ZOMBIE STATES: RECONSIDERING THE RELATIONSHIP BETWEEN LIFE AND DEATH INSTINCTS

BY BRUCE REIS

Where the dialectical relation of life and death instincts has become dissociated, zombie states result—in which individuals inhabit deadness as if it were a full experience of aliveness. Bypassing reservations about the speculative nature of these instincts, this paper reconsiders their relation in order to highlight certain types of clinical phenomenology that could otherwise be lost to current ways of conceptualizing aliveness and deadness. A clinical vignette illustrates particular countertransference difficulties associated with dichotomizing issues of psychic aliveness and deadness, as well as the powerful contagion associated with what the author terms zombie states.

Keywords: Life instinct, death instinct, zombie states, character disorders, nonhuman states, psychic deadness, subjectivity, self-awareness, depersonalization, dissociative response, as-if personality, creativity.

INTRODUCTION

Speculative, even for Freud, the actual existence of the death instinct may be less important than its heuristic value to us in working clinically with those individuals who do not appear to be fully alive or fully dead. Whether in reality such an instinct as described by Freud actually exists

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will likely be debated for some time. My aim here is to leverage the idea of a death instinct to allow for a reconsideration of clinical phenomena that may otherwise be lost by relegating this concept to certain nonexistence.

The death instinct will be discussed in this paper as a way of thinking about a motive force toward nothingness and dedifferentiation that has been described by several authors. I will argue that this nothingness is not simply a psychic deadness, and that the nonhuman states that accompany these experiences are forms of alive experiencing that we have struggled to understand while being limited to a dichotomy of aliveness or deadness.

Within the psychoanalytic literature, we find descriptions of patients who are psychically dead, experience nonhuman states, and relate to themselves and others as if they were objects rather than human beings. Such individuals may resemble fully human, fully alive persons, but closer examination finds them lacking an experience not only of self-awareness but also of subjectivity. These persons appear to have no idiomatic signature, no trace of human uniqueness or distinctiveness. Often the term *psychic deadness* has been applied to these persons, but only insofar as it is used to describe an emotional flatness or depressive psychic mien.

The individuals described in this paper may well experience such affective disturbances, but their experience of deadness extends to more than just the affective sphere. They are not depressively collapsed, depersonalized following a trauma, or simply schizoid; rather, they are animated in their deadness, i.e., they are living a deadness that they have come to inhabit as if it were a full experience of aliveness.

I propose to reconsider states of deadness by situating the death instinct in dialectical relation to the life instinct. I will suggest that conceiving of the relation of these forces in this way may allow the clinician to regard his patient as neither simply alive nor dead. Central to an investigation of this kind is a reaffirmation of the existence and power of the death drive, a much-contested though still clinically relevant part of contemporary psychoanalytic practice (see, e.g., Kernberg 2009). Whereas in a stimulus-response model of mental functioning, depersonalization is understood as a dissociative response to external trauma, I will suggest that in a psychoanalytic model, the dissociation that occurs in zombie

states is a dissociation of the relationship of dialectical interpenetration between life and death instincts.

The death instinct may be seen to have two sides, or meanings—one associated with hatred/aggression, and the other associated with a pull toward nothingness/dedifferentiation. In this paper, I wish to examine the latter meaning, and thus I will not describe the more blatantly sadistic, aggressive, or self-destructive individuals whom one might more commonly identify with manifestations of the death instinct. Instead, I wish to concentrate on persons who experience an intense drive toward sameness, as well as a lack of a sense of interiority.

After surveying several authors' descriptions of such persons, I will move to a discussion of the Freudian death instinct and then to a description of zombie states. My intent in analogizing these persons' mental states to the fictional character of the zombie is in no way to make light of very serious deficits, but rather to provide a different understanding of the experience of a group of people who inhabit life without subjective involvement. It is beyond the scope of this paper to consider the etiology of these states, and I will not presume to make claims as to how zombie states arise. I will, however, illustrate through a clinical vignette that approaching the issue of aliveness and deadness from this different perspective may help the analyst avoid a form of dichotomous thinking and certain countertransference difficulties that may follow from such thinking.

MISSING PERSONS: NONHUMAN STATES IN CHARACTEROLOGICAL DISORDERS

One of Winnicott's (1960) most important contributions to psychoanalysis was his questioning of the classical assumption that the patient was already a person. Greenberg and Mitchell (1983) observed that Winnicott's attention to this important detail remedied our having overlooked those patients who "only *appear* to interact with others" (p. 191, italics in original).

In identifying the *as-if* personality, Deutsch (1942) described individuals who give an initial impression of "complete normality" (p. 303), but who lack both emotional depth and any indication of individuality.

In encountering these patients, Deutsch wrote, one has "the inescapable impression that the individual's whole relationship to life has something about it which is lacking in genuineness and yet outwardly runs along 'as if' it were complete" (p. 303). These people may be intellectually intact, but their work is totally devoid of originality. Deutsch believed that, rather than reflecting a creative impulse, their output "is always a laborious though skillful imitation of a model without the slightest personal trace" (Roazen 1990, p. 236).

The absence of personal presence is central to Deutsch's understanding of the inner emptiness of these individuals, whose impoverished emotional experience hides a lack of human feeling and personal inclination behind a superficial adaptation: "Outwardly he conducts his life as if he possessed a complete and sensitive emotional capacity. To him there is no difference between his empty forms and what others actually experience" (Deutsch 1942, p. 304). If given an example to follow, these people enthusiastically blend in to social, ethical, or religious groups, instrumentally adopting their practices, but are ready to change them at a moment's notice should the need arise. They are

> . . . completely without character, wholly unprincipled, in the literal meaning of the term, the morals of the "as if" individuals, their ideals, their convictions are simply reflections of another person, good or bad . . . . [They do this] to give content and reality to their inner emptiness and establish the validity of their existence by identification. [p. 304]

Due to their detachment and unresponsiveness, Deutsche considered such persons to be *depersonalized.*

A similar presentation is discussed by Bollas (1987), who describes the *normotic* character as more intrinsically related than the as-if character, yet at the same time disinclined "to entertain the subjective element in life, whether it exists inside himself or in the other" (p. 137). Instead, normotic individuals attempt to erase what traces of subjective life they do have in favor of becoming a nonhuman object. According to Bollas, their quest is to be so "normal" as to erase any creative trace of idiosyncratic individuality (p. 152).

McDougall (1982) described similar individuals whom she had encountered clinically, referring to them as *normopaths*. Like Bollas's normotics, normopaths are people who attempt to eradicate the self from subjective life, killing imagination and choosing psychic death over creativity (Kohon 1999). In treatment they make for "anti-analysands" (McDougall 1978), able to quickly and superficially adapt to the analytic situation but not to the analytic process. McDougall writes that these individuals are under the spell of a force that exerts "a massive strength that is only revealed through its negative effect" (p. 215) on thinking, dreaming, relatedness, and creativity. Their impoverished inner processes are linked by McDougall to the operation of an "anti-life force" (p. 233).

This force is similarly described by Green (1999) as producing a "disobjectualising function" (p. 220) that wipes out memory, mind, contact with other people, and the feeling of being alive. The individual experiencing these effects does not perceive a sense of lack or absence, but instead uses the feeling of lack or absence as "the substratum for what is real" (p. 209). As a consequence, the object world loses its specificity and qualities of individuality, and an inclination toward "self-disappearance" (p. 220) sets in.

NONHUMAN STATES IN PSYCHOTIC CONDITIONS

It bears mention that nonhuman states have also been described in psychotic individuals. Searles (1960) has written of the impulse to dedifferentiate one's self from other humans and to rejoin the life of the nonhuman environment, from which he understands the individual to have emerged. As a defense against various feeling states, entering the nonhuman realm represents an escape from the problems of living. Searles (1960) writes:

> At times when our lives as human beings seem intolerably filled with complex decisions to be resolved, and with complex feelings to be borne within ourselves, we may wish that we could put all this aside by achieving what may appear to us to be the

enviably passive, simple existence of various nonhuman forms of life, or even of inanimate objects. [p. 226]

Searles links such a desire to the death instinct (Freud 1920), suggesting that one's biological fate—to return to a nonhuman state—holds deep psychological significance in the psychic life of the living individual.

Ogden (1980, 1982) has also written of states of "non-experience" in schizophrenic individuals, wherein the person lives partly in a state of psychological deadness; "that is, there are sectors of his personality in which even unconscious meanings and affects cease to be elaborated" (Ogden 1989, p. 199).

FORMS OF ALIVENESS AND DEADNESS

While not describing precisely the same phenomena, each of the previous clinical descriptions broadly depicts phenomenal experiences of not being human. Such states may be manifested as deadness, as feeling that one is akin to a physical object or the natural environment, or as not being a person. The experience of such states may vary from the transient, such as in the use of a defense as Searles described, to the characterological in the way that Deutsche and others have described. The psychoanalytic literature has traditionally associated such states primarily with psychotic individuals and the more characterologically disturbed, but it has recently been suggested that forms of deadness may represent a more pervasive impediment to the experience of feeling aliveness across a spectrum of human difficulties.

Ogden (1997), for one, commented, "I believe that every form of psychopathology represents a specific type of limitation of the individual's capacity to be fully alive as a human being" (p. 26). Since there exists a range as well as a profusion of nonhuman experiencing, it may be useful to revisit the ways in which analysts have discussed issues of aliveness and deadness, and the clinical approaches that have followed from these conceptualizations.

For the most part, analysts have tended to treat aliveness and deadness as dichotomous, all-or-nothing terms. The goal that a patient will feel "fully alive" is often discussed, and we speak of "psychic deadness"

as if these two types of experiences necessarily preclude each other, as they would were they to refer not to the psychological but to the organic condition. Even where these states are partial, they tend to nonetheless be described in all-or-nothing terms, such as when we speak of "areas of psychic deadness" where the remainder of the personality is understood to be alive. Further, it is assumed that a diminishment in one experience will necessarily lead to an increase in the other.

As may be expected from this bifurcation, areas of deadness are intended to lessen through analysis, allowing an individual to become more subjectively present, more alive, more fully human (e.g., Shoshani 2009). Inherent in the dichotomization of these terms is the assumption that life is good and death is bad (Abel-Hirsch 2010). But to conceive of matters in this way is to run the risk of oversimplifying the relation these instincts have to each other. Instead of regarding states of aliveness and deadness as exclusive of each other, we may instead regard them as dialectically constituting each other. Thus we move psychically from deadness to living and back again in the manner of Bion's (e.g., 1959) double arrows. Deadness and aliveness infuse each other in normal functioning, and it is the dissociation of this relation that results in psychopathological conditions of nonhuman states.

THE RELATION OF LIFE AND DEATH INSTINCTS

Remaining Freud's most contested conceptualization, the death instinct was posited as that force that impels humans to strive for a return to the nonorganic (i.e., nonliving, nonhuman) state from which they first arose. According to Freud (1920), such instincts "arise from the coming to life of inanimate matter and seek to restore the inanimate state" (p. 44).

Yet the death instinct exists alongside the life instincts that promote survival, pleasure, and reproduction. These forces are counterbalanced, creating a relationship of opposition. Freud (1930) explained:

> Starting from speculations on the beginning of life and from biological parallels, I drew the conclusion that, besides the instinct to preserve living substance and to join it into ever larger

units, there must exist another, contrary instinct seeking to dissolve those units and to bring them back to their primeval, inorganic state. That is to say, as well as Eros there was an instinct of death. The phenomena of life could be explained from the *concurrent or mutually opposing action of these two instincts.* [pp. 118-119, italics added]

Freud (1920) observed how the normal interplay of these instincts was crucial in their healthy modification, describing, for instance, the role the libido plays in directing the death instinct outward. He also observed how various disturbances result from the imbalance of these forces, such as the condition of moral masochism, thought to result from the portion of the death instinct that "has escaped being turned outwards as an instinct of destruction" (Freud 1924, p. 170), and the condition of melancholia that represents "a pure culture of the death instinct" (Freud 1923, p. 53) when the superego becomes governed by this force. The opposition Freud proposed between these instinctual forces is crucial to the constitution of experience, and the essential tension created by this opposition represents the infusion of the death instinct in alive experiencing.

Rather than view the relationship between these instincts as one of fusion, as Freud did, I would like to suggest that their relationship is one of dialectical, mutual creation. Ogden (1994) nicely describes the operation involved in dialectical movement:

Dialectic is a process in which opposing elements each create, preserve, and negate the other; each stands in a dynamic, everchanging relationship to the other. Dialectical movement tends toward integrations that are never achieved. Each potential integration creates a new form of opposition characterized by its own distinct form of dialectical tension. That which is generated dialectically is continuously in motion, perpetually in the process of being created and negated, perpetually in the process of being decentered from static self-evidence. [p. 14]

In applying the work of the dialectic to the relation of the life and death instincts, we might say that, in order for one to truly appreciate life, one must have an implicit understanding of its finitude. Only then

can experiencing become poignant or precious, precisely because of the balance and interpenetration of instinctual forces. As a dialectical process, life and death instincts create an opposition that allows for a dialectical tension, i.e., an experienced sense of the movement of creation and negation in one's experience. Freud wrote of the imbalance of life and death instincts, and of what happens when one opposing force dominates the other and blocks this movement. Placing instinctual forces in a relation of opposition resulted in an explanation for "the phenomena of life," which I take to mean the psychic life as well as the organic life of the individual.

I would like to investigate what occurs in the *collapse* of the tension between these forces. It is my contention that such a collapse results in a state of living deadness. Segal (1997) described the pull toward nothingness/dedifferentiation as "the need to annihilate the perceiving experiencing self, as well as anything that is perceived" (p. 18). From my perspective, such depersonalization does not represent a problematic introduction of dissociative defenses, but signals the loss of an essential dialectic relation between life and death instincts.

ZOMBIE STATES

The cultural trope of the zombie captures the experience of nonhuman or depersonalized states in a manner different than discussing an individual's aliveness or deadness. In the popular imagination, zombies are neither fully alive nor simply dead. They are conceived as inhabiting a condition of living deadness, existing as mindless yet animated human forms without complex purpose or basic subjectivity.

For our discussion, it is important to note that zombies hunger for and feed on the brains of other (nonzombie) humans. Not incidentally, their contact with humans represents a powerful opportunity for contagion. Such contagion is often represented in film by the incidental exchange of fluids that transform the nonzombie human into a mindless automaton. So spreads the plague of absent agency that reflects the dullness of nonconscious beings.

Within philosophy of mind, Chalmers (1996) has utilized the concept of the *philosophical zombie* to argue against materialist and behavior-

alist conceptions of human beings. Chalmers imagines a person who is physically indistinguishable from a regular living person, one who acts perfectly normally, but who is not conscious. Lacking sentience, these individuals appear very much like the as-if or normotic personalities described in our literature.

For our purposes as psychoanalysts, we might say that Chalmers's argument is aimed at reinforcing the centrality of the experience of interiority to human existence. It is a welcome argument for analysts living in a so-called posthuman world that has created a rent between modern notions of identity and humanness (e.g., Haraway 1990).

Lacking an experience of subjective interiority, individuals in zombie states often belong to and follow groups without personal conviction or an actual sense of purpose. They may *appear* to interact with others, but in fact are without a self that would facilitate mutual exchange between people. Thus they exhibit little or no interest in others as others, and have difficulty in understanding others' interest in them as other people. The philosopher Baudrillard (2000) well understood this dimension of zombie psychic states when he wrote:

> The death drive, according to Freud, is precisely this nostalgia for a state before the appearance of individuality and sexual differentiation, a state in which we lived before we became mortal and distinct from one another. Absolute death is not the end of the individual human being; rather, it is a regression toward a state of minimal differentiation among living beings, of a pure repetition of identical beings. [p. 6]

ANALYTIC ENGAGEMENT

Clinical interactions with these people can seem lifeless, stale, suffocating, and threatening to the analyst's own subjective experiencing. Ogden describes this dimension of the work when writing about experiences in the transference-countertransference in which he reports having felt he was losing the use of his mind. Reflecting on his experience in sessions with such a patient, Ogden (1997) writes:

> I began to be able to link the experience of holding my own wrist (in the act of taking my pulse) with what I now suspected

to be a need to literally feel human warmth in an effort to reassure myself that I was alive and healthy. This realization brought with it a profound shift in my understanding of a great many aspects of my experience with Ms. N. I felt moved by the patient's tenacity in telling me seemingly pointless stories for more than 18 months. It occurred to me that these stories had been offered with the unconscious hope that I might find (or create) a point to the stories thereby creating a point (a feeling of coherence, direction, value, and authenticity) for the patient's life. I had previously been conscious of my own fantasy of feigning illness in order to escape the stagnant deadness of the sessions, but I had not understood that this "excuse" reflected an unconscious fantasy that I was being made ill by prolonged exposure to the lifelessness of the analysis. [p. 31]

Bion (1959) and others have noted the attacks on linking, the efforts to destroy the inner mental processes of the analyst. What Ogden describes as the fear that he was losing the use of his own mind, and his feeling the need to reassure himself that he was human, alive, and living in a world of meaning, may well reflect the type of phenomena that I propose is metaphorically associated with popular depictions of zombies eating the brains of others.[1] Clearly, a powerful contagion exists in encountering these states clinically, and the analyst may often have to struggle to regain a feeling of humanness.

CLINICAL VIGNETTE

By way of introducing himself during our initial consultation, Michael told me that more than one woman whom he had dated and taken home to his Manhattan apartment had nervously joked that he might be a serial killer. It turned out that these women had intuited more than they could consciously know about Michael, their jokes reflecting an experience of him that I would soon be privy to as well. His modern apartment, he went on to explain, had nothing on the walls; furthermore, no

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[1] Of course, it is not the brain so much as the mind that I am referring to, but for the purposes of making this comparison, I am taking some license. The attack is on the analyst's mind and may be likened to what Freud (1905) and later Klein (1933) regarded as the cannibalistic quality of infantile life.

books sat in the bookcases, and no personal items or mementos were on display anywhere.

As Michael revealed more of himself during the analysis, it became clear that he did not watch television or go to the cinema. He had no hobbies and no strong preferences in music or food. Raised in the Jewish faith, he had no relationship to his religion, and deferred any investigation of either metaphysical or practical matters, such as whether he believed in the existence of God or in the observation of meaningful ritual, all the while maintaining that he was Jewish. It was not so much that Michael did not understand my inquires about his religious or political beliefs; instead, he stated that he had absolutely no interest in ever thinking about these matters, either with me or on his own.

In addition to coming to his analysis multiple times weekly, Michael also saw a personal trainer multiple times weekly. It was not that he enjoyed the exercise itself or relished physical challenges, but he felt that having a "good body" would be attractive to women. Sexual desire itself, however, was problematic for Michael, who collected experiences with women much like one might collect objects known to be valuable but that had no aesthetic appeal. Highly successful in his field, Michael spent his time shuttling around the country, deciding whether to spend extra days at five-star luxury hotels or to extend his weekends in foreign cities.

Deciding was particularly hard for Michael, as he seemed to have no personal preferences. Instead, he would often consult me on what I thought the "right" choice would be regarding what to have for dinner or where to spend his vacation time. Should he buy an expensive bicycle? Should he rent a house in a beach community for the summer? Michael had no way to decide, other than to see what others did with their time and attempt to do the same.

He had embarked on analysis in order to treat a depression diagnosed and medicated by his physician, but once he had weaned himself off his antidepressant medication, it became clear that Michael had not been clinically depressed, and that what the physician had taken to be a mood disorder were actually the signs of Michael's inner deadness. The force that had seemingly annihilated Michael's self soon expectedly

took residence in the transference-countertransference.[2] From early on in our meetings, I experienced a profound hollowness when listening to Michael, one that often left me feeling lonely, as if I were the only one in the room. There was never a sense of connection or mutuality, or even the type of wordless familiarity that analyst and patient often share after extended periods of intimate, intense exchange.

Over time I began to feel as if I had been worked on, as if my patient's emptiness had taken a cumulative toll on me, leaving me feeling not just alone in the analysis but also weary and mentally dull. No dreams or fantasies were ever reported by Michael; he exhibited no curiosity about his mind or mine. Events for him occurred on a level of concreteness that profoundly precluded reflection or thought on his part, and increasingly on my own. Interpretations landed nowhere, and were met with what can only be called an absence of cognition. I am quite sure that I did not go down without a fight, however, and in retrospect I can understand a period of my increasing engagement of Michael as an unconscious attempt to counteract creeping feelings of suffocation in the countertransference.

Of note was one interpretation that I felt to be uncharacteristically harsh, wherein I suggested to Michael that his difficulties in making decisions and knowing what it was he liked were the result of his missing a self that might feel more strongly about one thing over another. But Michael was neither interested in nor taken aback by this interpretation. Rather than expressing curiosity at what I might have meant, he simply disagreed, though he could not say *why* he felt he was a self.

While I constantly questioned myself as to whether I was having any effect on Michael, he clearly was having an effect on me. It is inconceivable to me that anyone would not have been able to recognize my gradual decline into analytic stagnation, yet Michael gave no indication that he was aware of having any impact on me at all. Was this what somehow had to happen in the analysis—was it a re-creation of an early

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[2] While I write that the patient's self had been annihilated by this force, I do not mean that it had completely vanished. In line with what I am suggesting regarding a living deadness, I would say that enough libido existed to animate his death, but not so much existed as to constitute subjective aliveness. In other words, he experienced libido in the service of the death instinct, rather than the dialectical interpenetration of these forces.

object relation? Was my countertransference state something Michael had to unconsciously sense as happening within me? But what, if anything, *could* he sense?

I could not tell whether we were suffering something together, and I anxiously wondered whether the treatment itself would *survive*. This was a relationship marked by a ghostly absence, one that I tried in vain to fill with an understanding of his condition and its etiology. In retrospect, I believe that these attempts at *thinking* my patient were my attempts to stay alive by making sense—by believing that there was some hidden, true self-expression that I did not see, that there may have been an early trauma that itself had been sucked into the black hole of disappearance that surrounded him. I wanted to believe that the flatness he conveyed was surely a surface phenomenon under which there must lie substance and humanity—an individual, a soul.

It was subsequent to this period in the analysis—though I was not aware of it at the time—that my interactions with Michael took on a pro forma quality. I was already engaged in the production of a facsimile of an analysis, and my comments and questions to him had already fallen under the sway of a force much greater than mere boredom or defeat.

By the third year of the analysis, I began to experience frequent feelings of being adrift, as in the ocean, on a raft, by myself. No longer fighting the "worked-over" feeling, I simply allowed myself to listen. Michael regularly attended his sessions, spoke about work and his difficulties making decisions, and I rose and fell with the swells of his monologue. Eventually, a reverie set in, during which I repeatedly saw in my mind images of the kind usually found in supermarket tabloids, where celebrities and their "lifestyles" are portrayed in glamorous color photographs. As I became aware of these images, I also became aware of my enjoyment of the attractiveness these photos portrayed and the depiction of the carefree pursuit of pleasure in faraway places.

For sure, it was one way off my raft, but there was more to it than just that. When I considered the images, I found them to be free of anxiety—in fact, they displayed the very opposite of anxiety. They were the picture of the easy, fully indulged life without conflict. There was no boredom, no existential condition to have to contend with, no pain or mundane entanglements such as illness or financial concerns. In

this world, there were no difficulties, no missed airplanes, no phones that stopped working—and if there were, they became problems to be quickly fixed and moved on from. And it did not matter whether it was an airplane or a human relationship, a cell phone or another person—the point was that *any* trouble, or even the potential to become ensnared in regular human existence, was just absent.

I started to consider how these glossy images might have signaled my own unconscious fantasy to live a nonhuman life, a zombie life. And I understood that in my efforts to try to bring Michael back to life, I had occluded my envy of what seemed to be the ease of his living dead-ness. The only word I can think of to describe the feeling that emerged is that Michael's "life" had a certain *seductiveness* to it, a seductiveness that seemed to promise escape from the difficulties associated with the human condition. Here was the seductiveness of the death drive—the siren call to extinguish my own idiomatic presence and follow Michael's path toward the "zero point" (Laplanche and Pontalis 1967, p. 97). This realization, if it may be called such, was enough to wake me from my stupor.

My ability to have this thought at all is similar to what Symington (1983) has described as the analyst's inner act of freedom. The experience felt to me like coming up for air, and I proceeded to fill my lungs—in the process coming back to a mental presence in which I could appreciate Michael's externally attractive and psychologically void lifestyle. Eventually, I said to Michael that, while I felt he lived an exciting and even an enviable life, it seemed to me that no matter how glossy and shiny he tried to make his life, all the hotels, beach houses, and beautiful women ultimately failed to satisfy a need inside of him; and that living his life in this way meant missing the point of having a life.

Michael responded associatively by telling me a story about a woman whom he had brought to his apartment the week before. Having very recently redone the wood floors (glossy, shiny) in his apartment, and insisting that the flooring company come back three times to redo the surface because the job was not quite perfect and he could detect subtle flaws, Michael invited Amy back to his place after their dinner. Because he was not paying attention, he did not notice that Amy's high-heeled shoes created tiny indentations in the soft wood of his new floor. On

discovering this the next day, he had been terribly upset, he reported. But then he considered that he would like to see Amy again, and that he could, if he really wanted to, have the floors redone at his own expense. In fact, he continued, he was thinking of moving to a larger apartment, so perhaps it made sense to just live with the small indentations in the floor until he moved out.

What was striking about this story was that Michael came up with this solution on his own, without asking me what I felt he should do. He felt that he liked Amy enough to live with slightly marred floors. She liked going to the gym, as he did, and as they spent more time together he took on her interests, beginning to watch the television shows she liked and planning vacations with her.

The fact that Michael and Amy came from different religious backgrounds caused some consternation for both families as their relationship continued. Yet Michael decided on his own that he would endure the comments of his family in order to spend his time with Amy. He did in fact complain bitterly to me about the look of the floors in his apartment, but he held that feeling in check, and when he did after a time move from there it was to move in with Amy, whom Michael now told me he loved, though I never detected an expression of affection in his voice.

DISCUSSION

Some patients live their lives without subjective involvement. They are animated and appear to interact with others, but are neither simply alive nor simply dead in the terms analysts often speak of these states. These individuals have been described in the literature in multiple ways throughout the years, but within the clinical situation, all have in common the feeling of a nonhuman existence. While they share features of both narcissistic and schizoid characters, it is meaningful that they do not fit neatly into either of these diagnostic classifications; consequently, they have been described as *as-if* personalities, as normopathic or normotic—terms that reflect their *seeming* to be a person.

If one accepts the existence of a death instinct, then the familiar trope of the alive analyst helping to bring the dead patient to life becomes problematic. For if there is a death instinct, then it exists for the

analyst as it does for the patient. What I have tried to illustrate here is that it may be valuable for the analyst to have contact with the forms of affect and mentation that mark experiences of deadness, to move in and out and between those spaces analytically so as to speak with the patient from a place that recognizes a common longing—the nostalgia for a condition that some have disappeared into, as Baudrillard (2000) alluded to. In order to speak with patients from these states, the analyst may first have to struggle with and confront a variety of frightening feelings, including envy of the patient's nonhuman existence.

Viewing the topic of psychic life and death in dichotomous terms may lead analysts to overlook their own attraction to states of mind that seem to promise a release from the human condition. From my perspective, the analyst need not aim so much at bringing the patient to life as at helping him reestablish the dialectic relationship between life and death instincts within himself.

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DEPRESSIVE RUMINATION
IN AN ANALYSAND
AFTER A TRAUMATIC TREATMENT

BY GRACE CAROLINE BARRON

The author attempts to understand the underpinnings of a ruminative depression that occurred in a patient after a troubled first analysis. Negative therapeutic reaction is often assumed to be the result of a patient's unconscious guilt or masochism and thus an intrapsychic phenomenon, but the author asserts that iatrogenic phenomena in the form of persistent misunderstandings and enactments that remain unanalyzed contribute to a destructive treatment experience. The analysand may relive the failed treatment again and again in his or her mind in an attempt to resolve it. The author asserts that a traumatic treatment experience can foster depressive rumination.

INTRODUCTION

> The eye cannot see what the mind does not know.
> —Anonymous

Four years into an analytic treatment, I was taken aback when my analysand said, "The overly examined life is not worth living." His delivery

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was casual, without much affect: just an idle observation thrown into the mix. At the time I agreed with him—internally, that is. But I wondered if he was telling me that we had taken a wrong turn. We had been stuck in a repetitive script for a while; rather than working through, it felt as though we were spiraling down. We were both frustrated and worn. I wondered: Have I led this person to self-examine in a "worthless" way or to feel that the analysis is "not worth it"? What have I not understood? What did I miss? In my dogged search for "truth," have I somehow encouraged an innate obsessive capacity for overthinking in this analysand? He seemed to be telling me that something underground had not been touched.

This patient's comment stayed with me for many years after he terminated analysis and began to pursue a career. I often think that there is much I may not intuit, not understand, or not perceive in another person, and I may not even know it. I have been fortunate to have analysands who steered me back when I got off course.

Even if my analysand and I do elucidate truths together, insight does not always lead to change. After years of treatment, sometimes an analysand may be no better off than he or she was before. Sometimes he or she may be worse. Authors have noted that disappointing outcomes are not uncommon (Goldberg 2001, p. 125; Jacobs 2001, p. 153). Some authors imply that rumination is prevalent in some patients after the treatment ends, but a satisfying explanation for how and why this has come about is not offered.

The questions I raise in this paper are: Can treatment create depressive rumination in an analysand, and what conditions or characteristics of each party might lead to this outcome? How can it be prevented? After a review of the literature, I will present clinical material from an analysand who, before seeing me, had experienced what she herself called a "traumatic" analysis, and who described what appeared to be a ruminative depression as a result.

In the literature, post-treatment ruminative depression and the trauma of not feeling understood in treatment have been independently illustrated. I propose that the latter can lead to the former. One way in which an analysand who feels traumatized by the treatment may try to correct what went wrong is through relentless scouring of the psyche in

the style of a repetition compulsion—i.e., through depressive rumination.

LITERATURE REVIEW

There is abundant literature on impasse and the negative therapeutic reaction. For Freud (1937), intrapsychic phenomena such as unconscious guilt and masochism explain the downward spiral. But other authors (Joseph 1975; Kumin 1989; Riviere 1936; Winnicott 1960, 1963) have attributed impasse or negative therapeutic reaction to iatrogenic phenomena. Because the analyst has not understood the patient and has not understood that he or she has not understood, impasse arises. Analysands traumatized by this predicament (Bion 1979) may be unable to leave analysis, and the situation worsens. After they do succeed in leaving, they are left to their own devices in managing their internal lives.

Several authors have described what sounds like post-treatment ruminative depression. Ticho (1967) warned of the danger of self-analysis deteriorating into "obsessive rumination, self-preoccupation, self-accusation, intellectualization, self-admiration, or self-indulgence" (p. 318). Indeed, "one informant reported that he was a predominantly action-oriented person before his analysis and that this pattern changed during treatment. Since the beginning of his self-analysis he has become more introspective and contemplative" (p. 309). It is not clear whether the analysand considered this change a positive or negative one, but to my mind, *action-oriented* has a positive connotation as distinct from *acting out.*

Goldberg (2001) describes a patient who is "convinced that his analysis had given him this affliction of persistent puzzling . . . as though a chronic illness had been bestowed upon him" (p. 125). Kris (1956) echoes this concern: "With some individuals, the result of analysis seems to be connected with a lasting awareness of their own problems" (p. 453).

These, it would seem, can be characterized as negative outcomes in the form of a depressive rumination. Rather than vitalized, such persons seem to feel mired.

Not being understood in treatment is a situation that can be devastating and one that has been addressed by many authors. We hope that

our training and our sensitivities guarantee that we are "good enough analysts" but, being human—having blocks, frailties, and limitations—we sometimes fail. Ferro (1993) has written, "I failed to pick up the many signals sent out to me by the patient" (p. 921). Riviere (1936), in writing about treatment failures, noted that "the difficulty may be due to some extent to the analyst's failure to understand the material and to interpret it fully enough" (p. 305). "In this work, the failures of the therapist . . . will be real, and they can be shown to reproduce the original failures," observed Winnicott (1963, p. 209). Kumin (1989) wrote: "Many instances of clinical deterioration erroneously characterized as negative therapeutic reaction are actually iatrogenic sequelae of incorrect interpretations" (p. 143).

To repeat early misunderstandings between patient and analyst without processing them can be destructive for the patient. The correct interpretation or the incorrect one that is identified and processed by the pair moves the treatment forward, as we know. Ferro (1993) noted that "there may be an accumulation of micro fractures in communication" (p. 928).

While some incorrect interpretations and empathic failures are inevitable, some authors feel that an excess of incorrect interpretations can stem from lack of compassion. Compassion felt but not necessarily displayed seems to be essential for progress to occur. Compassion has been defined as "sympathetic consciousness of others' distress together with a desire to alleviate it" (*Merriam-Webster Dictionary* 2011). Compassion in the analyst therefore implies awareness, insight, and communication to the analysand that the analyst wishes him or her to get better.

For some, integrating compassion with an analytic stance may conflict with the taboo against therapeutic zeal or the need for neutrality. Bernstein (2001) writes, "I am inclined to attribute many treatment failures to the prohibition against compassionate behavior on the part of psychoanalysts" (p. 210). As we know, if interpretations are "cognitively true, but empathically false" (Kumin 1989, p. 143), they fall short. It would appear that the inner character of the "neutral" analyst is key. Compassion and humility communicated, even through silence, can facilitate openness, exchange, and a deepening of the process.

If we misstep or offer an incorrect interpretation, Kumin (1989) suggests that we recognize the patient's perception of what was said, acknowledge our error, rectify it with the correct interpretation, and ask about and analyze the patient's response to the error. The process of trying to understand, even if we never completely succeed, facilitates contact. Questions can convey humility, interest, and the wish to connect (Bion 1979). The analyst's lack of conveyed interest can make it hard for the patient to reveal more, to go deeper; some persons do not want to open up to a seemingly indifferent party. This creates a situation in which important material can be easily missed.

However, some analysands may simultaneously want and not want to be understood. As we know, some are expert at hiding the real self. The pairing of an unseeing analyst with a sequestered patient can lead to chronic disjunction. Individuals who have experienced early trauma, chaotic family life, or neglect may have developed a deeply private self in order to survive. Difficult-to-reach persons (Joseph 1975) keep the vitalized being away from most others and sometimes from themselves; they present a particular challenge for the analyst who needs to understand the core in order to be useful. Simply clarifying that such a person is in conflict about being known is crucial and is a step toward contact.

Modell (1991) writes that "to expose one's genuine feelings to is to risk an intrusive or unempathic response which could place this inner structure at risk" (p. 736). He also notes, "For some, finding the source of living within the private self is literally life preserving" (p. 733). Thus, the analysand may hide the real self and present a false self out of fear; as Tuch (1997) notes, "Some patients dread being understood. For them to be understood may mean to be destroyed, devalued, unmasked" (p. 269). Still, patients take the risk because somewhere inside is the hope that exposure will lead to relief and understanding.

Other than conveying compassion, humility, boundaries, curiosity, and nonjudgment, how do we make contact with an elusive analysand? Joseph (1975) suggests that we concentrate on the process rather than the content, that we engage with "the listening and watching parts of the patient and . . . make contact with the part that needs the experience of being understood, as opposed to getting understanding" (p. 80). Here Joseph offers us a method for maintaining a passable road to the deeper

self. The "quiet shout" can be easily missed if we are not "listening [to] and watching" the analysand's own "listening and watching." To me, it seems Joseph is suggesting that we must be exquisitely attuned to and engaged with the analysand's nonverbal expressions: shifts in tone, strange gestures, awkward pauses, bodily movements—how she adjusts the pillow that day, the manner in which he grabs the door knob. The cloistered message leaks into the physical movement. Facility with nonverbal communications in persons with sequestered selves allows the secret self to enter the process and protects against depressive rumination.

Needless to say, we have to be alert, somehow aware when we are unaware, knowing what we do not know, seeing what is hidden, or hearing what is not said. One colleague noted, for example, that her client's voice "went up two octaves" into a falsetto when she was hiding her true feelings. Without this type of second sense, brewing conflicts can expand into roaring enactments. Chessick (2001) writes of one treatment, "The conflict went underground and as a result started to become expressed as an enactment" (p. 408).

Joseph (1975) notes that there is "subtle pressure on the analyst to live out a part of the patient's self instead if analyzing it" (p. 86). Our participation in projections of the patient's internal life is inevitable, but grounding the experience with keen observation of nonverbal communications catalyzes the process and can stave off stubborn impasses. Smith (2006) writes that analysands can "use the verbal structure of analysis effectively but may nonetheless be putting into action aspects of their inner lives that never get addressed" (pp. 714-715).

Deep, prolonged miscommunication in a treatment can become a destructive experience for both the analyst, who may feel ineffectual, and for the frustrated analysand. If both parties are confused, disappointed, and angry, sadomasochistic enactments can flourish. The patient feels misunderstood after such an unsuccessful "major surgery" (Kernberg 1996) and the analyst feels unappreciated. Slurs can fly.

Moraitis (1981) speaks openly about his response to the analysand's devaluations:

> The patient's negativistic position had the quality of a direct attack on me with the intention of rendering me ineffective . . . .

The shock the analyst suffers in these cases is powerful enough to produce some re-activation of his neurosis. It can affect his sense of self-esteem such that he suffers a narcissistic injury, or it can mobilize sadomasochistic tendencies which he can then rationalize under one theory or another . . . . The analyst develops a sense of having been treated unfairly . . . betrayed . . . misled. [p. 69]

All that is not being said or seen or made conscious can be expressed through an ongoing, agonizing interaction between two blistered souls running in circles in the treatment room. But why does neither party stop the madness? The analyst may feel there is more to uncover and that this regressed phase of treatment will result in a serviced ego. While this may often be the case, some regressions are not in the service of the ego and can cause harm. We must be alert to this.

A nonproductive treatment can be hard to terminate, perhaps harder than one that has been helpful. One wants to stay involved in order to get it right (in the manner of repetition compulsion), instead of facing the fact that, for reasons known and unknown, things cannot be fixed. Sodré (1997) writes of the analysand in such circumstances, "Any decision represented a loss, and . . . this loss was unbearable, bringing with it sadness and rage" (p. 270).

Echoes from early life resound and are powerful and inhibitory. Taking action in the form of separation would mean accepting an unbearable truth or losing a precious illusion. Remaining tied to a parent/analyst who may mean well but is simply unable to be helpful, or is even harmful, is one way of avoiding a painful truth. A failure to fully accept damage inflicted by the analyst may make it impossible for the patient to be alive with him- or herself.

CASE EXAMPLE

The acknowledgment of the analyst's failure enables the patient to become appropriately angry instead of traumatized.
—Winnicott 1963, p. 209

Ms. R is a 33-year-old, well-educated philosophy major turned actress, referred to me by a colleague. The daughter of an artist and a therapist in

California, she was raised in a psychologically sophisticated environment. Her parents were "always interested in what I felt, but less in what I did. We were not a family that talked about the weather."

While she had strong attachments to her parents, she felt that her father, a sensitive but "macho" psychologist, was much closer to her older brother—that somehow she was always second, not quite as important in his mind. As a child, she was "clingy" and fearful of being away from home. Her mother worked in her art studio every day, though she was available by phone; the mother often seemed sad, dreamy, or preoccupied, however.

As a teenager and in college, Ms. R had been in once-a-week treatments, the longest lasting eight years. She felt that these treatments were "very helpful for my separation issues." In her twenties, she decided to undergo analysis.

The patient said she had always known that one day she would be analyzed, but the outcome was not what she expected. Although she tended to be "idealistic," she nonetheless felt something was "really off" during the analysis. Her reason for coming to me was that she had still "not gotten over" and "could not stop thinking about" this five-year analysis with a male analyst, which she had terminated over three years earlier. She thought that she now needed to see a woman analyst in order to get better. She said that she was not the same person she had been, and that she was "obsessed with" thinking about her first analyst—what had gone through his mind and why everything had gone wrong. Her husband was growing tired of the same old broken-record script and encouraged her to get help.

At this point in her narrative, Ms. R began to cry. I asked her to tell me more. She continued:

> I *am* better. My old self is creeping back, slowly. I saw someone else, another analyst for about two years, twice a week, and he put me back together, but I still can't stop thinking about my first analysis, and it's been over three years.
>
> After the treatment, I was a mess—sort of weak, feeble, like an infant. I lost my edge. I couldn't sleep. It's strange—I'm not spontaneous now. I was always organized and careful, but even at my worst times, I had moments of happiness. Now I live in

boxes, and I *overthink*. I never feel joy. I used to get excited about things—movies, books—but now I'm kind of a dark person; I'm negative, critical, grumpy, brooding. I used to get that way at times, but could fight my way out of it. Now it's like I'm stuck—stuck in wondering what's wrong and going in circles. Before I trusted my instincts, and I pretty much ended up in the right place. Now, day and night, I still ruminate over what happened in my analysis, try to figure out how it went wrong. I never get anywhere! I feel hopeless. I have completely lost my confidence and feel critical of myself all the time. [She cries.]

For a long time, my analysis was good, fine, comforting. I learned things about myself. I told my analyst everything, felt safe. I thought the world of him—loved him, even. I think he cared for me, too. But over time, my feelings changed; I started to feel critical of him, disappointed in him. Like he wasn't as great as I had thought or hoped, like he didn't understand . . . so many things. I would try all sorts of ways to explain from this angle or that, so he'd get it, understand, but we just didn't communicate. He didn't ask questions or seem curious and that drove me crazy. I told him that over and over, but he was silent, implacable. I felt as if I was hitting my head against a wall. It was awful! I wondered sometimes if he was just really burnt out from sitting in that chair day in and day out, year after year. Sometimes the wastebasket had pieces of crumpled paper next to it. I told him I thought something was really wrong, but it was like nothing had an impact.

Things started to go downhill. He began to say cutting things, such as "you're not that talented" or "other actresses are better than you." I had gotten a bad review. I confronted him about saying that stuff, but it seemed to get worse. He'd say, "You turn gold to shit"—he seemed to like that expression a lot. He was annoyed with me. Once he mentioned my hair being one of my "top three" features. I wondered, "What are the other two?"

Later, after things went south, he'd lock his gaze on parts of me, my, not my face . . . when I got up off the couch. Even when I spoke, he didn't move his eyes from my . . . and he had this swaggery little smile. At first he denied he was doing this, but then he said. "Well, I'm bad sometimes." I didn't . . . I sort of liked his obvious interest, but it kind of freaked me out; it was weird, brazen. I thought about buying him a subscription to

Playboy magazine so that he could just deal with himself somewhere else. I confronted him, but it continued. He wouldn't say anything, but just smiled his little smile while staring at my chest when I got up from the couch. Dr. D, my second analyst, said he behaved like a spurned lover, that I was burned, that I should have left sooner. "It takes courage," he said. It reassured me that he seemed to be saying it was *him*, not me.

I kept going for a long time, probably for three years longer than I should have. I was determined to never cry in front of him again after the bad review incident, but I still stayed. I don't know why. It was so stupid. Ugh! I guess I have trouble walking out of things. I feel somehow I should be able to fix it.

I used up all our savings and it was . . . . He had a thing about money. I paid for all cancelled sessions in five years because he wasn't ever able to "fill the time." Once he charged me $5.00 extra for something . . . . What was that? And at the end, when I said I needed to gradually wean myself and come four days instead of five, he charged me anyway. It was as if he wouldn't let me go. Maybe it was just all about the money, the money and the sex that never was.

Now still, over and over, I add up all the money I spent, that we spent on him . . . . It's crazy. I write on scraps of paper, on theater programs at intermission, sometimes even during the play, and I try to make the numbers come out better. Maybe it wasn't as much as I thought. Maybe there is a way to get it back. Maybe I can even go in and tell him I want my money back! But there is never a good scenario; he always wins. I can't get that smirky smile, those eyes looking downward, out of my mind.

The thing is, I still lie awake almost every night and try to think through it. Sometimes I only sleep three hours. I can't stop it—why did he do it? Why would he say that? Why did he dislike me? What did I do to elicit this? But I can never get to the bottom of it. When I am supposed to be studying lines, my mind goes to "gold to shit" and "you're not that smart." I can't get rid of it or of him. I feel tainted, like he is forever in me and I will never be free of him.

On the second to last day, he said, "You're mean and you want a penis." My friend said later, "You should have said, 'No! *You're* mean and *you* want a penis!'" The funny thing is that I used to think the safest place in the world was a therapist's office.

The sadomasochistic images in this story were powerful, and my countertransference response suggested that her narrative was true. Ms. R seemed traumatized. She said that her affections for this analyst diminished over time and that she had devalued him, at least in her mind. Did he feel injured and then retaliate? Was the analyst not able to understand or manage her intensities—or perhaps his own—and did this lead to a destructive, unseen enactment? Had something not been understood and repeated rather than remembered? Aggression seemed to have leaked into the treatment from unknown parts of both psyches and wreaked havoc in the room. It was as if something mysterious swung the treatment from breaking limb to breaking limb.

After consulting with a physician whom her friend had recommended, who felt strongly that she should end the treatment, Ms. R finally left the analysis—in a vulnerable state, with many issues lingering. I wondered how this powerful sadomasochistic dynamic had continued for years unabated, unanalyzed. Ms. R later told me that, in one session when things had reached a fever pitch between them, she walked out after calling him a jerk. She canceled her sessions for the next three days, but then went back. She wasn't sure why she had returned, saying that she now "hated myself" for that "self-betrayal." (Here I recalled a teacher during my analytic training saying that the most egregious and painful form of betrayal is betrayal of the self.)

Why had Ms. R not left the analysis sooner? Was there an obsessive "stay-until-you-fix-it" quality to her thinking, a lack of "courage," or an unresolved issue with faulty attachment? She had a history of what she called *separation issues.*

In spite of outward successes, a core of the patient's self-doubt and low self-esteem began to emerge in the treatment with me, and it became clear that she had the capacity to ego-syntonically remain in an injurious situation. My sense was that it would be important for her feeling of safety and containment for her to sit up during our sessions. She needed outside validation and support.

After two years of her treatment with me, a family secret heretofore consciously unknown to the patient came to her awareness. Her father passed away, and Ms. R learned for the first time from her mother, who had known it for years, that her father had had multiple affairs and one

long-term lover. The patient linked this newfound knowledge to some earlier memories in subsequent sessions. This jolt of reality seemed to break through some long-standing, entrenched defenses and to give rise to new material:

> You know, when I was in high school, I often felt repelled by my father—the way he looked, the way he spoke, how he reduced "French toast" to just "French." I worried that it wasn't normal to feel that way. I remember Dad looking kind of longingly, lasciviously at my friend Tina under the lights of a football game . . . . He was picking us up . . . . Anyway, turns out, I just learned from my mother although she knew for years, that he had a girlfriend for twelve years. He impregnated her twice and she had to have two abortions, which "devastated" said girlfriend, as she bizarrely explained to my mother in a five-page letter about how angry she was at my dad for his "sadism, depression, and neglect"! My mother received this letter from her years ago and never told anyone. Dad, it turns out, spent his whole pension on her, took her on vacations—we thought they were business trips—bought her a house. Apparently, there were others after her, maybe during her. He left my mom with a bunch of debts. I remember his telling me once that he was supposed to share a bottle of grape juice with a friend, but he drank the whole thing. I remember thinking that he was okay with, honest about, being greedy . . . that he felt guilty, but he did it anyway. That grape juice always stayed with me.

The rejection, the greed, and the lasciviousness of the analysand's internal father were enacted in the treatment room. I did not want to overly attribute this to transference and therefore to diminish the true impact of the former analyst's departure from an analytic stance and attitude, but there was an unavoidable link between past and present. All that had not been wrung out in the treatment—the hidden history of the father's secret self—seemed to have been enacted in the analysis and led to the analysand's depressive rumination. Previously sequestered material was now graphically described. As she metabolized her father's death and the truth of his life over time, then-and-now connections became usable tools.

"There is a striking connection between what you have told me about your analyst and what you are telling me now about your father," I remarked to her.

"I know. Now I know."

I thought about the patient's statement that it was important to her to see a woman analyst. She seemed to be searching for a positive object with whom to identify. If she were to risk revealing herself, she wanted to be sure that boundaries were in place. When the material resurfaced, she said, "I know I'm older now, but I just can't, couldn't, deal with that vibe that occurs with men any more."

Ms. R then asked how many children I had. I wasn't sure if it was the best idea to reveal this, and I asked her why it was important to know. She said, "Somehow, knowing about you as a parent makes me feel safe."

I decided to tell her that I had three children. Withholding, it seemed, would honor a traditional analytic stance, but might cause this "once-burned" person to retreat in irreparable ways.

We began speaking more about the present, and the subject of Ms. R's first analysis gradually faded into the background. She said she felt "angry now, but not diseased, not taken over." When she talked about her acting career, she would move to the edge of her seat and the words seemed to flow freely, without "ums," "likes," broken sentences, and obvious doubts. My countertransference in these moments was imbued with excitement, interest, and relief. I thought about and identified with the importance of engagement with work and a feeling of empowerment for this injured girl-woman. A positive maternal transference-countertransference paradigm was prominent, while a negative transference, in the form of anger, disappointment, and despair over a passive mother, remained underground. Perhaps the patient's lying down would have allowed greater expression of a negative maternal transference, but Ms. R seemed too vulnerable for such an exploration at this time. We spoke about her own "activity."

"What kinds of roles do you like to play?" I asked.

"Ingénues, innocents, girly things, but I am getting too old for those roles now. Once in college I went to a party where this feminist asked me, 'Do you consider yourself a girl or a woman?' I said 'girl.' That was not the right answer!"

She laughed and I noticed a dimple in her smile for the first time, which I pointed out.

"Well, I knew she wanted me to say 'woman' . . . . I didn't mean to deflate her, especially in front of these guys that were there. But the truth came out—'girl.' Fashion magazines and makeup were not allowed when I was growing up . . . but I did a lot of pretending and that was what saved me. When I act, I feel alive. There was this part . . ."

"'This part?'"

"In my twenties, I played the lead in *Pygmalion.* I lost myself in the scene where she throws the slippers and says, 'There are your slippers, and there! Take your slippers and may you never have a day's luck with them.' I felt completely inhabited by the character. She liberates herself from him, his demands, trying to please him, because she realizes that he will not respect her or take care of her."

When I "listened to and watched" the patient's listening and watching as they played out on the treatment room stage, and she watched mine, it felt as if we were in deeper contact. Her joy in her work was obvious. The frantic attempt to manage the first analysis via sleepless nights and tallied finances ceased. As we further explored her relationship with her father—who, while she was in high school, had run on the track with her, helped her rehearse her lines, and could be counted upon to "listen and hear"—the depressive rumination faded away. By working through past trauma, we were able to restore him as a good enough internal object. Positive memories and playful interchanges arose more and more. Ms. R began exploring the idea of getting pregnant.

DISCUSSION

Ms. R was a patient who complained of depressive rumination while harboring anger and confusion about a damaging treatment and a troubled past. Upon entering my office, she was still protecting herself from raw truths and painful affects via ruminative thinking, years after the treatment took place. It is not hard to understand that this patient had good unconscious reasons for not knowing consciously what she knew about her father. Her first analyst attacked her and treated her as an object of his lasciviousness at a point in the analysis when she was exceedingly vul-

nerable, leaving her with so much punitive self-criticism that she became incapable of completing her thoughts, lost in obsessive rumination.[1]

It seemed to me that Ms. R had remained in a sadomasochistic enactment in the first treatment because of her trouble with separation and her obsessive capacity. The situation deteriorated into a painful impasse. She did not have the ego strength, self-confidence, or "courage" to leave until she garnered strong outside support through her husband, friends, and consultants.

