stories into narratives of pervasive longing, the overcoming of obstacles, and unending quests. Thus, romance is "a story that privileges the passion of the ongoing narrative itself" (p. 769).

Passion throughout life resonates with oedipal undertones, Stein continues. She writes:

> The excitement and curiosity of the oedipal situation—a situation that is not limited to a certain age or a particular developmental stage—fuel and erotize passion. Passion always implies *a hurdle and its overcoming, a desire not met, a suffering and being tantalized.* Passion therefore always carries *connotations of a conflicted or forbidden desire,* ranging from unconsummated love to the spikes of lust and longing within a long-standing relationship. [2006, p. 771, italics in original]

Like Green and Grunberger, Stein bemoans the apparent fact that we have almost ceased talking about oedipal situations in psychoanalysis. Have we collectively "forgotten," she asks, "the intensely exciting, conflicting, and forbidden feelings about the parents who exclude the child and the excitement we had as children about this forbidden knowledge?" (p. 772). I believe, as Stein suggests, that the intense and painful nexus of feelings associated with the Oedipus complex make it easier to turn our attentions elsewhere. Her use of the word *unforgetting* conveys an important experiential process, implying an active defensive force, and is a useful way to think of the therapeutic work of overcoming obstacles to oedipal passions.

Thus, Stein's and Ross's conceptualizations of passion conflate all passion with oedipal conflicts. This link is present in Bion's and Loewald's writings as well. I am impressed with the idea that human passion imbues the world with individually experienced meaning, and the complementary idea that this searching for truth and meaning is interlaced with oedipal strivings.

Contemporary writers speak to the necessities and risks of analysts' allowing themselves to feel passions in the therapeutic encounter. While passions within the analyst can lead to dangerous trespasses of ethical boundaries, Gabbard (1996) nevertheless advocates the analyst's full emotional participation in the analytic relationship. Influenced by Bion, he urges the analyst to make use of himself as a container for projection identifications and toxic affects. Others (Dimen 1996; Knoblauch 1996) contend that we cannot turn the body aside, either in our theories or in ourselves, as we sit and listen to our patients.

Bonasia (2001) notes the disappearance of concrete sexuality from psychoanalytic scenarios in the literature, as well as a dearth of theories about sexual countertransference. He delineates "oedipal" countertransferences (p. 254) that may be manifested by a phobic avoidance of a patient's sexuality or conscious sexual fantasies, on the one hand, and amorous fantasies whose excitement results primarily from the patient's status as a prohibited object, on the other.

Some suggest that the passions connected to the oedipal situation must inevitably be renounced. From his historical review of Freud's views of the role of the father, Perelberg (2009) arrives at a fuller comprehension of the oedipal fantasy incorporating contemporary ideas of the unconscious transmission of fantasies across generations. The Oedipus *story* depicts the universal infantile fantasy of patricide, while the Oedipus *complex* reflects the psychosocial institution of a symbolic "dead father" as representation of the law and regulation of desire. Perelberg argues compellingly that the sacrifice of sexuality is the "central tragic element of the oedipal structure" (p. 713).

From this review of the psychoanalytic literature on oedipal passion, several key ideas emerge: oedipal passion reflects the attribution of meaning to emotions; it rests on the ever-present libidinal engagement with objects; it is accompanied by the sense of danger and transgression; and it results from the overcoming of superego prohibitions. The experience of oedipal passion has been broken down into its elements and positioned as a key aspect of the analytic endeavor itself. Oedipal passion is an amalgam, a changing mix of strong affects, including transgression, danger, and sexual excitement, as well as jealousy, narcissistic disappoint-

ment, and rage. I would argue that the resulting combination, experientially, is more than the sum of its parts.

Thus, oedipal passion is difficult to verbalize or to break down. The stirring and dramatic music of grand opera, which so often tells a classical oedipal tale, can express this complex chorus of emotions perhaps better than words can.

These understandings also help explain why oedipal passion must continually be, as Stein (2006) puts it, "unforgotten." To the extent that we cannot acknowledge these resistances, we are likely to run into trouble clinically. I will focus on how some of these oedipal "countertransferences"—for want of a better word—look in action. Individual oedipal countertransferences are often supported by or embedded in our theoretical constructions, making them even harder to recognize.

CLINICAL EXAMPLES

I will illustrate some of the obstacles to understanding oedipal passion, which I have outlined above, with two clinical vignettes. The first case demonstrates how the fear of sexual passion, fostered by religious and familial beliefs, infiltrated the psyche of an individual female patient. This woman helped me understand that feelings of inhibition, inferiority, and lack in relation to men can cover over and in fact defend against sexual passions, especially oedipal passion. This clinical picture replicates psychoanalytic theories of women that are couched in the language of inferiority and render sexual passions invisible. Contemporary concepts that make more room for female passion would have helped me clarify this picture.

"Oedipal" countertransferences or blind spots were undoubtedly present, but resulted in a manifest enactment on my part in the second vignette. Resistance to the recognition of my own oedipal conflicts and passions reinforced my male patient's resistance against his own loving and oedipal passion. The second case illustrates a more general resistance to the awareness of cross-generational passion, and to the power of the generational barrier that is central to the triangular situation and the incest taboo.

Agnes

Some years ago, I treated Agnes, a depressed, phobic, sexually inhibited woman who had spent years in a joyless and sexless marriage. She came from a strictly religious home. Her father, an army officer, was stern and rigid. The patient had three elder brothers who were allowed more privileges, while she was kept under closer control. All were constantly reminded of their family's responsibility to keep up appearances in the community. Immediately after college, in keeping with family tradition, Agnes married an army man—an apparent "oedipal" choice, like her father both in his choice of career and his overbearing personality.

An important screen memory from age three was of dressing up with delight in her mother's clothes and painting herself with her make-up. When Agnes had paraded in front of her stern and religious father, his response was devastating. Demanding that she take off her finery, he intoned: "No daughter of mine will be a slut!"

The patient's mother was more permissive than her father, but long-suffering and subservient to him. She was very proud of, but apparently envious of and competitive with, her pretty daughter. In adolescence, as Agnes struggled to separate from her mother, she alternated between somewhat rebellious behavior, such as seeing older boys, and an anxious reliance on her mother for guidance. She was confused by the double messages she received from her mother. The mother encouraged her to be popular and to dress so as to attract boys, by sewing her outfits and encouraging her to enter beauty contests, but at other times would turn on her critically for such behavior.

Agnes had many boyfriends who pursued her, but she chose her husband over a more exciting sports star whom she dated intermittently during her adolescence and college years. The mother often talked about how she wanted her daughter to catch a rich husband, someone not in the service.

Once, after Agnes was married, her mother accompanied her to the gynecologist's office. On the way there, Agnes confided some of her sexual hang-ups to her mother. The mother's response was to announce that *she* could count on the fingers of one hand the number of times she had had intercourse without an orgasm.

In spite of some gynecological complications, Agnes was able to have two children, who were the joy of her life. Just before she entered treatment, she had a hysterectomy because of painful endometriosis.

Two factors in the patient's history contributed to her anxieties about sexuality: the mother's confusing competitiveness, and the father's severity and condemning attitude. For Agnes, entering the mother's domain of sexuality had become associated with danger. This frequent, inhibiting fantasy in women—that sexuality belongs to the mother—can be traced to the female triangular period (Holtzman and Kulish 2000).

Shortly after she began treatment, Agnes began to talk about her sexual inhibitions. Emboldened, she decided to face these more directly and to try to resume sexual relations with her husband. After a session in which she talked of her resolve, she called her husband at work to tell him of her thinking. He dropped everything to rush home to have sex, as she had been the one, presumably, to be avoiding sex. The next day they had sex again. On the following day, her husband, with no further explanation, announced that he wanted a divorce. Her husband was a difficult, narcissistic man, so the idea of divorce in itself was not so troubling. But in subsequent months, we came to understand that this sequence of events was a devastating repetition of her childhood rejection by her father.

This series of events appeared to be a serious setback to Agnes's progress. The patient had been overtly encouraged to assert her desire by being able to speak about sex in the treatment, and covertly must have felt encouraged by my accepting attitude. I worried about the possible dampening of her trust in the treatment and unforeseen affects of these events in the transference.

Indeed, difficult years followed in which she hid out at home and avoided social contact outside of family and work. The divorce had left her a single, working parent, financially strapped. She felt dependent on the analyst, and at separations complained miserably of her loneliness and of feeling abandoned. Not directly but by implication, she blamed me for her plight. She often talked bitterly of her resentment toward the men in her life—her father, brothers, and husband—and of her jealousy of their power and freedom. She wallowed in her sense of inferiority to men and was quite willing, indeed eager, to talk literally about "penis

envy." Her feelings of being deficient, castrated and castrating, were genuine, and evident in early dreams filled with rockets or amputated limbs, etc.

In one dream, set in a room overlooking a football rally, a coach was being congratulated. He said to the patient, "Football players go on and on and get the praise; cheerleaders, nobody remembers." Her associations led to her identification with her subservient mother—the cheerleader—and her anger at the analyst as football player, the one who got the praise and credit for any gains she might make.

In the first two years of the analysis, Agnes was a very "good" patient, like the very "good" little girl she had always tried to be. In the transference, she endeavored to please by dutifully paying her bills, coming on time, and keeping her associations tidy and neat, as she felt she needed to be with her mother. Often she experienced me as critical and demanding, like one or the other of her parents, although alongside this, an idealized maternal transference began to develop: the analyst was a woman who seemed, unlike herself, to "have it all."

As she began to understand and overcome her symptoms, in the third year of analysis, Agnes showed some interest in changing her lonely but safe existence. She came into one session bemoaning her fear of entering the dating scene. She declared that she felt as though a scarlet letter "U" for "Uptight" was written on her body. I remarked that Hawthorne's scarlet letter was not "U," but "A" for "Adultery." This infuriated her. With a raised voice, she exclaimed, "Why should I get into delving like this?"

I pointed out that it was more comfortable to feel uptight and inadequate than to feel what might be underneath—that is, the scarlet letter for adultery, for sex.

After a pause, Agnes mused, "So I'm not uptight, but interested?" Then her thoughts went to times when sex had been good with old boyfriends, one in particular who was a "great kisser." "I wasn't attracted to my husband, probably ever, in the first place. I probably chose him to run away from somebody who was really attractive to me."

With great difficulty, she recounted for the first time the details of an adulterous affair she had had early in her marriage, over which she had long suffered in secret. Next, she began to talk about her daughter,

who had been born some time after the affair. This child had a minor birth defect. In reality she knew the child was her husband's, but she recalled that at the time of the child's birth, she had harbored painful fantasies that the baby was the fruit of the affair.

In retrospect, I think that the patient's fury expressed her experience of me as behaving like her mother. Agnes must have perceived me at that point as a judgmental parent. In correcting her about the scarlet letter, I was upping her, showing her my literary superiority—just as her mother had upped her about how many orgasms she had. Probably some competitiveness was stirring within me below the level of awareness, and had been for some time, hidden beneath the tacit working paradigm I had in my conscious mind. At the time, however, I was thinking about the analytic process in terms of a primarily dyadic maternal transference with its manifest themes of compliance, dependency, and depression.

In the next session, Agnes reported a long dream that took up much of the session. It occurred on Mother's Day while she was taking a very long nap from which it was hard to arouse herself. In the dream itself, she was taking a nap in two different settings, and each time was not able to get up from it. In each setting, she found herself sliding off a cot or bed, and was kissed—once by an older man and once by a younger one. Her parents were present, watching her or perhaps leaving. One of her few explicit associations was to the rolling-off movement as "like at the end of the sex act." She mused, "Maybe I am trying literally to wake up in terms of this analysis, in terms of knowing myself. Once during this week, I had a comfortable feeling about being a sexual female, but then it disappeared . . . . I'm making *some* moves forward."

Although there were intriguing hints here of a sleeping beauty being awakened by a kiss, or primal scene connotations (parents watching), or a shift in internal object relations (parents leaving), I interpreted the defensive aspects: "Whatever this dream is about, it seems clearly to show mixed feelings. You say the dream is about trying to wake up, and yet there was tremendous difficulty in reality and in the dream in waking up." (Note also the connection between knowing oneself and oedipal or primal scene material.)

Agnes replied, "I think this anxiety is about what I suspect I might be. I might be a *very sexual woman*."

Soon after this came a series of guilt-filled sessions with worries about her children and observations about how she burdened herself. She came into a session berating herself for having very uncharacteristically forgotten an important parent–teacher conference about her daughter. I interpreted that she seemed to be punishing herself, and that she experienced her daughter's birth defects as a punishment and a proof of her guilt.

At this point, Agnes broke down and began to sob, "How could I do this? This is my punishment. I created a child who is eternally a reminder of what I did. It hurts . . . . I can't even breathe." Thus, the daughter was the embodiment of her sin, her scarlet letter.

In subsequent sessions, Agnes came to see that she felt her long-standing painful and humiliating gynecological difficulties were also punishments for this sexual misdeed, as well as for earlier ones—such as masturbation and the dressing-up episode—in childhood. It took some months of analytic work to understand that she was living out an unconscious imperative to punish herself for the affair by cutting off her sexual passions forever. This self-castration, castration in the broadest sense of the term, brings to mind Jones's (1927) idea of *aphanisis,* the complete extinction of the capacity for sexual enjoyment.

Agnes summarized her insights: "I have spent a lifetime denying myself . . . . My life has been a series of repentances and sacrifices . . . . That sweet child is my ultimate punishment." The next day, she reported, "I kept thinking over and over as I was driving home last night, '*The point is I enjoyed it; the point is I enjoyed it. It would not have been so bad if I had not enjoyed it!*'"

And I think this *was* the point. It was not only the *facts* of the sexual misdeeds that engendered such torment and guilt. Agnes felt guilty not only for the adultery, with its forbidden sex—the affair was yet another in her history of oedipal entanglements with forbidden, exciting men or older father figures—but primarily *for its intensity, its oedipal passion.*

In the following sessions, she voiced her resistance: "I'm scared, scared to come. My sexuality made this happen." She went on to talk of her fears of "going hog wild" if she were to let her inhibitions go. Perhaps she would become promiscuous, a prostitute, would turn to kinky

sex, etc. Then—externalizing the source of the sexuality—she envisioned me as a sorceress who lured her into such evils.

As she reentered the social scene and finally found a new boyfriend/lover, Agnes began to enjoy passionate sex. Significantly, when she talked about her sexual experiences, she often specified—with pleasure and pride—how many multiple orgasms she had had. Here, clearly, was her oedipal rivalry, as she unconsciously took her turn at winning the orgasm game with her mother/analyst.

This period marked the beginning of a major shift in the patient's life and her analysis. Gone was the good little girl; she had been replaced by a feisty, angry, rebellious, and openly competitive woman. While triadic material was discernible in this woman's psyche from the first, it now moved more into the open. Later, a Cinderella fantasy emerged—that I would become a fairy godmother who would help her get her prince (a variant both of the earlier fantasy of the analyst as the seducing sorceress, and of her mother sewing clothes for her so that she could catch men).

Agnes dreamed, for example, that she had to clean a large mansion while a big party from which she was excluded went on next-door. At one point, she openly railed at me for going off on vacations with my husband and not finding a Prince Charming for her. Looking back now, I can see that even in this fantasy—the classical fairy tale of Cinderella with clear triangular content—oedipal passions were held at bay, for both analyst and patient. A fairy godmother, after all, has only Cinderella's best interests at heart; there is no intense jealousy or rivalry. I probably felt more comfortable in the role of fairy godmother than as the depriving and jealous stepmother or wicked witch.

For Agnes, inhibition and a feeling of inferiority had served as a lifelong defense against her sexuality, which frightened her in its intensity, its anal-like, out-of-control associations, and its oedipal, incestuous meanings. Experiences such as the one of her father calling her a slut provided the groundwork for this little-girl feeling that her sexual impulses were unacceptable and bad. While she felt inferior as a female and envious of her brothers, the "penis envy" covered over her presumably more basic fears about the wildness and intensity of her female sexual desires. It also hid from awareness her sexual passion.

In the course of her analysis, Agnes remembered having felt very pretty when she was younger, and that she had enjoyed the feeling of power her sexual attractiveness and sexuality gave her over men. Her memories of these long lost pleasures could be conceptualized within the framework of a primary and positive *sense of femaleness,* to borrow Elise's (1997) term. Here is a clinical example of the potential helpfulness of such concepts of primary femininity and ways of conceptualizing female passion. Otherwise, Agnes and I would have been left with only the idea of her penis envy or castration, which in this case were used defensively to cover conflict-ridden sexual passion.

Several obstacles lay in the way of my being able to glimpse this woman's oedipal passion and to articulate it. The patient herself tried to hide her sexuality behind concepts of inferiority and penis envy, concepts that at the time were the mainstay of theoretical understandings of female sexuality. This woman's oedipal passion was long kept at bay by her characterologically masochistic stance, probably in identification with her mother and as a result of unconscious guilt and need for punishment. While I was aware of the triangular oedipal meanings of her behaviors and fantasies, their passionate intensity became more accessible and real to me when they resonated and activated feelings in me, and I could become the interpreter of my own "countertransference and counterresistance," as Loewald (1979, p. 159) put it.

Tom

The second patient I will present, Tom, came into analysis circuitously. First there was a marriage counselor whom he saw at the end of a very short-lived marriage. For a year, he went to a male therapist whom he fled after being told, reportedly, that his "core conflict was homosexuality." After that, the counselor gave him the names of two female analysts, one of whom was me. He chose me because he felt uncomfortable that the other analyst's office was in her home. Some years later, he revealed that he also felt that she—unlike me—was the kind of woman to whom he might feel sexually attracted.

When Tom began working with me, he was in his thirties. He roared up to his sessions on a huge Harley motorcycle (purchased right after

he began seeing me), dressed in full regalia—black leather vest, chaps, and boots, long hair pulled back into a ponytail. He told me that he was intensely depressed over his inability to play his guitar and write music. From his late adolescence through his twenties, he had been in a rock band. He wrote his own music and had gotten an offer from a major record producer; for reasons that were not clear, however, he had not been able to take up this offer. He felt desperate about his stifled creativity and his "nowhere" life.

Derisive of monogamy, Tom asserted loudly that he could never see himself settling down with one woman. He spent most of his spare time going to bars to pick up women, but felt inhibited and awkward unless he loaded up with alcohol. He smoked marijuana daily and masturbated a great deal. Nevertheless, he was financially successful; he owned a construction company. Tom's intelligence, desperation, and seeming interest in psychoanalysis overrode my initial qualms about the seriousness of his problems, so I agreed to see him for psychotherapy, which was converted to analysis after four years.

Not surprisingly, Tom proved to be difficult. He came to sessions high, often late. His associations consisted almost exclusively of detailed and mutedly despairing accounts of his adventures in picking up women. He spoke in slang-ridden, crude style, as if he were talking to another male musician—"Hey, dude!" He spoke often of his hopelessness about ever getting his creativity back and conquering his depression; he thought that eventually he would kill himself. I felt this was a real possibility, as he often drove while drunk and had wrapped himself around a tree several times. Throughout the years of treatment, I often worried about Tom, and I felt that he was keeping me at bay. But for some reason, I never shared his hopelessness.

It soon became clear that Tom suffered from a Madonna/whore complex.[3] The women to whom he was sexually attracted were trashy and brassy, one-night stands. He preferred women with big breasts. He *liked* the woman to whom he had been married and thought she was

[3] Freud's first published use of the term *Oedipus complex* (1910, p. 171) was in connection with this kind of object choice.

sweet, but he had lost sexual interest in her almost immediately after the wedding, and began to have trouble sustaining an erection with her.

Tom had two long-standing girlfriends: Roz, a sexy blonde with whom he enjoyed very good sex but whom he labeled as intellectually inferior; and Mary, whom he respected and could talk to, but in whom his sexual interest diminished the closer they became. (He had become friends with Mary after entering treatment.) The *L* word slipped through once or twice, however, as he inadvertently spoke of loving her.

On the surface, Tom's background did not seem to match this picture of perverse tendencies, addictive personality, and depression. His parents were solid citizens and apparently caring. He adored his father, a very quiet man who had been a fighter pilot, built the family home, and was a retired high school principal. He pictured his mother, in contrast, as an overly controlling housewife, doting and infantilizing. It disgusted him, the way she still fussed over him and treated him like a child. He recounted a telling screen memory suggestive of early sexual overstimulation: Sitting at his mother's feet at about three years of age, he reached up to touch her thigh. She pushed his hand away and said he was too old to do that—*any more*. He had two older sisters who had teased him and belittled him mercilessly.

Tom said that he respected me as a professional, but absolutely refused to acknowledge any other positive feelings toward me at all— "None of that transference shit!" He became absolutely enraged if I suggested that he had any feeling about my vacations or any feelings of vulnerability whatsoever. He was afraid to recount dreams and especially to associate to any of them, for fear of what I might make of them; the previous therapist seemed to have based his ideas about Tom's supposed homosexuality on his dreams.

Tom was very touchy, and in the years before we began analysis I proceeded very slowly. I tried to deal with his narcissistic vulnerability by carefully interpreting his defenses against feelings of vulnerability and helplessness and his fears of closeness. I interpreted his need to blot out inner feelings of emptiness, loneliness, and depression by drinking, engaging in compulsive sex, and smoking pot. I attempted to interpret his perverse defenses (Coen 1998), and when eventually I told him that it seemed he had to keep his sexual feelings separate from his caring

feelings, he reluctantly agreed. We came to a mutual understanding that Tom himself articulated: "Don't you know, Dr. K, this *is* the transference! Yes, I need to keep you at a distance, like I do everyone else."

It was this increased insight into his problems, this softening of his narcissistic macho stance, that led me to propose analysis, but the analysis got off to a scary start. Tom increased his drinking and his reckless, dangerous driving. He extended his sexual acting out to older and fatter women, with a few redheads thrown in, all of whom he described with derision. At the same time, he batted away any hint of a suggestion on my part of the transference implications in their similarities to me.

A year and a half into the analysis, he was arrested for drunk driving. His arrest and overnight in jail terrified him. He was able to acknowledge that he felt helped by my steadying presence and attempts at understanding his anxieties during this time. He decided it was time to try giving up marijuana, and he swore never to drink and drive again.

In this context, Tom experienced a dissociated Isakower-like experience on the couch. He reported a

> . . . strange sensation, like a feverish dream, my body swimming. The left side is sinking, like I should be falling way to the floor, like airplanes in formation, and one of them just sort of falls off the edge . . . . The object is so huge it fills your whole vision like the point of a pen that just gets bigger and bigger, and you feel very small. The weight of the pen is like a battleship above you . . . right here, right now.

Isakower (1938) described a group of bodily phenomena like this (which usually occur upon falling asleep)—sometimes with the sensation of a large object coming toward one—as regressive reexperiences of the state of being at the mother's breast (that is, preoedipal). This incident with Tom opened up a meaningful line of interpretation in the following months about "too much mother," which resonated with him. For the first time, Tom dropped his idealization of his father enough to admit that his father had not supported him against his intrusive and possibly seductive mother. Within the treatment, he increasingly let me interpret his vulnerable feelings toward me within the transference, and could sometimes admit to them.

Then we had an important mutual enactment. One week, with a short break coming up, I had to cancel a session unexpectedly. Tom himself cancelled on the following Monday in a characteristic tit-for-tat pattern that he had until then angrily and flatly denied. He began his Tuesday session by describing how he had not felt well the day before; he was tired and had cancelled a date to take Mary for a special dinner. He complained of feeling "cranky" during the day. "My non-existent love life. Getting nowhere." He mumbled something that sounded like "I can fall in love" (unclear if he said *can* or *cannot* fall in love). "But I keep things on the surface."

I said, "You can't let yourself get close and won't let yourself love." I told him that I thought he had to blow off Mary and me in order not to be too close. He nodded. Encouraged, I added that he cancelled after I cancelled, and that he did not like to be the one on the receiving end of a cancellation.

Tom replied, "It means *you* are in control. When you called to cancel, I thought, 'Hell, *she* cancels whenever she wants, so I can!' Thinking like that helps to explain away the feeling. I put everybody on hold, too. Normally I don't ask Mary for a formal date and it wasn't good I blew her off."

He continued:

Oh, I had an interesting dream Friday night. That night, I wanted to go the Blue Martini [a sleek bar near my office, not his usual kind of haunt]. Roz and I went there and I got drunk [the first time he had gotten drunk in awhile], so she drove home and I passed out when I got home.

You were in the dream—that's the first time I've dreamt about you. We were going to meet at your home. Your husband was there working in the garage, and some kids—maybe yours. He showed me the way into your office. I sat on a hearth next to a fireplace. After a bit you showed up. You took a seat at the end of the couch, so I sat down on the floor at your feet and leaned up against the couch with my back to you, between your legs. Then at some point I had to change my clothes. I was embarrassed to ask where I should get dressed. You were there, busy, your back to me—the last appointment of the day [as that session was]. Your husband was still working in the garage.

Tom's associations led to "the time I went to that other doctor's house. I wasn't comfortable in her home, no waiting room. I knocked and she hadn't finished with the previous patient. I was embarrassed."

I remarked, "As in the dream."

"Yes." He paused. "I think on Thursday you were wearing a suit with a jacket, like you usually do. But then you took your jacket off and were wearing a sleeveless top during most of the session. When I got up to leave I saw . . . more of your skin showed."

I had completely forgotten this incident. It had been overly warm in the office that day. I had been dimly aware of discomfort at revealing my aging arms. Actually, I almost always wear long sleeves. Defensively and without thinking, I said, "It was hot that day."

"Not to me," he said.

I said, "So it seemed seductive."

"Yes." Then he added, "In the dream, the way I was sitting at your feet, it would be like someone—you were rubbing my neck."

I interpreted that he was having sexual feelings toward me that made him very anxious (as did his feelings toward his mother, as I was able to bring in later), and that he tried to push himself away from me—so much so that he got drunk and cancelled the session. Both the feelings and the dream had been stimulated by his experience of my taking off my jacket. I observed that he had been trying not to have any personal feelings or curiosity about me, and in the dream, here he was in my home, in the middle of my life.

Tom began the next session by saying that he was very anxious to have me understand something. He had read that the analyst is supposed to be "a blank screen." Yet he admitted that he *had* been curious about me, and was now concerned that I might think he was so self-centered that he did not care about me or was not interested in me.

In the next few weeks came a multitude of dreams, to which he was able to associate a bit—some had seemingly triangular themes of punishment and castration, or sadomasochistic primal scenes. One, for example, involved Tom sneaking into the childhood house of his ex-wife to have sex with her, but being caught by the patriarchal father; in another, after trying to kill a snake, he was chased and snapped up by a huge lizard, a Komodo dragon. He recalled episodes of guilt-ridden teenage

masturbation and the nightmares associated with them, and admitted to worries about possible diminished sexual interest and potency as he got older.

In the midst of this, Tom suddenly said he was thinking that he would try to break off with Roz, but:

> I feel guilty. It isn't fair to her. Besides, although it's good sex, it's too easy to call her up. I have to quit looking for instant gratification. The time I spend with her keeps me from moving on, meeting someone else, or at least doing constructive work. I think I do have something to offer someone; I'm not a bad catch. I am intelligent, make a good living . . . . Yes, I'm shy, but I'd be a good man. Can't say I'm not capable of loving. I could treat a woman well. I want to be able to meet a high-quality woman . . . with a brain, someone I could respect, talk to, have interests in common with, and someone young enough to have children. If I could put the love and sex together, I could love someone . . . .

It had taken us a long time to get to this, a long time before Tom could allow himself a glimpse of this early triangular material. His obvious concerns about his masculinity and disavowed feminine identifications were becoming more accessible. I was well aware that until this point there had been no triangular space (Britton 1989), no place for what some analysts call the analytic third (Ogden 1994). But in retrospect, I wonder, too, if my own oedipal conflicts were holding us back, even while I dealt with Tom's narcissistic vulnerabilities and the need to foster trust. What about my failure to imagine that a good-looking and macho, younger man might be attracted to my old arms—was this a defense against my own incestuous desires and fantasies?

My stifled imagination and Tom's formidable phallic-narcissistic defenses together created a mutual resistance (Boesky 1969). We were both content to believe that Tom could feel no attraction to me, but only to the "other kind" of woman. The enactment occurred as my removal of my usual, "proper" garb—probably re-creating early seductive behavior of his mother's—allowed both of our incestuous fantasies to break through. My act of exposure stimulated the incest taboo, evoking anxiety in both analyst and patient. Here is an instance in which an ac-

cessible vocabulary for passionate desire in the cross-generational situation might have helped me recognize my own conflicts earlier.

FURTHER DISCUSSION

Some years ago, in the face of the myth that you could not analyze elderly patients, I began an analysis with a depressed 77-year-old man. To my surprise, he immediately fell into what felt like a full-blown oedipal transference. He was in love in the lovely way a five-year-old boy is with his mother. He brought in his prized stuff for me to admire, standing right up against the door as he waited anxiously for the session to begin. Like an adolescent wooing his first love, he strove to entertain and impress me (and to counteract his sense of his own diminishing abilities and strength) with tales of his macho adventures during his youth.

What I want to stress here is my surprise. Why did this surprise me? Smith (1995) writes about the analyst's experience of surprise. Smith describes the shifts in the analyst's defensive organization that allow for this experience. Surprise marks mutually created resistances and enactments. So *why* was I surprised in this instance? Because the patient was old enough to be my father?

Yes, surprise was the affect that accompanied a break in the oedipal barrier, a crossing of the generational ground—the same ground so gingerly crossed by my father and me in relation to the Fenichel book. The crossing of generational ground is never done dispassionately. Here my surprise came with a breach in my complacent and well-established stance against *the actual experience* of cross-generational passions. Remember Freud's angry and inexplicable exhortation to his patient, H. D., the poet (which she took as an injunction against her affections): "I am an old man. You do not think it worthwhile to love me" (Doolittle 1956, pp. 21, 93).

In order to help this patient and my patient Tom—both very unhappy men—to be able to love, I had to let them love me passionately. And as my instructor had warned, I had to let myself love them in return. In the case of Agnes, I had to let myself become pulled into the passionate competition that is part of the loving/hating force field of the triangular drama. With both Agnes and Tom, it was Stein's (2006)

"unforgetting" that opened up the oedipal material—an unforgetting of uncomfortable oedipal emotions of childhood and adolescence, by both analyst and patient—that made for a mutual loosening of resistances.

CONCLUSION

The many new theoretical and technical developments that have extended our understanding of triangular conflicts in the therapeutic encounter have helped me greatly in my clinical work, as I have tried to demonstrate. Among these tools are: in the case of Agnes, the concept of primary femininity and broader understandings of the role of penis envy, and the role of the analyst's libidinal engagement in analytic process; and with Tom, the idea of the analytic third, and the need to pay attention to narcissistic sensibilities and vulnerabilities both of the patient and myself. And in both these cases, the importance of co-created resistance and the inevitability of mutual enactments were key elements.

But barriers still arise, technically and theoretically, in our resistance to the idea of *passion*, so fundamental to love and the oedipal situation. We are still lacking, or not availing ourselves of, robust concepts and language for passion in the triangular situation, and without these we may lack important perspectives for understating our patients' and our own "oedipal" issues. The scientific language of ego psychology—*libido, object, erotize*, in which many of us were acculturated—can distance us from the subject matter of oedipal passions. Such language sanitizes, neutralizes, "-izes" passions.

The solution goes beyond language, however. Why is it that, periodically, an alarm is raised that our psychoanalytic theories have abandoned sexuality and "forgotten" the oedipal complex? As so many analysts beginning with Freud have suggested, the answer lies within ourselves. Our individual resistances to our oedipal wishes, and especially to their accompanying *passions,* reinforce theoretical rigidities and misunderstandings and keep them alive. And the very nature of oedipal passion—its complexity, its connection to a sense of transgression and danger—makes us shy away, even as it remains unnamed but basic to psychoanalytic inquiry and the search for meaning. We overlook oedipal passion or, as Stein (2006) suggests, we forget it, both within ourselves and—as

a group—within our theories. Freud warned of the horror of incest, and we continue to collectively turn our eyes away from it.

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THE ANALYST'S AWKWARD GIFT: BALANCING RECOGNITION OF SEXUALITY WITH PARENTAL PROTECTIVENESS

BY STEFANO BOLOGNINI

The author describes the many roles that the analyst is called upon to fulfill in the transference during the course of an analysis. The loving *transference is distinguished from the* erotic *transference and the* erotized *transference. Repetition is discussed, as is narcissism, especially in the light of clinical situations in which oedipal issues take center stage. Four brief clinical examples are presented.*

Keywords: Sexuality, oedipal period, transference, love, narcissism, countertransference, seduction, repetition, internal objects.

> The recognition and protection of the object's separateness involve some combination of motherly care, fatherly workmanship and command, fraternal allegiance, filial reparation, and sensuous intimacy of an intrusive and receptive nature. In his empathic functioning, the therapist is in certain respects mother, father, sibling, child, and lover of the patient as well as, through introjection, the patient himself.
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> —Schafer 1959, p. 354

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THE ANALYST'S MANY HATS

The analyst's functional many-sidedness, as described, for example, by Schafer (1959) in my opening quotation, is not born of omnipotence, but of the analyst's hoped-for capacity to know how to maintain an alive and sensitive internal connection with his own self. From the analyst's internal connection with his own self, he can draw on the resources that permit him to remain whole, and he can offer the patient the possibility of relating with a sufficiently integrated interlocutor.

The contemporary analyst is, in the present view, a complex and articulate analyst, able to benefit from a century of psychoanalysis and the contributions (at times contradictory but more often illuminating) of many masters who have studied discrete aspects of deeply rooted mental life. He is therefore capable of perceiving the dyadic levels necessary to the patient's basic mental life, and of taking care of, for example, the functions of the inalienable, interpsychic partial fusion that guarantee the relationship. He is also respectful, however, of the alternation of fusion with separation, of closeness with distance, and of triangular levels in the sessions: that is, the analyst/parent at work does not explicitly reveal the other, imagined parent, which is the analysis with its setting and its structure, so that the patient feels there is a container that limits him, yes, but that also validates and protects him, according to a familiar pattern that fosters growth processes. A good parent does not stifle oedipal issues, and at the same time does not overstimulate them.

A metaphorical saying seems particularly apt to me: "Every good father must dance at least one waltz with his daughter and show himself to be moved and honored by it." Every daughter must have had the opportunity of dancing this waltz with her father or with a truly loving equivalent of him, feeling herself esteemed, valued, and admired, in order to be able to glide smoothly into her encounter with the always-painful oedipal disillusionment. In the same way, every father must then know how to do his part, at the right time, to keep from impeding the young woman's gradual detachment, after having protected and favored her growth, until he symbolically accompanies her to the altar to give her up to her true sexual companion in adulthood.

THE PATIENT'S MANY (REAL AND FALSE) POSITIVE TRANSFERENCES[1]

The Loving Transference

The analyst, at times, finds himself having to repeatedly undergo the same phases and having to fulfill the same functions, up to the point of the natural "decline" of the loving transference: when, after a long psychological trajectory that can include the "realization" of the loving union on a fantasied-symbolic level (at times, for example, with episodes of masturbation in which, after a long conflict, tenderness and sensuality can at last be integrated), the patient reaches a real and painful renunciation, and then the eventual finding of a new object, a realistically possible one (Bolognini 1994). The parent must officially and publicly dance a waltz with his daughter, then—but not a tango, I would add, and not in private.

It is invaluable that there be a formalized, admiring recognition of a specifically sexual nature, not that there be a sensualized and hidden "consummation" of that; and the declared, public aspect means a conscious one—in the presence, that is, of all the components of the self, in a nonsplit and nonclandestine arrangement.

Where I believe I have been somewhat pulled back and forth, in analyzing the wide variety of fantastic configurations that unwind around the oedipal event, is in the territory of the *loving transference*. I define the loving transference as that form of transference, highly conflictual, in which the patient's loving feelings and fantasies are primarily devoid of defensive meaning with respect to other aspects. Such feelings and fantasies are also characterized by a genuine sexual specificity, which has been made possible by sufficiently integrated pregenital-phase development; this seems to counteract accompanying feelings of danger and destructive fantasies.

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[1] Previously, I have tried to describe various ways in which patients and analysts encounter and negotiate stimulation of loving, erotic, and sexual feelings in the object relationship (see Bolognini 1994).

I will try to describe this configuration, starting from a clinical perspective.

An essential part of many analyses is built around the gradual and disturbing discovery of the true object of deep love in patients who have constructed specific defenses against that event (and who have, at least in some way, evaded the oedipal complex). Often, the previous defensive object choices—husbands/*brothers* or /*sons,* or /*other selves;* husbands/ *mothers,* etc.—are thrown into crisis. Likewise, this is the case for men, too: wives/*boy-self mirror-twin;* wife/*oral mother;* wife/*father,* etc.

It happens that external events set in motion by the analysis may not end at the first stage of this change in thinking: the new real objects that are external to the analysis, heirs of the libidinal investments solidified earlier, serve to restore libidinal allotments to the subject; but, not infrequently, these objects are then found to be inadequate in other ways, on the reality level, and they yield their position to other, more evolved object choices once their transferentially invoked, "magical" function is exhausted.

In the course of treatment, most often, these objects are concrete stand-ins for the analyst, who at the appropriate time is the current iteration of the deep-rooted and timeless dreamlike object. In some cases, by contrast, there are no important transferential displacements: the event unfolds primarily within the analytic couple. The loving transference is then made up of two parts: one is the neurotic part, solidly placed in the defensive repetition of anti-relational internal and external attitudes, aimed at maintaining repression of the positive aspects of the relationship with the love object. This neurotic part is a defensive-resistant cover-up originating in fear and guilt of various types. That part tends to keep the other part of the loving transference locked up: that is, the capacity for healthy love, which struggles to survive and express itself, in contrast to and in conflict with anxieties about inadequacy, about separation and loss of the benefits of an interrelated state in the case of adult self-representation, with residual oedipal guilt, and more generally with all the fears connected to a deepening of the relationship with the object.

As this second part is gradually experienced, elements of sympathy, trust, intimacy, and contact, as well as specificity and complementarity of gender, very slowly come to be recognized and appreciated in a way that

is still conflicted. Open-mindedness, warmth, and faith are the natural results of the understanding promoted by these factors.

In a certain sense, I am describing the *possibility of access or reaccess to the oedipal period in persons who for various reasons have withdrawn from it.* Thus, after a great deal of time and work, one achieves a type of contact that is not unlike—in sensitivity and delicacy—what can exist "between two lovers" (Carloni 1984), a contact that results in a good, truly parental kind of cure. Appreciation in analysis (Schafer 1983) is not unrealistic, and the approach with which the patient has been treated is authentically valid, even if its context and its methods are limited and if *its nature is rigorously symbolic*: "To love each other is finally possible and a very good thing."

"Is" as a psychic reality that sanctions an emotional capacity differs, of course, from "would be" as a concrete and factual reality. *The symbolic livability of the analytic relationship,* contained by various levels of awareness and a basic parental function, requires that there be something "true" (as in dreams), not something real.

We recall that Freud struggled with just these issues. As Smith (2006) notes, Freud—in his 1915 paper on transference love—"seems to be arguing that it [the patient's love for the analyst] is *not* unreal but must be treated as such" (Smith, p. 687, italics in original). Nonetheless, it is Smith's view that "this contradiction is precisely what makes the treatment work" (p. 687).

I believe that analysis permits this contradiction to work by allowing the patient to live through a representable experience, rather than putting into practice an instance of acting out. Affects, sexuality, and aggression can be felt and experienced symbolically. The awareness and the guarantees of permanence symbolically offered by the analyst can allow contact with (and communication from) very intense experiences as well.

The Erotized Transference

I have found a notable concordance between my observations on *erotized transference* of a very primitive stamp—appearing psychotic and overwhelming, in which the desire for possession and its twin aspects

(idealizing and persecutory) can suddenly alternate with each other—and several descriptions of this same form of transference that have been put forward since the beginning of the second half of the last century (Bonasia 2001; Etchegoyen 1986; Gitelson 1952; Rapaport 1956; Saraval 1988; Squitieri 1999, 2005; etc.). Therefore I cannot claim great originality in this theorization; I am simply adding a rather precise description of the analyst's countertransference, once the erotized transference has sufficiently developed—a countertransference that is basically rather negative, made up of irritation, the sense of being burdened, fear, and in the end, rejection.

This erotized countertransference does not tend toward intimacy. Rather, it repeats the experience of a rejecting mother, desirous of getting her child off her back—a child all the more clinging and greedy precisely because he has been profoundly rejected from the beginning in a tragic vicious cycle that feeds on itself in an atmosphere of unhappiness.

Analysts who work with truly psychotic patients know very well what they have to undergo with them, in a long-term project of co-habitation, of narcissistic needs of dizzying depth and exhausting greed. At play in these cases is the fundamental will to survive, conferred at the libidinal level through the symbolic equivalents of contact, of caretaking and nourishing. Also at play is the subjective sense of the value of dignity, which, in the experience of those who have been deprived of primary narcissistic investment, can be conferred only by an experience of deep devotion on the part of the object.

In analyses with these patients, every therapeutic, rational, and explanatory negotiation usually has a rather desultory result. The analyst, a sort of lover/prisoner, is destined to carry all the weight of a very old deficit—while maintaining, in addition, the pretense of an *adult, loving disguise that is false,* because the infantile dependence is so total that to have to recognize it for what it is would sound offensive to the *amour propre* (for the *necessary narcissism,* Bolognini 2008) of the subject. In these cases, whatever the real sex of the analyst, the intrinsically expected "gift" will thus be fundamentally maternal, played out overall in the sphere of the primary dyad.

I remember an instance of a delusion that illustrates this, which I observed, so to speak, from afar: one of my patients, a professional

and good-looking man, was persecuted for some time by an unknown woman, who for many months inundated him with e-mails in which she declared her unshakeable conviction of being loved by him, despite his statements of denial. The patient, before finally turning to the police for help, tried repeatedly to dissuade the woman (whom he did not even know) from considering herself loved by him and from bothering him in cyberspace. Indeed, he noted that his statements of "nonlove" resulted in a contrary effect, that of reinforcing her delusional convictions of being loved.

After some time, the patient received a very detailed letter from the woman, which he showed me in a session and which we discussed. The writer had interposed, among various bits of autobiographical data (which were quite confused as well as unsolicited), the fact that her mother, who had died many years earlier, had confessed to her that she had tried without success to have an abortion during her pregnancy with the writer.

The entire present situation could then be viewed as an unwitting repetition—in its own way, a necessary one—of that primary drama, with my patient in the position of the rejecting mother, and with that poor woman unswervingly intent on denying/reconfirming the rejection she had suffered, in a circular fashion and without hope. As for the whole event, it represented a split and as-yet unexpressed part of my patient's self, personified at that point by his unhappy, rejected lover, as would be demonstrated in subsequent years of the analysis.

Curiously, the difficult, authentic intimacy that is possible in erotized situations is reminiscent of early caretaking, provided that one overcomes the instinctive reaction to "unbind" the relationship in a way that would preclude further analysis.

The Erotic Transference

In the *erotic transference,* in contrast to the erotized transference, the analyst risks becoming infected by a contagious libidinal and narcissistic excitement that is much more efficacious, underhanded, and seductive: the oedipal complex enters the scene once more, but this time its new form is all too believable and stimulating. In this situation, the patient

is at least partly an adult, narcissistically better equipped even though carrying a particular unhealed wound (the missing *decline of the oedipal period*—that is, the final resolution of the oedipal phase through temporary renunciation of the illusion—a necessary and very delicate passage to which I attach fundamental importance), and the event can seem totally real, totally natural: a man and a woman meet with the typical continuity of rhythmic sessions; they know each other intimately in their psychosensorial way of being (Zanocco, De Marchi, and Pozzi 2006); and they establish a world of shared, private references.

In the sphere of the erotic transference, the patient can "create" the other through an infinite richness of projective identifications, in order to make him feel a certain way—following an internal script that is not dramatic or desperate, as in the erotized transference—and knowing how to use seduction with a certain level of competence.

In this situation, the patient's representations and basic affects are barely accessible to him, and he can scarcely deal with them since he doesn't yet have at his disposal the necessary shared object experience. He thus remains imprisoned in an excited, frantic state precisely because, until that moment, his experience was not bearable and thus not resolvable.

The history of psychoanalysis is full of shipwrecks caused by erotic sirens, true and real "Lorelei" enchantresses, and our literature is just as rich in warnings—indeed, appropriate ones—to its navigators. We need to keep in mind that the erotic transference is predominantly resistant, and that it serves mostly to paralyze the analytic function, ensnaring the analyst in a spider's web, as devious as it is invisible and flattering. Then the narcissistic fragility of the "wounded" analyst will come to be dangerously put to the test, and the temptation to believe in the narcissistic illusion ("you are a marvelous person, and we two together will be a marvelous couple, and our love will be marvelous") will be extremely strong.

The problem posed by these circumstances is: *Will the analyst know how NOT to be "truly" marvelous?* Will he be able to content himself with being a good person, a "good enough" analyst, and perhaps secretly compliment himself for his awareness of his own accepted limits? Usually, yes; however, I think that we should describe these narcissistic dangers to our candidates with frankness, as well as describing the predisposing

conditions—common to all mortals, and so also to us extremely human analysts—that can occasionally cause a loss of balance.[2]

The erotic transference causes unelaborated parts of the patient to emerge—parts that seem to have passed through the customs of the decline of the oedipal period, scot-free, without paying the depressive duty tax: there was no disillusionment, no repression, and instead there was a *denial*. The father and mother are not experienced as a true couple, and the basic unconscious assumption is: "My father (or my mother) in reality loves only me. And I will demonstrate that." Childhood omnipotence holds a shameless and secret area of the mind in reserve, in which the oedipal complex takes center stage without defeat, without exclusions and without delays; and in which, indeed, an important component of the pleasure and excitement will derive not so much from the relationship with the other as from the triumph over the rivalrous "third," a figure almost more important than the partner. At play is an absolute narcissistic supremacy; and what is feared, what enters the picture, is not at all guilt, but *the ghost of defeat, which is unacceptable and must not be.*

I would like to again note that, often in the erotic transference, *the reasons for which one must NOT engage in a certain type of relationship end up being repressed.* More generally, what tends to be kept unconscious are, at bottom: exclusion, inferiority, envy, and attack on the parental couple; this last, aggressive component contributes to the excitement that often characterizes the atmosphere in this type of transference.

I have described the psychodynamic picture of this form of transference according to a synchronous perspective: emphasizing, that is, the final oedipal results—primarily neurotic ones—of a formative process, which thus has its deep genetic roots in the vicissitudes of the relationship with the primary archaic object. From that object, the oedipal objects inherit, after complex transformations and splits, some of their functions and characteristics.

Based on my clinical experience, it has happened more times than can be identified that behind the erotic transference, there is a model of relating to the primary archaic object that I would define as qualitatively

[2] Gabbard has made fundamental contributions to this argument; see, for example, Gabbard and Celenza (2003), as well as Gabbard and Lester (1995).

argumentative, disturbed and conflictual, even though not as seriously lacking as the primary relationships that then generate erotic transferences. For example, the *search for an alternative object* (which in the revived oedipal period will be "prohibited," "impossible") is frequently in evidence with respect to the real *basic-object* of the primary relationship: no husband can be equal to a lover, and no analyst respectful of the frame will be able to arouse as much enthusiasm as an unconventional analyst—just as no real mother (capable of presence and absence) could at one time withstand comparison with an ideal, fantasized mother, always good and always present.

I remember a patient who periodically fell in love with clerks at the bank where she went on a daily basis as part of her work duties—provided that they were behind the glass of a teller's window and, even better, if they were also in a slightly raised position with respect to her. The attraction quickly ended if the clerk ventured out of his prestigious position and stepped in front of the glass.

"Doctor," she said to me one time, in reference to one of these men who had just come forward like any other two-legged creature, "he came out of there . . . and all the magic was destroyed!"

REPETITION IN TRANSFERENCE AND IN LIFE

In substance, the erotic transference can be understood as the repetition of emotional investment and fixation in encountering an object that brings with it part of the "impossible" characteristics (that is, ones that are contrary to the aim of a real relationship) of the object of oedipal love. Usually, this object is prohibited and/or not really practical—someone else's, or positioned in some way in a socially or generationally superior category. Consequently, *these objects are erotized in a way that is aimed at: the prohibition, the impossibility, the generational imbalance, the presence of a "damaged third,"* at times, *the distance of the object*—in short, those aspects that can in some way recall the experience of the oedipal situation, with the adult–child "gap" reproduced in all its equivalent forms. The analyst thus lends himself to representing the oedipal parent; but for the neurotic patient, in contrast to the psychotic one, he can *exactly*

represent—even come to be—this object. *Repetition* is a fundamental aspect of this transference, in the patient's external life as well.

Rycroft (in a personal communication to Schafer [1983]) maintained that Freud emphasized the repetitive aspect of the transference because he was worried about possible accusations from detractors of psychoanalysis regarding erotic transferences of female patients to male analysts. In any case, it is undoubtedly the repetitive element that periodically leads predisposed patients to illusions and subsequent disappointments. Disillusionment, in contrast, stems from the *neurotic* repetition, in that, in giving rise to a mournful loss of illusion, it can also generate insights and internal changes.

The expression "to have an affair with someone" (or "to start an affair with someone") seems a sadly conscious formula of the repetition compulsion, at times perversely planned for future prospects as well ("I very nearly started an affair with someone . . ."). The end of the relationship is already implicitly set up, and not its development; in order not to abandon the secretly idealized points of obsession, one envisions the end of future relationships, in a systematic way and with a tone midway between resignation and satisfaction.

But why does it repeatedly happen that certain aspects of the object become invested and especially attractive when in reality they are contrary to the aims of a relationship (such as, for example, impossibility)? Why do they seem to constitute points of real obsession?

I propose some potential explanatory factors for consideration:

1. The perverse defense: That is, the libidinization of that which has been the source of enormous suffering—in this case, a too-traumatic oedipal defeat that could not be elaborated in the so-called oedipal decline. (Similar mechanisms of defense, even though not strictly related to the oedipal complex, have been described by, for example, Gillespie [1956]; see also the perverse transference described by Bonasia [2001].)

2. Specific unconscious aggression against the parent of the same sex: This is an indomitable and inalienable attack that presents as a specific pleasure of theft and dispossession, in

which the conquered object ends up being little more than a trophy or an intermediary in an atmosphere tinged with three-way fusion. In analysis, the analyst's/father's partner can be symbolized during certain periods even by the analysis itself, which comes under attack as a sort of institution/third object/oedipal mother rival (and vice versa, in the case of a woman analyst and a man patient).

3. The oedipal complex present in the parents (Nobili 1990): The erotic transference can at times have its roots in the seductive and collusive behavior of one or both parents, who may have facilitated a hidden cultivation of the oedipal illusion beyond its physiological stage.

4. The internal oedipal child's desperation: The Seven Dwarfs of the fairy tale are old and pregenital children for life, viewed as even more saintly because of their obscure anal activities (at the "mine"), in contrast to Snow White and the Prince, who are young adults, attractive and genital since birth, endowed with narcissistic and secondary sexual attributes, as well as with the instinctual and aesthetic "white horse." But the Seven Dwarfs demonstrate that children will always be children; they will never be able to grow up.

This is a static viewpoint, without evolutionary prospects. From it a compulsive and maniacal seductiveness emerges, aimed at denying inferiority, exclusion, and the narcissistic wound. This in turn nourishes the reactivated experience of "marvelousness" in the erotic transferential seduction.

In effect, in this transference, the object is above all experienced as "exciting": "To love each other will be exciting and marvelous!" The same sensation is induced in the analyst, who is pushed to share the illusion: it is a picture that recalls that of Ulysses and the sirens, and it is certainly the clinical situation that poses the greatest risk to the analytic structure. At times, this seductive component enters the scene following a route that is spectacularly evident, while at other times it is extremely subtle.

5. Intolerance of the internal object: In pursuit of the "triangle," there is not so much a flight from the symbiotic parent of the same sex, going toward the parent of the opposite sex, as there is a rejection of a real internal object, with its qualities and defects, which gets bypassed in investing another object to which are attributed only positive qualities, in order to create a chosen representative (that is, a split) of the ideal object.

THE NARCISSISTIC ELEMENT

In everyday life, we encounter many individuals who have several simultaneous relationships. Here one could describe what we might think of as motivational and basically defensive features, as follows:

- "The catamaran effect": To avoid anxieties of loss and dependence, two means of support are more reassuring than one.

- "The syndrome of inadequate covering": No single, real relationship can cover all an individual's needs and desires.

- A sort of virtual omnipotence: "I could be with this person or with that one: my future is open if I simply don't *de-cide.*"[3]

- "The mastery of splitting": The intoxicating and reassuring sensation of being able to manage and control a split system of loving relationships.

On the narcissistic level, there is an oscillation between a grandiose image of the self ("I'm irresistibly seductive") and an impoverished image ("I'm not worth anything"), rendered disastrous by repeated disconfirmations. It falls to the analyst to decontaminate the polemical, bitter, and desperate quality of this deep-rooted relational atmosphere. The task of making the patient conscious of all these internal elements, a few at a time, also falls to the analysis and the analyst, however: a thankless task that requires exiting from the "shared marvelousness," and in

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[3] *Translator's Note:* In Italian, the word *decidere,* "to decide," comes from *de-caedere,* "to cut away from." Here the author emphasizes that, in this situation, every decision—that is, every choice—seems to involve a cutting off of something, a renunciation.

which one must be careful not to throw out the baby with the bath water, among other things. In this way, the attractive, enticing capacity of the patient will be held in check, placed in suspension until the neurotic and perverse aspects of the unconscious strategies employed up to that moment are elaborated. The intimacy to be reconstructed will therefore be the intimacy—usually abhorred and mocked—with the parent of the same sex, the para-excitatory ally in elaborating the decline of the oedipal period.

CLINICAL EXAMPLES

Flavia

My first clinical example is of a loving transference.

Flavia is a 35-year-old married woman of somewhat childlike appearance and manners. When she was little, she had been literally "sequestered" by her mother as a symbiotic object after the mother forcibly separated from her husband, whom she had never loved and finally rejected. Flavia has always been attached to her mother, viewing her father with wariness and avoiding contact with him.

She has been in analysis for three years, and for some time, fantasies and changes in her emotions have been interfering with her usual internal order in a conflictual way. The analyst is only rarely included in her conscious mental life, but today Flavia brings in a dream that seems to represent meaningful and dramatic developments:

> I find myself on a bicycle in the city's main square, wearing pajamas and without having showered. It is still dark and there is fog; I am sleepy and I run into things.
>
> Then I find myself on a bus that enters a tunnel and that meets another bus coming the other way; there is a standoff between the two bus drivers, both stopped, and neither can go forward or backward. In the end, with the other passengers, I get off the bus.
>
> In a maze-like block of flats, a sort of labyrinth, I hear you [the analyst] calling me. But I understand that, although you hear me, I don't hear you. A man in his forties helps me, but I am still very confused.

The first associations to the dream that I have readily at hand are mine (which I do not communicate to the patient but keep for myself). The "standoff" between the two bus drivers immediately makes me think of the standoff between the patient's parents, which had led them to separate. The "labyrinth" suggests to me the idea of a container-prison from which one cannot escape, a visceral claustrum that I associate with the symbiotic mother who sequestered the patient during her childhood.

I am also struck by her being "in the main square" in nighttime attire, unshowered and sleepy, as though in a marked period of confusion between internal order and external circumstances in her life. "In the main square" suggests the idea of evidence and growing visibility/"public" awareness, shared between us in the analysis. I remain thoughtful, too, about the fact of "hearing and not hearing" the other: what is the situation here between us?

After having recounted this dream, Flavia associates to two images: the first is "Rome, twenty or thirty years ago," with the cars, clothing, and so on of that period. The second image is that of "an old telephone."

I ask her about Rome. She tells me that Rome is the city to which her father moved after the separation, partly for work reasons and partly to try to rise above the trauma of abandonment. The patient then spontaneously connects the "old telephone" to difficult contacts with her father, whom she used to avoid.

Now I am able to tell Flavia that she still feels in difficulty here with me, and with her internal father: on one hand, we are beginning "to hear each other," and maybe she will be able to find her way out of the "labyrinth," but certainly, she feels herself unprepared ("sleepy," "in pajamas") and is afraid of moving inappropriately ("running into things") in the relationship ("in the dark and in the fog"). I add that maybe she is afraid of having to "get off the bus" of her analysis, as in the relationship with her father. I think—but I do not tell her so, because it is a "cultural" thought, coming from an "insider"—that means of transport in dream narratives often have to do with the transference.

One thing missing is any reference to a "man in his forties" as the final element of the dream. Then Flavia's husband comes to her mind. Maybe the feeling in the dream that this man "will help her" constitutes

a possible bridge element with the paternal object, an element that she has not yet gotten in touch with. (Her husband has until then been subjectively experienced as a sort of brotherly equal.)

Valeria

By contrast, my next clinical example is of transferential material that takes on the form of a Russian doll—that is, various relationships, both internal and external to the analysis, are permeated by the basic transferential experience that prevails in that moment.

Valeria is an efficient, attractive, and well-respected manager at her job, but a woman who is very alone in life. Her oedipal situation was characterized by excessive losses: her father left the home very early on to pursue a woman much younger and prettier than Valeria's mother, and he had three more daughters, for whom he displayed a preference over Valeria. In the interest of brevity, I will omit other elements of her biography.

With much timidity and fear, Valeria is beginning to have sensations of possibly feeling closer to me during this period of the analysis, and with difficulty she succeeds in recognizing and saying something about this. In a midweek session, she also begins to tell me more about Giorgio, a young member of her staff who has recently arrived in the office. He is a hardworking man who surprises her somewhat: he seems capable of relating to her "merrily," and Valeria has had some positive interactions with him. I think that Giorgio is probably an attractive and likeable young man, and I have fantasies of his initiating a dating relationship with the patient, which does not seem unrealistic.

One of Valeria's comments about Giorgio strikes me intensely: she says that, when he comes to her to report his progress with duties she has assigned to him, he is "totally happy, like a little girl in a nice dress who is bringing home a good grade from school." "You know, Doctor," the patient adds, "he sets up a warm, tropical atmosphere in the office; it seems almost as though he could make plants bloom!" Valeria then says she is grateful to Giorgio for creating this positive atmosphere, and for her having been "able to engage in a good dialogue with him in an enjoyable way."

I tell Valeria that the "tropical atmosphere" she has perceived at the workplace likely reflects her own internal changes and growing sense of hope. I point out that her growing trust of me has enabled her to come into closer contact with these feelings as we discuss them in the analysis. But where does the "little girl in a nice dress" fit into the "warm, tropical atmosphere"? I wonder aloud whether this little girl may also represent an aspect of Valeria herself, who is bringing in more of her intimate self to the analysis, like a child eager to show off "good grades" to the father/analyst. This leads us to further discussions of Valeria's relationship with her father, as well as her developing feelings for me.

Oedipal material in transformation is revealed by a subsequent association of Valeria's, in which a "damaged third" appears (here, too, there is a certain confusion of genders). Giorgio made a joke at the expense of a common enemy of theirs, a co-worker disliked by both of them: "Francesco has arrived—the man who always seems to have just returned from his own funeral!" They laughed together. And between Valeria and me as well, in the analysis, there is an atmosphere of shared intimacy that is beginning to have a positive influence in the patient's external world.

In my understanding of oedipal developments, patients who experience erotic transferences can be helped to "reevaluate the third," whom they have tended to "assassinate" and eliminate with a kind of perverse ease, to avoid the experience of the decline of the oedipal period. By contrast, the patients who—with great difficulty and inner conflict—manage to accede to a loving transference are helped to confront the rivalry with the third, without feeling themselves inexorably defeated, humiliated, and excluded.

Gianna

Gianna, a melancholy patient in her forties, chronically disheartened and agoraphobic, initiated the session by letting loose with a stream of wearying complaints, for more than a half hour.[4] She reports feelings of malaise, apathy, and not wanting to live, and she makes me in turn feel weighed down, to the point that—like her—I cannot see any hopeful

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[4] I have discussed this patient in greater detail elsewhere (Bolognini 2010).

prospects. She adds that it seems to her this morning that, at intervals, she "cannot feel" her right arm.

After a dull pause, she recounts a dream from the previous night, beginning in a somewhat detached manner.

> We were together, Doctor, you and I, and you held me on your knees. My mother was there in the kitchen and bustled about. [Note: The patient has always had a healthy alliance with her mother, who is assertive, strong, and independent; her father, deceased for many years, is rarely mentioned in the analysis and is almost a hidden figure.]
>
> You kiss me passionately. I feel your lips on mine. At first I am very surprised . . . [pause]. You understand, of course! [I think that this "You understand," said with a respectable air, a bit shocked, is a small strategic masterpiece: to evade responsibility for her own desire, the patient summons me into a position of ego-syntonic agreement in renouncing the misdeeds of the active, seductive analyst of the dream.]
>
> And then the situation progresses . . . . How can I say it? . . . Better and better . . . . I actually enjoy it . . . [I think to myself that an internal, reintrojective movement is at work: there is a gradual reassumption of desire as her own.] . . . until I wake up. [She is silent.]

Deciding at this point to comply with the distribution of theatrical roles, accentuating the characterizations to emphasize them, and assuming, therefore, a very serious and reproving air, consonant with the superego representative summoned by the patient, I say emphatically: "An untenable situation!"

The analyst, already assigned to a contradictory role in the dream—as both object of desire and active seducer—chooses, then, to "interpret" a third role in the here and now of the session. He decides, that is, to knowingly personify the patient's superego, proposing such a personality application in a way that is explicit and can be confronted. This lightly applied "plastering" of a caricature, with a consequent ironic streak, goes a fair way to neutralize the danger. At this point, an adjustment of the emotional tone takes place, changing the atmosphere of the session.

What I want to emphasize in this case, however, is not the analyst's "interpret-active"[5] choice, but the fact that, through such a technical action, the internal/external contact symbolized by the mouth-to-mouth kissing contact becomes possible. The patient and I are "speaking together of internal things" in the dialogue of the session, permitting a symbolic consideration of what appeared concretely in the dream. Erotization diminishes in favor of true internal contact—satisfying, creative, and not hyperexcited.

Laughing, the patient says, "Yes, I wonder where we would end up!" A warm and joyous atmosphere is emerging, one that is not maniacal; it is libidinal but not eroticized. She continues, "You enjoyed it very much, like me . . ." She pauses. "So! You know that sooner or later, I won't wake up and I will continue the dream through to the end!" Gianna laughs with pleasure, calmly: the self has been recontacted, reassembled, refreshed, and libidinally comforted, no longer excluded and invalidated by the superego's prohibition and by the anxious strangulation of the unconscious defensive ego.

At this point, the work of psychoanalytic reconnaissance can begin in the light of ego work on both what happened here and its antecedents. In this endeavor, an understanding of the partial anesthesia of the right arm can also be included—as the bodily equivalent of not being in contact, of not feeling an internal part of the self.

An Example from Supervision

Without underemphasizing the factor of the analyst's gender, I maintain that developments in the analytic relationship may involve important transformations specifically in the oedipal area as well, reverberating to sexuality, as the following example illustrates.

A male candidate in supervision with me brings in his female patient's dream: "The patient dreamed of a beautiful kiss with Alberto, her first love." Alberto was a gamekeeper on a wealthy family's estate, but he

[5] *Translator's Note:* In Italian, the word *attiva* (active) is contained within the word *interpretativa* (interpretive). Thus, the author is emphasizing the decision to interpret as an *active choice.*

was then discovered to be, in reality, a poacher, given that "they found meat and wild fowl in his refrigerator." At the time that he and the patient were in love, he had an extensive knowledge of the surrounding countryside, and he took her to "places filled with wild strawberries, ordering her to keep her eyes closed so that she wouldn't figure out how to get there on her own." Then he had disappointed her, betraying her and abandoning her in a bad way.

The patient's father had incestuous tendencies and had had an affair with his brother's daughter, who was the same age as the patient; the father was a rich man, arrogant and "lawless."

In the session following the one in which the dream was recounted, a new development emerged that pleasantly surprised her analyst, my supervisee: for the first time, the patient—who, for work reasons, would skip a session every now and then—asked the analyst how she could avoid missing her next session. My supervisee felt genuinely moved, taking note of the significant change this request represented.

Certainly, the analyst/candidate functioned as a reassuring, para-excitatory mother-equivalent, protective with respect to the incestuous element; but the situation was more complex than that. The development of faith and intimacy between analyst and patient had led to the recovery of libidinal-affective parts of the patient's self that for many years had remained "frozen in the refrigerator"—the emotional one—after the oedipal collapse. The dream's "beautiful kiss with Alberto" represented a refinding of the object and of the capacity for an intimate union.

This type of intimate trust renders the analyst a co-protagonist in many transformative phases of the analysis, at times beyond his personal identity with respect to age and gender, which in other circumstances are, by contrast, undeniably determinative.

CONCLUSION

As I have discussed, the analyst must wear many hats during the course of an analysis, according to the needs of the patient at any specific point—whether they be those of mother, father, lover, or another important object, as Schafer (1959) noted. The analyst who finds himself called upon to play the part of the lover, especially in the context of

the erotic and erotized transferences described above, has a particularly challenging task before him. In these situations, as in other analytic circumstances, words—their content and what they evoke—can substitute, on the basis of symbolic equivalence, for substantive elements that in real couples (nurturing or genital ones) are the object of exchange. A crucial attribute for the analyst is thus to be able to work clinically in a non-erotized way during phases of very intimate mental coupling, which the patient can, conversely, experience as erotized precisely because they are experienced in reality as "faraway and impossible."

It is understood that I am not saying that the analyst should ignore or negate the experience of inappropriately perceived erotization on the part of the patient; indeed, it is to be hoped that the analyst will be fully perceptive and will know how to efficiently represent the erotized way in which the patient experiences those moments. That will serve the analyst well in prioritizing a diminution of the patient's excited tension—containing it, transforming it into verbalizable representations, and, most of all, carrying it forward to more livable affects.

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WHERE SEX WAS, THERE SHALL GENDER BE? THE DIALECTICS OF PSYCHOANALYTIC GENDER THEORY

BY JAMES HANSELL

Psychoanalytic theories of gender identity have come a long way since Freud. The author reviews two dialectics that have shaped psychoanalytic gender theory thus far: first, the tension between theories that emphasize biological versus sociocultural influences on gender, and second, the dialectic between nomothetic (i.e., universalizing) and idiographic (i.e., focusing on individual variation) approaches. The author argues that psychoanalytic gender theory could be further enriched with more attention to two additional dialectics. One involves the so-called gender binary and the relative focus on cultural versus developmental aspects of the binary; a second involves the relationship between gender identity and desire. Attention to these dialectics can help better integrate theoretical and clinical perspectives on gender identity.

In current psychoanalytic gender theory, paradox, ambiguity, and complexity are the coins of the realm. Gone are the days of categorical certainties, such as Freud's confident conviction that infantile bisexuality

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should normatively resolve, after traversing distinct psychosexual stages, into stable and conventional gender identities. For Harris (2005), gender is a "process" rather than an internal structure, and gender identity development is best conceptualized in terms of chaos and complexity theories. Corbett (2008) suggests that "gender now" is a complex field, rather than something rooted in linear, anatomical, or deterministic forces. Gender identity itself, according to Benjamin (1996), is a "false truth" (p. 29) rooted in suspect and artificial categories and truncated developmental theories. Further, in many contemporary psychoanalytic accounts, established ideas about health and pathology in relation to gender and sexuality have been turned upside down.

Traditionally, psychoanalytic theorists have emphasized the necessity of renouncing childhood bisexuality during development, with the *failure* to sufficiently repudiate bisexuality as the key cause of gender and sexual disorders (e.g., Freud 1937; Kubie 1974). Now, influential theorists such as Butler (1995), Layton (1998), and Bassin (1996) view gender-related pathologies as caused by the very repudiation of unconscious bisexuality thought to be necessary in traditional views. Conventional masculinity and femininity, according to these theorists, are essentially symptoms based on the use of splitting and other primitive defenses against forbidden homoeroticism and related gender anxieties.

Thus we find a compelling contradiction in the psychoanalytic gender literature: gender-related forms of distress are attributed, in some accounts, to the repudiation of cross-gender identifications, and in other views to the failure to repudiate them (cf. Hansell 1998). Mitchell (1996) wrote eloquently about the "plight of the psychoanalytic clinician in our contemporary world" (p. 48) when confronted with these changing and challenging ideas as they arise in clinical practice.

Much of the recent gender revolution in psychoanalysis is rooted, of course, in postmodern and poststructuralist theory, most especially Lacan's work. Postmodern theorists cast a suspicious eye on the valorization of the stable, integrated, confidently gendered self in traditional American ego psychology. Lacan (1977, 1978) and others argue that categories like *masculine, feminine,* and even *self* are fictions of the Imaginary and Symbolic registers that assuage deeper anxieties, such as the inevitable human conditions of profound fragmentation and powerless-

ness that Lacan referred to as *lack*. These theorists see any assertion of a coherent and stable identity as a denial of the inherent fragmentation of human subjectivity through forcing oneself and others into confining and artificial identity categories. Further, postmodernists argue that authentic living requires tolerance, rather than defensive suppression, of some degree of multiplicity and disorganization—that is, tolerance of a somewhat fragmented and chaotic identity, including gender identity.

As Layton (1998) observes, this postmodern view mirrors a traditional psychoanalytic sensibility. After all, clinical psychoanalysis traditionally involves a continual "deconstruction" of patients' defensively maintained identity fictions—particularly those fictions that cover up unwelcome gender and sexual identifications. But clinical psychoanalysts also tend to look at another side of the story. Clinicians generally recognize that a relatively coherent and stable sense of identity is essential to mental health, and that identity fragmentation is usually more imprisoning than liberating. So there exists a tension in contemporary gender theory between this clinical sensibility and the more abstract principles of postmodern theory (Layton 1998).

This gap between "theoretical gender" and "clinical gender" has become a persistent and difficult problem within psychoanalytic gender studies (see, e.g., Chodorow 1999). Mitchell (1996) describes a common clinical implication of this tension. He asks whether the traditional concept of a unified core gender identity is an outdated ideal, and if so, how can clinicians "problematize" stable but perhaps limiting gender identities for patients without undermining their sense of psychic stability?

Similarly, the de-essentializing thrust of contemporary gender theory has opened up questions about sexual orientation that were previously hidden. In current theory, heterosexuality is an ambiguous label that conceals a diverse array of idiosyncratic orientations, all of which are as mysterious, developmentally speaking, as homosexual orientations (heterosexuality has been "problematized" in the postmodern vernacular; cf. Chodorow 1992). When the centrality and ubiquity of gender anxiety is taken into account, many—perhaps most—sexual orientations and practices can be seen as having "perverse" elements in the sense that they function partly to defend against gender anxieties (Hansell 1998). In this view, all sexual orientations and gender positions require explana-

tion, and all can be viewed as compromise formations resulting from underlying emotional conflict.

Furthermore, these difficult ideas and questions, while perhaps most evident in the arena of gender and sexuality, extend into all aspects of identity. It is but a short step, as Bassin (1996) shows, from explaining gender to explaining character, since gender is so central to personality and identity. As a result, exploring the state of gender theory provides a window into many fundamental questions about identity and development—and about psychoanalytic treatment of identity problems, as we shall see.

In attempting to make sense of psychoanalytic gender theory—past, present, and future—it may be helpful to consider two dialectics that have shaped gender theory thus far. The first is the tension between theories that emphasize biological versus sociocultural influences on gender. In recent years, the tendency has been away from Freud's heavy emphasis on biological factors and toward a greater weight on relational, social, and cultural influences on the broad aspects of identity that are captured by the term *gender*.[1] This shift has been extensively documented elsewhere, and I will add only that the dialectic is evident *within* Freud's writings, not just in reaction to them by later theorists.

The Wolf Man case, for instance, offers a fascinating example of tension between Freud's sociopsychological narrative and the quasi-biological libido theory that Freud (1918) uses to explain the patient's symptoms. One of the major features of the case is Freud's attempt to explain the Wolf Man's fateful emotional turn, at around age four, from his nanny (and women in general) to his father, which set the stage for the Wolf Man's famous dream and phobia. Freud, in keeping with his libido theory of the time (and in keeping with his polemical intent in writing the case, contra Adler and others who were deemphasizing sexuality), explains the Wolf Man's longings for the father in purely sexual/instinctual terms (i.e., as a wish to be sexually penetrated by the father, based on complex fantasies).

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[1] Mayer (1995) uses the term *gender identity* as a general construct containing the three elements of gender distinguished by Tyson (1982): core gender identity, gender role identity, and sexual orientation.

However, Freud's text simultaneously offers a much richer explanation of the Wolf Man's longing for the father in *psychological* language. Recall the poignancy of Freud's discussion of the Wolf Man's behavior and symptoms in terms of his needs for paternal love and his confusion about gender identity, which numerous commentators on the case have highlighted (e.g., Fast 1984).

The second dialectic is between nomothetic (i.e., universalizing) and idiographic (i.e., focusing on individual variation) theories of gender identity development. The recent trend in this area has been toward theories emphasizing the idiographic factors that can explain varieties of gender identity outcomes. A closer look at this dialectic and trend can give us some perspective on where psychoanalytic gender theory may be headed next.

BEDROCK AND BINARIES: FROM NOMOTHETIC TO IDIOGRAPHIC THEORIES

The "bedrock" approach to gender and sexual identity within psychoanalysis begins with Freud but has continued far beyond, and can be found, perhaps surprisingly, in many postmodern theories. (For all of its radical qualities, postmodern gender theory has faced an old psychoanalytic problem: how to develop deep explanatory theory without engaging in reductionism.) Some postmodern gender theories (e.g., Lacan's and Butler's) have a distinctly nomothetic focus, emphasizing the pivotal "bedrock" events in human development that lead to subsequent gender and sexual identity positions, including gender and sexual pathologies (however these are defined).

While these postmodern theories offer a new and instructive set of ideas about the nature of this "bedrock," their versions of gender theory can be as reductive as Freud's. As a result, *the distinction between classical and postmodern gender theories is in some respects less significant than the distinction between nomothetic bedrock theories*—of both classical and postmodern varieties—*and those that take a more idiographic approach.*

For Freud, of course, gender and sexuality are rooted in biological, anatomical, and evolutionary forces and constraints. Notwithstanding the famous inconsistencies and changes in his theorizing, it is safe to say

that for Freud there are a few central, universal traumas at the root of gender identity, such as the universal fear of castration and the related tendency to devalue and repudiate the feminine position (by both sexes) (Freud 1937). My aim here is not to highlight the content of Freud's theory, which is well known and has been extensively reappraised, but its form—the placing of explanatory emphasis almost exclusively on bedrock, universal developmental events.

Since Freud, the gender bedrock emphasis has shifted from biology to culture. Lacan, while framing his work as a return to Freud, emphasizes a different foundation for explaining all aspects of identity, especially sexual identity. This bedrock is the child's confrontation with the Symbolic Order with the entry into language and culture. According to Lacan (1977, 1978), there are only two possible outcomes to the confrontation with the Symbolic Order and the Law of the Father: submission to the state of symbolic castration and "lack" that are part and parcel of becoming a speaking, coherent subject—or, with a refusal to submit, unintelligibility and psychosis.

Here the implications for gender and sexuality are powerful and dire: men and women are doomed to struggle against the power of the Symbolic, either narcissistically through omnipotent identity fantasies in the Imaginary realm, or psychotically through perversions that deny the Symbolic Order. Lacan, of course, suggests that boys and girls typically face very different struggles because of their divergent positions in regard to the phallus as the central signifier, but he insists that all identities are forged in this crucible.

Butler, perhaps the most important contemporary philosopher of gender, has been heavily influenced by both Freud and Lacan. Butler's theorizing provides a particularly instructive example of the dialectic between nomothetic and idiographic theorizing in psychoanalytic gender theory, because her early work exemplifies the former and her recent work moves in the latter direction. Butler's (1990) original and most influential contribution was that gender is *performative,* rather than an expression of internal structure; that is, in Butler's early theory, the internal experience of having a gender is described as a comforting illusion generated by the repeated performance of gendered behaviors.

In this Lacanian version of identity positions as illusory, there is, in fact, no coherent "doer behind the deed."[2] The illusions of identity positions, including gender identities, represent defenses against recognition of the powerful influence of cultural norms that constrain and shape individual behavior. Here Butler (1998) summarizes the performative theory in the form of a question:

> Under what conditions does a gender identity actively appropriated from the field of cultural norms come to disguise the active, interpretive, and performative character of its own reality by appearing as a solid, internal substance that not only persists in an identical form through time but comes to function as an explanatory matrix for subsequent behavior? [p. 373]

Subsequently, Butler proposed another theory of gender that is more psychological and developmental, but equally nomothetic (universalizing). In brief, Butler's (1995) later theory—based primarily on Freud's *Mourning and Melancholia* (1917)—argues that gender identity is based on the child's internalization of the same-sex parental imago as a melancholic reaction to the loss imposed by the nearly universal taboos against same-sex erotic love. The little boy becomes masculine (and the little girl feminine), in Butler's account, by unconsciously "deciding" that if he becomes like the father toward whom he feels forbidden love, he can avoid having to give up the loving tie.

This follows Freud's logic regarding identification as the mechanism of melancholia. For Butler, then, the bedrock trauma that forms and explains gender and sexual identity is the confrontation with the cultural prohibition against same-sex erotic love in kinship systems based on "compulsory heterosexuality."

Among those who have wrestled with the nomothetic and potentially reductive aspects of Lacan's and Butler's theorizing, Layton (1998) stands out for her clarity and comprehensiveness. Layton presents her own idea about a universal bedrock gender trauma: the *imposition of the*

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[2] While Butler's performativity theory resembles the clinical psychoanalytic view of manifest behavior as a self-deceiving expression of desire, clinicians (e.g., Layton 1997) emphasize the anxious "doer behind the deed" who is seeking relief from specific painful internal states.

gender binary in the form of a culturally enforced splitting of masculine and feminine traits. However, she also focuses her attention on clinical and idiographic questions about variety in gender outcomes, including the possibility of healthy outcomes through "good enough" developmental experiences or through reparative treatment interventions. In so doing, Layton offers a pointed critique of Lacan and of early Butler.

Layton's critique of Lacan points out that Lacan's claim that all identity positions are inevitably illusory and narcissistic suffers from a lack of grounding in clinical and developmental reality. Clinicians view narcissism along a continuum: people are more or less narcissistic, and sometimes not very narcissistic at all. Layton, as well other relational and Kohutian analysts, traces this continuum to the kinds of intersubjective experiences available during development. In so doing, these theorists challenge Lacan's assertion that pathological narcissism is an inevitable concomitant of human subjecthood by pointing out that humans are capable of deep interpersonal intimacy. Clinical analysts from other theoretical traditions might substitute concepts like the depressive position or genitality for Layton's intersubjectivity, but it is widely agreed that pathological narcissism co-varies with particular developmental experiences and defenses—rather than, as Lacan would have it, with the universal conditions created by the child's entry into a linguistic system.

Layton (1998) traces Butler's shift toward a more psychological position on gender identity with her later, melancholia gender theory. Layton notes that Butler moved in this direction partly because her early performative theory left no room for agency and interiority. In her later work, Butler departs from the Lacanian view that all identity positions are inherently narcissistic, and she regards gendered identity as *melancholic* rather than narcissistic. From this perspective, it makes sense to think about the melancholic "doer behind the deed" (Layton 1997), the sad child who internalizes parental versions of masculinity or femininity in response to the (unmourned) loss of forbidden homoerotic ties to the same-sex parent.

While Butler's melancholia gender theory moved her closer to a clinical perspective, it remains, as I have noted, a bedrock theory; the bottom line of her argument is that the system of compulsory heterosexuality dooms us to melancholic gender identities. Butler assumes a

near-universal melancholic gender pathology, instantiated in the prevalence of gender binaries, a form of culture-wide splitting.

However, Layton (1998), Balsam (2007), and I (Hansell 1998) have argued that Butler underplays the fact that melancholia is a pathological rather than an inevitable mode of reaction to loss and basis for identity. The melancholia theory did not address the possibilities of mourning, working through, or effectively sublimating the losses of homoerotic ties in early development—those factors that can help explain variations in identity outcomes. With her most recent projects, however, Butler (2003) has turned in precisely this idiographic direction. Her current work in this area is on the possibilities of living a "grievable life"—that is, on the possibilities for mourning rather than melancholic responses to loss, and their differential impact on subsequent identity structures.

Butler's melancholia theory contains some logical and clinical contradictions in addition to the problems related to its nomothetic structure. For instance, this theory argues that gender identity is created in the dynamics involved in the repudiation of homoerotic desire, and it would follow that gender positions would soften, in a liberating fashion, if these dynamics are worked through. But this argument is problematic in that homoerotic desire assumes the existence of gender positions (since it consists of same-gender attraction) and thus cannot create them; a more plausible version might suggest that the repudiation of homoeroticism reinforces rather than founds gender identity. Furthermore, clinical experience suggests that the clinical "deconstruction" of gender positions, as it occurs in the analyst's consulting room, typically does not lead to a more diffuse sense of gender identity, but to a more secure, though expanded, identity. This modified sense of gender identity may be less rigid and more inclusive, but it is still usually male *or* female, and more confidently so—despite (or perhaps because of) some sort of relinquishment of opposite-gender prerogatives (see, e.g., Fast 1984).

Among other recent psychoanalytic gender theorists as well, the nomothetic-idiographic dialectic has noticeably shifted toward the idiographic position. Focusing on bedrock traumas addresses only one part of the developmental process and cannot account for the variety of outcomes observed, since everyone, after all, has to negotiate the same universal traumas described by Freud, Lacan, and Butler. Building on,

or paralleling, the work of theorists like Loewald (1960) and of the neo-Kleinians who have described different modes of reaction to loss and frustration (e.g., those associated with the paranoid and depressive positions), idiographic gender theorists emphasize the different kinds of defenses and identifications, both pathological and adaptive, that are possible in response to developmental losses, pressures, and traumas.[3] While idiographic gender theorists offer ideas about the central developmental events that influence gender and sexual identity, they avoid a reductive position by also focusing on the variety of possible outcomes and mediating influences, including the nature of a given child's intersubjective milieu, the severity of preexisting narcissistic vulnerabilities, and other crucial factors.

For example, Fast (1984) offers a theory of gender identity development through a process of cognitive and affective self-differentiation (drawing mainly on a creative integration of Freud and Piaget). Fast traces the fate of the child's original, "overinclusive" gender identity as it confronts and has to contend with cultural and familial pressures to differentiate. While Fast's theory has a nomothetic aspect, she also emphasizes the developmental (and clinical) processes that account for the wide variety of gender identity outcomes. For Fast, the narcissistic pain of the child who constantly, progressively confronts gender-role expectations and differentiation pressures that interfere with the child's original overinclusive, undifferentiated identity might be considered a bedrock trauma. But Fast's emphasis is also on the idiographic—the particular stresses faced by the particular child, and the ways in which identity outcomes depend on the child's ability to navigate these stresses (largely related to the nature of the child's relational-developmental environment).

Among other current gender theorists trending in this direction, Benjamin, Bassin, and Harris share an emphasis on the importance of postoedipal developmental phases as arenas that highlight idiographic factors. For starters, Benjamin (1996) argues that there is a logical error in many postmodern critiques of gender identity and other forms of subjecthood. She points out that the self as a social and linguistic construct

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[3] This trend is in some respects similar to another important dialectic and trend in psychoanalysis: the historical shift from early "id psychology" toward greater interest in the ego and superego as psychoanalytic theory and technique have developed.

is on a different level of abstraction than the self as a phenomenological experience. These very different categories are too often conflated, as though the linguistic deconstruction of the word *self* also refers to the experiential self. Benjamin integrates these two levels of discourse in her description of gender as a *false truth:* false in that the word "gender" creates a linguistic illusion, true in that gender is psychologically real.[4]

More important, Benjamin (1995) argues that in postoedipal development, individuals can transcend the binaries and complementary roles of conventional, oedipal gender positions. Bassin (1996) concurs, highlighting that opposite-sex identifications can be mastered rather than repressed, and describing "recuperation of early bisexuality in the context of a post-oedipal differentiated self" (p. 174). Fogel (2006) provides a similar account, focusing more specifically on men and the wider range of masculine gender positions that become theoretically and practically possible when postoedipal development is brought into focus. Most recently, Harris (2005, 2009) combines the nomothetic and idiographic in her arresting metaphor of gender as "softly assembled" from a multitude of influences.

MOVING FORWARD

These dialectics have illuminated gender phenomena, but they have also contributed to the clinical-theoretical gap. While we can safely assume that ongoing tension between the biological and the cultural and between nomothetic and idiographic approaches will continue to shape the field, there are two additional dialectics that may warrant more attention and provide more traction in bridging this gap.

One of these involves the gender binary and the relative focus on its cultural versus developmental aspects. A second involves the relationship between identity and desire, which are so closely linked to gender and sexuality. The dialectic here is between internal and external sources of identity and desire; that is, desire as endogenous versus desire as created through the influence of the Other. I will briefly discuss these in what follows.

[4] Leary (1997) offers a similar view of race as a "false truth."

Binaries Revisited

Postmodern theorists, of course, place heavy emphasis on the role of language and other cultural structures in shaping subjectivity and identity. In particular, the binary structure of language is seen as exerting a powerful, distorting effect on subjectivity, perhaps nowhere more so than in its effects on gendered subjectivity as shaped by the male-female binary. In Butler's account, for example, the culturally enforced gender binary becomes a nearly universal means by which individuals are compelled to manage gender anxiety through a process akin to splitting.

While this is an important view, another side of the gender binary has been relatively neglected in recent gender theory. This other side is developmental: binaries are also characteristic of early phases of cognitive development, phases during which critical moments in gender identity formation are occurring (Hansell 1998). As a result, *the gender binary cannot be explained simply in cultural terms and denounced as pathogenic;* it can also represent *a stabilizing structure, consistent with the child's cognitive and emotional capacities during critical periods of early development.*

Indeed, children need culturally available models from which to develop the ego ideals that serve as a bridge between the individual's idiosyncratic developmental story and the cultural surround (Kirshner 2004). In optimal development, as Benjamin, Bassin, and others point out, the more rigid and defensive "use" of the gender binary gives way, throughout the lifespan, to more complex, nuanced, and flexible gender models and ideals, provided that the mourning necessary for this continuing development can be tolerated. But the earlier, more binary understanding of gender can provide the stable foundation for identity that in turn provides the security necessary for later modification and expansion of the gendered self. (Layton [1998] and Fast [1984] highlight the importance of a stable core gender identity for later development and flexibility.)

From this perspective, a dialectical view of both the facilitative aspects of the gender binary (it can provide cultural material for adaptive identifications and compromise formations during early development) and its limiting aspects (it can be used as a rigid defense against cross-gender identifications) provides the richest picture. We cannot under-

stand the power of the gender binary and its ubiquity in human fantasy without considering its developmental as well as its cultural aspects.

Identity and Desire: Endogenous and Exogenous

Laplanche's (1997) work addresses another key dialectic in psychoanalytic theory: the tension between endogenous and exogenous sources of desire. The traditional Freudian id represents an endogenous model of desire, and Laplanche's general theory of seduction, picked up by Greenberg (2001, 2006), Harris (2009), and others, constitutes a reversal of the Freudian view. Laplanche argues that the child's unconscious is molded by the unarticulated desires of the Other (e.g., the primary caretakers)—a view that Laplanche considers more radical and disturbing than Freud's theory of an endogenous id. With this "general theory of seduction," Laplanche takes Lacan's theory of the Unconscious as the discourse of the Other and adds an interpersonal and developmental framework.

Using this model, Laplanche specifically argues that pathologies of identity, including gender identity, result from "enigmatic," unconsciously transmitted messages imposed upon the developing child by the parent in a kind of confusion of tongues (cf. Ferenczi 1949). Here the "bedrock trauma" emphasis is on the child's confusion in the face of enigmatic pressures within the family, rather than on endogenous forces like the Oedipus complex, or more impersonal exogenous forces like the Law of the Father or compulsory heterosexuality.

Laplanche's theory of seduction, then, posits a different sort of bedrock for identity, one yet to be fully explored in psychoanalytic gender theory. The integrative potential of Laplanche's work lies in part in his focus on the family as a link between the social and the intrapsychic domains, and is also evident in overlap between his seduction theory and the work of both clinical (e.g., Fast) and social (e.g., Butler) gender theorists.

An interesting implication of Laplanche's approach is that psychoanalysis has undertheorized the theorizing of the analyst—perhaps especially so in the arena of gender and sexuality theory. With the notable exceptions of Friedman (1988) and a few others, theory building and

theory use as expressions of the analyst's desire are rarely discussed in psychoanalytic literature, let alone the impact of this form of the desire of the Other on the analytic process. Authors commonly write in order to illustrate the usefulness in clinical work of their theoretical views, but it is relatively rare for an author to describe the personal meaning of his preferred theory and the impact of this form of desire/countertransference on the analytic process.

From the vantage point of Laplanche's seduction theory, the analyst's inexplicit attachment to and use of theory in the consulting room—whether classical, postmodern, or any other variety—can become a repetition of the process of enigmatic messages within the family and an enactment of the "seduction" process. In this view, positive therapeutic process, as well as optimal development, involves the opportunity to identify and master these enigmatic messages. Treatment, from this standpoint, centers on the analyst's ability to acknowledge himself as the Other who desires something from the patient—including things of which he knows not—and to allow this to become known to the patient rather than enigmatically imposed.

Alternatively, from a more self psychological perspective, the problem may not be enigmatic messages per se, but the secondary trauma of the lack of a self-object who can empathize with and help the child contain and metabolize these painful and "enigmatic" experiences (cf. Newman 1996). In either case, the key to effective analytic work from Laplanche's perspective could be described in terms of managing *the total countertransference situation,* to paraphrase Greenberg (2006). This is particularly true of the analyst's gender and sexuality theorizing, where passions, conflicts, and politics join in such a volatile mix.

CONCLUDING THOUGHTS

Looking at the analyst's use of theory as an expression of desire is consistent with the postmodern position that theories, like all human projects, can be viewed as (conflicted and disguised) expressions of the values and preferences of their proponents. From this vantage point, the current postmodern zeitgeist in gender theory—for example, the current valorization of inclusiveness, fluidity, and multiplicity in gender iden-

tity—may be largely a statement of shifting values rather than a description of something more transcendent.

Fast (1984), in contrast, takes a more traditional perspective that the persistence of "overinclusiveness" in gender identity is an indication of problems in development, and many of the traditional psychoanalytic gender theories focus on the "*necessary* losses" (to use Viorst's [1984] phrase, my italics), and on certain types of renunciation (such as mourning, working through, and sublimation) that are claimed to be in the service of growth and relatedness rather than rigidity and constriction. In this sense, our changing literature reflects our changing beliefs about what kinds of developmental losses are and are not necessary and worthwhile. (Necessary and worthwhile for what, we might ask?)

Along these lines, much work remains to be done on distinguishing different types of disavowal in reaction to pressures to differentiate and the losses they demand. Renunciation is not the same thing as repudiation; repression is not the same as conscious disavowal; and all of these have different implications for subsequent identity structures.

One might get the impression from the emphasis on uncertainty in postmodern gender theory that we know less about gender than we (thought we) used to. In fact, we might currently be positioned to understand it very well indeed. The richest picture emerges when we supplement the insights of the nomothetic bedrock theorists concerning the developmental gender traumas that affect all children with the expanded and more idiographic view of identity development offered by Benjamin, Bassin, Harris, and others. The recent emphasis on different modes of response to the developmental stresses related to gender helps illuminate the structure of the compromise formations that we refer to as gender identities, and to highlight that the uniquely psychoanalytic way to evaluate these compromises is in terms of their psychic costs and benefits to the individuals who make them.

Finally, the integration of clinical and theoretical gender may be facilitated by further exploration of the gender binary and the origins of desire in the context of the family—the crossroads at which the intrapsychic and the interpersonal, the individual and the social, the self and the Other, encounter each other with far-reaching consequences.

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THE NUMBING FEELING OF REALITY

BY JOHN STEINER

The author elaborates on Bion's (1961) description of "the numbing feeling of reality," to which the analyst may become susceptible in certain clinical situations; that is, the analyst may become preoccupied with the patient's reality and, under pressure of his morality, can become numbed to an awareness of the psychic reality of the transference. In particular, this involves a propensity by both patient and analyst to deny the reality of loss through deployment of omnipotent fantasy. When this is recognized by the analyst, he can adopt more limited and realistic goals, and omnipotence may gradually be relinquished and mourned. Illustrative clinical material is provided.

Keywords: Bion, reality, projective identification, symbolization, beta elements, alpha function, transference, interpretation, enactment, loss, mourning, blame.

INTRODUCTION

In this paper, I explore ways in which analyst and patient may become involved in repeated enactments and cycles of mutual projective identifications. I will try to show that this is particularly likely to create difficulties when the analyst does not recognize the concrete nature of the patient's projections into him and is drawn into playing the role of an object from the patient's internal world. Of course, a transient playing out of a role need not be thought of as a technical problem, and indeed is an essential component of the analyst's empathic understanding of the patient's position; ideally, the analyst allows himself to respond to projections and

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enactments, and in due course this may even enhance his understanding of both himself and his patients. However, he also has to be able to shake himself out of such an overinvolvement and return to a more receptive analytic stance.

In order to be receptive to the patient's needs, the analyst must remain independent but responsive to the unconscious communications from his patient. When anxiety is great and primitive mental mechanisms are employed, this can be difficult because the analyst is at the receiving end of projections that are concrete and disturbing. At such times, the images conveyed by the patient are stripped of symbolic significance, and their intention is not so much to communicate as to pressure the analyst into playing a role in order to support the patient's defensive needs. It is particularly difficult to avoid fitting in with such pressures if we are not aware that we have been taken over by the patient's projections and have been driven to enact rather than to understand. Without knowing it, we can become invaded by figures from the patient's internal world whose existence in our own minds becomes so real that it diverts our attention from our relationship with the patient.

The fact that it is not always easy to avoid this scenario arises from a combination of the analyst's personal vulnerabilities and the patient's use of projective identification; these factors are clearly an inevitable part of the analytic relationship. The more the analyst can become aware of his propensity to succumb to projections, the more he is in a position to extricate himself and once more be receptive to underlying unconscious communications. However, to do so he may have to recognize the role played by his own defensive needs and to accept and mourn his own limitations.

I will describe two features in the material of my patient, Mr. T, that seemed particularly potent in paralyzing an analytic attitude of free-floating attention. I came to characterize these as "too much reality and too much morality." Mr. T repeatedly and vividly described cruel and unfair interactions in which he felt enormous rage and to which I was exposed as a helpless observer. To him the unfairness was terribly real, and I felt pressured either to side with him or to challenge his view of things. I became drawn into the reality of his encounters and unable to remain open to the unconscious communications that lay beneath the descriptions. If I tried to be neutral or skeptical, I was made to feel that

I disbelieved him and that I was allowing a terrible cruelty to proceed unnoticed.

COUNTERTRANSFERENCE AND REALITY

I think Bion may have had in mind something similar to what I am describing when, in an early paper on groups, he suggested that normally it ought to be possible for the analyst to detect when his mind has been taken over. He described a distinct quality to the countertransference that should enable the analyst to recognize that he is playing a part in somebody else's fantasy. But he adds that this is sometimes difficult because of what he calls "a temporary loss of insight, a sense of experiencing strong feelings and at the same time a belief that their existence is quite adequately justified by the objective situation without recourse to recondite explanation of their causation" (1961, p. 149). The delusional quality of a belief may then become hidden as it is made to seem reasonable, and the analyst may either come to share it or feel obliged to challenge it. Bion goes on to say, "I believe [the] ability to shake oneself out of the *numbing feeling of reality* that is a concomitant of this state is the prime requisite of the analyst in the group" (1961, p. 149, italics added).

The loss of insight arises from the way in which the patient is able to use projective identification to interfere with the analyst's capacity to deploy symbols. While this is most extreme in the case of psychotic patients, lesser forms of such symbolic paralysis are common. Bion (1956, 1962), building on Segal's (1954) studies of symbolic function, proposed that in psychosis the capacity to symbolize is lost; and P. C. Sandler (1997) has usefully extended Bion's model by proposing that an anti-symbolic process operates to transform symbolic elements back into concrete objects.[1]

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[1] Bion (1962) uses a particular nomenclature that some analysts find useful. He refers to the concrete symbols as *beta elements* and to the transformational process as *alpha function*. The symbols proper are called *alpha elements* and are "suitable for employment in dream thoughts, unconscious waking thinking, dreams, contact-barrier, memory" (p. 26). "By contrast," notes Sandler (1997), "beta elements are the undigested sense impressions, indistinguishable from the thing in itself to which the sense impression corresponds. These are employed for hallucination and projective identification" (p. 46). Sandler goes on to describe the reversal of symbolic function as resulting from an "anti-alpha-function" (p. 47).

Bion argues that beta elements are suitable only for projective iden-tification since they cannot be symbolized, and I am raising the possi-bility that the inverse is also true: namely, that in order to deploy projec-tive identification effectively, a transformation from symbolic to concrete elements is necessary. When the patient's symbolic function is intact, meaningful connections are made to thoughts, memories, dreams, and other resonances in his life, and it is partly because of these connections that symbolic entities are difficult to get rid of by projective identifica-tion. They are also less potent in their effect on the analyst's mind than are their concrete counterparts. According to this idea, abstract symbolic elements must first be converted back into a concrete form so that they can be gotten rid of by evacuation through projective identification.

I think it likely that this type of reversal of symbolic capacity is an active process that operates widely and that can also be used defensively by the analyst when he finds that he is unable to tolerate the symbolic implications of what has been projected into him. The adoption of an analytic stance may then create too much anxiety and guilt for it to be sustained, and concrete thinking becomes necessary for the analyst just as it was for the patient. The analyst may be driven by the experiences evoked in him to reverse his capacity to symbolize in order to transform the experience back into a concrete projectable form.

Usually this takes place at an unconscious level, and the projection takes the form of an enactment disguised as an interpretation. These interpretive enactments (Joseph 2003; Steiner 2006) subsequently make the analyst feel even more guilty, and make it very difficult for him to recognize what is happening as he attempts to extricate himself from behavior that for a time seems no different than that of the patient.

From a broader point of view, we can see that the reversal of sym-bolic capacity is a necessary mechanism to relieve the individual of un-bearable mental experiences, whether that individual is a patient or an analyst. Without it, projective identification would be impossible and our defensive organization could not function. If the analyst can resist some of the pressure to enact and if he can retain the capacity to think, he may be able to recognize a meaningful communication underlying the projections. He may then become aware of the patient's need to project

and consequently may be in a position to help the patient feel understood.

Bion's observations, which I believe are corroborated by the clinical work I will present, suggest that containment is made more difficult if there is too much reality accompanying the patient's projections. The analyst is persuaded that the emotions he feels are justified by the reality of the situation, and he does not realize that he is being taken over by the projection onto him of an object from the patient's internal world. To receive, contain, and understand the projections, he has to be able to shake himself out of *the numbing feeling of reality*. He can then sometimes recognize that he is being influenced to behave not as a psychoanalyst but as one of the patient's internal objects, or like the patient himself.

CLINICAL MATERIAL

The theme I am describing was specifically raised in the analysis of Mr. T, a patient who was able to draw me into a preoccupation with the concrete issues with which he was obsessed.[2] These issues were terribly real to him and they frequently became real to me. I was numbed, almost hypnotized, and could not prevent myself from engaging at a concrete level. I behaved as if I believed that I could sort out what was "really" happening in Mr. T's life. This meant that I vacated my position of free-floating attention, and that I became numb to deeper and more meaningful communications.

At the time of writing this paper, I was growing more aware of this problem, and in the material I present, I was sometimes able to interpret his unconscious wishes and needs—for example, I was sometimes able to interpret that we were each unable to face our helplessness or to recognize our excursions into omnipotence. However, it is also clear that for much of the time, I behaved as if I could protect the patient from persecution and could even persuade him to behave in a less omnipotent way. His capacity to engage me in his concrete situation dovetailed with my own defensive needs and created the numbing situation I described earlier.

[2] At the time of writing, the patient was in the fifth year of a five-times-per-week analysis.

Mr. T spoke chiefly about his life at home and sometimes about his career, both of which seemed to be in perpetual crisis. His relationship with his mother had been difficult since the death of his father some ten years previously, and before my Christmas break, it had deteriorated so much that he temporarily moved out of the family home. Highly charged accounts of verbal attacks from his mother filled many sessions while his search for a job, by contrast, was characterized mostly by a lack of anxiety and an unconvincing optimism.

For the patient, both situations were terribly real and evoked strong feelings that seemed entirely justified by his circumstances. But for the analyst, they were so dramatized that it was impossible to be clear about what was really going on. I was pulled from side to side in my reactions to Mr. T's domestic crises, sometimes feeling that his mother was entirely reasonable, while at others that he was justified in his complaints against her.

The First Session

In the first session after a Christmas break, Mr. T began by saying that the gap in the analysis had seemed much longer that a fortnight. His experience during this period could only be described as unremitting hell.

He then gave a detailed account of a family crisis that had arisen after his aunt had been diagnosed with cancer. "Actually," he said, "it is much worse than that. The situation was dire. Not only was she suffering terribly, but no one was helping." His aunt would phone his mother at 4:00 in the morning, pouring out her suffering, and his mother would then turn on the patient and attack him for his inability to help.