Any analysis is replete with misalliance, misunderstanding, misinterpretation, and repetition, but if these are identified and processed, progress can be made. After all, that is the warp and weft of what we do. However, if disjunction and enactments persist without being processed, the work can be undermined for both parties. The enmeshed, regressed couple cannot see a clear way to end or alter the treatment.

In considering the case of Ms. R, I have tried to understand the factors that allowed the two of us to engage in a useful interchange. The patient's sitting-up posture seemed to facilitate her ability to stay in an analytic process. Somehow, mutual "listening and watching" deepened and energized the work. "I am all about the body," she said, "that's how I understand things." I think the presence of a visual connection, rather than its absence, allowed inner life to more fully emerge in this case. Ms. R told me once that she liked my voice, except "once in a while you speak too fast." Something about sound and rhythm, as opposed to content, was important to her.

In addition, it seems to me that the unsettling news of her father's deceit, which came to light only after his death, broke through the patient's defenses and allowed previously sheltered material to emerge. The loss this represented and the subsequent passage of time made it possible for this young woman to work on herself in a different way. Had her father's death occurred during her first analysis, perhaps more would have been remembered and less repeated.

One might wonder how the ethical breaches on the first analyst's part came to occur. He seemed to have his own reasons for departure

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[1] I am grateful to an anonymous *Psychoanalytic Quarterly* reviewer for articulating this aspect of the case.

from standard care. Perhaps he was personally preoccupied at the time, but was there also something about this analysand that provoked intense sexual or sadistic countertransference? Her version of events seemed valid, but how did underlying transference and countertransference phenomena contribute?

I have tried to understand my own inner reaction to Ms. R. At times I felt seduced, and at other times envious or peeved—after all, she had abundant love, work, and play in her life, but nevertheless she often felt injured or deprived. I have considered whether our warm, friendly alliance had any prohibitory effect. She was often polite and measured; spontaneous eruptions of aggression were minimal. I remain curious about what may have been missed or repeated between us, but overall the supportive interchange and positive identification seemed important contributors to her capacity to move on.

For the analyst, a "failed case" can feel like a painful defeat. For the analysand, if there is a transference fantasy/reality wish that the treatment will help, but instead it hurts, then the decision to end means facing tremendous disappointment, separation, and loss. To finally accept that things did not work out with one's analyst is very difficult. If one blames the self, it might feel as if there is no hope. On the other hand, anxiety about the analyst's perceived limitations, reminiscent of earlier trauma, can be so terrifying that self-blame feels preferable. Depressive rumination is an effective way to keep terrible truths and torturous affects at bay. The case of Ms. R elucidates the descent into ruminative depression during and after a destructive treatment.

CONCLUSION

Post-treatment rumination has previously been described in the literature, but to my knowledge, the idea that a traumatic treatment can cause painful, post-treatment rumination has not been illustrated; we have not explained it as an etiological phenomenon. In this paper, I have tried to demonstrate that an analytic treatment gone awry can engender depressive rumination in an analysand with a talent for obsessional thinking, especially if he or she is unable to leave the treatment and the situation persists. Empathic failures in early life can compromise one's ego

strength, as well as one's ability to see clearly and to act appropriately on one's own behalf.

If the dialogue in the treatment room *repeats* but ceases to *work through,* both parties can suffer and become angry. Sadomasochistic interchanges can take hold. After termination, a ruminative habit can continue in the downtrodden analysand as an attempt to master the traumatic experience. Based on the case presented, I propose that a sequestered analysand with separation difficulties and an ensconced analyst can become a frustrated pair with faulty attachment and raised fists, leading to just this outcome. Such an analysand can become self-critical, self-punitive, depressed, and ruminative after a traumatic treatment. "The analyst made this patient ill!" we might regretfully conclude.

We have to be exquisitely sensitive to the inevitable misunderstandings and enactments that occur in the treatment room. We have to somehow accept our own limitations while continually trying to stretch beyond them. Compassion, humility, openness, and curiosity may help our eyes see what our minds may not yet know.

We are sometimes the last hope for persons who throughout their lives have been neither seen nor heard. If we as analysts "listen to and watch" the analysand's listening and watching, our understanding deepens. If your analyst doesn't understand you, where else can you turn?

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A CRISIS IN THE ANALYST'S LIFE: SELF-CONTAINMENT, SYMBOLIZATION, AND THE HOLDING SPACE

BY MICHELLE FLAX

Most analysts will experience some degree of crisis in the course of their working life. This paper explores the complex interplay between the analyst's affect during a crisis in her life and the affective dynamics of the patient. The central question is "who or what holds the analyst"—especially in times of crisis. Symbolization of affect, facilitated by the analyst's self-created holding environment, is seen as a vital process in order for containment to take place. In the clinical case presented, the analyst's dog was an integral part of the analyst's self-righting through this difficult period; the dog functioned as an "analytic object" within the analysis.

Keywords: Grief, enactment, holding, containment, dogs, transitional space, analytic object, parenting, self-sufficiency, crisis, symbolization, physical illness, therapeutic relationship.

Some years ago, the events of my life ushered in a period of intense turmoil for me. My daughter suffered an unexpected seizure, which led us to discover that she had a brain tumor. Over the following seven months, she experienced a large brain hemorrhage, surgery to resect the brain tumor, and radiation. Feelings I had never previously encountered took up residence in my psyche over the months of dealing with an ever-deepening threat to my daughter's existence.

It is not unusual for analysts to have to deal with personal adversity while maintaining a clinical practice. Analyst crises such as pregnancy dif-

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ficulties (Gerson 1994), serious illness (Abend 1982; Dewald 1982; Gurt-man 1990; Little 1967; Pizer 1997; Rosner 1986; Schwartz and Silver 1990; Silver 1982; Weinberg 1988), and personal grief (Colson 1995; Gerson 1994; Rodman 1977) have all been cited in the literature with regard to the impact on the process of psychoanalysis or psychotherapy.

Colson (1995), for example, writes movingly about his emotional journey through multiple devastating losses. He discusses the difficult decision of whether to continue working during these crises. He notes that traumatic circumstances might not compromise an analytic attitude if the analyst is able to retain the ability to use and monitor the signal function of countertransference feelings and fantasies. In grappling with the dilemma of whether or not to continue to work under his own personal adverse conditions, he was surprised to discover "how much disarray and pain could exist without that experience seriously hampering my functioning as an analyst" (p. 467).

Silver (1982) also pays careful attention to her countertransference as she returns to work with a life-threatening illness. She describes her increased vulnerability as an analyst to the vicissitudes of her patient's psychosis, projections, and unconscious expressions of hatred. At the same time, she describes her return to work in the institutional setting as helpful in reducing her sense of isolation and loneliness.

Dewald (1982) warns us that resistances and counterresistances to the deeper analytic work will persist if the analyst's and patient's reactions remain unacknowledged and unanalyzed. While Gerson (1994) agrees, she adds that the analysis of these resistances *is* the "deeper" work of analysis, and illustrates how the therapist's illness or loss can become a focal issue around which patients confront central themes. She concludes, "The interpersonal/relational and intrapsychic experiences and reactions generated by the analyst's life crisis can provide the field in which the 'knottiest' analytic issues are confronted" (p. 4).

These authors have all observed intensified countertransference reactions when the analyst is in personal crisis. They also note the complex issues involved in the disclosure of personal information to the patient, and identify both positive and negative reactions of patients to the analyst's increased vulnerability. The literature confirms the idea that the vulnerability of the analyst is highly likely to enter the therapeutic dyad, for better and/or for worse.

Indeed, in no other profession does the personal intertwine with the professional so palpably. Both analyst and patient, in bringing themselves fully to the therapeutic relationship, allow an emotional permeability. Over and over in the course of a day, we analysts may well open ourselves to encounters that can reevoke our own places of tragedy and difficult meetings with our own affects, while our patients are themselves struggling to stay afloat in the uncharted oceans of unbidden emotions. Benjamin (2006) brings to our attention the point that, since the patient's injuries return to us in enactments, we analysts frequently find ourselves in the paradoxical position of doing possible harm in order to heal. We can be "*wounding* healers"; however, there are times when we can be "*wounded* healers" as well. In the latter instance, an analyst's capacity to be in reverie with the patient may be compromised by her immersion in her own suffering, affecting the patient–analyst dyad in particular ways.[1]

For some time, we analysts thought of difficult meetings with our own passions as alerts to ourselves to control and reanalyze our own emotional configurations, so that we did not interfere with the work of the analysand. In the psychoanalytic literature of today, however, we notice a pendulum swing toward a discourse that highlights the subjectivity of the analyst in the therapeutic dyad. While the person of the analyst was missing through decades of theorizing, contemporary theorists have drawn our attention to the fact that the work of analysis can be enhanced by a heightened awareness of encounters with ourselves in relation to the patient's encounter with him- or herself, and that the subjectivity of the analyst may be an integral part of the clinical work (Bonaminio 2008). The theoretical turn toward highlighting the analyst as a person is likely a corrective to the historical "missing analyst."

Perhaps the current focus on the analyst (a discourse of which this paper is a part) functions as a supportive *holding environment* in which the person of the analyst can feel present and heard. Harris (2006) calls on us to pay attention to our analytic vulnerability, our "instrument" of care, and adds that it behooves the therapeutic community to provide a supportive environment for fellow analysts. In fact, little attention has been

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[1] Ogden (1997) uses the concept of *reverie* to refer to the analyst's sustained unconscious receptivity to the patient's "undreamt dreams," which contributes to a third subjectivity generated by the analytic pair.

paid to the idea that the analyst herself may require a certain amount of holding or containing to bring her best self to the work, particularly in times of crisis.

We know that *holding* and the *holding environment* are Winnicottian terms (Winnicott 1960, 1963), originally deriving from the maternal care-taking function of providing the infant and child with a sense of safety and protection (of being held). These terms are generally used metaphorically today to refer to aspects of the analytic situation and process. Winnicott's (1963) *holding* involves the analyst's "conveying in words" the patient's deep anxiety.

Slochower (1996, 1999) uses the metaphor of *holding* to illustrate an affective experience in which the analyst struggles to provide a facilitating containment context for the patient's self experience. An illusion of analytic attunement is established to create emotional safety and to facilitate the articulation of various affect states. This holding process, in which the analyst can become the receptacle for the patient's unbearable split-off affects, is useful to increase a capacity for later collaborative interchange wherein the analyst can remain a separate subject.

In such a process, the patient is largely protected from the bracketed-out subjectivity of the analyst. Slochower (1996, 1999) believes it important that the analyst find ways of self-containing in the face of her own psychic elaborations in order to hold the patient. This involves an ongoing process of containment by the analyst of her own ever-present affective responses, even at those times when aspects of the analyst's subjectivity are intensified because of the patient's emotional reactivity. "It is only by refraining from actively introducing our own subjectivity in the form of our thoughts into the treatment process that we leave our patient room to feel out, without our input, the edges of her own insideness" (1999, p. 798). For Slochower, the analyst's holding capacity involves holding in abeyance her subjectivity, or introducing it only in a limited way.

The analyst's subjectivity is necessarily present in any interaction. To some extent, our subjectivity is in the room at all times, in every nuance of our psychic being as we unconsciously take in our patient's communications. Bromberg (1998) puts it thus: "The analyst's contribution lies in his maintaining the ability to be as fully his own person as possible, while

allowing himself to become immersed in the here-and-now subjective field as it is manifested at that moment" (p. 297).

Bion (1962) indicated that the analyst's *containing* of subjective transformations of the shared experience provides the basis for interpretations. According to Eshel (2004), there has to be an *opening up* and *letting in* by the analyst, to the point of blurring the lines between the inner worlds of patient and analyst—a permeability and deep interconnectedness that allow for a transformation of the psychic space of both participants. Eshel notes, "It can be said that the existence of containing ultimately depends on what the recipient is able to bear" (p. 324).

Self-containment, according to Fonagy et al. (2002), involves *mentalized affectivity,* i.e., the capacity to be conscious of one's affects and to discern their meanings while in the affect state. The purpose of self-containment is not to expel the analyst's affective response, or even to hold it in abeyance; it is to enable the analyst to keep or to refind the ability to "think" and to be in reverie with the patient, even while remaining both visible and present in the consulting room. The analyst necessarily *self-holds* and *self-contains* in order to better contain and hold the patient; it is in the interplay of subjectivities that the work of analysis proceeds.

Containing emotions does not mean compartmentalizing them or controlling them. Green (1999, p. 147) asks a question salient to this paper: what is it that analysts *do* with their affects, given that "control of response" is at odds with work that requires "deepest empathy, affective identification" (p. 148)? Our affects are symbolic registers of our internal (bodily) world (Green 1977, 1999; Kirshner 2004; Matthis 2000; McDougall 1989) and may, through our reverie, give us a window not only into our own culturally structured unconscious, but also into the unconscious world of the other (Ogden 1997). The analyst's emotions are a valuable resource and register of both her own unconscious and that of the patient, as well as of the interaction between them.

I knew intimately, for example, the kind of anxiety that my patient Kate was referring to when she arrived, panicked, to talk to me about her second diagnosis of breast cancer. She had coped well through the first diagnosis and treatment but now was completely thrown.

I was due to leave the office directly after Kate's session to take my daughter to a follow-up MRI appointment. I was, of course, hoping that the news would be good, but I was also anxious that my daughter might

face a recurrence. Kate's panic set off my own overt anxiety, and I was aware that my anxiety in turn shaped the session to some extent. Even as I imagined I understood very well the kind of anxiety Kate was experiencing, I had to work hard to contain my own worry in order to be with her, but I could also use my anxiety to know something of what she felt. The concepts of self-containment and mentalized affectivity are useful in terms of understanding my interaction with Kate. I could think about my anxiety during the session, know its nature, and contain it enough to refocus on my patient.

There are, however, situations in which the analyst's psychic space is compromised, situations when the analyst is blindsided with overwhelming affect or is confronted with her own vulnerabilities. When the analyst is in crisis, self-containment is a complicated matter. When the analyst suffers her own trauma, the question of who or what holds the analyst becomes particularly relevant. Working with a supervisor, reading relevant work, talking with colleagues and friends, and returning to a supportive work environment have all been alluded to as helpful in the process of refinding an analytic stance (Colson 1995; Daehnert 2006; Silver 1982; Weinberg 1988). In the literature, however, the question of what or who holds the analyst has not yet been fully explored.

Within the analytic encounter, for the patient to have to hold the analyst places undue responsibility on the patient, even if for some patients such mutual holding would be of benefit (see, e.g., Szymanski 2006). It is important not to lose focus on the fact that (a) both patient and analyst contribute to the intersubjective dynamic between them, and (b) there is something in both the analyst's and the patient's psyches that is in excess of the relational configuration between them. This particularly comes to light when we analysts suffer anguish as a result of personal events that occur in our own lives. Destabilization in the analyst can occur any time as her own unconscious conflicts become reanimated, but it is at times of emotional instability in her personal life that she is particularly sensitive to such destabilization.[2]

Although self-containment is a vital tool for the analyst in terms of her own affect, there are times when it is not enough. In the powerful

[2] Paradoxically, at such times we are also more likely to be emotionally open and present to the patient's affect, even as we remain more susceptible to *concordant countertransference* (Racker 1968) in an overidentification with the patient.

Italian film *The Son's Room* (2001), Giovanni, a psychoanalyst, returns to work shortly after his son dies in a diving accident, but finds that he has lost his "objectivity." He explains to his wife that either he cannot listen to his patients, or he becomes overly involved and emotional in listening to them. Indeed, we see Giovanni bursting into tears with one patient and consumed with anger at another. He seems to have lost his ability to self-contain and in fact feels he has to discontinue his psychoanalytic work, despite an effort to refind his analytic stance through supervision. His wife and daughter, each caught in her own grief, cannot function as containers to his overwhelming anguish, and he seems not to have found ways of being held elsewhere.

In the movie, Giovanni seems to be struggling with affect that has not been metabolized or symbolized, affect that clearly destabilizes him and causes him to withdraw from the therapeutic encounter. He sees his unbridled emotional state as disturbing the work, and he withdraws without fully exploring the interplay of the patient's and analyst's emotional states.

Self-containment, while necessary for the analyst, does not speak to what the analyst does with the disavowed affect that is also part of the analyst's emotional constitution. It must be considered that there may be unsymbolized affect on the part of the analyst that can impact the interaction in unintended ways. Both Freud (1926) and Green (1977) remind us that anxiety and other affects may defy integration and can flood the ego, destroying "sense-making." In Green's (1977) view, "Affect constitutes a challenge to thought" (p. 129). Britzman (2000), too, speaks of affect as disrupting thought: "its force is prior to its representation" and "its time is both too early and too late" (p. 43). Traumatic affect resulting from the disorganization of a chain of associations can immobilize or push for compulsive action.

LeDoux's neuroscience perspective is in concordance with this view. LeDoux (1994, 1996) indicates that "we can . . . begin to respond to the emotional significance of a stimulus before we fully represent the stimulus" (1994, p. 221). He distinguishes between Type I automatic emotional responses, which are not under our voluntary control, and Type II emotional responses, which are specific to the individual and which rely on some level of self-organization and self-reflection. Damasio (1994,

1999) puts forward the idea that thought and affect are not necessarily antithetical; affect informs reason rather than disturbing reason.

Any intense emotional state is likely to incorporate both aspects: those we can symbolize and those that remain unsymbolizable, i.e., that are in excess of language. Emotions are never completely without representation or significance in that we make meaning—no matter how unintegrated such meaning is—even as we drown in such feelings. At the same time, there is always a part of affect where there is an excess of meaning, aspects that have not been metabolized. Such affect remains only partly communicable and is essentially "outside language" (Green 1999, p. 48), yet continues to have an effect on both self and other. How much is in the symbolic realm and can be symbolized, and how much has escaped symbolization and remains in the Real, is a matter of degree.[3] Our emotions beckon us to listen, and at the same time overwhelm our capacity to do so.

We self-contain, then, with the knowledge that this is sometimes an illusion, given our unruly affect. Unrepresented and disavowed states of being are thus likely to be operative in any ongoing, intense emotional reactions to crises and can enter into the analysis in transference-countertransference enactments. Attention to these is particularly helpful as such enactments provide the analytic ore to be mined. Authors such as Levenson (1972, 1983) and Bromberg (1992, 1994) have cogently argued that patient and analyst inevitably, unconsciously, and continuously interact, and that the analyst's ability to step back from mutual enactments in order to examine them is a crucial aspect of psychoanalysis. The interaction between patient and analyst in the process of the analytic inquiry yields highly significant psychoanalytic data, revelatory of the patient's early interpersonal experiences, though it is often obscured and hidden from both in a collusive unawareness.

Boesky (2000) reinforces the view that it is enactments that bridge the gap between what is expressible and what is inexpressible, and that enactments are "the lingua franca for the communication of dangerous and repudiated affects" (p. 257). Such an actualizing tendency is present for both patient and analyst and is continually enacted in the arena be-

[3] Here I am using the *Real* in the Lacanian sense (see Lacan 1964): to signify that which is inassimilable in the trauma and that remains unmastered.

tween them. A number of theorists have noted that countertransference fantasy becomes conscious only after having being expressed in action, albeit subtly (Grossman 1996; Renik 1993). The nature of the transference can become evident through such countertransference enactments (Bromberg 1992, 1994, 1998, 2006; Ehrenberg 1995; Hirsch 1993; Smith 1990). The analyst is both a co-participant in the repetitive structure and, when things go well, the explicator of the third (Ogden 1994), allowing for the development of a new object relationship (Loewald 1980).

While the analyst self-holds or self-contains in times of intense emotionality in order to work well with the patient, it is necessary that she also finds a way, through holding, to bring into symbolization and discourse the disowned and disavowed aspects of her own affect. The analyst works at being able to step back in order to understand how such disavowed affect may play out between her and the patient. It may be that the analyst is overwhelmed by unbidden emotions, but the analyst hopefully manages, through holding, to regain the capacity to process and be in reverie so that she can be of help. She aims to become aware of disavowed affect and its effect within the space between her and the patient and uses this awareness to facilitate the potential analytic play space. Who or what holds the analyst becomes vitally important in her finding a way through the intense emotional interplay and enactments with the patient.

CLINICAL CASE: SUE

The case of Sue draws attention to the need to expand our concept of self-containment when the analyst is buffeted by the emotional storms of her own life.

Sue, a 38-year-old patient, was struggling to make sense of her intense emotions around her mother–daughter relationship at the same time that I, her analyst, was grappling with fears for my daughter's life and attempting to stay afloat in my own whirlpool of emotions. I had worked with Sue for almost a year before my 20-year-old daughter became ill and my own trauma ensued.

Building an alliance with Sue over the first few months had been slow but steady. Early on in our meetings, she said sadly, "I have been

careful never to expect more than people can give me, or even to feel that I deserve more."

I responded, "Perhaps you think that what you need from me may be too much?" This dialogue foreshadowed an important theme in our work. Only later did I realize that my subtle disconnection from my work with Sue resulted from the fact that events in my personal life played into particular dynamics in relation to Sue's history. Surprisingly, a dog in the consulting room played a role both in facilitating the necessary symbolization of my affect through holding during an emotionally stormy time, and in the interplay of dynamics in the treatment.

Our First Encounters

Sue had previously attempted therapy on three occasions before coming to see me. Her difficulty in finding the right therapist was integral to the story she presented: a story of desperate longing for connection, and of self-hatred of her own need and greed—a story that drew us back to her relationship with her mother, who had died of a terminal illness two months before our first meeting. Sue had heroically, stoically nursed her mother through her debilitating and fatal illness, ignoring her own pain and deep, unspeakable terror. She now felt desperate for emotional support, even as she hated herself for giving in to any desire for connection.

For the first few months in therapy, Sue felt out the edges of my emotional responsiveness. Would I, like many other therapists and medical doctors before, expect stoicism—the ability to "suck it up," to ignore the discomforts of her internal states? Would she have to feel needy and cloying, greedy for the time I would give, and guilty about her demands on me?

Sue's Story

As Sue's story unfolded, it became clear that hers was one of cumulative losses. Her father had died suddenly in a work-related accident fifteen years previously, when Sue was twenty-three. She admired her father, who had pulled himself out of poverty through sheer determination. He had been orphaned as a child and was fostered by a family who treated him more as a servant than a family member until he left the home at sixteen years of age.

Sue's mother was the sixth child in her family. Sue's grandparents separated when her mother was quite young, and from all Sue had heard from both mother and aunts, mother had been neglected as a child. As an adult, Sue's mother was a dynamic, self-sufficient woman whose parenting kept Sue at a certain distance. Sue remembered little physical affection from her mother and wondered if she had been "touched enough" as a small child.

Sue was about eighteen months old when her mother chose to travel overseas while her father was working out of town. Sue was sent to her godmother's home for many months, setting firm an attachment style that persisted to the present. She was told of being pulled away screaming in protest from her mother, and described a remembered later sensation of a hurt loneliness similar to more recent self-experience.

Sue's separation anxiety was reinforced when she was seven, forcing her to add another brick to her wall of pseudo-self-sufficiency, when her mother left the home after an argument with her father and did not return for some days. The patient filled the anxiety and loneliness she felt then and afterward by being self-contained in her creative pursuits, forming imaginary worlds inside a closet under the stairs. Fearful that her emotional neediness was the toxic substance that had caused her mother to disappear, Sue buttressed herself by being self-contained, stoic, and highly successful in her academic pursuits, all qualities her parents valued. Her advanced intellectual capabilities and creativity seemed to function as a reparative factor for her parents; it was as though she were living proof that they had triumphed over the neglect and loneliness of their own respective childhoods. She agreed when I proposed this idea to her: "Both my parents had to value independence so much because they were not parented. And they couldn't face that, so I had to be independent too."

Sue's super-competent stance, while helpful in her profession as an investment banker, seemed to work against her in relationships. She had had some romantic alliances but no long-term relationships. It was hard for her to believe that anyone would want her, and she found herself in the familiar trap of not wanting anyone who *did* want her. For much of her life she had functioned by being "one of the boys," a role she learned in adolescence to protect herself from potential rejection. She had ended her most serious romantic relationship when her partner

wished to move the relationship forward, while she recognized her own terror and reluctance at the prospect.

Some years before her mother's death, Sue was diagnosed with Crohn's disease, which left her periodically incapacitated. She saw this disease as the result of her neglect of her body, her ignoring signs to slow down. Was this the only way she could give herself permission to stop overfunctioning for a while? This highly self-sufficient but lonely woman, who found it humiliating to experience either need or desire, was now reliant on medical care and medications to get through her day. She experienced a great deal of trouble getting the help (both physical and emotional) that she required. She commented, "My existence is now about trying to grab snatches of emotional support from people who are paid to be there." She took her inability to get the help she needed as indicative of a "fatal flaw" within her, and felt that her difficulty coping with her disease was in turn indicative of a character flaw.

When her mother was diagnosed with a fatal illness in the fall before we met, Sue felt she had been caught unaware; while she was struggling with her own health, her mother's had been quietly deteriorating. The patient felt overwhelmed, devastated, and guilty; once again she would have to put aside her own needs and pain. "I had to retreat into being the caregiver to survive," Sue explained.

As an only child, Sue stayed by her mother's side all the way, ignoring her own chronic symptoms. "Mostly, I felt relief to be taking care of my mother instead of feeling disappointment in her care of me. I had the sense growing up that if I ever pushed my mother too hard or spoke of my resentments, she would be gone—our tenuous tie could never be taken for granted."

But caring for her mother was nightmarish. Sue had not yet recovered from her own medical crises, and her mother was both imperiously demanding and closed to an intimate connection. At the same time, Sue was pleased to have physical access to her mother in a way she had never had before. She wanted nothing more than to tend to her physically, to stroke her face, to talk with her. Her mother would tolerate this only for a short while; she would even put aside the beautiful, loving cards Sue wrote to her without reading them. She would ask that the flowers Sue sent to her be put in another room, as they were too fragrant.

Yet this was the time Sue felt closest to her mother as she attempted to make her mother's death as painless and as dignified as she could. By the end of the winter her mother had died. Sue began working with me two months later.

Daring to Engage

It was both a relief and terribly painful for Sue to begin to talk about the traumas around the untimely death of her mother, her relationship history, and her own chronic pain. Gradually, she became more open and communicative about the vulnerability underlying her self-sufficiency. I watched as she began to understand that her wish for tenderness and understanding need not be seen as a shameful failing, but rather as part of a universal wish for emotional recognition.

Slowly, as our alliance deepened, Sue began to explore some of the less-than-positive aspects in her relationships with her mother and her friends. She noted similarities between herself and her mother in terms of humor, aesthetic taste, and mannerisms, but now she wondered if she were as superficial and narcissistic as her mother. Two of Sue's friends on separate occasions had indicated that Sue was no longer their up-beat, entertaining friend; now, they pointed out, she spoke at endless length about her illness and her disappointment in the fact that her doctors had not come through for her, she felt. Her friends' comments about her self-involved stance scared her, as she wondered if she and her mother were more alike than she had realized.

Within the transference, I was both the father whom the patient could rely on and the mother who could disappear. "Sometimes I feel that I will harm you if I depend on you," she said quietly one day. "Something might happen to you," she went on. "I worry that somehow if I want too much from you, it will cause this relationship to break down, and you will go away." There was poignancy in her words and a stillness in the room.

Softly, I said, "You stop yourself from showing me how much you need me. You fear that it is inevitable that this relationship will break down and that it will somehow be your fault." She nodded as I went on: "This is how you made meaning of your tenuous link with your mother, and her pulling away. Perhaps you protect her and me from your intense emotions by taking the heat yourself."

Sue said, "When my mother got sick, it was when I was extremely needy. I should have picked up the signals. I wondered whether she blamed me. I know I did." She spoke softly, too—looking down, as she often did when feeling a great deal of emotion.

"What an impossible responsibility," I commented, filled with the weight of Sue's burden to keep not only her parents alive and well, but also everyone whom she cared for.

"I force myself not to miss you," she said.

I felt the significance of our encounter as I commented, "You feel here as you did with your mother, Sue—that you have to ration our time together, especially if you are in pain or hurt in some way. You fear you might harm me. At the same time, you hope that here, at least, it can be different." This interaction turned out to be prophetic.

Concurrent Challenges

Soon after this time, I found myself swirling in my own family drama when my daughter suffered her first grand mal seizure. CT scan and subsequent MRI showed a fairly large mass of unknown origin and some smaller unexplained focal areas. Surgery was advised and then postponed until further tests could be done. It was thought that my daughter might have an unusual infection. Six long weeks of extensive investigation followed to determine the cause of the abnormalities.

I was in shock—my world tilted jarringly on its axis—but I was hopeful that the suspected infection could be found and that treatment could begin shortly. I continued to work through this period, but took time off as needed and had to cancel a few of Sue's sessions.

Rupture

Some weeks subsequent to these cancellations, my daughter suffered a large, unexpected brain hemorrhage and was admitted to an intensive care unit. Brain surgery and radiation followed once her condition became less critical. It was a harrowing time for my family and me. Both the diagnosis and prognosis remained uncertain. I took a number of weeks off before returning to work on a part-time basis.

I chose to tell many patients that my daughter was ill when I cancelled sessions. Such personal self-disclosure is a complex matter, and opinion remains divided in terms of its harm or helpfulness (Abend

1982; Colson 1995; Ehrenberg 1995; Greenberg 1995; Jacobs 1995; Pizer 1997, Van Dam 1987). Like Colson (1995), I feel that unexplained interruptions place a burden on the patient, and that withholding all information about the circumstances can be excessively depriving. I wished to explain my long and sudden absences, and felt I could work through the ramifications of this decision with each specific patient. As well, I anticipated that there would be more absences over the next while, depending on the course of my daughter's illness.

Abend (1982) helps us understand, however, that we cannot always know the impact of the factual information we give to patients; in fact, we are least able to judge and assess our patients' needs when we have countertransference pulls on us. Both Van Dam (1987) and Abend (1982) stress that we should suspect ourselves when we make personal revelations to our patients. I would add to their observations the thought that we should suspect ourselves as well when we make *no* revelations in the face of multiple or prolonged absences. There is always something we cannot know about our own motives or the patient's potential reaction, and disclosure or lack thereof remains a complex and somewhat mysterious matter.

Given Sue's sensitivity to abandonment, I felt it best to be candid (although, as noted above, it is a tricky matter to attempt to predict impact on the patient). I told her on the telephone that I might be away for some weeks. I could not be specific at that point, but told her I would keep her posted as to my return. We agreed that the colleague who referred her to me would cover for me if Sue chose to see her, and it subsequently emerged that she did see this colleague for two sessions. I called Sue some time into my absence and gave her a definite date for my return.

My absence disrupted the delicate dance between Sue and me, in which she was beginning to trust that it might be possible to have a relationship with me that was both meaningful and containing. My absence reevoked Sue's "too-early" separations from her parents, as well as the subsequent affective constellation in which she felt that her relationship with mother was "like holding onto water."

When I called Sue to confirm our return date, she was hesitant. I asked her to come in to talk about her ambivalence, and she agreed to do so. As we began to work together again, she revealed that she had

thought of terminating our work while I was away so as not to have to go through the pain of separation more than once. It was difficult for her to reveal such thoughts to me, as she felt they indicated a shameful, infantile need. It was as if words tumbled out of her when she could no longer hold onto a defensive hiding, her wish for connection overcoming her fear. Her desire to terminate with me was a reaction to my abandonment of her, she reluctantly acknowledged; she would leave me before I again left her. She did not easily acknowledge angry emotions, and when she did, it was in an intellectual, removed way.

Slowly, Sue and I came to recognize that she felt unentitled to make demands for herself, that she had come to cope with absence by developing a super-self-sufficiency and stoicism—an identification with both parents—and a replication of an early coping style with her mother. Close relationships with anyone were frightening in that she consistently felt misrecognized and unheard. Relationships wherein she felt some hope for connection opened up a gulf of need and longing so deep that she began to feel she was burdensome.

Sue consequently became enraged when the hoped-for connection could not be fully realized. She would pull away before these affective constellations could be fully elaborated, thus precipitating repeated scenarios of detached relationships. Being emotionally alone was preferable to the potential dangers of closeness and inevitable loss. Directly expressing anger was too risky, she felt. Even feeling anger felt forbidden; she felt unentitled to anger and was sure that any inadvertent expression of such emotions would ensure the demise of the relationship. Her anger with various doctors who were treating her medically was palpable, but she denied anger with me when I pointed out the possibility of displaced anger, and I now realize that I chose not to pursue these denials too vigorously.

The months after my return to work were difficult for Sue. At the same time as I was struggling to make sense of the emotions that had been stirred up in me by my trauma, Sue was continuing to come face to face with her own difficult emotions. She had lived her life feeling generally burdensome, and now held back some of her feelings for fear of being a further burden to me. She felt that she had to be more vigilant to *my* pain. For example, she said, "When I left last time, I felt embar-

rassed because I had been talking from my own perspective, and then I realized that you have had your own pain."

Sue and I did not speak explicitly about my daughter or her health much, but I felt her awareness. Interestingly, Sue did not tell me for quite some time that she had seen my colleague during my time away. She explained that she had not wanted me to feel hurt. It was only much further into our work together that we understood that her seeing my colleague and not telling me was her compromise between wanting to get back at me for my absence and her fear of retaliation from me.

Much of our work at the time revolved around Sue's struggle with complicated feelings for the mother she was mourning. As well, she had come to realize that her friendships were based on a particular false-self dynamic in which she was the upbeat friend with interesting stories who was good to invite to a dinner party. Her group of friends had been supportive when she was first diagnosed, but the chronic nature of the disease, and Sue's state of depletion following her mother's death, changed the nature of these friendships; a number of them fell away. Her anger and disappointment at what she viewed as her friends' desertion alternated with her conviction that her friends were right to leave her.

The demands of her disease also meant that her successful work life, which had been such a source of sustenance for her, was faltering. The patient entered into states of depression that lasted for months. Her bodily symptoms were very present and she experienced a good deal of physical pain and fatigue. The generational neglect seemed to be written on *her* body: her rage at not having the other and her guilt about needing the other continued to be turned inward in a magnificent display of self-attack. The disease seemed to express all that was inherently difficult for her in connecting with an ambivalently loved and needed object.

Sue felt her medical doctors were giving her short shrift. About a specialist with whom she was having trouble getting an appointment, she commented, "The need to literally beg for each thing I need to get my health issues addressed seems beyond unfair. The acceptance that I am powerless and that the caregivers want as little to do with me as possible is quite devastating." Yet she hated herself for these emotions and for feeling that she inflicted her "too-much" emotional need on her doctors. She was sure that this was the case with our relationship, too, and demonstrated this by continuing to talk at the door of the office on her

way out, extending our sessions to the very limit, and then worrying that she had stayed too long.

Her anger toward me as one of her caregivers was played out through this frame violation. I was put in the uncomfortable position of having to choose, day after day, between firmly insisting on ending in a timely way (confirming her fantasy that she was "too much" and too needy) or running late. We slowly worked out a compromise over time, in which she secured extra minutes and I did not run late. It was clear to both of us that the extra minutes gained were at my expense, but I did not push her at the time to fully explore this covert hostility.

Our work opened up an awareness of the patient's defenses against her own rage and aloneness. "I have always kept constantly busy, working late and traveling, to avoid feeling, to avoid going home to an empty house," she explained. "Now I think I somehow can't help but feel. It's frightening because I don't see a way forward, and I feel that anger and sadness might destroy me. I deal with my sadness and dissatisfaction by waiting, but I'm not sure what I'm waiting *for*."

At the time, I failed to elaborate the transference implications of her statements, likely because this same period of time had left me shaken. It seems obvious now that Sue and I were reenacting a scenario in which she felt unheard and distanced, and the intense shame, rage, and fear she was feeling were attendant to our relationship. It was not obvious to me then. Sue was careful in her communications to me. She frequently referred to her sense of trust and safety in our relationship, and she was quite subtle in voicing her disappointments.

At the same time, I was dealing with the myriad of emotions around my daughter's life-threatening disease and the impact on my family of the surrounding events. Sue's wish not to burden me coincided with a remove in me that was likely reminiscent of her mother's demeanor and her father's stoicism. Sue's need never felt overwhelming to me, but I noticed in myself a general turning away from my work and toward my home life, and an increasing wish for balance and non-work-related activities.

It was a while, for example, before I began attending meetings and conferences again. I believed myself to be coping well with the aftermath of the illness; after all, my daughter's condition was now more stable. In many ways, I identified with Sue's stoic self-sufficiency. I, too, had been a

child whose parents left for long vacations, and I had learned to encapsulate my feelings and cope on my own. Like Sue, I valued my resilience. I felt that I was managing the emotions engendered by my daughter's illness and was doing "good enough" work within my practice.

Nevertheless, I was struggling to process what it meant for me to touch on emotional states that were somewhat foreign to my sense of self. Like Sue, I visited on my body undigested, unmetabolized affect: my foot and hand joints were sore, the links in my body expressing my otherwise inexpressible fear of (re)experiencing loss. Like Sue, I was waiting, waiting out the aftershocks. I both resisted and worked at bringing this maverick affect into my own narrative.

Sue was eventually able to articulate some of her feelings more directly, but only in an e-mail communication. It felt like an enormous chance she was taking even to be writing an e-mail to me, she later admitted; after all, she was asking me to go beyond our three-times-a-week sessions to read this communication, and she wondered if she had the right to do so. As well, she feared that any expression of resentment or anger that she expressed could be the excuse I needed to disconnect from her. Nevertheless, she later commented, she felt enough trust in our relationship to risk sending this note.

Sue wrote:

> Sometimes these days I don't get to the more sensitive and threatening parts of my feelings. I think you let me off the hook more than you used to. I think I actually want you to push me more. I don't think I realized that before. I really benefit from the times I lie on the couch and try to explain what I am feeling right in that moment. I also realized that I have been feeling that you may not be as invested in me as you were previously. I feel conflicted about saying this, like I don't have a right to. I feel like a child and wish you could magically respond.

This communication from Sue made me reflect more deeply. Was I less invested in her? Was this a co-construction? Was I, through my distraction, mimicking her grandparents' and parents' neglect of their charge?

I had not fully realized how emotionally distant I had become with Sue, or that I was the automaton "good therapist" rather than being fully engaged in the messy interplay of alive emotions. In retrospect, while I

was not conscious of it at the time, my own resentment at having to care for others while I was still preoccupied with my family crisis may have contributed to a certain emotional distance in me. My own history of having to care for significant others when I myself was needful of nurturance returned in the form of unexpressed and unelaborated anger and resentment. At the time, I felt merely somewhat distracted.

Surprisingly, the presence of my dog, Billie, contributed to the holding I needed over this difficult period to restore my full analytic function. Billie also became the bridge that allowed movement in Sue's analysis.

Restoration: Billie and the Bridge

Some months after I had returned to work full-time, I acquired Billie. Billie is a young black and tan cocker spaniel who generally greets patients with great puppy enthusiasm and then settles down to fall asleep for the duration of the session. I get enormous pleasure and comfort from having Billie at work with me.

I decided to bring Billie to work with me very soon after acquiring her, ostensibly so that she would not be left alone at home all day. Perhaps I was the one who was worried to be left "alone" at work all day. What I experienced at the time was deep comfort from nurturing this young puppy and having her close. I read the (sparse) literature on having a dog in the consulting room and found no reports of detrimental effects on patients. I called a fellow therapist who brought her dog to work and discussed the matter with her. I concluded that the dog might be therapeutic to my patients, and that I would be able to treat any allusions to the dog as I would any communication about a personal object in the room.

At first, I kept the dog in a room apart from my consulting room, and only brought her in after consultation with my patients. I asked patients if they were comfortable having the dog in the room with us, or if they would prefer the dog to be outside. I realize this is not a question patients can answer with full freedom, but on a manifest level, I encountered little resistance to the dog; on the contrary, there was a warm welcome from most of my patients.[4]

[4] Only one patient openly chose to have the dog elsewhere, as she was fearful of

With the passage of time, I have wondered whether I was skeptical enough about the manifest acquiescence of my patients to having the dog in the room. On an unconscious level, a dog's presence is a complex matter and affects patients differently according to their dynamics. Exploring this matter, however, was likely to have been rendered more difficult by the fact that I brought my dog into the room within a year of my daughter's illness. This may have signaled to patients my continued vulnerability, and may have spurred in them an ongoing need to protect me from difficult emotional interplays.

To other patients, a dog in the room may have signaled my ability to arrange what I needed in terms of self-care during times of emotional trouble. As with the self-disclosure around my daughter's illness, the complex meanings to each patient of my having a dog in the room had to be elaborated over time, and could not easily be predicted in advance. It remains an open question, however, whether I was as attentive to the transference allusions to the dog or the symbolic renditions in dreams as I could have been, given my psychological state of mind while coming to terms with my daughter's illness.

Interestingly, dogs have been in the consulting room from the beginning of our psychoanalytic history; Freud had a succession of chow dogs who were present in the room while analysis was conducted, and who would "sit quietly at the foot of the couch during the analytic hour" (Gay 1998, p. 540). Freud's dog Yo-fi figures prominently in the poet H. D.'s analysis (Friedman 2002), and Freud purportedly even offered her a puppy for her daughter. Anecdotally, a number of therapists report having a dog present in the consulting room, but little has been written on the subject.

Those who have written about a dog in the room have focused on how the dog can facilitate the therapeutic alliance. Glucksman (2005), for example, speaks of his dog as functioning as a transitional object, or as a displacement for both transference and countertransference feel-

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dogs. As we explored the matter, it turned out that she felt she had had to subjugate her own wishes in both her growing-up years and during her marriage, and she hoped that she would not have to subjugate her wishes once again with me. The potential conflict of agendas regarding the dog in the room highlighted a central dynamic for her, and I understood it was important for her to assert her wishes with me while we discussed this matter.

ings. Himes (2006) takes a Lacanian perspective in asserting that the dog exerts a powerful bearing through his silent gaze, which can "personify a fixity which is contaminated by speech's impurities"—the "fixity" being akin to the Real and the rigidity of the symptom. What strikes me in these musings about a dog's role in the consulting room is not the accounts of the significance of the presence of the dog to the therapeutic encounter, as poignant and interesting as these are, but rather the role of the dog for the *analyst.*

Billie, my dog, was just what I needed in the face of my *annus horribilis.* I had adopted her and decided to bring her to work with me at a particularly vulnerable time of my life. My daughter was in recovery, but I was feeling the aftershocks of the events of the past year. Billie brought me daily joy and delight. Yet it was only in analyzing my dreams that some of the meanings of her presence became clear.

I dreamed that Billie was a baby who walked and talked, who said, "wait, wait" as she tumbled forward on toddler legs. I dreamed that she ran alongside me on a highway in a carefree way, and then warned me that I should not get too close to the ground when we came across an accident on the highway in which body parts were strewn on the road.

For me, Billie is unconsciously a part of myself whom I get to nurture, to heal. She is a baby, a daughter who is carefree and able to talk (my real daughter's tumor was in her speech area), while I wait, wait. She is an internal protector who warns me of the dangers of scraping against something when I get too close to the traumatic Real. She holds me through the intense shock waves to my world, and in my grappling with the dilemma of how body parts come to be strewn on the highway of life. She expresses my wish to undo the painful reality of my daughter's devastating illness and injury, and helps me tolerate the new reality.

It became clear to me over time that I used Billie in a particular holding way in my own recovery from the shock and trauma of my daughter's illness. It was not only Billie's comforting presence that filled a visceral space in me; it was also the opportunity to nurture her, to hold and stroke her. I felt the attachment imperative to be close to a loved one in trouble, and Billie was the "daughter" whom I could care for and hold close in my work space. The simple, unambivalent love I felt from Billie was less demanding than the complex feelings toward me from a daughter struggling to come to terms with the changes in her life.

My use of Billie may be seen partly as an attempt to stave off mourning, to re-create the nurturing space of a daughter not yet ill. Perhaps she was my "phantom pain." Yet Billie was also the conduit through which I began to symbolize this phantom pain; the holding she provided facilitated a process in which I could put words to my dream life and process my affect, so that I could once again become the explicator of the third position (Ogden 1994).

Billie came to take on an importance for Sue as well. Sue took to Billie's presence in the room right away, and Billie rewarded this delight in her with reciprocal enthusiasm. Sue asked about her when she was not in the room with us, and she petted and stroked her when she was there. Billie became a bond between us, a "baby" who delighted and amused us.

At one point, Sue pointed out that Billie had a small skin flap on her mouth that might need medical attention, which only in retrospect did I take to be a transference communication. Perhaps I was the one who needed care, who needed help finding the words to render my shock intelligible. Perhaps Sue was being vigilant with me in a way she felt she had had to be with her mother. Perhaps she was the one who needed medical attention, and I had not noticed the extent of the "skin flap" on her mouth.

Sue was going through a particularly difficult period around the time of her e-mail communication to me. She was experiencing chronic physical pain, her friendships were in peril, and she felt extremely lonely. She was reluctant to call on anyone for support. "It's as if I feel I'm not worth it any more," she noted. Work had become too much for her, and her business was suffering. In the depths of her depression, she would sit for hours in the dark. I became concerned about potentially suicidal tendencies.

One day, soon after sending me the e-mail, Sue experienced a particularly frustrating situation at work. She was extremely disheartened and down, and left a poignant message for me in the evening.

I thought of her with concern as I woke up the next morning. I called her to ask her if she would like to take Billie for a walk to the park across the road from my office after our session that day. I recognized with some unease that this kind of suggestion is outside the purview of usual analytic engagement, but I decided to proceed anyway as it felt

"right." Sue had spoken about the possibility of having some time to play with Billie after a session, and I had taken that as a communication about her feeling—as she had with her mother—that she did not have enough of me. This felt like a different situation; I believed I was offering Sue an experience that would help her temporarily transcend her depressed state.

I had become aware of a growing feeling that I did not need Billie in the same way I previously had, that I was beginning to come back to the world. I had begun to understand my "Billie dreams" with my analyst and was able to form a new narrative about myself that included a deepening appreciation of my own human frailty. Billie had been part of my healing, and I hoped she could be part of Sue's.

At the time, I was somewhat concerned that my asking Sue whether she wanted to walk Billie put her in an awkward position. After all, could she feel completely free to refuse my suggestion? I was not quite sure how Sue would react. I found myself relieved when she called after the walk to say, "That's the nicest gift anyone has given me." At our next session, she reiterated her gratitude.

I knew I would have to wait for a more extensive exploration of these events to understand more fully a multilayered response, but even over time Sue seemed to have little ambivalence about the proffered walk. She acknowledged that she felt I had given her something of myself from beyond the sessions, something precious to me that I had entrusted into her care. She felt it signified a reciprocity in caring, something she had not been able to count on from her dismissive mother.

My relief at Sue's positive response was of interest to me. Acting on intuition without fully thinking through the action is likely a marker of enactment. The enactment in this case arose out of my concern about her growing depression, along with an increasing awareness (aided by her e-mail) of my distance from her over the past while. My anxiety was a kind of waking up, in a sense; possibly I was afraid that Sue, like my daughter, would be in danger of death under my watch.

I believe now that I was unconsciously offering a reparative act for being subtly disengaged from our encounters. I identified with both the neglectful and neglected objects of both of our pasts, and I was reassuring her that she was "worth" my engagement. My daughter had begun to reestablish her own life and was again in the process of individuating,

and I had begun to recover from the family trauma. I was ready to re-immerse myself in the early maternal transference that Sue required. I could leave the complicated reimmersion with my young adult daughter that her illness had evoked and reengage with Sue, who needed me in similar ways.

In sessions subsequent to the walk, we began to explore Sue's complex set of emotions in regard to her e-mail to me and her sense of my emotional remove. In Sue's inner world, both emotional neediness and rage were toxic ingredients that caused the other to disappear. Her fear that direct confrontation would alienate me was heightened by her experience of a subtle change in our relating. An e-mail communication seemed to her to be somewhat removed—safer and less direct. As well, Sue's concern for my vulnerability had augmented her usual wariness about direct communication of her feelings of abandonment and consequent rage.

At the same time, I had been less able to hear her through her transference communications because of my own subtle remove. My rationalization that I was doing "good enough" work kept me from fully understanding how my slight disengagement was affecting Sue. The enactment signaled to both of us my reengagement in our work together. My thinking of her in the morning spelled the transition from being the "good enough" therapist to being able to reengage with her, both of us becoming reenlivened from the "dead space" we had formed.

The enactment and the reengagement it signified seemed to be the catalyst for Sue to work more deeply within the therapy with her emotional pain and her relationship to her body. Slowly, she seemed to experience a renewed sense of engagement with me, as well as a renewed mourning for her losses. She began to write poetry about her pain. She noted, "Something dramatic has happened to improve my mood. I have even begun to feel sexual again."

It did not happen all at once, but the patient began to talk more easily about her rage and her disappointments. She could now take on the risk that her covert hostility and her overt need would not kill or maim me. She acknowledged that she was beginning to talk "from the heart," rather than carefully framing her words as she had always done with her mother. She felt she could risk my reactions to her less edited

communications. Over the next few months, she began to date a man, surprising herself with her readiness to do so.

Such engagement/disengagement cycles have recurred over the course of the treatment, but in this instance, my difficulties in processing my own affect played into Sue's dynamics in a specific way, resolving only when I was able to bring myself fully to our encounter. It was as though Billie became an *analytic object*[5] (Green 1975; Ogden 1994) for Sue and me—a symbolic object through which I might recover from my trauma and thus liberate Sue to be able to risk closeness with me without having to neglect herself, as she had done in so many previous relationships. Together, then, we might begin to break the transgenerational cycle of neglect and care that had been a trap for Sue and her parents.

Through Billie I had my own soothing; through Billie we could both stroke, play, be licked in sensual and playful delight. She was the homo-erotic link between us, the maternal erotic playground (Wrye and Welles 1998[6]) that restored a connection lost in my emotional remove. I was restored, and Sue could again use me in the Winnicottian sense.

HOLDING, SYMBOLIZATION, AND THE ANALYST

This paper examines the process by which the analyst can be held during a personal crisis and can begin to symbolize the intense, crisis-engendered emotions that potentially impact analyst–patient enactments. Our own unthinkable places of pain, fear, and shock inevitably enter the encounter, even as we attempt to self-contain. Our ability to be emotionally present, and thus to bring our reverie to the patient, will depend on the extent to which the horror and fixity of the Real can be brought into the symbolic realm.

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[5] Taking the term from Green (1975), Ogden (1994) uses *analytic object* to refer to an object or phenomenon that is a carrier of intersubjectively generated analytic meaning. Green expanded Winnicott's notion of *transitional space* in talking of the analytic object as "neither on the patient's side or the analyst's, but in the meeting of these two communications in the potential space which lies between them" (1975, p. 12). In this situation, *analytic object* comes closest to the idea that both analyst and patient imbued the dog with symbolic meaning within the intersubjective space of the analysis.

[6] Wrye and Welles (1998) speak of the sensual bodily fantasies in relation to the analyst that can transform "object relations, gender identity, and the capacity for separateness and for mutuality" (p, 45). They label these *maternal erotic transferences*.

As well, our ability to find our own reverie will facilitate the extent to which the patient can feel held and contained enough to begin to symbolize his own places of relentless and inexpressible pain. We find a way to "self-right" through a process of feeling held enough to bring the affect into the symbolic realm, and we work to understand the analytic configuration that has been jointly constructed. This joint dynamic can become the backdrop against which the patient's psychic structure becomes clear.

Self-containment, while essential in times of extreme affectivity for the analyst, may not be a sufficient description of the process by which the analyst restores her analytic function. The idea of *self-containment* only partially gets at what it is that is possible for the analyst in relation to her affects; it involves more than bracketing out the subjectivity of the analyst. The term does not fully illuminate the complex process inside that allows for affect to be metabolized in symbolic form in order for containment to take place, nor does it truly portray the complicated dynamic that is created with the patient.