Mr. T next described his efforts to intervene and help his aunt, and how his plan to rally support from his uncles and other men in the family had met with rejection and apathy; far from being appreciated, Mr. T's behavior had increased the attacks on him. Then he explained that he had woken a week previously with pain in his abdomen. His doctor said it was an infection, but it had not improved with antibiotics. "It is apposite," he said. "I feel kicked in the guts."

He continued: "My mum said that a room in the house will be available, and largely because of your influence, I elected to claim it as mine. So the plan is that I move back into the house this evening, although in fact I have already been spending most of my time there during the holidays. What a waste of money the temporary flat was. And it has been hell!—I know that and you know that. My aunt got much worse. It was awful. I expect you've had quite a nice Christmas; you wouldn't trade it for mine, and I don't blame you."

I interpreted that he wanted me to know I had left him in an awful state. Like the men in Mr. T's family, I had failed to be available, and this left him looking after everyone else and feeling that his needs and even his health were neglected. I was meant to see how dire the situation was, and to imagine the possibility that he, too, might have cancer, while I enjoyed good health and pleasant holidays.

Mr. T went on to suggest that it was a stupid idea that the men in his family would help. "But it was interesting. It clarified what my family is like—I make all the effort and they make no concessions. I can't even have a rest! They have no guts. Stupid people dominated by a bunch of horrendous witches."

I responded by saying that he was challenging me to see if I would take on these awful accusations—or was I going to claim that I had behaved responsibly and had left him well cared for? He was frightened that, like everyone else, I could not tolerate guilt and responsibility, and would make it out that he was to blame.

Mr. T said it was clear that he could expect nothing. It was naive, quixotic, to think the other men could help, and he should know better. "What good will rearranging rooms do? It's ridiculous. Today I'm going to the library where it's peaceful, for a rest."

I interpreted that he wanted me to know he could not see the point of having a room of his own in his mother's home, and at the moment he did not want a space of his own in which he would be able to think. He was relieved to be coming to his session where—as in the library—it was more peaceful because I did not attack him, and he could hand over his thinking to me.

"So?" Mr. T retorted. "Nothing is any different, it's just as usual. In my family, everything is a trap. I avoid most of them, but I cannot avoid them all."

Discussion. The patient tried to convey to me what an unremitting hell he had gone through, and to a degree he succeeded in making me feel guilty. Responsibility and guilt over his situation, like the responsibility and guilt for his aunt's cancer, were passed on from person to person. As mentioned, his aunt phoned his mother at 4:00 a.m.; his mother listened and then railed against Mr. T, who in turn used the session to project guilt into me. He accepted his aunt's behavior as reasonable, and in view of her distress his mother's attack on him also seemed reasonable. To suggest that anyone was being dramatic or unreasonable was morally unacceptable.

I think one version of Mr. T's psychic reality was that he was left to cope with all the projections coming at him from every direction, and the hell created was felt as a blow in the guts, leaving him in pain that was being neglected by a preoccupied analyst. Responsibility for the suffering of others was projected into the patient, and his narcissism allowed him to accept this even though he could not live up to the expectation that he would put it right.

Both the moral pressure put onto Mr. T and the apparent reality of the suffering were persuasive, and in the sessions, it was these pressures that seemed to draw me into a similar adoption of responsibility and guilt that encouraged omnipotence. To retain an analytic attitude, I had to accept the patient's suffering and to feel the pain of my inability to help him. If I could understand his need to project his guilt and responsibility into me, I was more able to avoid seeking relief from this pain by attempting to rescue him from his unhappy situation.

Mr. T did ask his mother for the newly available room, arranging to occupy it when he returned home. Now, however, in his rage, he was making it clear that the symbolic connection with a space in his mind where he could think was of no use to him. He needed to evacuate his pain and distress, and thinking would be an impediment that made projection more difficult. This meant that I had to try to preserve a capacity to think without expecting him to join me in a symbolic discourse, which at that moment he was not capable of entering into.

The difficulty of containment was evident when I failed to resist Mr. T's demand that I find concrete solutions to his predicament, and this led me to become embroiled in his version of reality. At those times, I was unable to retain an analytic attitude of receptivity to the unconscious communications that I later came to think might have involved a dread of separateness and loss. I felt I had been acting out, leading me to feel dissatisfied and incompetent. When thinking about it afterward, I felt that something had paralyzed my thinking, and I wondered if this was indeed an instance of Bion's notion of *the numbing feeling of reality* (1961, p. 149).

Was this why I could not see beyond the repetitive theme of Mr. T's cruelty to his mother or her cruelty to him? His account of what had happened was on the one hand so real and on the other so dramatized that, at a factual level, it was impossible to know what to believe. Nevertheless, I felt a need to evaluate his reality, and to decide whether he was a victim or a perpetrator of the particular injustice he was preoccupied with. I tried to avoid making judgmental interpretations, but it was often difficult not to take sides, and it was hard to keep a critical tone out of my interpretations.

In my defense, I did sometimes think that Mr. T was able to feel and to communicate real pain, and I often felt he had some insight into the way a quite awful suffering was played out before us, as if we were both observers of a soap opera. This led to some contact with depression and mental pain, even though it felt once removed, and I sometimes wondered if the patient was not in this way communicating his own helplessness as well as acknowledging mine.

Periodically, it was possible to discern a shift in the mood of the sessions when Mr. T was quieter and more reflective. It was difficult to know what led to this change, but at least on some occasions, it seemed to follow a recognition on my part that I had been trying too hard and had not been able to face my helplessness. Some evidence of this could be discerned in a session that took place before the next break, in which the same noisy complaints of injustice and cruelty were present, but a new note of sadness was also discernible.

Session Two

A few months later, Mr. T began his session by describing another extremely dramatic, disturbing, and intense row with his mother. This followed a meeting between his mother and his sister in which they made defamatory accusations about him, which confirmed his status as unwanted and unloved in his family. Both his sister and his mother adopted the role of victims, and when they blamed him for everything, he responded that they must be right. He spoke about his mother's "incredible suffering," which he could do nothing to relieve, and said that he had simply become furious and aggrieved. This account went on for a long time without any reference to his analysis or to the fact that in three days I was to embark on my Easter break.

Most of this was quite familiar, but on a somewhat sadder note, Mr. T said that he could see no alternative but to keep things in his life as they were, waiting for the dire outcome to befall him. He thought his mother would probably wait until after her holiday during the coming summer and then throw him out. A sensible person would prepare and find a flat for himself, he continued, but he knew that he himself would just wait and see what happened. In the meantime, he would do his best to be patient and supportive of his mother.

I interpreted that Mr. T knew I was going to be away in just a few days, and he felt that both he and I were helpless to alter this. Instead of facing our helplessness, we were caught in an atmosphere of blame in which everyone felt themselves to be victims and blamed everyone else for their predicaments.

The patient said that he did not agree; he was simply describing what had happened that morning. I pointed out the dramatic way in which he had talked about his mother's "incredible suffering," which I thought was how he felt about his own suffering. I suggested that the purpose of the dramatic accusations and counteraccusations was to make me recognize that I was leaving him in a hopeless situation. Mr. T replied that the only thing he was clear about was his fury—but, he added, he still had the fantasy that his mother would change: she would realize what she was doing to him.

I interpreted that he really did hope I would reconsider and cancel my break or agree to take him with me. If his cries and protests made me relent, then the hell he was living in would be transformed into a heaven. Mr. T gave a laugh of ridicule at this idea, and I interpreted that he mocked anything childish or needy in him because all he could envisage was to be rescued, and this did not seem real. However, I suggested that his *feelings* were real, and that it was these feelings that led him to go on trying to get relief. If he could make me feel bad about the state I was leaving him in, he might at least feel that a measure of his suffering had gotten through to me.

Mr. T said that he had stopped talking to his mother about his career problems, and she behaved as if they had disappeared. She accused him of exploiting both his sister and herself, using their money to finance his easy life, and said that it was now time he paid them back what he owed. I interpreted that *he felt he* was the one who was being exploited, including by me, since I seemed able to take my break with no regard for him.

Yet I also suggested that the reality of the situation was impossible to determine. Was Mr. T really suffering, or was he getting satisfaction from the drama that was played out in front of me? Perhaps if the drama stopped, he would be faced with the emptiness and deadness that he would be left with during my absence.

The patient paused, and then related that he had put his arm around his mother's shoulder and she had rejected him, accusing him of insensitivity. Her sister was dying and all he could offer her was a hug. I interpreted that Mr. T felt that my attempts to support and comfort him were inadequate; he wanted material help, not understanding. His situation was made worse by my ability to leave while he was stuck in his dire situation. I had a way out. I was sufficiently together to be able to afford a break, and what was more, in his eyes, this heralded the eventual end of the analysis. I would be able to retire and extricate myself, and he could find no such option. "Yes," he agreed, "you are in a position to think of retirement because you have the means to do so, while I have nothing."

I said that I was meant to believe that I left him with nothing, and yet it was difficult to tell what Mr. T's resources actually were. Nor were mine so clear, although he preferred to think of me in terms of clichés of

having an easy life, being happy and successful, having all that he wanted and felt deprived of. "Yes," he said, "but of course it's possible that you, too, are going through some dire situation like the one my aunt is in."

Discussion. This session began with the familiar dramatic accounts of blame and counterblame in which moral issues were so dominant that reality could not be evaluated. I thought Mr. T felt that my taking an Easter break was bitterly unfair and cruel, and made him feel like a child left with few resources while the parents callously went off to the adult world with its emotional and material riches. Instead of understanding this and supporting his experience of a deeply immoral world, I was questioning his version of reality and, like his mother and sister, implied that he owed me something, while he felt that it was *I* who owed *him.* In this way I had become drawn into a struggle to get rid of guilt. I think he felt I could not bear to face my responsibility and was implying that he was to blame for the way he dramatized his situation in order to make me feel bad. He felt that I was trying to blame him when it was I who deserved to feel bad, since I was the one leaving him. He felt that I was not able to accept the emotional reality that underlay his protests.

At this stage in the session, everyone seemed to be claiming that they were a victim, and I think Mr. T found it very confusing. When he became angry, at least he knew where he was, but in his rage there was no room for thinking or understanding. I think he felt more understood after he expressed his helplessness in the face of being thrown out by his mother. I was able to take up his despair about whether anything could change and whether he could do nothing more than hang onto his analysis, just as he was inclined to hang onto his mother and await the dire outcome. On one level, this stance could also be seen as trying to project guilt, but I thought it was associated with a sad mood in which Mr. T would eventually have to face losing his good objects. This theme was associated with the idea that I had a way out—I had enough resources, both emotional and material, to escape while he felt trapped. With this patient, there was always a catastrophe in the background. He had referred to having no exit policy, which made me fear that if nothing changed we would have to face a collapse leading to a breakdown.

Often the idea of a breakdown had been simply unthinkable for Mr. T, but on this occasion it was associated with a sadder and more de-

spairing mood. My own feelings of sadness were accentuated when he expressed the hope that his mother might change and finally realize what she was doing to him. He knew that I would not change my plans and cancel my break or take him with me, but he could express his longings as a small child might do, and I could respond with an awareness that I could comfort him, perhaps, but that I was helpless to relieve his pain.

The view that understanding was inadequate had been conveyed by his description of his mother's dissatisfaction when he put his arm around her shoulder. Had he been doing something unreasonable by trying to comfort her? I think Mr. T was also confused by my efforts to support him through an understanding of his plight while not being able to relieve it. This brought us back to what he felt was the terrible difference in our circumstances: I could get away; I had an exit policy associated with an eventual end to his analysis in which I was able to retire, while he was left with no way out.

THE ROLE OF REALITY IN MOURNING

In Mr. T's case, contact with feelings of sadness and loss was associated with a capacity to think that involved the use of symbols proper (alpha function), which enabled the patient to feel understood, at least transiently. Thinking involved facing loss, which was made acute due to the oncoming break, but was also connected with the idea of losing me permanently. Were it to be fully faced, the loss would have to be accepted and mourned, and this was clearly possible only for a short time.

Once the pain and despair were experienced, Mr. T felt that he needed material relief rather than understanding. Just as he saw no point in having a room of his own at the time of the first session, he saw my understanding in the second session as representing an arm around his shoulder, which was insufficient and confusing. He could not relinquish the hope that I would change my mind and be able to give him material rather than symbolic relief. Symbolic thinking was converted back into a concrete demand that the loss could be reversed and his suffering transformed rather than understood. In this way, his hell would be transformed into a heaven, and both Mr. T and his objects would be omnipotently restored.

Gradually over the course of the analysis, the patient's capacity to sustain contact with sadness and loss was strengthened, and it seemed to me possible that it would continue to do so. This contact was associated with mourning, and with mourning came the capacity to take back some of the projections that had dominated so much of his analysis (Steiner 1996). Evidence of this capacity could sometimes be discerned in the patient, and he did finally moderate some of the extreme images of heaven and hell that he felt so sharply contrasted his situation with mine.

However, it was perhaps more important to discover this capacity in me, and this involved a recognition of my difficulty in facing the eventual loss of Mr. T, and with it the loss of my sense of therapeutic potency. This brought me up against a consideration of the reality of what could and could not be achieved in this analysis, and through analysis in general. Limitations had to be faced and worked through, eventually, by the patient—but perhaps initially by the analyst. Mourning played a critical role in this process, and was ultimately not just for the loss of important objects, but also for the loss of omnipotence on the part of both analyst and patient. If omnipotent solutions are relinquished, a potential for development can be released, but of course such development is uncertain, gradual, partial, and slow.

Development of symbolic function (alpha function) and the capacity to mourn are inextricably linked but often seem to give rise to a Catch-22 situation. One cannot mourn unless one can symbolize, and one cannot acquire symbolic function unless one can mourn. If loss is felt to be unacceptable, then the experience has to be gotten rid of, and symbols need to be converted back into concrete objects so that relief can be obtained via projective identification. If the analyst is himself unable to tolerate loss, his capacity to contain is affected, and there may be no one able to symbolize and to mourn the experience of loss.

Much of the pressure on the analyst comes from the patient's need that the analyst clarify whether he is a good or a bad object. This stems in part from the patient's confusion and from his fear of becoming dependent on an unreliable object. This pressure was increased by Mr. T's conviction that he could not make these judgments himself; he believed that he was dependent on the analyst's judgments, while at the same time feeling that they were not to be trusted. As long as this situa-

tion continued, symbolic equivalents (beta elements) were the primary means of communication, and the development of the patient's capacity to think and to symbolize was delayed.

An essential step in this development comes from acquiring a space to think, and from what Britton (2003) calls an emancipation of the ego from dominance by the superego. I understand this to mean that ego functions—in particular, the capacity to evaluate and tolerate reality—come to be less dominated by superego functions, which give priority to moral issues. We have to be able to tolerate *what is* and distinguish it from *what should be.* This task, I believe, involves a process of mourning and the replacement of a fantasied omnipotence by the capacity to make painful judgments, often specifically about what is real and what is delusional.

Much of Mr. T's dependence on omnipotence stemmed from his experience of reproachful objects who demanded that they be restored and repaired. Moreover, this repair had to be concrete because the patient could not understand the idea of symbolic reparation. What was disturbing was that, for much of the time, neither could I. I saw him as damaged, and I felt guilty that I could not concretely restore him to health. A shift in my attitude required that I recognize the same painful helplessness in relation to my own internal world. Like Mr. T, I wanted to restore and repair my damaged objects, and like him I failed to recognize that this can only be done symbolically.

CONCLUSION

In our profession, it is particularly easy for us to project our own internal objects into our patients and then try to restore them by attempting to cure the patient. To recognize this as an omnipotent wish involves letting our objects go and mourning them, and at the same time letting our omnipotence go and mourning it. If the analyst can see that his apperception of reality has been numbed, he can sometimes also see that he has become invaded by the patient's reality and has accepted a morality based on a concrete need to repair rather than to understand.

Often the central issue turns out to revolve around the experience of loss and the evaluation of the reversibility or otherwise of the loss.

Freud (1917) was clear in observing that "each single one of the memo-
ries and situations of expectancy which demonstrate the libido's attach-
ment to the lost object is met by the verdict of reality that the object no
longer exists" (p. 225).

To accept loss as real involves a challenge to omnipotence when we
have to admit that the loss cannot be reversed. It is also a challenge to
our morality when we are forced to observe suffering that we believe
ought to be prevented. It sometimes seems paradoxical that the way to
help both patient and analyst face the verdict about reality involves de-
tachment from the patient's versions of both morality and reality.

Strachey (1934) made a similar point when he emphasized that, to
make a mutative interpretation, the analyst has to eschew

> . . . any real behaviour that is likely to confirm the patient's view
> of him as a "bad" or a "good" phantasy object . . . . It is a para-
> doxical fact that the best way of ensuring that [the patient's]
> ego shall be able to distinguish between phantasy and reality is
> to withhold reality from him as much as possible. [pp. 146-147]

In the case I have discussed, the patient provoked a constant pre-
occupation on my part with his reality, as if I were obliged to decide
whether I should believe him or not. In retrospect, it is clear that this
was the wrong question for me to ask. Perhaps I might have followed a
suggestion made by Bion: that we could usefully imagine the patient was
reporting a dream rather a real event.[3] Say, for example, that my patient
had reported a dream in which his mother had attacked him unfairly.
Perhaps framing Mr. T's comments in these terms might have enabled
me to extricate myself from issues of what was real, and to respond to his
material as a symbolic kind of communication related to my capacity to
face his psychic reality as well as my own.

I have found that looking at the role played by reality has allowed
me to rethink my propensity to become preoccupied with the factual
basis of the patient's accounts and hence to miss the psychic reality that
is being communicated. I doubt if this awareness will stop me from in-

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[3] Bion is said to have made this suggestion, although I have not been able to trace
its source. Ferro (2009) used a similar idea in his discussion of *transformations in dreaming*.

dulging in enactments for defensive reasons, but perhaps it will permit me to study what has been enacted in a more tolerant way.

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CAUGHT IN THE SNARE OF DECEPTION: AN EXPLORATION OF THE PSYCHOLOGY OF BEING DECEIVED THROUGH TWO NOVELS OF HENRY JAMES

BY LUCY LA FARGE

Although all of us become deceived at times, certain individuals are particularly prone to be caught in the snare of deception. The author uses novels by Henry James to explore two pathways by which these vulnerable individuals become deceived. The Portrait of a Lady *(1881) illustrates the dynamics of someone who is not chronically deceived, but who surrenders to a deceptive object in order to escape from conflict and pain.* The Golden Bowl *(1904) illuminates the situation of someone for whom being deceived is a more chronic state, one that mirrors a false internal world. The author considers the obstacles that one encounters when one attempts to emerge from the state of being deceived and the difficulties that the deceived patient presents for the analyst.*

Keywords: Deceived, deception, Henry James.

THE NATURE OF DECEPTION

Who among us has never been deceived? The recognition that one has been deliberately misled is a painful experience, which if one is fortunate, leaves one sadder but wiser, with greater understanding of oneself

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as well as of the person who has promulgated the deception. Inoculated by knowledge, we hope, with some reason, that we will be less credulous the next time. However, the attractions of believing in a deceptive reality, and of giving our trust to those who deceive us, are often hard to give up.

As analysts, we encounter a group of patients who are vulnerable to being deceived in certain situations and certain important relationships. The analyst may be aware of the deception from the beginning, or, alternatively, he may join the patient in being deceived. Although these patients' ties to their deceptive objects may be powerful, these are not the only kinds of ties that they maintain. For a second group of patients, being deceived is a fundamental condition of life. These patients seem to be intractably connected to "official" versions of their families' stories, which are clearly false. Afraid to violate family secrets or to confront contradictions in the family myth that are quickly apparent to the analyst, they subordinate their personal myths to the roles to which they have been assigned. Chronically and often willfully deceived by their early objects, these patients are frequently vulnerable to deception by others as well.

The experience of being deceived has been the subject of many novels and plays. However, the psychoanalytic literature has devoted far more attention to deceivers than to those who become deceived. The universal tendency to become deceived has been the subject of two papers: Kris (2005) links the susceptibility to believing hypocrisy—the special form of deception in which the deceiver's lie is that he is virtuous—to the believer's idealization of the hypocrite as a defense against uncertainty, as well as to his desire for the deceptive story to be true. All of us are prone to being deceived, Kris argues, because of the universal tendency to regress to a very early state of trust in the omnipotent parent. Rangell (2000), focusing on the way such submission to deception is overcome, notes that the former believer's unmasking of hypocrisy permits the projection of his own compromises of integrity onto the vilified figure of the hypocrite.

The special vulnerability to becoming deceived has largely been left unexplored by psychoanalytic writers. Of the two groups that I delineated, the first group—those for whom being deceived is important but

occasional—has not been the subject of analytic writing. The second group—those who remain deceived by their early objects and are vulnerable to deception by others later on—has been considered in the analytic literature from the perspective of the family matrix from which they emerge, and the forces that maintain allegiance to the original family myth. A central theme in these studies has been the mother's appropriation of the child's sense of reality in order to serve her own narcissistic needs. Thus, Faimberg (2005) describes a *telescoping of generations* in which the parent seizes control of the child's identity to preserve her own narcissistic functioning; the child consequently subordinates his own view of the world to the parent's in order to maintain the essential link between them. Shengold (1989) uses the term *soul murder* to describe the most severely injured among this group, and argues that their identity and capacity for pleasure have been deliberately crushed by the parent.

Gunther (1984) depicts a developmental trajectory by which the mother's appropriation of the child's view of reality leads in adulthood to a vulnerability not to *being* deceived, but rather to *feeling* deceived. Jacobs (1991), describing patients whose subordination to parental myth is imbedded in a somewhat higher level of personality organization, points out the many functions that such beliefs may serve for the individual who subscribes to them; these include the gratification of instinctual wishes and the warding off of other memories and desires. These authors do not explicitly address the proneness of those who have been deceived by their early objects to become deceived by others later on.

In both my clinical work and my reading of literary works on deception, I have been particularly interested in the object relationship that the deceived plays out with the deceiver who engages him in external reality. This object relationship is quite different for the ordinary individual who is occasionally taken in; for the individual who is prone to become deceived about important matters; and for the individual locked in a family myth who becomes engaged in a continuing series of deceptive relationships. In the presence of a skilled deceiver, as Kris (2005) observed, all of us are prone to revive a relationship with the figure of an early parent who shaped our experiences of self and reality. For those who are especially vulnerable to becoming deceived, this parental figure

has a particular quality of negating the child's sense of reality. Ordinarily, the negating figure is more or less latent. However, at times when internal or external reality seems particularly dangerous, these vulnerable individuals revive their passionate attachment to this early object, project it outward onto a figure in external reality, and submit to it, using its negating vision to blot out the conflicts and dangers that threaten them.

For the chronically deceived, the object relationship that is played out is with a complex organization of internal objects who serve a host of defensive functions for the deceived—simultaneously negating danger and conflict in psychic and external reality, gratifying central wishes, and protecting important interests—and the individual is often identified with the role of the deceiver as well as that of the deceived.

TWO LITERARY ILLUSTRATIONS

In this paper, I will use two novels by Henry James, *The Portrait of a Lady* (1881) and *The Golden Bowl* (1904), to explore the dynamics of the deceived and the difficult process through which false belief can be relinquished. Deeply psychological, James's work both exemplifies and depicts the process of coming to know, of fully recognizing one's unique individual viewpoint of reality. The moral value of a work, James believes, is in the author's seeing and conveying his unique perception of the central facts of an emotional situation. As he states in his famous image from the preface to *Portrait of a Lady:*

> The house of fiction has in short not one window but a million—a number of windows not to be reckoned, rather; every one of which has been pierced, or is still pierceable. in its vast front, by the need of the individual vision and by the pressure of the individual will. These apertures of dissimilar shape and size, hang so, all together, over the human scene that we might have expected of them a greater sameness or report than we find. They are but windows at best, mere holes in a dead wall, disconnected, perched aloft, they are not hinged doors opening straight upon life. But they have this mark of their own that at each of them stands a figure with a pair of eyes, or at least with a field-glass, which forms again and again, for observation, a unique instrument, insuring to the person making use of it an impression distinct from any other. [James 1908, pp. 45-46]

The process of coming to know is also the *subject* of James's novels, as James traces the tangled process by which his central characters move toward greater awareness of the unique facts of their internal and external situations. Often in his later novels, more traditional outward forms of action take second place to the inward action of knowing. As James puts it, describing what he argues is the key scene in *Portrait of a Lady*, "It is a representation simply of her motionlessly *seeing*" (1908, p. 54, italics in original). In many of James's major novels, the central character's journey toward self-knowledge follows the same story line: the character first falls victim to a complex and powerful deception; then, gradually and painfully, she unravels the deception and confronts its meaning and the actions it requires.

In a number of James's novels, the deception has the same configuration: an innocent young American woman, traveling to Europe, is drawn into the wiles of a more sophisticated European or Europeanized couple. Wooed by and in love with the man in the couple, she gradually comes to realize that the couple has long been engaged in an affair, which they have kept secret from her. The process of her discovery and the effect of the discovery and its aftermath on the woman protagonist and the other characters is the central subject of the novels.

These novels have often been considered in terms of James's exploration of the clash between the new culture of America and the older one of Europe (Rahv 1949). From a psychoanalytic standpoint, Boswell (2005) has shown in a fine exegesis of one of them, *The Wings of the Dove*, the way in which the novel exemplifies Britton's (1998) argument that the child's developing capacity to know and tolerate reality centers upon his recognition of the sexual link between the parents from which the child is excluded. Boswell's contribution, like Britton's, points to the difficulty the child has in accepting that his individual reality is bounded by the realities of others.

From another perspective, which I will pursue in this paper, each of these novels might be seen as representing the panorama of the object world of the central character. From this perspective, the deceivers in the novels appear not so much as representatives of an external reality, which must be integrated into psychic reality (representatives who implicitly are felt to be deceitful because they dispel the child's oedipal

illusions). Rather, the deceivers are figures who take shape in external reality because they represent aspects of the needs and desires of the central character. This indeed is how James himself thought of these characters: the "germ of [the] idea" for *The Portrait of a Lady*, for example, is "not at all in any conceit of a plot," but "altogether in the sense of a single character" (James 1908, p. 42).

James hoped, he said, to use the other characters to illuminate the central one, "to imagine, to invent and select and piece together the situations most useful and favorable to the creatures themselves, the complications they would be most likely to produce and to feel" (p. 43) The secondary characters may have considerable substance, or they may be "but wheels to the coach" who are "for a moment accommodated with a seat inside" (p. 52). In addition to serving as actors in the plots of the novels, James's secondary characters also serve as narrators. Each of them presents a point of view, a fragment of knowledge about the central character—in James's metaphor, a unique window upon reality.

Thus, through the secondary characters' multiple, successive viewpoints, James depicts the piecemeal process by which deception is recognized and unraveled within the individual mind of the central character. And, as in life, the central characters unite many but not all of the pieces in the perspectives that they reach through their arduous strivings for illumination. In addition to the multiple consciousnesses that James portrays, the structures of the novels often convey a distinctive version of the movement toward moral truth (Wood 2005). I will try to show the ways that these structures sometimes reinforce the explicit perspectives of the novels, and sometimes oppose them.

The Portrait of a Lady

The Portrait of a Lady (1881) tells the story of Isabel Archer, a 23-year-old American woman who is brought to Europe by her wealthy aunt after Isabel's father's death and falls under the sway of an older woman, the malicious and devious Madame Merle. Madame Merle induces Isabel to marry Gilbert Osmond, who has secretly been Madame Merle's lover and who is raising the couple's illegitimate daughter as his child by his dead wife. James shows us the pathway by which Isabel falls victim to Madame

Merle's deception and the painful process by which she comes to recognize her error.

The novel opens in a paradisiacal setting: a summer teatime, outdoors at Gardencourt, the estate of Isabel's uncle, Mr. Touchett. It is a scene full of promised happiness, but the trio of men anticipating Isabel's arrival as they partake of the tea have lost the capacity to enjoy their situation to the fullest: Isabel's uncle is old; his son, Ralph, is an invalid, dying of consumption; and their friend, Lord Warburton, with all life can offer before him, is bored and jaded. Isabel, arriving at this scene, brings with her freshness, a capacity for life, and experience. As James describes it, this freshness has to do with Isabel's eagerness to *know* life, to see the world without illusion: "She was looking at everything with an eye that denoted clear perception" (1881, p. 70).

However, we soon learn that Isabel's freshness and forward-looking attitude screen important losses and conflicts. As the novel moves backward in time to tell us the events leading up to her journey, we find that she has lost her mother in childhood and her father only four months earlier. This father was a roué, improvident and self-centered, but Isabel does not acknowledge the full effect of this. For her, "it was a felicity to have been his daughter" (p. 87). Seeking new knowledge, Isabel is in flight from what she already knows. She has "a desire to leave the past behind her" (p. 86), and she also wishes to escape the dangers of sexuality. She "believed that it was perfectly possible to be happy without the society of a more or less coarse-minded person of another sex . . . . [There was] something pure and proud in her—something cold and dry" (p. 106). As she leaves Albany, she turns down the marriage proposal of Caspar Goodwood, an ardent suitor.

In effect, the first part of *The Portrait of a Lady* could be seen as the playing out of Isabel's family romance fantasy: She leaves behind the impecunious, dead parents of her childhood, and is adopted by a wealthy family who love her dearly. Ultimately—at her cousin Ralph's insistence, unbeknownst to Isabel—her uncle leaves her a large inheritance, as her own father did not. As with all family romances, the child's happy fantasy of the adoptive parents is ultimately threatened by the shadow of the original family that has been left behind. We are told from the start that Isabel's uncle, the adoptive father of her family romance, is soon to die;

"he was taking the rest that preceded the long rest" (p. 61). And from the beginning of her great adventure, Isabel's need to deny limits her capacity to know and experience the world. As Ralph observes, she wants "to see, but not to feel" (p. 203).

As Isabel faces in her new situation the painful repetition of her earlier losses, Madame Merle makes her first appearance in the novel. James makes the link between loss and deception evident in the structure of the novel: In a scene that James (1908) considers a key moment, Isabel returns to Gardencourt to attend her uncle at the time of his final illness. Entering the empty drawing room, she finds Madame Merle, an enigmatic figure seated at the piano with her back to Isabel, seemingly in possession of the place. Isabel "deeply recognizes, in the striking of such an hour, in the presence there, among the gathering shades, of this personage, of whom she had never so much as heard, a turning-point in her life" (James 1908, p. 54).

In the setting of Mr. Touchett's impending death, Isabel becomes fast friends with Madame Merle. Although the older woman appears to Isabel to hold herself somewhat aloof, Isabel confides in her more fully than she ever has in anyone else. Isabel attributes to the older woman a great capacity to think, as well as the capacity to feel that Isabel herself lacks:

> She [Madame Merle] knew how to think—an accomplishment rare in women; and she had thought to good purpose. Of course, too, she knew how to feel. Isabel couldn't have spent a week with her without being sure of that. This was indeed Madame Merle's greatest talent, her most perfect gift. [James 1881, p. 240]

As Isabel endows the deceptive Madame Merle with a superior capacity for knowing, she reduces her own capacity for knowledge still further. Doubting her new friend momentarily, she retreats from curiosity: "With all her love of knowledge she had a natural shrinking from raising curtains and looking into unlighted corners. The love of knowledge coexisted in her mind with the finest capacity for ignorance" (p. 250).

That Madame Merle's presence serves to ward off Isabel's awareness of loss is evident once again in the structure of the novel, as James places Isabel, after Madame Merle's departure, in a room at Gardencourt remi-

niscent of the room in Albany where Isabel often sat after her father's death. Here, unaccompanied by the older woman, Isabel becomes aware of a "great stillness" that marks her uncle's death.

Immediately after the death of Mr. Touchett, the narrative of the novel shifts from Isabel's perspective to Madame Merle's. It is as if Isabel's capacity to think and feel has been interrupted by the loss, which must evoke for her the recent death of her father and the earlier death of her mother. Unable to mourn, she has surrendered her own perspective entirely to the false vision of her deceiver. By the same movement, James explicitly allows the reader to see more of Madame Merle's inner life than Isabel has allowed herself to grasp. Madame Merle is cynical and envious. Contemplating the wealth that Mr. Touchett has left behind, "the idea of a distribution of property—she would almost have said of spoils—just now pressed upon her senses and irritated her with a sense of exclusion" (p. 259). And when she hears that Isabel has become an heiress, her envy is so intense that she loses control for a moment, coloring and sharply disparaging the younger woman. Madame Merle's plan to marry Isabel to Gilbert Osmond, which crystallizes at this time, is not simply self-serving—she hopes to further the fortunes of her daughter, Pansy, as well as those of her lover—but also an expression of her envious wish to hurt the more fortunate younger woman.

When Isabel's point of view reappears, her thinking is entirely under the dominance of Madame Merle. Her attachment to the older woman is so profound that her trust is unshaken by conscious de-idealization, her "sense in [Madame Merle] of values gone wrong or, as they said at the shops, marked down" (p. 375). Under Madame Merle's sway, Isabel is easily seduced into loving Osmond and rigidly adheres to her choice.

James presents a series of scenes in which Isabel rejects the reasonable concerns of friends and relatives that Osmond is marrying her for her money. These scenes make the reader aware of the faultiness of her logic and the rigid way in which she has turned away from reality. At the same time, as their painful intensity mounts to a climactic encounter with Ralph, who risks declaring his hopeless love for Isabel in order to warn her of the danger of marriage to Osmond, these confrontations give the sense of a powerful reality that must be fought off but that

nevertheless remains to be known, embedded in Isabel's other, more truthful relationships.

Portraying Osmond as a dishonest, preening fool, James also shows us the complexity of Isabel's attraction to him. Clearly, she is deceived, yet she appears to be drawn to Osmond himself—to the deceptive object whom Madame Merle holds forth, as well as to the power of Madame Merle's vision. James suggests that Isabel feels compassion for the refined but impecunious Osmond, and that her choice of Osmond expresses her guilt at profiting by her uncle's death.

At the same time, James gives us the sense that Osmond's actual qualities—his connoisseurship, self-aggrandizement, and sense of injury—inspire real passion in Isabel. When, after a lackluster courtship, Osmond declares his love:

> The tears came into her eyes; this time they obeyed the sharpness of the pang that suggested to her somewhere the slipping of a fine bolt—backward, forward, she couldn't have said which . . . . What made her dread great was precisely the force which, as it would seem, ought to have banished all dread—the sense of something deep down that she supposed to be inspired and trustful passion. It was there like a large sum stored in a bank— which there was a terror in having to begin to spend. [p. 360]

The full meaning of Isabel's attraction remains unexplored. It seems possible, although James gives us no confirmation of this, that in his self-aggrandizement as well as his self-definition as the father of a daughter, Osmond evokes for Isabel something of her own idealized and disappointing father.

When the narrative of the novel resumes, some three years after the marriage of Isabel and Osmond, James shows us the difficult process by which Isabel comes to terms with the reality of her choice and its foundation in Madame Merle's deception. Although this final part of the novel opens from the perspective of Madame Merle, James signals to the reader with his first words that a different, more historical reality is in question by locating the narrative in a specific historical moment for the

first time. It is now "one afternoon of the autumn of 1876" (p. 408), not the timeless summer afternoon of the opening scene at Gardencourt.[1]

As the novel shifts to Isabel's perspective, we see that she is now faced with another impending death: her beloved cousin Ralph, dying of consumption, has arrived in Rome, accompanied by his friend, Lord Warburton, a rejected suitor of Isabel's. Isabel's need to mourn the loss of Ralph, as she has not mourned her earlier losses, fuels her turn toward reality, which we learn has already begun. Isabel has become somewhat distant from Madame Merle, although we learn that she has never entirely lost her admiration for her. Isabel regrets her marriage and sees that Madame Merle was the maker of it, but her first response is to reject this thought, with the shame that it evokes for her, and to assert her own responsibility:

> Isabel once said to herself that perhaps without [Madame Merle] these things would not have been. That reflection was instantly stifled; she knew an immediate horror at having made it. "Whatever happens to me let me not be unjust," she said; "let me bear my burdens myself and not shift them upon others!" [p. 454]

As Osmond and Madame Merle press her to join them in bringing about a socially advantageous marriage for Pansy to Lord Warburton, Isabel's own rejected suitor, over Pansy's objections, Isabel gradually becomes aware of the many dimensions of the deception and her participation in it. As is often the case with James's characters, Isabel's dawning awareness crystallizes with something that she *sees:* Entering her own drawing room, she glimpses Madame Merle and Osmond together.

> What struck Isabel first was that he was sitting while Madame Merle stood: there was an anomaly in this that arrested her . . . . But the thing made an image, lasting only a moment, like a sudden flicker of light. Their relative positions, their absorbed mutual gaze, struck her as something detected. [p. 458]

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[1] For James's contemporary readers, the date 1876 anchored the novel in their own historical reality as the novel was first published in 1881.

James tells us that it was not so much the novelty of what Isabel *saw* that affected her, but rather her new capacity to *know:* "The impression had, in strictness, nothing unprecedented; but she felt it was something new" (p. 457).

Similarly, although Isabel's glimpse of her actual situation sets in motion a series of dramatic events in her relationships with others—her confrontation of Madame Merle; her being told by Osmond's sister of Pansy's parentage; and her departure from Rome, against Osmond's explicit prohibition, to attend Ralph at his deathbed—James's principal focus is on the scenes when Isabel is all alone, coming to understand her situation. It is evident in these scenes of "motionlessly seeing" (James 1908, p. 54) that Isabel's capacity to think and feel, to fully recognize reality, no longer resides in others—in the deceptive vision of Madame Merle and in the voices of reality expressed by her friends and relations; her capacities are now gathered in her own mind.

As she unravels her situation, Isabel first turns her anger and mistrust upon the husband whom she has come to hate, rather than on Madame Merle: "It was her deep distrust of her husband—that was what darkened the world" (1881, p. 474). She no longer needs to take the omnipotent position that she is the full cause of her own unhappiness: "These shadows were not an emanation from her own mind; she was very sure of that" (p. 474).

At the same time, Isabel is able to accept that she has played a part in her own undoing: her guilt at receiving such a great inheritance had moved her to rid herself of it, to give it to someone whom she deemed a worthy recipient. Interestingly, Isabel does not acknowledge the flimsiness of Osmond's artistic nature and taste, as James has shown that most others, even Pansy, do. Rather, she blames him for the very dynamic that we have seen between herself and Madame Merle—the narcissistic demand that she surrender her own perceptions:

- She had not been mistaken about the beauty of his mind; she knew that organ perfectly now. She had lived within it. She had lived in it almost—it appeared to have become her habitation. [p. 477]

- The real offence, as she ultimately perceived, was her having a mind of her own at all. [p. 481]

It is only after considering the narcissistic-deceptive dynamic that she herself has played out with Osmond that Isabel is able to look clearly and feelingly at the same dynamic with Madame Merle:

- Ah yes, there had been intention, there had been intention, Isabel said to herself; and she seemed to wake from a long pernicious dream. [p. 561]

- Perhaps it was not wicked—in the historic sense—to be even deeply false; for that was what Madame Merle had been— deeply, deeply, deeply. [p. 565]

And finally, after she has learned of Pansy's parentage: "She saw in the crude light of that revelation which had already become a part of experience . . . the dry staring fact that she had been an applied handled hung-up tool, as senseless and convenient as mere shaped wood and iron" (p. 598).

Isabel's growing contact with her emotional life and with the real events in which she has played a part enable her to become the agent of her life again. She is able to confront her husband, to leave him for Ralph's deathbed, and to imagine her life taking some shape other than the shrunken and deformed one that it has had within the false vision of Madame Merle:

> Isabel . . . had an impression that she should never again see Madame Merle. This impression carried her into the future, of which from time to time she had a mutilated glimpse. She saw herself in distant years, still in the attitude of a woman who had her life to live . . . . Deep in her soul—deeper than any appetite for renunciation—was the sense that life would be her business for a long time to come. And at moments there was something inspiring, almost enlivening, in the conviction. It was a proof of strength—it was a proof that she should some day be happy again. [1881, p. 607]

And in her fuller relationship with reality, Isabel is also able to confront the loss of Ralph as she has not confronted earlier losses—to ex-

press her love, apologize for her mistakes, and, one feels, ultimately to mourn.

Yet, as the novel ends, James tells us that Isabel has returned to Rome. The ending of the novel is often felt to be unsatisfactory. Why, the reader wonders, must Isabel return to Osmond? Certainly, James emphasizes the importance of Isabel's continuing flight from sexuality. In a final meeting with Caspar Goodwood, she experiences physical passion in a way that she has not done before and is repelled: "His kiss was like white lightning, a flash that spread, and spread again, and stayed; and it was extraordinarily as if, while she took it, she felt each thing in his hard manhood that had least pleased her" (1881, pp. 635-636).

Isabel's return to Rome reflects the refusal of a second surrender of self, this time to Goodwood (Santos 1980). And, as James tells us, Isabel has left Osmond primarily to say goodbye to her cousin:

> Her errand was over; she had done what she had left her husband to do. She had a husband in a foreign city, counting the hours of her absence; in such a case one needed an excellent motive. He was not one of the best husbands, but that didn't alter the case. [p. 626]

Isabel's triumph, like those of James himself, is in the realm of knowledge rather than in action in the world. And perhaps, in the terms I have laid out, she has worked through her attachment to the figure of the deceiver—her wish to be drawn into the sealed-off world of deception in order to deny the painful realities of loss and conflict—and her attachment to the specific content of the deception as a defense against conflicts over sexuality and guilt—her need to unburden herself of the inheritance that she unconsciously feels to be ill-gotten. However, she has not acknowledged the wishful aspect of her attachment to the specific deception to which she subscribes: the satisfaction of her oedipal attachment to Osmond, who resembles the improvident, self-centered father of her childhood. She continues to idealize this father, and mistakenly finding in Osmond—as in her father—a beautiful mind, she returns to him.

The Golden Bowl

The Golden Bowl (1904) tells the story of the marriage of Maggie Verver, a young American heiress, and Prince Amerigo, the scion of a noble but impoverished Italian line. Before meeting Maggie, the prince has had a secret affair with Charlotte Stant, a schoolmate of Maggie's; the two did not marry because both were poor. On the eve of the prince's marriage, Charlotte returns and insists that the prince accompany her to choose a wedding present for Maggie. Meeting in secret, the two find and reject as the intended gift a golden bowl, made of gilded crystal with a hidden flaw that makes it vulnerable to breaking into two pieces.

After the marriage, Charlotte and the prince engage in a deception of widening proportions: first deceiving Maggie as to the sexual nature of their past relationship; then, after Charlotte has—at Maggie's prompting—married Maggie's widowed father, resuming their past affair. Ultimately, Maggie permits herself to become aware of the hidden liaison between her husband and her father's wife. The golden bowl, which has been a leitmotif of the novel, an image representing Maggie's flawed marriage, serves as the concrete instrument of Charlotte and Prince Amerigo's exposure.

If Isabel Archer is drawn into the false world offered by Madame Merle as an escape from the pain of loss and mourning, Maggie is easily gulled by the deceptive Charlotte Stant, because Maggie herself cannot make a real marriage with the prince—one in which she would give herself fully, and would fully know her husband and be known by him. To do so would threaten the false marriage she has long shared with her father, an American tycoon and collector. In effect Maggie is available to enter the false world of her marriage to Prince Amerigo because it mirrors the falsity of her earlier attachment to her father.

Maggie's unusually close bond with her father, and her inability to move outside their special shared world in order to fully join her fiancé, are evident in the first scene of the novel. It is shortly before the wedding, and the betrothed are in conversation. Once again, James places the theme of *knowing* at the center of the story, telling us that the prince has sufficient knowledge of Maggie and her father, or so he believes, but

that he feels deeply unknown by them. Significantly, he speaks of the Ververs as a unit:

> "Ah love, I began with that. I know enough, I feel, never to be surprised. It is you yourselves meanwhile," he continued, "who really know nothing. There are two parts of me . . . . One is made up of the history, the doings, the marriages, the crimes, the follies, the boundless *betises* of other people . . . . Those things are written—literally in rows of volumes, in libraries . . . . Everyone can get at them, and you've both of you wonderfully looked them in the face. But there's another part, very much smaller doubtless, which such as it is, represents my single self, the unknown, unimportant—unimportant save to *you*—personal quality. About this you've found out nothing." [1904, p. 47]

Maggie replies that the prince's history is what originally drew her to him. We sense that she has fallen in love with a fantasy, that she cannot make contact with a real man.

In the same conversation, we learn that the two Ververs indeed function as a unit, viewing the world from a single, shared perspective. Thus Maggie's interest in the Prince as a "type" fits with her father, the connoisseur's, appraisal of him. Maggie says:

> "You're . . . a part of his collection . . . one of the things that can only be got over here. You're a rarity, an object of beauty, an object of price. You're not perhaps absolutely unique, but you're so curious and eminent that there are very few others like you . . . . You're what they call a *morceau de musee*." [p. 49]

Maggie's tone is facetious and we sense that she does feel passion for her prince, but her capacity for love seems limited; there is a commercial, objectifying quality to it.[2]

Immediately following this prenuptial conversation, the prince goes to the home of Fanny Assingham, who first introduced him to Maggie; here he reencounters Charlotte Stant, with whom Fanny is also intimately connected. Encountering one another once again, these three

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[2] The "commodity world" of Maggie and her father is a pervasive feature of James's novels, felt as a psychological force that opposes full self-knowledge and as a social force, a reflection of the capitalism of James's era (Gilmore 1986).

characters join together in an unspoken compact to conceal the sexual relationship that has existed between the prince and Charlotte. Each of the three has a different motive: Charlotte, the instigator, wishes to renew her affair with the prince; the prince, an initially hesitant co-conspirator, is "a foredoomed, entangled, embarrassed agent in the general imbroglio" (James 1909, pp. 20-21); and Fanny, a reluctant third, wants to deny her own fault in having promoted the marriage of the compromised prince to the unknowing Maggie.

Maggie's entry into the state of being deceived is quite different from that of Isabel Archer, reflecting the way being deceived has operated historically for Maggie and continues to operate in her internal world. Both Isabel and Maggie are drawn into being deceived at times of conflict, when they are threatened by situations they cannot manage—Isabel by the renewed threat of loss and mourning, Maggie by the challenge that her impending marriage poses to her relationship with her father. However, Isabel's surrender takes place suddenly, in a moment that is shown to the reader, and it is to a single powerful deceiver, Madame Merle.

For Maggie, James shows us no single moment of surrender, and there is no single deceiver; the different properties that are joined together in the malignant figure of Madame Merle—envy, concealed sexuality, and the demand that truth and reality be given up—are parceled out among the three conspirators: Charlotte, Prince Amerigo, and Fanny. Maggie's becoming deceived has the feeling of a gradual, indirect coming into contact with a system or organization that has been there, outside her awareness, for a very long time. It is as if, in the figures of the three conspirators and the way they interact with each other, she comes in contact for the first time with the hidden falseness, exploitiveness, and buried sexuality that underlie the world she shares with her father.

In their unspoken compact, and the hidden, organized way they operate to create a false view of reality that draws Maggie in, the three conspirators function together as the kind of organization of internal objects that Rosenfeld (1971) has called a *gang* and that Steiner (1993), in a fuller elaboration, has called a *psychic retreat*. Steiner describes the way the objects in this kind of organization are linked by projective identification, and no single aspect of any one of them can be understood or addressed without upsetting the equilibrium of the entire system.

This feeling of interdigitation, of being unable to move or change without affecting the others, is expressed over and over by the three conspirators, each of whom feels simultaneously constrained in his capacity to initiate action and set in motion by the actions of the others. James gives us the sense that Maggie cannot find a footing with any of the three conspirators individually but must always deal with them as a unit, by showing us the way she comes to know each of them only indirectly, through seeing his emotional effect on one of the others.

Similarly, we see that Maggie cannot fully see or know her own situation, but can only feel its impact upon herself as it shifts. The overall structure of the novel reinforces this feeling of being unable to see outside a system in order to grasp its larger structure, for James tells the first half of the story from the perspective of the prince and the second from the perspective of Maggie, holding the reader particularly tightly within the consciousness of each. There is no outside view.

When the action of the novel shifts to the country estate of Maggie's father, Adam Verver, two years after Maggie's marriage to Prince Amerigo, we begin to understand more fully the way in which the network of falseness with which Charlotte, Amerigo, and Fanny have ensnared Maggie has its counterpart in the relationship between Maggie and her father. Father and daughter together enact a play marriage—a long-standing fantasy into which the prince has been seamlessly incorporated. Thus the child born to Maggie and her husband is felt in fantasy to be the child of Maggie and her father:

> It was of course an old story and a familiar idea that a beautiful baby could take its place as a new link between a wife and a husband, but Maggie and her father had, with every ingenuity, converted the precious creature into a link between a mamma and a grandpapa. [1904, p. 151]

As we learn the history of the play marriage between father and daughter, we find that it serves somewhat different purposes for each. The two have moved through the world together as a couple since the death of Maggie's mother when Maggie was ten years old. For both Mr. Verver and Maggie, the play marriage is felt to be superior to Mr. Verver's marriage to Maggie's mother. Verver favorably compares his trip to

Europe with his daughter after his wife's death to his earlier honeymoon there. For Verver, we learn, the European journey with his daughter after his wife's death was also marked by a retreat from living people into connoisseurship, which has since been his main pursuit. His emotional life resides in the discovery of beautiful objects of art. His "marriage" to Maggie protects him from human contact, and at times even Maggie appears to him as an inanimate object:

> She had always had odd moments of striking him, daughter of his own though she was, as a figure thus simplified, "generalised" in its grace, a figure with which his human connexion was fairly interrupted by some vague analogy of turn and attitude, something shyly mythological and nymph-like. [p. 172]

For Maggie, the "marriage" to her father, which blocks the establishment of a fully alive and sexual marriage to another man, is itself highly gratifying. She is a little girl permanently engaged in playing house with an oedipal father. Maggie's own "connoisseurship" and the attitude she has expressed at the beginning of the novel—that human beings are more or less rare objects to be bought and sold—serve as both a link with her father and an idealization of their play world, the sense that their shared, illusory world is superior to the ordinary human world of others.

Just as Charlotte, Amerigo, and Fanny are bound together by their deception, and no one of them can move without affecting the others, Maggie and her father are exquisitely attuned to each other, and the slightest shift in one affects both. Although they have incorporated Amerigo smoothly into their shared world, Maggie's marriage nevertheless poses a threat by leaving her father unprotected from other women who might pursue him. As Maggie says, in language that reflects their shared, mercantile vision: "It was as if you couldn't be in the market when you were married to me, or rather as if I kept people off innocently by being married to you" (p. 162).

Like the other set of conspirators, the Ververs can only stabilize their own system of illusion by becoming false in their relations with others, using others as objects for their own ends. Amerigo is a first, satisfactory human acquisition. However, his inclusion requires another acquisi-

tion—Verver's marriage to Charlotte, whom Verver first appreciates as another rare find: "The luxurious side of his personal existence was now again furnished socially speaking with the thing classed and stamped as 'real'" (p. 178).

And just as Amerigo and Charlotte's concealed sexual history threatens the perfect world that Maggie has maintained with her father, the Ververs' fetishized world of connoisseurship, of objects rather than people and domesticity rather than sexuality, threatens the aliveness of Amerigo and Charlotte, whose renewed affair is in part a rebellion against the deadening falseness, materialism, and asexuality of the family into which they have married. As their affair, resumed after Charlotte's marriage to Verver, reaches its climax, Amerigo expresses this contrast poignantly, again evoking the image of the golden bowl, when he tells his love, "I feel the day like a great gold cup that we must somehow drain together" (p. 292).

It is the disturbance caused by Charlotte and Amerigo's deepening passion that causes Maggie to shift her own behavior—to act as a real wife who expects the love of a real husband—leading her to perceive for the first time the deception in which she has been enfolded. James marks this awakening by shifting the narrative to Maggie's voice. It is as if she sees and speaks for the first time. From her perspective, we see how monolithic and forbidding her situation has appeared to her, and at the same time, that she can fully appreciate this only as it begins to change:

> It wasn't till many days had passed that the Princess began to accept the idea of having done, a little, something she was not always doing . . . the sense above all that she had made a difference in the situation so long present to her as practically unattackable. This situation had been occupying for months and months the very centre of the garden of her life, but it had reared itself there like some strange tall tower of ivory, or perhaps some wonderful beautiful but outlandish pagoda, a structure plated with hard bright porcelain . . . . She had walked round and round it—that was what she felt; she had carried on her existence in the space left her for circulation . . . but never quite making out where she might have entered if she wished. She hadn't wished till now—such was the odd case . . . . It was

quite as if she had sounded with a tap or two one of the rare porcelain plates. [pp. 327-328]

And immediately, as Maggie begins to take the measure of her marriage and the situation in which it has placed her, its link to her relationship with her father becomes apparent:

> The pagoda in her blooming garden figured the arrangement—how otherwise was it to be named?—by which she had been able to be married without breaking, as she liked to put it, with her past. She had surrendered herself to her husband without the shadow of a reserve or a condition and yet hadn't all the while given up her father by the least inch. [p. 328]

For Maggie to break through the falseness of her marriage by breaking up the liaison that she senses is going on between her husband and her father's wife, she would also have to break the tie between herself and her father. She imagines her father saying, "Separate, my dear? Do you want them to separate? Then you want *us* to—you and me? For how can one separation take place without the other?" (p. 376, italics in original).

As Steiner (1985) described, Maggie relies upon the small chance that she may be incorrect in order to resist awareness of unwanted reality. When, through her fortuitous discovery of the golden bowl and its history, her suspicions are uncontrovertibly confirmed, she is forced to face the betrayal that has been part of her marriage from its inception. As she takes definite action to separate her husband from her father's wife, her own long-standing play marriage with her father is disrupted. We now see that this play marriage has functioned for her as a kind of *family fiction* (Jacobs 1991) or *oedipal illusion* (Britton 1989), protecting her from the psychic reality of the Oedipus complex. In her play marriage, she has never fully lost her father's love, either to Charlotte or, earlier, to her mother. Nor has she ever fully won it and had to deal with guilt that would have been heightened by the actuality of her mother's death.

As the illusory father–daughter marriage breaks down, warded-off oedipal desires and anxieties come alive for Maggie in the form of fan-

tasies about her father's marriage to Charlotte. Imagining Charlotte making her own case to Mr. Verver, Maggie conjures up the terrifying possibility that her father would side with Charlotte against her, and she would be accused of lying or distortion:

> With Maggie's cause and Maggie's word, in fine, against her own [Charlotte's], it wasn't Maggie's that would most certainly carry the day . . . . It was only the golden bowl as Maggie herself knew it that had been broken. The breakage stood not for any wrought discomposure among the triumphant three—it stood merely for the dire deformity of her attitude toward them. [p. 491]

The novel assumes a dreamlike quality as Maggie's view of Charlotte is invaded by sadistic fantasies. Preventing Prince Amerigo from telling Charlotte that Maggie has discovered their secret, she pictures Charlotte locked in a gilded cage:

> The sight of gilt wires and bruised wings, the spacious but suspended cage, the home of eternal unrest, of pacings, beatings, shakings all so vain, into which the baffled consciousness helplessly resolved itself. The cage was the deluded condition, and Maggie, as having known delusion—rather!—understood the nature of cages . . . . She saw her companion's face as that of a prisoner looking through bars. [p. 484]

And as the two couples begin to move apart, with Mr. Verver's decision to move with his wife to America, leaving Maggie and the prince behind, Maggie imagines her father pulling Charlotte on a silken leash while he gestures to Maggie that he is humiliating his wife for her sake:

> The likeness of their connexion wouldn't have been wrongly figured if he had been thought of as holding in one of his pocketed hands the end of a long silken halter looped around her beautiful neck. He didn't twitch it, yet it was there; he didn't drag her, but she came; and those betrayals that I have described the Princess as finding irresistible in him were two or three mute facial intimations which his wife's presence didn't prevent his addressing his daughter. [p. 523]

When the date for the departure of her father and his wife is set and the separation of the two couples becomes a reality, Maggie feels released to take possession of her husband fully for the first time. In the closing scene of the novel, she is able to transcend the objectifying, acquisitive attitude that has bound her to her father, and to feel genuine love and concern for the prince:

> Here it was then, the moment, the golden fruit that had shone from afar . . . . Closer than ever she had been to the measure of her course, and the full face of her act, and she had an instant of the terror that, when there has been suspense, always preceded, on the part of the creature to be paid, the certification of the amount . . . . Even before he had spoken she began to be paid in full. *With that consciousness in fact an extraordinary thing occurred; the assurance of her safety so making her terror drop that already within the minute it had been changed to concern for his own anxiety, for everything that was deep in his being* and everything that was fair in his face. [p. 579, italics added]

This shift toward the depressive position comes, as it always does, at the cost of guilt. Maggie has won her husband; as he says, "I see nothing but *you*'" (p. 580, italics in original). But she cannot accept his reparative acknowledgment of his affair. It "hung there, too monstrously, at the expense of Charlotte" (p. 579). She cannot look him in the eye.

Like the ending of *The Portrait of a Lady*, the ending of *The Golden Bowl* is ambiguous. How complete and final is Maggie's emergence from the deceptive world she has long inhabited? Critical responses to the final scene have been divided. The ending has been seen as marking a transformation of Maggie and her marriage—Maggie's incorporation of the sexuality and aliveness that Charlotte and Prince Amerigo have possessed into the mercantile world she has shared with her father (Holland 1964). Alternatively, the ending has been said to be hollow and emotionally unconvincing (Matthiessen 1944).

The last scene is set in Maggie's luxurious drawing room, and only moments before Maggie is filled with transcendent love for Amerigo, she and her father have taken stock of the precious possessions they have acquired, including among them Charlotte and Prince Amerigo himself. The language of Maggie's deep love remains the language of commerce.

It appears that Maggie has relinquished her oedipal tie to her father—she is married to her husband at last—but she has not been able to break a more primitive tie: to separate her vision from her father's and move outside the hollow, objectifying viewpoint they have long shared.

DISCUSSION

In the stories of Isabel Archer and Maggie Verver, James illuminates two different pathways that lead those who are vulnerable to deception to become ensnared. Both heroines succumb to deception in order to evade psychic pain and conflict, and for both emergence from the state of being deceived entails coming to terms with the pain and conflict that have been warded off. In each case, there are wishful elements to the content of the deception to which the heroine falls prey.

In addition, for both women the act of becoming deceived involves the playing out of an important object relationship with a deceiver. The nature of this object relationship, its history, and its place in the object world of each woman presents a major part of the difficulty each encounters as she attempts to become undeceived. In each case, the heroine's disentanglement remains somewhat incomplete.

Isabel Archer illustrates the situation of someone who is vulnerable to being deceived but is not chronically either deceived or deceptive. In her everyday experience, she is prone to avoid unwelcome feelings and thoughts, and she is unprepared to acknowledge her own sexuality. However, she is propelled forward by a wish to know both the world and herself. Isabel is generally independent minded. Her central vulnerability is that she cannot tolerate loss. An orphan who has lost her mother in childhood and her father soon before the novel begins, she cannot bear the revival of feelings associated with these deaths, and she surrenders to the deceptive Madame Merle at a time when they threaten to reemerge.

Who is Madame Merle for Isabel? There is a quality of homoerotic surrender in Isabel's portentous first encounter with the older woman, and it seems possible that she represents for Isabel a split figure of the mother who has been lost—beloved and idealized on the one hand, but on the other unconsciously felt to be envious and retaliatory. Such a connection would help to explain Isabel's harsh self-criticism for having been

deceived. In this scenario, Isabel's entry into the state of being deceived would involve both an evasion of loss and mourning and a reengagement with the figure of the mother who had never been mourned. Her disentanglement from Madame Merle would reflect Isabel's reworking of the maternal figure and her mourning of that early loss; and her return to Osmond would reflect the more partial nature of her reworking of her tie to her father and the mourning that this later loss demanded.

What makes it possible for Isabel to disentangle herself from Madame Merle? James emphasizes the interior nature of the change that takes place. It is not Isabel's discovery of facts that propels her emergence; it is her new ability to know them. Throughout James's work, the pressure toward self-knowledge is explicitly a central motivation. Like James himself, his characters struggle to see clearly and suffer when they cannot. James places Isabel's awakening to reality within the context of Osmond's snobbish schemes to marry his daughter against her will. It is possible that in her emerging self-awareness, Isabel is able to see her own innocent self in the exploited Pansy, and to begin to soften her own self-criticism.

James's handling of the aspects of reality that Isabel disavows also shows us something of the nature of her object world and the role reality plays in it. Reality remains alive in other characters in Isabel's world even as she shuns it. James shows her as withdrawing her tie to these, shifting for a time toward a tie to deceptive objects. As her capacity to tolerate reality revives, she shifts back, and the loving ties to objects, who have held her reality for her, help her to do so.

For Maggie Verver, by contrast, deception is a normal state of affairs. She has spent her life in a play marriage with her father; and beyond this, father and daughter share a subtly false view of the world, one in which people are valued as objects to be bought and enjoyed. By participating in the false marriage that Charlotte and Amerigo prescribe for her, Maggie repeats the old false situation she has had with her father and protects it from the danger that a more real marriage would pose. Maggie's mistaken belief in her deceptive husband and their marriage is doubly wish fulfilling: it reassures her that her husband has never loved anyone as deeply as he loves her; and, in addition, it confirms a false, perverse kind of thinking that Maggie and her father share—a system of

thought in which partial or false kinds of loving are the same as deeper ones, where the hollow love that she and her father extend to others is genuine, and where the play love that father and daughter share is fully satisfactory.

For Maggie to recognize that her husband has deceived her requires her to question both marriages—her contemporary marriage to Prince Amerigo and her older, play marriage to her father—and to face the dangers that her belief in both has warded off. The heart of the novel involves Maggie's coming to terms with the oedipal disappointments and dangers that have been evaded by her belief in both marriages—the recognition that she might not be loved best and that this disappointment enrages her and threatens her ties to those she loves. The resolution of her conflicts in this area is considerable. However, in the background, the vision that Maggie shares with her father, of a world in which human relationships are unquestioningly objectified, is much less changed. In a sense, Maggie has rewritten the story of her life but tells it in the same subtly distorted language.

James shows us the complex, projective network of object relationships that supports such a distorted vision. Just as different parts of the role of deceiver are divided among three co-conspirators, different aspects of love, sexuality, and marriage are divided among the several couples whose unions are entwined. At times, these couples—Maggie and her father, Maggie and Amerigo, Amerigo and Charlotte, Charlotte and Mr. Verver—seem to mirror one another as James draws explicit parallels between them. At other times, parts of Maggie's original "marriage" to her father, which have been disguised or warded off, are shown dramatically in one of the other couples—the buried sexuality of the tie between father and daughter and their exploitive attitude toward others appear undisguised in Charlotte and Amerigo; and Mr. Verver's objectifying view of Maggie finds fuller expression in his marriage to Charlotte.

In this complex, false world, Maggie has no tie to an object who represents reality for her. Her love is for objects who are false to her or who share her own falseness. There are no characters that stand fully outside this network of falseness; and James replicates this situation for the reader by confining the narrator to the narrow perspectives of Maggie and the prince. How is Maggie moved to recognize the deception in

which she has taken part? James emphasizes a developmental thrust toward mature love: Maggie must ultimately relinquish her childish tie to her father and the deception that protects it in order to lay a full claim to her husband and her marriage. Yet the structure and language of the novel show us the enormous difficulty that someone who lives within such a structure of illusion faces when he attempts to move outside it. Maggie cannot achieve insight through "motionless seeing"; she needs facts to change her vision. And even then, she has no true lens through which to see the world clearly. At best, she can import new information into the old and false structure that she possesses.

FURTHER CLINICAL IMPLICATIONS

James's depiction of the complex dynamics of the deceived provides a rudimentary guide for the analyst of the themes and transferences that he may encounter in his work with such patients. In James's metaphor, the analyst's central task in these analyses must be to help the patient to find a pair of eyes, or at least a field glass—a unique and stable instrument of observation through which he can observe psychic and external reality. In order to reach this goal, analyst and patient must face and understand the fantasies and dangers that obscure the patient's vision or draw him to relinquish it entirely. Along the way, the analyst will be cast in the transference in the roles of different figures who have been implicated in the patient's negotiation of a personal view.

These figures and their relationships with the heroines are quite different in each of the two novels; and the differences point to the different kinds of transferences that analysts working with patients who resemble each of the two heroines may anticipate. The analyst working with a patient who resembles Isabel—someone who is vulnerable to the lure of deception, but not chronically deceived or deceptive—generally finds himself cast as an observer of the patient's situation who is called upon to make a judgment about it: either by joining the patient as a co-believer in the deception, or confronting her with its falsity, acting as a "Ralph" who keeps hold of the patient's reality when the patient surrenders it.

In this situation, the analyst's interpretation of these two roles and the way that the patient keeps both alive inside herself facilitates the

analysis of the patient's own split attitude toward reality and her wish to surrender her own perceptions and to become deceived. This piece of analytic work will often help the patient to emerge from an experience of being deceived. However, a fuller working through of the patient's vulnerability requires the analyst to become aware of the degree to which the patient is liable to see the analyst herself as a deceiver, a "Madame Merle" who uses the patient for her own purposes.

The analyst working with a patient who resembles Maggie is faced with a more difficult situation. With these patients, for whom current experiences of being deceived repeat and confirm an all-encompassing structure of illusion, there is no place in the patient's object world for a figure who may observe the patient's reality and comment upon it. The analyst is felt to be either entirely outside the illusion or entirely inside it—an "Amerigo" who functions alternately as a new object that threatens an archaic false structure and as a new edition of false objects of the past. Once again, the analyst's identification of the patient's split view of the analyst's attitude toward the patient's experience—as a figure who wishes to open a new view for the patient and as a figure who wishes to negate what the patient sees—will facilitate the patient's understanding of his attachment to objects who deceive.

However, a full analysis of these patients' attachment to a world of illusion must also involve the patient's fantasy that the analyst is cast in a third role: that of a figure who, like Mr. Verver with Maggie, presides with the patient over a world of illusion and deception in which others are ensnared and controlled. It is the resolution of this final aspect of the structure of illusion, a resolution that Maggie does not accomplish, that will enable the patient to move in a world of objects who possess an emotional reality that those in the illusory world do not.

CONCLUSION

James's novels illuminate for the analyst the complex developments that he may expect in the analyses of the deceived. However, they cannot prepare the analyst for the particularly intense and difficult feelings that work with these patients entails. Transferences to the analyst as a deceiver, which arise in both "Isabel" and "Maggie" patients, are difficult

for the analyst to bear or to recognize. These intensely negative transferences strike at the heart of the analyst's sense of himself as a truth seeker, dedicated to helping his patients. These patients' deep lack of faith in their own internal objects often stirs in the analyst a lack of confidence in his own analyzing *second self* (Schafer 1983), the psychic organization supporting his analyzing capacity.

Alongside these roles in which the patient casts the analyst, the analyst who engages deeply with the deceived patient also inevitably identifies with the shaky grasp on reality—the confusion, blurring, and narrowing of vision—that the patient experiences. In order to help his patient reclaim or establish his unique capacity for observation, the analyst must work through the partial loss and reclamation of his own. Here clinical psychoanalysis departs from the reading of a text, and only the detailed observation of clinical work can supply the missing dimension. I hope to provide this in a second paper.

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TRAUMA, SOUL MURDER, AND CHANGE

BY LEONARD SHENGOLD

The author discusses trauma, particularly in relation to childhood events, as well as one of its possible sequelae, soul murder (Shengold 1989, 1999). Negative interactions with parental figures can have long-term implications for the developing child, sometimes persisting into adulthood, and yet even the most loving parents cannot always behave toward the child in an optimal manner. The profound effect of change on the human psyche is also discussed, and two clinical vignettes are presented to illustrate the author's points.

Keywords: Trauma, soul murder, change, parents, memory, defenses, abuse, omnipotence, childhood.

Trauma is an experience that is felt as too much to bear. Soul murder is a crime in which the perpetrator is able to destroy the victim's capacity for feeling joy and love. Soul murder always implies trauma, but trauma does not always result in soul murder. Our animal nature involves murderous rage and incestuous desires that need to be controlled. Developmental changes make some degree of trauma inevitable. *For the infant, just feeling the intensity of early rage is traumatic.*

Trauma is reacted to in individually different ways and intensities. The newborn's initial expectation of grandiose centrality—to be furnished by benevolent, omnipotent parental gods—fades as narcissism shrinks and the limitations of the human condition begin to register.

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Long dependence on parental care makes for lifelong resistance to, alongside positive wishes for, change and maturation.

In his poem "Among School Children," William Butler Yeats (1928) sees himself through the eyes of the children as "a 60-year-old smiling public man . . . a comfortable kind of old scarecrow" (pp. 249-250). Well, my readers are not school children, and I am old enough to recall that being sixty still meant feeling young. I have realized, as I traverse Shakespeare's (1600) stages of man—fortunately, not yet to the last ("Sans teeth, sans eyes, sans taste, sans everything," II, vii, 166)—the importance of passing on what I have come to know in my long psychoanalytic career, what most psychoanalytic thinkers may feel they already know: how central to our minds are changes and transitions, dramatically so at their beginnings and endings. These make for the glories and the tragedies of our lives. The Rat Man remembered and reported to Freud his having said to himself after his first intercourse: "This is *glorious* [Strachey's translation for *grossartig*]! One might murder one's father for this!" (Freud 1909, p. 201, italics added)—a novel in two sentences.

My recent writings have been devoted to the continuing but evolving psychic importance of our earliest relationships with parents, as our minds proceed through developmental changes that begin with physical and subsequent psychological birth, changes experienced and registered emotionally as mixtures of bad and good. My last-published book, *Haunted by Parents* (Shengold 2006), derives its title from the metaphor of parental ghosts found in Homer's *Odyssey* and later referred to by Freud and Loewald. These godlike, glorious (*grossartig*) parental imagoes evolve as the mind develops, but the earliest forms remain and return in regression. The Homeric ghosts come to life, for better and for worse, "when they drink blood" (Freud 1900, p. 249)—which means being evoked by memories and fantasies of traumatic changes of intensities that are the essence of pleasurable, painful, and traumatic (toomuchness) experience.

Our early parents are felt to have godlike powers, and whatever the mind registers as happening within and outside the child's body is initially and for a long time attributed to them. The terror aroused by traumatic intensity is blamed by the infantile mind on the parental gods. The earliest feelings of need for omnipotent parents are retained as we pro-

ceed toward death; these push toward consciousness as the dependence on others burgeons. But there are varieties of deep ambivalence toward these gods who allow suffering and cannot eliminate death.

SOUL MURDER

My writings on trauma were concentrated in *Soul Murder* (Shengold 1989), a study of the consequences of child abuse and deprivation. Soul murder is a term perhaps most famously defined by Henrik Ibsen (1896, p. 269) as the killing of the joy in life—or of the capacity for love—in another human being.[1] It is not a diagnosis, but a crime with a perpetrator and a victim. The perpetrator may be, or at least can come to play the role of, a parent; the victim is either a child or as helpless and powerless as a child. George Orwell's 1984 (1948) illustrates a twentieth-century explication of the use of torture to accomplish brainwashing.

Looking back at my books, I feel I have written little that is original, but much that is important to know—pointing to what "everyone" knows (or, better, should know). Old age, if one is lucky, can bring wisdom, alongside the dimming of physical and mental powers. Wisdom, a grasp of how the world goes and, much harder, how one's self operates, can be painful. The tree of the knowledge of good and evil bears bitter and dangerous fruit. But being cast out of the promised Eden of infancy, and the resultant diminution of narcissistic promise, marks the beginning of human life.

King Lear (protagonist of one of Shakespeare's psychology textbooks for would-be analysts [1608]) finally achieves wisdom when he experiences misery and learns to love; wisdom is not primarily gained intellectually but by knowing and *owning* by way of thought charged with emotion. A vital part of wisdom is the painful and narcissistically challenging knowledge of how much we do *not* know; Freud's disciple Hanns Sachs wrote, "Our deepest analyses are no more than scratching the earth's surface with a harrow" (quoted in Gitelson 1973, p. 250).

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[1] Soul murder is a repeated theme in many of Ibsen's plays—one of which, *Hedda Gabler* (1890), illustrates more than one instance of soul murder, with Hedda as both victim and soul murderer.

Many of my patients have been most resistant to accepting and owning their individual versions of the inevitable psychic existence and power of murderous aggression (preoedipal leading to oedipal). When asking analytic candidates in my classes to define the Oedipus complex, I have ceased to be surprised at how often the negative oedipal (homosexual) impulses, and especially the parricidal ones, are left out.

Our psychic awareness begins with a conviction of being the center of the universe, part of mother's (the primal parent/god's) body; then that narcissistic centrality starts to shrink, and shrink, and shrink. (Not for nothing are would-be healers of the psyche called *shrinks.*) The nursery becomes the universe and the earliest parental figures its gods, and we must learn enough about the realities of the world inside our bodies and the world outside our bodies to deal with the burden and the blessing of being human—in accordance with the realistic conditions and limitations of life. The intensity of sensations and emotions must become manageable. Rage, always in precarious control, must be tolerated, both as turned inward and outward.

Infantile intensities—even if generally "tamed" with maturation—are revivable in reaction to subsequent trauma and loss. As we mature, traumata inevitably continue, and so, to varying extents, we can all feel we have been victims of soul murder. To counter this, good parenting is all-important but never enough. Some individuals are born with deficiencies that cannot be made up for, and eventually, for everyone—even those who lead a long and happy life—there is a tragic ending. Sophocles's (5th century B.C.) chorus says, after Oedipus ("Our King, our father") blinds himself, "Call no man fortunate that is not dead. The dead are free from pain" (p. 382).

Trauma's essence is *over*stimulation—which is reciprocally related to *under*stimulation and deprivation, since understimulation evokes *reactive* catastrophic emotional intensities: mixed rage, terror, and intense need—a circling back to overstimulation. Neglect (e.g., having no parent) is worse than having a bad parent: cf. Spitz's (1945) work with institutionalized orphans who were seldom picked up and were bottle-fed without being held; many just died. Both abuse and deprivation lead to trauma. But trauma does not always lead to soul murder.

Trauma is a matter of having to bear the unbearable, alone, forsaken by parents and God. Traumatic intensity can assault the mind both from within one's body and as a reaction to what goes on outside it. Experiencing trauma, acute and chronic, is an inevitable part of the human condition due to the long years of vulnerable dependency on parents and parental figures in a world full of challenges and dangers—in an infinite universe not designed for us. Our slow development is in sharp contrast to the comparatively quick maturation and independence of other animals. The newborn foal, for example, can quickly get up and walk away from its mother.

I will start and finish the remainder of this paper with examples of chronic traumata.

FIRST CLINICAL ILLUSTRATION

L, a successful, married businessman, came to analysis because of chronic depression, interspersed with temper tantrums directed mainly at his wife and children. L felt unable to enjoy anything. If I were free to give more details about him, I might write a paper titled "Soul Murder among the Very Rich."

L recounted an "unforgettable, repetitive event" from his childhood. At five, he had just been permitted to eat at the family table instead of being fed in the nursery by his beloved (but soon-to-be-dismissed) nanny. His father (L called him "a Jewish Nazi"), the *Kommandant* of this family concentration camp, entered the dining room where the family was seated, awaiting him. Beside each plate was a banana, the dessert. The father made a complete round of the table, stopping at every chair to reach for and squeeze to a pulp every banana except his own.

The cowed older children, used to such happenings, said nothing. But the five-year-old, frightened and desolate without his nanny, began to cry when he saw the mangled banana at his plate. Father then turned on him viciously, shouting, "Stop crying! How dare you make such a fuss about a banana?"

L, confused and terrified, could not help thinking, "Maybe Father is right. Should I have made such a fuss about a banana?"

Thus, in his narrative, L recollected the start of his eventually characteristic masochistic submission, his identification with the aggressor, his status as a victim of brainwashing, and his castration anxiety.[2] The child feels guilty for what the parent does—guilt that this father seemed not to feel. This taking over of guilt for the sins of the parent is an instance of what I have called the *crime* of soul murder. Remember that a five-year-old's rage against his parent is murderous and terrifying; for the most part, the anger must be turned against the self since the child cannot survive without a parent.

Clinically important for empathic understanding: remember that young children expect that their intense (cannibalistic) anger can magically kill both the self and the parents, which makes just feeling in itself a trauma.

NATURE AND NURTURE

We do not know enough about the predeterminants of mental attributes and potentials with which we are born. Our animal nature ensures that we start out with inherent patterns of instinctual drives and physical and mental development and maturation—patterns that are *also* greatly influenced by our environment. The most important environmental influence is that supplied by the care and/or neglect that comes from early mothering. The womb and then the primal family setting provide a Garden of Eden from which we must be expelled in order to become human.

TRAUMA

Psychic trauma cannot be defined or understood by way of reduction to what has actually *happened* to the child (or adult). It is the mind's *response* to what has happened that determines the overwhelming emotions and the deadening defenses against them that constitute the traumatic experience and its subsequent influence.

I once heard Anna Freud describe (when discussing a case) the acute trauma of a five-year-old boy who was present in his living room at home

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[2] A banana is not always just a banana.

when two men burst in and shot and killed his father. The boy remembered a *sudden* change from order to violent chaos, and some dim realization that something terrible had been done to his father. Of course, the boy's subsequent lack of a father ultimately had profound long-term effects. But what burned in the grown-up child's memory as described in his analysis was not so much what had happened to his *father*—but that his mother had then collapsed and had to be taken to the hospital. He felt abandoned by her. *That* was what he remembered feeling he could not stand, understand, or forgive. How could she have allowed all this to happen in the first place—and then how could she have abandoned *him?* (We must each learn, hopefully gradually, the initially unacceptable lesson that there *can* be life without mother, the primal parent figure who starts out as the omnipotent ruler of the universe.) The boy, naturally, enough subsequently did his best to repress his rage toward his only remaining parent, without whom he appropriately felt he could not continue to exist.

This anecdote also features something inherent to acute trauma: *suddenness*—an instantaneous change from control and the expected to helplessness and the unbearable. Here change is easily equated with loss: it is our human neurotic burden to potentially react negatively to change—even, paradoxically, to change for the better. Too-sudden change gives one no time to prepare.

One unexpected, illogical but most important Freudian discovery is the universal existence of a compulsion to repeat traumatic events. This unconscious force was noted by psychiatrists in World War I, who studied combat casualties haunted in their dreams and waking life by the reliving of traumata experienced on the battlefield. How could one explain this clinging to what had been so horrible? The compulsion to repeat trauma exists "beyond the pleasure principle" (Freud 1920)—part of the mystery of our individually different burdens of human masochism—turning anger against the self by way of need for punishment, failure, and hurt.

Traumatic reaction involves, to use Frank's (1969) terms, the *unrememberable* (what happened before one was old enough for events to register or in an altered state of consciousness) and the *unforgettable* (what occurred when something happened that proved impossible to forget).

There is mystery about precisely when events begin to be retained by the infant in a form that gives access to consciousness and conscious memory.

MEMORY AND *OWNING*

It is useful to sample one's memories to gauge how much emotional conviction one has about what could seem to amount to past trauma; can we *own* the traumatic *feelings* that should accompany the "facts"? *Owning* implies being able to bear the flow of associated emotions to the memory that are required to retain the conviction that it really happened.[3]

A personal example: When growing up, I would often think of my father's death, which occurred when I was a child. But my memory of the circumstances was defective. When my father died, I blanked out my emotions. What I remembered, as with the patient Anna Freud described, was that my mother had paid so little attention to *me*. My father was an old man of fifty. Why was she always weeping?

Decades later, in the course of my analysis, I did my own weeping for him in belated mourning. His death was an overwhelming event—a tragic loss that changed my life in so many ways. Yet I had dealt with it at the time with a primitive psychic defense: *denial*—i.e., I treated it as if it had not occurred. The feeling of loss, the clash of love and hatred of my oedipal rival—above all, guilt—had been too much to bear in consciousness.

EARLY PSYCHIC DEFENSES

A range of the early, primal defenses we call *denial*[4] was present for many people during or following the tragic events of September 11, 2001. Denial was more easily evoked both in those who were geographically

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[3] Conviction is not enough in itself. False conviction exists, and one should work to identify it and give it up.

[4] As psychoanalysts, we should know that our defenses are metaphors and can never be exactly defined, although their effect can be described. What we call *denial* can also be seen as involving elements of what has been variously described and then labeled as *emotional isolation, repression, dissociation, splitting,* and *shifts of consciousness.* Ours is not an exact science.

or emotionally too distant from the sites of the tragedies, and in some people (many of these already emotionally disturbed and vulnerable) who were geographically and/or emotionally too close. Currently, most of us who do not have family or friends directly involved read sickening daily headlines about, and even see on television, the deaths and external tragic events taking place in Iraq, Afghanistan, or Gaza with an emotional involvement that is less deep than the immediate impact we felt with the *sudden* dramatic events of 9/11, that terrible day watched by so many Americans on television. Superficially, by now, we have become used to the daily Iraq and Afghanistan horrors. But our earliest traumata still lurk in our unconscious minds, and regression to them and their consequences can cause our psychic ghosts "to drink blood."

In later life, our early intense, traumatic emotions and the massive damaging defenses against them (varieties of denial that can range from "It doesn't matter" to "It's too awful, it can't be so!") can erupt into our consciousness. I have called these "Concentration Camp Defenses"[5] (see Shengold 1999, chapter 6). (Inevitably, except in emergencies, such denial/defenses are maladaptive outside the world's or the family's concentration camps, since they lead to breaking with reality.) You cannot use your will to fight what you must not know; you cannot *own* what does not count or what is not there. Even minor events can revive earlier traumata—the "too-muchnesses" that can come to life to haunt us after childhood, if past realities have been denied.

I am not an expert on reactions to external disasters that are symbolized by the Four Horsemen of the Apocalypse. My patients who were or felt they were abused and/or neglected as children have mainly manifested psychic responses to losses, seductions, beatings, cruelties, and deprivations, most often that took place within a family setting, in the course of a child's development that at first glance did not seem catastrophic. Fantasies of having been abused are common; it is sometimes very difficult to be sure if the stories or conjectures the therapist is told are based on actual past realities. The therapist should suspend *both belief and disbelief* in what the patient feels has, or may have, happened, and

[5] The poet/critic Randall Jarrell (1962), in a paper on Kipling, called the house in England that little Rudyard was left in by his parents for years while they returned to India "one of God's concentration camps" (p. 146).

wait to see what follows in the "subsequent . . . course of events" (Freud 1896) of the therapy, when and if the patient allows the dependent conditions from childhood to come to emotional life again in relation to the therapist.

Lionel Trilling (1950) wrote that Freud taught us to see the mind as a poetry-making organ, and I would like to quote some relevant poetry here. William Blake (1794) describes his fantasy version of the trauma of birth:

> My mother groan'd, my father wept,
> Into the dangerous world I leapt;[6]
> Helpless, naked, piping loud,
> Like a fiend hid in the cloud,
> Struggling in my father's hands,
> Bound and weary I thought best
> To sulk upon my mother's breast. [p. 599]

Blake's younger contemporary, Wordsworth (1807), describes the opposite of trauma at our beginning, and his metaphor brings in heaven alongside hell:

> Trailing clouds of glory do we come
> From God,[7] who is our home:
> Heaven lies about us in our infancy!

But, adds Wordsworth:

> Shades of the prison-house begin to close
> Upon the growing boy. [p. 588]

Thus begins the inevitable diminution of the *promise* of heaven and eternal life. Our centrality in the universe, our inborn narcissism, begins its shrinkage.

Another poet, Milton (1667), in *Paradise Lost,* shows us that human life begins with the primal curse of the expulsion from the Garden of

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[6] The verb *leapt* connotes the suddenness of change that is implicit in trauma.

[7] God here, psychologically speaking, is the primal parent, the original omnipotent one, an omniscient, bisexual, mothering figure.

Eden for eating the forbidden fruit of knowledge. For sentient beings, getting to know the human condition—involving sex and reproduction, incest, murder, and death—begins and intermittently continues, but reluctantly so, in the wake of great resistance and denial.

Trauma, too-muchness, stems *developmentally* from frustrations imposed by the inevitable failings of even the best and most loving parents, who must issue and enforce "NO!"s in order to teach children the dangers imposed by the realistic conditions of life. To repeat, trauma is inherent to the body of the child from birth on and to the subsequent development and maturation of an individual's mind and separate identity in the family matrix. I stress the mysteries of the unpredictable variations in how much is too much for each individual—and of the differences in reactions to pathogenic factors like traumata.

We psychic therapists are specialists in pathology. We know too little about the comparatively unexplored mystery of psychic health—especially of inborn strengths and talents, some of which can be strengthened in some people by their ability to react with transcendent adaptation to traumatic conditions, and even to inadequate parenting; this health can exist alongside damage and scarring.

PARENTS AS GODS

In the beginning, when our emerging self is the center of the universe, the mother and later the father are our gods—gods who inexorably evoke hatred both in relation to their own human failings and, more fundamentally, because they turn out not to be able to take us beyond our human limitations; they cannot eliminate our mortality. Any threat to, or revelation of the lack of, their omnipotence can be traumatic for the child, and the inevitable disappointment and rage toward the parent (rage stemming both from frustrations by parents and from inborn aggression) make trauma, loss, and our eventual fate—death—parts of the human condition that we cannot bear to think about for long, and yet must be enough aware of in order to survive.

Traumatic anxiety is *the* basic psychic danger situation. The intensities of both the infantile heaven that *promises* eternal life and eternal divine parental protection—a *promise* that the conditions of life force us to

try to renounce—and the hell of our own emotional vulnerabilities and inadequacies must be lived through and made tolerable, at least most of the time, in order for us to be able to survive and mature. The *promise* of magical rescue from danger and death by omnipotent and benevolent parents (a rescue that for the young child is felt with delusional intensity as a *promise*[8]—it is assumed—that will and must be fulfilled) never completely disappears and can be revived fully in regression brought on by trauma and loss in later life. It is a great blow to our narcissism to realize that conflict, anxiety, depression, and other psychic pathology (at least neurosis if not some admixture of psychosis) is present in everyone. (This is easy to see in others, and especially so for therapists in their patients; it is not so easy to accept that it is true of one's self as well.)

Children need the feeling that parents care about them, accept what they are like, and want them there, but even the best of parents can supply these reactions to the child only intermittently; the inevitable and necessary separation from the parents who cannot always be there, and who cannot always supply rescue and should often not fulfill some wishes even if they can, has to become tolerable.[9] (It is sad to realize, if we are honest with ourselves, how much of our daily lives is spent on narcissistic, selfish concerns; loving, thinking of, and caring for others *continuously* is not part of human nature.)

It is reassuring to remember that, if we are lucky enough and strong enough to begin with, trauma can help toughen us and make us stronger, and that insight, the sometimes painful ability to observe and accept what is wrong in ourselves and in our needed and valued others, can further transcendent healing.

CONFLICTS OVER SEXUAL IMPULSES AND ACTIONS

Victims of chronic, overt soul murder are left with a continuing burden of murderous rage. There are all kinds of variations of this, but there

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[8] Note how often I use the word *promise*.

[9] I want to point out the psychological danger of overindulgent parents who are so afraid of their own aggression that they cannot say "no," causing the child to become terrified of *his own* anger and to be unable to say "no" to himself; in this sense, "spoiling" can also cause soul murder.

are bound to be special difficulties with the ability to love, since traumatic expectations follow from emotional openness in those who have been abused and deprived. Sexuality tends to be predominantly sadomasochistic, in a myriad of individually diverse mixtures. Joy, pleasure, and caring for another in sex tends to be overwhelmed by a predominant admixture of hostility and guilt. Sex can be contaminated by being equated with murdering and being murdered.

I end with a clinical example of chronic trauma in a family setting that involves Christmas. It is dramatic enough, even without featuring catastrophe, violent sexual abuse, or physical torment. And it involves a delusional holding onto of parents by preserving the *promise* that the bad past will be reversed, the giving up of which brings out fierce resistance to change—even, to repeat, to change for the better.

SECOND CLINICAL ILLUSTRATION

Like the subject of my first illustration, Z came from a very rich, privileged family and was brought up on a luxurious estate that included a stable of thoroughbred horses. Since Z's parents were always busy and frequently away, he was mainly cared for by one of the many servants; unfortunately, these nannies were frequently changed according to his mother's insistent whims of iron. Z's feelings were ignored. He felt that both parents cared more about their horses than about him and his younger brothers. He was "miserably unhappy." There was "a terrible emotional deadness" in an atmosphere lacking empathy and loving care.

Z had been a predominantly "good" child, usually compliant or even submissive toward his parents and authority figures. However, with servants and other underlings like his siblings and with many of his more passive schoolmates, he was given to occasional cruelties and tantrums. Z was generally disliked. His mostly suppressed but murderous anger was characteristically turned inward, evidenced by his depression, low self-esteem, and need to provoke failure and punishment. He had no real friends. There was one male horse trainer in his childhood whom he idealized and who he felt cared about him, but this man was dismissed when Z was in his early teens.

Z had a series of memories involving Christmas during his prepubescent years, before his parents divorced. These memories exemplified

the recurrent, agonizingly cruel combination of overwhelming *promise* followed by overwhelming frustration that was to become part of a life pattern. Every year in December, a huge evergreen tree was beautifully decorated (by the servants), and on Christmas Eve presents were piled beneath it, but the children were not allowed a close look at them. The house was full of guests. The next morning, there was an impressive ritual of opening the presents. On Christmas Day, the boys were permitted to play with the many expensive toys they had received. But the next morning, Z had to help his father repack the toys in their boxes; they were to be given away, every one, to the "poor children." "You have too many toys anyway," the father would say to his own "poor children."

How Z hated all those *other poor* children! Of course he hated them instead of hating his father. They were nasty vermin, like his younger brothers. Z usually remembered the past as if he were an only child, so great was the hatred displaced from his parents onto his siblings.[10] No cooperation or community of feeling as fellow victims seemed to be possible for these brothers in the face of their mutual and malignant envy.

Christmas left the boy feeling evil, guilty, and depressed. His father must be good; he was doing Christ's work by giving to the poor. Z's rage was unbearable—he felt and feared it could kill his father, and the need to repress it and be left with at least a potentially good and caring father *in his mind* was imperative; this need made for Z's becoming brainwashed. The cruelty of receiving gifts that were then taken away was denied. Z identified with the aggressor. (In Orwellian [1948] terms, he had to "love Big Brother.")

Z's conscience came to resemble that of his father: full of a righteous, inhuman lack of empathy—hate directed at others, and, most damaging, at himself as well. Z felt he was unworthy, and he accepted as right his father's professed charitable and character-building motives. He idealized his tormentor and suppressed the torment. But beneath this, there smoldered murderous hatred.

As each Christmas approached, the child would remember what had happened to last year's presents, but the insistent hope that this time things would be different would return; he called this "THE PROMISE"

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[10] Cf. Cain and Abel, the first murder: fratricide as a displacement from parricide.

(the phrase that had near-delusional force for him—pronounced, as it were, in capital letters). The traumatic cycle was repeated year after year. And I am describing only one of many similar sequences. Z needed not to feel the depth of both his hope and his rage; indeed, he had been effectively deprived of most of his conscious emotions, compromising both his memory and his sense of identity. He became for the most part his parents' creature, The Good Boy, a pseudo-identity marked by mechanical dutifulness and a joyless, loveless existence.

The brainwashing—involving denial, isolation of his emotions, and subtle, trancelike states—became an almost continuous internalized process, and this made for a chronic soul-less facade. He called himself an "as-if" person and a "well-functioning zombie." Beneath the facade lurked murderous and suicidal impulses.

Z felt he had gotten through his childhood because he insistently needed to feel that tomorrow or the next day, the terrible feelings toward his parents that could erupt transiently into consciousness—feelings of hurt and rage about their absences and disapproval (mother, mostly indifferent; father, frighteningly sadistic and angry)—would suddenly change and be transfigured into love. (This was the essence of "THE PROMISE" of magical transformation that he had so much resistance to giving up—even as an adult in analysis.) And he expected me to make good on the promise.

MAGIC PROMISE

It is the presence of the resistance to giving up the promise that one's parents and past will change that explained for me so many of my then-current patients' paradoxical reactions to the day of President Obama's inauguration in 2009. Watching it on television, they had rejoiced with tears of joy for what seemed so much positive promise of change. *Change* was a word that had resounded again and again in Obama's campaign.

For a number of these patients, the initial feeling of promise had faded by the time they came to the next session with their analyst, their current emotional parent. They seemed angry with me (I seemed to be, without their awareness of it, the godlike parent who had allowed the sad loss of euphoria to occur), but such anger was, characteristically for

these patients, predominantly turned inward. (With a few, I had speculatively commented on their not mentioning, or not connecting what they were saying with, the inauguration.) I was struck by how much the initial positive reaction, the intense good feeling that now they had been deprived of, resulted in depression and a need for punishment the next day.

"Send me to a mental hospital," one such patient said, before—and not consciously connected with—reporting his happiness when watching the ceremony the day before. He was someone who had to fight against being *wrecked by success,* as Freud expressed it (1916, p. 328). He had had in childhood a reaction to the Christmas/New Year holiday sequence that resembled my patient Z's.

Z's psychoanalysis did achieve a breakthrough that entailed enough renunciation of false promises to allow him sufficient owning of his feelings to know more about what both he and his parents had been like. On his birthday, just after he had told his parents that he had begun a psychoanalysis, his mother sent him as a birthday present one of his father's favorite pistols. Z felt—and I think he might well have been right—that this parental gift, so chilling for him, was an unconscious directive for him to shoot himself (cf. *Hedda Gabler's* suicide by shooting herself with one of her father's pistols [Ibsen 1890]).

The consequent modifications in Z's personality due to his treatment, including the realization and control of his need to be cruel to his children as his father had been, made for considerable restoration of his ability to love and to enjoy. Still, I know from subsequent correspondence that the old troubles could sometimes return, though now more transiently and with less power; they could be felt rather than voiced or enacted.

Alas, for us all, the potential for feeling too-muchness can disappear only after death. For old age and the approach to death, we need to be able to accept the inevitability of our tragic fate with what Wordsworth calls *the philosophic mind.* That is, we must have sufficient ability to care about others and therefore about ourselves—and with enough luck, that may be possible. Our inherent susceptibility to trauma, our human failings, make for an inevitably tragic view of life, despite its real joys and precious worth.

AN INEVITABLE PSYCHIC TRAP

In *Haunted by Parents* (Shengold 2006), I emphasized the existence of everyone's individual version of the psychic trap that is part of the developing infant's reality, retained in our minds as a double bind—a double bind that comes to life with our innate or at least reactive murderous rage toward those on whom we feel dependent: "I want to get rid of you, but I can't live without you!!"

In this sense, considering our continuing dependence on others, no matter how much we learn to live independently, we are all, in individually different ways and to varying extents, *Haunted by Parents*. That haunting is renewed and enhanced with the regression that follows trauma and loss. Yes, we are all haunted by parents; but fortunately there are good ghosts as well as bad ones, and hauntings for the good as well as hauntings for the bad (although I have not in this paper emphasized the good).

REPETITIONS

Finally, two clinically important implications to remember: (1) For every infant, just feeling rage toward a parent is a trauma; and (2) The persistence of the infantile need for magical transformation and rescue by the parent is the source of great resistance that needs to be recognized and come to terms with in the course of analytic treatment.

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THE USE AND IMPACT OF THE ANALYST'S SUBJECTIVITY WITH EMPATHIC AND OTHER LISTENING/ EXPERIENCING PERSPECTIVES

BY JAMES L. FOSSHAGE

As part of the epistemological transition from positivistic to relativistic science that had begun earlier in the twentieth century, Kohut (e.g., 1959, 1977, 1982, 1984) attempted to update psychoanalytic thinking in formulating the empathic mode of observation. The purpose of this paper is to reassess, through a conceptual and historical lens, the considerable controversy generated by the empathic perspective. The author specifically addresses constructivist philosophical underpinnings, the use and impact of the analyst's subjectivity, the inclusion of unconscious processes, the need for additional listening perspectives, and the influence of theoretical models in the organization of empathically acquired data. An illustrative clinical vignette is discussed.

Keywords: Empathic listening perspective, other-centered listening perspective, analyst's self-perspective, organizing patterns, interaction patterns, unconscious processes, implicit processes, explicit processes, theoretical models, countertransference, objectivism, constructivism.

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INTRODUCTION

While Freud (1915) was well aware that "our perceptions are subjectively conditioned and must not be regarded as identical with that which is perceived" (p. 171), his observations and theories were embedded in the positivistic science of his day, and they emphasized the analyst's objectivity and the patient's transference distortions of reality. Heisenberg's formulation of the uncertainty principle in 1927 initiated a revolutionary change in paradigms from positivistic to relativistic science, making unquestionably clear that the observer affects the observed, both perceptually and interactively.

In response to this gradual and still ongoing paradigm change, Kohut, beginning in 1959, updated psychoanalytic epistemology in focusing on its method of observation. Kohut (1982) recognized "the relativity of our perceptions of reality," "the framework of ordering concepts that shape our observations and explanations" (p. 400), and that "the field that is observed, of necessity, includes the observer" (Kohut 1984, p. 41). It was gradually emerging that the psychoanalytic encounter creates an intersubjective field (Atwood and Stolorow 1984; Stolorow, Brandchaft, and Atwood 1987) or a relational one (Greenberg and Mitchell 1983; Mitchell 1988) that involves the *intersection of two subjectivities* (Atwood and Stolorow 1984), an expression that accentuates the subjectivity, in contrast to the objectivity, of each participant. Deeming the patient's subjectivity the principal focus of the analytic endeavor, Kohut (1959, 1982) delineated how our method of observation relies on empathy and vicarious introspection, what he called the "empathic mode of observation," and designated it the method by which the field of psychoanalysis itself is defined (Kohut 1977, p. 302).

The epistemological transition from positivistic to relativistic science, also expressed as a transition from objectivism to constructivism, has understandably not been a simple task for psychoanalysis at large (Fosshage 1994; Hoffman 1983, 1998; Schwaber 1981, 1998; D. B. Stern 1997; Stolorow and Lachmann 1984–1985). It has not been easy, clinically, to relinquish the security of an objectivist position, with its degree of certitude and elevation of the analyst as the "knower," especially during those most difficult periods of analysand–analyst entanglements. It has

not been easy to embrace, instead, the potentially insecurity-producing ambiguity of a constructivist position that tends to level the playing field as the two analytic protagonists collaboratively attempt to understand "who is contributing what to the analysand's and analyst's respective perceptions, experiences, and their interaction" (Fosshage 2003, p. 421; see also Fosshage 1994).

THE EMPATHIC LISTENING/ EXPERIENCING PERSPECTIVE

The empathic mode of observation refers to a listening perspective designed to understand as best one can, through affective resonance and vicarious introspection, the analysand's experience from within the analysand's frame of reference. In other words, through resonating with the analysand's affective experience and using analogues of our own experience (Stolorow, Atwood, and Orange 2002), we attempt to infer (Lichtenberg, Lachmann, and Fosshage 2010) our way into the analysand's experiential world. In formulating the empathic listening stance, Kohut attempted to bring the patient's subjective experience more immediately into focus, a focus that had heretofore been commandeered by the analyst's "objective" point of view.

All analysts variably use empathic listening in efforts to understand the analysand's experiential world (Stolorow, Atwood, and Orange 2002), the fundamental analytic task. Self psychologists (Kohut 1982; Ornstein and Ornstein 1985; and many others) and Schwaber (1981) have emphasized the *consistent usage* of empathic listening as the basis of analytic inquiry and understanding. Controversy over the empathic listening perspective, however, has mushroomed—from both the left and the right, so to speak—coalescing around four interrelated issues:

(1) Does the empathic listening stance, in focusing exclusively on the analysand's experiential world, attempt to eliminate the analyst's subjectivity? If so, does it reveal an implicit objectivist underpinning?

(2) When using the empathic stance, does the analyst solely reflect back the analysand's experience, thereby attempting

to eliminate the use of, and certainly the disclosure of, the analyst's perspective and subjectivity?

(3) Does responding empathically mean simply being "compassionate"—or, even worse, being "nice"—to the analysand, avoiding all confrontations, even those that are necessary?

(4) Does empathic inquiry focus exclusively on conscious experience, thereby neglecting unconscious factors?

I will address these issues conceptually and historically.

Despite his relativistic perspective, Kohut, a theorist in transition, inadvertently retained part of the old, that is, a residue of objectivism, first in his term *mode of observation* (which Lichtenberg [1981] later modified to *mode of perception*) and in his claim on three occasions that the empathic mode is "in essence neutral and objective" (Kohut 1980, p. 483). These residues, subsequently seized upon by Mitchell (1993), Hoffman (1998), and by Stolorow, Atwood, and Orange (1999), contributed to the notion that Kohut, in his delineation of the empathic perspective, retained some objectivist and not yet fully constructivist underpinnings, despite his intention to create a relativistic scientific epistemology.

While Kohut emphasized the *use of the analyst's subjectivity* during empathic inquiry—specifically composed of the analyst's empathic capacity, vicarious introspection, and theoretical concepts—he also subscribed to Freud's and the then-current (in the United States) ego psychological, pathological model of *countertransference* that focused on recognizing and ejecting problematic aspects of the analyst's subjectivity from the analytic encounter.