In terms of affect, then, the task of the analyst with the analysand is complex. The analyst brings into the symbolic realm both expressible and inexpressible aspects of her affect, while noting the interplay of these currents between the two subjects in the room. This task is made possible through the analyst acquiring her own holding object or process.

My self-righting during a difficult time came about only in part through the holding created by having my dog in the consulting room. My husband's and children's loving presence was invaluable to me in going through this experience, and I was lucky enough to be surrounded by the ongoing, deep support of family and friends. I chose to see my analyst on a twice-weekly basis through this period, which was enormously helpful to me, but finding my own sources of nurturance remained important given my overdetermined and overvalued self-sufficiency.

For many analysts, it may be the work itself that holds and contains, or the opportunity to speak deeply with a colleague, or writing about the experience. Indeed, the writing of this paper has been an important factor in my reworking painful aspects of this period—the writing being itself a holding process. Silver (1982) found the established and

stable institution in which she worked to be a "holding environment" that helped her "resume the work and thereby to obtain the sustenance which dyadic work provides" (p. 325).

Daehnert (2006) described her own affective process toward symbolization when she movingly spoke of the journey entailed in the treatment of a dying patient and her profound grief after the patient's death. She spoke of being "dismantled" by the patient's demands and "psychically immobilized" after the patient's death. Using the work of Ogden and other theorists helped her "restore movement in myself" and helped her write their story, which in and of itself became a way to claim her separateness from this patient.

Being held comes from a variety of sources, and each individual finds his or her own set of conditions. Each one of these sources can be invaluable on its own, but in the face of the tsunami of emotions that accompanies life and death scenarios, it may be that holding has to come from varied and unexpected places.

With my patient Sue, my unrecognized remove due to my family crisis repeated an early structure for her in which she felt her mother would interact with her only if there was something "left over" after dealing with her needs for her own life. Through my dog Billie, I could nurture an aspect of myself and contain my encounter with my difficult emotions. And through talking about my "Billie dreams" with my analyst, I found the words to bring into language the deep shock and anxiety that had interfered with my full affective presence in the room with Sue.

Sue could begin to feel contained once again as I found a way to bring into symbolism my own traumatic affect. Through Billie, Sue and I found an "outside" to our analytic encounter that could help repair the problem of my tending to my daughter and family, even as Sue felt a lack of care from her friends, family, caretakers, and her own self. Sue and her mother, me and my daughter—these dyads could be symbolized as we created a new dyad between us. Billie facilitated a play space, and we could share a sensual pleasure without the trap of anxious care or emotional remove.

Our work together thus far seems to have enabled Sue to allow herself closeness within a sensually and sexually satisfying relationship with a fellow investment advisor. She still finds it remarkable that expression

of need and longing is not anathema to close relating, but rather the very grounds upon which such intimacy can be built. She is working on what it might mean to follow her desires, to not neglect her emotional and physical world, and to feel brave enough to have mutual care and need. Her relationship with her body is less like that with an enemy, she explains. She is better able to welcome desires, tolerate pain, and explore physical sensations without closing off. Slowly, she has begun to feel more comfortable with her unbidden feelings, and she feels less burdensome to others.

And slowly, I, too, have recovered. My world is once again back on its axis, or perhaps on a new axis, even as I wait, wait with baited breath for the results of each of my daughter's follow-up appointments. I would not choose to repeat my experience of great emotional travail, but in going through this exceptionally difficult time, I have been brought face to face with my resilience *and* my frailty, both of which have been enormously helpful to me in the all-too-human endeavor that is psychoanalysis.

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THE SPIT AND IMAGE: A PSYCHO-ANALYTIC DISSECTION OF A COLLOQUIAL EXPRESSION

BY EUGENE J. MAHON

"He is the spit of his father" or "he is the spit and image of his father" is a colloquial expression that has graced informal English for many centuries. When a "spitting image" made an entrance in the manifest content of an analysand's dream, it became possible to add a psychoanalytic point of view to an etymological and anthropological record. After discussing both this clinical case and an "anthropological case history," the author examines the subtle but complex genesis of this colloquial expression from a speculative applied psychoanalytic perspective.

Keywords: Verbal expression, hendiadys, double, uncanny, image, oedipal complex, primal scene, language, dream, anthropology, Egyptian mythology.

INTRODUCTION

In this essay, I want to draw attention to that moment of perception when a human being recognizes that a child has an uncanny likeness to its parent and blurts out: "he is the spit and image of his father" or "she is the spit and image of her mother." This phrase, which has many variants—such as "he is the spit of his father" or "he is the spitting image of his father" or "the spittin' image of his father"—seems to be recorded in other languages as well: for example, "Il est son père tout crache" in

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French and "È suo padre sputato" in Italian. Partridge (1961) dates its usage in English as far back as 1400.

I will not dwell on the complexities of etymological origins and variations since that is not my area of expertise. Instead I intend to explore the psychology of the utterance itself. To say anything of psychoanalytic import, I must imagine my way into the mind of the man or woman who came up with the expression in the first place. How do you do that with an anonymous voice that coined a term hundreds of years ago and left no paper trail whatsoever?

I will approach this dilemma by posing a question and then attempting to answer it: When human perception is confronted with an almost perfect likeness between a parent and child, what uncanny affects, conscious and unconscious, are aroused in the mind, and how did these affects lead language to the expression *spit and image* in an effort to make sense of this?

For years I was puzzled by an expression that seemed to combine a primitive concrete substance like *spit* and a most abstract substance like *image. Hendiadys* is a figure of speech that literally means *one-through-two* in Greek—the idea being that a single complex meaning is arrived at through the use of two nouns rather than one. A simple example would be *hearth and home.* Shakespeare has penned at least sixty-six much more complex examples in *Hamlet* alone (see Mahon 2009).

One noun by itself does not convey the complexity of the total meaning suggested by the hendiadys. If a human being is a complex mixture of body concreteness and mental abstraction that together represent (*re-present*) the body in the mind (an idea very similar to Freud's definition of *instinct*), isn't a hendiadys (such as *spit and image*) one small verbal attempt to come to terms with this metaphysical mystery? This phrase smacks of spontaneity and creativity all at once, the mind confronted with novelty and surprise, and rising to the occasion with a pithy turn of phrase that seems to have survived for many centuries.

In my first attempts to understand the poetry of this expression, I considered it as though it were a symptom or a dream. There seemed to be a manifest level of expression that hinted at a deeper, more latent level of meaning—without revealing itself any further than that, however. I imagined interviewing the first user of the expression and asking

him or her to free-associate, thereby revealing the unconscious connective tissue that supported or even spawned this remarkable hendiadys.

The closest I could get to any unconscious information had to wait several years until both a clinical case and an anthropological case, so to speak, came to my attention and provided data that, if not conclusive, were at least thought-provoking. Let me present these "cases" and then discuss their implications.

CLINICAL CASE[1]

David Ellington, a 40-year-old professor of English and romance languages, entered analysis because his object relations seemed unfulfilling (relationships that lasted a year or so, then fell apart). The patient suspected genetic causality (that he was repeating a past he could hardly remember), but the details were unavailable. At the time in our work that I will report, Professor Ellington had been in analysis for about five years and had begun to de-repress many painful issues.

A striking feature became clear in an unfolding psychoanalytic narrative: whenever associations led to the analysand's relationship with his father, silence ensued. A significant portion of the analysis so far had been a collaborative attempt to understand the components of this silence, the affects it tried to conceal, and the defensive and characterological attitudes it reflected, not to mention the transference it seemed to both resist and reveal all at once.

The topic raised its head in the analysis early on when the analysand announced, somewhat bitterly, that he was supposed to be the spit and image of his father. He added that appearances can be deceptive since he was, in fact, characterologically the exact opposite of his father. Whereas his father was lazy and irresponsible, he was alert, active, and responsible to a fault! However, whenever he heard anyone use the expression "he is the spit and image of his father," a nostalgia overtook him that filled his eyes with tears. He was aware that his active *disidentification* from his father's character failings did not completely erase the intense longing to be like his father, nor did it erase the yearning to be closer to

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[1] I have applied fictional names to the analysand and all others mentioned here to create the illusion of a cast of characters.

him than he actually had been in childhood or could ever allow himself to be later on.

As mentioned earlier, there was a segment of the analysis in which Professor Ellington became more and more curious about the expression "he is the spit and image of his father." On one level, it was an etymological interest. On another, of course, there were genetic and psychological meanings as well as profound transference meanings. A transference that had started out essentially positive and idealizing was beginning to reveal some of its ambivalent underbelly. A series of dreams from this phase of the analysis graphically revealed all these issues, but it is the revelations about *spit* and *image* that I will focus on here.[2]

A dream that really piqued the analysand's curiosity about the spit-and-image topic contained a spitting image in its manifest content! Professor Ellington reported the dream as follows:

> Bob Williams [an older academic colleague] appears. He looks different than in real life. He seems Spanish, perhaps. As he talks he is spitting a little, spraying me with saliva. He says, "I saw you swimming." He says it admiringly, proudly. We would have talked more, but other English professors enter: Galsworthy and Isabelle Franklyn. [Whereas Galsworthy is the head of the department, Isabelle is a relative novice, and I wonder if she has been promoted in the analysand's psyche.] I look toward her again: perhaps I am mistaken. No, it's another woman.

Before this dream can be analyzed, it is necessary to describe the analysand's childhood and development so that the context from which the dream emerged can be considered.

Professor Ellington was one of three children. His brother was eight years older and his sister eight years younger than himself, a symmetry that the analysand found bitterly amusing, given the lack of symmetry that informed his family life in general, which seemed like chaos to him rather than the measured, well-proportioned emotional coordinates the word *symmetry* usually suggests. He even doubted that he and his younger

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[2] I should add at this point that my research interest in this colloquial expression did not interfere with my analytic attitude of evenly hovering attention. This complex analysis was about much more, of course, than the investigation of one colloquial expression, even though this brief capsule of analytic process may seem to distort that complexity.

sibling had been sired by his father at all, given the discord and alienation that characterized his parents' relationship, but his doubts were hard to sustain when he so often heard the expression "you are the spitting image of your father."

Professor Ellington was born in Pennsylvania, where another local expression was commonly heard upon meeting someone who had an uncanny resemblance to his father. This expression, delivered with a soupcon of sexual mischief, was "You had an honest mother!" These expressions might have been music to some people's ears, but Professor Ellington found them a bit jolting, given the ambivalence about his father that he had nurtured in his psyche for so many years.

Professor Ellington's mother was an artist of some renown as a portrait painter. Capturing a likeness had more than linguistic meaning for him since he had been aware of this topic as an artistic technique throughout his development. His father was a professor of English literature, medieval English being his specialty. He seemed a sadistic, frightened man who had been scared by his own father. He developed lifelong fears about the dangers of the world, phobias he tried to pass along to his son. The analysand remembered a childhood scene in which he was listening to peals of thunder with great pleasure as he "imagined barrels rolling down the streets." His father entered his bedroom with a lighted candle, saying, "There's no need to be afraid"—and thus a fear of thunder was engendered, which Professor Ellington counterphobically resisted for years by insisting on going out of doors when it thundered, "to enjoy the spectacle."

The analysand's father drank heavily to overcome his fears, and this led to many lost opportunities and lost jobs. He never gained tenure and there were many dislocations and geographical uprootings. As the family moved from home to home to keep up with his father's academic appointments and reappointments, the analysand mastered his sorrows by developing an uncanny sense of geographical location. At any latitude and longitude in the world, he became a human compass who could reach his destination with remarkable precision. These character traits were extremely adaptive compromises, but the hidden sorrows and terrors of childhood had been rechanneled rather than understood and integrated.

A poignant memory found a new expression in the transference. While lying on the couch, Professor Ellington had a fantasy of how the analyst would react to an enuretic analysand who urinated on the couch. This led to a memory of being in bed with his father and "peeing" in his sleep. His father awakened wet and angry, ridiculing and shaming the child for his lack of control. A wedge had been driven between them ever since that time. The analysand came to appreciate, however, that the timing of such a screen memory had more emotional, symbolic accuracy than real chronological precision.

With this minimalist sketch as our guide, we can examine the dream and try to make sense of it. First, Bob Williams appeared—an older colleague who had been instrumental in Professor Ellington's academic advancement. In recent years, the analysand's professional stature had increased so much that in many ways he felt equal, if not sometimes superior, to this most influential and generous colleague. Although he might initially have modeled himself on Bob as a paternal figure, he now felt that his own academic contributions were unique.

He is struck by the ambivalence that runs like contrapuntal stitchcraft through the textual fabric of the dream. He knows that the spitting is a reference to *spit and image*. He acknowledges that, years ago, Bob Williams's prowess and generosity of spirit seemed admirable, and that he himself tried to imitate them in the conduct of his own life. And yet, in the dream, Bob is not really himself and Isabelle Franklyn is not herself, perhaps, either. A statement is being made about identity, but it is immediately being contradicted.

Furthermore, spitting on someone is not usually regarded as an expression of endearment; is it not an expression of contempt or disgust? And yet Bob admires the analysand's swimming and comments on it lovingly, proudly, and this theme of praise and love would have continued had other academic colleagues not arrived on the scene. If desire was the engine of the dream, caution and disavowal of desire as represented by unstable object imagery was its impressive facade. But Professor Ellington had become fearless in his deconstructions. What was counterphobic and symptomatic in preanalytic days had now become a kind of intellectual daring that served him well.

"Who's spitting at whom, I wonder?" he questioned, and much of the facade of the dream came tumbling down. The aggression of his own spitting and imagined enuretic assault on the couch could be acknowledged, even embraced. If the aggression had its own authentic energy, it was also defensive, of course. Spit could be seen as hostile, as could urination; but they could also represent love and intimacy. A child's peeing on his father could be viewed as an act of sexual and regressive intimacy. Being the very *spit* of one's father could suggest a love so profound that it emerges from the mouth of creation itself—a seal of identity that brands the offspring with the likeness of the creator.

Professor Ellington was surprised to have another dream the next night in which Bob Williams appeared again. Mocking the transference in his now-characteristic way, he commented: "If Bob is a stand-in for you [the analyst], you're sure on my mind a lot!"

If the comment had love in it, the irony of his growing attachment to the analyst and the accompanying wariness of it was also present. Here is the dream as he reported it:

> In my university offices, I am peering under the door of a colleague's office. Bob seems to be conducting a lecture there. He is very welcoming toward me, saying, "This is my eldest son. Come join us." I seem to imply that I may not be able to join in. Bob makes a face of disapproval or perhaps even disappointment. As an afterthought, he says, "Oh, by the way, you should go see Dr. Spitz today."

The transference seemed obvious since the analysand, while in the waiting room, could see light under the door of a colleague's office in the suite where the analyst's office was located. He wondered what kind of an analyst my colleague was compared to me.

But it was the return of Bob in dream time that really intrigued the analysand, especially since he himself was being identified as Bob's eldest son. Again, there was an ambivalence as the dreamer seemed to distance himself. And again, there was a hidden reference to spit in the mention of *Dr. Spitz.*

A silence ensued in the session that was eventually broken by a rhetorical question: "Is there no respite ever from this damn double-

meaning, double-crossing stuff?" He burst out laughing as he noticed the return of the *spit* concept in his choice of the word *respite.* "I laugh lest I should cry!" he chortled, paraphrasing Byron's "And if I laugh at any mortal thing/'Tis that I may not weep."

Overdetermination being what it is, there is no respite ever, of course, from the "damn, double-meaning stuff," instinct and sublimation, desire and disguise, spit and image represented and misrepresented constantly as the flow of analytic associations proceeds. This period of analysis was intense, with dream following dream, night after night.

Out of a great sequence of interrelated dreams, I will discuss one other that seems highly relevant to the topic. Professor Ellington recounted it as follows:

> Peter Barrington [a friend] is holding the phone away from his ear in the manner of someone who is not listening, given how bored he is by what he is hearing. He is being called by the Public Theater, which is offering him a part in a play, but since they did not call him sooner he has taken umbrage. I am trying to advise him that an offer from Joseph Papp [the theater's director] is nothing to sneeze at.
>
> In a subsequent scene, Peter is apologizing for throwing a punch at me. ["I may have thrown a punch at him earlier," the analysand explains.] Peter then says there is something wrong with his pubic symphysis.

Professor Ellington then explained that he had come across the term *pubic symphysis* in his reading several nights before the dream. He had had to look up the meaning of *symphysis.* The idea of two distinct bones joining together intrigued him. "I guess you [the analyst] wouldn't have had to look up the word, given your medical background."

The analysand's friend Peter Barrington's appearance in the dream was interesting because in real life, Peter's father had lost his job, while Peter himself, who worked in the same establishment, did not lose his job. This was a dramatic depiction of the survivor guilt of the son, represented in the dream as a self-destructive actor who hesitates to accept a role out of pique, even initially ignoring an offer from the well-known director Joseph Papp—as though a son must self-destruct if the father does.

The pubic symphysis in the dream exposed a strong wish to merge with father in a sadomasochistic, perpetual, unquestioned identification. It also expressed deep-seated castration anxiety at the idea of victory over the father and the acquisition of the paps (nipples) of the mother for his own exclusive sexual nourishment. The biblical line "Blessed is the womb that bore thee, and the paps that gave thee suck" was quoted by Professor Ellington at this point in the session, with a comment that these lines, when he had first encountered them, sent a sexual *frisson* through his body, the very first that he could remember experiencing as a child. Interestingly, advancing on timeless, free-associative stepping stones, Joseph Papp, the director of the Public Theater, had led to *paps,* first encountered in the Bible. The words "gave thee suck" led to the *spit and image* of himself at the breast, a helpless creature, defined at first by mouth, saliva, hunger, and rudimentary attachment.

The analysand laughed as he then thought of his older brother (who was in effect a parental figure who filled in for the father's delinquency and abdication of parental authority for years). It was the older brother—an avid reader who could quote the Bible and *Lady Chatterley's Lover* in the same breath—who had first turned him on to the Bible. "Just remember, it's great literature and not the word of God," his brother would announce mischievously and then laugh, apparently "a laugh that shook the rafters of the house."

"If I'm the spit and image of anyone, it's my brother and not my father," Professor Ellington said, and began to sob.

Professor Ellington's analysis of these spitting images in dreams led to an important memory of a nightmarish dream of childhood. In the dream, dating from age four or five, the analysand was looking at a snail on the frame of a picture hanging in his bedroom. He was frightened, as if the frame were compromised or damaged by the snail's crawling on it. He awoke in horror and cried out, and was delivered into the arms of his uncle for comforting.

Reflecting on the dream, he wondered where the errant parents were and why it was an uncle who rescued him from terror. From his current, more mature psychoanalytic perspective, he imagined the frame as a symbol of order that surrounded and protected the sublimations of the enclosed art. The snail seemed to represent a chaos that threatened

the security and confinement symbolized by the frame; it symbolized spit, semen, a penis, ejaculation, a snake: these were primitive, slithery desires that could undermine the ego's capacity to frame and contain instinctual experience, especially when the facilitating environment was anything but stable.

Is it possible that this early dream, with its conflicts about instinct and mastery, was the unconscious preamble that had set the stage for a later curiosity about the expression *spit and image?* Can we establish a connection between these primitive elements and the later, sublimated expression *spit and image?* In other words, did the hendiadys *spit and image* reconfigure the more primitive imagery that snail and frame had evoked at a much more vulnerable phase of development?

These ideas clamor for further elaboration, but at this point let us first review some anthropological material before engaging in an in-depth discussion of the data presented thus far.

AN ANTHROPOLOGICAL CASE HISTORY

Frazer (1959) cites an Egyptian mythological account that has an un-canny relevance for the theme of this essay. The term *spit and image* is not used directly, but the magical properties of spit are emphasized, and it is difficult not to imagine some psychological connection between the sym-bolism of the ancient past and the comparable though quite different symbolic imagery of current linguistic artifacts.

The story tells how Isis, who was tired of being human and wanted to be a god, tricked Ra, the great Egyptian god of the sun, into revealing his secret name to her. Since the secret name held the source of the god's power, once Isis possessed it, divine power would be hers and no longer Ra's. Much of the book deals with sympathetic magic: the hair or nails or teeth of a human being can represent the whole human being. In this kind of metonymic, anthropological, *pars pro toto* thinking, if you destroy the hair or nails, you destroy the person whom they came from.

In some cultures, this kind of sympathetic magical thinking applied to spit also. It was crucial to keep the spit of the king out of the reach of sorcerers to ensure the king's safety. In the Sandwich Islands, for ex-ample, "chiefs were attended by a confidential servant bearing a portable

spittoon, and a deposit was carefully buried every morning to keep it away from sorcerers" (Frazer 1959, pp. 181-182). On the Slave Coast of Africa, in the Congo, among the Ashanti, in Angola, Brazil, and Hawaii, similar practices were evident, Frazer reports.

Let us return to Isis and her scheme to worm Ra's secret name out of him and thereby steal his power. Ra has grown old and is slobbering at the mouth, his spittle falling on the ground as he walks forth accompanied by his retinue of other gods. "Isis gathered up the spittle and the earth with it, and kneaded thereof a serpent and laid it" in the king's path (Frazer 1959, p. 194). The serpent stings the king. He becomes deathly ill. Isis goes to him, saying that if he tells her his secret name he will live. Initially, cunningly and quite poetically, he tells her he has many names:

> I created the heavens and the earth, I ordered the mountains, I made the great and wide sea, I stretched out the two horizons like a curtain. I am he who openeth his eyes and it is light, and he who shutteth them and it is dark. [Frazer 1959, p. 195]

At his command, the Nile riseth, but the gods know not Ra's name; "I am Khepera in the morning. I am Ra at noon and I am Tum at eve." This much of a revelation does not satisfy Isis, and the poison is not taken away.

Eventually, Ra relents and yields up his name to Isis: "I consent that Isis shall search into me, and that my name shall pass from my breast into hers." The poison is now removed from the king's body, but his power is also removed and becomes the property of Isis. Ra "hid himself from the gods and his place in the ship of eternity was empty" (Frazer 1959, p. 195).

If we consider the secret name of the king and his purloined spit to be somewhat akin to the notion of *spit and image*, the story of Isis and Ra takes on an intriguing relevance for our more modern sensibility. In the story, spit seems to have life-threatening significance. On the one hand, it is such an integral part of the king's identity that it must be protected at all costs. Still, spit also seems to represent poisonous aggression that can boomerang back onto the king's integrity and practically kill him unless he is willing to strip himself of all power.

One could posit many interpretations of this text. One in particular has direct relevance to our theme of *spit and image* and the hypothesis I am proposing, which I will get to momentarily, but first I will begin my discussion in more general terms.

DISCUSSION

The oldest reference to an association between spit and image that I know of comes from Lascaux: our great ancestral artists at times used a spitting technique (Geneste, Horde, and Tanet 2004, p. 69) to apply pigments to the walls they so magically adorned with cave art. Not only was this their artistic methodology; it also seems that they were comfortable in pressing any pragmatic ingenuity into the service of their art, even if it meant using a mouthful of pigment and a spitting technique to achieve their aims.

To achieve my own aims in this discussion, I will attempt to extract unconscious insights from anthropological and clinical cases, and apply them to further an understanding of the creative impulse that inspired the genesis of the colloquial expression under review. This highly speculative endeavor has a psychoanalytic proposition at its core: even if the original word artist who coined the phrase cannot be invited to free-associate and reveal some of the affects that led to his/her aesthetic creation, can we assume that the consensual validation honoring this expression with ongoing usage for many years represents a cultural constituency—some of whose living members can be interviewed, thereby throwing some light (albeit indirectly) on the enigma?

It is in the spirit of such a hypothesis that I presented the analysis of Professor Ellington. I even imagine that a dialogue with the past could be set up in such a transcendent manner, with the analysand's free associations reinvoking and reconfiguring the unconscious associations that may have spawned the expression *spit and image* in the first place.

I began this section with Lascaux, a cave that we will not actually enter into in this discussion, but there is another, more metaphorical cave that I do want to enter here: the cave of unconscious imagination, where the aesthetic energy resides that suggested the words *spit and image* to our anonymous wordsmith in the first place. To enter that cave, I needed

some directions, and I believe I found them in the two texts presented here, one clinical and the other mythological/anthropological. Perhaps it is not too poetic to say that I was guided by a snail and a frame, and by a king who lost his name and his place in the ship of eternity.

Of course, I will need to be clearer than that, more precise, more prosaic. From Professor Ellington, I believe, I extracted the central idea that an ambivalent relationship with the father could be part of the fascination with the expression *spit and image.* The spitting image in Professor Ellington's dream reflected ambivalence, anger, just as surely as his colleague's admiration of his swimming (the "I saw you swimming" segment of the dream) reflected a yearning for non-ambivalent love from his parents. The analysand's other dreams expanded on that theme of conflict between fathers and sons as a central motif in the analysis, with the director Joseph Papp and "the paps that gave thee suck" serving to fuse oedipal and preoedipal issues in a regressively punning manner. Furthermore, the snail and the frame from Professor Ellington's childhood dream/nightmare/screen memory represent a primal scene in which the parents are wiped out (when he awakes in terror, he is soothed by his uncle, the parents having "vanished")—a primal scene in which instinct (snail, slither, slime, semen) overthrows the framing function of the ego and alarms the child with nightmarish anxieties.

I will return to the concept of primal scene later. For now, let me merely suggest that the snail and frame represent a child's alarm that his sexual curiosity, his wish to look and see what goes on in the mysterious darkness of the parental bedroom, could lead to chaos. The *spitting image* in the dream that includes admiration for his swimming ability represents a redress of that initial tragic *looking.* In the dream, looking at the sexuality of swimming—the almost naked body in an envelope of water being admired—portrays the opposite of a child's experience of looking at sexuality and being overwhelmed. Thus, the developmental tables have been turned, so to speak. I am suggesting that the associations leading Professor Ellington from *snail and frame* to the more sublimated *spit and image* may have some uncanny connection to the elusive genetics and irretrievable associations of the anonymous wordsmith who coined the latter expression.

What did I extract from the Isis and Ra text? As noted, there are many conceivable readings of this fascinating mythological story. I want to stress the one that guided me toward an insight or two about the possible meaning and origin of the expression *spit and image*. Out of slobber and spit that fall from an aging king's mouth combined with dirt, a woman fashions a serpent whose poisonous bite will kill the king unless he surrenders his secret name to the woman, thereby losing his power and his place in the ship of eternity. If slobber and spit represent semen out of which a woman creates not a serpent but a baby, isn't this a story about the Oedipus complex and the generational transfer or usurpation of power? With the act of giving birth to a child, mortality attempts to take a procreative step toward immortality with the illusion that a child who is the *spit and image* of his parent will carry that parent's name and likeness into the future, even after the parents who created him/her have died and surrendered their place in the illusionary ship of eternity.

If the immortal soul is a double of the mortal body, a denial of death—as Freud, citing Rank, argues in his paper on the uncanny (1919)—the concept of a child being the spit and image of a parent is an extension of this kind of magical thinking. I will return to the concept of the uncanny presently, just as I will return to the concept of *primal scene* as I try to invoke the unconscious preverbal ferment out of which the expression *spit and image* first emerged.

Let us return to our anonymous phraser as he stumbles on the expression *spit and image,* the entrance to our metaphorical cave, so to speak. He has suddenly seen an uncanny likeness. He is surprised. He tries to regain his composure by assessing the surprise elements and finding "a local habitation and a name" for his experience. Let us try to invoke his amazement:

> Was this likeness spat out of the father's mouth? These two things seem to be one and the same. Were they minted by the mouth, the most primitive mold imaginable? How can uniqueness be copied like that? I thought my unique sense of identity, which I have differentiated for myself for years despite the seductive allure of regressive conformity, was stable and definite and constant. Now I see it undone in an instant by an upstart biological

clone, a likeness that defies unique identity itself. Nothing is sacred! Regression can undo differentiation in an instant.

I have tried to imagine the poetic and frantic state of mind of our anonymous wordsmith. He is surprised and bewildered and he splices *spit* and *image* together in an aesthetic attempt to reorient himself. Why?

I would suggest that *likeness* has stirred up conflict in a most elemental manner. If it is true that human development is a process whereby differentiation insists on its own unique identity despite the constant regressive pulls in the opposite direction, the concept of *likeness* is a slap in the face to all that developmental momentum. In an uncanny instant, it taunts: "You see, you thought your unique identity was secure, something you had fought for and established with character and flair. But look at this! Identity has been overturned in an instant. What hidden biological ministry can undo your psychological certainties quicker than you can say 'Darwin' or 'Xerox' or '*spit and image*'?"

I am suggesting, in other words, that seeing the likeness shocked our anonymous wordsmith with a lightning bolt of overstimulation. This initial shock I am invoking requires intuitive, speculative theory if any grasp of it is to become imaginable at all. This is the metaphorical cave I mentioned earlier, which I now invite all of us to enter together. I imagine the clash of sudden, startled perception and imagination to have gone something like this: This likeness invokes the parental sexual intercourse that spawned it; this likeness invokes the bodies, the orgasm, the astonishing chemistry that fused elements of disparate life into one new magical life that bears a striking resemblance to its sexual creators.

Let us keep trying to imagine the state of mind of the wordsmith who coined the expression. I would suggest that *envy* is one of the affects of this anonymous wordsmith, something akin to what Isis felt in the shadow of Ra's power—an envy not acted out, however, as Isis did, but repressed and transformed into an ambiguous expression. If the almost-perfect likeness suggests that the child has appropriated the visual stamp of its parent's face, the viewer (our wordsmith) is a witness of this secret, womb-transacted alchemy that mimics Isis's treacherous pilfering of Ra's name and power.

In other words, the viewer and subsequent coiner of the expression are witnesses of the Oedipus complex *in statu nascendi,* as youth claims its identity (steals its likeness) and one generation ousts another in the biological Russian roulette that nature and entropy insist upon. The biological transaction that likeness bears witness to is an existential assault of the most bittersweet kind—new life's acquisition of its ascendancy and old life's abdication of its power. The words *spit and image* invoke this irony of transience since a mouth product that is discarded in disgust is being compared to the transcendence of an *image* that lasts and lasts. I suggest that death and life are being condensed in the double nature of this hendiadys, as castration anxiety and oedipal panic reach frantically for the redress of sublimation.

The word *uncanny* has been used a lot in this essay. Freud examined the complexity of the concept from many angles. I will focus on only one, the *déjà* or double-vision effect that the return of repressed unconscious material engenders. What eerie double vision effect could the likeness between a parent and child have stirred up in our anonymous wordsmith?

Freud credits Rank with the idea that the *double* was originally an energetic denial of the power of death, and that the concept of an immortal soul was the first double of the body. I contend that it is death itself that one sees in the perfect likeness: death and the denial of death that recurring perfect likenesses might signify (*likeness,* another word for *double*)—the dead not dead at all but living on in the immortal concept of an infinite series of likenesses. I believe it is possible that the enchanting similarity between a parent's face and a child's face carries up its unconscious sleeve this more sinister reality of a fear of mortality and its denial in the concept of immortality. In other words, an uncanny likeness and its endless reduplications that seem to signify life everlasting cannot completely conceal the concept of death that lurks at their very core!

I suggest that our wordsmith has seen eternity in this Blakean perceptual grain of sand that likeness engenders, has seen life and death in an uncanny instant, has seen fear in a handful of dust, even as he looked into the face of a perfect likeness that seems to signify immortality. I would argue that *spit* brought terror to mind as a castoff, a throwaway,

death's utter contempt and disregard for human concerns, and that *image* came to mind as the defensive concept of immortality flying in the face of death.

The hendiadys *spit and image* is quite antithetical as it condenses two almost opposite concepts into one. We may not be able to invoke the genetic *snails and frames* of the anonymous wordsmith's childhood, but his spontaneity with language and his ability to wed the concrete and the abstract in such a poetic manner suggest that his unconscious ferment— his unconscious grasp, so to speak—was not far from his preconscious reach.

The actual primal scene of the original expression-maker is of course completely unknown to us. It is only psychoanalytic developmental theory that allows us to imagine a common, experiential formative matrix during childhood from which such an expression could spring and find resonance in the collective ears of a culture with its own uncanny memories of developmental events. It is only psychoanalytic theory that allows us to imagine a metaphorical unconscious cave from which expressions like *spit and image* can emerge.

As we exit from the cave and ask ourselves what it is that our wordsmith saw, it is hard to escape the conclusion that he saw more than he bargained for, and we along with him, of course, as we use the expression he coined, and as we see, while we may pretend not to, the unconscious visions that startled him. He saw *likeness,* to be sure, but he also saw the existential, the psychoanalytic complexity that accompanied it. I believe he/she saw the uncanny, the doubleness that Freud and Rank wrote about, mortality's existential acceptance of death and mortality's concomitant yearning for immortality.

We can call it the Oedipus complex, the inexorable passage of generations, thermodynamic entropy, psychoanalytic castration, the existential, the absurd; but whatever we call it, it is a startling vision of naked mortality, without a shred of imperial clothing to hide its fear. It reaches for immortality in the beauty of language, the beauty of sublimation, the beauty of an engaging colloquial expression. The ego of our wordsmith has risen to the occasion: it has found words for its deepest fears and come up with a colloquial expression that is a brilliant adaptive compromise of multiple unconscious determinants. Ironically, our wordsmith,

by peering into the unconscious cave of himself, has become immortal, in a way—as long as reverence for language lasts, and as long as lofty *image* and lowly *spit* are willing to commune with each other and recognize their common, very human pedigree.

Knowing absolutely nothing about the wordsmith, other than the fact that his creative expression struck a universal chord and gained a colloquial permanence in the common speech of generations of ordinary people, I had to rely on clinical data from a recent analysis to guide me. It is worth reviewing, perhaps, what the in-depth analysis of Professor Ellington yielded in this regard. Between a *spitting image* in a dream, and *a snail and a frame* in a screen memory, a whole unconscious array of symbols and affects seems to have been suspended. As the free-associative process mined these preconscious and unconscious depths, a profound ambivalence could be explored: the wish to spit at the image and destroy it had to be reconciled with the wish to harness asocial instinct (spit) and transform it into an image of itself, a sublimation that would make civility possible.

CONCLUSION

The struggle between anarchic instinct (spit) and object-related creativity (image) lies at the core of all conflict, perhaps, and is the engine that drives the regressive-progressive momentum of each analysis. It informed Professor Ellington's contempt for his father, as well as his abiding yearning for his love. The wish to spit and urinate on the object had to be reconciled with the wish to idealize it. The integration of spit and image is akin to the accomplishment of identification as the seemingly irresolvable conflicts of the Oedipus complex are eventually harnessed by the psychoanalytic and developmental processes of repression and identification (Mahon 1991).

If Professor Ellington's screen memory of a snail and a frame was a very early representation of trauma and attempted resolution, the later *spitting images* in dreams made it possible for the transference neurosis and the analytic process to remetabolize and recycle the instinctual into a much more adaptive stability, one in which *spit* and *image* could cohabit and acknowledge their psychic debt to each other. If instinct or drive

represents the body's imprint on the mind, in this essay, I have argued that *spit* and *image* rely on each other, as a colloquial expression strives to depict soma and psyche and their interactive, unconscious relationship with each other. On first hearing, the expression *spit and image* invokes the endearing quality of parental procreative pride in a striking resemblance between child and parent. I am indebted to Professor Ellington for exposing an ambivalence in the expression, a deep unconscious element that evokes the uncanny, primal, oedipal undercurrents from which the expression sprang. By integrating a primitive oral substance (saliva, spit) and a very sublime concept (image), the expression unites, with a great economy of means, the somatic and the psychic in a marriage of instinct and creativity that is the hallmark of the human.

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INTRODUCTION TO LAWRENCE S. KUBIE'S "THE DRIVE TO BECOME BOTH SEXES" (1974)

BY NELLIE L. THOMPSON

> **Keywords:** Lawrence Kubie, drive, gender, sex, history of analysis, identification, self-concept, neurosis, creativity.

Lawrence S. Kubie was born on March 17, 1896, and died on October 26, 1973. His early childhood was darkened by the long illness of his mother, who died from pulmonary tuberculosis when he was three years old. In an unpublished autobiography, Kubie reported that he virtually stopped eating for three years after her death, resuming only when his father married his mother's younger sister (Kubie, unpublished, e).

After graduating from Harvard in 1916, he attended medical school at Johns Hopkins University and trained in psychiatry under Adolf Meyer at the Phipps Clinic, where he formed an enduring and lifelong friendship with Bertram Lewin. In 1928 he traveled to London, where he worked at Queens Square Hospital and underwent an analysis with Edward Glover. After returning to the United States in 1930, he joined the New York Psychoanalytic Society—where, as a member of the Educational Committee, he played a crucial role in the formation of the New York Psychoanalytic Institute in 1931.

Kubie was an active participant in the politics of both the New York Psychoanalytic Society and Institute and the American Psychoanalytic Association. In March 1938, in the wake of the Anschluss in Austria, he was appointed chair of APsaA's Emergency Relief and Immigration Committee, and played a crucial role in facilitating and overseeing the

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immigration to the United States of scores of émigré analysts, analytic candidates, psychologists, doctors, and their families.

In 1960, toward the end of his career, Kubie became the director of the Sheppard and Pratt Hospital, an experience that exercised an important influence on the final version of "The Drive to Become Both Sexes" (1974). A prolific author of over 250 papers, Kubie became editor of the *Journal of Nervous and Mental Disease* in 1961. His wide interdisciplinary interests are reflected in the titles of his books: *Practical and Theoretical Aspects of Psychoanalysis* (1950), *Psychoanalysis as Science* (1952), *Neurotic Distortion of the Creative Process* (1958), and *Symbol and Neurosis: Selected Papers of Lawrence S. Kubie* (1978).[1]

Shortly after his death, his colleague and friend Phyllis Greenacre, who knew him from their days at Johns Hopkins and the Phipps Clinic, sketched the nature of Kubie's indefatigable energy:

> He had a quality of youthful enthusiasm which he never lost and which was earnest rather than truly spontaneous and joyful, for he was a man beset and sometimes almost imprisoned by purposefulness . . . . He always seemed to me to be a somewhat restless person with an inquiring and imaginative mind which led him into so many directions that it would have taken several life times or several people to encompass them. He was a man of prodigious energy, great intellectual keenness and resourcefulness. [Greenacre, unpublished]

THE DRIVE TO BECOME BOTH SEXES (1954)

The first presentation of "The Drive to Become Both Sexes" occurred at the May 1954 spring meeting of the American Psychoanalytic Association in St. Louis. Although the paper aroused enormous interest, Kubie resisted persistent entreaties from colleagues to publish it. Nonetheless, he continued to present the paper and kept reworking it.

Eighteen years later, in August 1972, Kubie initiated a correspondence with John Frosch, the outgoing editor of the *Journal of the American Psychoanalytic Association,* inquiring whether the journal would be interested in publishing the paper. He made it clear, however, that he

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[1] For overviews of Kubie's wide-ranging contributions, see Brody (1978) and Glover (1969).

was merely following the protocol that the journal had the right of first refusal for the publication of papers presented at APsaA meetings; he had no expectation that the journal would choose to publish it (Kubie, unpublished, c).

Soon thereafter, Harold Blum succeeded Frosch as editor of the journal. In December 1972, Blum wrote that the paper was too long to publish as a separate article, but he asked Kubie to send several more copies of the paper for the editorial board to read, with the thought that perhaps it and several of his other unpublished papers could appear as a separate monograph (Kubie, unpublished, c).

In January 1973, Kubie replied that he would soon send along the paper. He further remarked that colleagues had criticized the paper in detail over the years, especially Lewin. All of them had written to him many times, saying, "'For God's sake, when are you going to bring this out?' I have always said that I wanted to ruminate about it further but that I promised to get it out soon" (Kubie, unpublished, d).

But in February, Kubie wrote to Jacob Arlow, editor of *The Psycho-analytic Quarterly,* asking if he would be interested in reading the paper, now quite long, because he would really prefer to have it appear in the *Quarterly.* Again, Kubie noted the interest this paper had generated in colleagues:

> As originally presented the paper left quite a deep impression. I still receive urgent and sometimes angry requests from our colleagues all over the country and abroad for copies of it and demands as to when I am going to publish it. [Kubie, unpublished, d]

In the meantime, Blum again wrote to Kubie asking for copies of the paper. Kubie then suggested that Blum talk over this matter with Arlow, and that between them they could decide who would read the paper first. Shortly thereafter, on July 9, 1973, Arlow wrote to Kubie with the news that he and Blum had discussed the matter, and that he, Arlow, would first receive the paper and judge whether it was suitable for *The Psychoanalytic Quarterly.* On October 1, the *Quarterly* wrote to Kubie to accept the paper for publication.

A little over three weeks later, on October 26, 1973, Kubie died.

The Paper's Central Thesis

The thesis of this remarkable paper, embodied in its title, is that human beings retain an irreconcilable drive to become both sexes. Kubie argues that this is manifested in a wide range of clinical material encountered by every analyst. Nonetheless,

> . . . the fact that an unconscious drive to become both sexes exists at all is in itself perplexing . . . . How does it happen that we reject both the anatomical and functional differences between the sexes? In every other aspect of human life, analysts accept the fact that man harbors opposed and irreconcilable goals, judgments, feelings, and thoughts in different "systems" or on different "levels" of consciousness. Indeed it is usually assumed that such ambivalence is universal and ubiquitous. It is noteworthy, therefore, that with respect to gender we have tacitly tended to assume that the goal of a human being is to be either one sex or the other . . . . The assumption whether tacit or overt that any human being can ever want to be only one sex to the exclusion of the other is psychoanalytically naive and runs counter to all analytic experience. Unfortunately, analysts like their lay brethren can put their heads in sand too. The abundant data from children as well as adults should long since have made it clear to us that from childhood and throughout life, on *conscious, preconscious,* and *unconscious* levels, in varying proportions or emphases, the human goal seems almost invariably to be *both* sexes with the inescapable consequence that we are always attempting in every moment and every act both to affirm and to deny our gender identities. [Kubie 1974, pp. 378-379,[2] italics in original]

Kubie's Use of "Drive"

Kubie is careful to explain what he means by *drive* in his paper. He does not mean

> . . . direct expressions of biological levels of the body's processes . . . . Specifically I do *not* mean a primary instinctual pattern . . . . What I *do* mean is those urgencies that derive from

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[2] *Editor's Note:* In this article, page numbers from Kubie 1974 refer to the numbering in the republication in this issue, not to that of the original *Quarterly* publication of that year.

the symbolic representatives of biogenetic needs which are ex-
perienced as *appetites* on all levels: conscious, preconscious, and
unconscious (cf., Kubie, 1948a, 1956) . . . . Thus the fate of any
drive and its manifestations, as well as its resolution in analysis,
depends on the relative roles of the three levels on which it may
simultaneously be operative. [1974, pp. 381-382, italics in orig-
inal]

In a letter to an unknown correspondent, referring to his paper, he
caught himself in a revealing parapraxis: "Amusingly enough I find that I
almost made a slip and almost dictated this to read 'The *Right* to Become
Both Sexes.' Make of this what you please" (Kubie, unpublished, b).

"The Drive to Become Both Sexes" opens and concludes with Vir-
ginia Woolf's novel *Orlando* (1928), whose hero/heroine is both a man
and a woman. Woolf and her novel were, I believe, Kubie's ever-present
companions over the years as he gathered clinical material and worked
over his ideas about the role of the drive to be both sexes in human
beings.[3]

I have frequently thought back to Virginia Woolf's *Orlando*—a
book of moving beauty and sadness, a book whose tragedy was
underscored by the ultimate suicide of one of the greatest and
subtlest creative writers of our day . . . . Implicit and almost ex-
plicit in this tale is much that I will try to say in this paper. In
Orlando, as in life itself, the unresolved residues of each day's
unfinished business produce a fusion of reality and dream, of in-
compatible, unattainable, and irreconcilable goals. [Kubie 1974,
p. 369]

Kubie dismisses the notion that his thesis displaces the importance
of penis envy or castration fear. Rather, the former concept is incom-
plete, he argues, because it ignores the importance of the reverse: the
man's envy of the woman's breasts, nursing, and her ability to bring forth
babies—her capacity to create new life.

Along with the question posed at the beginning of his paper—that
is, why does the human race have such difficulty acknowledging and ac-
cepting gender difference?—Kubie also asks when and how the drive to

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[3] Shortly after Kubie first presented this paper in 1954, an early biography of Woolf
was published (Pippett 1955). Its author and Kubie exchanged letters about Woolf, and
among Kubie's papers are notes he wrote on Woolf's *A Writer's Diary* (1953).

become both sexes is established. What are the symptomatic manifestations of this drive in different individuals? What are the implications for the relative roles of identification and/or incorporation of gender identity? What special role, if any, does this dilemma play in the precipitation of psychotic disorganization arising from a neurotic impasse?

Regarding the latter, Kubie observes that he had no insight into this question when he first presented the paper in 1954, but since 1959, when he took over the training program at Sheppard and Pratt Hospital and immersed himself in the study of psychotic disorganization, he has learned much. Another new source of data has been that the "process of aging . . . has sensitized" (1974, p. 376) him, making it possible for him to see more clearly the relationship of the drive to become both sexes to certain distortions that are introduced by the process of aging in himself, his friends and relatives, and, above all, in patients. Unfortunately, Kubie does not elaborate on this point.

He observes that for many the goal of sexual intercourse is not orgasm or children, but instead the process of magical bodily change, and so intercourse often ends in disappointment and depression. One reason it had been so difficult for him to complete the paper was that, as he gathered clinical examples, he came to realize that "it radiated in subtle ways into almost every aspect of our culture and particularly throughout the creative arts. Gender identities are deeply ambivalent among many creative people" (1974, p. 378).

Indeed, one criticism that could be made of Kubie's central thesis is that, seen everywhere, the drive to become both sexes takes on the burden of explaining everything (too much) and therefore loses its power to be truly helpful.

Clinical Manifestations

Kubie argues that the inability or reluctance to exclusively commit to either gender can play a major role in producing the psychological blocks of childhood, adolescence, and adulthood. If the child is unable to identify with either parent, his unconscious and preconscious identifications will be negative, thus obstructing any unifying identification with the parents. *Active* and *passive* are value judgments; they are not the stuff from which a child's concepts of man and woman, of boy and girl, evolve.

In a passage evocative of descriptions found in Greenacre's writings, Kubie writes:

> The child builds these entities out of his sensory experiences of specific individuals; i.e., body warmth and smell and taste, the texture and rustle and color of skin and hair and clothes, the imprints of posture and movement and gesture, facial expressions of anger, rage, and love, the timbre and pitch and volume of voice. These are the stuff out of which bodily identifications are made. [1974, p. 392]

The most universal manifestations of the drive to be both sexes are: (a) an angry and perpetual search for a parental figure who is an idealized father and mother combined; (b) insatiability—the demand to remain a bisexual infant; and (c) the demand to actually become and thus to displace both parental figures. Psychotic breakdown may result when

> . . . these internally conflicting, contradictory, and unattainable goals can so dominate a life as to cause dissociations among purposes and activities on all levels—conscious, preconscious, and unconscious. It is out of such soil as this that multiple dissociations and depersonalizations can lead to psychotic schisms and disorganizations. [1974, p. 398]

But there can also be a wish to be *neither* sex, a complication that "often leads to depression and terror, to unreality feelings and depersonalization" (1974, p. 401). This wish contributes to the negative therapeutic reaction because recovery is a cruel joke to someone whose deepest wishes are unattainable.

In using the phrase *the drive to become both sexes*, Kubie sought to avoid confusion that would have arisen had he termed it "the drive to acquire the anatomical attributes of both sexes," since this would have implied that

> . . . anatomical parity is the sole objective of the drive, or at least that we know which comes first—whether identifications with the whole precede and determine relationships to the parts, or whether the object relationships to parts precede and determine the identifications with the whole. Unhappily this is an unasked and therefore unanswered issue in developmental psychology. [1974, p. 425]

Kubie observes that, as he became convinced of this extraordinary universal phenomenon, however it is classified—as a drive, a need, a wish, a trend—its mere presence cannot be a sign of pathology. Whether it is pathological depends on the level on which it is handled. "Where one has handled it on an unconscious or preconscious level, I think it can be interwoven into all of the creative productiveness of which the human being is capable" (1955, p. 28). But, he argues, on an unconscious level it can become involved in pathology in many forms, especially in psychosis.

Kubie returns to Woolf's *Orlando* at the end of the paper and emphasizes that the inability either to fuse or to remain separate persists throughout the novel. In regard to the last part of the novel, in which Orlando meets Shel, Kubie writes: "Their gender roles are interchanged, but the ecstasy ends again in the recurring theme of falling: a descent into a pit. This time, however, death leads to rebirth, resurrection, transmutation" (1974, p. 434).

On "her" marriage, then, Orlando becomes both sexes because Shel has served his magical purpose. But then *Orlando* descends into psychotic disorganization.

Contemporary Responses to Kubie's Paper

Many psychoanalytic colleagues wrote deeply appreciative letters to Kubie after hearing or reading his paper. Their letters illustrate that the paper stimulated and engaged a number of them, suggesting how deeply his clinical observations and ideas resonated with them.

One excellent example is a letter from Frieda Fromm-Reichmann, written in July 1954:

> I have been wondering for a long time whether or not there is a drive to be or become both sexes, and I have tried to understand along those lines such well-known phenomena as "penis envy" in women including women's marveling over man's ability to visibly change his body (erection) by the mere force of thought . . . .[4] The second phenomenon which I have seen

[4] Fromm-Reichmann goes on to write: "In parentheses, man's preferring to 'speak' with his penis rather than using his vocal cords in situations of sexual intimacy versus woman's wish to talk, as one reason for sexual and interpersonal difficulties between the sexes, may co-determine the female's penis envy."

in this light is the "birth envy" in men, including their envy of woman's power to give death, if she is able to give life. However, neither I nor, to my knowledge, anyone else has tried to investigate the total dynamics of the phenomenon in its entirety, with its instinctual, unconscious, preconscious and conscious roots and with its cultural and interpersonal aspects, and above all, no one has seen the wide range of its applicability which you illustrate most convincingly . . . I found your paper extremely stimulating and thought-provoking and I found myself understanding more clearly many phenomena observed in a wide variety of male and female patients who came to mind while I read the paper. [Kubie, unpublished, a]

She ends by musing:

I take it that you think as I do that one reason or motivation for the drive to be both sexes is the wish to experience everything there is to be experienced for a human being instead of being limited to the experiences of one's own sex? If so, this in turn can be understood as the outcome of an inherent human longing for totality . . . as well as an expression of curiosity . . . . I am looking forward to your final publication of this paper which is so pregnant with new ideas. [Kubie, unpublished, a]

In September 1954, Kubie received a letter from Frederic G. Worden, who was participating in a study of men requesting sex-change operations. He found Kubie's paper "stimulating and pertinent to my own clinical experience," but to his surprise less relevant to transvestites seeking surgical transformation of their sex than to average psychoanalytic patients. Worden makes the interesting observation that, while Kubie emphasized sexual transformation as the central element in *Orlando*,

. . . there are constant transformations of many kinds of which the sexual is only one. I mention this not to quarrel with your interpretation, but only because I am puzzled within myself by the fact that another interpretation of the book could stress as the central issue *the conflict between reality and fantasy* [Kubie's emphasis]. In this sense, one might suppose that the reality of sexuality becomes subjected to the same (artistic) fantasy-manipulation of other realities such as time, place, etc. [Kubie, unpublished, a]

Worden suggested that if humans could be both sexes, then sexuality or sexual union would lose its charm because it is in sexual union that the drive can best be realized. "The relation to the mother–infant unity also comes to mind," he added.