This position stood in contrast to those of the interpersonal, object relational, and Kleinian traditions, and subsequently to the relational position as well, in that these authors increasingly followed Heimann (1950) in using the term *countertransference* much more broadly—that is, to refer to normative reactions to the transference that are informative of internal patterns of organization and interpersonal interaction.[1]

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[1] I am using the term *relational* with a small *r* to cover a range of psychoanalytic approaches that are anchored in relational or intersubjective field theory, including interpersonal, American Relational (capital *R*), and the more contemporary object relational and self psychological perspectives (see Fosshage [2003] for an elaboration).

A number of these authors who redefined and made use of the analyst's countertransference, in contrast to Kohut, tended to view the empathic perspective, with its sole focus on the analysand's experience, as eliminating rather than making use of the analyst's subjectivity. The differences were in part definitional—that is, pertaining to the definition of countertransference, and in part they were differences of emphasis, that is, referring to the use of different aspects of the analyst's subjectivity.

For example, if we expand the definition of countertransference to refer to the analyst's experience of the patient, what Kernberg (1965) termed the *totalist perspective,* it follows that all analysts use their countertransference or subjectivities in listening, regardless of listening perspective—for what else is there (Fosshage 1995)? *All analytic listening is filtered through our subjectivities.* Kohut featured the analyst's empathic capacity, vicarious introspection, and theoretical models, as well as nonpathological countertransference reactions to and partial designators of selfobject transferences (Kohut 1971). Relational authors have subsequently extended the use of the analyst's subjectivity (countertransference) to illuminate the analysand's patterns of organization and relational interaction.[2]

Because there were a few remnants of objectivism in Kohut's writings, and, perhaps more important, because there was an initial enthusiasm among advocates of the empathic perspective (emanating from a welcomed freedom from the imposition of objectivism, which sounded almost as though it provided a "sure way" into the analysand's world), contemporary self psychologists and intersubjectivists have taken strides to emphasize that the process of empathic listening is necessarily filtered through the analyst's subjective experience.[3] They have highlighted the

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[2] Internal patterns of organization have been variously described with the terms *internal objects* or *introjects* (Klein 1975), *internal working models* (Bowlby 1973), *internal representations* (Sandler and Rosenblatt 1962), *principles* or *patterns* of organization (Fosshage 1994; Sander 1997; Stolorow and Lachmann 1984–1985; Wachtel 1980), *RIGs* (D. N. Stern 1985), *pathogenic beliefs* (Weiss and Sampson 1986), *mental representations* (Fonagy 1993), *expectancies* (Lichtenberg, Lachmann, and Fosshage 1996), and *implicit relational knowing* (D. N. Stern et al. 1998).

[3] These authors include, for example, Lichtenberg (1981), Orange (1995), Fosshage (1994, 1995), and Stolorow, Atwood, and Orange (2002). Schwaber (1997, 1998), writing from a different theoretical framework, has also discussed these issues.

underlying constructivist epistemology as opposed to the objectivist epistemology. I have coined the term *empathic listening/experiencing perspective* (Fosshage 1997b) to accent the use of the analyst's subjectivity.

Analysts process information implicitly and explicitly to inform a direction of inquiry, that is, to sense what is important, what needs elaboration, and what needs clarification, and to formulate an inquiry for illuminating intentions, affects, and meanings. Through affect resonance, reflecting on "analogues" of our experience (Stolorow, Atwood, and Orange 2002), and using our theories, we analysts use our subjectivities to feel, sense, and infer our way (Lichtenberg, Lachmann, and Fosshage 2010), as best we can, into the analysand's experiential world. While the empathic stance "is designed 'to hear' as well as possible from within the vantage point of the analysand, this is clearly a relative matter, for what is heard is *always variably shaped* by the analyst" (Fosshage 1992, p. 22, italics in original).

The extent of the analyst's shaping, of course, contributes substantially to whether or not an analysand feels heard and understood. In the extremely complex, bidirectionally influenced analyst–analysand system, the analyst's contribution can range from a disruption of the analysand's direction and sense of being heard and understood, to an expansion of the analysand's reflective awareness and articulation of both conscious and unconscious intentions, meanings, and experience. In this process of listening, experiencing, and intervening, our subjectivities—including especially our analytic models, our explicit and "implicit relational knowing" (Boston Change Process Study Group 2008; Fosshage 2005, 2011; D. N. Stern et al. 1998), and our listening perspectives—are pivotally influential in organizing our experience of the analysand as we attempt to listen empathically, or for that matter in any other way, a point to which I will return in what follows.

EMPATHIC RESPONSIVENESS AND THE ANALYST'S SUBJECTIVITY

The paradigm shift from objectivism to constructivism opened the door to the recognition of bidirectional influence between patient and analyst, leading to a second revolutionary change in paradigms, that is, from

theory based on the intrapsychic to relational field theory. Contributing to this transition, Kohut (1977) assessed that the analyst could not remain anonymous, neutral, and "a blank screen"—one who interacted like an interpreting computer, if you will—but must be sufficiently responsive to enable the analysand to make use of the analyst as a self-object. He called this functioning *empathic responsiveness*—that is, the analyst is responsive on the basis of his or her empathic understanding of the analysand. The idea of empathic responsiveness brought the analyst's subjectivity and responses more fully into play, directly countering the notion, once again, that an empathic stance aimed to eliminate the analyst's subjectivity from the interaction.

The term *empathic,* however, was now used confusingly in two ways: first, to refer to a listening perspective, and second, to a type of response. Critics often conflated these two meanings. For example, Bromberg (1989) wrote: "The defining element of [the empathic] stance is its dedication to full empathic responsiveness to the patient's subjective experience" (p. 282). This conflation implied that the self psychologically informed analyst withheld aspects of his or her subjectivity from the playing field, contributing to the notion that these analysts were simply attempting to be compassionate toward their analysands—or, in the vernacular, to be "nice" to them.

While the explicit objective of empathic listening is not compassion per se, empathic listening and understanding from within the analysand's frame of reference do tend to foster, I believe, a sense of feeling heard and understood, as well as a mutual compassionate resonance. More experience-distant interpretations based on an "outside" perspective are more likely to be experienced as "confrontational," as missing the mark, or simply as "not getting it." This compassionate resonance, involving recognition and understanding of the analysand and the analysand's experience, is certainly a major healing factor.

Bromberg (1989) asserted that an analyst thus oriented (referring to the self psychologist's empathic perspective) becomes focused on "how it feels to be the subject *rather* than the target of the patient's needs and demands" (p. 286, italics in original). I believe that Bromberg makes an important distinction between two experiential perspectives: identification with the subjective experience of the patient, and identification with

the other as "target" of the patient's actions. In my view, the analysand will at times need to experience the analyst as identified with and understanding the analysand's experiential world, and at other times will need to hear, through contact with the analyst, what it is like for an other to be engaged with the analysand in an interactive field. The latter perspective enables the analysand to better understand his or her internal organizing and behavioral contributions to interpersonal experience.

To assess what will be facilitative for the analysand at any given moment requires, I believe, an overriding empathic perspective—for example, in attempting to understand the meanings that an intervention might have for an analysand. But for the analyst to be fully responsive as the target of the analysand's needs and affects requires additional listening perspectives, to be described in what follows.

EMPATHIC LISTENING: CONSCIOUS AND UNCONSCIOUS PROCESSING

Perhaps the focus on the analysand's experiential world in empathic listening has contributed to a misperception that the analyst does not deviate from or expand the analysand's reflective awareness and conscious articulations, either through inquiry or through interpretive formulations. This would naturally forfeit consideration of unconscious processes and meanings. In addition, the close focus on the analysand's subjective experience implicitly, if not explicitly, challenges the validity of "objective" interpretive leaps to presumed unconscious meanings, which might also have contributed to a misperception that unconscious meanings are neglected in empathic listening.

However, we know that the postulation of unconscious mental activity has been fundamental to psychoanalysis: first in Freud's dynamic unconscious, involving intrapsychic, structural conflict, and, more recently, in the notion of implicit (unconscious or nonconscious) learning and memory, which has exponentially expanded the domain of unconscious processing (Boston Change Process Study Group 2008; Clyman 1991; Fosshage 2005, 2011; Grigsby and Hartlaub 1994; D. N. Stern

et al. 1998—among others). Unconscious and conscious processing—which includes perceiving, categorizing, consolidating memory and learning, regulating shifting priorities in motivation (intentions) and affect, and conflict resolution—is always occurring simultaneously during our waking hours, and unconscious processing continues during sleep in the form of REM and non-REM dreaming (Fosshage 1997a).

How do we gain access to unconscious processing? Since the time of Freud's development of the free association method and his description of dreams as the "royal road" to the unconscious (1900, p. 608), ego psychologists have accented the unconscious components of conflict and defenses that emerge latently in conscious articulations. More recently, we have expanded our listening range so that, in addition to conflict, we listen for explicit and implicit, verbal and nonverbal communications of intentions, meanings, and procedural knowledge. Empathic listening is "simply" focused on hearing and understanding these communications from within the patient's frame of reference. Empathy and judgment interpenetrate (Goldberg 1999), yet the attempt is *to be* in the analysand's experience and to make our inferences and assessments, as best we can, from within the analysand's experiential world.

The use of empathic listening does not minimize the importance of unconscious processing. To the contrary, clinical experience indicates that a sense of safety is enhanced through the analyst's intent listening from an empathic perspective, for it militates against the disruptive influence of the analyst's imposition of his or her vantage point (though it does not, of course, eliminate this). Diminishing the need for protection increases reflective space and facilitates the emergence into conscious awareness of unconscious, conflicting and nonconflicting intentions, memories, meanings, and processing, including unvalidated experience (Stolorow and Atwood 1992), unformulated experience (D. B. Stern 1997), and implicit patterns of organization (*implicit knowledge*).

In other words, empathic understanding tends to make more permeable and fluid the boundaries between conscious and unconscious, between explicit and implicit, and it increases conscious access to previously unconscious feelings, intentions, thoughts, and connections.

ADDITIONAL LISTENING/
EXPERIENCING PERSPECTIVES

Empathic listening and responsiveness unquestionably utilize the ana-
lyst's subjectivity in listening and responding to analysands. Yet when a
clinical moment requires a focus on the analyst's experience of the anal-
ysand in their relational interaction, or on the analyst's experience of
him- or herself during an interaction, additional listening/experiencing
perspectives and data are needed, broadening the range and use of the
analyst's subjectivity. The conceptualization of additional perspectives
clarifies alternatives that we can draw upon in a particular clinical mo-
ment and, in addition, contributes to understanding the differences in
what analysts hear.

What other listening/experiencing vantage points are there? A
number of analysts have discussed outside observer perspectives that
differ from the empathic vantage point. Lichtenberg (1981) has delin-
eated three different listening stances: those of an outside observer, of
an interested companion, and of a listener within (the empathic per-
spective). Gabbard (1997) has also described an outside observer per-
spective, stating that he uses the term *objective* in two ways: "in the sense
of being an object in . . . [the patient's] world as well as in the sense of
gathering data to reach a plausible conclusion" (p. 24). His first usage,
to be an object in the patient's world, overlaps with what I have termed
the *other-centered perspective* (to be described in what follows), but appears
to cover a broader rubric. In the second usage, Gabbard philosophically
qualifies the term *objectivity* by modifying it, referring to *relative objectivity.*

Goldberg (1999) argues that the first person (subjective, empathic)
and third person (objective, external, judgmental) are "two interpen-
etrating" perspectives (p. 358), and that one never occurs without the
other. Smith (1999) uses *objective* to refer to the external observational
perspective and *subjective* to refer to internal experience. While he sees
the objective and subjective as "defining the direction of perception" (p.
481), he emphasizes their interdependence.

I am in agreement with these theorists in their attempt to delineate
other listening perspectives, anchored generally in differentiating be-

tween inside and outside the analysand's world. The term *objectivity,* even if qualified by the modifier *relative,* from my vantage point carries with it too much positivistic baggage that can subtly support an analyst's upward trajectory into an elevated "knowing" position, usurping the analysand's experience and undermining the analysand's sense of self.

While I agree with Goldberg that judgments (or assessments) are usually occurring, precisely where we experientially attempt to position ourselves in relation to the patient (inside, outside, or as the other), in listening and in understanding, immeasurably affects our determinations and their corresponding impact on the analysand. I am suggesting that a conscious awareness of different listening perspectives can increase our understanding of clinical content and process, as well as facilitating the analytic process and enhancing the analysand's reflective awareness and development.

I have proposed that analysts *experientially oscillate between the empathic, other-centered, and analyst's self-listening perspectives* (Fosshage 1995, 1997b, 2003). The *other-centered perspective* refers to an analyst's experience of the analysand as "an other" in a relationship with the patient—what it feels like to be the other person in the interaction. When we experience an analysand as hostile, controlling, loving, or manipulative, we are experiencing the analysand primarily from the vantage point of an other in a relationship with the analysand. This information about the analysand and the interaction potentially informs us about how the analysand impacts others, about the analysand's patterns of relating, and about potential change in those interaction patterns.

These interaction patterns, in addition, provide an entree to an analysand's internal patterns of organization that have been established on the basis of lived experience, for patterns of organization and interaction are intricately interrelated. For example, a person's expectancies, or expectations, tend to create confirming relational interactions (Fosshage 1994). Racker's (1957) concordant and complementary countertransferences can be viewed as corresponding to analysts' experiences as they emanate from, respectively, empathic perspectives and other-centered perspectives.

The empathic perspective advantageously positions the analyst to attend closely to how the analysand experiences his or her world, a process

that implicitly acknowledges and validates the "reality" of the analysand's experience, contributing to a deep, self-enhancing sense of being heard and to a co-creation of reflective space. Empathic listening, however, is quite complex, for the analyst—in listening to the analysand's explicit and implicit, verbal and nonverbal expressions—must hear (infer) the message (content) and the music (process). The analyst must differentiate between foreground and background features of the analysand's articulated experience. And the analyst must sense a way into and facilitate the emergence of implicit, as-yet unarticulated intentions and meanings.

The other-centered perspective provides information about how others may experience the analysand and the analysand's patterns of interaction, facilitating an understanding of what happens in the analysand's relationships. Other-centered experience can also provide clues to underlying patterns of organization (for example, an analysand's expectancies in the interaction). Other-centered experience yields information about the analysand's break with old patterns and establishment of footholds for new ways of relating.

The disadvantage of using exclusively the empathic perspective for interpretive focus is that it deprives the analysand of direct feedback on how the analyst experiences the analysand in the interaction, which is useful in illuminating interactive patterns and how they impact his or her relationships. The disadvantage of using exclusively other-centered listening/experiencing data, on the other hand, is that the analyst's other-centered experience, when communicated, may be too distant from the analysand's experience for the analysand to be able to meaningfully appropriate it. Moreover, analysts have traditionally used what I call *other-centered experience* to assess underlying (unconscious) motivations that have all too often superseded the analysand's expressed intentional experience. To assess intention or motivation on the basis of the interpersonal consequences of the analysand's actions (the analyst's other-centered experience) requires considerable caution, for the interpersonal consequences might or might not reflect the analysand's intent. For example, hostile humor feels interpersonally aggressive and triggers aversion; yet an individual might be totally unaware of this, for the primary motivation may be to connect, and the presumed procedure for

connecting (a learned, familial attachment pattern) is through hostile jibing.

Similarly, an analysand's intense tracking of the analyst can feel controlling and yet may emanate primarily from underlying anxiety related to expectancies of abandonment (an anxious attachment pattern). While other-centered experience can reveal how the analysand impacts others—as well as invaluable information about interaction patterns and relationships, and evidence for related organizing patterns—empathic inquiry is required to identify the primary conscious and unconscious motivations from within the analysand's experiential world, in order to weave together a complex picture of the analysand's internal and external experiential world.

While the empathic and other-centered perspectives both focus on the analysand, the analyst also needs to be aware of his or her own subjective experience during the interaction, as well as his or her judgments and assessments—what I call *the analyst's self perspective*. For example, if the analysand inquires, based on his or her experience, whether the analyst is feeling disapproving or angry, the analyst must assess his or her own subjective experience—in this instance, a judgment of affect—in order to make sense, as best the analyst can, of who is contributing what to the analysand's experience.

In my view, the timely use of experience derived from each listening/experiencing perspective facilitates and deepens inquiry of both conscious and unconscious processing, and provides a more comprehensive understanding of both analysand and analyst and their interaction. While we can, within limits, consciously choose a particular listening/experiencing perspective, many factors from the analyst, the analysand, and the interaction contribute to the triggering or activation of a particular perspective, or to a rapid oscillation between perspectives, or to the simultaneous occurrence of several perspectives.

For example, whenever an analysand expresses strong affect directed toward the analyst, be it anger or love, it immediately triggers an other-centered perspective in the analyst—the perception of what it feels like to be the other in a relationship with the analysand. It could also trigger, simultaneously, the analyst's self perspective—for example, feeling defensive in reaction to the analysand's anger, or feeling enjoy-

ment or anxiety in reaction to the analysand's love. A listening mode can be used defensively, as Smith (2010) has suggested. For example, to identify empathically with the analysand, or to explicitly inform the analysand of how controlling or dominating he or she feels in the interaction, could be equally uncomfortable, and could prevent us from using that particular perspective so that we remain wedded to its alternative.

Apart from these problematic reactions, an overriding use of the empathic perspective, whether in the foreground or background, helps us assess how and when to use information from these various perspectives therapeutically. As a general principle, in order to unravel a difficult analysand–analyst interaction, I believe that, if we start from within the analysand's perspective (from his or her intentions, affects, and expectancies, including the relevant historical resonances), and work our way to the analysand's contribution to the interpersonal interaction, utilizing the analyst's other-centered data, we can sustain reflective processing for both analysand and analyst. We will thus arrive at an understanding of the analysand's internal organizations and contribution to relational experience that is the most comprehensive one among those that are palatable and digestible for the analysand.

In these difficult entanglements, the analyst must also begin with the analyst's self perspective, including what potential resonances were activated in the analyst, and the analyst must acknowledge his or her contribution to the interaction (and the analysand's other-centered experience), in order to achieve a full, mutual, and reflective understanding of the difficult interaction.

CLINICAL VIGNETTE

I present the following clinical vignette to illustrate the analyst's rapidly oscillating use of these three listening perspectives.

A number of years ago, I began psychoanalytic treatment with a woman in her thirties whom I will here call Amanda.[4] She was extremely sensitive, perceptive, and reactive, as well as quite labile in mood and prone to fragile self-states. Easily feeling impinged upon, she experi-

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[4] Aspects of this patient's treatment have been previously discussed (Fosshage 1997b).

enced natural light in my office as painfully too bright, for which, at her request, I regularly adjusted the blinds.

Both of Amanda's parents had been remarkably absent, with her mother often feeling overwhelmed. Amanda had a prolonged incestuous relationship with an extremely sadistic older brother. When she would cry out to her mother for protection, her mother pushed her away with "Leave me alone, you're killing me!" Amanda felt that her previous analyst had saved her life; he had been her first real caretaker. His move to another city unfortunately aborted a long treatment and forced her to find another analyst.

During a session with Amanda toward the end of the first month that I wish to focus on, I experienced the room as uncomfortably warm. Silently, I went to the window to adjust the ventilation. At the following session, my analysand related how upset she was with me for having gotten up in the middle of the session, while she was talking, to stare out the window.

Being taken aback by what, to me (*judgment from the analyst's self perspective*), was a very idiosyncratic, hurtful perception, and knowing that our capacity to share humor had often helped her to regain reflective perspective, I said in a somewhat humorous, self-mocking vein, "The mark of a good analyst: get up in the middle of a session and stare out the window."

In this instance, however, it was a misjudgment, for Amanda was far too hurt by her particular framing of the event to join in with my humor. Instead, she felt invalidated, perhaps even ridiculed.

Recapturing my *empathic stance*, I inquired about her experience when I had gone to the window. Amanda had felt that I was uninterested in what she was saying. With concern, I reflected that her feeling—that I had gone to stare out the window while she was talking and was therefore disinterested in her—was understandably quite hurtful to her (what my colleagues and I have called *wearing the attributions of the transference;* see Lichtenberg, Lachmann, and Fosshage [1992]).

Amanda appeared to feel better once I had heard, understood, and validated her experience (*using the empathic perspective*). Yet she was still consumed by the injury and her particular organization of the event— that is, that I had gone to stare out the window in the middle of her

telling me something important. In my view, my analysand needed to become reflectively aware of this particular pattern of organizing events, along with its historical origins, in order to more fully regain her self-equilibrium and to gradually be able to maintain a reflective perspective when this pattern was reactivated in the future.

Toward that aim, I inquired toward the end of the session if Amanda would like to hear about my experience as to what had prompted my going to the window (*the analyst's self perspective*). Possibly, the discrepancy between our experiences would be useful, I thought, in illuminating her view of the self-involved, uninterested, and rejecting other, and would offer her an alternative perspective. She declined, however.

At the following session, two days later, Amanda repeated that she had not wanted to hear my point of view about this incident, and poignantly remarked, "Jim, do me a favor—when I come into the room, just check your subjectivity at the door."

In this instance, I winced at feeling controlled and negated (*other-centered experience*), and thought to myself that, previously, I (and others) would have experienced her as controlling. While some analysts—approaching the situation from an other-centered perspective—might have experienced the patient as sadistic, especially in the light of her considerable sadomasochistic experience with her brother, I did not experience the tone of her statement as sadistic. Instead, I experienced the seriousness of her request, and at the same time a note of her recognition of the extremity of her statement—to the point of an almost humorous absurdity, nonverbally recognized, I believe, by both of us. This mutual recognition enabled me to "hold" my *other-centered experience* (to "check it at the door") and to respond primarily from within an *empathic perspective.*

With an implicit touch of lightness and humor, I smiled warmly at Amanda and told her, "I will try my best, although it could prove difficult on occasion." Amanda was able to hear that I had grasped her point that her subjectivity needed to take priority at that moment, while I simultaneously let her know that this was not entirely doable (of which, I believe, she was already aware). With relaxation on her part and increased reflective space, we then proceeded to focus on her experience and how precarious she believed my interest in her to be.

Within a few moments, it dawned on me what was occurring when Amanda felt overwhelmed by my subjectivity (*an empathic perspective* combined simultaneously with my *other-centered experience* of feeling like the intrusive other). I then interpreted in a gentle manner, "I think I understand that when I do something suddenly, like go to the window, or bring in my subjective viewpoint, it feels as though I am taking up *all* the space in here, that there is *no* room for *you*, for *your* thoughts and desires, and I sense that you must have felt just that way with your brother."

In this manner I acknowledged my contribution to the patient's experience, noted that it had activated a primary experiential (organizing) pattern, and related its resonance to historical origins. Amanda noticeably relaxed at this point, acknowledging that she thought I was right. Our empathic understanding had deepened immeasurably over my initial understanding of her feeling hurt and rejected by me.

Shortly afterward, Amanda smiled and said, "Now you can let me know what was happening for you at the window." Feeling seen and understood, she could then move on to letting in my subjectivity (*the analyst's self perspective*) without feeling threatened that I would treat her as her brother had. Her warm and open delivery triggered an empathic perspective in me and simultaneously prevented activation of an other-centered perspective (for example, a feeling of being controlled).

Once again, the analysand's delivery was a primary factor in eliciting the analyst's listening perspective. When an analysand is open and vulnerable, as was the case here, an empathic perspective is usually elicited in the analyst. In this case, I explained to Amanda that I had been uncomfortably warm, had assumed that she was, too—for she tended to be warmer than I—and that, since I had thought it would be more disruptive to ask her beforehand, I had quietly gone to the window to adjust the ventilation by opening the window. She smiled and felt reassured in understanding the event in a much less hurtful, rejecting way. Airing the *discrepancies in our experiences* further illuminated the patient's particular organization, as well as serving as the basis for the establishment of an alternative perspective.

Several months later, Amanda all of a sudden recalled that her mother had often stared out the window, oblivious to all around her. This recollection provided a very important, additional historical piece

that closed the loop, as it were, in understanding the particularities of this organized experience as it had been reenacted in the analytic relationship.

THE INFLUENCE OF THEORETICAL MODELS

In addition to different listening/experiencing perspectives, theoretical models profoundly affect the analyst's experience and construction. Even if analysts attempt to listen from an empathic perspective, models can substantially shape an analyst's understanding and explanation of the analysand's experience. A clinically potent theoretical divide, for example, is the framing of an analysand's articulations as an *infantile wish,* as a *controlling, self-sabotaging demand,* or as a *developmental need.*

Consider an analysand's incessant desire for the analyst's love. If the analysand's desire is framed as an *infantile wish,* a wish that is unrealistic and no longer appropriate for an adult, the therapeutic goal becomes the analysand's recognition, acceptance, and ultimate relinquishment of the wish. If the analyst, by using a different model and adding other-centered experience, frames the analysand's incessant desire as a *controlling, self-sabotaging demand,* the therapeutic task is for the analysand to become aware of the self-defeating impact of his or her interpersonal demands, in order to more successfully either renounce or negotiate—depending on the model—his or her desires.

And finally, if the analyst frames the analysand's incessant desire for love as emanating from past thematic relational experience that has thwarted this *developmental need,* the therapeutic task is to legitimize the need to be loved and to feel lovable, and to illuminate the analysand's proneness to feeling unloved based on past experience. This enables the analysand to gradually and reflectively deactivate that pattern of organization so that, in turn, analysand and analyst can sufficiently co-create the developmentally needed experience of feeling loved and lovable, and the analysand can integrate this into his or her self experience.

In this last framing, the analyst, in my view, needs to integrate the other-centered perspective along with the empathic one, and to interpret how the analysand's desperate expressions for love—implicitly con-

veying intense desire as well as a fear of not being loved—can easily be experienced by others as demands and can trigger aversion. In this way, analyst and analysand can begin to make sense of current relational experience.

CONCLUSION

I have proposed that all analysts variably use empathic listening in efforts to understand the analysand's experiential world, the fundamental analytic task. I have argued that empathic listening, through creating a safe reflective space, actually reduces defensive and natural barriers and increases the fluidity between unconscious and conscious processing. While the empathic listening/experiencing perspective, in my view, is the fulcrum for analytic work, additional listening/experiencing perspectives are also required to provide a range of data with which to enhance an overall understanding of the analysand.

I have proposed that analysts need to consciously use the ongoing experiential oscillation between three listening/experiencing perspectives—the *empathic, other-centered,* and *analyst's self-listening perspectives*—to understand the analysand's experience "from within." This in turn permits an understanding of the analysand's problematic interactions and organizing patterns that encumber relationships, as well as changes within those patterns, and to appreciate who is contributing what in the moment-to-moment analytic interplay. To assess which interventions will be facilitative for the analysand at any given moment, I believe, requires an overriding empathic perspective in the attempt to anticipate and understand the meanings that a particular intervention might have for the analysand.

I have also argued that the analyst's use of an overriding empathic perspective, combined with the frequent use of the other-centered perspective and the analyst's self-listening perspective, enhances use of the analyst's subjectivity, increasing the range of the analyst's ability to listen and respond to the analysand in facilitating the analytic process as well as the analysand's psychic expansion and development.

In addition to listening perspectives, psychoanalytic models provide fundamentally different and often incompatible understandings of

human experience. The pluralism of psychoanalytic models today provides us with many exploratory and explanatory choices, and our decisions about these profoundly impact our empathic listening and interpretive constructions.

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A NOTE ON SUPERVISION

BY FRED PINE

Keywords: Supervision, boundaries, post-termination contacts.

Let me begin with an anecdote. Though the practice seems different today, as I went through training and for the first twenty or so years after that, I assumed that the analyst does not take notes during a session—just as, as candidates, none of my group (to my knowledge) took notes during sessions with those analysands whom we brought for supervision as control cases or in continuous case seminars. To me, this was just the way things were, and I did not think about it and therefore never questioned it; it made sense that note-taking would interfere with maintaining evenly suspended attention. I still do not take notes, though it is hard to find a supervisee who does not do so, if the patient is on the couch.

But once, I would guess it was about twenty-five years ago, I was at a presentation at the New York Psychoanalytic Society—I do not recall the discussion that led to this—when no less a person than Phyllis Greenacre mentioned that she took notes during sessions. In the course of the next ten minutes of discussion, about a half dozen others raised their hands to speak and, in fact, "confessed" to the same activity. Dr. Greenacre's statement and status allowed them, so to speak, to come out of the closet.

I wonder how many hands will be raised with regard to experiences like the ones I am going to describe in this note—the supervision of former analysands—and what the experience has been with it. It is not much discussed, but I suspect that this is because it is closeted, and not because it is not done. My guess is that it may not be frequent, but that

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overall there are many such instances. If so, It would be useful to have some shared impressions regarding the experience.

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My work in psychoanalysis has evolved over the years as, of course, it should. This evolution includes an expanded view of the issues of mind and development, as well as technical changes such as telephone sessions, my self-disclosure within the process (i.e., revealing something in me that I believe tells us something about the patient), acceptance of small gifts when it would seem gratuitously wounding not to do so, and more. Each of these began as something "not done" as I began my career in psychoanalysis, and gradually evolved into something doable at times as I learned this or that with particular patients.

This brief communication describes such a change that has occurred during the last ten or so years, creeping up on me until I could think about its usefulness. For reasons of confidentiality, I shall give only minimal personal details regarding the patients/supervisees, but I hope enough to give a sense of the clinical rationale.

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Several years ago, I received a call from a woman psychologist, Dr. P, seeking supervision. She was not someone with whom I had had any prior personal contact; she knew of me and sought me out. She had received her Ph.D. a few years before, had done psychotherapy for a while, and then had stopped completely for a few years to devote herself full-time to the rearing of her two children. She was now about to resume a clinical practice and wanted to meet regularly with someone to discuss her work.

But there was one additional issue, which ultimately evolved into the basis for this note. Dr. P told me of concerns regarding two problems she was aware of in herself that she thought might affect her work. They had been present in her prior work, but at least one of them had become accentuated during the rearing of her children. And also, during that prior work, she was in analysis and could discuss the problems there. They seemed at least in significant part to be conflict-based issues (the

specifics are not necessary for this note) that could well interfere with and limit the psychotherapy she offered.

But Dr. P made it clear in our first meeting that she was not seeking psychotherapy or analysis with me. Her question was: could I work with her around these personal conflicts as they affected her work without making our meetings into a psychotherapy, all the while keeping it a supervision?

I thought I could, though I had never been approached in anything like this way before. I realized that I had had a parallel experience that made the task somewhat familiar. I had done a certain amount of treatment of children in which I periodically met with parents, sometimes singly and sometimes each parent individually. The aim of such meetings, of course, was not only to gather information about the child's life and the parent–child relationships, but centrally to keep an eye and ear on the parents' support of the treatment and to allow myself to be a known figure for the parents, as a way to elicit their continued cooperation. As child therapists and analysts are aware, in such sessions, material often comes up regarding personal conflicts and the personal history of one or the other of the parents.

I would routinely work with such material by inquiring about it *with a focus on how it affected their interactions with the child.* I did *not* use it as an opening to explore the parent's own psychic world. Thus, illustratively, I would never ask "what comes to mind about that?" but instead say something, again illustratively, like: "I can see how that might make for a problem when you see your child doing such and such; how does it actually work for you in those moments?"

It seemed to me that Dr. P's request would require a similar approach and discipline. My job would be to remain alert to the conflictual material when it was present, to point it out and inquire about it within the psychotherapy work that she was conducting, but not to probe into it as one might were she a patient rather than a supervisee.

With this understanding, Dr. P and I proceeded. My recollection is that we used another session for her to tell me something about the particular conflicts—how they had evidenced themselves, how she understood them, and how she anticipated they might interfere as she resumed clinical work. Then we began as is usual in a supervision. She

brought in process notes—principally on two patients—and I listened and commented.

Our work went well. At the start, Dr. P's conflicts were quite evident in her work and came up frequently, and much less so as time went on. The conflicts were in no way incapacitating for her (she was quite a sensitive therapist, subtle in her understandings), and as far as I could see she was able (with years of analysis behind her) to make good use of things that became evident about herself in our work together. We continued weekly supervision for about two years until, for reasons that I am not privy to, she decided to resume analysis, and we soon thereafter terminated our work together. The experience left me, and I believe both of us (she still periodically comes in for a session), with a good feeling about the balance we had struck between the personal work and a more typical supervision.

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The experience with Dr. P significantly colored my reaction when, about two years later, I received a call from another therapist, this time a former analysand (who had terminated some twenty years before), and who was having a recurrence of old problems that had been central in her analysis. Could she come in and talk about them?

When she and I met—I'll call her Dr. R—she explained that the problems were being stimulated by her work with one male patient in particular, and they involved sexual boundary issues. These were familiar to her from her life before the analysis and from work in the analysis itself, where they had been a central theme. Dr. R felt that she could not really bring them to a supervisor because they were too tied to the deepest and most problematic parts of herself. It made sense to her to talk about them with me. But she, too, made it clear that she was not seeking to resume analysis at this point because she was doing well in general, and she felt her completed analysis had significantly and positively altered her life. It was one specific problem in her work that she wanted to understand and master.

The issue that had arisen for me with Dr. P—that of being careful not to start exploring her mind's workings by asking for associations or by other questions—was not a problem here. Dr. R and I had much his-

tory behind us. But it was still my job, I saw clearly, *not* to draw her into a therapy when she had come for help with a focal problem in her work. I dealt with this joint task (of exploring where necessary, yet maintaining a task-oriented approach) by speaking in what was essentially a collegial tone, in (of course) a face-to-face situation, and with back-and-forth speech (rather than waiting in silence for her to say "whatever came to mind").

Again, our work together went well. That work included both my clarifying Dr. R's personal conflicts as they were being expressed in the work, and my supervisory inputs that took us out of the therapeutic mode and gave her ways of working that had not (for reasons of conflict-based inhibitions) been available in her repertoire as a therapist. And of course I often had occasion to interrelate these two—to talk with her about how the personal conflict (centrally but not only about establishing and maintaining clear sexual boundaries) interfered with her access to particular therapeutic interventions.

But there was a third factor that I believe was also central to this work. That is that I was able to keep a clear boundary, in our current task, between understandings of Dr. R that were used to foster the supervision, and understandings that would draw her back into analysis. It will come as no surprise that in the original analysis, my and our maintenance of boundaries in the office—along with memory work, interpretation, and explorations of contained instances of acting out—contributed to a successful termination. (It should be clarified that the boundary issues I am referring to had never crossed over into inappropriate actions between Dr. R and her patient; rather, her anxiety, inhibition, and an interference with her therapeutic effectiveness formed the loci of the problem.)

This therapy-enhanced supervision was very productive. Dr. R used our contact to raise other issues as well, much as some other former patients have done when they have returned for a single session or two to discuss something that is troubling them. Most of my sessions with Dr. R included her telling me some mix of whatever was on her mind about her own life and material about her patient(s). A portion of many sessions included our review of her process notes from sessions with her patient.

After about six months, Dr. R said she was ready to end. There was no "termination phase"; we simply stopped, though we did so just before the summer break, which provided a natural ending point.

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I continued to see these two supervisions as one-time-only experiences, and would probably have let them fade from my writer's mind had not a third such encounter come along about a year after the ending of the second. Again, this took place with a former analysand, the analysis having ended about six years before. That analysis had had quite a transformative effect in the life of the patient, Dr. S, though of course there were residual unsettled issues.

Again, Dr. S was himself a therapist (only there, of course, could the issue of supervision come up). Here the steps leading to this new supervision were different. Dr. S had run into some professional problems in relationships with other professionals; old issues that had been part of the analytic work were intruding upon those relationships. After one or two ad hoc sessions, he decided to see me regularly, and again we agreed to meet once weekly and face to face.

Like Dr. R, Dr. S made it clear that he was not seeking a full resumption of our work, but rather more focal therapeutic assistance. (I have had patients who returned for further analytic work after breaks of some years; those returns were very different in the way I was approached from the two returns I describe here.)

Though our work together began in relation to disruptions in relationships with other professionals, it moved into a focus on similar issues as they came up for Dr. S with his patients. Here, because of the way in which the process developed (as just described), the sessions generally centered around his current professional problems and his inner life, but his work with patients also entered in. This began when the intrusions of inner conflicts could be seen in his therapeutic work.

Gradually, however, as time went on, Dr. S and I shifted into sessions that were like regular supervisions, incorporating the presentation of process notes—these becoming the more frequent sessions—though always with the option of discussing conflicts and vulnerabilities when and if that seemed necessary. In fact, he was able to put into words the

conflict he sometimes felt between giving over our session to his patient (that is, through using it for supervision) as opposed to taking it for himself.

That last shift, from seeing how conflicts were entering into his therapeutic work, to process notes as a focus for actual supervision, did not take place casually. It came up periodically as a wish and was discussed analytically as well as being held in the air as an actual possibility. I had concerns over the wisdom of making such a shift (this was against my inner rules), but a crucial additional factor was present in this case. A key issue for Dr. S—and indeed what became the central feature of the analysis—was an understanding of how he had long experienced himself as being treated as a nonperson, and how he had himself taken on that role over time. It was shattering for the development of a sense of self.

The course of Dr. S's analysis had seen him move from crushed and depressed (before we understood what was going on), when I failed to see that he and I were enacting these old roles from his life, to his insightful and later insistent request that I treat him as a real and equal adult (in small but important ways for which there was space within the ongoing actual analytic work). And finally, we progressed to the inclusion of conversations about real-life issues in the sessions, without any move toward "analyzing," as such issues came up.

This whole process contributed to the transformative effect of our work together, a process that Dr. S and I were both able to observe. To *not* treat him as a full person/"self" was to be retraumatizing. The shift in the nature of our relatedness was central to the analytic work and to its effect, and indeed was an outgrowth of analytic understanding.

After the analysis, in the intervening six years before Dr. S returned, I had opportunities to see the impressive stability (and occasional cracks) in what we had achieved. But this history was part of what underlay, and part of what was discussed in our move into the supervisory mode, in which I related to him as a person who was also a supervisee, not as a "patient." This mattered greatly.

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While I understand that the therapy-enhanced supervisions with Dr. R and Dr. S might look on the surface like boundary crossings, these ar-

rangements seemed to me (and to the patients/supervisees) to benefit from our clarity about boundaries, including our discussion of them. Dr. S continued with me for over two years, in fact, until he decided to undergo further training along more formal pathways.

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That is the experience I want to report. After the third such instance, it no longer seems like an isolated phenomenon (though it has not come up again). I find it useful to reflect on situations like this where analytic issues merge with issues involved in an individual's functioning as a therapist. By mutual agreement in each of these instances, the work was focal and relatively short-term. I thought it was quite useful to the persons involved. It seemed clear from the entire interaction that the former analysands, now supervisees of a particular kind, found it valuable. But, even more, I believe that they found it valuable in ways that were entirely consistent with the spirit of the therapeutic work we had done together in the past.

I had always assumed that, when an analysis ended, the analyst retained a stance that allowed for a return should the analysand wish it or require it. Within that mode of thinking, supervising a former analysand never seemed a possibility. But my experiences with Dr. R and Dr. S were returns that bridged the analysand/supervisee distinction. They evolved naturally, within the context of an increased openness on my part that has grown over the years. And they took place a fairly long time after terminations of analyses (twenty years, six years) that had seemed quite successful.

While I cannot assert that there were no problematic consequences of the shift in roles, I can state that I am aware of none, and that I had the experience, with each former analysand, of being with a thoughtful and insightful adult who could make a mature decision and work within it. I hope I am correct.

I do not recommend embarking on such an arrangement casually; but I believe it can be very valuable when the problems central to an analysis become central to the (former) analysand's therapeutic work, making it difficult for him or her to discuss the work with full honesty with anyone but the former analyst. In other circumstances, this is pre-

cisely why we require that candidates be in analysis during the time that they are working with their analytic control cases.

I am sure that there will be strongly divergent opinions on this issue, and I hope that this brief communication may spark further discussion.

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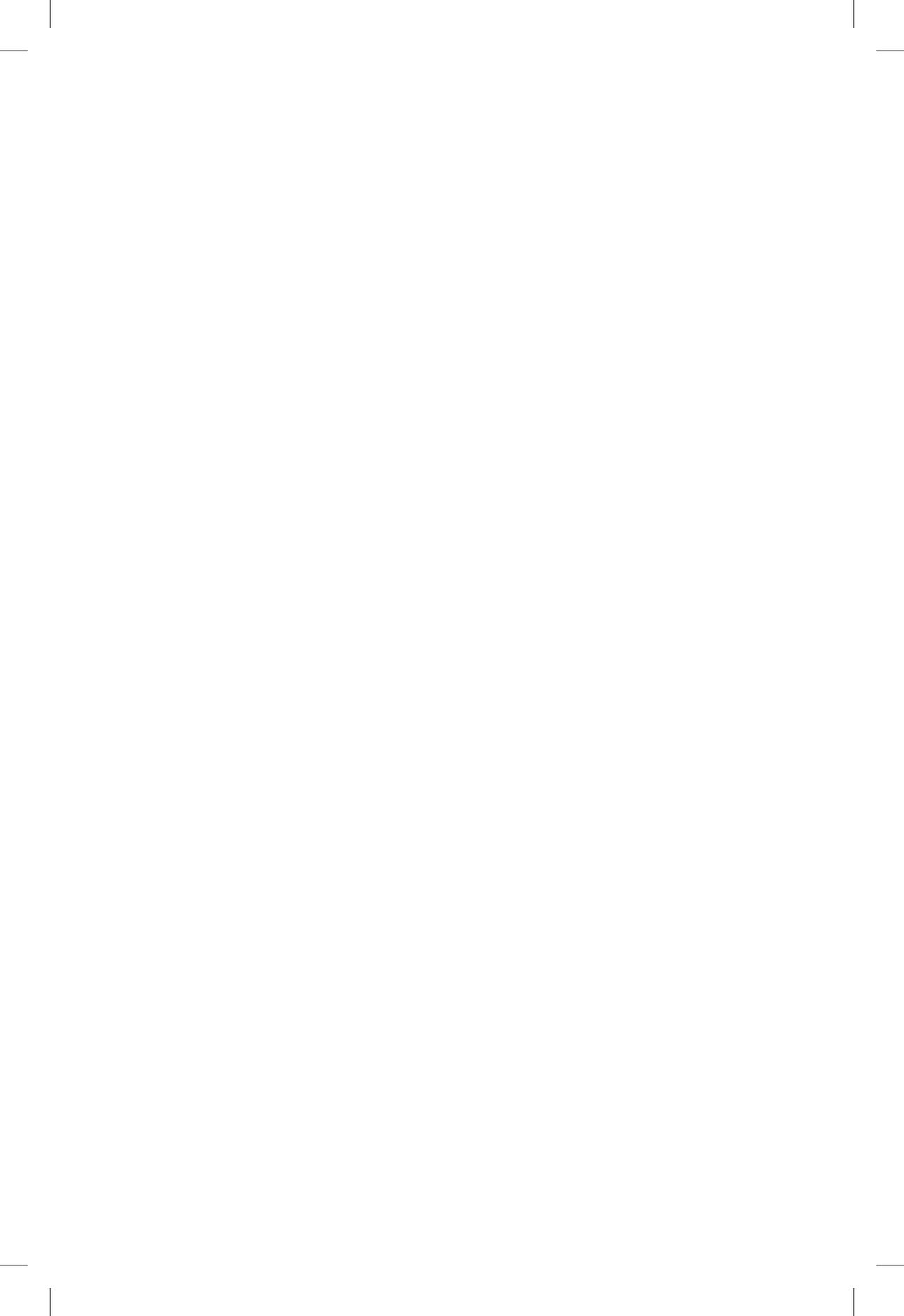
THE SIGNIFICANCE OF EARLY MOTHER–INFANT INTERACTION FOR UNDERSTANDING THE ART OF PSYCHOANALYSIS AND FOR THE PSYCHOANALYTIC UNDERSTANDING OF ART

BY MARTIN A. SILVERMAN

> MIRRORING AND ATTUNEMENT: SELF-REALIZATION IN PSYCHOANALYSIS AND ART. By Kenneth Wright. London/ New York: Routledge, 2009. 212 pp.

Keywords: Mirroring, attunement, art, mother–infant interaction, alpha-function, Bion, creativity, Winnicott, Langer, development.

This book, written by a member of the British "Independent Group," is a wonderful addition to the growing body of literature devoted to the study of the impact on the developmental process of the very earliest mother–infant interaction. It focuses not only on the problems that arise when that interaction misfires or is interfered with, but also on the use of creative activity, i.e., artistic pursuits, to repair the psychological damage that has occurred.

Wright starts with Bion's observations (1962a, 1962b, 1965) about the infant needing its mother to receive, accept, tame, and give meaning to its anguished, chaotic, and inchoate expressions of discomfort and distress, via her capacity for *reverie*. Her *alpha-function* transforms raw, bodily *beta-elements* into (contained) mental, symbolic elements that represent the beginning of thought. Wright stresses, following Lecours

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(2007), that it is actually the mother's (and analyst's) *soothing* function, rather than her mental processing of what is emanating from the infant, that plays the most important role in mediating the vital transformation from beta to alpha (p. 2).

Wright also points out that Bion does not actually address the mechanics of how the mother's reverie promotes the development of verbal, symbolic images.[1] He draws upon the work of the philosopher Susanne Langer (1942, 1953) to fill in this gap. Langer indicated that there is a continuum from nonverbal *apprehension of being,* via *presentational symbols,* as observed in people's immediate response to artistic expression, to verbal *comprehension of meaning,* via *discursive* or *representational symbols.*[2]

> Langer's work highlights the capacity of non-verbal symbols to operate in their own right as a medium of communication. Because of their capacity to evoke resonant responses in the recipient, they provide a direct emotional link between subjects: *my* non-verbal form arouses in *you* an emotional "structure" comparable to that which gave birth to it in me . . . . In attunement . . . the mother identifies with the baby's experience (emotion), then recasts it in her own idiom and replays it to the baby. If the baby can experience the mother's enactment in a resonant way (i.e., as corresponding to something in the infant), at that moment, baby and mother, like artist and audience, will be momentarily linked through the created (maternal) form. [pp. 9-10, italics in original]

[1] Of course, this includes not only the mother's facilitation of the infant's incorporation of her soothing and identifying words, which Wright identifies as critical, but also the infant's own, innate potential (an important aspect of primary ego autonomy) to develop protosymbolic thought out of sensorimotor experience during states of alert inactivity, as observed by Piaget. (See Silverman 1971.) Bion put great stress upon the importance of the mother's alpha-functioning, but the infant's own participation in the process also needs to be taken into account. The mother's soothing and comforting ministrations are not only powerful in their own right, but also give the infant an opportunity to utilize its own intrinsic capacity for peaceful exploration and experimentation of its *internal as well as external* environment—so that the thrashing, distress-filled infant can settle down and enter the state of alert inactivity that it needs to be in to use its innate equipment to explore the new world into which it has been born.

[2] This, too, dovetails with Piaget's observations about the progression, within the infant's gradual cognitive development, from sensorimotor apperception to impressionistic, preconceptual thinking to truly logical, conceptual thinking.

Wright, like Bion and others before him, emphasizes that the analyst at work, in a very important way, functions with his or her patient in a manner similar to how the early mother functions with her infant. In the analyst's use of language, for example, "logical clarity becomes less important than vividness of expression, while the need for a resonant and metaphorical language becomes more apparent" (p. 9). This is especially crucial when working with patients who have experienced early and ongoing misattunement from their primary objects. He emphasizes that the form of the mother's (and the analyst's) communication is at first far more important than the words she utters.

Wright observes, furthermore, that the nursing infant, simultaneously with its multisensual perception of the mother's breast, very importantly, is intently studying its mother's face, the perception of which becomes indelibly engraved in the baby's registration of its early experience—at that time and throughout its further development.[3] The baby increasingly internalizes the mother's facial expressions, emotional vocalizations, and words. This creates an emerging "mental space" in which the mother's "knowing" the infant's experience and its feelings is internalized, en route to the emergence in the child of symbolic representation of the experience.

Later on in the book, Wright introduces us to the American portrait artist Robert Nathan, whose preoccupation with faces seems to have derived from the desire to find and create a good mother's face[4] to replace

[3] Others, of course, have made this observation; see Wolff (1966) and Almansi (1958), for example.

[4] I analyzed a man who had grown up with extremely materialistic, narcissistic, self-absorbed, non-attuned parents who were nonresponsive and who presented him with emotionally dysregulating rather than regulating mirrors. Among other things, my patient was an artist who drew and painted faceless, humanoid creatures, over and over. In the course of his analysis, he began for the first time to include human faces and forms in his artistic productions. That these represented not only the good parental faces he had been seeking and needing to create, but also my own caring, responsive, and emotionally regulating physiognomy, was epitomized in an incident that took place one day during one of his analytic sessions. The ceiling tiles in one corner of my consulting room had come loose and fallen down because of water that had gotten into the ceiling after a heavy rain. He commiserated with me, indicating that it looked like it would be expensive to repair. I commented that it could have been much worse, because they fell just an hour after a young child had been crawling around on the desk beneath them. "No one got hurt," I said, pointing to the tiles; "*those* are just things." "Just things!" he replied—"that's why I love you!"

that of his "erratic, emotional, and punitive" mother who "slapped him whenever he showed emotion" (p. 144).

Wright emphasizes that, as more and more borderline and psychotic patients are treated in analysis, increasing attention is being paid to the tone and manner of the analyst's interventions, beyond and along with interpretation. "Implicit in this view," he states, "is that patients must have a capacity to separate and stand alone if they are to use interpretation without trauma" (p. 32). Patients who are "overwhelmed" by interpretation and experience it as critical attack need to feel "held," in a Winnicottian sense; and "if this is not forthcoming, or disappears, it creates a sense of imminent collapse" (p. 32).

Wright valorizes Winnicott's observations about the importance of the mother's mirroring the baby (and its emotions), which contributes not only to the beginnings of the baby's sense of self, but also to the baby's increasing ability to develop a sense of a sentient, feeling self as a result of the containment of emotion that is provided by the mother's *emotional* as well as physical holding of her infant. This is replicated, Winnicott emphasized, by the analyst's reflecting back to the analysand the analysand's emotional experience, in such a way as to

> . . . *embody* the essence of the patient's experience in its living reality. Such reflections not only enhance and affirm experience but in a real sense bring it into being for the first time. In this new way of thinking, insight takes second place; what is more important is creating a place (a certain kind of symbolic location) in which the patient can "be," a containing place in which the patient can discover and "hold" their own experience. [p. 35, italics in original]

Wright emphasizes that a good enough analyst is likely to know what the patient needs at a given time, much as a well-attuned parent does with her infant:

> As in attunement, everything depends on the nature of the response. If the analyst uses explanatory language *before* there is any experience to interpret, his words will be empty of real meaning; only after experience has been brought into being (given a body) by providing appropriate images to hold it (evoc-

ative language) is anything substantial to be explained. [p. 37, italics in original]

Wright stresses the fact that the infant "creates" transitional phenomena as a crucial aspect of the development of symbolization, thought, and language. As language is acquired, words are experienced as objects that both impinge from without, expressing externally directed meaning, and that are internally created by the child, in order to obtain effective tools of action.[5] Analyst and analysand likewise collaborate in the provision or acquisition of the words needed to give useful expression to inner experience, something that works best when there is good attunement between the two of them.