On March 15, 1955, Kubie presented the paper at a meeting of the New York Psychoanalytic Society. The discussants that evening were Bertram Lewin, Rene Spitz, Max Schur, Margaret Mahler, and Victor Rosen.

Lewin asked: "What is the relation of this idea of being both sexes to the fear of death?" He suggested that the two were inextricably linked, a point beautifully illustrated in the material about Virginia Woolf. "One almost feels that the need to be both sexes . . . was in her case a life-saver, or at least the ability to alternate between both sexes was a life-saver" (Lewin, unpublished). Life and death course throughout Woolf's writings, and Lewin's observation recalled for me a line from Woolf's diary that served as the epigraph of a later biography of Woolf: "I meant to write about death, only life came breaking in as usual" (Lee 1996).

As noted earlier, Kubie acknowledged that he found much of what he wanted to express in his paper in Woolf's novel. But Woolf herself— her image, her protean creativity, and her psychological penetration— may have represented a means for Kubie to maintain contact with the mother who had died when he was three. In an unpublished autobiography, he reported that his mother's photograph, which left a deep impression on him, "shows her as a somber, sensitive, dark-eyed beauty," a description that could equally apply to pictures of the young Virginia Woolf.[5] Kubie attributed the beginning of his understanding of psychoanalysis to his interpretation of a childhood memory condensed in a phrase from the Br'er Rabbit stories that led back to his mother's death and his mourning for her (Kubie, unpublished, e).

Why Kubie waited nearly twenty years to publish a paper with which he was so deeply engaged is not a question that can be confidently answered, at least not by me. One obvious but only partial explanation is his awareness that his health was failing; death was drawing closer. But Kubie's long attachment to the paper, the numerous times he presented it or corresponded with colleagues about it, argue that he *both* wanted

[5] Kubie collected a number of photographs of Woolf and her companion Vita Sackville-West.

to hold onto it and felt compelled to make it as perfect as possible. The insight that inspired the paper's thesis, the drive to become both sexes—gained partly through his in-depth study of the author and novel that inform the paper—enabled Kubie to give expression, I believe, to both his masculine and feminine identifications, and in particular to his interest in the female's capacity to create new life.[6]

Kubie observed that not only does the character Orlando alternate between man and woman, but also the novel itself moves between prose and poetry. Furthermore, he underlined Worden's observation that the book shifts between reality and fantasy. But his paper reveals its own alternations: a progression of questions and theoretically cogent ideas and arguments countered by generative and imaginative observations drawn from clinical work, literary creation, and personal self-knowledge, together forming a creative expression of the drive to be both sexes. That his paper represented the expression of his feminine drives, his creativity, was confirmed by Kubie himself when he explained why he finally published the paper: "Since I have now gestated this conceptual child as far as I am able to carry it myself, it is time to set it down on paper as a foundation for future building by others" (1974, pp. 373-374).[7]

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[6] Edward Glover, Kubie's analyst, wrote that he "hazarded the speculation that the final direction of his [Kubie's] professional life owed much to the mingled genitive directions of his libido; or in simpler words, that his masculine interests found a sublimated outlet in organic medicine (neurology) and his feminine drives in the maternal science of psychology and the art of psychotherapy" (Glover 1969, p. 8).

[7] Here one is reminded of Fromm-Reichmann's description of this paper as "pregnant with ideas."

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THE DRIVE TO BECOME BOTH SEXES

BY LAWRENCE S. KUBIE

I

Prologue: The Beauty and Tragedy of Orlando

Over the years during which the material for this paper has been accumulating, I have frequently thought back to Virginia Woolf's *Orlando* (V. Woolf, 1928)—a book of moving beauty and sadness, a book whose tragedy was underscored by the ultimate suicide of one of the greatest and subtlest creative writers of our day. It is a book in which the beauty of woman and the strength of man are blended in courage and despair, and in which the depths of lechery are interspersed with high spiritual creativity. It is a story written by a woman about a man who turns into a woman and then back and forth between the two, but without ever losing completely his hold on maleness. Implicit and almost explicit in this tale is much that I will try to say in this paper.

In Orlando, as in life itself, the unresolved residues of each day's unfinished business produce a fusion of reality and dream, of incompatible, unattainable, and irreconcilable goals. It transcends time and space, as adventures occur almost simultaneously in England and in Turkey, and in the sixteenth and twentieth centuries (1528 to 1928). And as it fuses man and woman, so it fuses prose and verse. There are passages which pass from verse to prose and from prose to verse without a break

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in the pattern of the lines. In her autobiographical sketches (V. Woolf, 1926, 1929; also, L. Woolf, 1953), the author repeatedly makes light of her verse and tends to regard the entire tale as a lark, a *jeu d'esprit*. This denigration of the legend is a measure of the strength of her tragic need to hide her eyes from its total personal impact. (Cf. also, Maeker, 1964; Pippett, 1953.)

In broad outlines, the tale begins in the England of the sixteenth century. Here the hero in youthful pseudo masculinity riots in a furor of fighting and of sexual encounters, culminating in a passionate involvement with a Muscovite princess about whom wild myths cluster. She is the embodiment of the strange and the different; half woman, half furry animal. There had been a devastating frost and a winter-long carnival on the frozen Thames. Then "after one raindrop," the "heavens open and a mud-yellow thaw" sets in. An ebb tide of deception and abandonment leads predictably through an explosion of jealousy into a deliberate, fury-laden and vengeance-driven descent into a degradation of self and sex and woman. This is followed by depression and a trancelike stupor to the edge of death and rebirth, the first in a series of mystical experiences of *Tod und Verklärung*.

As a naive writer, the hero wanders in the tombs of his ancestors, oscillating between the aesthete and the hunter, a *male* Diana, as dual-sexed as were the classical gods and goddesses of Greece. He turns toward poetry with the shyness of any adolescent, whether boy or girl. He becomes disillusioned about all writers and turns his back on them, saying, "I have done with men." Thereupon he is haunted by the dream-like figure of a woman in a riding hood and mantle, taller and also older by many years, who later in the tale turns out to have been from the first a man in disguise. Here the change begins. Let us read it in Virginia Woolf's own words:

> Orlando stood stark naked. No human being, since the world began, has ever looked more ravishing. His form combined in one the strength of a man and a woman's grace . . . . We may take advantage of this pause in the narrative to make certain statements. Orlando has become a woman—there is no denying it. But in every other respect, Orlando remained precisely as he had been. The change of sex, though it altered their future, did nothing whatever to alter their identity (V. Woolf, 1928, p. 90).

The setting is translocated to Turkey,[1] where as the Ambassador Orlando nonetheless marries another ambisexual figure; this time a gypsy. Again he falls into a trance and is "reborn." "Orlando had . . . dressed herself in those Turkish coats and trousers which can be worn indifferently by either sex." In these sexually ambiguous vestments Orlando called up her hound, "then stuck a pair of pistols in her belt," and at the same time "wound about her person several strings of emeralds and pearls" (p. 91). Thereupon she goes out to fight and ride as she had before her transmutation, living thenceforth as both man and woman. Thus in this fantastic marriage to herself-himself, she achieves the transmutation so often sought with tragic futility in sex and marriage, and especially in neurosis and psychosis.

The shift to Constantinople and to Turkish garb made possible not only the sexual ambiguity of ambiguous clothes, but a continuous play of other ambiguities as well: Turk or Englishman; responsible ambassador or errant, runaway child; peasant or noble. A strange woman again is pursued. This time, however, she is a gypsy woman; and in the end it is not clear which of the two bore their children, Orlando or the gypsy "bride."

On the homeward voyage a scene occurs which has become famous.

Here she [Orlando] tossed her foot impatiently, and showed an inch or two of calf. A sailor on the mast, who happened to look down at that moment, started so violently that he missed his footing and only saved himself by the skin of his teeth. "If the sight of my ankles means death to an honest fellow who, no doubt, has a wife and family to support, I must, in all humanity keep them covered." [And later] "Heavens!" she thought, "what fools they make of us—what fools we are!" . . . [thus] censuring both sexes equally, as if she belonged to neither; and indeed for the time being she seemed to vacillate; she was man; she was woman; she knew the secrets, shared the weaknesses of each (pp. 102, 103).

It was a bewildering state of mind, but it led slowly to a strange clarity.

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[1] It is not irrelevant that the husband of Vita Sackville-West, Virginia Woolf's close friend, had in fact been in the diplomatic service in the Near East.

And as all of Orlando's loves had been women, now, through the culpable laggardry of the human frame to adapt itself to convention, though she herself was a woman, it was still a woman she loved; and if the consciousness of being of the same sex had any effect at all, it was to quicken and deepen those feelings which she had had as a man. For now a thousand hints and mysteries became plain to her that were then dark. Now, the obscurity, which divides the sexes and lets linger innumerable impurities in its gloom, was removed and if there is anything in what the poet says about truth and beauty, this affection gained in beauty what it lost in falsity (p. 105).

At this point I will turn from the poetry of Orlando to the clinic, but I will return to Orlando at the end of this essay.

II

Introduction and Historical Review

Freud was right of course in emphasizing the individual's struggle with his conscience, whether that conscience be conscious, preconscious, or unconscious, or all three. He was right in recognizing the all-pervading role which this struggle plays in man's unhappiness and in his cultural development; and especially when any elements in the struggle were unconscious, the role which this plays in the genesis of the neurotic process and in its ultimate psychotic disorganization. Yet he seemed to underestimate another source of conflict, namely that which arose out of man's frequent struggles to achieve mutually irreconcilable and consequently unattainable identities. This study of the drive to become both sexes deals primarily with this second category of internal conflict and its destructive neurotogenic and psychotogenic influences on human development from infancy throughout life. (Cf., Delay, 1963; Hart, 1941; James, 1933; Kubie, 1934, 1941a.)

Out of early preconscious and guiltless identifications and misidentifications, rivalries, envies, hostilities, and loves grow many unconscious drives, among which the drive to become both sexes is one of the most self-destroying.

Since this paper was first presented before the American Psychoanalytic Association in 1954, parts of it have been read and discussed before various psychoanalytic societies on several occasions. Furthermore it has been read privately, criticized, and sometimes praised by colleagues, several of whom have urged its immediate publication. I was tempted to do this, but held back because I felt that it needed additional data, and because I was never content with it as it was. In its original form it derived from twenty-five years of work with the neuroses. Through the subsequent years (and especially since my retirement from private practice in 1959) my increasing involvement in the problems of the psychoses at the Sheppard and Enoch Pratt Hospital and also at the Psychiatric Institute of the University of Maryland made me aware of the importance of the drive for the graver processes of psychotic disorganization. This has finally led me to decide to publish it without further delay.

To avoid any misunderstandings I will point out that this formulation of the conflict does not discard as incorrect Freud's concepts of phallic envy or castration fear, but attempts rather to supplement these in several directions. I had become aware that the original idea of penis envy focused solely on the genital differences between the sexes. Although demonstrably valid from earliest childhood (cf., Kubie, 1934, 1937a), this was also incomplete both because it omitted other differences and because it overlooked the importance of the reverse and complementary envy of the male for the woman's breast, for nursing, as well as his envy of the woman's ability to conceive and to bring forth babies. Furthermore, as originally formulated, the concept of penis envy paid scant attention to many of its subtler psychological manifestations, or to its culmination in a frequently unrecognized and unconscious obsessional concern with gender transmutation (cf., Kubie and Mackie, 1968). For all of these reasons, as I now look back over the years since 1954 it seems to me that it was fortunate that I held up publication until my own understanding of the drive to become both sexes had matured to the point which it has reached today.

In addition to what I have written here much more could still be written about this drive, and surely will be in future years. Nevertheless since I have now gestated this conceptual child as far as I am able to

carry it myself, it is time to set it down on paper as a foundation for future building by others.[2]

This communication also has a personal prehistory, which is relevant to its development. The first paper that I ever read at a meeting of the American Psychoanalytic Association was in Philadelphia in 1932. It was a report on a fifteen-year-old girl who was a transvestite by day, wearing only riding togs, and a woman by night, always in long, formal ball gowns. Because the patient's family forced a premature interruption of the analysis this report was never published but on going back over my notes and the incomplete manuscript, I find that much of the material is relevant to my present thesis (cf. also, Baker, 1962; Follett, 1927).

That paper opened with the proposition that latent and unconscious transvestite tendencies might well be more widespread than is generally realized, and that this may be a manifestation of impulses which might be "more or less universal," and which at the time I called "bisexual." It now seems to me that under the influence of this almost forgotten yet self-evident thesis I have been gathering clinical examples of its validity for many years. The mere enumeration of these clinical manifestations would be so lengthy that all I can hope to do here is to present them in a fairly systematic fashion and to suggest possible reasons for a few. I will content myself largely with illustrating my thesis, rather than proving it. Underlying all of them, of course, are many perplexing and unsolved questions.

1. Why have the ontogenetic repetitions of universal phylogenetic experience through generation after generation failed to resolve the problem through genetic changes? The human race has been divided into two sexes for quite a long time. If recurring racial and individual experiences imprint anything, one might assume that the acceptance of gender differences would by now be deeply ingrained in every one of us, from the onset of life. Yet it is patent that this is not true. Anyone who has observed and listened to uninhibited children has heard them voice their

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[2] In recent years under the misleading title of "transsexualism" this concern has been engulfed in a wave of ill-considered surgical and endocrinological efforts to implement the neurotic and even psychotic demands of some patients for gender transmutation.

perplexities over the anatomical differences between the sexes, and their rejection and denial of these differences.

2. How then and when do we establish such contradictory drives as those I am about to describe?

3. By what different sequences and with what different symptomatic manifestations do they subsequently develop in different individuals?

4. What role do cultural variables play in producing these mutually antithetical and unattainable drives, in determining the levels of consciousness on which they are experienced and expressed in shaping their direct and indirect manifestations, and in determining the age at which they first began to dominate the life of any particular individual? (Cf., Mann, 1951; Mead, 1935)

5. What is the role of culture in determining the differences between the manner in which the drive evolves in man and in woman?

6. What are its implications for some of the dynamic constructs of psychoanalytic theory?

7. What are its implications for the relative roles of identification and/or incorporation in the development of gender identity in general, in the development of the boundaries between the "I" and the "non-I" worlds, in the evolution of object relations, and in the development of compulsive and phobic overdrives or inhibitions in relation to all instinctual activities?

8. Finally what special role, if any, does this dilemma play in the precipitation of psychotic disorganization out of a neurotogenic impasse? (Cf., Follett, 1927; Kubie, 1966c, 1967; McCurdy, 1966.) This is the question into which I had no insight when I first presented this paper in 1954 but about which I hope and believe I have learned a great deal since 1959 when I took over the training program at the Sheppard Pratt Hospital and immersed myself in the study of psychotic disorganization.

These and other unsolved problems challenge me as I restudy the file of clinical and theoretical notes accumulated on this topic over the years since 1932 when I read my brief note, Transvestitism in a Teen-Age Girl. Although I will not even attempt to answer all of these questions, it is valuable to confront them.

As I have already pointed out, after its initial presentation in 1954, fragments of this paper have been read before many psychoanalytic societies and criticized constructively by many colleagues. It has been rewritten many times. Each time when I considered that it might be ready for publication some new observations came my way to lead me to postpone it. Now this process of postponement must come to an end: I must grapple with the process of putting it into final shape as best I can.

This new data has come from many sources: e.g., from the process of aging which has sensitized me and made it possible for me to see more clearly the relationship of the drive to become both sexes to certain distortions which are introduced by the process of aging in myself, in friends, in relatives, and above all, in patients. Furthermore there was a change in clinical material that came with my retirement from private office practice in 1959 and a deeper involvement in the clinical data of hospital psychiatry. Finally there have been the profound changes in the mores in which we live: the "hippie" culture; the pseudo-feministic "Woman's Lib" which represents itself as a fusion of man and woman; the feminization of man's clothes and hair style, and the masculinization of woman's clothes. In all of these it has become increasingly evident that the unconscious drive is *not* to give up the gender to which one was born but to supplement or complement it by developing side by side with it the opposite gender, thereby ending up as both, as did Orlando. The physiological and endocrinological changes of aging accentuate this. We have seen swift changes in recent fashions from the compressed breasts, hips, and buttocks and the close-cropped boys' heads of the adolescent "flappers" of the "flaming youth" period to the cavalier haircuts of "hippie" youth; the shift in men to the florid colors and even cosmetics which only a few years ago were reserved for the so-called fairer sex, etc.

All of this has brought something else into sharper focus. A closer study of movies of intercourse (cf., Réjaunier, 1969), and especially perhaps of intercourse among groups of men and women of mixed races (cf., Maurois, 1953, Réjaunier, 1972; Scott-Maxwell, 1957) has made it clear that the goal of a great deal of these frantic struggles in sexual intercourse is neither orgasm nor the begetting of children, but rather a process of magical bodily change. The old Latin phrase *"post coitum*

triste" (sadness after intercourse), even after an orgastically successful psychosexual performance bears this out. These are frantic searches for something which is never achieved. One climbs a mountain successfully but ends in depression and not in exultation. When driven by this need for a transmutation into both genders the goal of intercourse is unattainable, and no matter how orgastically satisfactory the experience may have been psychologically, it can only end in frustration, depression, and rage. This is what occurs all too often. In fact the major, soul-searing penalty that is paid by the homosexual is not the degree of social disapprobation or persecution or legal unfairness and injustice to which he may be exposed by society; it is the inescapable injustice to which he exposes himself through the unattainability of his own unconscious goals. It is this which tumbles him into depression and rage (cf., Grebanier, 1970; Maurois, 1953).

Yet there are unattainable goals in heterosexual intercourse as well, which is one of the many reasons why the attainment of lasting peace and happiness through sexual fulfillment is not a problem that has been solved in any culture of which we have any knowledge in depth. It is childish naiveté to claim that the orgasm is the whole story (cf., Kubie, 1948b, 1955).

When the unconscious goal of sex is the unattainable effort to change sides, intercourse ends in frustration. And if this unattainable goal also represents a drive to go in two divergent directions at the same time, it results in a deeper inner schism in the personality—a schism which can be represented by insatiable compulsions and obsessions and by the superimposed construction of opposing phobias. Everything becomes split, and it is on this splitting among conscious and unconscious purposes, and preconscious struggles to achieve these purposes, that psychotic disorganization is based (cf., Kubie, 1964, 1966b, 1966c, 1967; Pippett, 1953). This does not imply that the only focus of such schismatic processes is gender identity, but merely that this is one of the most devastating of such schisms. Indeed it is the only schism which gives us any right to use the question-begging, misused, and extraordinarily inappropriate term "schizophrenia." The schism is not between cognitive and affective processes. Far deeper is the schism between purposes, and in identity struggles to achieve divergent goals and divergent identi-

ties. This type of schismatic process with counterschismatic attempts to achieve both yet to give up neither, can be found in hospitalized psychotic patients and in a great many prepsychotic neurotic patients as well.

Perhaps a further reason why I have found it so difficult to complete this paper and have postponed it repeatedly is that the more I worked over and contemplated the whole concept, and the more clinical examples I gathered, the more I came to realize that it radiated in subtle ways into almost every aspect of our culture and particularly throughout the creative arts. Gender identities are deeply ambivalent among many creative people (cf., Kubie, 1973). Furthermore the effects of these conflicts and their pathogenic influence are especially serious in the arts. The arts automatically provide individuals with ways of hiding their conflicts while at the same time giving them partial gratifications. In this sense they reward the neurosis in us until we become psychotically disorganized, or commit suicide (cf., Bell, 1972; Pippett, 1953; L. Woolf, 1963). In fact this is one reason why creative people, no matter how deeply they suffer from their neuroses, are so loath to subject themselves to treatment. Another reason, of course, is that they fear if they give up their neuroses, their creative potential may "fly out the window" like Orlando's goose.

I realize that to emphasize this concept brings me into conflict with artists and indeed almost all creative people in the world, more so in the arts and letters than in the sciences. Time and again it has blocked me from carrying this project through to completion; but now I feel that it can no longer be postponed. No matter how much it may expose me to misunderstanding and misinterpretation, I will have to carry it through to its own logical conclusion.

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Heredity and the Drive to Become Both Sexes

The fact that an unconscious drive to become both sexes exists at all is in itself perplexing. If the experience of the race, acting through the genes, exercises any influence on psychological patterns, why is its influence not manifested precisely here? We have been divided into two sexes for quite a long time. How does it happen that the human race has not

long since accepted consciously, preconsciously, and unconsciously this universal fact of human life? How does it happen that we reject both the anatomical and functional differences between the sexes?

In every other aspect of human life, analysts accept the fact that man harbors opposed and irreconcilable goals, judgments, feelings, and thoughts in different "systems" or on different "levels" of consciousness. Indeed it is usually assumed that such ambivalence is universal and ubiquitous. It is noteworthy, therefore, that with respect to gender we have tacitly tended to assume that the goal of a human being is to be either one sex or the other,[3] i.e., to be whatever he was born to be. Yet this does not occur.

The assumption whether tacit or overt that any human being can ever want to be only one sex to the exclusion of the other is psychoanalytically naive and runs counter to all analytic experience. Unfortunately, analysts like their lay brethren can put their heads in sand too. The abundant data from children as well as adults should long since have made it clear to us that from childhood and throughout life, on *conscious, preconscious,* and *unconscious* levels, in varying proportions or emphases, the human goal seems almost invariably to be *both* sexes with the inescapable consequence that we are always attempting in every moment and every act both to affirm and to deny our gender identities (cf., Stein, 1950; Watson, 1964). These irreconcilable goals are represented by many complex constellations, with many direct and indirect consequences, to be illustrated below. The forms in which they express themselves are manifold. The problems they create are among the most difficult both in life and in psychoanalytic therapy. Perhaps the most puzzling of all are the rare apparent exceptions to this internally contradictory phenomenon (cf., Kubie, 1934, 1948b, 1955, 1956; Kubie and Mackie, 1968).

In this connection it should be borne in mind that this is not the only recurrent, basic, experiential fact of life that we reject. We also deny such recurring and universal experiences as pain and the law of gravity

[3] In the history of psychoanalysis one finds that analysts have lined up in opposing camps about various aspects of this problem, seemingly oblivious to the role which their own multilayered and conflict-laden gender identifications played in determining what side of these controversies they espoused. Consequently this has given rise to some of the most heated, least fruitful, and least scientific of all psychoanalytic controversies.

and the ever-recurring experiences of differences in size and age which occur with the processes of growing and aging. If the hereditary imprints of racial experience had the capacity to shape, circumscribe, and guide human fantasies, feelings, and goals each one of us should by now accept without question all of those universal experiences which have recurred throughout the ages. Infants would not then have to learn to avoid fire and pain and deep water and high ledges. Nor would each successive generation rebel with identical impatience against the seemingly endless years of childhood. Certainly if there were a hereditary acceptance of ever-recurring experiences, it would in countless ways have exercised a stabilizing psychological influence which would have made the business of being a human being far easier than in fact it is. Where and how then do the influences of the race's experience operate correctively in mental life? Or is this question itself based on a wish-fulfilling myth?

When we apply these ruminations specifically to the manifestation of the drive to become both sexes, we find ourselves beset with many clinical paradoxes. For instance, after a long and successful struggle with overt homosexual trends, a man was freed of the compulsive component in his homosexual impulses, made a happy marriage and had several children. Yet this did not release him from his symbolic work block. To work was still to expose his body, which to him still seemed dangerously and humiliatingly and genitally incomplete. Not even the conscious and preconscious affirmation of his penis through intercourse and father-hood was enough to dispel his feeling that his phallus was illusory. Indeed nothing was enough, until finally he discovered in analysis that what he had always wanted unconsciously was to possess at the same time not only the phallus but also the woman's breasts as part of his own body, that he craved also the ability to inseminate himself, to gestate, to produce, and to nurse his own progeny, and also to castrate other men. Indeed this was precisely what the unconscious goals of his entire artistic career had been for him. The inevitable result of his failure to attain these unconscious and impossible goals was that every artistic triumph left these deeply buried needs unfulfilled, thereby plunging him deeper into depression.

One day he stated the issue succinctly. He asked: "Why is it that when discussing any problem in social groups I am friendly, warm, using

words to win friends, almost to make love; whereas when I am writing I am vicious, shooting through the slots in a concrete pillbox. I am the same man using the same tool [i.e., words] for totally different purposes. Why?"

Such clinical data return me to my question: how is it that the cumulative experience of the race can neither prevent nor modify such fantastic distortions of our expectations and drives?

IV

Use of the Term "Drive" in this Essay

Before going further I want to explain why I have deliberately chosen to use the term "drive," and what I mean and do not mean by it. In the first place, by drive I do not mean direct expressions of biological levels of the body's processes or those primitive activities which accomplish all interchanges with the outside world: i.e., of materials, energy, heat, and especially communicative signals, without which neither the individual nor the species nor any social organization can survive. Specifically I do *not* mean a primary instinctual pattern—i.e., a basic activity such as eating, drinking, breathing, excreting—which mediates the organism's biochemical and biophysical interchanges with the environment. What I *do* mean is those urgencies that derive from the symbolic representatives of biogenetic needs which are experienced as *appetites* on all levels: conscious, preconscious, and unconscious (cf., Kubie, 1948a, 1956). I mean those complex patterns of secondary and tertiary *symbolic* activities that derive from the primary patterns. And we must remind ourselves that whenever these symbolic derivative actions are dominated by psychological processes which are predominantly unconscious, they acquire that rigidity which is familiar to us in all phobic and obsessional-compulsive states, as well as in the psychoses. Symbolic processes in which the relations of the symbol to that which it is supposed to represent are distorted or severed, become frozen into rigid repetitive, unlearning, and insatiable patterns. This is the essence of all psychopathological mechanisms, whether obsessional, compulsive, phobic, or psychotic (cf., Kubie, 1967).

Used in this way the multiple connotations of the term, drive, carry a breadth of implications sufficient to cover all of the relevant phenomena to be studied. Any drive may represent in part conscious and preconscious yet incompatible wishes, which may be dealt with by deliberate, conscious, and also preconscious compromises, as in sports, manners, posture, voice, clothes, art, etc. Concurrently, however, some of the determinants of the same drive may also be unconscious, as a consequence of which this aspect of the drive can be expressed only through the disguised symbols of dreams, neurotic and psychotic behavior, and symptoms. Thus the fate of any drive and its manifestations, as well as its resolution in analysis, depends on the relative roles of the three levels on which it may simultaneously be operative. When a drive does not operate predominantly on conscious or preconscious levels but rather on an unconscious level to determine such important issues as the choice of a mate or of an occupation, the consequences become important. While this may sound complicated when stated in general terms, when considered in terms of concrete examples it becomes transparently simple.

For instance, a well-known couturier was obviously effeminate in manner but highly endowed and artistic. He launched a successful career as a designer of clothes for the sex he envied and could not become. His choice of career drew from all levels: conscious, preconscious and unconscious. All went well until the unconscious components took over, compelling him to violate his own essentially good taste by fantastic misuse of color and form, garish accentuation of apertures, burlesqued distortions of body form. His unconscious hate and envy of feminine apertures, breasts, and buttocks forced him to make monstrosities out of the styles he created for the women he scorned but longed to become.

In a previous paper (Kubie, 1958), I used diagrams to clarify this meaning of "drive," and several are reproduced here. Figures 1 and 3 are deliberately oversimplified, omitting preconscious processes in order to show the gradations between a wish, a trend (or drive), and a compulsion. They illustrate a single purpose operating under the simultaneous impulsion and guidance of both conscious and unconscious processes. Where conscious determinants are dominant, no symbols are required other than the usual conceptual tools and the verbal and visual symbols for their communication. Where unconscious determinants are domi-

nant, they are represented by activities which constitute a pattern of disguised and distorted symbolic actions—the only way in which preponderantly unconscious processes can be expressed.
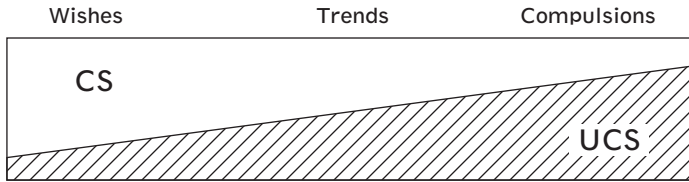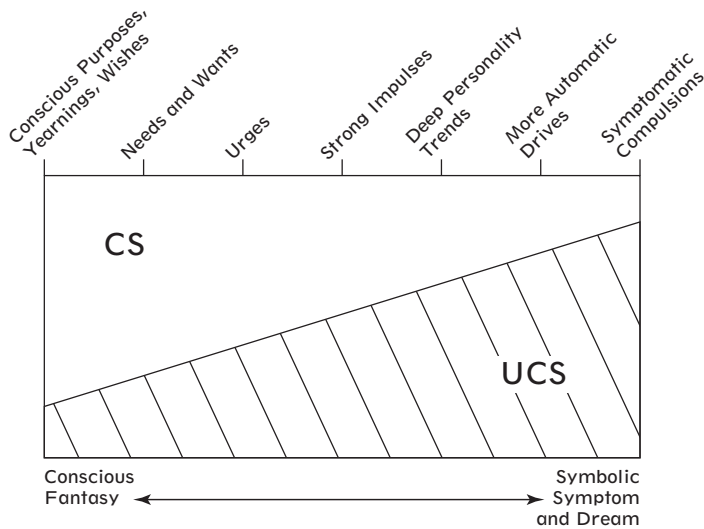

FIGURE 1

FIGURE 3

Therefore in Figure 4 (on the following page) these same relationships are represented in a more complicated way which comes closer to doing justice to their full complexity by including the important role of preconscious co-determinants. Thus it portrays areas in which preconscious processes dominate over either conscious or unconscious processes or both—areas in which preconscious and conscious processes are oriented toward the same goal but are distorted by the unconscious

processes which aim at a similar goal. Every human impulse, feeling, thought, act, or pattern of living may fall somewhere along such a spectrum as this. It will be noted that this diagram indicates that there are no acts in which any one level of processing exercises its influence alone. There are no unconscious processes devoid of conscious and preconscious co-determinants, and no conscious or preconscious process devoid of unconscious co-determinants.
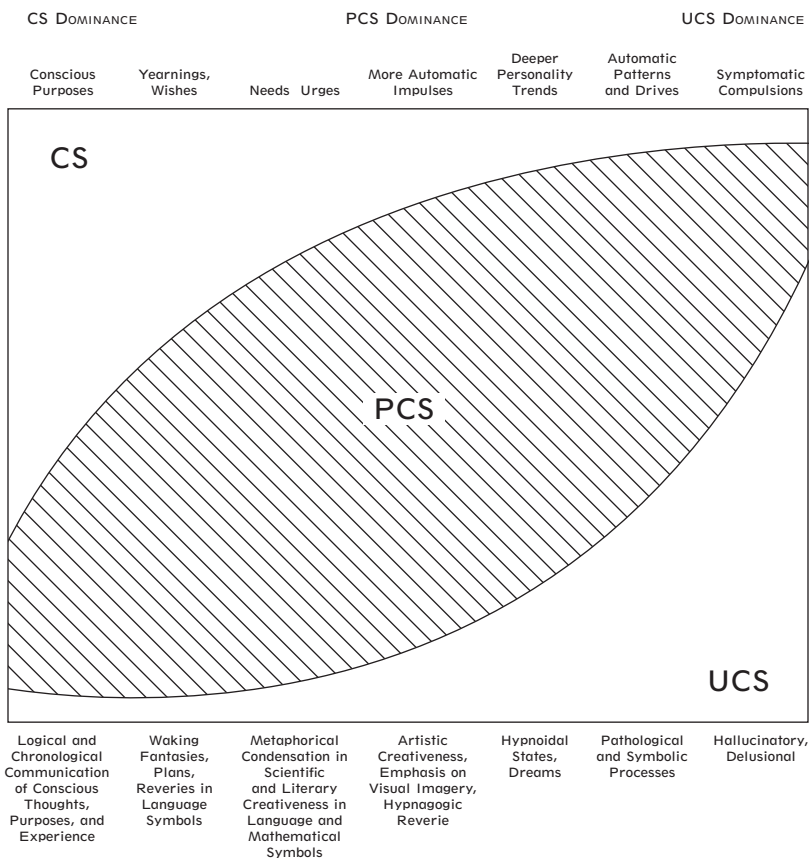

FIGURE 4

One of the most important unsolved technical problems among those which challenge all students of human behavior is to develop

methods which will show with a fair degree of precision where on such a spectrum any individual psychological action falls, by determining whether conscious, preconscious, or unconscious processes play dominant roles in its production, and to what degree. No attributes of human personality and behavior are more important than these; and we lack the instruments of great precision which we need for the exact scientific analysis of the relative roles of these concurrent processes. Perhaps some day clinical psychology will provide them. At present our only methods are impressionistic and clinical, and derive from the fact that to the degree to which unconscious processes are dominant, behavior will be insatiable, unvarying, repetitive, and rigid, whereas a preponderance of conscious and preconscious determinants makes for flexibility and the free use of analogy, metaphor, allegory, similarities and dissimilarities. Conscious processes test these for degrees of identity with external data (the crux of reality testing) and also for degrees of flexibility and the capacity to change and to learn through experience. Conscious and preconscious preponderance ensures the freedom to learn from experience, to grow, and to change: this, in turn, means freedom from neurotic imprisonment (cf., Kubie, 1973).

The last, more complex diagram (Figure 4) is reminiscent of the nomograms with which the late L. J. Henderson used to illustrate the interdependent relations among the chemical constituents of the blood stream, where no single element could vary without a shift and movement in the chemical and biophysical concentrations, states, and behavior of every other element. In psychological activity this may be equally true of the interplay among these three systems. If so, it is impossible to understand any basic conflict (such as the conflict over sexual goals and gender identities) unless the conflict is considered as the expression of a continuous interplay of concurrent conscious, preconscious, and unconscious processes. I regret the complexity of the diagram, but unfortunately one cannot use simplified diagrams to represent complex phenomena without doing them an injustice. Naturally the diagrams must be regarded merely as visual, graphic descriptions of an hypothesis which is to be explored, and which ultimately must be subjected to quantitative studies when appropriate techniques have been developed. Such techniques will be devices for ascertaining the relative roles in any

single moment of life of concurrent conscious, preconscious, and unconscious processes whose algebraic summation is expressed in everything we think, say, plan, shun, feel, desire, and do. Parenthetically, I will say that I anticipate that only through the development and application of entirely new clinical psychological tests, and through a fresh approach to the study of the processes of free association, will we develop the tools by which the relative roles of these three concurrent systems can be appraised.

V

Multiple Manifestations and Forms of the Drive

A man who now stands over six feet, three inches, and weighs about two hundred fifteen pounds was a sick, weak, undersized infant and child who suffered from severe gastrointestinal disorders. As a result until late adolescence he lagged behind his age mates in growth. He had one brother two years younger and another twelve years younger. The step-by-step loss of his mother to his siblings was completed after the birth of the third son when the mother developed an incurable illness. As the saddened family tried to make up for this to the last child by focusing all attention on him, the patient developed a double envy of him, for which he overcompensated by an erotized mothering of the little brother. Throughout his formative and growing years this pattern of behavior dominated his physical development and his behavior in studies, sports, voice, posture, gesture, in art interests, in choice of friends, and in his psychosexual relationships.

During his analysis it became clear that this was a dreamlike, symbolic expression of multiple, irreconcilable, and unattainable goals. He wanted to continue to be himself, but he also wanted to replace the mother he had lost by occupying her role both with his little brother and with his father. Yet at the same time he wanted to displace the youngest brother in the love of his parents by undergoing a process of physical transmutation in his fantasies of an imaginary, blue-eyed, blonde, curly-headed little sister, who had never existed except in his mother's joking yet outspoken fantasies and wishes. He manifested all of this by denying the differences between little girls and boys in many ways. Thus in his

occasional explorations of the bodies of little girls, he always blinded himself to his own discoveries, insisting that they were like him. At the same time his behavior revealed the fact that he really possessed full knowledge of the realities which he verbally rejected. Thus he would tuck his own penis between his thighs, holding it there as he walked clumsily around, in imitation of the bodies of the little girls he envied and whose bodily structure he denied. His unconscious goal was to win the love of both his father and his mother by a masculine-feminine fusion or compromise.

Later in the analysis, he evolved a fixed fantasy that his mother had a phallus and that he actually had seen it on one occasion. He recalled that when he was about twelve years old, he passed on the street an unknown woman who was striding along vigorously. She wore a powder blue tweed jacket and skirt. He never forgot her; she became the living embodiment of his fantasy, the proof that there could be a woman with a penis, the phallic man-woman he had been seeking to become. She *was* both sexes, and from this came the unconscious deduction that if *she* could be both, so could *he*.

In adolescence the duality of his unconscious goal led to repeated embarrassments. For years he masked this gender duality in a troubled preoccupation with the Jewish-Christian problem. Which was he? Then came the pursuit of compromise figures as "love" objects—i.e., young boy-girls—and a consistent and repeated turning away from all feminine women. As a young adult he married a woman who fit the mold of the unknown man-woman in his-her powder blue tweeds. The marriage was tragic and destructive. All relationships whether with men or women were transient, quickly explored and quickly abandoned for reasons he could never articulate. Furthermore, despite great native ability, he had been unable to commit himself lastingly to any field of work before his analysis. Such a commitment would have meant affirming and accepting his position as a man and abandoning his fantasy that he could be a woman at the same time. In this man's life the drive operated on preconscious as well as unconscious levels.

In the analysis the resolution of his struggle started as he began to glimpse the fact that he handled his entire social life as though he were an adolescent girl, side-stepping all direct competition with men. Then

came the realization that he had also done this in his business relations and ventures. This led to a further realization that every element in his work and home life, in his sexual life, and in his relationship to his children (especially his sons) both expressed and masked his simultaneous identification with women. Through a dream and through the analysis of his masturbatory fantasies he discovered that his pipe and cane, from which he had been inseparable, quite directly represented to him both breast and phallus. Again he could neither commit himself to either, nor give up either.

These insights came to him in moments of fantasy, in dreams, while dancing, sometimes in sudden momentary flashes of illumination in the midst of intercourse. With his growing understanding and insights, certain changes occurred in his posture, voice, and social attitudes. His sleep improved. Gastrointestinal symptoms (for which he had twice been hospitalized) disappeared. The hostile suspiciousness, which had frequently been mistaken for a true paranoia, dropped away. It was particularly significant that for the first time in his life he could accept deprivation and postponement, and could plan his days not in terms of moment-to-moment and day-to-day gratifications, but in terms of long-range purposes.

The study of this patient, and of several others of both sexes ranging in age from adolescence through the fifties, has led me to believe that the inability or reluctance to commit oneself to either gender can play a major role in producing the work blocks of childhood, adolescence, and maturity.

It is not yet possible to trace in a fully representative series of cases the developmental sequences by which this drive reaches its adult forms. In a few instances I have been able to trace it almost step by step; but it is impossible to say that these represent statistically adequate or broadly representative samples of something which seems to be so widely diffused in our culture that it would be quite unrealistic to expect to find it growing in any one psychopathological soil. At most a few broad principles may be tentatively proposed.

Anything which is found almost universally in human culture must have universal roots. This forces us to conclude that both for the little boy and the little girl one of the deepest tendencies in human nature is to attempt to identify with and to become both parents: with the stronger

parent so as to acquire his strength, with the weaker out of sympathy and to seek and provide consolation. It would be strange if the drive to become both sexes did not arise. The questions to ask are how and why does it vary in its development, in its expression, in the toll it takes? And how is it resolved, if it is resolved? And what are its residual consequences in adult life? How do its consequences differ when it is lived out on predominantly conscious, preconscious, and/or unconscious levels? What determines whether or not it will have a specific and distorting influence on genital sexual life?

The drive can be recognized concurrently from early childhood to old age. The level of consciousness on which it is experienced and expressed, and the extent to which it becomes a focus of repressed conflict, seem to depend in part on variables in the family mores: what the family talked and joked about, how they dressed, etc. Furthermore it is shaped and influenced by such events as (a) the birth of a new baby, and whether this baby is of the same or opposite sex; (b) the age difference between the child and his newly born sibling; (c) illnesses, accidents, deaths, and disappearances from the home group of emotionally important individuals; (d) triumphs, failures, and emotional attitudes in the immediate family; (e) the phase of instinctual emphasis through which the child is passing at the time when such events occur—especially true in twins and siblings, or stepsiblings, of opposite gender.

A boy of ten and his eight-year-old sister were left motherless by the sudden death of their lawyer mother. The father, a man of unusual "sweetness" and gentleness (almost to the point of effeminacy), played the roles of both parents to his two children, mothering them as well as fathering them. One could sense the hold on the daughter of her identification with the father as a man, and the influence on the son of his identification with his mother as a woman. When the father remarried, it was again to a professional woman. She was warm, intense, and stimulating, but gaunt. Presently they had nonidentical twins, a son and a daughter. The half-brother became the twins' nurse, guarding obsessively and jealously his right to feed, bathe, and carry them, change their diapers, push them in the baby carriage, and play with them. His sister took over none of these mothering roles but turned instead toward a male role and shared her father's interests. Ultimately the son became

a lawyer like his mother, but like his stepmother he did not marry until relatively late in life. Through the years he lost the faint hint of precious femininity of manner so marked in his early years, but his dual identification and dual goal determined his choice of a mate and his relation to his three sons, as well as many of the vicissitudes of his brilliant career.

The relative positions of the two parents of older siblings of each sex influence the subtle processes of preconscious identification. One or both parents may have caused the patient disappointment by "failing" in a major role as an adult, or perhaps by dying or disappearing. I have encountered this constellation repeatedly, and equally in men and women. For example, in the son of a weak, ineffectual father and a sick mother; in the son of a man always away on business and a strident, harsh, and at the same time anxious and exhibitionistic mother; and in the son of a remote, scholarly father and a young, seductive mother; in the daughter of a beaten, defeated man who was a sensitive but thwarted artist and a woman who was illegitimate; in the daughter of an arrogant, tyrannical father and an abject, whimpering mother. In the group as a whole a high percentage have been oldest children, but the total number is not large enough for this observation to have more than a suggestion of statistical validity.

In the life stories of the patients in whom these irreconcilable and antithetical drives seem to have played both a dominant and a destructive role, there were an almost infinite number of concatenations of circumstances which discolored their early identifications with envies, emulations, and abasement. Among these parental figures who should have been objects of confident support and of wholehearted emulation, one died early, another was a cripple, a third a drunkard, a fourth a spiritual weakling, a fifth a seductive sadist. In every instance there was a common feature: a combination of envy, helpless fear, identification with the aggressor, plus hate and scorn.

At some point in the life stories of each of these patients envy of some contemporary of the opposite sex crystallized, usually toward another sibling or cousin. With this, there was a simultaneous debasement of the envied figure, so that the identification included hostile and contemptuous reservations. Frequently the dreams in which this is expressed both incorporate and regurgitate. In one clear example, the male patient

suffered a dreamed sensation of "indigestion" which he called "morning nausea." This physical sensation also occurred in hypnagogic reveries as he drifted off to sleep. In his childhood the two major objects of identification, emulation, and incorporation had been first a vigorous maternal grandfather who had lived in the home until his death when the patient was nine, and second his mother who was hostile, possessive, and castrative, and who dressed his younger brother (his only sibling) in curls and frills for years. The father, a cripple, was an eclipsed figure.

In general therefore it seems to be true that when a child is unable to emulate either parent wholeheartedly, his preconscious and unconscious identifications will be negative toward both, each of whom tends to be an object of envy and scorn rather than of positive wholehearted identification. This seems to be one of the forces which may obstruct the formation of unifying identifications.

As the child develops further, the focus of his attention shifts back and forth between the body as a whole and its various parts—part functions, apertures, and products. These include the breasts, genitals, hips, hair, eyes, mouth, facial expression, posture, gesture, intonation, voice, body smells, body tastes, and body products. Thus auditory, tactile, olfactory, and gustatory as well as visual components of experience play roles in orienting the developing child toward those with whom he strives to identify, but from whom he must at the same time differentiate himself. In general these perceptual residues are so buried that it is difficult to recapture them except through techniques which employ hypnagogic reveries or other devices for inducing controlled states of dissociation with maintained communication (cf., Kubie, 1943, 1945; Kubie and Margolin, 1945). Consequently analysis can rarely secure the essential memories of early perceptual data of this order through their verbal representations alone. This limitation afflicts all verbal techniques, whether psychoanalytic or other, because of the tendency inherent in words to screen perceptual data and the "gut" components of memory (cf., Kubie, 1941b, 1948b, 1950, 1952, 1953, 1955, 1956). The relative lack of such data as this limits our ability to trace with precision the earliest stages of the development of such identifications.

This lack is of more than passing importance. The terms "activity" and "passivity" are value judgments. They are not the stuff out of which

a child's concepts of man and woman, of boy and girl, evolve. The child builds these entities out of his sensory experiences of specific individuals; i.e., body warmth and smell and taste, the texture and rustle and color of skin and hair and clothes, the imprints of posture and movement and gesture, facial expressions of anger, rage, and love, the timbre and pitch and volume of voice. These are the stuff out of which bodily identifications are made. Victory and defeat, power and weakness, status, activity and passivity, dependence and independence are adult abstractions which evolve slowly and late out of the raw material of primary experiences, and under the conventionalizing pressures of social forces. As this occurs the primary sensory data become obscured by a screen of reified conceptual abstraction. The difficulty of recapturing such early sensory components of early identifications poses a serious obstacle to exploratory and therapeutic research.

Nevertheless I have a few clear samples of sensory data derived from early oral drives, expressive of a man's envy of and desire for breasts, as a step toward becoming, possessing, and containing his mother, while at the same time maintaining his own phallic integrity. In another instance, a woman's older sister had been physically cruel and oppressive to her all through her childhood, yet was her only symbol of strength and fancied security. Therefore this sister became the main focus of need and attachment, but at the same time of envy as a phallic woman. The younger woman dreamed that she saw her sister naked, with full breasts and a banana in her hand; then as she watched, the banana became a phallus. At first the patient was horrified at this. Then she suddenly thought, "That's all right; it means that I am soon going to have one of my own."

Contradictory manifestations can coexist with bewildering variety, e.g., the swaggering and aggressive man who out of sudden shyness cannot go into a store to buy a tie but must ask friends or his wife to do it for him; the young prize fighter who knowingly marries a lesbian; the woman who drinks like a man, swaggers like a man, swears like a man, fights like a man, and whose voice breaks at times to resemble that of a man, yet who demands to be made love to as a woman; the many men who are aggressively male in all their external relationships but who are feminine in bed; and conversely, men who are feminine in their orientation toward the world yet who are compulsively and insatiably masculine

in bed. Contradictory manifestations can also follow each other in successive stages of development. Some of these are familiar; e.g., the transmutation of the tomboy into the female adolescent, or the rough and tumble lads who ask for a doll for Christmas.

Such agglomerations of contradictions express crisscrossing identifications, while at the same time giving rise to a multiplicity of incompatible goals. I have cited the man who needed to become his father's daughter without at the same time relinquishing his identity as his mother's son. (This can occur even when there are no actual daughters in the family.) He is matched by his opposite number—the woman who wants to be the son her father never had without relinquishing her status as a woman.

Out of these contradictions arise a special form of insatiability because whenever we attempt to gratify mutually irreconcilable drives, the gratification of either component automatically frustrates its opposite. Inevitably such insatiability has oral components, yet it need not arise out of an overaccentuation of primary orality with which it can be fused or merely confused. Rather the oral ingredient may be the instrument by which the unconscious drive to become both sexes is to be achieved, through incorporation of breasts or penis or both, or of the body as a whole. This plays a role in sudden explosive episodes of heterosexual or homosexual fellatio. The dream of the envied older sister with the exaggerated breasts and holding a banana which becomes a phallus is another self-translating example of this. In short, merely because orality may be expressed in insatiability does not warrant an assumption that insatiability arises always and solely out of orality.

Similarly, the material derived from this drive is frequently mistaken for primary Oedipal derivatives. For instance, in one dream and also in one waking fantasy, the image of a father violating his daughter represented not an act of lovemaking, or of "making a baby," but a demand that he plant his phallus in her so as to turn her into a boy-girl. Similarly a man whose dreams and fantasies seemed to demand intimacy with his mother's body was trying instead to incorporate the mother's breast and vagina, so as to achieve his secret aim to become both sexes without relinquishing either. In such instances it is not easy to disentangle true Oedipal drives from those which make use of Oedipal acts for purposes

of magical bodily transformations. The fact that both sets of unconscious implications may frequently coexist, side by side, in the same individual makes the distinction especially difficult.

If I were asked for my clinical impression of the nature of the most universal, the most highly charged, and the most characteristic manifestations of the drive to become both sexes, I would say that they are: 1. An angry and perpetual search for a parental figure who is an idealized father and mother combined, to replace one who has "failed." 2. Insatiability—i.e., the demand to remain forever a bisexual infant who will be suckled, supported, and made love to by the same parental figure over whom there is also a necessity to triumph (all of this to be represented by the analyst). 3. The demand actually to become and thus to displace both parental figures. 4. The demand to replace a younger sibling of the opposite sex while remaining the same sex oneself.

Finally there is a special relationship of the drive to become both sexes to both the verbal and the graphic presentation of "pornography." What any word means depends in part on its past history, but what a word comes to mean through usage may be quite different. A word may be worn by usage as a coin may be worn away until almost none of the original marking remains. This is what has happened to the term and concept of pornography. The Greek root tells us little of its present implications. From history and from usage comes only one significant implication, namely, a desperate struggle toward an insatiable, conflicting, and therefore unfulfillable goal. This is where the term comes closest to the implied consequences of the drive to become both sexes.

Whether it is a description in vivid words by Jeanne Réjaunier (1969, 1972), or Mickey Spillane or Henry Miller, pornographic literature represents the endless, sad search for something unattainable, often repellent. It also carries the implication of a frustrated orgy, of a whole group of men and women struggling nakedly together in a frenzy of futility as they attempt to achieve an impossible alchemy of change in which all differences will be transmuted into one likeness, multiple sexes into one sex. No matter what kind of physiological ecstasy is achieved, the end is spiritual disaster. These concepts underlie that which is pornographic in today's art and literature: the desperate search for unconscious goals which are opposites, irreconcilable, and therefore forever unattainable

and insatiable. Furthermore because of the frustrations involved, that which may have started as attraction or even as some form of love becomes hate, destruction, violence, and gore, while that which started as a mutual act becomes purely onanistic, no matter how many other people are involved. All of this is the expression of the drive to become both sexes, its futility, its misery, and its desperation, as we see in the frustrated pseudoerotic frenzies of encounter groups.

V I

Relation of the Neurotic Drive to Become Both Sexes to Psychotic Disorganization

When the psychoses are studied closely on the basis of a searching anamnestic survey of the prepsychotic neurotic process, we find in the life histories of psychotics every symptom and every problem with which we become familiar when studying the neuroses. But we also see that certain crises occur on the path from neurosis to psychosis. For any of many reasons the price the patient has to pay for his unsolved neurotic problems may increase sometimes suddenly, and sometimes insidiously. Or his methods of evasion may lose their efficacy. Sometimes he reaches an impasse from which there is no escape except the psychotic explosion. The simplest paradigm is the individual who after many years of struggling with a claustrophobia develops a superimposed agoraphobia. Thereupon, as he becomes trapped between them, he ends literally by standing on his doorstep, unable to move in or out. Then comes the explosion. Although this may sound oversimplified, it actually occurs even in as simple a form as this, and I could point out innumerable subtler and more complex examples of precisely such entrapments between polar neurotic binds which produce that tragic transition from the neurotic process into disorganized psychotic episodes.

In recent years much has been written about the operation of a process called the "double-bind," a term which has been used in various ways. By some it has been applied to the earliest steps in the development of the child's personality, with a concurrent premise that something in the attitude of the family (and more particularly of the mother) traps the child in a situation in which it becomes impossible for him to

move either to left or to right. Others have found evidence that this type of dilemma can also crystallize much later. It is my impression that the "double-bind" can exercise its destructive influence both early and late, and that, although they are important, the parental attitudes toward the young child play a less unique role in determining this than has been assumed. For instance conflicting unconscious and/or preconscious identifications may form more often than was realized, and whenever this occurs it results in an insoluble dilemma and entrapment. It arises with catastrophic effects out of the drive to become both sexes when the patient cannot reconcile himself to being either a boy or a girl, either a man or a woman, either his father or his mother, but wants to be both and/or neither.

As was pointed out some years ago, there is no psychopathology which does not involve dissociative processes: that is to say, dissociations among components of psychological processes which should normally operate together (cf., Kubie and Margolin, 1945). These dissociations can be simple dissociations in time and place—things which occurred together are recalled and responded to as though they had occurred quite separately. Alternatively, the memories of bits of experience which occurred separately may be recalled and responded to as though they had occurred concurrently. This leads to dissociations between the symbols which are used to represent these bits of experience, the items of experience with which they were originally linked, and the affects which should have accompanied, preceded, or followed them. Thus these dislocations in time and space can also dislocate their affective colorings. There can also be dissociations between effects and the initiating precipitants of the neurotic impasse, or between effects and the sustaining causes of these head-on collisions or their consequences. Furthermore bits of processes that become dissociated from one another can be reconnected either with their original roots and links, or to form new combinations and new patterns. Moreover all such dissociations and their reorganization into new combinations have their own secondary and tertiary consequences. Such alternatives give us hints of the enormous complexity and variety of the changing, kaleidoscopic mosaics of experience which enter into all neurotic processing. This is part of the secondary inescapable build-up of the neurotic process which gives rise to new formations of the consequences of human experience.

Yet none of this is a primary, initiating, or instigating element in the neurotic process. These are its symptomatic products. They resemble a fever in that they are the products of a disease process, while at the same time they have their own secondary consequences which lead to further steps in the process of illness.

Furthermore there are other important kinds of dissociative processes: dissociations involving personal identity and dissociations which produce confusion and inner conflicts over gender identity and gender purposes. Here the basic issues are: What do I want to be? Do I have to choose? Do I have it in my power to choose? Can I be both? Can I alternate? In turn this is linked to complex problems which involve conscious, preconscious, and deeply buried unconscious ingredients of our secret body images.[4]

As I write this, many images and memories of patients come to mind. What was the concealed fantasy about himself in the man with the in-turned, unsmiling smile, a small, weak, and motionless mouth, frightened eyes, and sudden explosions of apparently unmotivated rage? Then it came out that his rage was not unmotivated at all. Some subtle clue had made him feel not only that this was the way he saw himself but that it was the way others (including the therapist) saw him too. Furthermore, without knowing it he had been trying to be not one person but two because of his hostile, conflicting, and unconscious identifications with a tempestuous father on the one hand, and a weak, frightened, placating mother on the other.

Another memory is of the man whose face was also masked in shyness, whose way of using his head and neck, his evasive postures, all finally came to expression in a dream of being someone whose eyes and nose were masks and substitutes for another triad (i.e., for his phallus and testicles) and his mouth a surrogate vulva, as though he wore genitalia on his face. He lived in constant terror that his face was betraying and unmasking him. These were not delusions; they were his inarticulate feelings about his own image, feelings whose content was unconscious but which caused him intense pain. Interestingly enough drugs came

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[4] If one thinks of the schism in what is miscalled "schizophrenia" as being not a secondary schism in the relationship of cognitive, ideational, and affective processes but as primary schisms in identity such as these, the term itself may begin to have some valid meaning and significance.

into this picture too, because as one explored further one discovered that for him the purpose of drugs was his need to use them to change genders. I have reason to believe that this is not infrequently true among adolescents and may in turn be related to the desperate terror so many gifted young people have of committing themselves to any one gender— the terror of success in studies, in sports, in careers, in social groups, and even the terror of sexual success in bed. Success itself carries for them the threat and terror of committing oneself to being one or the other, and the terror of relinquishing the opposite goal.

Obviously such considerations raise other questions. What happens to the secret, self-image of a man or a woman after so-called "transsexual" operations for gender transmutation? No one can answer this question as yet for the simple and self-evident reason that those who have been involved in experiments with gender transmutations (miscalled "trans-sexualism") have never made specific before-and-after studies of the psychological changes such manipulations produce in self-imagery. These subtle, elusive, and concealed elements in the human psyche are difficult to study, but that they must be studied is evident.

Related to all of these issues are identifications with the parent of the same sex and/or of the opposite sex, cross and mixed identifications with parents of both sexes, and also with older or younger siblings of the same or opposite sex. Obviously these too must be influenced by operations for gender transmutation; yet they have not been studied from this point of view in spite of their profound, transparent, and potentially blighting influence on human development and on the utilization of human potentials. I think of a vigorously masculine and hirsute older brother of four male siblings, a man of extraordinary ability, but so paralyzed by his hopeless yearnings to replace a blue-eyed, pink-cheeked sister that he could never allow himself to achieve anything which would have meant turning his back on the feminine identity for which he was secretly and unconsciously yearning. He wanted to be both.

This brings up what is perhaps the most destructive element of all: i.e., the fact that these internally conflicting, contradictory, and unattainable goals can so dominate a life as to cause dissociations among purposes and activities on all levels—conscious, preconscious, and unconscious. It is out of such soil as this that multiple dissociations and depersonalizations can lead to psychotic schisms and disorganizations.

This endless fluctuation between satisfaction and dissatisfaction with the body has manifested itself for centuries in both sexes. This is nothing new. Since the Second World War we have seen it accentuated in the "hippie" culture with its sharp swing from the woman turned male to the male turned woman. What has been most striking about this latest swing has been its ambiguity, so that one often has to ask oneself, "Am I looking at a man or a woman or at both together?" The same ambivalence has been manifested in erotic practices which have become equally ambiguous, in so far as what the male or female did in bed together became less and less distinguishable. To implement these unattainable fantasies has required not merely the use of plastic surgery and prostheses but also of drugs.[5] Why this has been intensified in recent years and why it has been linked by steps of inherent frustrations to carnage and bloodletting and the cult of violence in today's movies and TV is again an extraordinarily important problem. But it is not a problem on which anyone has the right to be dogmatic or to pretend to have answers. For the most part, these are questions which no one has asked. Therefore it would hardly be reasonable to expect that someone would have found answers to unasked questions about unsolved problems, the mere existence of which have not even been acknowledged.

As for myself I must make it clear that the most I can hope to do here is to call attention to and illustrate some of these many unsolved but deeply important problems of human culture.

VII

The Interplay between the Drives to be Both Big and Little, Both Adult and Child, and Both Sexes or Neither

Anyone who has lived close to and observed children objectively is aware that the human child is not reconciled to being a child. One sees

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[5] This passing fad for what is miscalled "transsexualism" has led to the most tragic betrayal of human expectation in which medicine and modern endocrinology and surgery have ever engaged. In the name of gender transmutation they have led people to believe that alchemy was possible, thus fostering in individuals and in our whole culture conscious and unconscious neurotogenic fantasies whose only possible outcome is an intensification of the neurotic fantasies which underlie their expectation and ultimate psychosis.

the manifestations of this every day. But why do the smoldering rages over being a child, over being "smaller" than others, sometimes last throughout life to produce irrational competition for size in buildings, cars, etc.? And if sometimes, why not always? Equally perplexing is the observed fact that there may be at the same time an equally violent rebellion against becoming "grown up." Here again we encounter an entrapment in an inability to accept either of two irreconcilable and therefore unattainable states and goals—that of remaining a child and that of becoming an adult. Furthermore the drive to remain a child frequently may be merely a path to still another unconscious goal; namely, to go back to the brink of the beginning in order to start over again and grow up as a member of the opposite gender. This is a special and important form of "brinkmanship," a perplexing and tragic source of youthful suicidal attempts. Consequently the human being, child and man, who is not reconciled either to the fact that mankind is divided into children and adults, or into two sexes, may find that he also may reject his own growth toward maturity. In this way, these two basic rejections of reality become interwoven; and by this tortured path an individual may harbor concurrent drives to be an adult-man and a child-woman, or to be an adult-woman and a child-male, or even to be a child in both genders. I must repeat here that in the imprinting of these crisscrossing roles, confused early identifications play dominant roles and produce individuals who cannot commit themselves in life to any enduring role, whether in study, work, or play.

Clearly when one wants at one and the same instant to be both a daughter and a son, whether of a father or of a mother, or if one wants to be both a wife and a daughter, or both a husband and a son, or alternatively a husband and daughter, it is difficult to commit oneself to anything and yet remain at peace with oneself. Out of such irreconcilable demands it is inevitable that frustration and hostility arise with an involuntary and savage turning against the sexual partner. Such concealed but irreconcilable identifications lead to many rationalized dissatisfactions in marriage, some of which will be discussed below. These conflicts and their consequences can be recognized throughout the history of human culture. Why they are playing such a devastating role in the "hippie" culture of today is less clear.

There can also be a concurrent, alternative and often tragic drive to be *neither* sex, a complication that often leads to depression and terror, to unreality feelings and depersonalization. The individual fluctuates between the need to be both and to be neither, challenging life insatiably and even viciously with the demand: "Give me all or nothing. Let me be both or neither." I have seen this precipitate psychosis after relatively "successful" plastic operations whether on the face or on the genitals, and after medication for gender transmutation.

Also in my experience this gives rise to some of the most intractable difficulties we encounter in all forms of psychiatric therapy, whether with electroshock, chemotherapy, psychotherapy, or psychoanalysis. Frequently it is the hidden source of what is defensively and confusingly misnamed "the negative therapeutic reaction." Just as political freedom is a mockery to someone who is dying of starvation or disease, so "getting well" is a cruel joke to someone whose unconscious and intransigent demand is inherently unattainable—to become both sexes and/or neither. This is well illustrated in my review of *I Never Promised You a Rose Garden* (Kubie, 1966a).

VIII

Relation of the Drive to Marriage, Sex, and Aging

Another manifestation of this perplexity influences the phenomena of courtship, and the shift from courtship into marriage.

A. Courtship

Superimposed upon his conscious yet largely inarticulate hopes, the human being brings into courtship a wide constellation of unconscious expectations. He hopes that the new relationship and the new affirmations which he seeks through this relationship are going to solve all of his problems, both internal and external; and that those which are not solved are no longer going to hurt, so that they will no longer worry, perplex, depress, frighten, or anger him. As after a lobotomy, the words may be unchanged but the tune will be different; and where they cannot cure they are at least going to make life relatively painless as they resolve and smooth out the wrinkles left on the human spirit by conflict. In the

words of the old song, there will be "no more sorrow, no more trouble, no more pain" (James, 1933). Furthermore the magic of the new relationship is going to make the individual permanently into the kind of man or woman that he can temporarily pretend to be during the process of courtship. This engaging, delightful, humorous, witty, winning, attractive, enduring, generous, adaptable human being that he has suddenly become will be "me forever." And effortlessly, mind you. All of this is part of the magic that is sought during courtship.

But a deeper concomitant is also longed for; namely, a magical change in the body. The new relationship will eliminate everything about the body which has been secretly, dimly, and barely consciously found dismaying. And most important of all the courtship is going to work magic on sexual differences. The ancient magic of laying on of hands, "The King's Touch," will either change one into the opposite sex; or, and far more frequently, it will make it possible to become *both* sexes. This is the hidden meaning of the old dream of a mystical union. The mystical union of the spirit is easily acceptable as a romantic goal, but far more significant is the mystical union of two bodies which will transmute the differences between the two sexes, so that they become one, as happened to Orlando.

Unhappily and tragically, as we all know, this magic cannot work, and it is this which precipitates bitterness and resentment and a sense of betrayal in the budding love relationship. Actually, of course, once these magical expectations are stripped away, it becomes possible for the first time at least to seek a realistic and attainable relationship. For the first time the individual can start to consider not what kind of a person he marries and whether he can love this person, but what kind of being he can or cannot become, and therefore what kind of a life can anyone live with him. Can he not only love the so-called "love object" but can he do this while remaining reconciled nonetheless to being himself? Because if this is not possible, then the more he loves this "love object" the more he is forced to hate himself. This is perceived now through a haze of disappointment, dismay, and pain, a sense of betrayal and bitterness, and the tendency to say, "Anyhow, it is all your fault. I wanted to end up both; and you cheated me into thinking I could; but I cannot, at least not with you."

This sad and nearly universal human experience occurs daily on every level, conscious, preconscious, and unconscious. What is more, it also occurs at different intervals. Time relationships are of particular importance here. In one case it happens an hour or so after the young woman first meets her man, because her unconscious expectation has been that the magic would take place at once. She is to be magically changed in the first hour, and when this does not happen she turns with savage and bitter jibes and taunts, driving her young beau away, and then mourning her loss and her loneliness with a renewed sense of desperation and defeat. With another it happens in a matter of days or weeks. For business or professional reasons, her beau frequently may have to be away. Each separation is greeted with a secret initial sense of relief. Then, however, comes a painful longing, a sense of nothingness. "When he is not around I am neither a man nor a woman" is the way she puts it. Then comes the return, an exultant, happy reunion, and a joyful erotic affirmation of her womanhood, only to be followed by a period of hovering uncertainty, a slump into depression, a growing sense of tension, a claustrophobic feeling of having been trapped by loving this man or any man. This brings on a gradual and insidious anger, and with the anger this hitherto quite feminine woman becomes harsh and bitter. The kind of clothes and the colors she wears change; the actual timbre of her voice alters; she swears and drinks. A solid core of masculine rage begins to show itself as she turns her resentment onto this man who has done her the great injury of proving to her that she is a woman and not a man, proving the very thing she had thought she wanted but that unhappily she also did not want unless she could end up as both. Other alternative consequences may occur swiftly or slowly. For instance, instead of turning from joy to rage there can be a precipitous drop into violent alcoholism.

B. Marriage Choices

The influence of the drive to become both sexes may be manifested also in the choice of a sexual and marriage partner. Many fine gradations of sensory experience, such as perception of height, shape, eye or hair coloring, voice, manner, combine to form subtle pathways of preconscious or unconscious identification. Sometimes buried patterns of

preverbal sensory memories, formerly too elusive to bring into full consciousness, come to clear expression.

The effects of the drive to become both sexes on such object choices can be illustrated in many ways. Most familiar is the tendency to choose a heterosexual equivalent of the self; e.g., the cadaverous man who repeatedly marries a cadaverous woman, or vice versa; or the opposite tendency to marry one's physical opposite in size, weight, coloring. There is the familiar story of the vigorously aggressive man who chooses the weakly clinging woman, and of the effeminate man who chooses a notably aggressive woman. Subsequently out of this comes the depreciation of the chosen object, again with a sense of having been cheated and outraged. Then follows a familiar sequence: the depreciation of the partner, interpreting all difficulties as being the fault of the other, only to repeat the identical pattern in another union. In such marriages the unconscious goal of contrasexual equivalents is to neutralize and eliminate all gender differences, both genital and secondary, while at the same time acquiring both. These irreconcilable goals may coexist side by side, and can be expressed in the same dream. It is of further interest that the differences between identification (i.e., becoming) and incorporation or introjection (i.e., possessing) are paralleled by the content of such dreams.

This is illustrated in the unpublished recent work of the late Arthur Sutherland and his associates on the tendency of some women after mastectomies to develop "phantom" breasts; it is paralleled by dream material in which men with strong identifications with their mothers dream of phantom breasts comparable to the phantom penis described by Rado (1933). Another example is the dream of a woman patient, in which she became "as smooth as a china doll;" i.e., without apertures, folds, pigment, hair, body or genital odors, and also without appendages of any kind. Thus she eliminated simultaneously the genital and secondary attributes of both genders and became neither. The outcome was panic. Still another example is the almost somnambulistic and paradoxical behavior of a model who was thrown into a rage every time anyone expressed enthusiasm over her appearance, especially if she had made an effort to appear at her best. She wanted her appearance to be something that happened inadvertently, without thought, effort, or attention. If she

dallied for a moment over her appearance, any subsequent favorable comments triggered an angry impulse to hurry home to destroy her own attractiveness before anyone else could comment on it. At the same time the least criticism of her looks was resented with equal violence.

C. Paradoxical Rejection of the Fulfilling Lover

In intercourse itself the drive to become both sexes often results in one of the most distressing paradoxes which can occur in the whole range of genital and marital relations. Under its influence the more successful the love relationship, the more inescapably is it doomed. The man (or woman) cannot do without a mate, yet also cannot do with the mate. Without the mate the individual describes himself variously as being "incomplete," "unsure," "unloved," "a monster," "nothing," and obsessed with angry, yearning thoughts. Even though the moment of sexual union may be ecstatically intense and the physical relationship complete and fulfilling, it is followed by a gradual upsurge of tension and restlessness, a sense of having been trapped and then abandoned, an increasing irritability over trifles, and then angry rejection of the partner. On analysis this turns out to be a direct expression of at least two unconscious feelings. One is, "You fooled me. You did not change me. I am just the same as before." The other is, "As long as you are around, I cannot be both." In turn these lead to a vengeance-driven, destructive sequence: e.g., "If I cannot *be* the other, I can at least conquer." In both men and women this unconscious formula frequently leads to equally frustrating promiscuity, and sometimes even to murder. It led one woman to bite halfway through the man's phallus.

It is only toward the end of the most successful and complete analyses that an understanding of this unconscious feeling is attained with fully emotionalized insights. The emergence of such deep insights is usually signaled by the occurrence of emancipating floods of transparent dreams of being both sexes. The tendency to reject the loved object is so general a manifestation of this drive that I will re-emphasize it. The lover feels, "I cannot do without you. Without you I feel miserable, unhappy, deprived, lost, and incomplete." Yet after the union comes the feeling that the expected magic has not occurred, that the presence of the loving partner is confining, restricting, and depriving. The uncon-

scious substrate of this reaction is the feeling that the presence of the man prevents the woman from being a man as well; or that the presence of the woman makes it impossible for the man to be a woman at the same time. Therefore the full formula is: "I cannot do without you. Yet I cannot do with you because your presence confines and restricts me to being only myself." Alternatively this may be expressed with the accusation: "Your presence keeps me from being myself," which leads in turn to a blindly driven need to be alone.

This impasse may arise at various points in the development of a relationship. An extremely attractive but virginal "bachelor girl" could not bring herself to think of marriage because every time a man started to pay attention to her she had to reject him at once. She wanted his attention, and without it she felt "monstrous." But with it she was precipitated into rage and mockery, because his attentions were paid to her as a woman and blocked and dissolved her unconscious fantasy of herself as being a man as well. In another case, the block became a dominant force only later, in fact during the very act of intercourse. Before intercourse the woman was free and responsive up to the point of orgasm. During intercourse a moment of frigidity would occur, an orgastic arrest at the very height of intercourse. In this instance orgasm itself had come to symbolize the giving up of the unconscious dual goal, and it was this which suddenly throttled any response but rage. Or the block may arise immediately postcoitally, or more gradually over the course of the succeeding hours. In two instances the woman had passed through successive phases during successive periods of life: in the first, the block became dominant during a celibate courtship; in the second phase it arose during intercourse.

An actress of great beauty was struggling with this problem near the culmination of her analysis. She dreamed of being on a train "going someplace;" but she could not find her "pants"—by which she meant her slacks. Everything was strewn around. She was "menstruating furiously." There was a "mixed chorus line," i.e., made up of both men and women, which she had been "trying desperately" to join, but she could not find where she fitted in. Still another woman, who was working through this problem in her analysis, dreamed of being seated on a man's lap with her back to him, gradually feeling that the man's phallus had become

part of her, until she ended up at the "front" for both his body and her own, bearing both breasts and phallus. A third woman wakened from a deep sleep which had followed a particularly happy and successful intercourse. She looked over at the figure of her sleeping lover and realized suddenly, vividly, and quite overwhelmingly that he was the young man she wanted to be and that in fact there was a striking physical resemblance between them.

These crisscrossing relationships often express themselves in a significant interplay of accusation and counteraccusation. Frequently and with some truth the woman complains to her mate that he wants her to be the man; while the man in the same partnership complains that she wants him to be the woman. This was expressed quite directly in the dream of a woman patient that her husband was Lady Macbeth. It was expressed equally clearly in the life of a man who was obsessed by breasts, yet married a woman without any. Another man turned on his wife as she raced through the rain to capture a taxi for them, and said, "Jane has to be her own husband," a fact that Jane had in truth just been discovering in her analysis.

D. Homosexuality and Masturbation

As an expression of the rejection of sexual differences we encounter a wide variety of seemingly universal attempts to span the sexes; i.e., to be not one but both. We find the manifestations of this drive in the neuroses and in neurotic character disturbances, in occupational choices, in psychoses, in the content and form of art products, in marriage choices, and inevitably in all forms of sexual activity. In this connection, however, it is important to recognize that this drive is not identical with genital homosexuality, that it may conceivably offer a patient alternative goals, and that the interrelationship of the two confronts us with many difficult questions concerning the nature of those forces that determine the target on which the compulsive components of genital drives are focused, the bodily implements they use, and the activities in which they engage. A full discussion of them is beyond the scope of this communication. This much may be said, however. In the overt male homosexual, the goal of attaining an enhancement of one's own gender by the magic of contact with another man's genitals is usually repressed, whereas in

the heterosexual male the goal of becoming the opposite gender by contact with the female breasts and genitals is repressed. Frequently in both man and woman the hidden conflict may be revealed only under alcohol or other drugs. Only rarely is the overt invert an alcoholic. Yet there are some men and women who must drink to permit the balance to shift from overt heterosexuality to overt homosexuality, and others in whom alcohol is needed to facilitate a shift of identification in the opposite direction.

Analytic material suggests that among male homosexuals some build up an unconscious, almost delusional conviction that the body is not the body of a man, no matter how male it is in reality. He may awaken every morning with a panicky conviction that his penis is gone, or was always an illusion. Consequently his homosexual genital activities have as their unconscious and paradoxical goal the attainment of triumphant heterosexuality by working a magical transformation on his own supposedly defective body through bodily contacts with another man.

On the other hand, in a woman the presence of the drive to become both sexes carries the unconscious assumption that despite all appearances to the contrary the body is really male, and the unconscious goal of all of her heterosexual genital activity is to add to herself all of the sexual attributes of the opposite sex by the magic of the sexual act without relinquishing her own sexual identity. We meet this fantasy repeatedly in Orlando.

As I have already said, masturbation often embodies the quintessence of the fantasy of serving oneself in the capacity of being both sexes for oneself, which probably explains in part the tenacity both of the compulsive, insatiable component in masturbation and of the guilt that attaches to it.

E. The Relationship between the Drive to Become Both Sexes and the Disappearance of a Parent

The death or disappearance of the parent of the opposite sex is often the experience which precipitates a patient into confusion and ambivalence over gender identity, and sometimes leads to the first overt homosexual experiences. It is as though the patient were saying, "Now my father (or mother) has gone and can no longer make me whole, can

no longer give me the missing bodily attributes; therefore I will seek to achieve my wholeness elsewhere." Then comes a desperate storm of homosexual activities with an unconscious reparative goal: i.e., "by bodily contact with a male I will become a real male," or else "by bodily contact with a female I will become a real female." Both end in frustration and despair.

A few other manifestations of the problem which are of special interest are related to self-evaluation, and especially to the under- or over-estimation of one's appearance—the pitch of the voice, clothing, gait, posture, etc. A beautiful woman could not look at herself in the mirror without a feeling of revulsion. She had grown up with a deep hatred of a younger brother which turned to shame and envy as he outgrew her. This was always masked, however. She thought of her envy as an unrequited "love," which ultimately turned into an obsessive preoccupation with large men. She dreamed of them, yet ran from them. Her unconscious goal was that they should either change her into her brother, or else destroy him. As an extension of her reaction to her father's death she felt irrational anger at being left by a man; yet she had equally irrational flares of anger at a man's return. In no aspect of her life could she ever commit herself wholeheartedly, either to a woman's life or to a man's life. Yet without a man, she said, "I wither away."

In a comparable situation a boy with an intense love of and identification with his father, plus an intense rivalry toward a younger sister, had been hurt deeply when his mother abandoned the family. He spent the first years of his life attempting to be both his father's son and his father's daughter.

F. The Influence of Aging

Both for the added understanding which it can provide of the dynamics of this complex drive, and because of the current trend toward longevity, it is relevant to speculate on the fate of this drive in the older age group. In practice we see more and more older age patients who are not mentally impaired in the formal sense. The sensorium shows little or no deficit of the kind that we have been accustomed to look for in the arteriosclerotic and parenchymatous deteriorations of *senium.* Nor are they caught in the old age depressions. It is rather that their so-called

"healthy" defenses against unconscious conflicts as well as their neurotic or symptomatic defenses are down.

This exposes the fate of the drive. Sometimes it seems to have been abandoned unconsciously. Sometimes one gets the impression that the drive has been unconsciously achieved, and that the aging patient lives in an innocent dream of bisexual omnipotence. Whether the drive is unconsciously abandoned or retained in unconscious fantasies, aging brings significant changes in body form, facial conformation, skin, voice, distribution of hair. Thus aging brings facial hirsutism in women, but also a thinning of hair of the scalp, more wrinkles, changing voices, changing distributions of body weight and skeleton, all tending to mask secondary sexual differences. All of these changes tend to lessen those secondary characteristics which differentiate the sexes in earlier years. In part these changes may also be due to glandular shifts which can both alter the emotional states and the neurotic pictures of age. Longevity itself thus creates problems which are not new to mankind but whose frequency has increased. This accounts for two opposite phenomena: one, the "heavy sugar daddy" with the chorus girl, and obversely the bitter "love" affairs between aging women and young gigolos. It also plays a role in the eruption of homosexuality in aging men and women who had previously shown overtly only heterosexual tendencies.

We face here a profoundly difficult and intricate human problem which is being forced upon our attention by the triumphant progress of modern medicine toward longer life expectancy for more and more people without providing them with the defenses of a true psychological maturity.

IX

Relation of the Drive to the Diurnal Rhythm of Drinking, Sleeping, and Waking

The drive and its veiled and disguised fantasies are often expressed in alternating diurnal rhythms, one part of the day devoted predominantly to one role, other parts to another. A man or woman may live out the male component in the daylight hours, and the feminine at night. We are all familiar with the woman who dresses in harshly tailor-made

clothes by day and in the most feminine and revealing of formal clothes at night. An example is the fifteen-year-old transvestite mentioned above, who in the daytime was comfortable only in riding breeches and boots, and at night only in the most adult, formal gowns.

Frequently this conflict in roles reaches its highest intensity toward the end of the afternoon and the two roles converge. It is no accident that this is the time of day when drinking often gets out of hand—the drinking of the woman who is in her home awaiting the return of her husband and the drinking of the man who is on his way home. One husband's occupation took him away repeatedly. His wife always yearned desperately for his return, feeling as though every absence proved afresh that she was not a woman but a monstrosity. At first his returns would assuage this feeling, but gradually his presence undermined her hidden fantasy that in his absence she had really become a man while seeming to remain a woman, and her tension mounted. The drinking came as this tension began to stir in anticipation of his return. For the man, the same hour of the day often marked a transition in the other direction, to a partial feminine identification.

To another woman the afternoon hours meant turning toward the time of day which throughout her childhood had been dominated by her bitter fear of and love for her father. This was coupled with intense rivalry with him and with her brother: she was both her brother's rival for her father's love and her father's rival for her brother's love. All of this she transplanted into her marriage, and in her episodic alcoholism she lived through a complete identification with her hated, admired, and feared father and brother, and simultaneously with a despised but consoling mother. Her voice, manner, choice of words, all oscillated between facsimiles first of the one and then of the other.

This diurnal rhythm also has something to do with the wholly artificial, but culturally entrenched, contrast between work and play, between the working week and the weekend's "play," between the week's activity and the exaggerated Sunday sleep in which the fantasy of the dual sexual role can be realized in dreams.

As already indicated, the transitional hours between the "male" and "female" parts of the day color the end of the afternoon, the "cocktail" hour, converting them into hours of mounting tension which sometimes

accounts for precipitate bouts of alcoholism in both men and women. This is a black alchemy which supercharges the marital martini. Before marriage it may have meant release, warmth, gaiety, generosity; after marriage it often releases the most violent distillate of hate and jealousy.

This transition can also occur at the moment of awakening with a sudden plunge into panic each morning. I have in mind a man who in his sleep and in the symbolic language of the dream acquired breasts, thus becoming both sexes. From this he wakened, feeling comfortable, intact, and above all "whole," but only for a fleeting moment. Once fully awake he lost both his phantom breasts and his confidence in the reality of his phallus thus becoming neither sex, i.e., "nothing." Therefore within a few moments after waking he was plunged into panic, with a feeling of having lost reality, of having lost himself, of "nothingness." It was not until well on toward the termination of a long and difficult but ultimately successful analysis that he discovered the reasons why he regularly wakened to terror and to feelings of unreality and of depersonalization.

X

Influence of the Drive on Work and Play

As the objects for which a patient has been struggling lose their unrecognized symbolic magical values, the whole pattern of living may change. This sometimes accounts for change in a field of study or of work. In the case of one young man, his absorption in philosophy had as its goal not merely to know everything but to be everything. Under psychoanalytic therapy with the growth of insight, this interest shifted to concrete science. I have seen similar changes from a preoccupation with aesthetics to a preoccupation with engineering, in the shift from medicine to law, and in the shift of an already successful young lawyer from law to medicine. I have seen it in a compulsive and diffusely overactive woman who became quietly and steadfastly devoted to a single goal. Several women (and some men) who had been passionate devotees of riding, turned completely away from this sport once it lost for them its bisexual significance.

Of special interest are the voice changes that can occur. For instance, after the resolution of this unconscious conflict, the high-pitched voice of a young man dropped into a normally deep male register that had remained unused, although obviously available for many years. I have known two women whose voices, whenever the struggle was heightened by bitter marital disputes, acquired a harsh, male quality during periods of stormy struggle over this bisexual goal.

As already pointed out, the drive to be both sexes may alternate with the drive to be either the one sex or the other. This frequently becomes a fear of ending up being neither—nothing, gone, or as one woman put it, "withered." In turn this may lead to feelings of depersonalization and to terrors of death and disintegration in a setting of malignant depression. In moments of transition among these varied manifestations of the drive to be both or neither, there may be stormy rages and acute fears during the diurnal cycle, as well as in dreams and in symptoms over longer life cycles. Sometimes the fear is represented quite literally as a fear of falling between two objects. Or there may be a dream of standing motionless, open-mouthed with nothing coming in and nothing going out. One man dreamed that he was on his way to a Naval Training Station, not sure whether he was to be the gun, the gunner, the missile, or the target. The dream ended in panic.

As the drive takes shape and becomes more consistently organized, one can recognize a large number of secondary derivative mechanisms, reaction-formations and defenses. In this way it becomes one of the sources of the many fantasy-laden, paradoxical, and stubbornly rationalized compromises and inconsistencies which one encounters in life. These oscillations among the various methods of handling the drive give rise to characteristic changes in ways of living. Compulsive furors of work may be followed by inertia and apathy, then by alcoholism, promiscuity, or asceticism. Compulsive sexual furors may be followed by impotence and abstinence, elation by depression.

The inability to accept a commitment to any task, so prevalent among adolescents today, often represents unconsciously the refusal of a commitment to being just one sex. This may lead to an insoluble indecision or to self-defeating compromises among various roles—e.g., whether to

be an actor, playwright, or director, whether to be a practitioner or a medical scientist, whether to be a housewife and mother or a writer.

A woman of extraordinary grace and beauty competed with an older sister whose identification was with a weak but seductive father. The patient spent her whole life rejecting first a husband, then a lover for a bisexual career in journalism and international law. The inability to commit oneself completely to any work or to any relationship because such commitment represents an acceptance of either the male or the female role to the exclusion of the other may become evident in school children of both sexes even at an early age. I have seen it take many forms in the armed services. And we see it every day in the housewife who may be an excellent craftswoman in her home but can use her domestic skills only among women; if her husband is around to remind her by his mere presence that she is a woman, she cannot use her skills.

From early childhood one patient played obsessively with a cousin. The games were about fish, magic, model railroads, and a game of cowboys and Indians in which the cousins alternated between playing the role of the one who had to be nursed through the injuries inflicted by the Indians, and the role of the one who did the nursing. This game was played for hours on end every Saturday afternoon through an entire winter. The patient had been the younger of two brothers, and of the two he was the closer to his parents. Even in adult years there was a close identification with his mother in the love of his father. He was unable to commit himself to anything which would take him from his parents' sides. Although he had high intellectual and physical abilities, he could not use them in sports, studies, or in any area of work. He had only one outlet—the simple tasks of a handyman in which he could be essentially a houseman (or a housewife) but even these tasks he could perform only around his own home and only if both parents were at home.

This same drive may make it impossible to accept either winning or losing. Paradoxically, of course, losing can be just as unacceptable as winning, and for the same reason; i.e., where to win is to be the man and to lose is to be the woman, and where neither can be accepted because it means the exclusion of the other role. This sometimes plays an important contributory role in the depressive reactions to successful careers.

Among scientists this sometimes influences the choice among the physical-mathematical sciences, or between the biological and the cultural-psychological sciences. In one instance the frantic and unrealizable drive of a young scientist to supplement his own body through his experiments in morphogenesis led directly to the development of a period of psychotic decompensation. I have also seen it operating in the lives of a newspaper woman, a painter, a woman physician, and a singer. Each achieved success in her respective field only to turn in rage from her career to a good marriage, then from the marriage in a rage against the man she loved for making her feel like a woman, and finally to drink. In other words, these men and women could not accept success either in their professional lives or in their love lives, because to them success meant either, "Now you are a man and cannot be a woman," or, "Now you are a woman and can never be a man." Each step in the process was punctuated by rage, panic, and depression. There can be essentially parallel developments in the lives of both genders.

The work patterns may interweave with the pattern of marriage. One instance was of particular interest because of the family background of the woman, who was a geneticist. After marrying a weak but affectionate husband, she had a long struggle with a serious chronic illness. She said to me in distress and with accurate insight: "I will lose him now, because now I am weaker than he is; and he married me for my strength." Then she told me how her great-grandmother had been a successful professional evangelist, her grandmother a successful professional woman, and her mother and two aunts successful business women. Through successive generations it had been a proud family tradition for the women to marry men who were weaker, who were less capable both economically and in their respective careers, but who had the one virtue that they could give their wives sustained and sustaining affection. On this foundation the family had been built, but the keystone of the arch was always the woman's strength and the husband's weakness. Now, however, my patient's illness was cutting her off from this. She foresaw accurately and clearly the inevitable breakup of her home. This led her to explore deeply buried material having to do with her physical image of herself and indeed of all women. The focus of this image was the hair under the chin of her grandmother, how she had loathed this, and how she

felt when she first detected hair on her own chin. Around this she wove an intricate network of secret fantasies that the women of her family somehow embodied both sexes. This unconscious fantasy, built as it was around her own unconscious drive to become both sexes, had played the dominant role in her choice both of her field of scientific work and of her mate. Indeed many instances of successful women who choose ineffectual mates seem to bear the imprint of this concealed drive.

XI

The Influence of the Drive on Terminal Phases of Analysis, and on Its Success or Failure

This two-headed drive creates one of the most difficult obstacles that psychoanalytic therapy attempts to overcome. Indeed, it sometimes seems to be the rock on which we founder most frequently. Certainly it often plays a major role in what is inaccurately called "the negative therapeutic reaction."

Many of us have met the problem toward the end of an analysis which has been gathering momentum, an analysis which has seemed to be moving with increasing vigor and impetus toward what promised to be full therapeutic resolution. Symptoms may have disappeared. Patients may have acquired freedom from many other previously unconscious conflicts and may be producing material freely. They may be clear in their analytic understanding and cooperation, quick in their perceptions of meanings, free in their emotional responses to interpretations (whether these are the interpretations which they themselves make or interpretations suggested by the therapist), responding to them with feeling and with additional confirmatory data. It has begun to look as though the end of the analysis is in sight.

Then things begin to bog down, and the analyst finds himself up against a seemingly contentless, sullen impasse: a state of dulled indifference. He explores transference material, looks for deeper and earlier signs of conflict, for the reaction to the threat of separation, for unexplored areas of unconscious anxiety and resentment. Then comes a flood of dreams with multiple meanings. Among them, however, will be an insistently recurrent theme: "I came to you for something. I have

been a good child. I have done as I was told. I have told all. I have even become symptom-free. Now I want my reward, but you are not giving it to me. No magic has happened. I have not been given what I was waiting for. I have not been given the ultimate reward. I am still only what I was." What is left unspoken in the final complaint is: "I have not become both sexes."

I can illustrate this with dreams from many patients, both men and women. Before turning to these examples, however, let me re-emphasize the fact that whenever a patient's unconscious goal in analysis has not been to "get well" but rather to gratify some unconscious and inherently unattainable ambition—in this instance to achieve a transmutation not into one sex alone but into both—this ambition will be for him the only fully acceptable reward for "good behavior." Under these circumstances symptomatic improvement will bring no happiness, but rather a sense of embittered defeat and of having been cheated. If left unanalyzed, this sense of having been misled and cheated may flare up in later phases of analysis, or after the analysis has been discontinued, and undermine all that had been achieved. Furthermore, it occurs with equal tenacity in men and women, although it may be more subtly disguised in men because social taboos lead men to a deeper repression of the goal to be a girl, to be the mother's or the father's daughter, to be a man with breasts. In our culture the woman who harbors unconscious goals to be both the daughter and the son (i.e., to be a woman with breasts and vagina but also with a penis) is not under as many taboos as is the man's need for female bodily transmutation.

The dreams that represent this upsurge of resentment, this defiant protest against remaining what one was when one first came into analysis, take many forms. Some of these dreams are quite literal and undisguised. Thus a woman dreamed that she was chained to another woman, and that she stood with her mouth open to the analyst to receive something through her mouth, but nothing came in and nothing came out. The associations led not to Oedipal material but to a planting ceremony, the planting of the phallus so that it could grow in her.

Another woman's dreams paralleled almost precisely her conscious masturbatory fantasies as an adolescent girl. In this case the dream was of the vague figure of a father who was violating his daughter in the

presence of his sons. Here again the associations indicated that this expressed a resolute determination to have the penis planted in her permanently, so that she would end up possessed of all. She would show her brothers who it was who was ahead, who possessed everything. Her reward was to be that she would be allowed to become what she had always wanted, namely, *both*.

In these terminal battles we may discover belatedly that the sex of the analyst has played a heretofore unrecognized and unexpectedly important role, depending upon which parent had occupied the role of the healing magician in the long buried fantasies of the patient during childhood. For instance, where the father was the miracle worker, a woman analyst may from the first be doomed to fail, although this may not become apparent until the terminal phase is approaching. In the obverse of this situation, a male analyst who does not accomplish the goal of miraculous healing by miraculous change may in the end be regarded by the patient as having deliberately withheld the miracle in a niggardly spirit. This ultimate struggle has to be worked through not once but repeatedly, but if it is successfully worked through not once but repeatedly, but if it is successfully worked through the changes in the end may be striking.

A man said, "There is a part of me that has at last become a man and only a man. And there is a part of me, a lot of me, that is content to have it so. I don't know this part of me too well yet. Maybe I don't even know his first name. But it is the most relaxing thing that has ever happened to me."

A woman said, "When it finally began to dawn on me that this was not up to *me* to decide, that I couldn't be anything but just what I am and that I could give up this frantic effort that I have been making all my life, then a load rolled away. It is funny. As I walked out of this office even that dull ache and pressure on my back began to relax and disappear. I am fine."

Another man said, "And then as I walked down the street somehow I felt different. I stood erect, whereas I had always been leaning forward a little bit, folding my arms around my chest the way my mother used to do to hide *her* breasts—no, *my* breasts. Now I stood erect and I seemed to fill out my skin. My bones and my muscles seemed to be firmer and

more knit together, and I walked differently and felt differently." It was in fact true that his gait and his posture had changed.

One patient who had been struggling desperately with this problem spent a period in her own home during the prolonged absence of her husband. Prior to his absence the relationship with her husband had been improving steadily. Again, while they had been away together it had been particularly good. This time, however, on the way to her temporarily empty house, she had begun to feel tense and anxious. She toyed with the idea of having an affair, not an affair which she wanted, but one for which she felt a desperate, blind, and angry hunger. A similar anxious tension and need had often beset her in the late afternoon. She felt it in her hands to such an extent that even as she talked about it she gripped her hands almost convulsively. There were no consciously felt erotic needs, but in bed at night she would be assailed by a flood of angry fantasies of an endless series of promiscuous relationships, one after another. For the first time in months she suddenly lapsed back into a few explosive and compulsive episodes of solitary drinking.

One Sunday evening during her husband's absence she went out with a married couple and a man who was a friend of theirs. Both men seemed to her dull, pompous, aggressive, domineering, bombastic. She was bored, resentful, and angry, and on returning home was restless. On such an evening as this alcoholism was particularly likely to manifest itself, but this time she restrained herself and went to bed and slept. From this sleep she wakened, shaken by a dream:

> She was a man among a large group of homosexual males, and was explaining to a woman (who turned out to be herself) that this was only a transitional phase and "nothing to worry about," but that during it she had had to submit passively to the homosexual advances of the other "men." She was perplexed by this, yet strangely reassured, and then suddenly at the end of the dream the analyst was present and gallantly picked up a glove which she had dropped, and handed it to her.

This last moment referred directly to something which had happened in the preceding analytic hour, i.e., on the afternoon before the weekend of the dream. With ritualistic regularity she had always dropped

some item from among her personal belongings as she left my office (a glove, a book, a purse, a handkerchief). And quite as regularly she would dive to pick it up herself before I could move to render this courteous service, which I always tried to do as a deliberate participation in her ritual in an effort to drive home the fact that she would never allow herself to be waited on as a woman in any way. On this occasion, however, she had dropped one glove in my direction, and then stood motionless in a somewhat reflective mood. As usual I made a point of picking it up and of handing it to her in silence. Only at the last moment had she started her usual dive to retrieve it herself. Nothing had been said. We both smiled politely as she left the office. That night came the dream.

The dream had left her deeply shaken, moved, and sobered. She said, "This is the first time that I have known this from the inside. Here I was playing both roles. I was a man, yet I was in a passive homosexual relationship to other men; so I was a woman anyhow. Also you were gallantly treating me as a woman. I was telling a woman who was myself that this was a transitory phase. I cannot deny this any longer." Then significantly enough she went on to say that the preceding weekend, which had presented particular difficulties in her relationship to her children as well as other stressful external situations, there had been long stretches of time in which she had been relaxed and peaceful, and had enjoyed a sense of "being satisfied to be me" and "to be doing what I was doing," a feeling which she had rarely known in all her life.

This was a woman of unusual talent who in panic had fled into marriage from the promise of a great career. During her second pregnancy she had suffered a deep blow when she discovered her husband's infidelity. This had thrown her back regressively into the frame of mind which had originally driven her from her parents' home to make a career for herself. At the time of her husband's betrayal of her she still felt anchored to her marriage by their children and by the lapse of years which made it impossible for her to return to her career. At the same time her husband's behavior reactivated a rivalry with her loved, hated, and feared father, and also with her despised, weak, ineffectual, and sickly younger brother. Her contempt for the beaten, abject, enslaved figure of her mother was expressed with great intensity, as well as her fear of identifying herself solely with this mother or with the dead sister

or her father, or indeed with anyone. This was the constellation of criss-crossing and rejected gender identifications out of which her problem had grown to explosive intensity.

As she worked through this phase of her treatment, her clarification and relaxation grew, and as she was able to relax, she became aware of the violence with which she had felt inwardly torn for years. She described its influence on her sexual relationships in these terms: "A moment would always come in which I had the feeling that now I had to take over, now I had to take the lead, now I had to turn the tables." The same thing was true in work, in play, in social relationships, in her relationship to her children, and in her conversational kleptomania. I have rarely known a woman more gifted as a woman who derived less happiness from even her most expert functioning whether in domesticity or in any other way. When this particular problem began to reach its resolution, the change that occurred in her orientation toward her whole life was dramatic and moving.

One further example. A highly gifted young woman had a flair for writing, a fine dramatic gift, and great warmth in her attitudes toward children. In the course of her treatment she went through successive phases—working on the stage, writing, and teaching in nursery schools. Each one of these phases of activity brought out interesting facets of her personality and of her unconscious problems. She did each extraordinarily well; yet each also carried its multiple and conflicting meanings.

For many months secret, lifelong fantasies of going on the stage had been completely absent from her material. Then as she approached the end of her analysis, she suddenly fulfilled a prophecy that I had made silently to myself by turning once again toward a stage career. This was buttressed by excellent rationalizations, including high praise from her dramatic coaches and her successes in certain competitions. Her battle became not "The Easter Cover" versus "The Circus Cover," of *Lady in the Dark* (Hart, 1941) but whether to have children or to have a stage career; or to put it another way, to be one sex or the other, or both.

Then came a dream in which she was Superman flying through the air; but to her amazement as she flew through the air, sailors down below were giving "wolf-whistles" as though she were also Superwoman. (This of course is reminiscent of the famous episode in Orlando, in which a

mere glimpse of Orlando's ankle so startles a sailor as to nearly throw him from the crow's nest at the masthead.) This dream was followed by another in which she was auditioning for the role of Blanche DuBois in *A Streetcar Named Desire* (Williams, 1947). In the dream, having auditioned successfully for the role of this unhappy psychotic prostitute, she wandered away. Then she stooped to pick up a half-dollar. But it was not a round half-dollar piece, it was one half of a round dollar, a half-moon. She picked this up, looked at it, and dissolved in tears.

In the course of time, with this warning in mind, I returned her to analysis with a woman, with whom she carried her therapy through to successful completion.

XII

Implications of the Concept for General Psychoanalytic Theory

The implication of this paper might easily be misunderstood to be an attack on psychoanalytic theories concerning the influence of anatomical differences on the relationship between the two sexes because of genital envy and castration fears. Actually this would be a misunderstanding and misinterpretation of its implications. The concept that there is a nearly universal drive to become both sexes is not incompatible with any of these earlier, basic psychoanalytic observations. It is rather an extension from them into more general areas of human adjustment. Its implication is that conflicting gender identities, misidentifications, false identifications, and irreconcilable identifications give rise to unattainable and irreconcilable drives and wishes which, in turn, become fresh sources of neurotic conflict which on occasion may lead to psychotic disorganization (cf., Kubie, 1966c, 1967).

If this is true, then it becomes clear that seriously pathogenic conflicts may arise not only between basic instinctual pressures on the one hand and the conscience processes (superego) on the other, but can also arise out of conflicting unattainable and irreconcilable identifications, false identifications, and mixed identifications; and that these in turn can give rise to irreconcilable distortions of body images and identity goals. This is an important addition to the earlier concept of intrapsychic conflicts as arising always between id processes and superego

processes, but it is not irreconcilable with them. They are supplementary and in no sense mutually exclusive.

In a systematic consideration of psychoanalytic theory, what position should then be assigned to this drive to become both sexes? The question brings up more problems than I can hope to explore fully here. Indeed throughout this paper I am limiting myself to illustrating the profusion of the interrelated manifestations and consequences of the drive. For several reasons these are complex. In the first place, not only the drive itself but also the conflicts which underlie it and those which derive from it can all be experienced and expressed concurrently on conscious, preconscious, and unconscious levels. Secondly, not only are the derivative conflicts manifested in different forms but also on different levels. In addition they shift during different phases of human life, depending partly upon the stage of instinctual development through which the patient is passing (Kubie, 1956), partly on the changing nature of external circumstances and on the evolving phenomena of growth and aging.

In any systemic survey of psychodynamic sequences we must ask which conflicts are primary and which resolutions of these conflicts are primary. In this framework it is important that the drive to become both sexes has pregenital, phallic, genital, preoedipal, and Oedipal ingredients, that it becomes reactivated repeatedly in the latency period, in puberty, in adolescence, in adult life, and again in various stages of the aging process. Furthermore, at each of these phases of life it retains manifestations which are derived from earlier phases, adding fresh accretions. Thus superimposed layers represent symptomatic derivatives of successive epochs in the life history of the drive. Consequently merely to describe the drive, its setting, origins, evolutions, and consequences makes a canvas of enormous size and complexity, like Orlando itself.

A. As Mechanisms

Because of the richness of these ramifications, the drive to become both sexes sometimes appears to be a central axis in the development of our individual and cultural psychopathology, around which other conflicts over castration, Oedipal needs, etc., all cluster. Nevertheless I will not claim that this drive occupies an exclusively central role in the psychodynamics of all psychopathology. I can say only that I will not be

surprised if in the end its importance should prove to approximate such a central and primary position. This is of special relevance with respect to phallic envy, because the closely related phenomena of breast envy occupies a role whose importance in relation to the drive to become both sexes has never been sufficiently recognized. One man had imitated his father's career and his mother's alcoholism as though he were an automaton. Later after his wife's mastectomy he revealed his incorporation of her breasts by developing sweats on his breasts which were localized precisely to the area of her postoperative scars.

Yet there are important differences between breast envy and phallic envy. Thus there is the simple, elementary fact that in childhood the boy and girl are genitally unlike, but alike as to breasts. The little girl has no breasts for the little boy to envy. Consequently the small boy may covet and fear an adult's breasts, but not those of an age peer. When a contemporary girl develops breasts, for the boy the breasts are likely to inherit the covetousness and the fears which had originally been directed toward both the genitals of older men and the breasts of older women. For the girl the situation has important differences. The small girl's envy and covetousness may be directed toward the male organ of the small boy as much as that of the man (cf., Kubie, 1934). The former, however, will be attended by less fear than is felt toward the adult phallus where size and color play important and intimidating roles. Moreover the adult woman possesses the breast which the little girl still lacks and which can become the object of longing, of body envy, and of fear.

Other special differences are linked to the close tie between the genitals and excretion on the one hand, and between the breasts and ingestion on the other. These are derivatives of the complex implications of apertures as avenues of intake and of output. Still another difference is the fact that in most cultures there is not the same assiduous care to hide the breasts that there is to hide the genitals, either in art or in life. A fourth difference has to do with the many psychological consequences of the phenomena of erection, which are more dramatic in the genitals than in the nipples.

Despite these important differences with their special consequences, the fact that covetousness and fear may be focused on any body part re-

mains in itself a perplexing phenomenon—perplexing, as I have pointed out above, if only because heredity has not resolved it. It has many psychological consequences which do not vary with the part envied, in addition to variables which are dependent on such special and varying features as those mentioned above.

In all of the many problems concerning genetic influences on psychological traits there is no problem more perplexing than this. If any pattern of feelings, attitudes, and behavior should be influenced by long ages of constantly repeated racial experiences, it should be the differences, both anatomical and functional, between the sexes. Strangely this seems not to be true either for the lower animals or for man.

These variable complexities influence the evolution of the drive to become both sexes. To have called it the drive to acquire the anatomical attributes of both sexes would have implied erroneously that anatomical parity is the sole objective of the drive, or at least that we know which comes first—whether identifications with the whole precede and determine relationships to the parts, or whether the object relationships to parts precede and determine the identifications with the whole. Unhappily this is an unasked and therefore unanswered issue in developmental psychology.

Closely related to this problem is an issue concerning the difference between the "drive to become" as compared to the "drive to possess," at successive stages of personality development. In other words, to *become* (depending upon identifications) and/or to *possess* (through incorporation and introjection) imply important differences in aims toward identical objects—differences whose effects can be traced on conscious, preconscious, and unconscious levels. Here again, precisely how these are interrelated has not been worked out. Yet they are essential components in the evolution of each human infant toward becoming "himself," with clearly differentiated "I" and "non-I" worlds.