Wright turns at this point to art as a creative form of expression that is both personal and interpersonal:

The artist's *medium* corresponds to the "not me" world out of which the infant "creates" his first objects . . . . The creative person transforms the world into *his* world, i.e., a world infused with *his* meanings because he has learned from the adaptive mother that such molding is possible. [p. 47, italics in original]

The creative urge, according to Wright, stems in part from the wish to reexperience the early mirroring experience between infant and mother, but at the same time it serves to mobilize the artist's own resources in order to repair the (universally inevitable, but sometimes very serious) maternal failures and deficiencies that occurred back then. The artist creates his or her forms "in the same way that the infant 'created' the breast out of the adaptive mother . . . from [which] perspective, the artist is supplicant *and* provider, baby *and* mother" (p. 47, italics in original)—as "a way of realizing and restoring the self" (p. 49). Being creative repeats the infantile act of creation in order to perfect it (p. 62). Winnicott emphasized the importance of the mother's face visually mirroring the baby's experience, but as Daniel Stern has pointed out, attunement between mother and infant is actually multimodal—visual,

[5] My oldest child's first word was *up,* which she said when she wanted to be lifted out of her crib. For a while after that, however, she would say "up" whenever she wanted *anything.*

auditory, olfactory, gustatory, tactile, coenesthetic, etc., which offers the creative artist multiple modalities of expression.

Wright argues forcefully against Segal's Kleinian explanation of creativity in terms of reparation for phantasied destruction of the mother/breast.[6] Wright is very appreciative of Bion's ideas about projective identification as a *two-way*, interpersonal transaction that originates in the nonverbal communication taking place between baby and mother. He points out that Bion initially subscribed to Klein's emphasis on defensive operations within the infant to deal with its innate destructiveness, but then began to move toward the more relational views of Winnicott and the Balints.

Bion's clinical experience led him initially to the view that a good mother neutralizes the baby's innate, destructive potential by responsively absorbing, containing, and detoxifying it within her attentive states of reverie, and then reflecting it back to the infant in a modified form that renders it manageable and constructively useful to the baby. This makes it less necessary for the baby to forcibly expel and project its aggressive inclinations into the mother (Klein's initial idea of projective identification). It is only when the mother is unsuccessful in thus transforming the baby's phantasied destructiveness toward her that projective identification becomes a persistent, dominant theme in her child's psychology as it develops further—as is observed when the grown-up child comes for treatment as a borderline or psychotic adult.

Bion, according to Wright, did not stop here, but went on from the Kleinian emphasis on what takes place within the infant's inner world of phantasy to a more relational hypothesis that brought him closer to the views of Winnicott and the "Independent Group":

> Clinical Bion is closer to Winnicott than theoretical Bion allows. He understands the significance of maternal (or analytic) failure of receptiveness and sees the infant's (and analysand's)

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[6] One might question this, considering the complexity of infantile experience. Infants are endowed not only with innate structures and inclinations that promote attachment, but also with innate aggressive/destructive inclinations that themselves threaten the stability of infant–mother attunement. Why is it not possible for artistic creativity to serve multiple and individually variable functions and purposes? Wright does consider this more pluralistic view to some extent further on (p. 87).

desperate rage as reactive to this. He also understands how maternal *imperviousness* [a lack of empathic perception] *provokes* phantasies of forcing oneself into the other's attention and emotional holding [although] . . . he never abandons his earlier view that projective identification is the basic form of infant–mother relatedness. [p. 81, italics in original]

Wright supports his assertion by citing Bion's reports of his clinical experience. Nonverbal communication, he concludes, begins with and continues to consist of someone giving signs of emotional states and feelings and someone else reading them, with more or less sensitivity and accuracy. The mother's *imaginative identification* is the counterpart of the infant's *projective identification,* in a to-and-fro interaction in which the "good enough mother" processes the signs of the infant's emotional state and gives them (more or less accurate) symbolic meaning, which she conveys to the child. This helps the child to increasingly internalize and develop its own capacity for shaping and containing emotional contents via symbolization (p. 85)—and so it is between analyst and analysand (via the use of primary analytic preoccupation).

One of the assets of this book is that it contains a very clear and concise examination of the concept of projective identification, one that is widely misunderstood and often misapplied clinically. Wright quotes Spillius:

Mrs. Klein thought of projective identification as a phantasy in which bad parts of the self were split off from the rest of the self and, together with bad excrements, were projected into the mother or her breast to control or take possession of her in such a fashion that she was felt to *become* the bad self. Good parts of the self were projected too, she thought, leading to the enhancement of the ego and good object relations, provided the process was not carried to excess. (Spillius 1988, p. 81, italics in original) [Wright, p. 76]

Wright then addresses the way in which Bion, the Balints, and Winnicott modified Klein's views:

In Bion's view the baby is a bundle of impulses seeking discharge and these threaten the potential cohesion of the self;

in the Balint/Winnicott view the object is object-seeking and attachment-seeking, with a primary need for relatedness to the mother and recognition by her . . . . Bion's model retains a basic conception of the infant in which communication with the mother takes place through projecting, even forcing, emotional experience into her through projective identification. Crucially, infantile projection into the mother is *followed by* maternal identification with what is projected. The mother thus discovers what the baby is feeling by *finding herself feeling* in a particular way (cf. the way the analyst finds himself feeling some surprise affect and *then* "realizes" it "belongs" to the patient). In Winnicott's model, by contrast, the infant is seen as communicating through emotional *signs,* its affect being displayed in such a way that the attuned mother naturally "reads" it . . . in a state that Winnicott called *primary maternal preoccupation.* [p. 77, italics in original]

Wright indicates that a key dialectic between Bion and Winnicott involves the extent to which the baby *gets rid of* unwanted emotion, and thereby establishes communication only as an unintentional byproduct of that getting-rid-of process, as well as the extent to which the baby uses its ability to smile, cry, squirm, wail, etc., *in order to* establish communication.[7]

Winnicott . . . suggest[s] that . . . first we put ourselves *into* the object, then realize ourselves *through* this object which has become significant for us . . . . Projection, however, has never completely lost its original sense of getting rid of something unwanted, and projective identification implies a sense of boundary that is lacking in Winnicott's formulation . . . . Throughout this book, I try and develop a more communicational model . . . . The nonverbal communication model is based on the idea that a potential for communication is a primary given in the human being's equipment, so that when the baby cries or smiles, for example, such action carries with it a built in expectation of response from the environment/mother. [p. 142, italics in original]

[7] The implications for analytic technique are obvious. And once again, I find myself wondering whether it is not actually a matter of *both* these infantile processes taking place, with varying dominance depending on the infant's state, i.e., the extent to which it is in distress or is relatively calm and at peace. If that is so, it lends emphasis to the necessity of the analyst's being able to be sensitively attuned to the analysand's current state.

If the mother's response is an adequate attunement, all will go well in this model. But what happens when she is not sensitively attuned to the infant's communication?

> Maternal enactments present the baby with a portrayal, which in effect is the baby that the mother has imagined. If her imagining is reasonably accurate, we can suppose that the baby happily inhabits the form provided, and as with mirroring, feels enhanced by the feeling of resonance. If the imagined baby is skewed by the mother's own phantasies, the outcome will be different, for the mother's portrayal will then *dis*confirm the actual baby . . . . In such circumstances, the struggle to escape entrapment by the mother's image and find new ways of affirming one's true nature becomes a major life task. [p. 147, italics in original]

Winnicott noted that the mother's facial expression gives the infant a new dimension of the experience of being, enabling it "to feel real rather than existing" (p. 167). As Winnicott put it, "I am seen, so I exist" (Wright, p. 166).[8] The mother's face, in this regard, is not blank but is animated and expressive, and it functions in coordination with her holding, touching, cooing, talking, raising, lowering, and playing with her baby, in addition to all the rest of the armamentarium of interactions in which she engages with it. The interactions that take place between the baby and its father, grandparents, and other caretakers are also important, I would add: object-object differentiation is an important part of self-definition and self-object differentiation.

One last observation about projective identification is pertinent. Attunement between mother and baby can never be perfect and perhaps it should not be, if self-object differentiation is to take place. Citing Stern's work, Wright observes that:

> In attunement, the maternal response is of similar form and shape (isomorphic) to the infant's arousal pattern. That at least is the theory. But without doubt, the mother's activity also *shapes* the infant's experience because the way she sees the infant's experience will inevitably be constrained by her own makeup. [p. 169, italics in original]

[8] Harry Stack Sullivan, Louis Sander, Jacques Lacan, Daniel Stern, Berry Brazelton, and others have made similar observations.

Winnicott was exquisitely aware that language acquisition is a critical development for true self definition and autonomy to evolve, just as the ability to put things into words is a vital aspect of psychoanalytic effectiveness. It occurs best, however, when it is preceded and accompanied by the experience of maternal containment and shaping of emotional expression that facilitates the emergence of a capacity for protosymbolic presentation and representation. Wright states:

> Interpretation, in the sense I am using the term, is relevant and meaningful to a person who can already "speak" his feelings. It can then help him understand and organize those feelings in a new way. If a patient is not able to "speak" his feelings, if he does not "have" them, or "know what they are like," the task of analysis, in my view, is to help him develop a way of "speaking" that will enable him to know them. In other words, he has to be helped to discover his feelings experientially and contain them, *before* they can be discussed and interpreted. This requires that the analyst discover ways of speaking to the patient that are markedly different from traditional interpretation . . . . This is close to Winnicott's teaching that interpretation in the absence of a capacity for play is indoctrination, because it pressures the patient to inhabit a set of external forms that have little connection with his own experience. [p. 130, italics in original]

The analyst, Wright emphasizes, like the good enough mother of a young child, needs to learn "the language of interpretation," in which

> . . . embodied imagery is the prime symbolic currency and identification the main tool of "knowledge". . . . The primary aim is not so much to understand what everything is about; it is more a question of making room for something to be there, and helping it to find a voice (i.e., an expressive language) . . . . In this process, image and metaphor will be more important than ideas, and enrichment and development of images more important that explanation. [p. 130]

Wright indicates that at this stage of the analytic process with patients who have not been fortunate enough to have had good early mothering, it is far more important for the analyst to be in attunement with the anal-

ysand and to have the freedom to be spontaneous—"to respond freely to evolving imagery" (p. 131)—in a manner that corresponds with Winnicott's emphasis on *play* in the analytic situation. The analyst, of course, needs to know to what extent he or she should be emotionally expressive and to what extent restraint must be exercised. The analyst and the analysand need to feel reasonably safe with one another, in an overall ambience of containment and control, in order for this approach to be feasible. Wright provides a heuristically informative clinical example that aptly illustrates his thesis (pp. 132-135).

Wright cites Enid Balint (1963) to point out that when "deficient maternal recognition" (Wright, p. 139) has created a "hole or gap" in basic psychological experience, as exists in narcissistic and borderline patients, interpretation is "a finishing tool rather than a basic implement" (p. 138):

> Elements of *potential* experience have never been matched to resonating forms (images) and as a result have failed to enter the (symbolic, or pre-symbolic) register of the self. The containing fabric of images is incomplete, leading to a sense of scarcely existing as a self and living under constant threat of annihilation [of the self and] . . . the fear that subjectivity will be overwhelmed by the other's objectifying "view." To such a person, the analyst's interpretation can be a threatening structure of this kind. [p. 139, italics in original]

For these patients, what is called for is not interpretation, which would only be experienced as traumatic, but: "*a form of relating that fosters the discovery and development of personal experience*," with a "stance [that] is one of close identification" (p. 139, italics in original). The containing analyst, unlike the interpreting analyst, offers responses that are not so much oriented toward the larger picture (which the analyst keeps to him- or herself) as they are immediately reflective and structure-building. "The containing, as opposed to interpretative, model is one of pre-separation mother and infant rather than post-separation oedipal child; it evokes a picture of *conversation* between quasi-merged analyst and patient rather than overlapping *monologues* between separate individuals" (p. 140, italics in original).

As Wright alludes to, most or at least many psychoanalysts intuitively do this—without, however, formulating it for themselves as specifically as he does. It seems to me, furthermore, that with most analytic patients, we tend to shift back and forth between the containing and interpretive modes. The majority of people who come for assistance are in part pre-separation and in part post-separation in their development.

Along the way, and especially in the last few chapters, Wright shares his ideas about the way in which intuition into the mechanics of preverbal and early verbal communication between babies and their mothers can help us understand artistic creation, love, religion, and social relations. He draws heavily upon the work of Winnicott, Langer, and the art critic Peter Fuller (1980). He examines in some depth the lives and works of the poet Rainer Maria Rilke, the philosopher Ludwig Wittgenstein, and the artist Robert Nathan. He expands upon ideas expressed by Fuller to argue, in his chapter on "The Search for Form," that "the canvas surface in a painting is a derivative, or analogue, of the mother's expressive face in extension of the self" (p. 13).

Wright indicates that, in choosing a title for his book, he drew upon a poem (reproduced at the beginning of the book) in which Rilke appeared to epitomize the way in which his poetry represented a lifelong effort to re-create an improved version of himself and his mother in interaction. In the chapter titled "Intuition and the Sacred," Wright explores the "maternal roots of religion in pre-oedipal experience, thus linking it to a longing for recognition and containment rather than to guilt and forgiveness from sin" (p. 13). In the chapter "Words, Things, and Wittgenstein," he examines "the relation between preverbal and later verbal modes of relating, and further explores the protective, containing function of preverbal maternal forms" (p. 12).

Wright proposes that the medium the artist utilizes for his or her creations in part represents a new and more responsive maternal face (*face* apparently being a core, metaphorical representation of the mother's total armamentarium of interaction, as well as referring to the special configuration of the maternal face per se in the infant's experience[9]).

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[9] The baby at first has a fixed focus at just about the distance from the baby's eyes to the mother's face while it is being nursed. Babies clearly show selective interest in faces as opposed to other visual gestalts, as Daniel Stern and others have demonstrated (Wright,

Artistic creativity represents the search for and creation of the well-attuned parent that accepts, gives shape to, and reflects back the infant's experience in a new and more useful form that mediates emotional growth and development. Wright asks:

> What is the relevance of this for artistic creativity? It is the possibility that the richness of the artist's imagination and his skill in finding forms for inner feeling states is a later development of the mother's intuitive skills—or perhaps a compensation for her relative lack of them. [p. 147]

The artist, he concludes, uses his or her skill to find, create, and give objective life to his or her inner experience in order to create his or her self, much as the mother does for the baby. But it is even more than this. Wright states that: "the primary task of the artist is not to repair the *object* but to draw the *self* into a fabric of resonating forms" (p. 153, italics in original).

My own impression is that Wright conveys an implicit message to his readers by addressing both psychoanalytic technique and artistic creativity in his examination of the significance of early mother–infant interaction. He seems to me to be saying, among other things, that there is an art to conducting psychoanalytic treatment, and that this is just as important as its scientific dimension. I could not agree with him more. As I have observed to analytic candidates who have come to me for supervision, I can teach technique but I cannot teach talent. That has to be already present within them if they are to effectively apply the principles of technique offered in the course of psychoanalytic training.

In this vein, I found myself reminded of something as I was reading *Mirroring and Attunement,* something I had heard quite a number of years earlier from someone who had recently begun analytic training. He had grown up in England, he told me, and since Edward Glover was

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p. 183). Wright also points out that: "What is true of the facial *gestalt* is equally true of the expressions which play across the maternal face. They too are a visual display, and given the infant's preferential attention to the face soon become . . . a pageant of changing configurations whose 'meanings' will gradually be felt and grasped" (p. 183, italics in original). It is not surprising that borderline and psychotic patients more often than not require face-to-face sessions.

a personal friend of his parents, he spoke with him about his interest in becoming a psychoanalyst. He asked Glover, "What is necessary for someone to be suited to be an analyst?" Glover replied, "The first prerequisite is to have had a good nursery."

Wright's book is an invaluable contribution to the psychoanalytic literature. It considers the process of early mother–infant interaction, and its significance for psychoanalytic technique and for understanding artistic creation, in a clear, concise, heuristically invaluable fashion. The treatment he gives to the concept of projective identification and its technical implications is the most useful I have encountered.

I strongly recommend this book to all psychoanalysts at all levels of experience.

I have only two questions about the views that Wright espouses. One involves the degree to which he raises a dialectical debate about the Kleinian and Bionian emphasis upon the centrality of the discharge of overwhelming, negative emotional contents by the infant in shaping the earliest, highly critical developmental thrusts in the child's experience, versus the Winnicottian emphasis upon the innate inclination for communication with and attachment to the mothering figure that Wright valorizes. It seems to me, as I have tried to make clear in this essay, that the two positions do not actually conflict with one another but are complementary. What takes place in the course of human development is extremely complex. No one is capable of grasping the entirety of the process.

My second question involves the extent to which everything appears to be reduced to the impact of what takes place during the very beginnings of extra-uterine life in the mother–baby interaction. It is quite clear that what occurs very early is critical in establishing core patterns and psychological configurations that will have enormous impact upon ongoing development. As Erikson pointed out a long time ago, human development is epigenetic; what happens early is carried forward and influences every stage of development that follows it. At the same time, however, ongoing development does take place, and there is ongoing opportunity for the emergence of other configurations that then coexist with and in certain ways supersede the impact of the earliest developments, as well as affording the developing child with tools with which to

repair the effects of early deficiency and traumatization. Erikson (1959) also pointed out, for example, that development proceeds throughout the life cycle.

Bion (1967), similarly, stressed that even when working with severely disturbed, psychotic patients, there is a healthy, nonpsychotic self that can be addressed and engaged to work with the therapist in repairing the so-called psychotic self (see also Lucas 2009). Human beings are complex, multidimensional, and enormously resilient. If it were otherwise, we would not be able to assist people psychoanalytically in overcoming their problems and achieving greater happiness and success in life.

These are relatively minor cavils, however. All in all, *Mirroring and Attunement* is an extremely welcome addition to the psychoanalytic literature. Its readers will be amply rewarded for the time they spend with it. It deserves a place in every psychoanalyst's library.

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BOOK REVIEWS

FERENCZI'S LANGUAGE OF TENDERNESS: WORKING WITH DIS-
   TURBANCES FROM THE EARLIEST YEARS. By Robert W. Rentoul.
   Lanham, MD: Jason Aronson/Rowan and Littlefield, 2010. 190 pp.

This slender and provocative volume continues the discussion of the
controversy between Freud and Ferenczi as it still exists in psychoana-
lytic practice today. Rentoul contrasts classical Freudian theory with the
thinking of object relationalists, and of intersubjective, relational, devel-
opmental, and recent attachment theorists, tracing all of the latter group
back to the writings of Ferenczi and his strong impact on our conception
of the therapeutic relationship.

   This controversy, which has continued to be discussed in our lit-
erature, highlights the substantive differences in both theory and tech-
nique between Freud and Ferenczi, which remain partially irresolvable
today, and continue to require integration in the mind of the analyst
in working with each patient. This is the tension between the thinking,
rational analyst and the feeling, affective analyst: the struggle between
abstinence and neutrality, on the one hand, and gratification and re-
sponse, on the other—a tension that Ferenczi described and Rentoul
now brings us back to. As Hoffer has pointed out, "this tension between
the heart and the mind, passion and reason, indulgence and frustration,
mother and father is universal in human nature, therefore unavoidable
in daily clinical work."[1]

   Rentoul, originally a Scottish minister, became a member of the
British Psychological Society and introduced and practiced psychoana-
lytic psychotherapy in the English Midlands until his recent retirement.
His experience with more deprived and difficult patients, together with
his own dissatisfaction with a personal, classical analysis, led him to seek

[1] Hoffer, A. (1991). The Freud–Ferenczi controversy: a living legacy. *Int. Rev. Psy-
choanal.,* 18:465-472, p. 466.

a second analysis, much as Guntrip had with Winnicott.[2] It was this second analyst who introduced Rentoul to new ideas and possibilities for the understanding of his own needs and those of the patients he worked with. Until then his psychoanalytic knowledge had been limited to classical Freudian thinking.

Rentoul gives an overview of psychoanalytic writing in England, continental Europe, and the United States that can trace its origin back to the writings of Ferenczi, to whom he feels the psychoanalytic community owes more acknowledgment and recognition. He retraces Ferenczi's relationship with Freud from its earlier, happy beginnings when the former was considered a co-founder of the psychoanalytic movement, to the later conflictual ending in which he was marginalized and dismissed as unbalanced.[3] In so doing, the author restores the Ferenczi legacy of the maternal language of love and tenderness, in contrast to Freud's paternal, oedipal language of passion and reason. This comparison runs throughout his thinking and tends toward a polarization that suffers from the lack of integration called for in our clinical work.

Rentoul shares his journey through readings from the British Independents, Balint, Winnicott, Fairbairn, and Guntrip, in particular, tracing the evolution of object relations theory from the drive theory of Freud. Balint was analyzed by Ferenczi and was instrumental in the promotion of regression in working with more deprived patients. This was to have a strong influence on Rentoul's clinical work.

Rentoul traces the development of the intersubjective and relational schools to the United States and the writings of Greenberg and Mitchell, Kohut, and Sullivan, among others. Sullivan, together with Thompson (who had also been analyzed by Ferenczi), founded New York's well-respected William Alanson White Institute. The intersubjective and relational currents emphasized the therapeutic relationship in its fuller social context and the significant role of countertransference in the clinical situation, as well as early preoedipal development. Rentoul quotes

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[2] Guntrip, H. (1996). My experience of analysis with Fairbairn and Winnicott: how complete a result does psychoanalytic therapy achieve? *Int. J. Psychoanal.,* 77:739-754.

[3] Aron, L. & Harris, A., eds. (1993). *The Legacy of Sándor Ferenczi.* Hillsdale, NJ: Analytic Press.

Levine[4] in emphasizing the shift in focus from a patient-centered to a two-person, field theory of interaction, and traces all these developments back to the writings and influence of Ferenczi.

In place of the paternal oedipal transference described by Freud, the author's focus becomes the early maternal transference. He describes this in the context of his experience with borderline and narcissistic patients suffering from early maternal deprivation. He builds on the work of writers such as Loewald, Bion, and Schafer, who have addressed preoedipal developmental issues and corresponding treatment implications. He also discusses Ferenczi's major papers, particularly those of 1931 and 1933.[5] Ferenczi introduced the maternal transference with the need for physical holding, touch, and emotional closeness, in contrast to the erotic oedipal transference emphasized by Freud.

Like Ferenczi, Rentoul uncovers the child in the adult patient who presents to the analyst often unconscious of the deprivation of his early years, or defended or embarrassed about what feels to the patient like a lack. Rentoul again echoes Ferenczi in the belief that early trauma—often sexual seduction—can stall or even freeze development, and that confusion develops between the language of tenderness and that of erotic passion and sexuality. Rentoul describes his own experience when his strong reaction to the unexpected absence of his analyst brought him back to the trauma of his early loss as a young child and the strength of his own deprivation.

The author observes that the analyst must be able to meet the patient's need to regress to the *basic fault,* as described by Balint,[6] in order to experience a new beginning. It was Ferenczi as well as Balint who emphasized the need to regress after Freud first introduced the concept but did not pursue it. Ferenczi's regression is a reliving of the past in the therapeutic relationship, substantively different from Freud's reconstruc-

[4] Levine, H. B. (1994). The analyst's participation in the analytic process. *Int. J. Psychoanal.,* 75:665-676.

[5] Ferenczi, S. (1931). Child analysis in the analysis of adults; and (1933). Confusion of tongues between adults and the child. Both in *Final Contributions to the Problems and Methods of Psychoanalysis: The Selected Papers of Sándor Ferenczi, M.D., Vol. III,* ed. M. Balint. New York: Basic Books, 1955.

[6] Balint, M. (1968). *The Basic Fault.* London: Tavistock.

tion of the past. Close attention to whether this regression is a benign experience or is turning malignant, as described by Balint, is necessary, especially in supervision and training analyses. It is the bodily language of need and attachment before words and language that Rentoul speaks to. He moves from the model of Freudian interpretation and abstinence, to a model of reparation and healing in treatments, in which early experience is repeated in the transference with the hope of repair. Rentoul is devoted to this repair, which has far-reaching implications for the nature of the psychoanalytic relationship and for clinical practice.

The therapeutic relationship assumes a larger, more encompassing role than in more traditional analyses as understood by Rentoul, as his case material illustrates. Freud restricted the analytic relationship to the hour itself and was more interactive outside the hour, although there are reports from patients that he was also generous and responsive in sessions.

Rentoul identifies some strong theoretical and clinical implications of Ferenczi's insights. These include concern with the setting, procedures to facilitate communication with the child in analysis, and the need to establish mutuality in the process. To recognize and speak to the child within the adult and to ensure maximal communication, flexibility is required in the use of the couch or chair. He warns against an emphasis on interpretation; human interaction and bonding are the more urgent aspects of the treatment.

Countertransference problems, withholding, and the analyst's difficulties with empathy repeat the patient's earlier deprivation and can result in a negative therapeutic reaction. The analyst must be prepared to deal with regression and the reliving of earlier deprivation, including the possible reactivation of trauma that this might involve. Supervision, as well as personal analysis dealing with the therapist's own early history, is vital to the work with more deprived and difficult patients, as the author describes based on his own analysis and supervision. He writes: "On the part of the therapist, I do not know whether the ability to allow it [regression] can be learned or if it depends on having a particular personality" (p. 64).

Essential to Ferenczi's legacy and vital to psychoanalytic work is the physical as the seat of emotion and the bedrock of life. This emphasis

on physicality stands in contrast to Freud's early drive theory, rooted in the instincts. Working with patients who have suffered early deprivation of maternal bodily contact may require a physical response from the therapist, inasmuch as these patients need concrete expressions of caring and understanding. Such a need in the patient elicits different forms of countertransference. The longing for love, holding, and maternal warmth can be seen as an erotic transference and responded to with interpretation and abstinence, instead of with verbal expressions of love and tenderness. This can repeat the patient's childhood experience of rejection and can become part of malignant regression, the *confusion of tongues* of which Ferenczi speaks. How to separate the two tongues and keep early maternal longing apart from adult sexual and genital longings experienced later in life can be difficult and is not always clear.

Rentoul warns that the patient's new awareness of lack and the longing it inspires can seem insatiable and can become overwhelming to the patient, who may well need to defend against such closeness (much in the way that Fairbairn describes in relation to the schizoid personality). Such patients have withdrawn into a negative expectation of human interactions.

In discussing the challenge presented by such patients, the author stresses the need for concrete expressions of caring and understanding, including physical touch. He uses metaphor and other nonconfrontative means to offer the patient understanding and an explanation of the work.

Rentoul's greatest contribution may be to bring the issue of physical contact into the open for our consideration and discussion. He discusses the concerns of several authors as expressed in a recent compilation of papers on this topic.[7] Rentoul feels that we have not adequately faced the challenge of those patients deprived of the comfort of human touch, and consequently he emphasizes bodily contact in his own clinical work with such individuals, with whom a different approach is needed. He points out that Bowlby, attachment theorists, and neuroscientists have discussed the need for physical closeness as vital to their thinking in regard to emotional development, but they have not discussed physical closeness as part of the treatment process.

[7] Galton, G., ed. (2006). *Touch Papers*. London: Karnac.

Over the years, different approaches, adaptations, modifications, and shifts have occurred in psychoanalytic practice and in the literature, but there has been an unspoken taboo on the subject of physical touch except in work with children. When physical contact has occurred, it is typically not brought up in supervision or discussion because of potentially shameful aspects. Notable exceptions have been Little's description of her experience with Winnicott, of being held to contain her rage.[8] Casement writes of his struggle about whether to agree to hold his client's hand as she relived her early maternal trauma; he resists her request in the belief that this would not help her resolve the feelings involved, though he tells her he will think about it.[9]

There are times in his clinical experience when Rentoul has found physical contact inappropriate, especially with female patients, because of possible sexual overtones. I would have welcomed more discussion of his thinking about how the decision is made for or against physical contact in individual situations, and how such an intervention is integrated into the ongoing analytic process. Rentoul believes that the therapist who has the same needs as the patient will be able to render an enhanced treatment, as is clear in his case material—in spite of the possibility of overidentification and difficult countertransference issues. He states that he finds himself more comfortable in working with male patients.

Rentoul shares details of his responses to two different male patients, which involved intensive treatment with bodily contact:

- The first patient was a severely obsessional man, suicidal and despairing, anxious and uncertain about meaning in his life. He presented in the manner of an anxious, inconsolable child who needed physical holding to calm him down. He arrived heavily medicated. For over a year, Rentoul held him tightly in his arms during the treatment hour, and had to be available for daily phone calls and weekend sessions. Words could only be of the comforting type that one would use with a child. This progressed to hand holding for two years, until this patient was able to grow out of his state and achieve a

[8] Little, M. I. (1990). *Psychotic Anxieties and Containment: A Personal Record of an Analysis with Winnicott.* Northvale, NJ: Jason Aronson.

[9] Casement, P. (1995). *On Learning from the Patient.* London: Tavistock.

more adult mode of language usage and being. Medication was reduced as the treatment progressed to allow the emergence of more affect and its integration. Rentoul states that the demands on the therapist are such that he can treat only one such patient at a time.

- A second example is that of a middle-aged man cut off from all feeling, empty, with nothing within but what Rentoul calls "blackness." His formal manner included compulsive handshakes at the end of each hour, which Rentoul found disconcerting. In its place, Rentoul soon offered a hug instead, sensing a strong need for more bodily contact. He then suggested massage. Instead of referring the patient to a masseuse, he provided this therapy himself as part of the session. This soon became a mutual process in which Rentoul shared the benefit of massage as well. This continued twice a week for two years until the patient moved on into more adult relationships in his life and terminated the treatment. Rentoul notes that he would have liked the mutual massage to continue, as he was not ready to relinquish the physical and emotional contact.

I found these two examples difficult to integrate into my own understanding of the therapeutic process. The second one, particularly, takes the treatment outside the parameters of psychoanalytic practice and more into case management. It also brings to mind Ferenczi's experiment with mutual analysis, which he finally abandoned. In this example, Rentoul does not question his own gratification from his client's treatment. He explains that he took this treatment outside the realm and rules of psychoanalysis when he decided not to charge a fee, as though he could thus change the nature of the relationship and make it mutual and symmetrical. He tells us that, consequently, the patient was able to terminate with marked improvement in his life. This, of course, raises more questions regarding countertransference and enactment in the therapeutic relationship.

Ferenczi's Language of Tenderness addresses fundamental issues about the goals and limits of therapy, as well as possibilities and limitations in the therapeutic relationship itself. Under what conditions can certain types of deficits be appropriately treated? Rentoul speaks to this con-

cern, but in the end he adheres strongly to the hope that Ferenczi's language of love and tenderness will offer more possibilities and encourage the more "human" aspects of the clinical relationship. He is open and generous in sharing his thoughts and feelings about the material, and he is clearly dedicated to the demands of our work.

As Hoffer noted,[10] the tensions and polarities between mind and heart, theory and technique—discussed by Ferenczi and now by Rentoul—are universal and unresolved. They are unavoidable in life and in clinical practice. The analyst must be free to rethink the theoretical and technical principles involved in each clinical situation. Rentoul gives us much to think about.

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[10] See footnote 1, p. 189.

PROMISES, OATHS, AND VOWS: ON THE PSYCHOLOGY OF PROM-
    ISING. By Herbert Schlesinger. Hillsdale, NJ: Analytic Press, 2008.
    232 pp.

It is with considerable pleasure that I take the opportunity to review this
very interesting book. At the outset, however, I should note that it is an
extremely ambitious work and very difficult to summarize or encapsu-
late. Schlesinger reports that, as was true for Freud and is so for many
of us clinicians, his initial interest in his topic—in this case, *promising*—
arose as a consequence of his experience in the consulting room. He
states in the preface:

> I had not given much thought to the act of promising . . . until
> I was forced to by a patient whose way of relating himself to sig-
> nificant others, including me, was to invite us to depend on his
> uncalled for promises and then fail to keep them. [p. xi]

Schlesinger's examination of promising and its vicissitudes, initially
identified in this patient, leads to an explication of its development in
the psychoanalytic birth of the individual. With this perspective, he is
able to cast light on promising as revealed in neurosis, and its deep and

primal connections with morality, drama, primitive religion, and the development of human society and culture.

The book can be divided roughly into three sections: first, chapters 1–3 focus on the definition of promising, its presence in "soft" forms behind the ordinary commitments on which every civil society depends, the special circumstances entailing a specific promise or oath, and the maturational advances required of each individual in order to make a promise. Chapters 5–8, the second part, are the most directly clinical, containing an elegant psychoanalytic summary of Mr. S, the patient who initially sparked the author's interest in this subject. They include Schlesinger's ruminations on "the promising patient," including psychoanalytic candidates with core narcissistic problems, and some of the ways in which therapists get into trouble with patients who make promises, as well as with their own unwitting promising.

In the third part of the book, chapters 9–11, Schlesinger underscores how the structure of the promise invites regression and is so often subverted by unconscious instinctual aims. With enviable erudition, he expands on the meaning of promising via the plays of Sophocles and Shakespeare. He concludes by examining the magical and powerful properties of promising and its roots in our collective distant past, linking the act to covenants, religion, and early human society.

If the foregoing remarks point to the breadth of this short book, they also highlight what is perhaps my only reservation about it. With his detailed consideration of Greek and Elizabethan drama and his examination of the religious and historical records of early man, Schlesinger covers ground far from the immediate knowledge of most practicing psychoanalysts and therapists. His effort to support his hypotheses in philosophy, primitive religions, and myths may leave many experienced analysts feeling somewhat adrift, while, for nonclinicians, he ends up having to recapitulate basic psychoanalytic theory. The result is an uneven book that for psychoanalysts is tantalizing and thought-provoking in many ways, but also frustrating and somewhat repetitive in others.

A brief schematic review of selected chapters may help to highlight the book's key concepts. Chapter one begins with a discussion of morality, and Schlesinger points out that every society requires an assumed set of sanctions and rules (unspoken promises). He states:

> Indeed, it would be hard to imagine how an organized society, even a primitive one, could exist if its people did not subscribe and largely conform to a broad array of implicit expectations of how people are to behave in relation to each other. [p. 3]

Importantly, therefore, an explicit promise is required only when there is some reasonable expectation that for at least one of the parties there may exist a conflict of interest. Thus, in the first of many pearls of wisdom for us as analysts, Schlesinger makes clear that the promise reveals an inherent ambivalence, and expresses both a determination to do X and the existence of a counterwish *not* to do X. Although we often intuitively grasp the presence of such a struggle in our patients, the explication of all explicit promising as necessarily containing both these elements is clinically invaluable.

Chapter two moves to a consideration of the internal psychic and the external formal elements necessary to make what we would define as a promise. To make a promise, a person must "have a clear sense of self and other . . . a rudimentary sense of time and its passage . . . as well as a concept of the future" (p. 19). The promiser must be aware of its importance to someone and simultaneously be aware of the existence of some doubt about its execution. Finally, there must be a witness to the promise, be it God or some other person, and/or some penalty for breaking the promise. The gravity of an oath or promise is underscored by the expression "a man is only as good as his word." In earlier times, considerations of where, when, and how such a promise or oath was obtained were often treated as irrelevant in comparison to the simple fact that a promise or oath had been made.

Such an attitude speaks to the presence of an especially strong form of magical thinking connected with the act itself. This second pearl is extensively elaborated in the third section of the book. Here Schlesinger contents himself with pointing out that promises are kept and broken for all sorts of reasons, many of which have nothing to do with the stated reasons for the promise in the first place. Clearly, multiple unconscious and conscious impulses bear upon the subsequent outcome of what is, as Schlesinger points out, "a suspended action" (p. 188).

It is in chapter 3 that Schlesinger offers a brief recapitulation of ego development and the psychic victories necessary for us to perform ma-

ture functions in the real world, including ordinary, everyday promising. He reminds us here and in multiple other passages that such victories are always partial: "Primitive modes of functioning, . . . commonly seen during early development, will be outgrown and supplanted by more effective and realistic modes as the child matures" (p. 27). The earlier modes are never extinguished and are ever ready to be reactivated—a situation that we regularly have the opportunity to observe in psycho-pathology. Discrimination of memory from perception, self from other, present from future, word from deed are all essential in the establishment of secondary process thinking.

However, Schlesinger reminds us that such an advance is always an uneven one and, in promising, the separation of word from deed, which is the cornerstone of the reality principle, is consciously undone. *This fact makes the promise always susceptible to regression, offering a return to magical thinking and the primacy of the pleasure principle.* With this proclamation, Schlesinger makes one of the central points of the book: namely, that promising itself, by a reconnection of word and deed to occur in the future, offers a point of entry for unconscious impulses kept at bay and can reawaken a belief in the earlier, dangerous omnipotence of thought.

Consider the obsessive who behaves as if his aggressive fantasy to kill is as good as real. Schlesinger remarks that many of our patients' fantasies contain this wishful conviction. Thus, "a neurotic symptom, frigidity for instance, may be based on the woman's unconscious fantasy that because as a 'good little girl' she surrendered her claim to her father, her goodness would be redeemed 'some day' when daddy returned" (p. 33). Later in the book, Schlesinger comments that "Particularly . . . in the obsessional patient, [there is a conviction that] . . . what is unconsciously hoped for, wished for . . . sooner or later comes about; perhaps in disguise, perhaps after long postponement, but come about it will" (p. 93). He quotes the British psychoanalyst Ella Freeman Sharpe, who observed that the human capacity to delay is always a relative matter grounded in anal-phase struggles of will and rebellion; the bowel movement itself can be delayed, but not forever.

I found chapter 5 the most clinically and psychoanalytically meaningful. Schlesinger reminds us that, as analysts, we silently promise our patients our steadfastness, selflessness, and patience in aiding growth

and recovery. This kind of commitment to a purpose is an achievement of the highest level. However, Schlesinger reminds us, borrowing from Freud's topographic separation of primary and secondary thinking, this "secondary promising" replaces an earlier "primary promising," which is never intended to be enacted. Primary promising, arising in childhood, has as its sole function the restoration of equanimity to the child–parent relation and is intended to ensure that abandonment or any of the other calamities of childhood will not occur. Much like the alcoholic in his "day-after" mode when he swears never to drink again, the child's affirmations that he/she will promise to "be good" or "keep my room clean" are completed by the expected smile and hug from the powerful protector/parent. Note that speaking the so-called magic words enhances the magical and omnipotent power of a promise in the child's eyes.

To highlight this distinction, we are introduced to Mr. S, who, despite significant real accomplishments, was continually heightening expectations of himself by offering promises of future satisfactions to his important others, explicitly or implicitly, while forever disappointing them. With women, the promises would escalate as he felt they were less interested in him. What brought him to analysis were symptoms of anxiety, obsessive fears, and hypochondriacal anxiety. His promising to "do better next time" seemed to be designed to rouse the analyst/mother to become angry so as to create a worry that the analyst might throw him out. This came to be understood as arising from an "erotization of the sense of anxious uncertainty that made him feel alive and that culminated in a feeling of warmth and bliss when he felt he had won my forgiveness" (p. 60). It served as well certain sadomasochistic, anal satisfactions in "keeping everyone waiting," while warding off oedipal anxiety by making him not a serious rival, but only one who promises but cannot deliver: "I promise much but deliver nothing so you need not take me seriously as phallic contender for mother" (p. 69).

Much of this material seems typical of a severe character disorder with significant superego deficits; what was unusual was this patient's need to make empty promises, actions that clearly represented his primitive tie to mother and his ongoing effort to ensure her interest in him. He was living his life in part by "promising" and then disappointing his mother, in order to make up for the loss of a deeply loved younger sister.

This particular patient obviously exemplifies primary promising, wherein promises are their own fulfillment. Schlesinger underscores the more universal presence of such ideation existing alongside more adult mentation. He cautions that recognition of the biphasic aspect to promising can help us analysts better avoid the "irritation, annoyance, reproaches, and distrust" (p. 71) that we might well feel. With this kind of patient, our usual analytic silence itself, while we wait for the patient to make good on his "promise" to obey the fundamental rule, can become a vehicle for the expression of unconscious countertransference hostility, and may be experienced by such a patient as our "turning a deaf ear." Instead, such childlike behavior—with its aspect of magical gratification, its self-soothing function, and the associated, enacted behaviors grounded in early object relations—must be vigorously explored. Schlesinger completes the chapter with two other vignettes in which clinicians are trapped in frustrating enactments involving promising patients; he encourages elucidation of the underlying issues represented by the promise.

Chapter 9 begins the third part of the book. We are reminded of the role of promises and of swearing in drama, which leads into more historical and anthropological considerations. Schlesinger recapitulates several key Sophoclean and Shakespearean dramas, centrally *Oedipus Rex* and *Hamlet,* to highlight differing views of man and relate them to the use of promising. The Greek view of tragedy is encapsulated in the hero who is destined to be destroyed by his hubris. Man is bedeviled by his inability to know his destiny; he is "predisposed to sin against deity" (p. 136) in his effort to command the future. Man cannot help but attempt an omnipotence he is not to have, and is inevitably punished and destroyed for his arrogance. Oedipus's repeated oaths to "drive the pollution from the land" (p. 140), to free Thebes from its plague, are a manifestation of his imprudence and presumption. As he stubbornly proceeds down his promised path, the workings of fate inexorably reveal his terrible sin. When at last the truth is revealed, Oedipus must accede to his punishment.

Schlesinger contrasts Oedipus with Hamlet, who fulfills his promise with much more outward reluctance. This reluctance is based, of course, on the nature of his unconscious incestuous wishes. But Schlesinger

wishes to remind us that Hamlet's father's ghost asks only for justice. Importantly, Hamlet, in his effort to fulfill his duty after endless procrastination, *goes much further*, exceeding even talion justice by killing Claudius twice. This "overdoing" is a part of the violence potentially unleashed in the fulfilling of any promise. Schlesinger reminds us that "promising, prophesying, or predicting [have] . . . a structural affinity with the act of creation" (p. 160) in the reuniting of intent and action. At base, in the deepest layers of the mind, the triad of impulse/word/act is still a unitary phenomenon, and when the secondary capacity for delay, engendered by the separation of ego from id, collapses in regression, fears of untold damage emerge.

Schlesinger again reminds us that both of these dramatic heroes, Oedipus and Hamlet, are unable to avoid acting on impulses from the incestuous wishes of infancy:

> The repressed knowledge that amounts to their fatal flaws shows itself in their driven behaviors and in their repeated vows that override their doubts . . . . They [remain] on course, come what may . . . . [The] secondary motivational structures set up by these promises and vows were invaded by the very repressed impulses they were intended to thwart [an example of the return of the repressed]. [p. 165]

The rest of the book is concerned with early religion, early human societies, and the evolution of promising from its antecedents in the covenant. Schlesinger eschews a direct comparison of early man to each individual's early development, but reiterates, following Freud, that such perspectives can inform us about the stages of human development. As earlier in the book, Schlesinger reminds us that psychology emerged from philosophy, so drama and religion are structurally linked as efforts to understand and ultimately control our fate.

The painting of animals by prehistoric man has been understood to embody—quite apart from artistic value—a kind of magical control. The artist painted the animals in abundance with the hope that this needed food source would always be plentiful, and like mother herself, would not abandon him to starvation. Onto the totem animal, man projects his omnipotence, and via his magical and religious practices attempts to partake of this projected power.

Of course, these defenses themselves, projection and introjection, are conceptualized in their earliest forms as a physical spitting out and taking in. I think that Schlesinger rightly considers the totem a derivative of object relations from both the oral period, where the totem animal means at once mother and survival, and the later symbolic representative of the murdered father. As the author puts it, this is a question of "who eats whom?" In the Christian Church, for example, this early notion is revived with the Holy Sacrament of communion: the symbolic consumption of the body and blood of Christ.

From worship of the totem animal comes the worship of God, onto whom supernatural and omnipotent powers are projected. Man through his worship is allowed to safely participate in God's power. Of particular interest to Schlesinger is the Hebrew covenant. He underscores that it was one-sided and imposed by God onto the Hebrews. Schlesinger indicates that, through much of their history, the Hebrews were forbidden to make covenants at all; this in large measure explains their social isolation. However, the central point the author wishes to make is that covenants (early promises) were understood to be the right of gods, not men. Even kings needed godly authority to make such arrangements. The covenant, this early promise of protection and obligation, historically contains an omnipotent aspiration to the godhead.

From a political standpoint, of course, such covenants, designed to protect allies and assure their mutual assistance, were important to enforce—hence the reliance on God and the aspect of punishment attached to the breaking of such an understanding. The author reminds us that in primitive cultures, the dividing of an animal as part of the oath ceremonies both sealed the oath and symbolically made clear the consequence of its being broken. As Schlesinger points out: "The form of the punishment seems at first to be a physical representation and later a spiritual representation of the feared act of separation that made the covenant necessary in the first place" (p. 187).

Ironically, Schlesinger points out that the dreaded consequence of breaking the covenant represents a displacement from the danger inherent in the making of the oath itself. Once again, promising and oath taking, representing the rejoining of thought and deed, carries with it no end of potential evil. The often detailed and barbaric consequences

of breaking an oath are in actuality an attempt to limit the potential damage and anticipated mayhem.

The danger of the oath, its supernatural and magical power, is so great that in the Old Testament the making of any oath is considered a sin. To swear is to assume godly power; this is seen as an offense against God, and the swearer is commanded to confess his wrongdoing. Schlesinger emphasizes that "it does not matter what the content of the oath is or whether the intent is to do good or evil," and that "the oath is sworn in the heat of such strong emotion as to be considered rash" (p. 190). Hence the cultural antipathy toward swearing altogether, exemplified by the Christian prohibition against taking the Lord's name in vain.

Promises, Oaths, and Vows is an undeniably rich book. Born from the consulting room, it then moves on to an examination of the nature of promises and oaths and their expression in multiple settings. The main premise—namely, the underlying danger of reuniting word and deed and its symbolic magical significance—is explored through references to theater, religion, and ancient cultures. The inherent ambivalence that underlies the promise, the potential for rash commitment and expression of unconscious motive, as well as the vestiges of man's efforts to limit the danger of promises, as in swearing on the Bible or on a sword, are remarkably well explicated.

Most psychoanalysts intuitively see the promise in its secondary form as one of the highest achievements of man, and none is greater than the unspoken promise to oneself that is embodied in a mature superego. As analysts, we have received and promised much in the course of our development. Undergoing a training analysis itself constitutes a commitment to examining ourselves with all possible honesty. We expect our patients, through free association (a relative freedom, to be sure), to be equally candid—just as we offer them our unspoken promise to listen, to understand, and to enlighten.

The timeless "promise" of the neutral, loving attention we offer our patients is coupled with the "promise" of psychoanalysis itself: namely, that it will allow us, like the wizards of old, to unlock the secrets of the human soul. This not-so-secret omnipotent fantasy and its ties to ego-ideal and superego functioning may help explain our frequent coun-

tertransferential hostility toward those patients who repeatedly seem to break promises.

Schlesinger correctly reminds us that our highest human achievements arise from an individual, archaic, and impulse-ridden past. Further, the promise, as a uniquely human act, is embedded in our ceaseless, perhaps even heroic efforts to understand and control our unknowable fate under a cloudless leaden sky.

DOUGLAS J. VAN DER HEIDE (NEW YORK)

APPROACH TO THE PSYCHIATRIC PATIENT: CASE-BASED ESSAYS. Edited by John W. Barnhill. Washington, DC/London: American Psychiatric Publishing, 2009. 523 pp.

This psychiatric book is remarkable in its format. Its editor, John Barnhill, is chief of consultation-liaison psychiatry at New York-Presbyterian Hospital/Weill Cornell Medical Center and is on the faculty of Columbia University Center for Psychoanalytic Training and Research.

Discussions are focused around ten clinical cases selected to reflect central, commonly occurring categories of patient problems that psychiatrists are called upon to evaluate, explicate, and recommend forms of treatment for. Six of these case examples are chosen to illustrate problems of approach and triage that psychiatrists face in hospital settings, from emergency rooms to various medical and surgical wards. The four remaining examples illustrate problems of evaluation and approach in outpatient psychiatric settings. All the cases are constructed to illustrate and deal with central, common human problems, such as depression (including geriatric depression), mood instability, chronic psychosis, terminal illness, agitation, bereavement, anxiety, hypomania, and failure with attendant shame.

This text/reference book is unusual in that each of these case examples is followed by ten to twelve brief essays of one to three pages each. Every essay represents a distinctly separate aspect of an approach to the patient described, written by a different expert. These experts, numbering more than 100, are often internationally esteemed. And, no-

tably, at least one-third of them are also faculty or other members of Columbia University Center for Psychoanalytic Training and Research.

The essays are clearly written, useful, backed by citations from research, and contain important conceptual ideas. Quite a few of them, for this reviewer, are small gems, such as: Ethel Person's on "Love," Nathan Kravis's on "Narcissistic Injury and Narcissistic Defenses," and Richard C. Friedman's on "Internal Homophobia." John W. Barnhill and Joseph J. Fins's essay, inspired by the "Terminal Illness" clinical example, is clear and remarkable in its explication of the wide-ranging complexities that the examining clinician must explore in such cases.

A wide variety of treatment and evaluation approaches is addressed, including Dialectical Behavior Therapy (discussed by Beth S. Brodsky and Barbara H. Stanley) and "Pharmacology of Adolescent Depression" (by P. Anne McBride). Additional topics covered include spirituality, self psychology, neurobiology, mindfulness meditation, alcohol abuse, sexuality, and sexual dysfunction.

Accompanying each essay is an unusually useful bibliography of works chosen to aid readers in expanding their knowledge of the topic. In addition, the volume is well indexed. Every hospital admitting office, emergency room, outpatient psychiatric clinic, and student health service would benefit from having this book readily accessible, as it can be profitably utilized by many types of clinicians, from medical students and other trainees to more seasoned practitioners.

Though indeed about the approach to the psychiatric patient, as the title indicates, this book is most valuable in the treatment settings illustrated here. Six of the ten clinical examples are of patients in hospitals. The approach that Barnhill describes, therefore, demands that the clearest possible diagnosis be rapidly formulated, that some form of the central treatment directions be embarked upon, and that a systems knowledge of various referral sources (e.g., emergency rooms, surgical wards, the police) be taken into account. A wide-ranging knowledge of human conditions and familiarity with the individual patient's values, culture, capacities, and resources for treatment must be quickly integrated. The evaluating psychiatrist in such a situation, at his or her best, has a uniquely problem-solving mind, as well as a comprehensive knowledge of medical disorders and the possible treatment options illustrated

in Barnhill's text. This person must be able to communicate clearly and definitively yet tactfully with the patient, with others in the patient's surround, and with staff members, clinicians, and other professionals both within and outside the hospital. No small order!