B. Magic and Clothes

The many unconscious devices by which individuals try to achieve this unattainable goal have one feature in common: they attempt to bring about a magical bodily transformation but without giving up one's

own sex. The result is the drive to become both, or alternatively, neither. This may be expressed through the choice of mates, hair styles, vocations and avocations, clothes, decor, intellectual and cultural interests, and sports; or sometimes through deliberately inviting suffering, which is often misinterpreted as a primarily masochistic perversion. It may be expressed in dreams and fantasies of death, or in behavior which invites serious accidents. Here accident proneness and even pseudosuicidal acts may have as their goal not death but to "nearly die" in order to be reborn. Consequently, in the struggle to attain the desired bodily transformation, I have recently seen this particularly distressing form of the drive in a middle-aged man and in a young woman, both saying, "I want to go back to the brink of death, but not to die, as though I could thereby be reborn and start all over again as myself, but also as my brother" (in the one case), "as my sister" (in the other).

Cloaked in many disguises this drive often leads to compulsive masturbation, in which the fantasies as well as the activity itself betray the drive to play both sexual roles. This may account in part for the extraordinary tenacity of the guilt attached to masturbation, no matter how gently and permissively a child may be reared in this respect.

The early conscious fantasies that express the relatively conflictless phase of this drive at the dawn of the Oedipal phase include both losing something and gaining something. The boy of four or five may say, "I would be happier without a penis." The little girl will say, "I would be happier without a breast," or "I would be happier if women had penises." And ultimately, "I would be happier if I had both." Later such fantasies become increasingly disguised as the drive is subjected to progressive repression.

It is hardly necessary to point out how frequently the problem is acted out and lived out through clothes, as a form of magic. I think of a woman whose deliberate effort was to make herself as severely masculine, somber, and even dowdy as possible. This was no small achievement in the case of this particularly attractive person. In another, the drive to be both sexes required that her clothes be neuter clothes. She dreamed of herself as a luscious nude blonde, but laid out in a casket.

Nudity meant death to this woman because it would expose her state of nothingness. Because of the feeling that she had fallen between the two roles, she lived in a chronic depression with feelings of unreality and depersonalization, except when she went on drinking binges.

Comparable was the vigorous young athlete who momentarily simulated a woman each day as he left my office. At that special moment his every gesture was meticulously ritualized, like a woman powdering her nose. This was evident in his way of buttoning his coat, or arranging his belt, of fixing his pleats, of slicking his hair. At no other time was there any trace of effeminacy in his manner. It was interesting that this ritualized assumption of the female role was triggered by separation, as he left the analytic office to face the world. These mannerisms disappeared as he approached the end of his analysis.

The analysis of another patient brought to light interesting material bearing on the differences between transvestitism involving only the outer garments and transvestitism involving the undergarments. The undergarments closely represent the body itself and for that reason are closely related to the problem of fetishism. During the course of her analysis, on a night that turned out to have been the anniversary of her mother's death, a woman dreamed that she was dressed in her stepfather's dark blue suit. This was a condensation of her grief and mourning by being "dark blue," of her envy of and of her identification with her stepfather, and also of replacing her mother.

C. Role of Cultural Factors

I cannot leave this brief and fragmentary discussion of the multiple manifestations and evolution of the drive without referring to the role of cultural pressures in determining not the presence or absence of this conflict, but the level on which it is processed and symbolized, i.e., in shaping its forms and determining its sequences. Cultural forces influence its intensity and its distribution between the sexes. What is even more important is that cultural forces also influence the level of awareness on which it is processed, because it is this which will determine whether the effort to deal with the problem will give rise to normally flexible or psychopathologically rigid adjustments and compromises. One

wonders whether any culture exists in which individuals are free from this confusing ambivalent, bisexual, and irreconcilable pair of goals.[6]

Certainly, however, our culture exacts from men and women a different price for this problem. Here girls and women are actively encouraged to be male as well as female: in dress, activities, occupations, hobbies, interests, speech, and manner. Among women the drive to become both sexes is tolerated and even encouraged and defended on conscious and preconscious levels. On the other hand, this is not encouraged among boys and men. Consequently the drive is almost wholly repressed in men except for some overt homosexuals, transvestites, and "hippies." In women, on the other hand, many conscious and preconscious manifestations of the conflict are both tolerated and rewarded. Yet even here the core is usually repressed. Thus cultural attitudes influence the level on which it operates, the openness of its expression, and the accessibility of the conflict to therapeutic influences. But they do not create the conflict.

D. Relation to Orality and the Primacy of Aim or Object

There is an oral component to insatiability, but contrary to current ad hoc assumptions orality per se is not the only or primary source of insatiability. More often orality merely implements other aims. This question recurs in several connections concerning the priority of aim (or "means") over object, or of object over aim (or "means"). Furthermore it is related to the successive phases through which drives evolve out of their biogenetic or "instinctual" roots, how the derivative drives come to focus on specific parts of the body as part objects (e.g., in the face or special features of the face, genitals, hair, hips, calves, buttocks, and breasts). Someday it will be necessary to consider how these partial components of the drive to become both sexes can determine and limit the relationships to each sex, to neither, and to whole individuals through early identifications and introjections, and finally how all of this relates

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[6] In *Sex and Temperament in Three Primitive Societies,* Margaret Mead (1935) makes the statement that cultures which allocate special personality traits to each sex re-enforce and exaggerate the tendency of the members of each to attempt to belong to the opposite sex. This is an interesting speculation with many suggestive implications, but its basis in comparative empirical data is far from clear. My bias is to go along with it, but nevertheless it may conceivably be an example of unconscious special pleading.

to such secondary symptomatic disturbances as exhibitionistic behavior, transvestitism, overt homosexuality, eating anomalies, the closely related buying compulsions and kleptomania, and even to that well-known social disease which might best be called "conversational kleptomania," especially common perhaps among women but not theirs exclusively.

Perhaps the most important consequences of the drive are on human relations in general, because these consequences are circular. Not only do human relationships play a role in the development of the drive; in turn they undergo a process of continuous deformation under a battering from these irreconcilable and unattainable needs. Every conceivable permutation and combination of these circular and irreconcilable demands occur side by side in the same individual. And their conscious, preconscious, and unconscious representations play a preponderant role in marriage and occupational choices, as they do in dreams, in art and literature, and in the form and content of neuroses and psychoses.

XIII

Detour into Biography and Fiction

It would be impossible to review in full the enormous volume of fiction and of biographical studies which illustrate the range of the manifestations of this problem, usually without realizing its nature. I can list here only a small sample. There are exquisite stories of childhood by James (1933) and by Follett (1927), the latter tragically and appropriately called *The House without Windows* in view of the author's suicide (cf. also, McCurdy, 1966). There are records of tragic lives of sick debauchery, incest, and wasted talents, such as the life of Lord Byron (cf., Grebanier, 1970).

Lord Byron is such a perfect example that I will mention him first. I find that I really hate this man, pitiable certainly, but not really forgivable. At best a second-rate poet and a tenth-rate human being. His womanish beauty of face and voice made him the target for envy of many women. He must have seemed to them to have the best of both worlds. They, in turn, were equally targets of his hate and envy. So he ends up a compulsively, overdriven sexual gourmand but never a gourmet, who knows only how to make hate in bed, never love, and with men as well as women.

His attitude toward sex and his struggle with his compulsions both to overeat and to get fat are close parallels. He had a woman's horror at the slightest tendency to overweight, and also a confused revulsion at his long simian arms and relatively short legs. It was inevitable that he should end up hating himself. Yet Grebanier never seems to realize that it was Byron's relentless but unconscious pursuit of the unattainable which led him to a merciless rapacity and hatred disguised as love. It was no accident that his alter ego was his half-sister, nor that she was the only woman who even approximated being a love object for him. This was the central expression of his unconscious need, not merely to exchange genders but to embody both: i.e., by taking over his sister's role in addition to his own. Fiction illustrates the theme in Thornton Wilder's (1926) *The Cabala*, and again in Norman Douglas's (1917) *South Wind*.

Turning back to biography we find it illustrated again in *The Youth of André Gide*, by Jean Delay (1963), and in *Lelia, the Life of George Sand*, by Maurois (1953). These works show in transparent ways the universality of the problem and its devastating effects on human life and human culture. In male dancers this is an important theme, and again in women of the modern dance it becomes self-evident.

We find it in the tragic depressions which infested the writings of Virginia Woolf, and particularly in her autobiographical sketches. It is found in Bell's (1972) biographical study of Virginia Woolf, in *The Moth and the Star*, by Aileen Pippett (1953), and in the book by her husband, Leonard Woolf (1963). It is transparently evident not only in the books about Virginia Woolf, but also in biographical studies of many others, both men and women.

When we turn to current "pornographic" literature we find that it too is permeated by this theme, which although central always remains largely unacknowledged and unrecognized. Indeed the insatiability of human cravings constitutes the essential core of what is generally regarded as "pornography." This insatiability (the unfulfillment of the impossible) is related to the fact that human beings so often make hate in bed under the illusion that they are making love, and how often and how tragically even the full physiological gratification of sexual craving leads not to a sense of fulfillment but to sadness, terror, and anger, and most important of all to its immediate and incessant repetition. From

this craving when it is driven by unattainable and irreconcilable unconscious needs, there can be no escape, no satiation, and no rest. Immediate orgasmic fulfillment becomes a transient betrayal, an illusion, because it merely triggers off a recurrence of the need. The same is true of the alcoholic who after being "on the wagon" takes one drink only to find that it has reactivated the original craving in full force. It is true of the smoker who after months of abstinence may find one cigarette rekindles the original craving. The same thing happens to many of us when we eat bread while waiting in a restaurant for a meal we have ordered. It happens to some with chocolate. Or consider the classical case of the child with an eating compulsion who eats until he vomits and then eats again. Why is he eating? Certainly not out of physiological need. Unwittingly the little boy may overeat to grow breasts like his mother's, while retaining his own genitalia; or the little girl may overeat to acquire a boy's genitals, while remaining a girl.

Insatiability of this kind applies to human attitudes toward money, power, clothes, shoes. I have known women whose closets bulged with clothes and shoes they could neither use nor part with. It applies to insatiability toward exercise, gambling, competitive sports, and sex. In fact although compulsive insatiability is a striking distortion of all human cravings, it applies especially to sex.

The reason for this becomes almost self-evident in the light of my thesis. It has been said that the human animal is unique only in so far as he drinks when he is not thirsty and not dehydrated, eats when he is not hungry and has no need for calories, sleeps when he is not tired, seeks sexual gratification at any time. Certainly he is not sexually in need when he has to use artifices to whip up his sexual appetite; he is merely trying to prove something about himself, usually simply that he can have intercourse. In short many compelling human cravings seem to serve symbolic rather than biophysical or biochemical needs, and when these symbolic needs are unconscious and are represented or misrepresented by unconscious symbols they are insatiable. Symbolic gratification merely triggers the recurrence. Distortion occurs whenever that which is sought is the gratification of unattainable, unrealizable, unconscious fantasies, and especially the gratification of pairs of opposite and irreconcilable fantasies (cf., Kubie, 1945b, 1955, 1956).

Furthermore these conflicting irreconcilable and unattainable desires are always so masked and disguised that the clinical student can uncover them only when he has an opportunity to study people deeply. But when we do this, we find that many human beings spend much of their lives searching unwittingly and tragically for the gratification of just such unfulfillable, irreconcilable, and opposing desires.

This is why we did not have to wait for psychiatry and psychoanalysis to teach us that "success," like fame, can turn to dust and ashes. This is why even the fullest orgasm can end in tears, rage, and frustration. Devastating examples of these are illustrated with stark clarity in many of the relationships and episodes in current fiction and movies. Especially marked among these unconscious, irreconcilable, and unattainable needs is the frequent unconscious desire to use bodily contact in sex, this "laying on of hands" as a magical device for changing sides sexually (man into woman, or woman into man) and even more frequently to end up as both sexes. This is clearly stated in Orlando but even there it is not realized and faced as such. Instead, it tends to be disguised in aberrations of behavior, all marked by insatiable cravings and by mystical and pseudophilosophical formulae.

Both the insatiability and the unattainability of these fantasy goals lead to tragedy, because whenever the unconscious goal of intercourse is something unattainable (like an interchange or unification of gender roles, i.e., to become both genders), it ends in depression, terror, rage, and hatred of the sexual partner who unwittingly has cheated you. Hence the old Latin phrase, *post coitum triste.* The failure of physicians and plastic surgeons to recognize this has misled them into extensive experiments with endocrine preparations and surgery in an effort to achieve gratification of these neurotic and often psychotic needs for what is miscalled "transsexual" transformations, or better, "gender transmutation" (cf., Kubie and Mackie, 1968).

Many of the sexual encounters described in current books, on the stage, and in movies are just such efforts to change sides, thinly disguised in several ways. This is usually glossed over and further disguised by translating them into more acceptable "transcendental" pseudospiritual, pseudophilosophical, and mystical terms. It plays a large role in the psy-

chology of the so-called "encounter" groups, the Esalen groups on Big Sur, and in the Indian, Oriental, Eastern pseudophilosophical efforts to attain the unattainable and mutually irreconcilable. Modern erotic films and stage scenes which portray sexual encounters involving several men and women in joyless bacchanalian revels give self-translating portrayals of men and women who may be grown up but not mature, caught in a febrile, hate-driven lust for the unattainable and the irreconcilable, struggling to the point of exhaustion to become something they can never become. This is what the term "pornography" means, if it means anything.

To me it is one of the greatest tragedies that many so-called "cultural" movements in life are pitifully confused, ignorant, and misdirected human needs, masquerading in pseudoaesthetic, pseudoreligious, pseudospiritual, pseudophilosophical language. A further consequence of this is that where there should be spiritual humility and search, we find false pretentiousness. This makes me sad for the whole human race, which does not recognize its own confusion. Does it not seem strange that the human race has been divided into two sexes for so many eons, yet is still unreconciled to this simple basic biological fact with its inevitable psychological consequences? Has repeated experience over the ages had no influence on genetic learning? Certainly current literary modes do not illuminate this nor do they lessen man's confusion or heal the writers.

XIV

Epilogue: Orlando Again

You may recall that Orlando returned from Turkey to England as a "woman." Here periodically she resumes male garb and visits prostitutes. There is a slow gathering of threatening storm clouds. Fecundity, water, dampness, and the first intimations of a suicidal death are interwoven with fantasies of immortality. Widely spaced centuries are condensed into one. Queen Elizabeth is transmuted into Queen Victoria. Through it all persists the inability either to fuse or to remain separate. All alliances can be dissolved; none is indissoluble.

> It was strange—it was distasteful; indeed, there was something in
> this indissolubility of bodies which was repugnant to her sense of
> decency and sanitation (p. 158).

For the first time Orlando knew fear—a fear of ghosts in corridors, of
robbers hiding behind trees. There was a sudden desperate need to lean
on someone else. Omnipotence was gone, to be replaced by dreamlike
images of falling: the falling feather, the falling sword, always of falling
into depths that lead to death, falling into a magic pool. Then she breaks
an ankle and a horseman comes to "save" her.

> The horse was almost on her. She sat upright. Towering dark
> against the yellow-slashed sky of dawn, with the plovers rising
> and falling about him, she saw a man on horseback. He started.
> The horse stopped. "Madam," the man cried, "you're hurt." "I'm
> dead, sir," she replied. A few minutes later, they became engaged
> (p. 163).

But the battle is joined again. She is sure he is a woman; he is sure
she is a man.

> "You're a woman, Shel!" she cried. "You're a man, Orlando!" he
> cried. Never was there such a scene of protestation and demon-
> stration as then took place since the world began (p. 164).

Their gender roles are interchanged, but the ecstasy ends again in the
recurring theme of falling: a descent into a pit. This time, however,
death leads to rebirth, resurrection, transmutation. The roles of man
and woman flicker and whirl like a top until finally with her marriage
she becomes both. Thereupon, naturally, Shel is allowed to leave. He has
served his magical purpose of transforming Orlando into both.

Here is the first brief, poignant moment of fulfillment represented
in the fusion of prose and rhyme, rhyme that is both lyrical and mocking,
hiding its poignancy in broken rhythms.

> Let us go, then, exploring, this summer morning, when all are
> adoring the plum blossom and the bee. And humming and
> hawing, let us ask of the starling (who is a more sociable bird
> than the lark) what he may think on the brink of the dust bin,
> whence he picks among the sticks combings of scullion's hair.

What's life, we ask, leaning on the farmyard gate; Life, Life, Life!
cries the bird, as if he had heard, and knew precisely, what we
meant by this bothering prying habit of ours of asking questions
indoors and out and peeping and picking at daisies as the way
is of writers when they don't know what to say next. Then they
come here, says the bird, and ask me what life is; Life, Life, Life!

     We trudge on then by the moor path, to the high brow of
the wine-blue purple-dark hill, and fling ourselves down there,
and dream there and see there a grasshopper, carting back to
his home in the hollow, a straw. And he says (if sawing like his
can be given a name so sacred and tender) Life's labour, or so
we interpret the whirr of his dust-choked gullet. And the ant
agrees and the bees, but if we lie here long enough to ask the
moths, when they come at evening, stealing among the paler
heather bells, they will breathe in our ears such wild nonsense
as one hears from telegraph wires in snow storms; tee hee, haw
haw, Laughter, Laughter! the moths say.

     Having asked then of man and of bird and the insects, for
fish, men tell us, who have lived in green caves, solitary for years
to hear them speak, never, never say, and so perhaps know what
life is—having asked them all and grown no wiser, but only older
and colder (for did we not pray once in a way to wrap up in a
book something so hard, so rare, one could swear it was life's
meaning?) back we must go and straight out to the reader who
waits a tiptoe to hear what life is—Alas, we don't know (pp. 176-
177).

Orlando "lives" for four centuries; but the impossible cannot live. Di-
saster pursues her again with premonitions of death. Not even the birth
of a son changes this. Instead, she becomes aware of herself not as one
but as thousands of personalities, as the phase of psychotic disorganiza-
tion sets in.

Choosing then, only those selves we have found room for, Or-
lando may now have called on the boy who cut the nigger's head
down; the boy who strung it up again; the boy who sat on the
hill; the boy who saw the poet; the boy who handed the Queen
the bowl of rose water; or she may have called upon the young
man who fell in love with Sasha; or upon the Courtier; or upon
the Ambassador; or upon the Soldier; or upon the Traveller, or

she may have wanted the woman to come to her; the Gypsy; the Fine Lady; the Hermit; the girl in love with life; the Patroness of Letters (p. 202).

Tragedy presses still closer.

"Haunted!" she cried, suddenly . . . . "Haunted! ever since I was a child." There flies the wild goose. It flies past the window out to sea . . . . But the goose flies too fast. I've seen it, here—there—there—England, Persia, Italy. Always it flies fast out to sea and always I fling after it words like nets (here she flung her hand out) which shrivel as I've seen nets shrivel drawn on deck with only sea-weed in them. And sometimes there's an inch of silver—six words—in the bottom of the net. But never the great fish who lives in the coral groves (p. 205).

Here is Orlando's sense of haunting failure, again the premonitory warning of her suicide: only an inch of silver in her net, never the great phallic fish who lives in the pink coral groves.

Then come fused images of opposite pairs; past and future, the fusion of man and woman, of birth and death, of marriage and funeral; and insistent images of water, pools, and trees where she finally goes to bury her poem, *The Oak Tree*, among the roots of the great oak.

What could have been more secret, she thought, more slow, and like the intercourse of lovers, than the stammering answer she had made all these years to the old crooning song of the woods, and the farms and brown horses standing at the gate, neck to neck, and the smithy and the kitchen and the fields, so laboriously bearing wheat, turnips, grass, and the garden blowing irises and fritillaries? (p. 212).

All moves swiftly to a close.

All was phantom . . . . All was lit as for the coming of a dead Queen . . . . Orlando saw the dark plumes tossing . . . . A queen once more stepped from her chariot. Orlando curtsies and says, "The house is at your service, Ma'am. Nothing has been changed. The dear Lord, my father, shall lead you in" (p. 214).

The tale has moved from Elizabeth to Victoria, from the first great Queen-Father of Britain to the second.

Then like the closing bars of a symphony comes the first stroke of midnight, and out of the storm a sudden brief vision of her father-lover-husband-son. As he leaps to the ground, a wild bird springs over his head.

> "It's the goose," Orlando cried, "the wild goose". . . . And the twelfth stroke of midnight sounded; the twelfth stroke of midnight, Thursday, the eleventh of October, Nineteen Hundred Twenty-eight (p. 215).

Inexorably the fusion that can never be attained but will not be relinquished starts the slow, relentless march to Virginia Woolf's own suicide.

Was there ever a clearer or more tragic demonstration of the fact that the creative process can be used as a defense against therapeutic insight? (Cf., Kubie, 1953, 1973.)

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GENDER REGULATION

BY KEN CORBETT

Keywords: Gender, sexuality, social constructs, relational theory, social change, power, authority, binaries, identification, psycho-pathology, cultural surround.

In returning to Lawrence S. Kubie's "The Drive to Become Both Sexes" (1974), a contemporary reader immediately confronts a title that speaks the different ways we thought about the *sexes* then, and the ways in which we think about *gender* now. At the gate, one is compelled to consider the problematic twentieth-century psychoanalytic debate regarding the role of a driven, sexed body versus a relationally constituted body–mind.

Kubie (1896–1973) worked on "The Drive to Become Both Sexes" for twenty years, beginning in 1954, and presented the paper along the way to various psychoanalytic societies and at a variety of meetings. The paper was published posthumously in 1974. Kubie appears, though, to have been aware of the paper's impending publication, and also seems to have been engaged in some prepublication editing.

This long-pondered paper met print right at the start of second-wave psychoanalytic gender theory, as it was ignited by what was then the heyday of second-wave feminism. The sexed body as equivalent to gender was decidedly under question. Normative presumptions about femininity, in particular, were the source of lively debate. Gender was being retheorized as social as well as embodied and psychological. An epistemological shift was under way, one that gathered force as we turned into the final quarter of our first psychoanalytic century.

This shift is still shifting, and we operate now with two predominant epistemologies as we consider gender and sexuality: the first theory is

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generally referenced as drive theory, while the other has come to be known as relational theory. Drive theory holds that the gendered and sexed human hinges on a single, decisive division (an Archimedean choice-point)—a division that rests on the recognition of sexual difference. This recognition is linked with claims regarding psychic origins and well-being. For example, some theorists in this tradition maintain that to step outside the division of sexual difference is to step into psychosis.

Relational theory, on the other hand, posits that the gendered human is constituted within the excess that is early life. Early biological (including anatomical) and psychological life is lived within a social order that is directed by a persistent binary (based on long-held ideas about sexual difference). Early life, however, (de)constructs through multiple identifications and enigmatic unconscious processes; genders unfold in variable ways.

Arguing for the centrality of sexual difference, Kubie asserts that it is drive that creates gender and its conflicts. Drive forges the necessary reckoning of sexual difference and the creation of psychic origins. Furthermore, in Kubie's view, while the sexed body drives, the social order rightly reinforces the nature of sexed/gendered relations.

Kubie's position readily reflects the predominant propositions of a mid-century first-wave theorist. He nevertheless makes the point (repeatedly) that he worked on his paper for twenty years beyond the century's midpoint. That was not a static period of time, either within the psychoanalytic guild or outside it.

Therefore, how Kubie does or does not represent that time becomes an important aspect of returning to this paper. Kubie expresses direct disdain for the times in which he finds himself, and in many ways this paper represents an indirect critique of, or rejoinder to, what he sees of second-wave theory.

Kubie presents himself as rather like the disgruntled father who emerges from his study to find his daughter burning her bra. "The Drive to Become Both Sexes" was published around the same time as four classics of feminist literature: Jean Baker Miller's *Psychoanalysis and Women* (1973), Juliet Mitchell's *Psychoanalysis and Feminism* (1974), Gayle Rubin's "The Traffic in Women" (1975), and Nancy Chodorow's *The Re-*

production of Mothering (1978, though an early chapter was published in 1974).

Bemusedly, one might read Kubie's paper in the spirit of the celebrated tennis match between Billie Jean King and Bobby Riggs, *The Battle of the Sexes,* which remarkably occurred in 1973, just one year prior to the publication of Kubie's paper. Miller/Mitchell/Rubin/Chodorow are King to Kubie's Riggs. Rubin's paper, in particular, can almost be read as a point-by-point skirmish with Kubie.

Along with the feminist writings of this period, it is a challenge to consider that Allen Ginsberg published *Howl* in 1956, around the same time that Kubie began writing his paper ("O victory forget your underwear we're free" [p. 20]). And that "The Drive to Become Both Sexes" was published twenty-six years after the 1948 publication of Kinsey's first findings on sexual behavior. And that Kubie was a contemporary of Stoller (1965, 1968, 1975), who debatably inaugurated second-wave psychoanalytic gender theory in the mid-1960s, when he argued that, for boys and girls alike, gender follows not on identification with the father but separation from the mother.

Kubie's distinction, through his mode of argument and address, leaves one to consider his paper not only as it relates to how we think about gender now, but also to consider how several of his contemporaries were thinking about gender then. Even then, the reappraisal of gender followed on ideas about normative presumption and regulation. Such consideration, however, is not a feature of Kubie's theory.

Indeed, Kubie's regulatory voice is what I find to be "classic" about this paper, in accord with our charge to read the paper thus. In my view, the paper meets neither the standard of timeless value nor the standard of excellence (even justly granting the effects of periodization) to which one would append the attribution "classic." The voice, conversely, is remarkably and instructively typical: Kubie articulates normative anxiety as it seeks to regulate and define that which is normal, qua healthy. Kubie may flannel his claims, but he makes them ever the same, speaking as one who is invested with the authority to know, to diagnose, and to regulate. His voice vibrates with an ethic of care that arbitrates the "good life," as it operates with the diagnostic power to regulate it.

Kubie's voice, pleated over twenty years, is humble and uncertain, yet superior and exclusionary. As I hear it, the contradiction to be found in this self-effacing yet declarative voice rests on his unwillingness to account for the social forces that were shaping gender during the twenty years in which he worked on "The Drive to Become Both Sexes."

THE CHANGING SOCIAL ORDER

Consider a few social/political highlights from the era in which Kubie was writing:

- 1952: Christine Jorgensen becomes the first widely publicized person to undergo sex reassignment surgery.

- 1953: *The Second Sex* by Simone de Beauvoir (1949) is translated from French to English.

- 1955: The Mattachine Society is founded in New York.

- 1957: Evelyn Hooker publishes her study showing that homosexual men are as well adjusted as nonhomosexual men.

- 1960: The Food and Drug Administration approves the combined oral contraceptive pill. It is made available in 1961.

- 1963: Betty Friedan publishes the bestseller *The Feminine Mystique.*

- 1964: Title VII of the Civil Rights Act bars employment discrimination based on sex and race. The Equal Employment Opportunity Commission is established.

- 1966: The National Organization of Women (NOW) is founded.

- 1969: The Stonewall riots occur in New York City.

- 1970: The women's health pamphlet *Our Bodies* (which later became *Our Bodies Ourselves*) is first published as a newsprint booklet for 35 cents.

- 1970: The first Gay Liberation Day March is held in New York City.

- 1970: Kate Millett publishes *Sexual Politics.*

- 1972: The Equal Rights Amendment is passed by the United States Congress.

- 1973: The American Psychiatric Association removes homosexuality from the DSM-II.

It seems that Kubie is not only unwilling to integrate social force into gender's constitution; he is also actually antagonistic toward the changing social order in which he lives. How he attempts to maintain and fortify his theoretical position through his antagonism offers an instructive view onto the ways in which gender has often been positioned as that which can be regulated, made regular, and regulate-able—this despite Kubie's central proposition to the contrary.

Indeed, Kubie's regulatory reach strangles the theoretical consistency of his claim that regular gender regularly comes undone. The clinical empathy that might follow on his claim goes unrealized as well.

I can imagine a less critical reading of Kubie, one that seeks to situate his thinking within the context and consciousness of his training in the 1930s—a relativist reading that positions him as "a man of his time" and pays heed to the ways in which gender is contingent and situated. In such a light, it must be said, Kubie learned in accord with the norms of his training that the sexes are innate, and moreover that they reflect the principle of a natural dimorphism. Gender was to be borne out in singular and normative ways at the level of anatomy that should be established and maintained at all costs.

From a social perspective, then, it could be said that Kubie learned that social norms must be honored, that sexual differences between male and female are desired, that such differences represent the natural order of heterosexual complementarity, and that such norms justly posit coherent gender (qua coherent heterosexuality) as equivalent to well-being.

In accord with the principle of periodization, we must read Kubie in historical context, and in turn recognize how gender as a social and structural category was situated around him and through him. As Breen (1993) suggests in the introduction to her edited review of the history

of psychoanalysis and gender, the 1930s and 1940s were something of a fallow period in gender theorizing. Much of what occurred during that time was the reiteration of Freud's original propositions. While that is so, it is not entirely so. It was also a time when other modes of learning and theorizing were in play, in the same and in neighboring fields; consider de Beauvoir's (1949) rendering of "woman," or the critique and reconsiderations of gender offered by Kubie's analytic colleagues, such as Horney (1926, 1932, 1933) and Riviere (1929), to name but two.

POWER, PRESUMPTION, AND REGULATION

To simply provide a relativist reading tiptoes around Kubie's power—specifically, his power to regulate the conditions of intelligibility through which genders can emerge and by which genders are recognized. Kubie sets forth a disciplinary framework that operates through conditions of diagnosis and practice that not only govern gender's intelligibility, but also direct our ways of knowing, speaking, and forcibly circumscribing what counts as truth (cf. Foucault 1997). Or, put another way, Kubie demonstrates how psychoanalytic practice too often went undistinguished from the work of a regulatory authority that informed the law, which in turn governed and forcibly defined gender's intelligibility.

Failing to read Kubie as he speaks power would further fail to query the relationship of power to justice (cf. Butler 2004). Consequential decisions about people's lives were made in accord with Kubie's theorizing and clinical practice. He voices and reinforces the criterion that gender—and, more to the point, well-being—rests on normative identities that mirror a natural anatomical dimorphism. He insists that the recognition of sexual difference—anchored in anatomy and reproduced in the natural order of heterosexual complementarity—is the lynchpin of psychic reality.

Failing to question that presupposition cripples the possibility of critique. And without the potential of critique, we risk leaving unquestioned the ways in which Kubie employed psychoanalytic practice as a disciplinary frame, as a truth that delimits the variable ways in which norms circumscribe the human. We then fail to ask whether Kubie's insistence on the biologically based postulate of sexual difference actually

serves to clarify and illuminate psychic reality. Or does it cage psychic reality? Kubie's structuring principle locks us into a limited theory of human development, leaving us blind to the intricate biopsychosocial variability of human life.

We risk not questioning and revealing, as I am setting out to illustrate, the way in which Kubie diagnoses the drive to become both sexes, as opposed to seeing how such a drive may open onto the limits of what we know. We risk not seeing that gender often disrupts the order of things. In turn, we risk not seeing that there are variable orders of intelligibility and modes of knowing that reflect as opposed to demarcate the variance that is human gender. Examining Kubie's power and authority also opens onto clinical reflection and sheds light on our psychoanalytic history and habit of regulating gender, as opposed to recognizing and assisting patients as they turn to us with gendered fantasies, states, and embodiments that may feel unrecognized, unrecognizable, debased by power, and unmet by justice.

MUTUALLY IRRECONCILABLE

Kubie's proposition regarding the drive to become both sexes rests on his central claim that gender identities follow on anatomical sexual differences that produce distinctly different drives and result in decidedly different embodiments and psyches. In this key of difference, a binary is set in play: there can be two and only two genders, masculinity and femininity, that are defined in opposition.

This binary cannot be breached. Masculinity and femininity are "mutually irreconcilable" (Kubie 1974, p. 372).[1] A quest to live outside the bounds of the binary leads to "destructive neurotogenic and psychotogenic influences" (p. 372) and consequences, including a kind of immaturity that poses a risk to the social fabric. Kubie summarizes his thesis as follows: "The human being, child and man, who is not reconciled either to the fact that mankind is divided into children and adults, or into two sexes, may find that he also may reject his own growth toward

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[1] *Editor's Note:* In this article, page numbers from Kubie 1974 refer to the numbering in the republication in this issue, not to that of the original *Quarterly* publication of that year.

maturity" (p. 400). Maturity in this frame goes undistinguished from the proper assumption of heterosexual complementarity and the reproduction of matrimonial relations.

In order to illuminate the ill-fated quest to become both sexes, Kubie offers a number of brief clinical examples. These examples differ with regard to classificatory severity (e.g., neurotic or psychotic) or identity classifications (e.g., heterosexual or homosexual). Yet Kubie's clinical examples, no matter the classificatory differences, consistently lead to similar analyses as he turns and returns to his claim that any quest across the binary follows on "schismatic processes" (p. 377) that set in play "unattainable goals" and "represent a drive to go in two divergent directions at the same time" (p. 377). The schism that drives this quest splits yet further, resulting "in a deeper inner schism in the personality" (p. 377) into which one falls—falling through the force of compulsions, obsessions, phobias, dissociations, and delusions.

The structural binary, built on the structuring drives of sexual difference, including the countering drive of the "nearly universal drive to become both sexes" (p. 422), is regulated through the structuring force of parental identifications. Here, one can note, as Kubie asserts at the end of his essay, that his theory follows in accord with classical Freudian propositions. Kubie, in keeping with the structure of most of Freud's clinical accounts, provides narratives that hinge on matters of identification—matters, though, that are consistently trumped by his emphasis on the determining power of anatomy. With less dexterity, clarity, and detail than that provided by Freud, Kubie circles the problematics of parental identification, leading him to conclude that

> It seems to be true that when a child is unable to emulate either parent wholeheartedly, his preconscious and unconscious identifications will be negative toward both, each of whom tends to be an object of envy and scorn rather than of positive wholehearted identification. [p. 391]

The split-hearted child, made such through "an almost infinite number of concatenations of circumstances which discolored their early identifications with envies, emulations, and abasement" (p. 390), is then

left to "search for a parental figure who is an idealized father and mother combined" (p. 394).

These split children grow up to seek a variety of relational solutions to their lack of unity. They seek "compromise figures as 'love' objects" (p. 387), but can neither love (as the scare quotes intone) nor commit to relationships or to satisfying work. Their "crisscrossing identifications" give rise to "a multiplicity of incompatible goals" (p. 393). They flip-flop: "the . . . men who are aggressively male in all their external relationships but who are feminine in bed" (p. 392). They hedge: "the woman who wants to be the son her father never had without relinquishing her status as a woman" (p. 393). They contradict: "the young prize fighter who knowingly marries a lesbian" (p. 392).

Kubie's keen eye for human contradiction allows him to turn toward the ways in which we are undone, primitively undone, by gender. He brings us toward the infantile body as the primal staging ground for gender's undoing. Consider here how he describes the infant as embodied in a realm of psycho-sensory-sexual experience:

> . . . body warmth and smell and taste, the texture and rustle and color of skin and hair and clothes, the imprints of posture and movement and gesture, facial expressions of anger, rage, and love, the timbre and pitch and volume of voice. [p. 392]

He even offers a glimmer of a theoretical scaffold upon which one could consider the inter-implicated trajectory of gender's embodied psychosocial development: "Victory and defeat, power and weakness, status, activity and passivity, dependence and independence are adult abstractions which evolve slowly and late out of the raw material of primary experiences, and under the conventionalizing pressures of social forces" (p. 392). Kubie, however, does not build with this scaffold.

RELATIONAL MATRIX

His heirs and several of his contemporaries do. Here we might imagine a train station with Kubie on one platform and Stoller (see, e.g., 1965, 1968, 1975) on the other. While Stoller boards an oncoming train, Kubie

is left behind. Stoller is the predecessor to a largely Anglo-American movement, one that has steadily built a theory of gender that rests on the contemplation of a relational-body-mind-social matrix. This movement has continued through the influential feminist revisions of the last four decades (Benjamin 1988; Chodorow 1974; Dimen 1995; Dimen and Goldner 2005), up to and including feminists' engagement with postmodern thinking and queer theory (Benjamin 1995, 1997; Butler 1990, 1993, 2000, 2004; Chodorow 1989, 2002; Corbett 1993, 2001, 2008, 2010; Dimen 1991, 2003; Elise 2001, 2002; Goldner 1991, 2003; Harris 1991, 2005; Kulish 2010; Layton 1997, 1998; Salamon 2010). This movement also intersects with the efforts of psychoanalytic developmental theorists (Coates 1997; Fast 1984).

This theoretical movement, in my view, represents something of a middle group in the ongoing debate about the developmental forces of attachment and desire (see, for example, Widlöcher 2001). Neither attachment nor desire is privileged in this middle-group frame; they are inter-implicated. This middle group has also begun to unpack the body–drive versus social–mind debate. Neither body nor mind is privileged; they are brought together in a body schema that articulates the body's materiality as it conjointly schemes a mind (cf. Salamon 2010). Furthermore, these Anglo-American theorists have set about to nestle the family in the social order, charting the ways in which gender's becoming is always and already culturally constituted.

Gender is built through the complex accrual of an infinite array of parent–child exchanges, social–child exchanges, symbolic–child exchanges, and body–child exchanges, including the child's experience of his/her body and genitals and the observation of morphological sexual differences, as well as the physiological components of sexual development. This complex matrix (open as it is to enigmatic transfer layered on enigmatic transfer) starts to operate at birth (or even before birth, now that a child's sex is often known to a parent prior to birth), and is crisscrossed by an infinite array of conscious and unconscious meanings for both parent and child.

Distinct from Kubie's position, no one aspect of this relational matrix is privileged. There is no originary moment; there are no disposi-

tional genitalia; gender and genitals, instead, are built through overdetermined nonlinear moments. There is no originary desire; desires and gendered states accumulate through chaotic complexity. Gender and genital experience are inter-implicated; the direction of causality comes neither from genital experience to gender nor from gender to genital experience, nor does the direction of causality come either from the raw materials of physiology to the constructed mind or from mind to physiology. The network of desires created through the relational excess of human life is too complex for such simplistic causality.

Gender is embodied and constituted via fantasy, organic excitability, desire, neuron, muscle, relationality, injury, and practice. The gendered body comes to matter in a complex sociocultural field, open to multiple points of reference, normative expectation, and idiomatic relational meanings. Gender is that which is replicated via normative regulation. But it is also open to transformation, and it is made distinctive through the unique iteration of personhood and the unfolding malleability of social life.

In recognition of this developmental complexity, gender identity—the internal conviction regarding one's gender classification—is no longer positioned as a fixed identity or essence at a person's core. The relation between gender and sexuality is also ongoing and open to contradiction.

Traditionally, as per Kubie, it was assumed that sexuality was produced through gender (qua anatomy). Further, it was claimed that desire was similarly coded and fixed as gendered: female gender traits = the wish for male traits, male gender traits = the wish for female traits, in keeping with the model of heterosexual complementarity. We now regard this presumption to be a byproduct of normative expectation, and recognize as well that the chaotic and often contradictory internal world through which any person, homosexual or heterosexual, masculine or feminine, is constructed fractures this normative mirroring of gender traits and sexuality.

Gender does not dictate desire; it does not even assure consistency. Nor can we look to an evolving social order to reinforce and reinstate consistency—indeed, quite the opposite.

INESCAPABLE INJUSTICE

Here and there in Kubie's paper, one can note a few of the anteced-ents to this later-evolving twentieth- and twenty-first-century theory. But the consideration of an evolving social order as it maps gender is decid-edly not to be found in Kubie's propositions. He does not move with his ideas and observations to argue for an ethic, or for a mode of diagnosis and care, that accords well-being to a wide variety of gendered lives, nor does he argue for a more varied social world. He repeatedly seeks to discipline and regulate, to name failure, to name that which is logically impossible or lacking in well-being.

Kubie's antagonism toward a changing social order (and the forces of that order) not only thwarts the promise and reach of his ideas; it also actually confounds his theory. Consider his claim that we are all split through the drive to become both sexes. We are made melancholic, made envious, and cast into a realm of *gender trouble,* as Butler (1990) would have it. We are all left to forsake a love that in fact we cannot forswear. You cannot love nor be both sexes; you must choose—a choice that leaves you to live shadowed by melancholia, harboring the lost love, and left to perform as best you can.

Kubie, however, does not follow the logic of the gender trouble he begins to glean. Instead, he reinstates a framework of sexual difference. In not following his own logic of gender trouble, Kubie is left to operate with limited empathy for the vicissitudes of gender and sexuality, and left with the consequences of a constantly recathecting unconscious, even though his theory pivots on such a claim.

While Kubie notes the injustice of social force, he sees this as ines-capable: humans will desire and identify in ways that are non-normative, but they cannot escape the justice, however unjust, that befalls them as they meet up with normative order. One could read this proposition as denoting that the viability of our unique personhoods is fundamentally dependent on social norms. This would, I think, be a correct reading of Kubie's position. But at the same time, he proffers the hand of justice—a rough justice, to be sure—as he diagnoses individuals and cultural life, cementing an unvariable social order.

For example, consider what he has to say about people who are driven toward becoming both sexes and the relational bids they make in order to live with the "impossibility" of their quest. Many such people, according to Kubie, seek "magical bodily transformations" (p. 394). They use drugs, Kubie notes, resulting in the gender ambiguity of "'hippie' culture" (p. 399). They employ plastic surgery in the service of what Kubie describes as "miscalled 'transexualism'. . . the most tragic betrayal of human expectation in which medicine and modern endocrinology and surgery have ever engaged" (p. 399n).

Kubie further opines that gender transitioning leads "people to believe that alchemy was possible, thus fostering in individuals and in our whole culture conscious and unconscious neurotogenic fantasies whose only possible outcome is an intensification of the neurotic fantasies . . . which underlie their expectation and ultimate psychosis" (p. 399n).

Kubie regulates as he recognizes some and not others. There are the intelligible and then there are the "miscalled" unintelligible (further intoned by scare quotes). There are suspects. There is danger. Psychosis produces and is produced by that which is not composed by norms or through normative practices. There is normativity and then there is pathology. It is not a theory that grants variable orders of intelligibility to the human or variable modes of affect, defense, and embodiment.

The rhetoric into which Kubie slips not only undoes his theoretical consistency; it also leads to an argument that scatters and disperses. This diffusion occurs on both micro and macro levels; it can occur within three paragraphs or three pages. To add to the structural distress of this paper, Kubie employs an astonishing twenty subheads across forty pages.

Divisions that begat divisions are, I suggest, a consequence of the anxious drive to regulate. These efforts to categorize are critical to the power to name, to diagnose, to classify, to define intelligibility, and to do so with force. But the structure of Kubie's paper rests on more than the ordering order of category making; it erupts with naming and diagnosing.

Consider how regulation (categorizing, diagnosing, naming the unintelligible, withholding recognition, threatening social chaos) overrules the first clinical case Kubie presents. Take note of how the argument scatters and inflames in the course of eight paragraphs (a pattern that

is repeated throughout his paper). He introduces a "fifteen-year-old girl who was a transvestite" (p. 374); of her, we learn only that she wore riding togs by day and dresses by night.

Kubie moves then to an eight-point list of "unsolved questions" (p. 374) that pertain to his thesis. Following this list, he returns to his young patient, but tells us nothing more than to once more speak of her as a transvestite. He adds a brief suggestion that the drive to become both sexes is somehow open "to certain distortions which are introduced by the process of aging" (p. 376).

He then moves on to a cultural note regarding "the profound changes in the mores in which we live"; he singles out "hippies," as he does many times in the course of this paper, as well as proponents of "pseudo-feministic 'Woman's Lib'" (p. 376). He points to the ways in which hippies and feminists promote a "fusion of man and woman" (p. 376).[2]

Kubie next gives a brief disquisition on how "movies of intercourse . . . , and especially perhaps of intercourse among groups of men and women of mixed races" demonstrate that sex is sought as a means of "magical bodily change" (p. 376). And from there he moves to "the homosexual" and to "the inescapable injustice to which he exposes himself through the unattainability of his own unconscious goals . . . the unattainable effort to change sides [sexes]" (p. 377). Like the transvestite, then, the homosexual becomes a category; we know nothing about him other than his diagnosis, his singular wish to "change sides," and his fate as per Kubie.

Which leads to Kubie's summarizing diagnosis of the impending neurotic schism that follows on crossing the gender binary, as per his transvestite case: "one of the most devastating of such schisms" (p. 377)—a

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[2] Later in the paper, he returns to this theme with more heightened rhetoric: "What has been most striking about this latest swing has been its ambiguity, so that one often has to ask oneself, 'Am I looking at a man or a woman or at both together?' The same ambivalence has been manifested in erotic practices which have become equally ambiguous, in so far as what the male or female did in bed together became less and less distinguishable . . . . Why this has been intensified in recent years and why it has been linked by steps of inherent frustrations to carnage and bloodletting and the cult of violence in today's movies and TV is again an extraordinarily important problem" (p. 399).

diagnosis that serves not only to describe an individual or category, but also to warn against impending social disorder.

Complex individuals are thus reduced to a category; their subjectivities and their desires are not fleshed out. Their pain is laid at their "unconscious" feet; the social force that meets them is pushed aside. Evidence of a changing social order is shoved aside as well and rendered unintelligible: feminism and the student movement of the 1960s and 1970s are made suspect through the incredulity that is registered by scare quotes. Feverishly, they are discursively linked with "carnage" and "bloodletting."

Encountering the new, encountering the possible limits of what we might know, opens onto critique and what we may yet come to know. But for Kubie, the new is dangerous. He reacts with diagnosis, discipline, and power—the power to determine the conditions of intelligibility by which we recognize the human—and this constitutes the inescapable injustice that overdetermines this paper.

INESCAPABLE INJUSTICE REDUX

The republication of this paper could be read as the restoration of Kubie's regulatory practices and adjudicating beliefs: inescapable injustice redux. Reading the paper, even critically rereading Kubie's paper, catches one in the cold grip of a fellowship that not only historically harbored his views but continues to speak them.

Let us move on. Or, more to the point, let us recognize that we have already moved on.

GENDER'S WIDE ARC

Minds are made in relation, genders are made in relation, and gender is routinely read as a manifest marker of mind. In my view, though, we still are not in possession of an adequate model of mind to account for the great variety that marks the relationship between the materiality of the body, psychological well-being, and the indistinguishable work of cultural regulation as they come together to matter as gender.

In a move toward a more complex model of gender and mind, I offer the grounding presupposition that a normative gender surface can rest on the same degree of psychic equilibrium, or lack thereof, as a non-normative surface. Gender variance is an expression of subjectivity's wide arc, as well as of the wide arc that characterizes psychological well-being. Genders in their central and marginal expressions offer a range of psychic structures and embodiments, however we collect those ideas, which I believe are open to debate—debate that largely centers on the question of how we disentangle the inter-implicated psyche from the social.

In my view, psychoanalysts have not paid sufficient attention to the ways in which cross-gendered states occur, nor the ways in which cross-gendered subjects live at the margin of the symbolic order. Are we overlooking the ways in which marginal cross-gendered subjects employ creative means to reach toward cultural malleability? Is it not through the creative rupture of cultural barriers that new social forms are born?

If one follows basic psychoanalytic presuppositions as to the ways in which fantasy is inter-implicated with embodiment, and if it is also accepted that genders evolve and become embodied in a relational world, then one would have to be open to considering the ways in which embodiment and gendered states are open to a range of fantastic expressions and relational dynamics. One would have to be open to considering the ways in which gender is always performed with affect, tempered by defense, knit by history, done and undone through the relational excess of human life.

Furthermore, if one accepts that relational dynamics create varying intersubjective spaces—spaces from and through which genders emerge, that are more or less coherent and more or less organizing and loving, that inflect the manner of the transfer of gendered fantasies and attributes—then one also has to be open to considering the ways in which the construction of gender is open to a range of organizations and coherence. Still, we have been too quick to presume gender to be a cohering internalization and identification, as opposed to a complex and enigmatic series of internalizations and identifications that may "cohere" much less than has traditionally been assumed. Too often, analysts have judged gendered behaviors and gendered fantasies as true or false (in

accord with the binary), as opposed to examining their discovery, their embodied style, their imagination, and the history they may speak.

Indeed, we have been too quick to categorize, too quick to diagnose, and insufficiently attentive to the complex and perplexed relations established between individuals and cultural mandates. We have been too arrogant in our presumption that we can distinguish, or need not distinguish, the anxious work of cultural regulation and normative force as it intertwines with any subject's object relational history, or as it maps any subject's internal world. Our theories to date have collapsed gender regulation and gender, and offer too little exploration of the ways in which gender regulation constricts gender's wide arc. Authorized mental health authorities too often fall back on the anxious reinstatement of normative expectations, bypassing a more in-depth analysis of the person before them, overestimating the value of coherence, overestimating the value of psychic equilibrium, and overlooking the productive possibilities of variance.

Perhaps coherence is not all it is cracked up to be. Too often, analysts have looked at variance and called it illness. Too often, analysts have failed to note the ways in which the pain of fragmentation is simultaneously the variant construction of a way out. Too often, we have looked upon the trauma of difference and sought to cure it through the clumsy application of similarity.

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ON THE IRRECONCILABLE IN PSYCHIC LIFE: THE ROLE OF CULTURE IN THE DRIVE TO BECOME BOTH SEXES

BY LYNNE LAYTON

> **Keywords:** Culture, sex, gender, conflict, feminism, social change, identification, parenting, normative unconscious processes.

INTRODUCTION

The drive to become both sexes is clearly an enormously compelling subject for Lawrence Kubie, and I found myself in awe of his passion, erudition, and compassion for what he understands as a universal dilemma with sometimes tragic consequences. For me, the most challenging moment in "The Drive to Become Both Sexes" (Kubie 1974) is when the author, who has throughout the paper spoken of the effects of culture on this drive—often disparagingly and/or with heavy heart—lays down the gauntlet and asserts: "Thus cultural attitudes influence the level on which it [the drive] operates, the openness of its expression, and the accessibility of the conflict to therapeutic influences. *But they do not create the conflict*" (p. 428, italics added[1]).

Halfway through the essay, and before I reached this statement, I was quite certain that I could argue that culture does indeed create the conflict. But I wanted to understand why Kubie was so certain of the opposite. In my commentary, I will look at how United States cul-

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[1] *Editor's Note:* In this article, page numbers from Kubie 1974 refer to the numbering in the republication in this issue, not to that of the original *Quarterly* publication of that year.

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ture in the 1950s may have created a drive to become both sexes, a drive that would have appeared as both ubiquitous, if not universal, and tragic. I begin with the "evidence" of my own drive to become both sexes and the way I have understood it. I shall then look at some of Kubie's cases and raise questions about how his/our own cultural biases might intertwine with those of his/our patients to produce the appearance of an irreconcilable drive to become both sexes.

Finally, I will look at what appears to me to be Kubie's difficulty in deciding between two perhaps irreconcilable psychoanalytic theories about the origin of psychic conflict and the relation of sex and gender. Untangling this confusion led me to double back and complicate my own certainties about what is cultural and what universal in this "drive."

THE 1950s AND ITS DISCONTENTS

My fantasy is that at the moment when Kubie was putting together his final thoughts on the drive to become both sexes, Chodorow (1978), influenced by second-wave feminism, was beginning to think about differences in male and female psychic structure. Chodorow was to argue that these differences are a result of the way separation-individuation processes played out in white, suburban, heterosexual, middle-class homes of postwar America, where women were the primary caretakers of children, and fathers were generally absent. The culture Chodorow theorized about was the very one that spanned the years in which Kubie was "gestating" and "carrying" his "conceptual child": 1954–1974.

In postwar America, both public institutions and popular media conspired to move middle-class women, many of whom had been in the workforce during World War II, back into the home. Here their primary occupation was as housewives and mothers. The world of the suburbs, then, was a world of women and children, and theories soon emerged that expressed anxious worry about the presence of "too much mom" and "too much wife" in male lives. As for the male work world, sociologists of the era noted with alarm a rise in bureaucratic structures that they felt left little room for autonomy, and a great many pressures for

conformity. Experts in many fields began to talk about a crisis of masculinity.[2]

In this postwar period, prominent sociologists like Talcott Parsons were theorizing that the nuclear family, bulwark of a rapidly changing society, crucially depended for its stability on reducing occupational competition between men and women. Like many other experts in the 1950s, Parsons argued that the splitting of gender roles into discrete functions was, if not natural, then certainly desirable. Women's domain was to center on the performance of expressive functions (domesticity, socializing children, tending social bonds, giving emotional support) and men's on the performance of instrumental functions, such as providing income and disciplining children.

Yet as Breines (1992) points out, Parsons and other experts were also quite aware of the "strain" these roles placed on women. While formal education and standards of child rearing had begun to be more gender neutral, thus encouraging gender equality, girls were yet well aware that what awaited them was a traditional future as wives and mothers. This, Parsons acknowledged, could no doubt produce neurotic behavior and great ambivalence about taking on a full-time domestic role.

Breines cites Margaret Mead on the problem:

> We end up with the contradictory picture of a society that appears to throw its doors wide open to women, but translates her every step towards success as having been damaging—to her own chances of marriage, and to the men whom she passes on the road. [1992, p. 35]

By 1974, the date of Kubie's publication, second-wave feminism was in full bloom, and all the postwar certainties about the ideal nuclear family and the "natural" gendered division of labor were beginning to be radically questioned.

I was born in 1950. Toward the end of my analysis, I was explaining to a friend that I felt I had been incredibly conflicted throughout my

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[2] The following summary of the opinions of 1950s experts is drawn from Breines (1992), pp. 25-46.

life about my autonomous strivings. Contradictory messages I received about my ambitions to achieve (ambitions that some of my male professors had quite unabashedly labeled unbecoming in a female), and about setting my own agenda without always feeling I had to put the needs of others first, had resulted in great conflict about having these desires. I often experienced the kind of things one had to do to get recognition for achievement as "not me," and when I saw desires expressed without apparent conflict, I called them "selfish."

I also called them "masculine" because it seemed to me that it was my male colleagues, friends, and partners who had little trouble showing ambition and setting and executing their own agenda without worrying about how it affected others. I told my friend that a result of my analysis was that I was able to own these strivings as mine. This was circa 1990, and my friend responded by sending me a postcard with a cartoon woman saying tearfully, "Oh, my God—I think I'm becoming the man I wanted to marry."

Yes, these were the options when I was growing up. You are a woman who wants a career and sets out to do what is necessary to have one, and so you are called masculine. You are a man who cries, and so you are called feminine. In owning my agentic desires as mine, I was able to become more compassionate toward men—and more aware of the price that the dominant cultural version of autonomy in United States culture exacted from both men and women.

And so, while I admire much of what Kubie wrote about in this essay, I am also mindful of the psychic pain that many of us suffered in this era—and how that psychic pain was in fact contributed to by theories that called the culturally mandated and sexist gender divisions "natural." I rankled when Kubie, echoing other experts of the era, called those women who contested the "naturalness" of the division "pseudo-feministic" Women's Liberationists who did not accept gender and sex difference.

On the other hand, I was more than familiar with the envy and scorn that Kubie found among his patients who struggled with the irreconcilable desire to be both male and female. It is no wonder that Chodorow (1978) called attention to the difficulties these sex/gender splits created

for the possibility of successful heterosexual couplings. Such splits, as Kingston (1990) once quipped, made many encounters between males and females feel like cross-cultural experiences.

In a footnote that occurs just before Kubie rejects the possibility that culture creates the conflict, he cites as an "interesting speculation" Margaret Mead's (1935) assertion that "cultures which allocate special personality traits to each sex re-enforce and exaggerate the tendency of the members of each to attempt to belong to the opposite sex" (cited in Kubie 1974, p. 428n). I have understood the drive that Kubie talks about in a way quite similar to the position taken by Mead: it is my feeling that traumatic consequences for both men and women result from the culturally endorsed splitting and gendering (and racing and classing and sexing) of human experiences such as dependence and independence, the expression of emotion and vulnerability, passivity and activity (Layton 1998, 2002, 2006a).

These consequences produce half people struggling with what can seem like irreconcilable drives to be complete—or, in the situation under consideration, to be both sexes. It is no mean feat to undo this splitting of human attributes, for, once split, attributes such as dependence and independence take on rather monstrous forms—for example, hostile dependence and selfish individualism. Projections of unowned parts of the self multiply and lead to relational strife. At the point in history at which Kubie pondered these issues, most institutions of dominant middle-class culture, including psychoanalysis, had labeled the wish to be a dependent male and the wish to be an independent female "gender incongruent" and potentially pathogenic.

One could argue, I suppose, that given the influence of feminism, the psychoanalytic profession and middle-class culture at large no longer collude in affirming gender splitting. Would that it were so. I cannot tell you how many meetings I have attended, how many papers I have read, in which attributes such as aggression or curiosity or longings to nurture are labeled masculine (phallic) or feminine. But does anyone really know what *masculine* or *feminine* means outside of cultural convention? Does masculine mean anything more than what men in a certain class or subculture at a certain historical moment are supposed to do to prove

they are men (conventions that in fact vary even in different subcultures within the same culture?)[3]

The continued use of *masculine* and *feminine* to describe human capacities such as assertion and nurture suggests how deeply unconscious are the consequences of gender splitting. As Kubie suggests, we find instances of gender splitting at conscious, preconscious, and unconscious levels; the more unconscious it is, the more dangerous and destructive are its consequences. It is to the unconscious level and its effect on clinical treatment that I now turn.

NORMATIVE UNCONSCIOUS PROCESSES IN THE CLINIC

Kubie expresses several concerns about his contemporary culture, a culture in which, as I said above, certainties about sexual mores and about what is appropriate behavior for each gender were being radically questioned. For Kubie, creative artists, "hippies," encounter groups, the "excesses" of sexual liberation, women's libbers, and sex surgeons all collude in dangerous ways with the fantasy that the drive to become both sexes is reconcilable.

In discussing the etiology of the drive to be both sexes, Kubie focuses on identifications and disidentifications with the opposite-sex heterosexual parent, and his clinical cases show that he is also mindful of the multiple and contradictory messages parents give about what gender performances make a child either lovable or unlovable. Patients, too, intuit what their analysts find lovable and unlovable. In this section, I want

[3] Feminist second-wave theorists made a clear distinction between sex and gender, precisely in order to undo the kind of conflation between sex and gender that makes Kubie's essay somewhat difficult to follow. I do not have adequate space here to discuss Laqueur's (1990) and Butler's (1990) arguments that the very division of the sexes into *male* and *female* is a cultural and historical phenomenon. These arguments complicate the Darwinian postulate that Kubie puzzles over throughout the essay: that by now we should have found peace with the notion that we are genetically either male or female. Perhaps we are not reconciled to this because the dichotomy is not as clear-cut as our culture insists it is. The literature on what is often done to intersexed children to make them fit into the either/or binary is horrifying, and Butler's argument that the division itself functions to support compulsory heterosexuality is compelling.

to look at possible effects of the analyst's unconscious cultural biases on the conflicts that we find in the clinic.

I will begin by citing several comments that Kubie makes about patients in the article. In doing so, I do not by any means intend to single him out as an exception or as a "bad" clinician; rather, I hope to demonstrate how important it is for us to be aware of the ubiquity in clinical work of what I have called *normative unconscious processes* (Layton 2006a, 2006b). My concern is that our unconscious collusions with cultural norms that mandate the splitting and gendering, racing, sexing, classing of human capacities put us always at risk of legitimizing those norms in the clinic, thus potentially contributing to the psychic pain of our struggling patients. Such collusions can reconcile our patients to giving up desires that are in fact only seemingly irreconcilable, or are only irreconcilable given certain cultural assumptions.

Here are some of the kinds of comments I found in the paper that illustrate the operation of normative unconscious processes:

1. From the outset of the essay, beginning with the example of *Orlando* (Woolf 1928), Kubie makes statements that echo those of the 1950s experts: "a book in which the beauty of woman and the strength of man are blended" (p. 369).

2. "A well-known couturier was obviously effeminate in manner but highly endowed and artistic" (p. 382). What is "obviously" effeminate, and why the "but"?

3. "In the analysis the resolution of his struggle started as he began to glimpse the fact that he handled his entire social life as though he were an adolescent girl, side-stepping all direct competition with men" (p. 387). I do not know what Kubie imagines an adolescent girl's ways to be, but the passage suggests that adolescent girls do not compete.

4. "And with the anger this hitherto quite feminine woman becomes harsh and bitter . . . . A solid core of masculine rage begins to show itself" (p. 403). This suggests a belief that some emotional displays are feminine, some masculine.

5. Affirming sociological theories of a natural division of gendered functions, Kubie talks about an inability to decide how one will

live one's life, and he attributes "the refusal of a commitment to being just one sex" to those women who struggle with being either "a housewife and mother or a writer" (pp. 413-414). The either/or, which has the full force of cultural norms behind it, makes us appreciate why his several female patients might have "achieved success in her respective field only to turn in rage from her career to a good marriage, then from the marriage in a rage against the man she loved for making her feel like a woman, and finally to drink" (p. 415). In that era, many women did indeed have to choose, as another of his patients had to choose, "whether to have children or to have a stage career" (p. 421). But does it follow, as Kubie goes on to assert, that this is an expression of the choice, "to put it another way, to be one sex or the other, or both" (p. 421)? It was not hard for me to imagine why, in picking up one-half of a round dollar in her dream, his patient "looked at it, and dissolved in tears" (p. 422). To get love and social approval, she has been asked to be just half a person.

6. "If I cannot *be* the other, I can at least conquer" (p. 405, italics in original). And: "In no aspect of her life could she ever commit herself wholeheartedly, either to a woman's life or to a man's life. Yet without a man, she said, 'I wither away'" (p. 409). This read to me as a sad but all too common illustration of Benjamin's (1988) argument that, when mothers are not culturally recognized as subjects, heterosexual union often takes a sadomasochistic form in which a woman can feel like a subject only when connected to a man. (And a man can achieve a certain version of autonomy only when there is an unacknowledged someone in the background subjugating herself to his ambitions.) As Benjamin (1988) says, when the "assertion-recognition" dialectic cannot be sustained, domination and submission result.

As a clinician who finds herself unconsciously conveying cultural attitudes as truth more often than she would care to admit, I strongly believe that what we think and what we say to patients can entrench culturally produced conflicts or, at the very least, can produce shameful feelings about the wish to perform "subversive" versions of gender. Thus, this is not just about which psychoanalytic theory we hold, but about the unconscious conflicts and commitments that lie behind holding that theory.

In this case, holding a theory about the irreconcilable drive to become both sexes has everything to do with what the analyst is going to define—for the patient—as *masculine* and *feminine*. Kubie states that when the desire has been that analysis will magically transform the patient into being both sexes, the analysis will end in disappointment. I can imagine that the end of an analysis may well be disappointing if it has required a female to give up being able to show rage, and a "rough and tumble lad" to give up whatever made him want a doll for Christmas (p. 393).

And I can imagine that this disappointment might even be expressed in a magical wish for body transformation that can never occur. But I would express such disappointment somewhat differently: "I've been a good patient but still you call my anger, my strength, and even the way I walk masculine, and you shine the full light of your approval only on my grace and capacity to console others."

THE UNIVERSAL, THE CULTURAL, AND THE IRRECONCILABLE

What I love about Kubie's paper is the complexity with which he deals with gender and identifications. Rejecting Freud's reduction of the wish to be both sexes to penis envy and fear of castration, activity and passivity, Kubie not only takes into account male envy of breasts and childbearing (without, unfortunately, acknowledging Horney [1926]), but he also roots the etiology of the drive to be both sexes in multiple, contradictory, and irreconcilable identifications with parents of opposite sexes, in the various fates that befall patients in their particular parent–child relationships, in a belief that the unconscious does not operate on a logic of noncontradiction, and on a view of fantasy as a means of reconciling painful contradictions. The drive to be both sexes can be creative in certain cases, he says; but it becomes dominant and destructive when the parents are highly problematic as objects of identification.

Freud, remarkably, does not appear in Kubie's reference section (one might have expected Kubie to have cited, for example, "Analysis Terminable and Interminable" [1937] or the Schreber case [1911]), but I felt that Kubie was not quite able to sustain his critique of Freudian drive theory and the Freudian account of psychic "bedrock." Soon after

asserting his own radical departure from the idea that all conflict derives from id–superego tension, he concedes that his is a mere supplement to the theory of phallic envy and castration fear. Thus, his rich formulation of environmentally produced irreconcilable identifications at times sits very uneasily with competing theoretical commitments, most particularly with classical drive/oedipal theory and its conflation of sex and gender. A more relational view clashes with a classical view of the origins of intrapsychic conflict, and this is perhaps one reason that it becomes hard to determine what role culture plays in the drive to become both sexes.

Kubie makes no claim to know which comes first: the desire for the anatomy and organs of the opposite sex or the desire to reconcile identifications with parents of opposite sexes. I also make no claim to know with certainty which has primacy, but it does seem important to me to try to understand the relation between the two. If the drive has more to do with identifications than with anatomy, then cultural ways of defining what is masculine and what is feminine, as well as the degree of gender splitting in a particular culture, would seem to me to be inextricable from the appearance and the manifestation of the drive to be both sexes.[4] The wish to have the anatomy of the other sex may well be a wish to have everything (see Fast 1984), but it might also be the symbolic representation of a wish to reclaim human capacities barred by cultural gender divisions.

What may well be universal, on the other hand, is the difficulty reconciling identifications with our most intimate caretakers when such identifications either appear to be or definitively are irreconcilable. In other words, while the degree to which the irreconcilability is tied up with gender difference may be a function of culture, the struggle with, for example, incompatible and unconscious parental desires may be a universal struggle—perhaps even, as Kubie suggests, *the* core struggle of psychic life. Parents today are not necessarily of opposite sexes (nor are the number of parents always limited to two), but these cultural changes by no means offer a guarantee against conflict stemming from irreconcilable identifications.

[4] Here let me point out that Virginia Woolf is the author not only of *Orlando* (1928), but also of the feminist manifesto *A Room of One's Own* (1929)—the latter cited by Kubie in relation to Woolf's "autobiographical sketches" (p. 430).

In the end, I think my difficulty in finding common ground with Kubie had something to do with trouble separating his convictions about what is male and what is female from his theory of identifications. For instance, I found myself in deep sympathy with his repeated plea that surgery is not likely to be a solution to the kind of gender/sex conflict that results from irreconcilable identifications. And I am as taken as Kubie is by the question of how one reconciles the desire to be both a father's son and a father's daughter (p. 409). Much as I agree that it is the child's fantasy that crafts a solution, I yet imagine that the trouble comes when the father has clear and rigid ideas of what characterizes a proper boy and what a proper girl (or if the father's unconscious longing is that his son be a daughter).

A male patient I once treated (Layton 1998) had a father who apparently did not like it when his son clowned around. This rather macho father would say to him on such occasions: "Do you want me to dress you up like a girl?" My patient seemed to have eroticized the humiliation of this and dealt with feeling he was not really a proper boy by developing a desire to dress in women's clothes, a solution that was soothing to him. This man's gender trouble emerged not from gender difference, but from the way his father had placed gender difference in a hierarchy of what counts as human. The father used gender to turn difference into hierarchical distinction.

My guess is that it was the father's gender trouble that my patient was living out: one can only speculate about what losses the father himself had incurred, what feelings he had had to split off, in evolving into the macho patriarch he had become. My patient had no desire to become a macho patriarch, but he did not know how else to be a man. His solution was to be a man and a woman, which—as Kubie suggests can happen—led to a general difficulty in deciding between alternative paths.

CONCLUSION

I do not want to end this commentary without pointing to some of the truly remarkable passages in Kubie's paper, remarkable both in insight and in expression. Although I would argue that even the earliest elements of embodiment are shot through with culture, I yet found fascinating Kubie's discussion of the sensory and perceptual foundations of

identifications: how bodily identifications are hard to access by verbal means, and how capacities such as victory and defeat, dependence and independence, are adult abstractions "which evolve slowly and late out of the raw material of primary experiences, and under the conventionalizing pressures of social forces" (p. 392).

I also found fascinating the section in which Kubie talks about how patients split their desire to be male and female into different parts of a day. The language he uses to talk about the difficulty that arises at the end of the afternoon, the moment when the two roles most converge, took my breath away: "The transitional hours between the 'male' and 'female' parts of the day color the end of the afternoon, the 'cocktail' hour, converting them into hours of mounting tension . . . . This is a black alchemy which supercharges the marital martini" (pp. 411-412).

Even though I pictured the strain here coming from the dissonance between what feelings and behaviors were allowed in the male world of work versus the female world of home, I found utterly compelling Kubie's observations about the unconscious desires for transformation that lie behind one's choice of a partner, the impossible unconscious request of the partner that s/he reconcile what feels irreconcilable.

There was something about Kubie's paper that made me sad. Partly, this feeling came from the awareness of how long he had "gestated" this paper from the "conception" of the idea in the 1950s until finally letting it be published in 1974, a publication he never got to see. I felt there was a drive for completeness in the paper that, in Kubie's terms, could be seen as a sign of his own tormenting drive to be both sexes (although I myself would not attribute it to such a drive). I wondered what kind of comments he had gotten on the paper—were they critical of his shift from classical theory to a more relational theory? Did those comments make him hesitant to put his ideas into print? Why was he so concerned about criticizing creative artists?

And, while reading the paper, I thought frequently of two papers on gender that appeared long after Kubie's death, and wondered what he would have thought of them: one was May's (1986) work on the multitude of parent–child gender identifications that, when not rigidly dichotomized and evaluated as good or bad, can create a fluid gender identity that enables multiple ways of being. And, on the reverse side of

the issue, I thought of Goldner's (1991) paper on the double-binding gender conundrums that make it impossible to hold different aspects of being human in productive tension.

I wondered if Kubie might have become more welcoming of the feminist movement once feminist theory had elaborated the psychological damage, conscious and unconscious, wrought by the enforcement of gender binaries. His compassion for his patients' struggles led me to fantasize that he might have embraced at least some of the explanatory power of this work (a feeling that only deepened when I learned that he had confessed to a correspondent that he had nearly slipped and dictated the title of his paper as "The *Right* to Become Both Sexes"). And I wondered if subsequent developments in relational theories would have allowed Kubie to be less conflicted in his theoretical commitments.

In conclusion, I agree with Kubie that culture does not create the problem of irreconcilable identifications; and it only partially determines the likelihood that our identifications will be with both men and women. Culture does not account for anatomical differences—although it does explain and value them in specific ways that become crucial to how they are experienced.

Nonetheless, when we engage in a dialectic framed as the desire to be both sexes, we cannot understand what is irreconcilable about our identifications without questioning the kind of cultural assumptions that inform Kubie's paper and much of classical psychoanalytic literature on gender and sex. These assumptions include the ideas that (1) parents are male and female; (2) homosexuality is deviant (heteronormativity); and (3) the culturally mandated splitting, gendering, and differential valuing of human emotions, and of human capacities such as dependence and independence, is somehow "natural."

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CAPTURING AND COMPREHENDING BION'S IDEAS ABOUT THE ANALYST'S CONTAINER FUNCTION: THE NEED FOR *CONTAINING STATES OF MIND*

BY MARTIN A. SILVERMAN

CONTAINING STATES OF MIND: EXPLORING BION'S "CONTAINER MODEL" IN PSYCHOANALYTIC PSYCHO-THERAPY. By Duncan Cartwright. New York/London: Routledge, 2010. 274 pp.

Keywords: Bion, container-contained, child development, parenting, infants, affects, interpretation.

Bion's ideas are among the most exciting and influential of all those in modern-day psychoanalysis. Understanding them is far from easy, however. We are fortunate, therefore, when someone grasps important components of his formulations and articulates them in a clear and concise manner that allows them to be ingested, metabolized, and made use of in everyday clinical work with patients. The appearance of a work of this kind has made it possible to examine a central dimension of the contributions of one of the most heuristically stimulating but often abstruse and puzzling contributors to psychoanalytic thought, in a way that can make his ideas more easily comprehensible and utilizable than they have often tended to be.

Although greatly appreciated and significant, Bion's contributions are far from pellucid and are often misunderstood and misapplied. The publication of *Containing States of Mind* by Duncan Cartwright—a

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South African psychoanalyst who has steeped himself in Bion's ideas and their application and who is interested in clarifying *containment,* one of the central aspects of what Bion has given us—is extremely welcome, therefore. It will be a very useful addition to the library of everyone who works with patients psychodynamically, especially those who work with the more severely disturbed patients who come to us for assistance.

Cartwright is so clear and articulate in enunciating what in Bion's writings is so often abstruse and puzzling that I should like to begin by quoting him directly:

- Bion brought to psychoanalysis a unique perspective on what might be called the *psychoanalysis of encounter* . . . . He emphasizes, particularly in his later work, the idea that the mind is always in transit and is constantly in a state of "becoming" something else. [p. 2, italics in original]

- For Bion, a real human mental connection is like an emotional storm caused by the coming together of minds that crave and resist each other. Although we are equipped with some kind of primary awareness of sensory objects and emotions, the ability to think and generate meaning demands that the encounter be subject to a series of transformations that Bion made central to his work. The task becomes finding ways of tolerating the emotional storm for long enough that it can be thought about and given particular personal meaning. [p. 3]

- One of Bion's profound contributions [is] the idea that knowing (K) the other (and, by implication, self) and being known by them constitutes an emotional link intimately connected to the growth of the personality. [p. 7]

- Bion uses the container-contained . . . model to refer to a mental function involved in making psychic states more bearable and thinkable. [p. 8]

- The basic premise behind the container-contained configuration is [that] . . . one object (container) external to another (the contained) influences the contained in some way, while the contained, in turn, alters the qualities of the

container. Here interaction between the two gives rise to various possibilities: the container may compress the contained, the contained may overwhelm the container, the contained may resist containment, and so forth. Bion meant container-contained configurations to be "abstract representations of psychoanalytic realizations" . . . that serve to illuminate particular relationships between objects. [p. 9]

- Although the analyst's role is to make thinkable the unthinkable, the containing function exists in a field of intrapsychic and interpersonal relations and, as Bion suggested, is reciprocal and recursive in nature. In moment-to-moment interaction, the patient also attempts to hold in mind unbearable states of mind and calls on his or her containing function to assimilate the analyst's interpretations. What is hoped for, prompted mostly by the therapist, is an expansion to the analytic couple's containing capacity. Therefore from a field theory perspective [the Barangers], the containing function depends on two or more minds and cannot be located solely in the mind of the analyst. [p. 12]

- Bion does not approach his task by simply listening or interacting with one . . . person. Rather, "it is like having the whole person at all ages and at all times spread out in one room at one time." [p. 16]

- Bion thought that analytic goals should be orientated toward increasing the patient's capacity for suffering [since] . . . through "suffering" emotions . . . we are able to transform such states into meaningful experience . . . . For Bion, genuine reflective thought . . . is a means of making unpleasure more tolerable. [p. 17]

- Bion is clear that emotions never exist in isolation and can only be conceived of in the relationship between two objects. He uses K (Knowing), H (Hating), L (Loving) links to isolate broad emotional mediums through which objects, an analyst and a patient, are linked . . . . In considering the containing function, Bion privileges the K-link over other emotions. The drive towards knowing, curiosity, the ability

to think amidst strong affect is a central part of the containing process. [p. 18]

- Within the analytic process, the analyst needs to find a way of being receptive to the patient's projective identifications by subjecting them to thought and generating understanding and meaning. Once unbearable or unassimilated psychic states find a receptive object, the patient's anxiety begins to diminish. But at this stage, the patient is still dependent on an external containing object. Containing occurs in the presence of the object but cannot occur in the absence because it has yet to be internalized . . . . The second stage of "containing" involves beginning to mourn the object, so separateness (and the taking back of projections) can be achieved and a process of sorting out what belongs to the object and what belongs to the self can begin . . . . I extrapolate from this the need [for the analyst] to work with an ongoing tension, a dialectic, between succumbing to the patient's narcissistic object relations and maintaining a mind of his own. [p. 20]

- It is the process of tolerating and working through the analyst's deficiencies, imperfections, and fallibilities that ushers in the internalization of a more realistic containing function. [p. 21]

- [By containing] Bion has in mind a generative process that involves intuiting, engaging and naming unarticulated experience through complex interpersonal and intrapsychic exchanges. The complexity of the process, as I understand it, involves both the "presence" and the "absence" of the analyst's mind in the analytic field, a tension between engaging with states of reverie and presenting oneself as a more "present" object closer to the demands of external reality. [p. 24]

Bion's "formulation moves away from a psychoanalysis that is focused on the analysis of memories and the past to one that focuses on *transforming experience* through the immediacy of encounters with another mind" (p. 25, italics in original). Cartwright tersely traces the development of Bion's container model as follows.

Melanie Klein . . . believed that children based their early understanding of the world on primitive phantasies about their mother's insides . . . . The mother is conceived of as a container of concrete objects that are experienced in preverbal interactions with the mother . . . . The internal image of the mother or the analyst can act as a receptacle for the child's mental contents or projections via the mechanism of projective identification. [p. 26]

Bion extended Klein's ideas so as to include both normal and abnormal forms of this:

Klein . . . thought that schizoid mechanisms, combined with unconscious persecutory phantasies [sic], caused the infant to split off and locate good or bad parts of the self in other objects, particularly the mother. Through this primitive defensive process the infant, in phantasy, rids itself of unwanted parts of the self and uses them to control, damage, or take over other objects [or] . . . as an essential means to manage excessive envy by destroying good or idealized parts of the object. [p. 26]

Bion took Klein's ideas further:

Bion . . . put forward an important distinction between . . . pathological or abnormal projective identification where projections are motivated by phantasies of intrusion, omnipotence, destructiveness, and control [and] . . . normal or realistic forms of projective identification involv[ing] the projection of intolerable or unassimilated states of mind that intend to *communicate* something to the object that can be held in mind and transformed by a receptive other . . . . It involves a sense of hope that unbearable mental states can be received and "metabolized" by the receiver's mind before they are returned. [p. 27, italics added]

Bion offered the idea that a distressed, crying infant is not merely calling out to its mother to come and help, but is conveying the sense that it is dying. A crying baby is a dying baby. If the mother, through her reverie, accepts, metabolizes, and detoxifies (i.e., contains) the message, the infant can reintroject it in a more tolerable form. If the mother is not receptive or is unable to carry this out, the infant reintrojects the

message in the form of what Bion characterized as *nameless dread* (p. 28). This propels the infant toward employing ever-more-urgent, aggressive attempts to rid itself of its intolerable distress, contributing to persistence of pathological projective identification, instead of developing constructive and effective, communicative projective identification.

In favorable circumstances, the infant internalizes the containing function, which enables it to increasingly do for itself what it initially relied on its mother to do. This process is integrally connected with what Bion termed the *alpha-function,* which organizes and transforms raw, inchoate, experiential *beta elements* into linguistically organized *alpha elements,* promoting the development of symbolization, thought, and language, so that meaning is given to the previously unnamable, which allows it to be thought about. This is reminiscent, of course, of Freud's (1933) well-known dictum in respect to the goals of psychoanalytic treatment: "where id was, there ego shall be" (p. 80). It also foreshadows the concept of *mentalization* (Fonagy et al. 2002, 2004; Fonagy and Target 2008).

Cartwright emphasizes that this kind of communication (either to mother or to analyst) consists of projection by the projector into the internal images of the object within the projector's mind, followed by interpersonal influence ("nudging," Bion called it) of that object in the external world to get it to take on the qualities and characteristics that have been projected into the object.

"The third aspect of this process," Cartwright notes, "occurs when 'hard-wired' capacities for empathic attunement activate similar phantasies in the receiving object, via what Grotstein . . . has termed 'trans-identification'" (p. 29). "Important here," he states, "is that although the patient, in phantasy, wants the therapist to contain his split-off feelings, the therapist can only connect with this through his own feelings; he can only feel his own feelings" (p. 30).

The analyst, however, like the competent mother, does not merely react but also thinks about what is taking place. Otherwise, he or she would not be able to help the patient, or the infant, do what needs to be done. The therapist, like the mother, is not a concrete, three-dimensional receptacle, as he or she is often simplistically made out to be, but a feeling and thinking receiver and processor. The therapist is much

more than merely soothing and comforting, although that is how he or she is often depicted.

Cartwright distinguishes clearly between Bion's concept of *container-contained* and Winnicott's (e.g., 1971) concept of *holding*. The former is an internal, purely mental phenomenon that does not necessarily require proximity between the participants, while the latter refers to an external, physical, and sensuous interaction that requires physical contact. The latter also provides a limiting boundary between them that is absent in the former:

> By implication, the container is not directly dependent on the physical proximity of the object. Put simply, holding someone or something in mind and allowing it to gather psychic meaning does not directly depend on interpersonal processes or the physical proximity of the object. [p. 32]

Holding is always growth-promoting, by accommodating to the patient's (regressive) needs and thereby fostering feelings of "safety and security," whereas the container function that "attempts to make unformulated experience understandable" might "give rise [either] to positive or destructive affects" (p. 33). The containing function requires two separate minds to impinge upon one another, in contrast with holding, in which "differences between two minds are diminished as much as possible" (p. 33).

Cartwright follows Grotstein (1991, 2000) in distinguishing between the affect-regulating function of holding and the meaning-making function of container-contained interaction (Cartwright, pp. 33-34). The connection between holding and containing resides in the necessity of establishing a certain degree of safety and security before the infant or patient can become able to endure discomfort. As I was reading about this, I recalled a time when I advised a young man whom I could not take into treatment because of extenuating circumstances to find a therapist with whom he could "be comfortable enough with to be uncomfortable with."

Bion conceptualized "the containing function [as] . . . making the unbearable thinkable . . . . Psychoanalysis should aim to expand the patient's capacity for suffering" (p. 38). Cartwright draws upon the writ-

ings of Britton, Meltzer, Ferro, Grotstein, Ogden, Mitrani, Hamilton, and others to address *how* the analyst provides a containing function in analytic treatment, but he acknowledges that practitioners necessarily vary in their techniques in accordance with their own unique characteristics. He distinguishes, for example, between Ogden's (1997, 2004) privileging the analyst's reverie and Caper's (1999) emphasis on being receptive to the patient's projective identifications while simultaneously maintaining objective separateness in thinking and action (Cartwright, pp. 38-39).

Bion stressed the importance of the analyst's being able to drift along with and into the patient's mental state and mental contents via responsive reverie that somehow, but without certainty or the need for certainty, can be expected to make contact with the patient's mind, albeit unclearly and in bits and pieces of feeling and thought. Then the two of them together might find meaning, piece it together, and/or create it where previously there had been none.

> The analyst's (and patient's) containing function offers a mental bridge between a number of opposing vertices: between analyst as "dreamer" and analyst as a "proper" object, between unassimilated internal experience and a focus on external reality, between identifying and disidentifying with mental contents, and between "not-knowing" and certainty. This is what I understand Bion to mean by the therapist's ability to maintain "a balanced outlook" . . . : the ability to hold in mind multiple perspectives on an object in order to allow them to become something else or evolve new meaning. [p. 46]

The analyst as "dreamer" allows his unconscious (pcs. and ucs.) mind to receive and react to the patient's presentation, while the analyst as "proper" object contributes a defining and limiting function that recognizes and actively responds to the patient's unique need for assistance in controlling anxiety, strain, tension, and distress in order to keep them within tolerable bounds. Cartwright in his exposition focuses on the immediate situation within an analytic session, but it is evident that it is just as important, or perhaps even more important, that all this needs to take place during the long-range unfolding of the entire analytic journey that analysand and analyst undertake together.

Cartwright draws upon Matte Blanco's (1975, 1988) concept of biological organization of the adult mind, in which consciousness operates *asymmetrically*—i.e., things are discrete and different from one another, via terms of both inclusion and exclusion, in accordance with what Piaget termed *operational thinking* (Silverman 1971). In contrast, unconscious mentation operates with *symmetry*—i.e., things blend and blur with one another, can easily overgeneralize, can substitute for one another, and can be perceived as inside *or* outside, without concern for any resultant blurring or contradiction. The containing analyst is able to exist and to work within both realms alternately *and* simultaneously (as well as helping the analysand become increasingly capable of doing so).

The analyst, like the mother, according to Bion, not only transforms primitive ways of experiencing into more mature ones, but also helps bring the two forms of experience into apposition and coordination. This increases the analysand's and the analyst's ability to constructively *create* meaning—meaning that can be transient *or* permanent, changing *or* consistent, imprecise *or* precise, unclear *or* clear, uncertain *or* certain, and so on. The effective therapist lapses into neither omniscience (an *asymmetrical* extreme) nor mindlessness (a *symmetrical* extreme), but operates more or less fluidly within and between the two realms of experience—as he or she negotiates the level of tension, in order to maintain it at a more or less (short-term and long-term, I might add) optimal level.

While reading about this in Cartwright's book, I found myself thinking of the physicist who needs to work comfortably within both Newtonian and quantum mechanical realms of thought. Bion employed the terms *binocular vision* and *balanced outlook* (p. 61) with regard to working within these two realms of feeling and thinking while engaging in the containing process. Especially while reading the clinical vignettes Cartwright adduces to illustrate what he believes Bion conceptualized about oscillating between asymmetrical and symmetrical realms, I was reminded of Freud's admonition to listen to the patient with both the conscious and the unconscious mind.

Bion's emphasis upon "striving towards a 'not-knowing stance'" (p. 67) also reminded me of Arlow's (1970) admonition to me during a supervisory session that "if you want to be a psychoanalyst, you have to be willing to live with uncertainty." Bion advocated "an analytic attitude

that strives to consider multiple viewpoints of a situation, always open to suggestions and cues from the patient or the analytic field" (p. 68)—or, as Cartwright articulates it, an attitude that

> . . . views the containing function as working to transcend "impressive caesuras," points of calcification that obstruct continuities, so as to draw on different perspectives that hitherto had no apparent relation to what patient and analyst were attempting to hold in mind. [p. 68]

The therapeutic dilemma encountered in the treatment situation is that of pursuing identifiable meaning that nonetheless recognizes what Bion referred to as *ultimate reality* (which he terms "O") as deep, formless, and unbearable. Containment, therefore, consists of weathering the emotional storms that need to be weathered en route to making the unbearable more bearable, in an experience of mourning that accompanies "loss" of the illusion of primitive oneness with the (internal, idealized, omnipotent) primary object (pp. 68-71). It requires that the analyst be willing to experience both concordant and complementary identifications (Racker 1957) with the patient that to some extent transform the analyst him- or herself.

The containing function consists of maintaining a fluid state of mind while connecting with what is emanating from the patient's mind and having access to the analyst's own inner emotional cauldron in resonance with that of the patient. This allows the emergence of "new thoughts and perspectives" (p. 76), which—in conjunction with utilizing a therapeutic perspective to regulate the degree of tension, so that it does not exceed the ability of either participant to bear it and bear with it—can lead to new meaning and an increasing capacity to tolerate what was previously intolerable. Cartwright observes that the containing function "effectively demonstrates to the patient that aspects of the analyst's mind and the analytic space are not overwhelmed by what, to the patient, feel like uncontrollable and unbearable aspects of himself" (p. 76).

While reading and thinking about all of this, I found myself recalling something Neubauer (1968) once said to me about interacting with young children: "It is best to expect from them a little more than they think they can do and a little less than you know they can do." I was

also reminded of a time, shortly after its publication, when a colleague thanked me for a paper I had written about "countertransference and the myth of the perfectly analyzed analyst" (Silverman 1985). A prospective patient who had rejected his recommendation of analytic treatment returned to him after having read my paper, and said, "If that's what you guys are willing to do, I'll go into analysis."

Cartwright emphasizes that what is therapeutically mutative is the "collaborative elaborating process" of struggling together within the analytic field to "engage split-off . . . and . . . unassimilated experience that is eventually internalized, making the patient's fantasies more bearable" (p. 77). Intellectual interpretation of what the patient has expressed is of much less value and can even be counterproductive. He makes an important observation about the role of interpretation in psychoanalytic work, namely, that it is not so much a method of conveying information as it is an integral part of the containment process that Bion has emphasized as the most essential part of the analytic process:

> Bion emphasizes . . . the analyst's engagement with intense emotions while still holding on to the capacity to think about them. From this perspective, interpretations can be understood as the analyst's best attempts at demonstrating and commenting on the evolution and broadening of experience between them. It is more about creating an experience conducive to the emergence of new thoughts than it is about directly conveying understanding; more about the act of interpretation than its content. [p. 85]

I could not agree more.

Cartwright devotes a chapter to explicating the concept of *containing interpretations.* He focuses very usefully on analyst-centered interpretations of the here and now (Steiner 1993), the *unsaturated interpretations* espoused by Bion, and "the role of the analyst's 'passion' and subjectivity" (Cartwright, p. 90) in making interpretations something other than intellectual assaults upon the patient's sensibilities and vulnerabilities. He presents some interesting speculative ideas of his own about Bion's conception of the significance of the rhythmic patterning of early approach and withdrawal in establishing *proto-containing* experience. His

formulations about primary intersubjectivity and the patterning of beta-elements into preconceptions are articulate and heuristically stimulating; they are reminiscent of Piaget's ideas about the earliest, "sensorimotor" level of cognitive activity during infancy (Silverman 1971). His efforts to describe beta-elements as the primary units of experience—and to do so more clearly than Bion himself did—are welcome and rewarding to read:

> Beta-elements occur in the immediacy of engagement, prior to representation in the mind through image, sound, or kinesthetic impression (the work of alpha-function). They exist as non-conscious analogical traces generating affective contours that emerge in the moment-to-moment processes of interaction. [p. 111]

Cartwright discusses research on the significance of mirroring and "the emergence of implicit organizing principles around experiences of 'sameness' and 'difference'" (p. 119). This time I was reminded of an experience I had with my twin granddaughters. While participating in a family party to celebrate their first birthday, which took place in a house in the country that was new to them, I noticed that one of my granddaughters was going back and forth between the stone fireplace and the glass sliding door a few feet away, alternately running her hand over each of them with a thoughtful look on her face. After a while, I went over and said, each time she did it, "rough" and "smooth," respectively.

A bit later, the girls were placed into a portable crib for a nap, but they were too excited to go to sleep. I noticed that a helium-filled balloon was attached to the crib by a string. Remembering the actions of one of the twins as she investigated the contrast between "rough" and "smooth," I raised and lowered the balloon rhythmically, saying "up" and "down" each time I did so, and this repetitive action succeeded in allowing them to drift off.

When they came to my home for dinner a few weeks later, my son turned to one of them and said, "Tell Grandpa your first word." To my astonishment, she smiled at me and said, "up." Her twin sister, who was sitting across from her, said with a smirk on her face, "down." Clearly, the girls had progressed from receptive language, in which they understood

words like "rough" and "smooth," to expressive language—being able to articulate "up" and "down" themselves. These interactions turned out to confirm, then, an important finding in infant research: that receptive language always precedes expressive language.

Cartwright also refers to observations that have been made about rhythmic patterning of experience and about the musical quality of communication. I was reminded of a recent discovery that language and music involve functioning in the same areas of the brain.

He makes a heroic attempt to spell out Bion's challengingly obscure ideas about what he termed "three basic relational configurations between container and contained: symbiotic, parasitic, and commensal," to which Cartwright adds an "autistic" and a "pseudo-containing" mode (p. 133). The result struck me as not entirely successful, but as a valiant effort nevertheless. He also seemed to me to veer dangerously in the direction of falling into the very pitfall of reifying and perceiving the container-contained model in concrete, three-dimensional terms that he had earlier warned against.

In this chapter, Cartwright also strayed toward depicting the infant (and analogously the analysand) as totally helpless, and depicting the mother (and analyst) as all-powerful—despite Bion's emphasis upon the bidirectionality of the container-contained phenomenon. Bion perceived the infant as possessing innate resources that render it a powerfully active participant in the process. Cartwright states, for example, that "Bion thought the infant has acute perceptual abilities at birth and perhaps even before birth" (p. 133), and that "container-contained exchanges depend on reciprocal or recursive exchanges . . . between mother and infant, therapist and patient" (p. 134).

Newborn babies, indeed, are visually active during states of alert inactivity, when they possess sharp discriminative capacities. They are indeed investigators, exploring and avidly learning about the world around them, as Wolff (1966) pointed out and as any attentive observer will easily confirm. Stern (2000), and more recently Schore (2003), have emphasized the significance of extremely young infants preferring to look at faces over other percepts and of their studying the mother's face during and following feedings. Sander (1962, 1977) also called attention to the choreographed, bidirectional interaction that takes place

between newborn babies and their mothers. Babies are not entirely at the mercy of their caretakers, and in fact exert considerable influence over them. They are observant, creative scientists from soon after birth and on into the time at which they grow into analysands.

The special role of the face not only in human development but also in that of the animal kingdom at large has long been recognized. Facial expression plays a huge role in social communication among primates in general. Dogs and cats study the faces of the humans with which they interact. In the late 1960s, when I was engaged in child developmental research, I was intrigued when Stern (1966) described a wonderfully simple experiment to me. He inserted pinholes into cards on which random scribbling, an organized design, and a human face were presented to newborn babies. Through the pinholes, observers could see which cards attracted the most attention. The babies regularly preferred the designs over the scribbles and they preferred the faces by far over the other two.

Wolff (1966) pointed out that babies' eyes at first have a relatively fixed focus at just about the distance between its eyes and the mother's face during nursing, facilitating their tendency to study her face while their pangs of hunger are being removed and during the (at first brief) state of alert inactivity that follows a feeding.

Schore (2003) cites neuroimaging evidence of right hemispheric activity in two-month-olds when they look at the mother's face (Tzourio-Mazoyer et al. 2002), and indicates that this face-to-face "early experience is associated with the development of enduring visual representations of facial expressions of emotion" (Schore, p. 119). He observes, "The mother's face is the most potent visual stimulus in the child's world, and it is well known that direct gaze can mediate not only loving but powerful aggressive urges" (p. 125).

Meissner (2009) called attention to the importance of mirror neurons and of facial mimetic musculature in mediating emotional interchange and the establishment of powerful, unconscious registrations of emotionally charged facial images that possess enormous valence. The human face, furthermore, has a very large area of representation in the brain. Wright (1991), too, addressed the enormous significance of the

unconscious representation of the mother's face in emotional well- or ill-being.

Studying the mother's face in contrast to the faces of others also plays an important part in the developmental process. Other–other differentiation facilitates self–other differentiation. I was fortunate enough to be able to make a personal observation of the way in which infants study human faces when I walked into the room in which my six-month-old son had just been breast-fed. He was perched on my wife's lap, facing her, smiling and cooing to her, and snatching at her hair and at her glasses, while she gently shook her head from side to side to keep them moving while she smilingly spoke and chortled to him in a soft voice. I stood behind and to the left of them, and my wife and I began to speak softly with one another. Suddenly, our infant son, who apparently had become aware of my presence, stopped what he was doing and, with a serious, sober look on his face, began to look back and forth between his mother's face and mine. He looked back and forth between our faces seven times, after which he went back to the cheerful, playful interaction with his mother that I had interrupted—and paid no further attention to me whatsoever.

Cartwright closes his book by attempting to apply Bion's container-contained ideas to three areas of particular interest to him: men who are prone to violence, agoraphobia, and the feeling of deadness reported by some borderline patients. The results make for interesting reading, although they also illustrate how difficult it is to demonstrate the application of Bion's ideas via relatively brief clinical vignettes. Cartwright's repeated efforts to do so by sharing his experience of utilizing them in sessions with patients more often than not left me feeling unsatisfied and wishing for more detail and more convincing material.

It was not surprising to me that Cartwright's clinical vignettes are less than fully satisfying, because it is not at all easy to demonstrate the usefulness of Bion's ideas by examining them in terms of what takes place within a single session. (I am exquisitely aware that Bion himself had great difficulty in making his ideas clear when presenting clinical data from his own experience.) Grotstein (2007) in his recent, extensive attempt to present Bion's ideas, does not even attempt to provide clinical illustrations to any significant extent.

Perhaps one day Cartwright (or someone else) will take on the challenging effort of examining Bion's ideas by presenting extensive, detailed clinical material that portrays their long-range use during the entirety of an intensive, psychodynamic treatment. In the meantime, we can only be extremely grateful to Duncan Cartwright for his eminently successful articulation, in a clear, concise, polished manner, of the essence of Bion's immensely valuable ideas about the container model in psychoanalytic theory and practice.

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BOOK REVIEWS

A BEAM OF INTENSE DARKNESS: WILFRED BION'S LEGACY TO PSYCHOANALYSIS. By James S. Grotstein. London: Karnac, 2007. 382 pp.

I initially approached this volume *cum timore et tremore,* with "fear and trembling," to quote Kierkegaard, but I quickly discovered a book that, while certainly not very easy reading, permits the reader who is not particularly expert in Bion's work to gather its salient points. It also allows one to register within oneself the tonalities of the great melody that Bion composed on the human being. I think that one must accept, at any rate, not completely understanding all that Grotstein proposes and presents to the reader—or at least not managing to understand everything in the same identical manner and with the same acuity—just as happens in reading Bion's work. Even though, in presenting the book, Grotstein reports that "I have been asked to undertake the daunting task of writing a book on Bion that will introduce a distillation and synthesis of his ideas for the general public" (p. 9), I doubt that the general public could follow and completely understand him in his journey through the Bionian *oeuvre.*

In fact, this is a text that, beyond presenting Grotstein's point of view on Bion and elaborating his concepts, presents the ideas that the author has developed by *reflecting and dreaming* around Bion's teachings. The structure of the text makes it easy for the reader who wishes to dwell on individual questions or problems, since the book is organized by topic. Therefore the text does not follow a chronological plan, and does not pretend to be a biography of Bion in the manner of Bléandonu[1]; nor

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[1] Bléandonu, G. (1993). *Wilfred R. Bion: His Life and Works, 1897–1979.* London: Free Association Books, 1996.

is it a reference book like Lopez-Corvo's.[2] Nor is it a specific analysis of Bion's contribution, as we see, for example, in Grinberg, Sor, and Tabak de Bianchedi.[3] Furthermore, the illustration of Bion's thought is carefully separated from the author's thoughts and from the innovations that Grotstein himself has brought to Bion's work. A second important characteristic of Grotstein's book is found in the moment in which the author presents and discusses *his psychoanalysis*—his way of understanding analysis—with respect to analysis as it was understood by Bion.

We are dealing here with something, then, that is much more than, and very different from, a reflection on Bion. One could say that the book's subtitle, *Wilfred Bion's Legacy to Psychoanalysis,* does not do justice to the text but, at the same time, demonstrates the modesty of Grotstein, who—not by chance—in referring to the ideas and concepts expressed by Freud, Bion, and others, more than once prefaces his statements with expressions like "I understand him to mean that . . ." (p. 187).

Essentially, in this work, Grotstein illustrates his personal point of view on psychoanalysis, beginning with and returning to Bion in a circular way, elaborating hypotheses and reflections. The book is dedicated to Bion in words that summarize in themselves the deeply felt spirit of the text: "To Wilfred Bion. My gratitude to you for allowing *Me* to become reunited with *me*—and for encouraging me to play with your ideas as well as my own" (p. v).

This is one of those texts that can be summarized only with difficulty due to the richness of its inspirations and reflections, located on different levels and elaborated by different points of view. What Grotstein proposes is thus in part a sort of "helicopter overview" that conveys the idea of dynamism and movement that one perceives to be alive inside this book. This book is one in which it seems to me that the reader can "come and go," lightly skimming some of the topics and becoming absorbed in others. The only one of the thirty-one chapters that surprises

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[2] Lopez-Corvo, R. E. (2003). *The Dictionary of the Work of W. R. Bion.* London: Karnac, 2003.

[3] Grinberg, L., Sor, D. & Tabak de Bianchedi, E. (1972). *Introduction to the Work of Bion.* New York: Jason Aronson, 1975.

due to its brevity (a page and a half) is the third, "What Kind of Person Was Bion?"—truncated in this way, perhaps, to draw a connection with the interruption of Grotstein's analysis with Bion, caused by the latter's departure from Los Angeles. But, as is stated in the editorial presentation of the author at the beginning of the text, "Dr. Grotstein is the only person to have been in analysis with Bion who has written about him in a major way" (p. xv).

In many chapters, Grotstein poses questions, interrogating himself—for example, on "O," on beta elements, on the container/contained—thus involving the reader in a journey of self-interrogation and real-time research, and thereby probably "disturbing" numerous certainties.[4] See, for example, his elaboration of the concept of projective identification (pp. 49-50, 86-89, 170-178; there is also an entire chapter devoted to "projective *trans*identification," pp. 168-189). At the end of the volume, there is an extremely useful bibliography of Bion's works, compiled by Henry Karnac.[5]

The analysis that Grotstein underwent with Bion was his third one; as Grotstein describes it, he "studied psychoanalysis in a classical Freudian institute and . . . had four analyses (the first orthodox Freudian, the second Fairbairnian, the third by Bion, a Kleinian-Bionian, and the fourth with a traditional Kleinian" (p. 39). The analysis with Bion was interrupted after about six years when Bion left Los Angeles, as mentioned, and so Grotstein continued on his way with a traditional Kleinian analyst. He writes:

> With Bion my pilgrimage was to acknowledge, with reverence and awe, the majesty and enormity of my mind and to recognize how cut off I was from it—and how my anxieties and symptoms were but intimations of my inner "immortality" and infinite resources. [p. 39]

[4] See Grotstein, J. S., ed. (1981). *Do I Dare Disturb the Universe? A Memorial to Wilfred Bion.* Beverly Hills, CA: Caesura Press.

[5] On this subject, see also: Karnac, H. (2008). *Bion's Legacy. Bibliography of Primary and Secondary Sources of the Life, Work and Ideas of Wilfred Ruprecht Bion.* London: Karnac.

Many times, Grotstein traces what he maintains to have been Bion's fundamental contribution to psychoanalysis—offering the reader an interpretive key to Bion's work, so to speak, in small doses, such as in the following quotations:

- Bion shifted the focus from drive to emotions and restructured the drives as L, H, and K emotional linkages between self and objects and as emotional categories for these links—a revolutionary development! [p. 39]

- Bion thus subtly revised the psychoanalytic concepts of first cause (emotional stimulus as opposed to libidinal or death drive), hinted at but did not specify a truth drive, and relegated the libidinal (L) drive and the aggressive (H) drive, in a new conjunction with the epistemophilic (K) drive, to the status of emotional links between self and objects: in other words, one knows (K) an object by how one feels (L and/or H) about it. [pp. 136-137]

- Bion was clearly an intersubjectivist and a relationist, having been profoundly influenced by Einstein's theory of relativity and Heisenberg's theory of uncertainty. [p. 161]

Of interest in order to understand Grotstein at work is his report of his reaction to the dream of a patient of his, a 76-year-old university professor, in analysis for four years at five sessions per week. The treatment is described vividly, as Grotstein "becomes his patient" and feels anxious in "completing" his dream: "All the hypotheses I [had] enumerated . . . came to me while I was 'dreaming' the session and seeking to complete the analysand's dream by entering it as a 'co-pilot dreamer'" (p. 287).

But there are some points that, in my opinion, would have merited more space and more articulated reflection. One is something Grotstein cites briefly, making reference to a personal communication from Bion some thirty years earlier, about the Kabbala: "the mystic Hebrew text in which Bion was deeply interested (personal communication, 1976)" (p. 117). It would be very interesting to know more about that fascination of Bion's with the Kabbala of the Zohar, on the basis of Grotstein's experience.