A psychoanalyst's task, and that of others who do exploratory dynamic psychotherapy, is well known to be distinctly different when meeting a new patient. These practitioners attempt to create a unique environment for the patient. The first concern is for both the clinician's and the patient's comfort and safety in being alone in each other's presence. This safety is intended to facilitate the patient's ability to talk to the analyst about what brings him or her to this meeting. The patient must feel that he or she has permission to note and name what is being experienced as a result of this meeting and of the conversation, including feelings and thoughts about being there with the analyst. The burden is in large measure on the patient, and the analyst's activity is often directed toward describing what he or she understands both about what the patient has said and about what may be impeding the patient in self-expression. Of course, time, fees, confidentiality, and the willingness of both parties to continue meeting are discussed.

This situation—what analysts sometimes call a *holding environment*—seems quite different from the approach required of a hospital psychiatrist. For example, there are differences in the goals of the meeting, the patient's level of activity, the amount of silence, and the kinds of interventions by the clinician.

In his essay, Robert Michels points out that analysts utilizing different approaches—with variations in the level of support and reassurance, the degree of focus upon character resistances, and the amount of attention given to here-and-now transference-countertransference organizations, for example—are likely to encounter very different responses, almost as though each approach, as Michels notes, reveals a "different patient." Roy Schafer's essay on "Therapeutic Zeal" highlights that in each and every dynamic therapy, the therapist's ability to notice and learn from his or her own mistakes is crucial to the progress of both analyst and patient, and to the development of a meaningful dialogue.

As different as their approaches are, the consulting psychiatrist in a hospital setting and the psychoanalyst can benefit from learning more

about each other's way of working. The evaluative approach of the hospital psychiatrist, and perhaps that of the psychiatrist in outpatient practice, could improve if these clinicians felt freer to inquire about, name, and attend to the complexity of the patient's affects. Naming what seem to be the particular affects in the interview situation can be important and helpful.

Let me add here a personal experience, common enough in its variants. When I was a medical student at University Hospital in Minnesota, my task on the emergency room rotation was to interview patients and take an initial medical history, which then was reviewed by the attending doctor. On one occasion, I tried in vain to get a coherent story from a patient. He appeared to me to be unwilling or unable to talk to me even about superficial matters. I thought he was probably "just a stubborn farmer" who was annoyed at having waited for some time to be seen.

A young medical house officer whom I did not know (and who, incidentally, is now a training analyst) finally appeared in the cubicle where my largely unsuccessful attempt to interview the patient was taking place. The house officer took one look at the patient's hardened face and said, "Mr. Jones, I am sorry you've had to wait so long for me; you must be very irritated." The patient startled me by yelling angrily back at him, "You're God-damned right I am!"—after which he proceeded to pour out the history of his illness, its course, and his view of its probable cause. I have not forgotten this lesson.

This is an example of how feelings can invade and color, and at times corrupt, the clinical interview—if unattended to, if unnamed by the clinician. Often, simply noting and naming the feelings that are there—which are often not easy to deal with—frees the patient to be more communicative. Another example of this is seen in Barnhill's book in one of the clinical case examples, entitled "Exam Failure and Grace Jin" (pp. 379ff). In the first interview of Grace Jin, a Chinese American medical student, among the topics mentioned to the therapist was the patient's wish to avoid "Western pharmacology." One might have thought that such a remark would invite the interviewer to inquire whether it was difficult for the patient to talk freely with this "Western" psychiatrist as well. Similarly, during the fifth session with the patient, she describes a dream that includes imagery of "being lost in a strange place" and of

"a man who appeared uninterested in her" (p. 380). Both seem rather likely representations of affects about the treatment situation and the therapist, which could be usefully named and explored, and which if left unexplored could well inhibit the patient's communication in the work.

Similar dysphoric affects—sadness, guilt, and shame—often lie within the patient's conscious purview, but seem in the examples in this text to be unnamed or bypassed by the evaluating psychiatrist. A second example can be found in the clinical case entitled "Geriatric Depression and Peter Burke." This patient is an elderly, feisty fireman who refuses to have his gangrenous leg amputated, as his surgeons have suggested, even though this is necessary to save his life. The patient is described as saying to the evaluating psychiatrist angrily, "Jesus Christ, nobody said they were calling in a head shrinker! So now they think I'm crazy?" The interviewer temporizes this with the remark that "Nobody is saying . . ." (p. 59).

Later in the interview, the psychiatrist correctly observes how "proud" (an affect) the patient is and has been about being a fireman, which leads the patient to reveal his personal sadness and guilt since his wife's death from cancer, as well as his fireman son's death while in the line of duty. Neither the sadness nor the guilt related to these losses seems to have been named, though the psychiatrist does clearly name and appreciate the fireman's important disdain and avoidance of dependency needs and affects. The fullness of the patient's experience, and the potentially collaborative aspect of the clinical work, could have been enhanced by the psychiatrist's more explicit naming—and thereby his acceptance—of these affects.

Of course, psychoanalysts and other dynamic therapists have learned from evaluative psychiatrists as well. Psychoanalysts, too, must conceptualize the patient's surround. They, too, must form a tentative diagnostic picture, and review in their minds—and often in discussion with the patient—what other therapeutic avenues may be available. Dynamic therapists often consider the availability of psychopharmacological treatment, and either prescribe it themselves or arrange for the patient to have a medication consultation with an expert colleague. Dynamic child therapists commonly and regularly work with the child's parents and others in the child's life, as well as the child him- or herself. Family therapy is

frequently available and usually integrated into individual treatment situations in most psychiatric hospitals.

All this is centrally true in some of the finest of such hospitals, where the patient is engaged in dynamic individual psychotherapy, is psychopharmacologically medicated if indicated, and is expected to participate in large and small therapeutic groups as well as in family treatment, routinely and conjointly. The hospital with which I am most familiar, the Austen Riggs Center in Stockbridge, Massachusetts, is one such institution.

In summary, Barnhill has done us a great favor in creating this unique text. We are indebted to him and to the book's extraordinary group of contributors for sharing their clear and wide-ranging psychiatric and psychoanalytic wisdom with us. I expect the book will be widely used and valued.

DANIEL P. SCHWARTZ (STOCKBRIDGE, MA)

ONE HUNDRED YEARS OF PSYCHOANALYSIS. A TIMELINE: 1900–
2000. By Elisabeth Young-Bruehl and Christine Dunbar. Toronto,
ON: Caversham Productions, 2009.

Since I cannot describe this contribution any more clearly than its coau-
thors have done so succinctly, let me begin by quoting their own descrip-
tion of it on the sleeve back:

> Inside this sleeve you will find a timeline of the history of psy-
> choanalysis from 1900 through 2000. A timeline is a conden-
> sation and an abbreviation. It requires principles of inclusion
> and exclusion, prioritization and organization of information.
> Both a history and a historiography are presented in it, textually
> and graphically. Any timeline has an educational purpose, too,
> and the purpose of this one is to allow you to see on one ten-
> panel page: when and where psychoanalysis began; who contrib-
> uted to it and who left its ranks; where it flourished and where
> world events overtook it; how it has grown in complexity and
> controversy. This is an aerial map, which we hope will inspire
> you to land on this fascinating territory and with your overview
> in hand, get to know its monuments close-up.

I shall address their description of the timeline sentence by sentence. First, the timeline contains people's names, almost all of them psychoanalysts, together with titles of their writings (mainly books, but occasionally a single paper that Young-Bruehl and Dunbar apparently consider to be of particular importance) or, in occasional instances, an event with which they are closely connected. The names are listed in seven rows, each of which is given a different color. Theoretical orientation tends to be the main criterion for assignment, although in some instances, it is coordinated with geographical considerations.

On top is "Jung and Jungians; Existential Psychoanalysis, mostly Swiss." Oscar Pfister, Raymond de Saussure, Ludwig Binswanger, Herman Rorschach, the Oberholzers, and Jean Piaget are included, so that the grouping is in part geographical. Then comes "British: [after 1926] Kleinians and [after 1950] Independents." This sequence also relies both on theoretical orientation and geographical considerations. Its members have been assigned mainly in accordance with their theoretical orientation, but a few do not appear to fit smoothly into the dichotomy of Kleinians or Independents (I am not sure that J. C. Flugel, Ella Freeman Sharpe, Edward Glover, Marion Milner, and Christopher Bollas fall neatly into either of those two camps).

After the British come "French; Lacan and Lacanians; non-Lacanians." The non-Lacanians include Marie Bonaparte, Rudolph Loewenstein (in Berlin), and Eugenie Solonick (in Budapest)—who trained French analysts, Sasha Nacht, M. A. Sechehaye, Rene Spitz, Didier Anzieu, Jean Laplanche and Jean-Bertrand Pontalis, Bela Grunberger, Serge Lebovici, André Green, and a few others.

Prominently, in the middle of the timeline, is "Freud and Freudians [after 1938 mostly in England and America]." Freud's name is not only capitalized but also appears in very large print, granting him preeminent status. His major papers, groups of papers, and books are listed along the timeline. This section is by far the most highly populated one. It contains the names of such early pioneers as Max Eitingon, Karl Abraham, and Hanns Sachs (all three capitalized), as well as Hugo Heller (Freud's publisher), Paul Federn, Wilhelm Stekel, Morton Prince, A. A. Brill, Lou Andreas-Salomé, and Theodor Reik. It lists the establishment of the psychoanalytic clinics, groups, training centers, and societies

that Young-Bruehl and Dunbar consider particularly notable. Included are influential Freudian analysts: August Aichhorn, Franz Alexander, Robert Waelder, Ernst Simmel, Paul Schilder, Hermann Nunberg, Wilhelm Reich, Heinz Hartmann, Otto Fenichel, Angel Garma, and others whose activities furthered the development and impact of psychoanalysis in the 1930s.

Following this is a rich array of names of influential proponents of Freudian ego psychology and defense analysis along the axis running from the 1940s into the present, as well as some current contributors who are identified with the concept of mentalization, with the relation between neuroscience and psychoanalysis, etc., and their representative works. One might question the omission of some analysts who are not mentioned, but the list is reasonably close to complete. Some of the works chosen for inclusion might appear to be arbitrary or capricious, but it is the prerogative of Young-Bruehl and Dunbar to have their favorites.

The line titled "Adler; Rank; Social and Cultural Theorists" presents me with the most problems. It is puzzling to me to see the foundation of the Menninger Clinic and of the Austen-Riggs Center placed into this category. I also find somewhat puzzling the assignment to this category of Karen Horney, Gregory Zilboorg, Robert Lindner, Bruno Bettelheim, Fritz Redl, David Shapiro, Erik Erikson, Morton Reiser, Heinz Kohut, John Gedo, Roy Schafer, Ethel Person, and one or two others; they do not seem to me to quite fit into it. I also could not help being surprised to find Joanne Greenberg, the author of the largely autobiographical *I Never Promised You a Rose Garden* (1964) included here. A number of sociologists and social commentators who are not psychoanalysts are also listed; Young-Bruehl and Dunbar explain in the brief commentaries that follow the timeline that they have included them in this category because of their connection with the intersection between psychoanalytic interest in identity and what interests social and political observers of humanity.

I was surprised by the inclusion of Benjamin Spock in the "Adler; Rank; Social and Cultural Theorists" category; Spock's instructions to young parents have recently been largely discredited. Then I read the column of text titled "Good Enough Mother," which explains that Spock appears in connection with the salutary impact upon pediatric practice

of the observations of Winnicott, the Robertsons, and others in England, emphasizing children's need for parenting that reflects an awareness of their emotional fragility and vulnerability.

I have some problems with the last category, "The Budapest School; [after 1945] Interpersonalism, Relationalism." Sándor Ferenczi, István Hollós, Georg Groddeck, Michael and Enid Balint, and Imre Hermann I can accept being placed here. Harry Stack Sullivan and Clara Thompson clearly belong here. Geza Roheim, Frieda Fromm-Reichmann, and Harold Searles are less easy for me to think of as belonging in this group. Jay Greenberg and Stephen Mitchell, Philip Bromberg, and Lewis Aron certainly fit into this category. I was surprised, however, to see Arnold Modell and Evelyn Schwaber placed within it, and astonished to see Theodore Jacobs listed here, merely because of his highlighting the importance of paying attention to the nonverbal cues that emanate from the analysand and the analyst during analytic work.

Following the timeline, in a series of brief, explanatory sections, we learn that Young-Bruehl and Dunbar were very much interested in addressing the twists and turns of the evolution of psychoanalytic thought; the shifting allegiances and rivalries within psychoanalysis; the mutual impact of psychoanalysis and world events/social movements upon one another; the expansion of psychoanalytic interest from exploration of the individual psychology of adults into child and adolescent analysis; group therapy; inpatient treatment; and, most recently, the relevance to psychoanalytic theory and practice of the explosion of interest in the field of neuroscience. They apologize for their omission of psychoanalysis in Latin America, but they make up for this with an informative account of the vibrant and productive activities in the field that have taken place there.

The coauthors also apologize for including in their timeline almost exclusively the names of psychoanalysts whose book publications have been particularly influential, omitting many "whose outstanding gifts were primarily clinical, pedagogical, or organizational." I expect that, as I did, other readers of the timeline will feel a pang of regret that certain people who fall into this category of psychoanalytic contributors and whom they particularly appreciate were not given recognition, though it certainly is not possible to include everyone and everything. It is also

inevitable that the timeline's readers will find themselves disagreeing in some respects with Young-Bruehl and Dunbar about the relative importance accorded to certain individuals and to certain movements both within and external to psychoanalysis.

Nevertheless, all who peruse this timeline can be expected to appreciate the enormous time, thought, and effort that clearly went into preparing this introduction to the first hundred years or so of the field of psychoanalysis. The process of selection, compression, organization, and vivification undoubtedly demanded a great deal of thought and energy. The result is a remarkable feat that deserves our admiration and respect.

The timeline clearly lends itself to very good use as a teaching tool. We have come a long way from the very beginnings of psychoanalysis, as the investigative activity of but a few, courageous individuals shows. We are currently engaged in a mushrooming eruption of psychoanalytic ideas and applications of those ideas that goes far beyond what existed in the early years of psychoanalysis. Young people interested in or currently entering the field will find the timeline Young-Bruehl and Dunbar have developed to be very useful as a road map that can help them embark on their trip. I expect them to be as grateful as I am for its appearance.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

THE EMBEDDED SELF: AN INTEGRATIVE PSYCHODYNAMIC AND SYSTEMIC PERSPECTIVE OF COUPLES AND FAMILY. By Mary-Joan Gerson. New York: Routledge, 2010. 291 pp.

This is a book that really gets it because Mary-Joan Gerson has the ability to simultaneously shuttle between two worlds: she is equally adept at articulating couples therapy from both a systems world and a psychoanalytic world. Most important, she knows the values and limits of each approach. She implies that they need each other, as if she is trying to make a case for a "theoretical couple," a virtual twosome, each helping the other to become stronger. This is no easy match to make.

Too often, these two worlds have looked askance at one another. A systems therapist considers psychoanalysts overly pessimistic in their emphasis on recurring and distorted elements in the couple's transference

to one another, primarily relying on genetic interpretations and thus missing the rich, immediate, relational dynamics of the couple as they take place right in front of you. Moreover, systemic clinicians think that analysts are accustomed to letting the patient take the lead, waiting for material to unfold and reacting too slowly. When overwhelmed by the rough and tumble of couples' dynamics, analysts may act out their countertransference by referring each member of the couple to individual treatment, to get at core material—an instance of unconscious dynamics interfering with interpersonal connection.

On the other hand, psychoanalysts regard the systems world as surface treatment, a process that misses the intense, deeper developmental traumas that people bring to relationships, regardless of whom one selects as a partner. Without delving into these enactments and character structures, analysts consider that systems therapists can only scratch the surface, treating symptoms and ignoring the central aspects of the self (or lack thereof) that would interfere with intimacy, no matter what relationship is before them.

Gerson resolves this apparent stalemate by emphasizing that systems frameworks and psychoanalytic ones provide different maps, each relevant at a particular point in the therapy, a dynamic that Gerson describes as a "figure-ground" process. She can legitimately take on the challenge of walking in both worlds since her training and clinical approach has included and drawn on both worlds. Many clinical examples throughout the book illustrate how a systems world and a psychoanalytic world can both be useful.

Gerson has actually added very little to this second, 2010 edition of her book, originally published in 1996—an appropriate choice because effective writing, like a good song, stands up to the test of time. The most critical addition to the field of couples therapy in the fourteen years since the first edition was published relates to attachment theory, and a stellar new chapter for the second edition focuses on this. The author demonstrates her appreciation for the history of an attachment approach when she describes the respective contributions of Bowlby, Ainsworth, and Main. She links attachment theory to the contemporary psychoanalytic emphasis on *mentalization,* a way in which couples can create an attachment experience through their ability to reflect on the

relationship, similar to what Wile noted when he described the couple's capacity to have a relationship with one's relationship.[1]

This attachment chapter points to the role played by developmental neuroscience (Allen Schore's work) and links it to the self psychological cycle of breakdown in connection, repair, and restoration of attunement, another example of Gerson's ability to forge bridges between different psychoanalytic camps. Throughout the book, she is constantly evaluating the usefulness of particular concepts—seen in this chapter, for example, when she limits the value of mentalization to securely attached couples; narcissistically organized individuals may be too wounded to "hold" the other in mind.

The author carefully evaluates Sue Johnson's *emotionally focused therapy* as an extension of attachment theory.[2] Gerson points to many useful things about Johnson's approach, such as its systemic focus on the impact of one partner on the other, and how closely Johnson attends to the immediate experience of each individual. Nevertheless, Gerson questions the applicability of Johnson's emphasis on softly soothing, mirroring, and validating each partner's feelings, in that these strategies may not apply to the rough-and-tumble world of the highly deprecating, hostile couples who are often seen in couples therapy.

One could imagine Johnson's response: that once you get behind the angry surface and validate a partner's upset, the partner may then begin to soften in an attuned moment with the therapist. Johnson might note that this happens all the time, and add that her approach seems to stand up well in research studies. If anything, the common thread that Johnson and other attachment-informed clinicians have, for Gerson, is that they all emphasize the importance of slowing down the couple's process so that their interactional cycle can be seen, experienced, and modified. Behind the heated exchanges of a couple's anger lies the more painful experience of isolation and rejection; the clinician must help the couple move toward the possibility of deeper attachment, rather than remaining frozen in a defensive stance toward one another.

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[1] Wile, D. (1981). *Couples Therapy: A Nontraditional Approach.* New York: John Wiley.

[2] E.g., Johnson, S. M. (2008). *Hold Me Tight: Seven Conversations for a Lifetime of Love.* New York: Little, Brown & Co.

A final point about this new attachment chapter, one that underscores Gerson's thesis that the self emerges in the context of a relationship: she states, "The more partners can realize how much they are shaped by each other and how much of their supposed 'independent selves' is located in shared experience, the more deeply attached they feel" (p. 112). Here she captures the overarching point made by the title of her book, *the embedded self.* Gerson implies that there is something larger happening when two people are in a relationship. Each partner's sense of self relies on an acceptance of how intertwined they are as a member of the couple—i.e., how socially determined we all are. Winnicott would be smiling; he saw the capacity to be alone as developing in the safe context of the mother. The capacity for self-reliance is never an individual's task alone, but a capacity that emerges from within the system.

Throughout the book, Gerson uses case examples to illustrate the conceptual issue at hand. A few longer case illustrations have been added at selected and useful points in this second edition. Readers are treated to her self-critique and the adjustments she makes when workings with couples and families. She models humility when cases are not going well and explains how she adjusts her clinical interventions accordingly. This self-awareness makes the book highly readable. As might be said by followers of Murray Bowen—the developer of a systems theory of family therapy[3]—the author takes an "I" position throughout the book. We never lose what Mary-Joan Gerson thinks; she is alive on each page.

Another tremendous strength of this book is its appreciation for the history of couples and family therapy. Gerson continually moves back and forth between a systems and a psychoanalytic viewpoint. On the whole, she pays the greatest amount of attention to the challenges faced by psychoanalysts in learning to work with couples and families. She regards relational life as hopeful and health seeking, not just a repetition of our darkest impulses.

The Embedded Self emphasizes the dialectic between self-experience and the capacity to be impacted by the other. The author knows that a systems-oriented therapist must stay in the heat of the moment, and

[3] Bowen, M. (1978). *Family Therapy in Clinical Practice.* Northvale, NJ: Jason Aronson.

she warns analysts not to get lost in historical interpretations—or, worse yet, to defensively flee from the couple and recommend individual treatment. It is the repetitive cycle of the moment, the intricacies of engagement, that Gerson urges us to highlight.

Analysts are challenged, as Gerson is aware, by the active, calculating behaviors of a systems therapist who tries to enter the system from within and subvert the status quo. Analysts are more accustomed to allowing the process to evolve more naturally and over time, and yet, Gerson warns, this tendency can allow them to get lost in a slow-paced emphasis on developmental determinants in the couple's life. Rather, couples therapy is much more in the here and now for those who follow a systems approach.

Gerson aptly describes how the very active nature of family and couples therapists is aimed at disrupting the immediate patterns taking place in the analyst's office and encouraging reconfigurations of familial alignments. Even diagnosis remains on the manifest level for system-oriented therapists. Gerson's diagnosis chapter takes the reader through the utility of well-regarded systems concepts, like the identified patient, the meaning of a symptom for the group, and how the construction of a genogram helps map out patterns of over-closeness and distance.

While Gerson's second edition stands firmly on its own merits, a few more additions could have made it even stronger. One would have been to include the work of Guerin and Fogarty, two of Bowen's students who have made critical contributions to a systems approach with couples. Fogarty coined the useful term *distancers-pursuers* to articulate the movement toward or away from one's partner,[4] and Guerin et al. elaborated on the process of *triangulation,* an important way in which couples attempt to lessen marital tension (e.g., through an overly close mother–daughter relationship).[5]

Also, there is another contemporary approach to couples therapy, *imago relationship therapy,*[6] that deserves attention. Its roots lie in the un-

[4] Fogarty, T. (1979). The distancer and the pursuer. *The Family,* 7:11-16.

[5] Guerin, P., Fogarty, T., Fay, L. & Kautto, J. G. (1996). *Working with Relationship Triangles.* New York: Guilford Press.

[6] Hendrix, H. (1988). *Getting the Love You Want.* New York: Harper.

folding of unconscious process. However, it uses the immediacy of techniques such as the *intentional dialogue* to help couples communicate and work on such systems concepts as differentiation and mutuality, while simultaneously attending to the deeper, nonverbal, psychoanalytic processes of *holding* and *containment.* In addition, members of the Tavistock group in London (e.g., Ruszcynski[7]) have applied many psychoanalytic concepts to couples—in particular, Klein's notions on projective identification and paranoid-schizoid processes in couples—and their work helps develop a bridge between the interpersonal and the intrapsychic life of partners.

Overall, Gerson's book has achieved the position of *the* text for developing couples therapists who want a thorough grounding in clinical history and techniques in working with relationships. The author stands alone in articulating how psychoanalysis and systems theory operate in real time with couples and families. However, this is no book for beginners alone; it is also a book for clinicians who have been around the block a few times, clinicians who love to ground their clinical technique in solid theoretical underpinnings. It is not a quick "how-to" book; look elsewhere if you need a clinical cookbook. Rather, this is a book for the thinking psychoanalyst that is as cutting-edge now as it was when it was first published.

There is so much to like about this book that it is difficult to limit one's praise to a few items. Of foremost importance is that the quality of both clinical and theoretical conceptualizations is outstanding. The writing is descriptive and evocative; rarely does the reader question what the author means by a certain phrase. As soon as one begins to wonder how a given theoretical principle would unfold in the context of a couple, a clinical example appears. Finally, Gerson steadfastly maintains a personal point of view throughout the book—that the self develops and is challenged to grow in a context. We are social beings: needing another, finding the other, protecting ourselves from the other, and often growing because of the other.

DANIEL GOLDBERG (PRINCETON, NJ)

7 Ruszcynski, S., ed. (1993). *Psychotherapy with Couples: Theory and Practice.* London: Karnac.

BOYHOODS: RETHINKING MASCULINITIES. By Ken Corbett. New Haven, CT: Yale University Press, 2009. 276 pp.

The past five decades have witnessed a revolutionary revision of the psychoanalytic—and, indeed, the popular—understanding of female psychological development, leading to both a reconsideration of gender roles in modern society and substantial changes in clinical approaches to female patients in analysis and psychotherapy. It is the contention of Ken Corbett that a similar reassessment of masculine development has long been overdue, and in this thoughtful, clinically founded book he proceeds to offer one. Corbett describes himself as an "openly gay" psychoanalyst, and it is clearly from this perspective, strongly influenced by interpersonal/relational theory, that he views what he sees as variations in patterns of masculine psychology as evinced in the behaviors of boys and men he has worked with in an extensive clinical career.

Corbett is at pains to distinguish the "normative" mode of masculinity, as it conforms to cultural expectations and psychoanalytic tradition, from "variants" that he sees as equally adaptive. Thus, as seems inevitable in such revisionist efforts, he begins his argument with a close-reading reassessment of Freud's case of Little Hans.[1] Like others who have undertaken this task, he pays tribute to Freud's ingenuity, but takes exception to his unifocal attention to Hans's concerns about the intactness of his "widdler" and his oedipal conflicts—to the neglect of the severe turmoil in his family and the depth of his mother's depression as contributing factors, if not determining ones, to his anxiety.

It is, Corbett, maintains, Freud's construction of masculinity as derived from oedipal fantasy, castration anxiety, and defensive identification with the father (and disidentification from the mother) that has been the template for the traditional and still-current psychoanalytic view of "normative" male development. He notes:

> The failure to include consideration of the intimate family surround is to leave Hans an oddly romanticized boy, one who is untroubled by the intrapsychic vagaries of relations, other than

[1] Freud, S. (1909). Analysis of a phobia in a five-year-old boy ("Little Hans"). *S. E.,* 10.

those that occur in the pursuit of phallic sexualized relations.
[p. 42]

Corbett devotes considerable attention to the developmental issues confronted by boys growing up in nontraditional families—single-parent and minority ones, as well as those formed by homosexual marriages—that are increasingly prevalent in contemporary society. In each, experiences of difference, exclusion, and social rejection tend to generate confusion about the realities of sexuality and procreation, far beyond those found in conventional families. And the widespread use of reproductive technologies, including sperm donation by unknown males, can play havoc with the primal-scene fantasies that color customary sexual identifications and our understanding of love relations.[2] Further, the sense of difference will often induce feelings of shame in the developing boy, warded off by compensatory aggressiveness and/or social distance.

Prominent in Corbett's argument is his insistence on de-pathologizing the nonconventional modes of masculinity that in his view emerge from these social and familial patterns. He makes no bones about his disdain for the DSM system, and is particularly critical of the diagnosis of "Gender-Identity Disorder," with its attendant implications about behaviorally oriented therapeutic interventions founded on culturally based presuppositions about what constitutes "normal" gender identity. "Too often," he says, "we have looked upon the trauma of difference and sought to cure it through the clumsy application of similarity" (p. 113).

Corbett's narrations of his clinical work with boys and their families are compelling, laced as they are with impressive descriptions of his countertransference responses to his patients' often unruly and perplexing behaviors. But he falls victim, I think, to the all-too-common error of basing his theoretical conclusions about developmental norms primarily on clinical observations. He does not appear to consider the possibility that some—perhaps many—children may emerge from similar early relational experiences with very different developmental outcomes that do not bring them to clinical notice. The role of that mysterious quality

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[2] See in this context *The Kids Are All Right,* a 2010 film directed and co-written by Lisa Cholodenko and distributed by Focus Features.

called *resilience* and that of genetic predisposition do not seem to enter into his calculations. This is all the more striking because many of the children who present with gender ambiguities (including some of Corbett's own patients) are described as showing cross-gender preferences from very early on, strongly suggesting the possibility—indeed, the likelihood—of genetic influences in their development along those lines.

Of outstanding interest is the chapter "Faggot = Loser." Working from an incident in which a young patient, finding himself in a losing position in a game, calls him a *faggot,* Corbett elaborates on the role of phallic narcissism in boys' development. He finds value in Freud's conceptions, but seeks to expand their meaning in what some would call an ego psychological direction—that is, the urgent aim to be big, to be a winner rather than a loser, in games and in life. The conflict, he suggests, is rather about "generational difference" than "genital difference," and the role of phallic narcissism and associated aggression should be seen not merely as defensive against castration anxiety, but also adaptive in the boy's struggle to "grow up," to become a "winner." The chapter is a model of the effort to integrate classical theory with relational conceptions of the developmental thrust.

Altogether, *Boyhoods* is a well-written, persuasively argued summons to the professional world for an objective, bias-free reconsideration of long-standing notions about the nature of masculine identity, its developmental origins, and its variations within the range of the norm. The author concludes:

> Psychic and social coherence do not reside only in normative expressions of masculinity. But unless and until potential space that is open to a range of subject positions is actively created, a more variegated culture will not enter the consulting room. [p. 169]

AARON H. ESMAN (NEW YORK)

PSYCHODYNAMIC PERSPECTIVES ON AGING AND ILLNESS. By
    Tamara McClintock Greenberg. London/New York: Springer Dor-
    drecht Heidelberg, 2009. 150 pp.

This is a straightforward read, offered to present-day medical practi-
tioners and mental health professionals to help with the art of treating

older people. It examines this burgeoning population with a wide lens, taking in every feature, especially its impact on all the professionals providing therapy: psychiatrists, psychologists, internists, and neurologists, as well as nurses, caseworkers, and personal caregivers. The author addresses the technical and conceptual challenges, the major dynamics in these treatments, and the role of medical conditions. However, there is a companion purpose: it is Greenberg's particular wish to include and integrate "traditional psychoanalysis" into modern geriatric psychotherapy. She has more success with the first aim than with the second, due to the century-long evolution of psychoanalytic theory, and the need to grasp and package big ideas for readers with differing knowledge bases.

Like a consulting psychiatrist on a medical service, the book hovers between disciplines, favoring those words in our lexicon that seem to bridge the gap. One of those words is in the book's title. The term *psychodynamic* gives wide but thin coverage of psychoanalytic, psychotherapeutic, self, relational, and other psychologies, lightly surfing over the deep and salient features of each approach. Greenberg writes for a group she has named "psychodynamic clinicians." She is certainly not alone in resorting to this catch-all modifier; *psychodynamic* is a term used to cover psychoanalytic psychotherapy, along with virtually any therapy that explores feelings.

Such an inclusive term is appropriate to a book about aged patients in general, with little emphasis on specific diagnosis. The focus is on the working treatment relationship, rather than on exploring or reshaping. In that sense, this is a "how-to" book: it sets out to teach "how to" use the vocabulary of psychoanalysis without doing violence to the meaning of terms such as *transference, narcissism,* or *masochism.*

To begin with, it takes courage for an author to bring psychoanalytic principles into bridge-building between medicine and depth psychology. Greenberg is in double jeopardy: at the medical end of the bridge, she will seem to be a psychological expert but only a novice in neurology/medicine, while at the psychiatric end of the bridge, she will appear schooled in neurological medicine but a dilettante in psychoanalytic (or "psychodynamic"?) therapy.

This dilemma explains some of the difficulty with the book. The author has been compelled by the breadth of her subject to use thumb-

nail sketches of complex discoveries, and to work at different depths: sometimes on the conscious-sociocultural-descriptive level, while at other times on characterological planes. She alludes to unconscious conflict, but cannot convey the power of the dynamic unconscious. Thus, she renders the psychic forces behind "the exception" or a "success neurosis" as though they were close to consciousness.

More troublesome is the tendency to begin each topic with a commonplace, almost platitudinous discussion, so that each chapter must emerge from an introductory fogginess. This is exactly the opposite of the clarity that the mental health readership deserves. For example, we read that "the persistence within psychoanalytic theory that many medical disorders are caused by psychological and neurotic conflicts is one example of how reality has not been integrated very well into the theory" (p. 5). Sentences like this abound, and may undermine a reader's hard-won psychoanalytic insights. In the same way phrases such as "newer, more flexible approaches" paste over or dilute psychoanalytic terminology. (For example, Freud did not "describe narcissism as a kind of sexual perversion" [p. 61], but brushed past that definition to undertake new theory.[1]) The usual straw-man figures are set up, e.g., when the author claims that "classical theory has avoided in-depth theoretical and technical involvement regarding medically ill and aging patients" (p. 6).

The first chapter is an exposition of how psychodynamic clinicians can approach their ill, aging, and apprehensive patients. The author endorses a concrete style of intervention for this cohort because of its decreased capacity for metaphorical or symbolic thought. She touches on historical contributions from Felix Deutsch, Fenichel, Dunbar, Alexander, Erikson, and Paullson, noting the presumed connection between alexithymia and somatic symptomatology. Some confusions creep into the text via ambiguous writing. (In the introductory chapter, there is a reference to patients whose illnesses "are not psychosomatic—those with *real* illnesses"—a poor choice of words since psychosomatic illnesses are intensely real.)

One of the best chapters, "Technology and Idealization and Unconscious Dynamics in the Culture of Medicine," is a fresh take on the medical culture, which the author diagnoses as *hypomanic*. She observes

[1] See Freud, S. (1914). On narcissism: an introduction. *S. E.,* 14.

correctly that both patients and doctors, in one way or another, signal their unconscious fantasy of the omniscient physician, invincible with new medications and technologies, who can always preserve life free of pain or disability.

Chapter 3, on "Trauma and Illness," develops the theme of concrete thinking and the cost to ego functioning of dissociative defenses. The author carefully identifies the stressors of the elderly, using her central model of the traumatized patient, incapacitated in symbolic thinking, who resorts to manic defenses of dissociation and denial.

Chapters 4–6 take up narcissism, masochism, and the transference. The author gives ample clinical presentation of a most useful idea: that secondary process falls victim to trauma or debility, leaving the individual with concrete thinking, unsuited to analytic interpretations, particularly of transference. Greenberg makes it abundantly clear that with elderly or compromised patients, the earliest transference-countertransference relationship must be ego-supporting and trust-developing (as in Meissner's *narcissistic alliance* and Modell's *cocoon phase of transference*). I found it somewhat distressing, however, to see terms like *corrective emotional cure, containment,* and *validating reality* being used as though they all meant the same thing.

Overall, the task of rapidly orienting readers who fit the "psychodynamic clinician" category in classical, self, and relational theory achieves some success, but risks degenerating into poorly assembled, woolly concepts. It must be noted that the last chapters of this book are notably less well written and more jumbled, suggesting that the task of editing was not successfully completed. Nevertheless, *Psychodynamic Perspectives on Aging and Illness* will provide the essential optimism, confidence, and technical proficiency needed for clinicians coping with referrals from the aging population.

ANNA BURTON (ENGLEWOOD, NJ)

CONTESTED WILL: WHO WROTE SHAKESPEARE? By James Shapiro. New York: Simon and Schuster, 2009. 339 pp.

James Shapiro of Columbia University has published a scholarly yet read- able book on a topic that deeply interested Sigmund Freud: who was

the actual author of the works of Shakespeare? Shapiro has little patience with the many highly speculative biographies of Shakespeare that have appeared over the past decade. Although they feed our voracious hunger to know more about this remarkable writer, Shapiro seems to agree with Mark Twain, who opined that biographies of Shakespeare are much like reconstructed dinosaur skeletons in museums—nine bones and six hundred barrels of plaster of Paris. Shapiro believes that we do not need to know more about Shakespeare than those few indisputable facts that we possess. On the other hand, he maintains that it matters a great deal who Shakespeare was:

> The greatest difference of all concerns how we read the plays. We can believe that Shakespeare himself thought that poets could give to "airy nothing" a "local habitation and a name." Or we can conclude that this "airy nothing" turns out to be a disguised something that needs to be decoded, and that Shakespeare couldn't imagine "the form of things unknown" without having experienced it firsthand. It's a stark and consequential choice. [pp. 279-280]

Shapiro is confident that William Shakespeare of Stratford (1564–1616) was the author because of two categories of evidence: "The first is what printed texts reveal; the second, what writers who knew Shakespeare said about him" (p. 223). Thus, he contradicts the conclusion reached by Freud, that the author was actually Edward de Vere, Earl of Oxford (1550–1604). Shapiro's interpretation of the evidence leads him to deny that de Vere could have published under a pseudonym: "This was not a world in which a dramatist could secretly arrange with a publisher to bring out a play under an assumed name" (p. 225). This is an important claim to buttress Shapiro's assumption that, when the name *Shakespeare* appeared in print, it must have referred to the man from Stratford.

What do scholars tell us about Elizabethan pseudonymity? There have been several recent books on this topic. Since Shapiro did not have space to discuss them, let me quote some key passages. Robert Griffin wrote that "Literary studies exhibit a curious reluctance to acknowledge that most of the literature ever published appeared either without the

author's name or *under a fictive name*" (italics added).[1] Marcy North similarly concluded that:

> Anonymity's importance as a Renaissance convention . . . remains critically undervalued . . . . *Pseudonyms* . . . gave anonymity a textuality that allowed it to compete with the author's name for popularity and marketability . . . . Print technology and the book trade created many intriguing opportunities for name suppression. [italics added][2]

North singled out de Vere as a writer whose attributed work is scarce because courtier poets rarely published under their own names. So Shapiro's certainty that de Vere could not have used *Shakespeare* as a pseudonym appears to be unwarranted.

But what motive would de Vere have for concealing his authorship of some of the greatest works of literature in history? One plausible theory is that he reached a compromise with Queen Elizabeth and others in power. His plays would have delighted court insiders with their veiled commentary on court intrigue, written by one of their own. In the nineteenth century, for example, many scholars recognized that Polonius in Hamlet is a spoof on Lord Burghley, the Queen's foremost advisor (and de Vere's father-in-law). That level of meaning would have been opaque, though, to a general public who believed a commoner was the playwright.

Once we realize Shakespeare may have been a front man, pseudonym, and stage name of de Vere, all of Shapiro's evidence is open to reinterpretation. Shapiro does not take a consistent position on Shakespeare's "exceptionalism." That is, he assumes that what we know of other Elizabethan authors applies to Shakespeare—unless the traditional authorship theory is better served by assuming Shakespeare was the exception. A prominent example of the former is Shapiro's central thesis that there need not be any connections between the author's life expe-

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[1] *The Faces of Anonymity: Anonymous and Pseudonymous Publication from the Sixteenth to the Twentieth Century.* New York: Palgrave Macmillan, 2003, p. 1.

[2] *The Anonymous Renaissance: Cultures of Discretion in Tudor-Stuart England.* Chicago, IL: Univ. of Chicago Press, 2003, pp. 2-4.

riences and his literary works. (Like most Shakespearean scholars, he downplays the *Sonnets*, but gives examples of non-autobiographical sonnets by contemporary poets.)[3]

Shapiro believes it is our idealization of the author that leads us to raise inappropriate questions about his life. Yet when it comes to other scholars' conclusions about the frequency of Elizabethan pseudonymous authorship, Shapiro would apparently have us believe that Shakespeare was an exception.

Shapiro briefly discusses de Vere's Bible. He believes so few of Shakespeare's biblical allusions are marked in it that it offers no evidence of de Vere's authorship. The data, however, are more complex—de Vere and Shakespeare showed similar levels of interest in specific passages. The more times Shakespeare echoed a given biblical verse, the more likely it is that de Vere marked it (for instance, he marked 88% of the passages that Shakespeare alluded to six times).

Further, the marked metrical Psalms at the end of de Vere's Bible have recently revealed what may be the largest new literary source for Shakespeare's works in the past several decades.[4] It is interesting to observe how Shapiro reasons, beginning with his certainty as to who wrote Shakespeare, then overlooking other possible interpretations of the evidence he examines. We all suffer from blind spots, but we are more likely to correct them when we use inductive reasoning based on an unbiased examination of the evidence.

There is a story that Queen Elizabeth once blocked "Shakespeare" on stage and dropped her glove. As he picked it up, he improvised two lines of iambic pentameter—"And though now bent on this high embassy,/Yet stoop we to take up our cousin's glove." Scholars reject the story, convinced that the Queen would not have behaved in this way toward a social inferior. But we can accept the story as plausible if "Shakespeare" was de Vere's stage name.

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[3] For a contrasting reading of the Sonnets, see Waugaman, R. M. (2010). The bisexuality of Shakespeare's sonnets and implications for de Vere's authorship. *Psychoanal. Rev.,* 97:857-879.

[4] See the following: (1) Waugaman, R. M. (2009). The Sternhold and Hopkins *Whole Book of Psalms* is a major source for the works of Shakespeare. *Notes & Queries,* 56:595-604; and (2) Waugaman, R. M. (2010). Echoes of the *Whole Book of Psalms* in Shakespeare's *Henry VI, Richard II,* and *Edward III. Notes & Queries,* 57:359-364.

Shapiro acknowledges the evidence that shows "Shakespeare" stopped acting by 1604—the very year of de Vere's death. He dismisses the Oxfordian conjecture that other playwrights completed de Vere's unfinished plays after his death in 1604. Instead, Shapiro believes that evidence of joint authorship of the late plays must mean that the traditional author decided he now wanted coauthors (but why?). Further, there is the problem of the highly conjectural chronology of the dates when Shakespeare's plays are assumed to have been written.

In criticizing the effort to look for parallels between Shakespeare's life and his work, Shapiro writes, "The whole business is so circular as to be suspect" (p. 271). Actually, circular thinking is always a danger when we feel so certain of our initial premise that we fail to look at all the evidence objectively. For example, Shapiro dismisses the fact that the name "Shake-speare" was sometimes printed with a hyphen. Since the family name was never so written, authorship "heretics" regard this as a transparent clue that the name was a pseudonym (as with the Martin "Mar-prelate" pamphlets). Hyphenated last names became common in England only in the nineteenth century. Shapiro borrows an assumption from others that, without a hyphen inserted, the *k* and the *s* in Shake-speare would "collide and the font might snap" (p. 226). Oddly, he seems to forget that Elizabethan printers regularly used blank "spacers" of various lengths in order to justify their right margins, so his explanation for the hyphen is strained.

Shapiro's second category of evidence as to Shakespeare's identity is what his contemporaries wrote about him. He then cites what he calls "the first notice of Shakespeare." This was Robert Greene's deprecating 1592 allusion to "Shake-scene." But Greene's passage can just as easily be read as suggesting that the man from Stratford was letting his role as de Vere's front man go to his head (much like Christopher Sly in the seldom performed "induction scene" of *The Taming of the Shrew*). Sir John Harington (the Queen's godson) hinted in 1596 that "Ignoto" (Latin for "unknown") was in fact the author of Shakespeare's plays; earlier, in 1591, Harington dropped tantalizing intimations that this same "Ignoto" was de Vere.

Are psychoanalysts willing to accept Shapiro's claims that Elizabethans were basically different from people today (p. 270); that their

emotional responses were not like ours (p. 271); and that "Elizabethans didn't think of motivation, individuality, or behavior in the ways we do now" (p. 272)? Is Shapiro's view consistent with the timeless resonance of Shakespeare's plays with modern audiences?

Shapiro cites Freud's suggestion that an Oxfordian reading of the Sonnets "could prove especially fertile ground for future psychoanalytic research" (p. 186). When it comes to Shakespeare's Sonnets, would analysts concur with Shapiro that "sonnets don't have to be autobiographical" (p. 274)? Do analysts agree with Shapiro's sharp dichotomy between writers who rely solely on their imagination, and those whose writings reflect their life experiences (p. 280)?

Analysts who regard the authorship debate as irrelevant may not realize how much is at stake here for the psychoanalytic theory of creativity. If Shapiro seems extreme in denying an autobiographical element in Shakespeare's works, it is because he admits that "enough incidents in [the Earl of] Oxford's life uncannily corresponded to events in the plays to support . . . claims that the plays were barely veiled autobiography" (p. 176).

Misled by the traditional authorship theory, analysts have joined literary experts in minimizing any connection between Shakespeare's life and his works. For example, David Beres claimed that an artist like Shakespeare, rather than living through actual experiences, may instead

> . . . have lived through them in fantasy, either consciously or unconsciously. There is a parallel here to Freud's early assumption that psychoneurosis was based on actual seduction in childhood and his later recognition that the child's fantasies and the ensuing conflict could be adequate aetiological factors.[5]

Beres could not know when he wrote this in 1959 that, fifty years later, many analysts would think Freud got the "seduction hypothesis" right the first time. Beres cited Ernst Kris's crucial discovery that biographies of artists are dominated (and often distorted) by an implicit wish in the biographer to create a narrative of "the social ascent from humble origins" (Beres, p. 28). De Vere's steady decline from great wealth con-

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5 Beres, D. (1959). The contribution of psychoanalysis to the biography of the artist. *Int. J. Psychoanal.,* 40:26-37, p. 29.

tradicts this legend, whereas the life of the traditional author offers a much closer fit.

In the end, Shapiro asks that we accept a Shakespeare who is almost a blank slate. I do not believe he does justice to the evidence in favor of Freud's candidate, Edward de Vere. Shapiro does try to legitimize discussion of authorship, which has been largely taboo among Shakespearean scholars. This taboo is intended to convince people that there is nothing to discuss. I hope those who love Shakespeare will read Shapiro's book, and then read some of the excellent recent books on de Vere's authorship claim, which together make it clear how much more there is to explore about Shakespeare's true identity.

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REVUE FRANÇAISE DE PSYCHANALYSE

Abstracted by Emmett Wilson Jr.

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"Constructions in Psychoanalysis"

This issue of the *Revue* is a further installment in the lively, sometimes heated discussions that have occurred in the French psychoanalytic literature on the construction of unremembered events during psychoanalytic treatment. Our focus will be on the two main reports in this volume.

The first of these is by the *psychosomaticien* Jacques Press, who examines Freud's writings on constructions, connecting them with the work of Winnicott and Ferenczi on trauma, and extending the notion of trauma, memory traces, and constructions to the treatment of psychosomatic patients. The second is by Michèle Bertrand, who gives another, differing, and equally excellent discussion of Freud's writings leading to the introduction of the notion of constructions, as well as a thoroughgoing discussion and critique of the more recent conceptions of construction: those of Serge Viderman in France, and the views of Roy Schafer and Donald Spence.

Both articles are so rich in observations and so tightly argued as well that abstraction has been a difficult, even an impossible challenge. Therefore, these two major reports are presented here in some detail, and often the arguments are presented *en bloc*.

Both authors feel that the continuing interest in the problem on both sides of the Atlantic shows we still have a need for conceptual tools to understand it. The renewal of discussion about these notions and the questions raised on their meaning or their justification is in direct relation with the renewal of a theoretical-clinical debate on constructions. The very nature of the analytic process, the conception of time in treatment, the conditions of the analytic frame, and the possibility of symbolization that it opens are the principal themes of the controversy.

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Constructions Terminable and Interminable. By Jacques Press, pp. 1269-1337.

Throughout this report, Press stresses at various points that his view is a very different one from his teachers in psychosomatic theory, in particular Marty and Fain. He offers his report as an effort for further elaboration of his work with these authors, who were his teachers. In much of their research, according to Press, they sought to point out a deficit that he thinks can never be found as such. Though in several sections of his report, Press develops or sketches out his differences with his mentors, entailing a detour through the extensive literature on the psychoanalytic treatment of psychosomatic patients as proposed by the French *psychosomaticiens,* and a discussion of the finer details of these complex issues, a summary of all this here would take us much too far afield and will be reserved for another time.

Press begins with some general remarks about the modes of survival of our past experiences. The past is sometimes manifested only in its inconsistencies, in the unexpected, in what is "off key." The original can only be found in and through its traces. Archaic truth is revealed better in the *après coup* (*deferred action,* in Strachey's translation of *Nachträglichkeit*). This involves the subsequent revision of the past—finding the past in a state of archaic "purity," which in any case is nonexistent. It is thus in the very form of the present that the past leaves its imprint. The past is not hidden *behind* the present; it infiltrates it, giving it modes of organization and its own special character. It is rather the present that reveals the past running through its modalities of presentation and its inconsistencies.

How can we accede to this past? The look that permits us to see it—is it not at the same time that which deforms and renders it inaccessible? It is a matter more of the construction of the past than a look that permits us to see it actually, less an interpreting of content than the construction of a form that permits the content to arrive.

Press emphasizes a point of view that marks his difference as much from Viderman as from the "narrative solutions" of Spence and Schafer.

This content, the past we are seeking, is inscribed in a psyche held between two limits of the body and the real. The central questions concern the relationship between psychic reality and external reality, as well between the somatic anchorage of an impulse and the role of the object. The difficulty in thinking about this articulation also underlies many aspects of the controversy found in the Anglo-Saxon literature on the reality of remembered traumata in treatment and on the alternative construction/reconstruction.

Press emphasizes the "prodigious generativity" of the grand Freudian texts. Generativity, a concept he borrows from the British cultural anthropologist John Goody, is the reciprocal of condensation. While condensation indicates a representation located at the intersection of several associative threads, generativity points to the potentiality of further developments contained in germ, but not necessarily developed, in a representation, a formulation, a myth, or a given theorization.

In July 1937, Freud was ill, threatened by the Nazis, and had lost his closest associates. During this trying time he wrote "Analysis Terminable and Interminable" (1937a). This pessimistic article raises many essential questions: what are the limits of analysis; what determines the outcome? Freud stresses the importance of the economic factor as well as the principal elements determining the issue of treatment: instinctual force, the role of trauma—seen as an element of good prognosis, and, finally, the modifications of the ego.

Among the latter are the viscosity of the libido and the loss of its plasticity, to which are joined two essential factors. On the one hand, there is a need for punishment of the ego, which is now not only no longer master in its own house, but has also been revealed to be itself largely unconscious—shredded by splitting, and subservient as well to the instinct of destruction through masochism. On the other hand, there is the famous *gewachsene Fels*, the biological rock, the refusal of femininity in the two sexes, that concludes the text.

According to Press, the two lines of argument in the article are both accompanied by significant leaps that are not specifically indicated by Freud in the course of the discussion: a leap into metapsychology, for the first, and a leap into biology, for the second. These unindicated leaps

seem to Press to reveal stumbling blocks or moments of resistance, in the double meaning of the term. Something is resistant in the material to be worked on, but, as well, something is resistant in the analyst, something that may have had to do with the sad presence/absence of Ferenczi, who, Press feels, haunts the article both as interlocutor and as patient (Press 2006).

Happily for us, Press continues, the famous rock that concludes the article of June 1937 is not the final word. Scarcely three months separates it from "Constructions in Analysis" (1937b). In this later article, Freud reconsiders the challenges of his entire body of work, especially those writings concerning the limits of the analyzable in relation to the countertransference. One can conceive of "Constructions in Analysis" as an attempt to elaborate the unthinkable of "Analysis Terminable and Interminable" (1937a). Press feels equally that his own reading of "Constructions" is, in turn, a tentative effort aiming to decipher that which is present, but which, in spite of Freud's effort to elaborate it, still remains undeveloped.

The resumption of these issues in September 1937 in "Constructions" leads Freud to a veritable upheaval in his theory. Even if he defends himself from it initially, the notion of construction now acquires a theoretical and metapsychological status comparable to that of interpretation (*Deutung*). Press cites the passage from "Terminable and Interminable" in which Freud opposes the effects of censorship in the case of repression, to those that the other mechanisms of defense utilize: thickly crossing out the offending text in the first case, deformation and mutilation in the second.

Interpretation corresponds to the first of these two cases: it brings to light something of which the sense is certainly hidden or takes the form of a lacuna, but which the existence is not in doubt. In the case of construction, on the other hand, it is not sufficient to replace the segments of a faulty text or to translate from one language into another. One can no longer reestablish by deduction the original form of the text; something is lacking in a much more radical manner. By the same token, the archeological metaphor shows its limits: it is no longer possible to think of refinding the original "as it was in itself." Thus, the search for

the origin, which motivates Freud from *Totem and Taboo* (1912–1913) to *Moses and Monotheism* (1939), is seen in this final work as placed on hold.

Press argues that the archeological model in psychoanalysis is even further limited. The very effort of our conducting research modifies that for which we are looking. To exhume the objects of the past is to modify both the present and the past; the traces are never completely effaced, but they are never identical either. The trace from the past is at the same time "a principle of incertitude." This, Press points out, is simply a reflection of the current discussions of the observer and the observed.

Freud's effort in "Constructions" appears suspended between two contradictory movements that one can formulate thus: yes, the origin is inaccessible, *but* I will find it just the same. Press argues that this tension should be maintained, for it is at the heart of what is human; it is that which moves us, unvanquished, not forward, but backward toward our origins. Freud points to the necessity of a founding origin anchored in the real—the real of the individual history, the real of phylogenesis, the real of somatic anchorage—if one does not want to fall into the delirium of speculation. In a related manner, the pathway leading from interpretation to construction proceeds in step with epistemological leaps, shedding a new light on the two poles of this tension. It is a matter of returning as far as one can to the origins. Yet, on the other hand, if the id is lacking in such a radical fashion, if the memory is not there, we are going to have to construct that in which the lack consists.

Press is heavily indebted to Winnicott for many of his formulations and viewpoints. In *Human Nature* (1988), Winnicott commented that at the beginning of life "there is no chaos, for there is no order." In Winnicott's terminology, there is non-integration. This seems to Press very close to what his mentor, Marty, called the *primary mosaic,* though Marty added to this notion a dimension that is properly psychosomatic. Put another way, the threat of chaos is to find again in adulthood the echo of something that, at the beginning of life, lacked organization, something that was part of the normal course of things, but that failed to become organized. Chaos is the name the adult gives to the formless that has remained without form, there where a form should have occurred, and to the intolerable suffering that the failure of the advent of form has engendered.

When this realization fails—and it fails partially and to different degrees in each of us, in Press's view—the situation becomes rather complicated. On the one hand, there is a trace left by the failure to become formed, and often it seems that the total psychic organization is structured to circumscribe this trace of a nontrace. An analyst would have to be very naive to be surprised about the most intense resistance when one gets close to this. Added to this intense resistance is the important fact that the distress, which has been neither experienced nor remembered, will be something that the analyst must experience in all its intensity during treatment and will have to live out endlessly in the timelessness of the non-experienced experience. The result, for both analyst and analysand, can be distressing, troubling, and profoundly unconscious. For the adult, to (re)find the formless is always a frightening experience that unfolds in a climate of extreme danger, even though the central challenge of the treatment is to arrive at this experience.

The issues touched on by Press—formlessness, chaos, helplessness, primitive anxieties—all lead unavoidably to the matter of trauma and its effects. Press reviews the stages in Freud's development of his concept of trauma. In *Beyond the Pleasure Principle* (1920), Freud articulated both an external and what Press would call an internal traumatic potentiality. Trauma returns in force, as manifest in traumatic neurosis, but also operates equally in ways that are more indirect. This comes about from the fact that the first position of the human being is a passivity without remedy, as described by Freud in *Inhibitions, Symptoms, and Anxiety* (1926), where he writes of the helplessness (*Hilflösigkeit*) of the human infant. Symmetrically with Freud's theoretical expansion of trauma, instinctual theory was completely reworked with the introduction of the death instinct. The capital point, Press insists, is that the extension of trauma theory and the reworking of instinctual theory are inseparable and must be thought of conjointly, as the obverse and reverse of the same coin.

Press next turns to the question of the nature of traces. Ferenczi offers a most interesting opening on this theme. In "The Problem of Acceptance of Unpleasant Ideas" (1926), an article that might be regarded as Ferenczi's personal commentary on Freud's "Negation" (1925), published the year before, Ferenczi maintains that the experience of dis-

satisfaction of needs *at the same time* serves an indispensable function for development *and* engenders an instinctual splitting or defusion linked to a primary ambivalence with respect to the object.

Press, following up on this point of view, approaches the question along two aspects. The first concerns the problem of the "remainder" (*reste*) inherent in every process of mentalization. Ferenczi's idea entails two consequences of note. First, there is no psychic development possible without introjection of a certain dose of exterior aggression. Next, every psychic inscription has two elements: one of figurability; the other, purely economic, of leaving a scar (*frayage*). Ferenczi writes that he will go so far as to consider the mnemic traces themselves as scars of traumatic impressions, as products of the destruction that Eros, indefatigable, understands nonetheless how to employ—that is, for the preservation of life.

This last remark seems to Press of great depth and entails important consequences for psychosomatic theory. It throws a particularly interesting light on the notion of "remainder" that runs through Freudian theory, a remainder that is inherent in the processes of transformation, and which we do and redo during our life—work without end. This work, however, is destined to fail, cannot but fail—there will always be a remainder—and the question is less that of the failure itself than of the quality of this failure, its conditions, and our capacity to find a creative result from it. This remainder Press sees as double, at the same time internal and external, and articulating itself around three notions: that of actuality (in the sense of actual neurosis), of primary sensoriality (Fain), and the formless (Winnicott).

Freud had already given a representation of the internal remainder in his notion of the grain of sand of actuality at the heart of every psychoneurosis. In the formulation of the 24th Conference, the grain of sand is that of the actual neurosis, thus of sexual formation, even if it is not mentalized. With *Beyond the Pleasure Principle* (1920), its very nature changes: that which becomes the remainder is now much more radical; it is here the remainder of processes of transformation.

Press offers his own formulation: this grain of sand is the part of the trace at the very interior of the psyche that fails to be instinctualized,

to be sexualized. Yet stating even this is to take the point of view of the observer, and forgets that the trauma remains in the non-occurrence of an experience of satisfaction, at the very moment that it should have happened *through the intermediary of the object.*

The other part of Ferenczi's proposition (that which links ambivalence and instinctual defusion) throws an interesting light on the question of internal traumatic potentiality. Ferenczi, Press argues, links in too direct a manner these two terms. For if the object is born of hate (Freud), if it must survive hate to become real (Winnicott), it is nonetheless true that the first theoretical stage we must try to conceptualize is that of a nondistinction between object and subject. The notion of ambiguity appears to Press to be very useful in trying to conceive of this limit, as much on the theoretical plane as in our daily practice.

Press cites Bleger's (1967) work on ambiguity, in particular the postulate of a precocious stage of nondifferentiation of ego/non-ego. Bleger qualifies this stage as symbiotic, for it is characterized by an absence of delimitation and of discrimination between ego and non-ego, between internal and external. Even the object and subject include a nondifferentiated, nondiscriminated part of the subject's ego as exterior reality, as a conglomeration develops of a large quantity of frustrating and gratifying experiences. As a result, there is an agglutinated kernel composed of nondiscriminated sketches of the ego and the object.

In Bleger's view, there is also a stage prior to the use of other mechanisms of defense—in particular, prior to splitting. There is thus an ambiguity located beyond all discriminations, be these between self and other, between different affects, between affect and representation. One could say that every psychic inscription is, at its foundation, deeply ambiguous. In Press's succinct formulation, in this dawn of psychic life, the same things aggress against me and cause me to suffer, and yet are the source of development and final enrichment.

There is here a considerable practical risk, in that it is difficult to conceive of this, with the analysand and within ourselves, too—to imagine this zone of functioning where two apparently incompatible movements coexist, not because they are not split, but because they are not as yet separated one from the other. The theoretical risk is not any less. It is

again a question of perspective. From the point of view of the observer, there are apparent incompatibles. But, from that of the subject, it seems to be heuristically fruitful to consider that there exists a lack of distinction and a fundamental ambiguity.

From one side, this indistinctness and this ambiguity can be seen in their generativity. They are indeed the matrix in which all later psychic development will originate, beginning with the first mental mechanisms and the first forms of the distinction me/not-me. From the other side, these first mechanisms will have inscribed in themselves a scarring that will forever and always escape an opening toward symbolization.

Splitting and Trauma: Press (2005) emphasizes Ferenczi's work in particular in the domain of the psychosomatic. In his article "Confusion of the Tongues" (1932), Ferenczi described three types of trauma: sexual, sadomasochistic from the object, and narcissistic (use of the child by the adult for aims of narcissistic satisfaction). This last aspect contains in nucleic form Winnicott's developments on the false self, as well as those that Fain called the *flight of projection.* For Ferenczi, trauma always has the effect of a form of splitting between an omniscient intellectual part (*the wise baby*) and a traumatized part. Press sees this as closely related to the premature development of the ego of psychosomatics. The traumatized part is evidently also the place of raw instinct, escaping the work of transformation—a point that Press suggests was overlooked by Ferenczi.

This splitting is sutured up by identification with the feeling of the guilt of the aggressor. Press feels that it is more exact to consider that traumatic situations have as their effect the formation of an ambiguous kernel—the traumatic splitting constituting the sole solution permitting escape from ambiguity—while at the same time the splitting indicates a failure of the first efforts to separate from the object. The aspect of "solution" explains the solidity and resistance to change of this type of organization. Press adds that, most of the time, that which sutures the breach of the split is more the establishment of a law of silence: a community of identifications in denial (Fain 1982) or a pact of denial (Kaës et al. 1993).

An important point results from these considerations: construction and splitting of the ego in the larger sense of the term are like the ob-

verse and reverse of the same coin. If it is necessary to resort to construction, it is because too much has been required of the psyche, and the ego has not had any other recourse except to split or to forfeit its unity (Freud 1924).

Trauma and the Negative Effects of Trauma: The developments of the theory of traumatism in Freud's work after 1920 give us invaluable points of departure. Trauma, writes Freud, affects the precocious ego at the narcissistic level as well in the physical body, at a stage when the child has not acquired language. In this type of trauma, Freud seems to say, implicitly agreeing with Ferenczi, something is affected first and primarily at the level of narcissism and upon the as-yet unrepresented body. One of the effects of trauma could be an attempt at a radical negation of experience, leading to its effacement, of the sort that nothing remains except an implicit mark or scar in the psyche. The important thing, according to Press—that we must not forget—is the fact that the trauma can reside in the "didn't happen" of an experience of satisfaction, as much in the instinctual register as in that of self-preservation *at a moment when this experience should have happened through the intermediary of the object.* The negation that we perceive to be active in these individuals now must be regarded as secondary to the primary negative of the non-occurrence of satisfaction.

Repetition Compulsion and the Traumatic Kernel: Where Freud placed emphasis on the death instinct, Winnicott stressed the absences or failures of the environment, and therefore, in the analytic setting, those of the analyst. This situation is evoked in another article of Winnicott's, "The Fear of Breakdown" (1974). The failure of the environment, he writes, in substance, leads to a state of things, *x.* This state could end in a reorganization of defenses—for example, of the false-self type. The failure comes from the environment; the defenses reorganize themselves in the function of the environment's failures. But: "*that which is absolutely personal to the individual is* x."

In other words, that which is most personal to us, that which forms what has made us what we are, is that which we have not been able to live, and which has been placed into us from the outside. Each of us has our own specific, confused, but constant manner of meeting it—and of

not being able to meet it—to confront it and to evacuate it. Often this involves what Press calls a *secondary radical negation* that we see in response to trauma. This secondary radical negation is characteristic of repetition compulsion and, Press suggests, is also to be found in its most dramatic illustration in the capacity of psychosomatic patients to destroy their own bodies—not just in a theoretical manner, as in neuroses, but in a very practical and effective way.

In the effacement of experience, this secondary radical negation is actually an attempt to deny and delimit an archaic traumatic kernel. What we deny is precisely that which prevents the primary and central negativity of the traumatic kernel to assume its place. Seen from this angle, the compulsion to repeat, the repetition through acting, this amnesic memory, would have for its source the effort—always renewed, always failing—to delimit this kernel.

To reach this point in therapy is to refind the struggle that every construction aims to circumscribe. But to reach this point is also to approach that which is the basis of our identity and that which can only arouse the most lively resistance. Moreover, to reach this point is something toward which any analytic process worthy of the name aims. Regression in treatment leads us to this nodal point where representation is lost. To refind it or to find it for the first time, to be able if not to meet it, at least to hold oneself for a time close to it, to our history, to that which could not take a form in our history—this is the risk and the challenge of analysis.

Trauma, Hallucination, and Dreams: From 1920 on, trauma and the hallucinatory were closely linked. What is the nature of that which is repeated in a dream? What relation is there between the hallucinatory modes described in "Constructions" and those of the *Traumdeutung* (*The Interpretation of Dreams* [1900])? What is the value of the day residues and, beyond that, of the manifest material? In a word: what is the essence of the dream work? These are some of the questions that Press feels a close reading of these texts of Freud's cannot fail to raise, and about which Press makes some very interesting suggestions.

In the last pages of *Moses and Monotheism* (1939), as in "Constructions" (1937b), there are important comments about hallucinations. In

the paragraph "The return of the repressed" in *Moses and Monotheism,* Freud writes "What children have experienced at the age of two and have not understood, need never be remembered by them except in dreams" (1939, p. 234). And in "Constructions," we find the following passage:

> Perhaps it may be a general characteristic of hallucinations to which sufficient attention has not hitherto been paid that in them something that has been experienced in infancy and then forgotten returns—something that the child has seen or heard at a time when he could still hardly speak. [1937b, p. 267]

Freud thus affirms in the clearest manner that there exists a form of hallucination distinct from the regressive hallucinations described in the *Interpretation of Dreams.* The translation metaphor dominated *Traumdeutung.* But this metaphor already finds a limit when it encounters another metaphor, that of the umbilicus of the dream, the "spot where it [each dream] reaches down into the unknown" (1900, p. 525). There is a spot in every dream at which it is unfathomable—in a way an umbilicus by which that is its point of contact with the unknown. Freud continues:

> The dream-thoughts to which we are led by interpretation cannot, from the nature of things, have any definite endings; they are bound to branch out in every direction into the intricate network of our world of thought. It is at some point where this meshwork is particularly close that the dream-wish grows up, like a mushroom out of its mycelium. [p. 525]

This umbilicus implies a complex work of transformation to begin with. The inchoate thoughts present at the root of the mycelium are not themselves accessible to the dream work. Only the thoughts that issue from it lend themselves to the dream work, as uncertain and partial offspring of that umbilicus that has given them birth and that will always remain beyond our reach. The umbilicus is the basis of our capacity to dream, while at the same time it is radically unknown. The temptation is great not to take into account the inchoate thoughts at the root, regarding them as of little importance; however, this relation with the un-

known is precisely what gives the dream its depth of field. The dream thoughts take their source from something other than themselves.

There is thus heterogeneity between the source of the dream and its conscious or preconscious expression. It is not true that preconscious thoughts are only the product, direct or indirect, of the thoughts of the umbilicus; this would follow more or less a translation metaphor. It seems to Press essential to postulate that the thoughts of the umbilicus form a sort of "noise from the depths," an activity that is necessary to the dream and to its formation, and necessary, therefore, for the dream work to take place.

The umbilicus thus represents a flaw, a weakness, an unbreachable breach, leading the dreamer on a path that may go toward melancholy or to the anxiety dream, to a nightmare, and, finally, to the worst: the white nightmare, without content, leaving the individual prey to an unthinkable anxiety in the strictest sense of the term: there is nothing to think. It is then another model that dominates: that of a wound, of the limited or extended crashing through the stimulus barrier.

This reflection leads Press to a formulation from the 29th Lecture, "Revision of the Theory of Dreams," the first in *The New Introductory Lectures on Psycho-Analysis* (1933). There Freud writes: "The dream is an *attempt* at the fulfillment of a wish" (p. 29, italics in original). Even though Freud avoided spelling out the consequences, claiming that, basically, that does not change any of the foundation of dream theory, it is important to take full measure of the upheaval this word introduces. For the word *attempt* (*une tentative* in Press's French text; *der Versuch* in Freud) implies that the dream often, if not always, works on material that does not a priori take the form of such an accomplishment—far from it.

The question of figurability arises here. But it is also the question of the nature of what, coming from the dream's umbilicus, could or could not be submitted to the work of transformation. For the source of the dream and that which comes back through the dream are indeed often experiences that have not been in any manner the source of pleasure. In the *Traumdeuting,* already, Freud himself gives some examples—and, certainly involuntarily, *multiple* examples. For example, there is the woman who dreams that her child is dead and in a box, and about whom one

learns, 100 pages later, that her mother had sunk into depression during her pregnancy with her.

Such examples lead to a conclusion that for Press is difficult to escape. The reactivation of memories independently of the pleasure principle plays an essential role as the source of the dream. The unconscious desire that tries to express itself has as its essential function in these cases the necessity of giving a representable form to a situation that exceeds the representational capacity. A question arises, then: is it not necessary to postulate as the source of every dream, from its umbilicus aspect, something beyond what can become mentalized? The dream then effectively represents an attempt to place in a form something that, in the individual's history, has precisely escaped figurability. If the dream work occurs optimally, this source remains invisible, but often, even when one is barely attentive, one can gain at least partial access to it.

In this definition in the 29th Lecture, it is stated that a dream tries to transform the traumatic remains into the realization of a desire. But this attempt ends in an act of masking, and this mask takes the form of a hallucinatory realization of desire. On this point, Ferenczi made a remarkable contribution, one for which, to Press's knowledge, the implications have not been fully developed.

The Traumatolytic Function of the Dream: In 1932, in an article not published until after his death, Ferenczi made an important contribution on this issue. In "On the Revision of the Interpretation of Dreams" (1955), he pushed to the ultimate consequences the point of view defended by Freud in *Beyond the Pleasure Principle* (1920). His main thesis is that the

> . . . recurrence of the day's residues in itself is one of the functions of the dream . . . . The so-called day's (and as we add, life's) residues are indeed repetition symptoms of traumata . . . . A more complete definition of the dream function would be: every dream . . . is an attempt at a better mastery and settling of traumatic experiences. [p. 235]

Even though this formulation is very close to that used by Freud in the 29th Lecture, it leads nonetheless to a much more radical view. It presupposes, in effect, a traumatolytic function of the dream. This would

be an expression, specific to dream activity, of the Freudian formulation of *Beyond the Pleasure Principle*. The attempt to master trauma is primary and precedes the installation of the pleasure principle; it is independent of it, even if it does not forcibly oppose it.

The points that Press wants to emphasize are the following: the figuration in the manifest material of the dream could constitute an intermediate form, a form of acting, through the process of figuration itself, of what cannot accede to the dream work in the classical sense of the term. It is therefore the expression of a first "work" beyond the pleasure principle, without which the Freudian work could not occur. In this article, Ferenczi also distinguished the primary dream—the raw repetition of trauma, taking the form of a dream made of bodily sensations with psychic content, which may go as far as a white or blank nightmare—from the secondary dream, which often occurs in the same night and which tries to transform the traumatic trace into the realization of a desire.

There is thus a fallacious or counterfeit character in the transformation of the primary dream into the secondary dream, even though the transformation was, for Freud, in contrast, precisely the aim of the dream activity. The attempt to transform traumatic residue into the realization of a desire ends, writes Ferenczi, in "an optimistic counterfeit" (1949, p. 236) based on narcissistic splitting.

Here an organic link is set up between the modalities of traumatic splitting previously discussed, on the one hand, and the modalities of dream functioning, on the other: a part of the psyche, the most evolved, attempts to function according to the pleasure principle, and the dream goes along with this. But the traumatized part functions at another level, entirely a stranger to the first, in order to keep the trauma alive. In other words, the realization of desire is in these patients taking the role of the Winnicottian *wise baby*, and it does not express the true traumatic experience. Press goes further: *the "truth" of the dream in this case resides not in the work of transformation of the latent material, but in the manifest text.*

The manifest content of dreams and the manifest accounts of patients involve not only the disguising of material and/or of an unconscious desire, but the manifest material must also be seen for its own value, for itself and independently of the transformation that uncon-

scious desire can bring to it. Still more: this manifest content expresses the reality of an "experience" (not experienced subjectively) that is not transformable. It is not at first a matter of translation into another language, that of the unconscious, but of taking account of this nontransformable character to give closure to the patient.

What Ferenczi presented, in short, is something that Freud, in describing the traumatic dream in *Beyond the Pleasure Principle* (1920), had already brought into evidence—without drawing all the consequences, however: that the trauma is not only buried in the most profound depths of the person, as one often thinks, as a perceptual or corporal trace that is not mentalized, which one must discover through the patient work of digging. It is that, certainly. But, in a paradox that demands our attention, the trauma is *also* there before our eyes: it is in the manifest material, that of dreams as in the patient's narrative.

We see ourselves now in open confusion. It is no longer the manifest that protects the latent; it is the work of the dream that masks and disguises intolerable manifest material for the psyche. The Ferenczian formulation thus raises a fundamental question that has so far had only "a meager posterity," as Press terms it. What place do we make for this in our theorization about day residues and manifest material? The manifest material also expresses the reality of a traumatic experience. The past is not behind the patient; it infiltrates him. One must therefore listen constantly to the day residues, as well as to the manifest material, from two angles that are more or less contradictory according to the moment. The day residue masks latent content, on the one hand, but it also expresses in a certain fashion—certainly deformed and transformed—the reality of a past traumatic event.

Neither Press nor Ferenczi, however, indicates just what technical difference this would make. One would expect and hope for associations to the day residue and manifest material, as always. Possibly, such aspects as clarity, vividness, and valence of certain aspects of the manifest content of the dream—the aura that some details have in the dream—would be given more weight in understanding the dream, but the upheaval seems to be more in the theory of the dream-work than in the actual

clinical approach, and of its possible use to the analyst in the eventual construction.

Press continues in his rich report with many more insightful observations and comments, also possibly of great "generativity": discussions of regressive illnesses, actual psychotic enclaves, the flight into sanity, and somatization, as well as comments on the analyst's presence and role as a "medium" in acceding to the past.

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Constructing a Past, Inventing a Possible Future. By Michèle Bertrand, pp. 1358-1417.

Michèle Bertrand outlines the key issues of the debates about construction. The first is that of the truth: what kind of truth is involved? The historical truth? The truth of constructions? The truth of (or for) the analysand? Where do we place this truth?

Some want to claim that the truth is to be found in certain events marking psychic development; this is the realist conception of *historical verity*. Or does the truth lie in the intimate conviction of the analysand and what makes sense for him, according to the narrative conception? Or is it more likely found in the changes that, after a construction, mark the analytic process? A further problem is the appropriate theory with which to take into account constructions and the changes that result. Is it Freudian metapsychology? Or subsequent developments that have been proposed? Are these adequate tools, or is it necessary to substitute other theoretical tools?

Discussion has arisen even about what a construction is. Today it is used in two senses. First, it indicates a mode of working for the analyst, initially presented by Freud as the means to accede to a "historical truth." In a second sense, it is the construction of a common space: the entire analytic process can be conceived as a co-construction, or construction *à deux*. Either view raises problems: what do we mean by "historical truth" and how is it accessible? What do we mean by construction *à deux*, and what are its limits?

Bertrand reviews the history of the notion of constructions in psychoanalysis, beginning with Freud. In describing his treatment of the Wolfman, Freud (1918) for the first time introduced the notion of the nonpertinence of memory for some psychic experiences, and the necessity of constructing or reconstructing the unknown events or traces that have marked psychic development. Then, in "Constructions in Analysis" (1937b), Freud carried out a deeper study of constructions, conceiving them as a modality in treatment that give a place to events of which only the indices, the aftermath, make one suspect a mnemic trace. The question is how one advances analysis when the key moment of psychic development is forever lost or was a "non-experienced" experience. How can this *amnesic memory*—to use Green's apt phrase—come to be represented and verbalized? Under these conditions, what is the place of construction? How is construction distinguished from interpretation, and how is it related to interpretation?

Even before the actual introduction of the term *construction,* Freud had already, in "Remembering, Repeating and Working-Through" (1914), noted his discovery that, for certain patients, it is not in the form of memories that the forgotten fact reappears, but in the form of actions or in a way of being. It is by repetition, including even the compulsion to repeat in the transference, that the past shows itself, in the patient's actions or behaviors. Repetition may occur not only within the framework of treatment, but also in all the other relations and situations in which the patient finds or places himself. Thus, the most fundamental point in the 1914 article is the bringing into evidence of memories that are not remembered. The compulsion to repeat is therefore a form of memory that is not memory. Psychopathology brings onto the scene not an event of the past, but a force that continues to be active in the present. This becomes actualized in the transference-countertransference space. The success of treatment, then, will not depend *only* on remembering.

When Freud returned to the matter in his 1937(b) text "Constructions in Analysis," he developed another conception of the notion of construction, redefining the mode of psychoanalytic work and its objectives. What happens when remembering is impossible? This can occur when the analysis references an "early" time, when the inscription of

events in the representations of memories has not become possible because of the immaturity of cerebral memory structures, and when the events leave nothing but memory traces. It is no longer repression that is involved, but rather the *impossibility* of bringing up the memory of an event that has not been the object of a representation nor put into linguistic form. Thus, what Freud proposed in 1937 under the guise of "historical truth" is something quite new, of which, Bertrand suggests, the import has not always been noted.

Though the construction proposed in the 1937(b) paper, "Up to your *n*th year . . ." (p. 47), very much resembles the more circumstantial one that Freud made in 1918 in speaking to the Wolfman, the construction has now become something else: subjective experiences of which remembering is impossible. This impossibility cannot be imputed to repression. Nor is it a matter of present traumatic states, generators of massive anxieties, such as Freud noted after 1920. For in the present, what is missing because of instinctual overflow is less the capacity of representation than the capacity to connect. The subjective experiences Freud speaks of in 1937 are of another nature. "Historical truth" in the text refers to subjective experiences that were not, in an important sense, experienced. How is that possible?

What seems to happen is that the experience is so intolerable that the subject cannot live it as something that has happened to him. In the "Constructions" paper, Freud is concerned with subjective experiences of which remembering is impossible. In such experiences, certain atypical (compared to neurotic) defenses are set up: splitting or projective identification. Nonetheless, the event happened, and non-neurotic symptoms, such as hallucinations, delirium, or identity troubles, deliver the unremembered memory in an oblique fashion as "fragments of historical reality," constructed not from the event, as a deformation or a failure to achieve figurability, but from that non-experienced event that has been split off and encrypted.

Other indices serve as evidence as well: the upsurge of very vivid and clear impressions that do not refer to an event properly called such, but to details linked to it. Psychic reality is found not only in fantasies, but equally in affects where the bodily involvement of images, of internal and

external perceptions, is evident. Vivid sensory impressions, rather than perception or representation, are an indication of the reality of the subjective experience. The revival of very old sensory impressions in analysis comes about in deep regression. Construction is thus a means to arrive at an experience of substitution in the transference-countertransference space, an experience comparable to what has not been experienced and will be for the analysand a convincing psychic experience, which itself can be represented and put into words.

The introjection of split-off parts can be a traumatic moment or can reactivate massive anxieties, placing the analysis in jeopardy. The analyst must be very much present in these decisive moments. The stability of the analytic framework and the capacity of the analyst to confront these experiences are the conditions necessary for the analysis to continue.

The historical truth of 1937 (and in *Moses and Monotheism* [1939]) is not that of the truth of the construction. Freud was quite modest in 1918 in writing about the Wolfman case, and did not claim that the construction corresponded with what had really happened. Freud invented the account given to the Wolfman, but Freud would have said of the matter of truth in the account: "*non liquet*"—it is not clear. Laplanche commented that Freud considered that 99% of the reality of a traumatic scene could disappear without changing anything of the trauma. What is at stake is not a memory, but the trace left by the scene of key events that would mark psychic development.

In 1937 and 1939, Freud is even more prudent in relation to the truth: the analyst should not demand nor expect immediate agreement, nor should he dispute or contradict. Usability is what is important, so that an introjection of the split-off parts becomes possible. What is important then is not the truth of the construction, but the historical truth of the analysand. Hence the important issue is the notion of *conviction*, which is very different from persuasion; the two must be distinguished. The Wolfman accepted the construction because Freud said so, and did not get better, and in his later comments he admitted he did not know whether he believed what Freud construed or not. Acceptance or denial by the analysand does not prove anything, whether truth or falsity. The indication of the truth of a construction resides elsewhere, in the perti-

nence of this construction to the understanding of the patient's symptoms. The patient's response is subjective and difficult to express; he may feel there is "something important here" or that "now I understand."

Bertrand next moves to the narrativist and hermeneutic approaches to construction. The "truth" of a construction was seriously challenged during the decade 1970–1980. In France, the work of Serge Viderman (1970) opened a reexamination of the notion, while in the United States, Roy Schafer and Donald Spence also proposed alternative views of constructions. These perspectives led to the second-level understanding of the construction, giving more attention to what is constructed between analyst and analysand.

For Bertrand, the passionate character of the discussions in France around Viderman's work shows the degree to which Viderman's work upset the conceptions that up until then had been accepted in psychoanalytic theory and practice. Viderman placed in question the historical reality of reconstructed or remembered events. All that is purportedly "remembered" or "reconstructed" is in fact constructed in the *hic et nunc* of an analysis. The reality of events that could have happened in infancy remains problematic. The question of "historical reality," in the sense of its appropriateness to reality, loses its pertinence; every claim to this effect remains conjectural. Equally—and this is Viderman's second point—he proposes the construction of a psychoanalytic space as a creation in the here and now of the treatment. The question of the "truth" of a construction—always conjectural—is less important than that of its usability by the analysand or by the analyst in his interpretations.

With the vantage point of time, conferences on the theme of constructions have taken place, notably in 1988 and 2005. One cannot be content to say that the very diverse meanings of construction used today are complementary without admitting at the same time that their presuppositions show opposing viewpoints that can only be reconciled with difficulty—notably, concerns about the place of Freudian metapsychology. Throughout the questioning of construction, what has actually been at stake is very much the status of psychoanalysis as well as the nature of psychoanalytic work.

Viderman's 1970 work was a veritable seismic event in the analytic world. On the one hand, the author took the opposite view of the realist position, then predominant, concerning historical verity. On the other hand, he developed a conception of psychoanalysis counter to the ideas prevalent at that time. Since American analysts may be more familiar with Spence's and Schafer's work than Viderman's "seismic" creation, the author's discussion of Viderman merits an extensive treatment.

Viderman proposed the audacious hypothesis of analytic work that did not have as its objective either to recover a past that had been lost through repression or infantile amnesia, or to restore a history from psychic construction, as in the Freudian point of view. Analytic work would essentially be, in his view, a "construction of analytic space." Thus, the analysand does not recover his own history, but constructs a myth of what has made him what he has become.

Bertrand summarizes three arguments that Viderman gave to support this thesis:

(1) Primary repression: Freud, in "Remembering, Repeating and Working-Through" (1914), described *primary repression,* in which conscious access to the psychic representative of the impulse is by definition impossible. In primary repression, a fixation is produced by which the representative becomes invariable, and the impulse remains fixed with it. Repression "properly so-called," or *secondary repression,* concerns the psychic derivatives of the repressed representative. It is this last that can be lifted, in spite of the repressive forces. It is a repression that comes from the conscious, while primary repression comes from the attraction exercised by the primitive unconscious nucleus.

For Viderman, primary repression can never return to consciousness through defensive disguises except by the merely probable constructions of the analyst, which will be, because of this very fact, always affected by a high coefficient of uncertainty. Viderman emphasized the difference between the level of certitude of the reconstruction of the

lost past through interpretation, and the uncertainty by which every construction from the primary nucleus will remain affected.

(2) Transference and countertransference: Going further, Viderman places in equal doubt the certitude of the interpretive reconstructions of the lost past. The analytic situation—its frame and its technical rules—are not without effect on the patient: it is a situation that is, in Freud's terms, "quasi-experimental," one that aims at permitting the emergence of unconscious processes. For Viderman, it seems more and more difficult to maintain the transference as a purely spontaneous phenomenon. Moreover, the analyst conducts the analysis not only with his knowledge and experience, but with his countertransference. It is through his countertransference that every interpretation is given and in this that the alternation of words and silence is stressed, and only afterward would one look for technical justifications. All countertransference has its blind spots by which certain things escape us and by which, however, we perceive all that remains. The strong narcissistic investment in the analysis by the analyst, concludes Viderman, renders analysis possible, but, by the same token we are poorly assured of objectivity.

(3) The role of language and theory: Finally, in an argument that is more epistemological, Viderman underscores the role of language and the languages proper to each discipline as the obligatory mode by which we construct all knowledge. We find in the unconscious a linguistic structure that we have been obliged to put there to begin with. Without this linguistic structure, we would not have had anything to say, observes Viderman, and one cannot escape thinking that this echoes a proposition of Lacan's: the unconscious is structured as a language. The unconscious is *not* structured as a language; it is structured *by* language, responds Viderman, judging from the fact that nothing of the unconscious is ac-

> cessible except through language. Both the raw experiences
> as well as the impulse are changed by being put into words.

The "right" interpretation is an illusion, according to Viderman. Not only is there no proof of the reality of psychoanalytic data, but—even more so—there is no proof of the justice of the analyst's interpretations. Even when the analyst says he is listening to the patient's associations to find confirmation of his interpretation, he is deluding himself.

A psychoanalysis is not a history or a reconstruction of a history except at its most superficial levels, where traces of memories can still arise because a real historical temporality has been lived and inscribed. At its deeper and archaic levels, an analysis is nothing more than a mythical prehistory that no longer rests on these nothings from the past. Thus, the disparate elements that appear in analysis—fragments of dreams, associations, affects—are all elements that interpretation assembles in a unity of meaning, and the history of the analysis is none other than what is in the process of constructing itself in the here and now of the analytic situation.

Viderman thus extended the notion of construction to the process of analysis itself: construction of an analytic space is the construction of something new by and through the analysis. There are two possible ways to conceive of analysis: either, with Freud, one seeks to know how the analysand became what he is, with his symptoms and his pathology, or one asks about what happens here and now in the analytic process. The past is not ignored in the latter view, for a historical narrative occurs in the speech of the analysand, but the aim of the analysis is centered on the analytic process and the transformations that happen there, including the analysand's *understanding* of his historical past.

Debate and extensive criticism of Viderman's theses arose, of course, and he has been the focus of several conferences and entire journal issues over the years. Bertrand discusses some of the intense arguments that have arisen around Viderman's theses.

She asks: If we cannot be sure of the truth of any of the events evoked in the analytic situation, what is the value of analytic material, and isn't one forced to doubt the validity of analytic theories resting on

such doubtful material? There is a contrast between interpretations of transference and reference to the historical past. Should the latter be abandoned, and should one accord privilege to the here-and-now relation between analyst and analysand in the transference?

An important critique by Pasche (1974) denounced Viderman's radical pessimism concerning the possibility of approaching the truth of the historical past to be explored, a pessimism that makes the analyst "the creator of the psychic reality of the analysand by naming it." They defend the possibility of approaching a historical truth. First, they argue that primary repression can indeed be lifted: if there were conscious perceptions, they can be recalled to consciousness. And even if primary repression is inaccessible to consciousness, there are derivatives, among them screen memories. These derivatives present common points with primary repression, of which they are a sort of negative photographic impression. Work that recovers some or all of the distortions, deformations, and transformations is thus possible. For Pasche, the notion of historical truth disappears without an anchor in reality.

Bertrand questions what Pasche mean by *historical truth.* Is it the "picture of the patient's forgotten years," to take up Freud's (1937b, p. 258) phrase? Is it a fragment of psychic reality? It is equally composed of desires, affects (wherein are found the corporeal roots of the subject), visual images (verbal and nonverbal), subjective memories, and memories of perceptions. There are two references to reality: external reality, represented by the memories of perceptions; and internal reality, represented by the memories of subjective origin, anchored also in the corporeal. The play of projections and introjections alters the two realities, according to the pleasure principle. But the challenge of analysis is the "ultimate putting back in place of what which has been deformed" (Pasche 1974, p. 172).

Bertrand points out that Viderman himself did not, as some have said, renounce history to the profit of structure. What gives truth to this purely reconstructed history is that the fantasied virtualities from which the narrative proceeds could never have become actualized if they did not encounter in some way what one might call "an organizing experi-

ence of meaning"—something that to Bertrand appears to be not very far from Ricoeur's conception of the refiguration of the past.

Pasche, moreover, does not distinguish the repression that caused the obscuring of the past from the repression responsible for a missing link in the history of the analysand. If something was lost when repression took place, we can believe in the possibility of its return to consciousness, since what has been rejected from the field of consciousness once belonged to consciousness. Pasche claims that mnemic traces can become conscious, as a memory. Bertrand points out that today we are much more attentive to mnemic traces that are not those of forgotten perceptions—that is to say, to secondary processes, including memory and representation. From a genetic perspective, one would regard mnemic traces left by early trauma as inscribed in the body and in the psyche; they represent a form of memory that is not memory—the amnesic memory that Green described. Because of the traumatic character of the instinctual overloading, these traces are not simply deformed; they indicate an event that could not be experienced.

Bertrand notes also that Pasche speaks of repetition rather than of the *repetition compulsion.* Bertrand feels that these two terms are not equivalent. Repetition is one of the modes by which a forgotten scene from the past enters: in place of remembering, a behavioral act occurs. The sole evidence of these archaic traumas is found in repetition compulsion. The repetition compulsion is "beyond the pleasure principle." The patient tends to endlessly repeat this trauma in life, in what Freud termed the *fate neurosis* (*Schicksalsneurose*), as well as in analysis. Such compulsive repetition can also induce in the analyst a sort of numbing, or can manifest itself in the form of negative countertransference.

Another criticism has been addressed to Viderman concerning the role conferred on the analyst. If the status of historical truth is devalued, psychoanalysis tips entirely toward the side of suggestion. Is the creation of meaning, brought about by construction, carried out only by the analyst? The point of this criticism is that he does not take into enough account what today we would call the *analytic third* (*tiercéité*). In a dual analytic relationship such as Viderman describes, a "third" term is lacking. Viderman seems to conceive of the analytic contract as a contract *à deux*

in which there is a disparity of positions, and in which the analyst imposes the rules. However, the contract is triangular, for a law goes beyond the two protagonists in the analytic situation and is imposed upon both. In no case does the analyst embody this law, which is not only the superego; it is also reality, or so the objection goes.

Nowadays, Bertrand points out, we would formulate things in a different fashion: the law in this case is less *reality* than it is the analytic site and the analyzing frame that is in place (Donnet 1995), which guarantees thirdness. Guillaumin (1974) has argued that Viderman's concept of analytic space is microsociological, while Guillaumin believes that it must be apprehended as intrapsychic in order that an analytic process can take place. Bertrand does not quite agree: the interest of Viderman's text, in Bertrand's opinion, is to include the two protagonists in the same analytic space, and it seems to her reductionist to interpret this as a conquest of the analysand's ego.

There is another important notion in Guillaumin's discussion of Viderman. He proposes a view of construction as a *substitute for an experience of reality*, an experience that could not take place at the time. In proposing a construction to the analysand, the analyst is offering the patient, according to Guillaumin's apt term, the possibility of a "replay" (*rejeu*) of an old encounter with the real. It is a matter of constructing a space where an experience that could not take place earlier—because the patient was absent from it (through de-realization, depersonalization), or because a part of him was split—can now take place for the first time, through reintegration into the psyche of the split-off parts of the self. This is not a matter of reviving the trauma, but of the moment when the traumatic experience truly constitutes itself as something that happens to the patient *here and now*, in the presence of a psychoanalyst who is the guarantor of his solidity (the containment of the frame), and equally of the solidity of a world that will not collapse under his feet.

Finally, Viderman's work, Bertrand notes, poses a fundamental question on the epistemological status of psychoanalysis. It places in doubt the theses specifying that psychoanalytic theories should be constructed on a wholly physicalist model. This leads Bertrand to a consideration of narrativist and hermeneutic conceptions of psychoanalysis that have

raised issues about the epistemological status of psychoanalytic theories. In the Anglo-Saxon context of empiricism, one understands the success of narrativist and hermeneutic trends. With Freudian metapsychology rejected or reinterpreted, these trends defined the challenges of analysis as an aesthetic creation and a search for meaning, and construction as the narrative construction of a story that gives form to the analysand's lived experience.

This disaffection for the notion of construction, Bertrand suggests, was the sign of a change in orientation of practice and of the training of psychoanalysts. The theory was no longer considered as furnishing a frame of reference, but rather as a fixed, closed intellectual system, which should not develop except along the line of an experimental methodology borrowed from the exact sciences and utilizing modern technological means, just as the exact sciences do. The risk is then to see this experimental approach discredit or replace the heuristic values of the psychoanalytic method itself.

The positions of Spence and Schafer are familiar to many *Psychoanalytic Quarterly* readers. Though Bertrand's treatment of them and her ensuing critique are quite astute, the theses of these authors and the issues require less exposition here.

Bertrand outlines three points that characterize the positions of these two writers.

(1) The critique of the notion of historical truth;

(2) The epistemological criticism of Freudian metapsychology; and

(3) A new conception of psychoanalytic treatment, with the accent placed on speech during treatment, as an element of transference and of countertransference, thus leading to an insistence on an account of the interactions between analyst and analysand in the psychoanalytic process.

Spence (1982) proposed the notion of *narrative truth*. Spence argues that, though Freud was inclined to believe that every effective reconstruction contained a "grain of truth," one does not know how to identify

this "grain" or how to separate it from the equally possible inventions that make up a good part of the account of the patient's life. A good story depends more on aesthetic principles in assembling the disparate aspects of a patient's life in an attractive fashion, and this narrative truth depends more on aesthetics than on historical validity. This conception of historical truth is very different from that of Freud; for Spence, it is a biographical conception of the analysand's past.

Bertrand points out passages in Freud that indicate he was certainly able to give credit to such a conception of psychoanalysis. However, his thought was complex enough that it did not focus on this one point. The question of narrative or historical truth is in fact found in the debate that Freud had with himself. For example, with respect to trauma, it would be a mistake to compare his internal debate from the 1890s to that of the 1930s, i.e., to an alternative between a real seduction and a fantasy born of impulses. The dilemma is found in two interdependent questions: how does a real experience become a psychic trauma? How does a real trauma become a psychic experience?

In this interplay between experience and event, the complexity of Freud's thought concerning the historical reference begins to emerge. The principle of *après coup* (*Nachträglichkeit* or, in Strachey's translation, *deferred action*) mediates between events and experiences in Freud's theory. Events become experiences and take on a traumatic meaning, not so much at the moment that they happen as in the memories and in their reconstruction after a certain delay. For Freud, the primary referents of such reconstructions are found in prehistoric traces left in the absence of any psychic representative proper. Psychically, these traces do not have a meaning; to take on a meaning, they must be situated in the context of a narration that always comes after the facts.

The criticism of Freudian metapsychology developed intensely in the United States, where psychoanalysis has found itself confronted by two external challenges coming from the philosophy of science, to which it has tried to respond. The appearance of the notion of narrative truth is a possible solution, but with the price tag of renouncing all pretension of being "scientific" on the part of psychoanalysis.

Bertrand summarizes the three points of Schafer's (1976) theses:

(1) Psychoanalytic interpretation concerns action language, with the accent on the here and now—a reinforcement of Freud's position on transference and resistance, including their interpretation and relative resolution.

(2) In this view, psychoanalysis is a hermeneutic discipline and not a science (but Schafer considers only one model of science).

(3) Psychoanalytic process is a narrative construction *à deux*. The process has as much reality as any other reality, and it constitutes a second reality.

Schafer's is a reconsideration of psychoanalysis from the point of view of contemporary theories of language. Schafer emphasized the creative role of the word. One does not speak *of* something and one never says the same thing, because to speak transforms. One does not hear a meaning "behind" the words; metaphors are not simple paraphrases, for they say something new. Thus a new conception of psychoanalytic treatment begins, placing the accent on the act of speaking, on transformations brought about by the word, and as much on the analyst as on the analysand, placing equal emphasis on the interactions between analyst and analysand in a reformulated conception of the transference-countertransference.

Not only is the conception of psychoanalytic treatment rethought in this view, but psychoanalytic theories are also revised. On the basis of the new language for psychoanalysis, Schafer undertakes a hunt for aspects of psychoanalytic theory modeled exactly on the natural sciences—models that he judges inappropriate and passé for psychoanalysis. According to him, the Freud's "scientific" theory is entirely obsolete. Later, Schafer (1982) criticized what he designates as "the primary narrative structures" of Freudian metapsychology. One of these is the child described as animal, designated by the id. He claims that the aim of psychoanalysis is toward the domestication of the animal, rendered docile by frustration in the course of his development, in a civilization hostile to his nature. Even if there are regulating structures, the ego and the superego, the

protagonist remains an animal that carries within himself the indestructible id. This conception of the animality of man, says Schafer, is as old as the world, but inappropriate in contemporary psychoanalysis.

The second primary narrative structure has as its basis Newtonian physics; it is the psyche as a machine. It is a system characterized by inertia, functioning in a closed system, with the quantity of energy invariable. This is the Freudian theory of instinct, according to Schafer. The instinctual impulses of the organism in its raw state are what turn on the machine. And it is there, Schafer argues, that theory ceases to be coherent on the narrative plane. How is the spirit functioning as a machine able to behave like a creature endowed with a soul?

Bertrand wryly comments that it is difficult to recognize Freudian metapsychology in this caricature. Anyway, one can still acknowledge Schafer's criticism of the scientific metaphors used by Freud. Without doubt, Freud had recourse to the language that was available in his time, but nothing obliges us to regard that language as sacred or to make it into a doctrine that cannot be touched. Moreover, the criticism of Freud's scientific references and their relevance has been made many times. This critique is doubtless useful, as are cautions against the temptation to reification of such terms as *unconscious* (as a substantive), *psychic apparatus,* and even *cathexis* (*Besetzung*), borrowed from military vocabulary. It is useful to recall that these are metaphors. Better yet, perhaps it is indeed appropriate to set aside some of the metaphors borrowed from physicalist language.

But is it necessary, as Schafer claims, to definitively renounce all use of "scientific" metaphors? Certainly, the contribution of linguistic science has great heuristic value. The fact of transferring concepts from one discipline to another, from linguistics to psychoanalysis, modifies the meaning of these concepts and creates something new in psychoanalysis. But can't one say the same when transferring into psychoanalysis the concepts of any other discipline, including scientific endeavors? There is, for example, a *rethinking* of psychoanalysis *with science,* as Georges Pragier and Sylvie Faure-Pragier proposed in 1990, as well as in a more recent work (2007). The borrowed concepts of *deterministic chaos, dissipating structures,* and *auto-organization* are clearly recognized as meta-

phorical usages of ideas coming from other disciplines. The meanings of these concepts as metaphors are different from their meanings in the original discipline. Yet their use permits us to rethink psychoanalysis in a different way, using other intellectual tools. It is precisely that which Schafer does in borrowing from linguistics to construct a new language for psychoanalysis.

Construction Today: Certain questions that dominated analytic debates in the past now seem outmoded, such as, for example, the question of what distinguishes construction and reconstruction. The "truth" of a construction—always conjectural—is less important than its usability by the analysand or the analyst in his interpretations.

In what dominates the debate between analysts today, Bertrand underscores two points:

(1) The relationship between construction and interpretation; and

(2) The role of countertransference in construction.

Today these issues are being discussed more and more. The recent renewal of interest in construction can be related to interest in the analysis of non-neurotic character structures, or, more generally, in the non-neurotic part that exists in everyone. These non-neurotic symptoms, and the non-neurotic part in borderline organizations, have brought about a renewed interest in—and a transformation of—the notion of construction. Moreover, the psychoanalysis of children, with its specific conditions, even more intensely obliges the analyst to engage in construction, in relation to the question of the "primary" non-experienced events of the past.

After these two major "reports" by Press and Bertrand, there follow about thirty-five rather short, four- to six-page commentaries or contributions by as many authors, on differing aspects of these major reports. They offer criticism, alternative views, and discussions of constructions in the psychoanalysis of adults, adolescents, and children.

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Space constraints force me to leave these many short commentaries to the reader who is inclined to take the initiative in pursuing them independently. There is one author, however, who merits a brief note:

Between Material Reality and Psychic Reality, the Status of Construction in Analysis in 1937: A Transference of Belief. By Jean Guillaumin, pp. 1481-1487.

Guillaumin expresses a rather different view—not so much of constructions, but of Freud's state of mind at the time he wrote his "Constructions in Analysis" paper (1937b). Guillaumin acknowledges an "uncanny" feeling upon reading this paper. It is as if something was lacking in this rigorously constructed article, something necessary to the introduction of these new ideas.

For Guillaumin, it is as if, between the *per via di levare* of 1897 and the *per via di porre* of 1937, no place is reserved for a transitory placing in suspense of belief in material reality. Elsewhere Guillaumin has termed this *per via di reservare,* a transitory suspension necessary in the search for the patient's psychic reality. The paper involves a vigorously realistic insertion into the patient, a position that runs counter to Freud's usually cautious technical approach. Indeed, there seems to be a recognition of this on Freud's part in the last paragraphs, where he speaks of the "fragment of lost experience" involved in every interpretation.

Guillaumin notes that Freud never developed a thorough discussion of material reality versus psychic reality, and there is indeed equivocation in his usage of terms such as *Seele* (soul), *Psyche* (psyche), and *Psychische Apparatus* (psychic apparatus). Guillaumin notes the seeming imposition upon the patient of a material reality—in an article that lacks any metapsychological, dynamic, economic, or structural analysis that would permit Freud to understand the quandary he found himself in regarding the unremembered past. Had there been such a discussion of the theoretical aspects, the rather violent and intrusive nature of his method of presenting a construction could have been avoided.

Guillaumin suggests that, at the beginning of his discussion, Freud was to a certain degree a prisoner of an "all-or-nothing" opposition be-

tween material reality and intrapsychic reality. He sought to bypass this opposition in order to effect directly, by interpretive means, the interpenetration of one and the other. This involved a failure to take into account the intermediary psychic reality, its function and its subtle nature, lying between fantasy and sensorimotor excitation.

Guillaumin's sense of the uncanny aspect of the article comes from this surprising absence in the text. It is as if, under the influence of the circumstances of his own life, Freud permitted himself a sort of denial or effacement of his usual clinical practice of focusing on the priority of the patient's subjective experience, instead imposing a material reality on the patient.

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