In a general sense, this is a matter that involves all of psychoanalysis (see the recent essays of Berke and Schneider[6] and Merkur[7]—and that has already been an object of study with respect to the influence that Jewish tradition and culture had on Freud.[8] Specifically, Bion's thinking developed in some measure toward numinous and transcendental dimensions, and therefore to understand the particular influence of religion on the development of his later perspectives is not to be taken lightly. As Bion's daughter writes, "Bion came from a Protestant missionary family, Swiss Calvinist of Huguenot origin on his father's side, and Anglo-Indian on his mother's."[9] Grotstein pursues this line of inquiry, pointing out Bion's dual spirit—Indian and British—and connecting it to the dimensions of the dream and the thought.

Another point that I personally have long found interesting is the experience that Bion underwent in the course of the First World War. As Grotstein describes:

> Bion, the intrepid explorer of "the deep and formless infinite," seems to have navigated the passage to O consulting the "stars of darkness." He arrived at this new concept of transformation *and* evolution in O, first by intuiting the existence (presence) of the absent breast, the "no-thing," in the clinical situation. According to Meg Harris Williams (1985), he may also have arrived at it from having experienced the terrors and traumas of his own life. [p. 118, italics in original][10]

[6] Berke, J. H. & Schneider, S. (2008). *Centers of Power: The Convergence of Psychoanalysis and Kabbalah.* New York: Jason Aronson.

[7] Merkur, D. (2010). *Explorations of the Psychoanalytic Mystics.* Amsterdam/New York: Rodopi.

[8] See, for example, the following classic: Bakan, D. (1965). *Sigmund Freud and the Jewish Mystical Tradition.* New York: Schocken.

[9] Talamo, F. B. (2005). Bion, Wilfred Ruprecht (1897–1979). In *International Dictionary of Psychoanalysis,* ed. A. de Mijolla. New York: Thomson Gale, p. 183.

[10] On the connection between Bion's war experience and the development of some Bionian concepts, see the following: (1) Grotstein, J. S. (1993). Towards the concepts of the transcendent position: reflections on some of "The Unborns" in Bion's *Cogitations. J. Melanie Klein & Object Relations,* 11:55-73; and (2) Szykierski, D. (2010). The traumatic roots of containment: the evolution of Bion's metapsychology. *Psychoanal. Q.,* 79:935-968.

As Bion reports in his autobiography[11] (which covers the years 1897–1919, and in which he dedicates hundreds of pages to his war experience), he served in the Royal Tank Regiment (1916–1918) and received various honors (the Distinguished Service Order and the Legion of Honor). The pages dedicated to the war are unimaginably intense, scattered with dialogues between Bion and his comrades, and with terrible pictures of devastation and death. As Grotstein writes: "His life was so tragic that one can only empathically grieve while reading about it, especially the entry: 'I died on August 8, 1918, on the Amiens-Roye Road'" (p. 35).

Later on, Bion would be busy organizing and managing plans for the recovery and treatment of military personnel traumatized in battle. In fact, in the course of the Second World War, he was called upon as a military psychiatrist[12]—in itself a comment on the appalling global destruction, today difficult to imagine, caused by World War II[13]—to work with traumatized soldiers and to consider their possible return to active duty or to civilian life.

Harold Bridger offered a concise description of that professional endeavor (and of the difficulties that both Bion and Rickman encountered):

> One of the most important achievements of social psychiatry during the Second World War was the discovery of therapeutic community. The idea of using all the relationships and activities of a residential psychiatric centre to aid the therapeutic task was first put forward by Wilfred Bion in 1940 in what became known as the Wharncliffe Memorandum, a paper to his former analyst, John Rickman, then at the Wharncliffe neurosis centre of the wartime Emergency Medical Service (EMS) . . . . The opportunity to test the efficacy of the therapeutic community idea

[11] Bion, W. R. (1982). *The Long Week-End, 1897–1919: Part of a Life.* Oxford, UK: Fleetwood Press.

[12] Bion, W. R. (1948). Psychiatry in a time of crisis. *Brit. J. Med. Psychol.,* 21:81-89.

[13] See, for example: Zaretsky, E. (2004). *Secrets of the Soul: A Social and Cultural History of Psychoanalysis.* New York: Alfred A. Knopf.

arose in the autumn of 1942 at Northfield Military Hospital in Birmingham.[14, 15]

Bion would become intensely interested in the topic of leadership and team management.[16] Perhaps it has not often been noted that Bion substantially revised the concept of leadership with respect to what had at times been understood almost exclusively as "an attitude of command." In contrast to that view, in the leader's ability to manage, motivate, and maintain cohesion among the team he leads ("team building"), Bion identified the true essence of leadership capacity.

In parallel, Bion was called upon to contribute to a reformulation of the procedures for selecting officers in the context of the "War Office Selections Boards," proposing among other things an evaluative trial that is familiar as a "leaderless group discussion."[17] In that trial (which consists in a small-group dynamic), the person who possesses a greater demonstrated capacity or potential for exercising leadership, or for displaying his own charisma, emerges spontaneously out of the group dynamic. Those tenets formulated by Bion in the field of evaluation are still applied today in clinical-dynamic formulations in organizational psychology[18] and in military psychology, just as his intuitions on the hidden and unconscious dimensions of organized and goal-directed group life— the *basic assumptions*—constitute important knowledge in the area of psychoanalysis applied to organizations.[19]

[14] Bridger, H. (2005). The discovery of therapeutic community: the Northfield experiments. In *The Transactional Approach in Action,* ed. G. Amado & L. Vansina. London: Karnac, pp. 15-16.

[15] On the famous Northfield experiment, see the following carefully written work: Harrison, T. (2000). *Bion, Rickman, Foulkes and the Northfield Experiments.* London/Philadelphia, PA: Jessica Kingsley Publishers.

[16] See Bion's seven contributions entitled "Experiences in Groups," published in the journal *Human Relations* between 1948 and 1951, as well as the following work: Bion, W. R. (1952). Group dynamics: a re-view. *Int. J. Psychoanal.,* 33:235-247.

[17] Bion, W. R. (1946). Leaderless group project. *Bull. Menninger Clin.,* 10:71-76.

[18] Castiello d'Antonio, A. (2003). *Psicodiagnosi manageriale: Impostazioni teoriche e metodologie nell'assessment manageriale* [*Managerial Psycho-Diagnosis: Theoretical Formulations and Methodologies in Managerial Assessment and Development*]. Milano: Franco Angeli.

[19] See, for example, the works developed in the arena of the International Society for the Psychoanalytic Study of Organizations.

Returning to my own personal reading of Grotstein's book, I must say that I began my study of this volume by carefully underlining the passages that seemed most important to me, but I soon realized that I would have to underline almost the entire text of the book. I then moved on to a different modality of registration and gathering impressions, which has permitted me, I believe, to think with Grotstein (and with Bion) in a more direct and authentic manner about the arguments considered.

I would like to say that this book, whose draft probably occupied the author for some years, does not give the impression of having been written in a limited amount of time, at any rate, but of representing the maturely ripened product of an entire life (and not only its professional dimensions)—a life that has been formally and thoroughly examined in four analyses. In that regard, I ask myself how many analysts undergo more than one analysis (that is, further analyses beyond the didactic one), and how many, especially today, follow even remotely Freud's familiar advice to repeat an analysis about every five years. Furthermore, the not-always-positive opinions on the so-called didactic analysis seen in the literature—and summarized in the expression "one undergoes one analysis for the institute (the didactic one), and then a second for one's self"—say much about this point of view, as do heated debates about the selection of candidates for the profession of psychoanalyst and their training.[20]

Certainly, these pages are a stimulus to reread the entire body of work by Bion—who was first analyzed by John Rickman and then by Melanie Klein—to reread, that is, not only his scientific work, but also his beautiful autobiography, as well as his imaginative biography.[21] I also hope that Grotstein's book will not be considered something that can (or must) be studied only by Bionians, or by Kleinians, or by who knows

[20] See, for example, the following works: (1) Berman, E. (2004). *Impossible Training: A Relational View of Psychoanalytic Training*. Hillsdale, NJ: Analytic Press; (2) Castiello d'Antonio, A. (2008). Sulla selezione degli psicoanalisti [On the Selection of Psychoanalytic Candidates]. *Psicoterapia e Scienze Umane,* 42:357-394; and (3) Kernberg, O. F. (2007). The coming changes in psychoanalytic education, part II. *Int. J. Psychoanal.*, 88:183-202.

[21] Bion, W. R. (1991). *A Memoir of the Future.* New York: Brunner/Mazel.

what other segment of the international psychoanalytic community—a viewpoint that is light years away from the goal formulated by Rangell.[22] In fact, it would be truly reductive to see this book as belonging to a particular psychoanalytic school, or, worse yet, as "partisan," perhaps to be deliberately ignored by those who think in a different way.

I finished Grotstein's volume with a myriad of thoughts and emotions in my mind, early one afternoon on a very hot day in the summer of 2010, and then I immediately fell into a deep sleep. On awakening, I began to write up my notes for this review, no longer feeling intimidated by the extraordinary creation assembled by Grotstein, but capable of feeling it resonate within me, and of explicating what seem to me, at least, some of the book's multiple salient features.

I have met Dr. Grotstein in person only once, several years ago in Rome, on the occasion of the "Fourth Congress on the Thinking of Matte Blanco" (in September 2004), which was called "Emotion as Infinite Experience." A well-known book of Grotstein's[23] had just been translated and published in Italian. We exchanged a few words on implicit memory and the unrepressed unconscious, and I still remember his attentive and curious gaze, the kindness of his manner.

I truly believe that we must be very grateful to Grotstein for this book and for his great effort in creating it. From now on, those who want to study the thinking and writing of Wilfred Ruprecht Bion (born in Mattra, India, September 8, 1897; died in Oxford, England, November 8, 1979) will not be able to set aside from consideration the study of *A Beam of Darkness*—or of Grotstein's fascinating recent book on analytic technique.[24]

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(Translation by Gina Atkinson)

[22] Rangell, L. (2007). *The Road to Unity in Psychoanalytic Theory.* New York: Jason Aronson.

[23] Grotstein, J. S. (2000). *Who Is the Dreamer Who Dreams the Dream? A Study of Psychic Presence.* Hillsdale, NJ: Analytic Press.

[24] Grotstein, J. S. (2009). *But at the Same Time and on Another Level. Volume 1. Psychoanalytic Theory and Technique in the Kleinian/Bionian Mode.* London: Karnac.

BION'S DREAM: A READING OF THE AUTOBIOGRAPHIES. By Meg
   Harris Williams. London: Karnac, 2010. 131 pp.

When Bion published his autobiographical works—*The Long Week-End*
(1982),[1] *All My Sins Remembered* (1985),[2] and his three-part *A Memoir of
the Future* (1975, 1977, 1979)[3]—he initiated a new genre of psychoana-
lytic writing. It was as if he had crossed a veritable Rubicon of a strongly
held analytic canon that the analyst should never reveal his personal life
to his patients. Why *did* he undertake this provocative turn? We might
reasonably surmise that he may have felt the desire to present the en-
tirety of his radical new psychology by employing a clinical example con-
sisting of his own emotional truth, the one truth he could really vouch
for.

   To this end, in *Bion's Dream: A Reading of the Autobiographies,* Meg
Harris Williams cites and paraphrases Bion:

> "Anyone can 'know' which school, regiment, colleagues, friends
> I write about. In all but the most superficial sense they would be
> wrong. I write about 'me.'" For, in writing about "me," he recog-
> nizes that he is "more likely to approximate to [his] ambition"
> of formulating "phenomena as close as possible to noumena."
> [p. 2; see Bion 1982, p. 8]

   If this formulation is correct, then by writing his autobiographies,
Bion would seem to have boldly martyred himself in order to put forth
publicly his own lived truth, along with how he transformed that truth
through dreaming. This act on his part seems to support the notion,
as I have suggested (Grotstein 2007),[4] that Bion may have been un-
consciously living out the myths of Prometheus as well as Christ. He is

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[1] Bion, W. R. (1982). *The Long Week-End, 1897-1919: Part of a Life.* Abingdon, UK:
Fleetwood.

[2] Bion, W. R. (1985). *All My Sins Remembered: Another Part of Life and the Other Side of
Genius: Family Letters.* Abingdon, UK: Fleetwood.

[3] Bion, W. R. (1975). *A Memoir of the Future. Book I: The Dream.* Rio de Janeiro:
Imago; Bion, W. R. (1977). *A Memoir of the Future, Book II: The Past Presented.* Rio de Ja-
neiro: Imago; and Bion, W. R. (1979). *A Memoir of the Future, Book III: The Dawn of Oblivion.*
Perthshire, UK: Clunie.

[4] Grotstein, J. (2007). *A Beam of Intense Darkness: Wilfred Bion's Legacy to Psychoanaly-
sis.* London: Karnac.

initially Prometheus Bound in that he is eaten by the vultures of psycho-analytic orthodoxy in London as punishment for daring to be curious about Absolute Truth or Ultimate Reality, before becoming Prometheus Unbound when, having moved to Los Angeles, he continued his inquiry into such concepts as "O," the mystical, and the godhead, as well as by writing and publishing first *Attention and Interpretation* (Bion 1970) and then the autobiographies.

Bion is also Christ because his theory proposes that, together with the patient's experience of reowning his hitherto unbearable emotions (and proceeding from *pre-conception* to *conception*), there comes the phe-nomenon of *incarnation* of the *god-container* of "O" into the potential and potentially evolving mystical self of the patient. The patient does not incarnate the godhead; that would constitute mania or psychosis. Rather, it is the godhead, as in the Christ myth, that must *choose* to incarnate the patient (Grotstein 2007, p. 107).

We get a clue to the presence of the Prometheus myth in the fol-lowing passage from *All My Sins Remembered*, quoted by Williams:

> Don't interrupt [Bion says to himself], I'm thinking. It would be useful if I could search through the debris of my mind, the ashy remnants of what once was a *flaming fire*, in the hope of re-vealing some treasure which would reconstitute a valuable piece of wisdom—*a spark amidst the ashes that could be blown into a flame at which others could warm their hands.* [p. xii; see Bion 1985, p. 31; italics added]

By embracing Bion's formal autobiographies (*The Long Week-End* and *All My Sins Remembered*) and his three-part oneiric autobiography (*A Memoir of the Future*), Williams has united and thereby integrated these three works into *Bion's* composite *Dream*. In so doing she has, in con-ventional terms, construed the last text as the dream itself—as Bion in some ways did himself by titling the first volume of the trilogy *The Dream* (1975), and by saying, in its prologue, "this is a fictitious account of psy-choanalysis, including an artificially constructed dream" (p. 4)—and the first two as its associations.

In both Bion's and Williams's terms, however, all three would be considered dreams but on different levels of consciousness. Bion's con-ception of dreaming, along with that of "O"—a term that encompasses

nameless dread, beta-elements, things-in-themselves, the noumenon, Absolute Truth, Ultimate Reality, as well as reverence and awe—constitutes his most radical and controversial revision of psychoanalytic theory. Perhaps we can say that, through the autobiographies, he left us his practical and all-too-personal clinical application of his O experiences, and the documentation of his attempts to dream them, as his greatest legacy to psychoanalysis.

The heartfelt circumstances detailed in *The Long Week-End* and *All My Sins Remembered* comprise the random experiences—the O—of what Bion felt had been a meaningless ("fool"-ish) life. They needed to be dreamed in order to be transformed from impersonal to personal O (alpha-elements), so as to impart meaning (meaningfulness through the construction of narrative connections) to them and thus to his life. Dreaming, consequently, reorients our *seemingly* random lived experiences and connects them together with the threads of meaning.

A Memoir of the Future dreams *Week-End* and *Sins* so that they begin to form the matrix of a myth,[5] an organized and organizing structure of containment. Williams calls her chapter on *Memoir* "Counterdreaming," a fascinating perspective on this text and one with which I agree. If *Week-End* is itself a dream, albeit an unsuccessful one, it becomes the task of *Memoir* to "counterdream" it—that is, to "undream" and then "redream" it.

But there may have been another motive for Bion to write his candid autobiography. Williams quotes him and comments as follows:

> "This is an attempt to express my rebellion—to say 'Goodbye' to all that." . . . Goodbye to all the "cant" of his "overpowering" nonconformist upbringing, to the cant of kosher Kleinianism, to the confines of all types of respectable "hero dress" that imprison the "growing germ of thought." [pp. xiv-xv; see Bion 1991, p. 578]

[5] As I have written previously, "Bion uses myth not only in the more traditional *collective* (universal) sense, but also in the individual or personal sense as phantasy . . . . The myth ➝ unconscious phantasy furnishes a template that organizes and categorizes what Bion terms the beta-elements of raw experience" (Grotstein 2009, p. 321; *But at the Same Time and on Another Level. Volume 1. Psychoanalytic Theory and Technique in the Kleinian/ Bionian Mode.* London: Karnac).

Bion, who stepped out of Edwardian manners and respectability, was a "Jekyll and Hyde." His Hyde personality was rebellious against his "Arf Arfer" father—"Arf Arfer" being Bion's infantile alliteration of "Our Father," or name for God, who becomes a character in *Memoir*—who attacked young Wilfred's emerging curiosity, against the officers he served under in both wars, as well as, perhaps, against Klein and other "religious" Kleinians who rejected his later work. Elsewhere (2007), I have associated Bion with Lord Nelson, who, when ordered by his admiral commanding the British Fleet at Copenhagen to withdraw, disobeyed by placing the telescope up to his blind eye, and went on to win the Battle of Copenhagen.

Williams, an eminent author, poet, and artist, comes to this task from a most advantageous as well as illustrious background. She is the daughter of the late Roland and Martha Harris and stepdaughter of the late Donald Meltzer. She "grew up" with Bion, so to speak. Both her parents had been closely affiliated with him; her mother had been supervised by him and her father analyzed by him. Her stepfather, Meltzer, was the only analyst in England (apart from her mother) who keenly understood and avidly espoused the entirety of Bion's works—i.e., his transformations in and from "O" and the uncertainty principle.

I understand that Williams was even acquainted with Bion as a child. She thus grew up under the ever-hovering influence of Bion; her book subtly and profoundly reveals this closeness. As a consequence, one may read the author's text from the vertex of an intimate biography as well as a literary appreciation of his work.

The latter standpoint clearly emerges from the beginning of this exciting book. Bion, although trained as a physician, early on developed a deep interest in poetry, particularly that of Milton and Shakespeare, as well as some of the Latin classics. In this regard, Williams states, "The influence of the poets on the deep grammar of Bion's theories has been little studied" (p. xv).

As one who is herself a poet, and indeed what I would term a "mystical poet," Williams thus seems to be in synchrony with Bion's propensity. Bion believed that psychoanalysis constituted a form of poetry. In my opinion, and I gather in the author's as well, Bion was to use the

model of poetry, which can be considered disciplined emotional language, as the model for the epistemological transformation of raw emotions (beta-elements) into mentalizable alpha-elements. Ultimately, Bion came up with the concept of aesthetics and created the notion of the aesthetic vertex. Meltzer and Williams in the meanwhile had also been instrumental in bringing this dimension into psychoanalytic thinking. Put succinctly, the author shows us how Bion, as well as both she and her stepfather, had begun to emphasize the importance of the creative (poetic, aesthetic) aspects of thinking, particularly dreaming.

Having offered a brief introduction to Williams's characterization of Bion's fascination with dreaming, poetry, and aesthetics generally (creativity), we may now arrive at the notion that *Week-End, Sins,* and *Memoir* collectively constitute not simply a myth but an *epic,* not unlike the *Iliad, Odyssey,* and *Aeneid.* Put another way, Bion teaches us that, to the extent that dreaming imparts ever-evolving meanings to the emotional experiences of our lives, these experiences become mythic-epic narratives that unite, integrate, contain, and transcend each living moment they process.

In looking for the Ariadne's thread running through these three Bionian works, Williams nominates the primal scene: "At the very foundation of the perennial dream-story lies the phantasied mating between Bion's internal parents" (p. xiv). Included in this dynamic image is the reality of his father (the model for "Arf Arfer") as courageous but insensitive and even cruel, and of his Anglo-Indian mother as superficial and out of touch with her children. This image also suggests Bion's fascination with the dynamic and mysterious act of mating and its inescapable sequelae in the form of mental turbulence. The concept of the couple as a model of thinking was to become Bion's signature in his metapsychology. Thinking itself was conceived by him as a joint venture of two bonded internal objects, basically mother and father, having creative intercourse and producing imaginative "thought babies" from inchoate "thoughts without a thinker."

The concept of the couple also applies, as Williams brings out, to the activity of groups. In *A Memoir of the Future,* Bion wishes that "disciplined debate" would replace brutal warfare. Williams is further suggesting, I believe, that until the mother and father, both actual and internal (in-

cluding archetypal), are allowed by the infant Wilfred to come together sexually, each becomes a carrier of the most primitive anxieties—i.e., the cruel, destructive part-object mother and ruthless hunter-father.

Williams creatively connects the collision of tanks and the seeming mounting of one by the other in battle as an example of the primal scene reenacted in the horrors of war. As she observes, again quoting Bion:

> "One tank, crewless, went on to claw at the back of the one in front as if preparatory to love making; then stopped short as if exhausted." The tanks are primitive, female, Tigers or (in a prehistoric capacity) Dinosaurs, whose revenge for their destruction is the spewing forth of the charred bodies of men from a ravaged womb, in a kind of primitive sado-masochistic ritual. [p. 14; see Bion 1982, p. 254]

Williams ably summarizes *The Long Week-End* as follows.

> The book . . . describes the series of misunderstandings and humiliations which transform him rapidly into an "accomplished liar" who can slip neatly into the basic assumptions of a given code of behavior: a process which enables him to feel less of an "outcaste"—that is, less of an individual. He describes this as the formation of an "exoskeleton" under the eye of a terrifying, vengeful God, "Arf Arfer." [p. 2]

The author here touches on a major theme in Bion's development: he was all alone and essentially unsupported emotionally. He therefore seems to have sought refuge in a False Self, sequestering his True Self protectively behind a redoubtable exoskeleton. I recall hearing second-hand about a comment someone in the audience made at the memorial following Bion's death, which was held at the Tavistock Clinic: "He was miles behind his face." Yet I also recall Bion's statement to Klein upon agreeing to enter analysis with her, to the effect of, "but don't interfere with my individuality!"

A Memoir of the Future eludes easy understanding. Its obscurity and density soften when we realize that it constitutes a dream in motion and involves virtually the whole range of Bion's psychoanalytic instruments—e.g., reversible perspective, alpha function, dreaming, caesuras counter-

poised to splitting, beta- and alpha-elements, contact-barrier counter-poised to exo- and endoskeleton, and more. Williams traces the mystical dimension of future memory to the poets, particularly Shelley. Bion associates the concept with Plato's belief in inherent preconceptions that anticipate their future realizations.

Memoir is an awesome tribute to the mystifying nature of mind, and in *Bion's Dream: A Reading of the Autobiographies,* Meg Harris Williams beautifully captures its magic and its wonder.

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BION TODAY. Edited by Chris Mawson. London/New York: Routledge,
    2011. 439 pages.

In the last decade, the psychoanalytic world has seen an increasing prolif-
eration of articles and books on Bion's work. Terms such as *reverie, alpha,
beta,* and expressions such as *without memory or desire* and *containment* have
become almost commonplace. With such "flooding," many efforts are
uneven. Seeing different interpretations of Bion's ideas is natural and
even desirable, but there are also manifestations of what might be called
a sort of exploitation.

Indeed, the Bion bandwagon has arrived, and the multitudes who
have jumped on it have different backgrounds, interests, and levels of
competence. What would be Bion's own impression of this phenom-
enon? It is not unlikely, I observe melancholically, that not only would
he not recognize some of his so-called followers, but that he would be
dismayed at, though not surprised by, the use—and sometimes misuse—
of his ideas.

Yet in this multitudinous group of followers, some great names re-
main and new ones emerge—voices of authority and clarity, such that
any reader can turn to them with confidence. Chris Mawson's gallant
editorial effort in *Bion Today* incorporates the work of illustrious Bionian
authors, some of whom, while less well known in the United States, have
examined Bion's ideas with lucidity, originality, and ultimately a strong
affection.

The book is divided into six sections. The introductory section
is made up of two articles, the first by Mawson himself: "Bion Today:
Thinking in the Field." Mawson begins by highlighting Bion's originality

and specifically his development, together with Hanna Segal and Herbert Rosenfeld, of new conceptual tools with which to think about psychotic patients. Mawson differs from some contemporary authors, such as Antonino Ferro, who consider Bion's innovations worthy of being deemed a qualitatively new kind of analysis, in that he sees a continuity from Freud to Klein and from Klein to Bion.

Quoting André Green, Mawson asserts that a clinical mode of thinking can evoke clinical experience even if there is no reference to patients. He relates this style to Bion's "learning from experience" (the title of his 1962 book), and adds that the formulations on projective identification and splitting processes developed by Klein were extended by Bion; this allowed him to develop his original theory of thinking and to clarify the distinction between thoughts and the mental apparatus that contains them.

Before embarking on a brief description of each of the articles in the book, Mawson devotes a section to "Countertransference and Enactments," paying particular attention to the different ways in which Kleinian authors (starting with Klein herself) regarded the concept of *countertransference as communication.* Referring to Paula Heimann and her view of the impact of the patient's projections in the session, Mawson reminds us that Klein's own view was skeptical, as had been Freud's.

I find particularly useful Mawson's delicate tracing of the evolution of ideas regarding the analyst's response to projective identification, from Helene Deutsch to Heinrich Racker to Leon Grinberg's description of projective counteridentifications, and on to Bion's own *Transformations,* leading on to Joseph Sandler's concept of role responsiveness and Ronald Britton's ideas about unconscious belief systems.

In the second article in the introductory section, "Whose Bion?" by Edna O'Shaughnessy, the way that Bion "illuminated the relation between patient and analyst" (p. 36) is highlighted. Like Mawson, O'Shaughnessy points out that there are major divergences in the Bionian school, such as between those who see Bion as continuous with his predecessors, like Roy Schafer and herself, and those—Thomas Ogden and Antonino Ferro among them—who think of Bion as providing a different conception from the Freud/Klein tradition. Others, such as Neville Symington, claim that Bion's ideas suggest that the aim of psychoanalysis is to come close to a mystical experience.

O'Shaughnessy highlights the consequences of these divergent readings and suggests that there is a risk with multiple readings. She quotes Foucault in observing that "the author is the principle of thrift in the proliferation of meaning"; she asserts that, while not sacred texts, Bion's works belong to the "systematic ensemble" (p. 38) that is psychoanalysis.

Mawson goes on to introduce each of the book's five subsequent sections in detail. Although every article in the book is worthy of review, space limitations allow me to highlight only some of them.

The second section, "Mainly Conceptual," begins with James Fisher's "The Emotional Experience of K." It describes the author's idea that K is the impulse toward curiosity. Fisher suggests that the Freudian opposition between the pleasure principle and the reality principle was replaced in Bion by the opposition LH (Love Hate) versus K (Knowledge). Fisher asserts that curiosity is the impulse of the reality principle, suggesting that Freud's *Wissentrieb* is an ego-founding instinct. He refers to James Grotstein's idea that the hypothetical truth drive is the missing "seventh servant" in Bion's quotation of Kipling in the book of that title. Fisher delineates how the container object fulfills the function of bearing the patient's unbearable emotions, and he discusses –K as the consequence of the hatred of emotions.

Maintaining our *negative capability,* our tolerance of not knowing, is key to the analytic function. Fisher extensively discusses Bion's view of K as the imperative of the analytic session. He defines the essence of psychoanalysis as "the opening of the analyst to the emotional experience of wanting to know the patient" (p. 63).

The next chapter in the second section is Ronald Britton's "The Pleasure Principle, the Reality Principle, and the Uncertainty Principle." Britton relates Freud's ideas about the pleasure principle to the physics of his time. The importance of Fechner's theory of stability and the concept of conservation of energy were key influences on Freud's ideas. Britton suggests that Bion, in contrast to Freud, was influenced by the basic paradigm of quantum mechanics, Heisenberg's uncertainty principle. It was through quantum mechanics that we learned that the act of measuring has an inevitable effect on what is measured.

Referring to the philosophical division between a *coherence theory* of truth and a *correspondence theory* of truth, Britton suggests that, similarly

to what occurs with quantum physics, analysis has to rely on both. Paraphrasing Bion's ideas about hypotheses, Britton asserts that our theories are "a series of beliefs about beliefs, about beliefs" (p. 74).

Britton modifies Bion's PS < - > D (the alternation between fragmentation and integration in thinking) with an algebraic formulation: PS (n+1). This refers to a succession of states of mind of variable duration occurring throughout life. Britton terms PS (n+1) the "post-depressive position" and suggests that to hold to a sense of security in such a position, what is required of the analyst is faith (as Bion had indicated)—faith that an answer will be found and that continuous inquiry will lead to it.

David Bell's chapter, "Bion, the Phenomenologist of Loss," continues a line the author developed earlier. A beautifully streamlined sentence gives richness and depth to the understanding of the evolution from Freud to Bion: "[The] ideas of Freud that seem to be only abstract and theoretical acquire in Bion's development of them, clinical reference" (p. 84).

Bell further elaborates his ideas regarding the degradation of thinking, and he delineates characteristics of Bion's approach. He thinks that Bion deserves to be described as a "genetic epistemologist" (p. 85), a term originally applied to Piaget. However, Bell comments that Bion always linked the development of knowledge of the world to that of self-knowledge. In describing Bion's method as "the careful elucidation of experience" (p. 85), Bell shows how Bion refines the observation of various phenomena. Like other authors in *Bion Today,* Bell refers to the dangers of an early closure that stifles thinking, referring to that quality described by Keats as *negative capability.*

Central to this paper is the detailed description of how awareness of loss and absence are essential to the development of thinking. Awareness of separation creates the possibility of thinking, and thinking creates the possibility of separation. Thinking is a precondition for the growth of knowledge.

David Taylor's "Anticipation and Interpretation" starts with a wonderfully poetic introduction that leads to two central points: the observation that the human mind shows an animate, biological kind of motion, and that this movement, which operates in time, also has its own temporal

mutation. Taylor artfully deepens the meaning of Bion's use of "pre-mo-nition" and "intuition." He illustrates his ideas with rich clinical mate-rial. His biological model allows consideration of the psychodynamics of consciousness. He affirms that Bion's extensions of Freud's concept of consciousness permit "an experience-near image of the mind" (p. 119).

Lia Pistiner de Cortinas contributes a provocative paper, "Science and Fiction in the Psychoanalytic Field." In a chapter full of original and complex ideas, she links primitive superego functioning to Bion's *group mentality* and to shifts in ego function. Much of her prior work has cen-tered on the use of models, the concept of prenatal aspects of the mind, (which she takes from later Bionian works), and personification, all of which she characterizes as central to her technique. She describes the transformations that evolve from O to facilitate digestion of emotional experience. Crediting Klein with the discovery that children personify their conflict in play, she speaks of constituting a space for playing when it is absent, and she combines the idea of personification with that of vertices, as described by Bion.

The third section of *Bion Today,* "Mainly Clinical," begins with An-tonino Ferro's "Clinical Implications of Bion's Thought." Ferro is known nowadays as one of the major European voices articulating Bion's ideas, and his views are enriched by the way in which he has integrated other theoretical sources—in particular, Willy and Madeleine Baranger's con-cept of the field.

Ferro points to the *waking dream thought* as the most significant of Bion's concepts. He speaks of the alphabetization process that forms alpha elements which in turn introduce the waking dream thought. For Ferro—who has spoken of the analytic encounter as one between two frightened and dangerous beings, one of whom is hopefully less so than the other—it is essential to maintain a close monitoring of projective identification and reverie, and a self-observation that allows the modula-tion of interpretive activity. Ferro illustrates his chapter with rich clinical material.

Next, Edna O'Shaughnessy's "Relating to the Super Ego" presents a classic "Kleinian-Bionian" view. O'Shaughnessy, concerned with the *ego-destructive superego,* traces the development of the ideas of Freud, Karl Abraham, Melanie Klein, Herbert Rosenfeld, and then Bion. She locates

the origin of this abnormal superego in the earliest dissociations of the infant, aimed at attacking the link to the object. Although placed in the "mainly clinical" section, this paper makes important theoretical points, suggesting new conceptual tools with which to reorganize our theoretical thinking,

Judith Mitrani's "Taking the Transference: Some Technical Implications in Three Papers by Bion," although again "mainly clinical," is anchored in just three Bionian papers. Using supervisory material and then her own clinical work, Mitrani shows us a step necessary before interpretation can occur, and then proceeds to show us how the formulation of interpretation has to include the patient's vertex. Like O'Shaughnessy, she establishes a dialogue with Bion's theory.

Howard Levine, in "'The Consolation Which Is Drawn from Truth': The Analysis of a Patient Unable to Suffer Experience," deals with an extremely difficult case. Levine shows how his analytic activity of containing and interpreting allowed the patient a gradual relinquishing of her attempts at omnipotent control and the beginning of the experience of suffering necessary for emotional growth.

James Grotstein, in "Clinical Vignette Encompassing Bion's Technical Ideas," gives an extremely brief vignette in which he demonstrates how he functions imaginatively as a container for the patient's "thoughts without a thinker." Grotstein's typical wit and playfulness are evident in this vignette.

Section IV, entitled simply "Aesthetic," comprises two very beautiful papers: first, Anna Dartington's, in which the author discusses the correlation she sees between the work of Bion and that of the poet T. S. Eliot. But beyond that, she proposes areas of thought and expression in which psychoanalysis is poetic and poetry is psychoanalytic.

The second of this section's two papers is by Janet Sayers and is entitled "Bion's Transformations: Art and Psychoanalysis." Sayers draws on Bion's transformations of the analysand's experience, using as well Julia Kristeva's ideas about proto-fantasies and the "quasi-narration that articulates the drive and desire and that hones in on the object" (p. 276): the breast, the mother. Here Sayers finds a parallel with Winnicott's squiggle game. The author also illustrates her rich poetic paper with reproductions of paintings and drawings by Bion himself. Her paper is informed

not only by Bion and Kristeva, but also by Lacan and Merleau-Ponty, whom she uses to support her ideas about the way that Bion's approach transforms the analysand's experience. She cautions us about the possibility of misusing this technique to present suggestions to patients, but emphasizes that "no psychoanalytic interpretation is *the* interpretation" (p. 278), and that if this is clear to the analyst, every moment of the analysis remains open to change.

The next section of the book, "Group Mentality," is rich and much of it may be quite new to the American reader. I believe the four articles in this section require considerable familiarity with Bion's early work. The great majority of the American Psychoanalytic Association's training institutes do not teach group dynamics, let alone Bion's seminal ideas on groups. Such teaching and further research occurs in the United States mainly in specialized centers, such as the Chicago Center for the Study of Groups and Organizations. A member of this center, Robert Lipgar, is the author of the chapter entitled "Learning from Bion's Legacy to Groups." Lipgar refers to the social context in which Bion developed his ideas about groups and institutions, as well as about the irrational forces that rule them, noting that these were early insights sought out by great minds of the time. Further, Bion's ideas offered the challenging possibility of continued amplification.

The final section of *Bion Today* is "Later Bion." To the knowledgeable reader of Bion, this section's title suggests expansions of Bion's ideas expressed toward the end of his life, ideas that many have found difficult and have taken as belonging not to psychoanalysts but to mysticism. Yet the three authors in this section of the book would contradict this inference. All of them see a continuity from Bion's earlier work, clearly theoretical and clinical, to this epistemological development, which—as pointed out by Mawson—refers to the limits of representation.

Rudi Vermote's paper, "Bion's Critical Approach to Psychoanalysis," uses the psychoanalytic object as the point at which "the O of a personality evolves to a point where it becomes apprehensible" (p. 350). He uses three C elements to show his view of the pathway of Bion's evolution: Bion the military man, Bion the mathematical scientist, and Bion on an epistemological quest. He uses these images creatively to show how Bion searched for the essence of psychoanalysis, thereby reanimating traditional Freudian concepts such as the unconscious, transfer-

ence, and repression. With Bion, Vermote maintains that psychoanalytic objects can be intuited from the invariants of changing elements over a long period of time, if the analytic pair is able to maintain the attitudes that Bion recommended in navigating the analysis: faith and patience.

Margot Waddell's "From Resemblance to Identity" is such a rich clinical paper that this reviewer found herself making an effort to justify its placement in this section. Yet it becomes clear that the author's aim is to relate the use of Bion's ideas in session to his attempt in *Memoir of the Future* to poetically express the nature of psychic reality. Waddell gives an extremely sensitive, detailed account of one analytic session. She discusses *waking dreaming,* which she differentiates from the Kleinian notion of unconscious phantasy. In Klein, Waddell clarifies, following O'Shaughnessy, there is a continuous shifting of the individual's object relations, while in Bion there is "a linking up of the basic elements of emotional experience as precursors of narrative form" (p. 377).

I find Waddell's paper to be extremely evocative and a natural and easy bridge to the last paper of the book, by Meg Harris Williams: "'Underlying Pattern' in Bion's Memoir of the Future." This paper is most easily accessible to the reader already familiar with Bion's highly original trilogy ("The Dream," "The Past Present," and "The Dream of Oblivion"). *Memoir of the Future* can be difficult to absorb and is little known in the United States. Williams beautifully follows the text to illustrate what she sees as Bion's search for underlying patterns of both artistic expression and of *catastrophic change,* the latter of which structures the development of the mind. Readers will find much to appreciate in this paper, an update of one that Williams wrote in the 1980s. Indeed, to this reviewer, Section VI is the magnificent crown of Mawson's noteworthy editorial achievement in *Bion Today.*

IRENE CAIRO (NEW YORK)

A MELTZER READER: SELECTIONS FROM THE WRITINGS OF DONALD MELTZER. Edited by Meg Harris Williams. London: Karnac, 2010. 256 pp.

I started out hating this book. It seemed too short, too choppy, and too steeped in a language and perspective I did not understand. When I finally got over myself, reopened my mind, and started listening to the

"music" of Donald Meltzer and his students, I realized that I was reading the work of a master clinician and theoretician. It turns out that this book is a gem. It is a living, breathing window into the mind and the consulting room of a great Kleinian analyst.

There is a paucity of available biographical information about Meltzer, and the foreword to this book written by its editor, Meg Harris Williams, introduces him exceptionally well. Let me start, therefore, by quoting at length from it:

> Donald Meltzer was born in New York in 1923 and studied medicine at Yale. After practicing as a psychiatrist he moved to England to have analysis with Melanie Klein, and for many years was a training analyst with the British society. Meltzer worked with both adults and children . . . . Meltzer taught for some years at the Tavistock, where Martha Harris (his third wife) was head of the Child Psychotherapy training course. As a result of their joint traveling and teaching across the globe, this method of psychoanalytic psychotherapy became established in all the principal Italian cities, and in France and Argentina.
>
> Meltzer's ideas and methods were considered controversial by some. He left the British Society as a result of disagreements about methods of teaching and of selection of candidates for psychoanalytical training. Instead he supervised psychoanalytically oriented professionals in atelier-style groups throughout Europe, Scandinavia and South America, whilst continuing to practice privately in Oxford; later his visits also included New York and California . . . . Since Meltzer's death in 2004 many international conferences have taken place to consolidate and continue his work—in London, Florence, Buenos Aires, Savona, Barcelona, Stavanger, São Paulo, and Seattle.
>
> Meltzer taught psychoanalytic history and saw himself as following in the tradition of Freud-Abraham-Klein-Bion. Although he was not personally supervised by Bion, he was profoundly influenced by him and was probably the first analyst to describe ways in which Bion's more abstract conceptualisations—particularly from his later work—could find clinical use in the consulting room. He was also however an original theorist in his own right . . . . Like Bion, Meltzer stressed the need for psychoanalysis to acknowledge its cultural roots and to make constructive links with philosophy, theology and the arts. [pp. xi-xiii]

Indeed, this theme of interdisciplinary connection permeates the book. It is divided into thirteen chapters, each of which contains an extract from one of Meltzer's books or papers. Each chapter is introduced by one or more of his colleagues and former students.

Chapter 1, "Psychoanalysis as a Human Activity," is taken from Meltzer's first book.[1] In it he argues that the pressures and strains of psychoanalytic work, especially Kleinian work, require the analyst to be "in racehorse condition." Otherwise, one can do severe harm to one's self and one's analysands, and/or to scientific progress: "I have referred to psychoanalytic activity as a mixture of artistic and athletic effort perhaps because of this central fact—that to be done well it must 'hurt'" (p. 4). In order to avoid doing damage, therefore, the analyst must be in peak physical and emotional condition; otherwise, he/she faces the ultimate defeat: "failure of development" (p. 5).

Chapter 2 contains excerpts from a subsequent seminal book of Meltzer's.[2] Here he describes an "aesthetic" approach to dream theory, emphasizing the dream as a real, vital experience, in contrast to a simple representation of psychic conflict or trauma: "Dreaming is thinking; meaning is not captured from external reality, but generated by internal reality" (p. 7). According to Meltzer, we should approach dreams as internal dramas that can be understood only imperfectly as they play out on our patients' and our own internal stages. His "intention is to construct a psychoanalytical theory of dreams in the spirit of the 'extended' metapsychology of Klein and Bion" (pp. 15-16). The flavor is poetic and developmental: "Where an analysis has set growth in motion once again, this growth goes on in the quiet chrysalis of dream-life" (p. 8).

Chapter 3 is taken from an earlier Meltzer paper.[3] Here he reflects on the "non-lexical" aspects of one's communication with patients, that is, volume, tone, and distance. Using excerpts from a session with one of his analytic patients, he analyzes his own technique, conveying "the

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[1] Meltzer, D. (1967). *The Psychoanalytical Process.* London: Heinemann.

[2] Meltzer, D. (1984). *Dream Life: A Re-Examination of the Psychoanalytic Theory and Technique.* Perthshire, UK: Clunie Press.

[3] Meltzer, D. (1976). Temperature and distance as technical dimensions of interpretation. Paper presented at a conference of the European Psychoanalytical Federation in Aix-en-Provence, France. Later published in *Sincerity and Other Works: Collected Papers of Donald Meltzer,* ed. A. Hahn. London: Karnac, 1994.

possibility, and even necessity, of a constantly refreshed self-reflection by the analyst on the internal dynamics intimated in one's interpretive offerings" (p. 21). The emphasis is on *how* the analyst says what he/she says—not just *what* is said. Meltzer's interest in analysis as an art form becomes readily apparent in this chapter.

Chapter 4 is entitled "A Psychoanalytical Model of the Child-in-the-Family-in-the-Community." It contains an extract from a monograph that Meltzer and his wife Martha Harris were commissioned to write for the United Nations in support of educational policies and programs for families. It presents a model of various learning processes in children and how they may be related to family growth and community organization. The model was adapted from the work of Bion, Klein, and Freud, and was internationally disseminated in the 1980s and 1990s.

Chapter 5 contains excerpts from a paper Meltzer wrote about the notions of one of his mentors, Roger Money-Kyrle, on "the absence of intentionality as a factor in interpersonal conflict and developmental distortion" (p. 51). Elaborating on Money-Kyrle's work, he suggests that "innocent, unintentional misunderstanding based on primal misconceptions growing out of early developmental experience can seriously distort the entire structure of cognitive development" (pp. 51-52). According to Meltzer, this idea is fundamental to understanding the vital importance of analysts not being judgmental of their analysands, and of people in general not being so suspicious of each other.

In Chapter 6, also taken from an earlier paper,[4] Meltzer warns us about being too certain or excited about the clarity of our insights. He argues:

> The internal experience of these two mental acts, delusion-of-clarity-of-insight and sitting-in-judgement, seems to shade so subtly into their healthy counterparts, insight and judgement, that it is difficult to see how anything other than a widening of the field of introspection could distinguish them. [p. 68]

Using four clinical vignettes, he reminds us to walk humbly when we become too certain of our knowledge.

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[4] Meltzer, D. (1976). The delusion of clarity of insight. *Int. J. Psychoanal.,* 57:141-146.

Chapter 7, taken from another paper,[5] describes Meltzer's efforts to link internal tyranny with social tyranny. As he writes:

> Tyranny is not an expression of "mere will and the cruelty of unbridled, undisciplined feeling" but is a social perversion in defence against depressive anxieties. Furthermore, it is a social process for commerce in seemingly hopelessly mutilated internal objects. It grows out of cowardice in the face of the pains of the depressive position. The committing of tyranny engenders smugness and the submission to it generates apathy. [p. 73]

These thoughts are reminiscent of Freud's efforts to understand the vital link between human instinctual vicissitudes and the ravages of war and other social atrocities. Timely thoughts, indeed.

Taken from a previously published book,[6] chapter 8, as described in its introduction,

> . . . contains the case histories of four autistic children, treated by psychotherapists trained in Melanie Klein's psychoanalytic model of child therapy and closely supervised by Meltzer. By the end of this research the book has formulated a new way of thinking about this syndrome [autism], with significant further implications. [p. 81]

The implications are that "basic mental functions have been attacked, or lost, or perhaps never developed" (p. 82). This work foreshadows some of the current research on autism that emphasizes developmental impairment.

Summarizing Bion's great influence on Meltzer, chapter 9 is also from a previous book.[7] Meltzer was influenced by Bion in such areas as:

> . . . the nature of language and symbol-formation in childhood and in the analytic situation; ways in which symbol-formation may be averted or perverted; the distinction between communicative projective identification and the intrusive identification

[5] Meltzer, D. (1968). Tyranny. In *Sexual States of Mind*. Perthshire, UK: Clunie Press, 1973.

[6] Meltzer, D. (1975). *Explorations in Autism: A Psychoanalytic Study*. Perthshire, UK: Clunie Press.

[7] Meltzer, D. (1986). *Studies in Extended Metapsychology: Clinical Applications of Bion's Ideas*. Perthshire, UK: Clunie Press.

which makes a container into a "claustrum"; types of self-decep-
tion, and a consideration of lies as a reversal of alpha-function;
the potential of an awareness of the Negative Grid for sustaining
the analyst in the fight against perversity; speculations about pre-
natal and "invertebrate" personality structure and its relation to
psychotic illness in early childhood and to evaluating psycho-
somatic states; the caesura between protomental and mental,
and how their interplay constantly "competes for the soul of the
child"; the social elaboration of this in terms of psychoanalytic
group politics, and the role of "magic" and "irritability" in such
hierarchical settings. [pp. 89-90]

As Williams emphasizes in the introduction to this chapter, however,
despite these influences it is here that Meltzer elaborates on his own
idea that aesthetic experience is the key to mental development:

A new view of psychoanalysis emerges in which the process itself
is seen as the ultimate aesthetic or containing object for both pa-
tient and analyst. The primary task is to enable toleration of the
psychic reality of the object, in the recognition that in the Bi-
onic model, pleasure-pain payments are "fictitious" and instead,
"development is happiness." [p. 90]

This point of view is reminiscent of Ogden's discussions of the *ana-
lytic third.*[8]

Chapter 10 is taken from a book coauthored by Meltzer and Wil-
liams.[9] In it the authors propose that

It is necessary for our understanding of our patients, for a sym-
pathetic view of the hardness, coldness and brutality that repeat-
edly bursts through in the transference and countertransfer-
ence, to recognize that conflict about the *present* object is prior
in significance to the host of anxieties over the *absent* object. [p.
112, italics in original]

The conflict about the present object, they argue, is steeped in
the infant's conflict over experiencing "the impact of the beauty of the

[8] Ogden, T. H. (1994). The analytic third: working with intersubjective clinical facts. *Int. J. Psychoanal.,* 75:3-20.

[9] Meltzer, D. & Williams, M. H. (1988). *The Apprehension of Beauty: The Role of Aesthetic Conflict in Development, Art, and Violence.* Perthshire, UK: Clunie Press.

world, and of passionate intimacy with another human being" (p. 112). Such beauty and the conflicts over it originate in the intimate relationship between the infant and his/her mother.

In Chapter 11, Meltzer offers some explanation of and revisions to Bion's Grid:

> The general principle behind the Grid and the thing that the Grid is trying to express, and to express really beautifully, is this idea that the mind does generate and develop thoughts; and that generating and developing thoughts is what we call thinking. [p. 114]

Meltzer proposes that, in the evolution of thinking, the focus has shifted away from scientific deductive systems and algebraic calculus, and toward aesthetic and spiritual values—an emphasis on aesthetic beauty over deductive "truth."

Chapter 12 contains extracts from some of Meltzer's later papers. According to the group who introduce this chapter, the subject of signs, symbols, and allegory is a good place from which to embark on an understanding of his work because "it marks the difference between mind and mindlessness; mindlessness here signifying all the essential adaptational and conventional processes (the use of signs) which do not require the meaning-generating and symbol-forming mind" (p. 121). As Meltzer expresses it: "I think what we have to do is make the most of the language that is available and to be as poetic and precise as we can" (p. 122).

Chapter 13, the final chapter of the book, contains the most interesting and personal of Meltzer's statements, including those on invention and discovery, the dream landscape, the thinking breast, religion and psychoanalysis, the principles of child psychotherapy training, the nature of supervision, countertransference, "counter-dreaming" (a dream-like response to the analysand's material), and his analysis with Klein:

> She was even in her 70s a handsome woman, fond of big hats and dressing well. She lived alone with a maid and a visiting secretary and her cat in a fair-sized, first-floor flat in Hampstead, on a hill with views. With me, a patient, she was very formal but not cold, attentive and observing and talking quite a lot, always to the point and full of her observations. At time of collapse, catastrophe or misery she seemed very strong and fear-

less. I knew from public situations that she could be aggressive and contemptuous but she was neither with me in the sessions. She seemed immune to seduction or flattery but could be very ambiguous about personal feeling for the analysand. The result was that through the years of analysis I never really felt that she liked me nor should. She played the piano and had a grand in the waiting room which it took me some years to see. Her cat occasionally came into the consulting room which annoyed me. She was punctilious about punctuality, about her bills and holiday dates. Her memory seemed remarkable to the end. [pp. 131-132]

It is this kind of reflection that typifies this book. What it lacks in coherence and continuity, it makes up for with playfulness and poetry. Meltzer's farewell says it all:

Well that's it. The enemy is retreating—not from your wisdom but from their folly, from their having attempted to capture a frozen space and getting themselves frozen in the process. That's the kind of game you've been playing. Now the survival in this kind of game depends on what is called good luck. Good luck. And when you translate "good luck," it means trust in your good objects. Good luck for the survival that you never could have planned, and that happened in spite of all your cleverness and ingenuity. [p. 143]

Kleinian or not, this is a good and fun read. If allowed to do so, it will speak aesthetically to one's good objects.

DANIEL M. BRENER (HOUSTON, TX)

ADVANCED CLINICAL SOCIAL WORK PRACTICE: RELATIONAL
    PRINCIPLES AND TECHNIQUES. By Eda G. Goldstein, Dennis
    Miehls, and Shoshana Ringel. New York: Columbia Univ. Press,
    2009. 238 pp.

Those who are not in the field of social work themselves should not
be dissuaded by the title from reading this valuable contribution to the
mental health practice literature. The authors, all members of the Na-
tional Study Group of the American Association for Psychoanalysis in

Clinical Social Work from 2005 to 2008, succeed admirably in tracing the history of social work models in the United States, alongside the transformations in psychoanalytic theory over the course of more than a century. They note in the book's epilogue:

> We publish this text at a time in the social work profession's history when not only the basics but the nuances of sound clinical practice are only superficially taught in many schools of social work across the country. There is certainly a paucity of psychodynamic theory found in the curriculum of many practice courses in social work schools; there are often practice courses that are increasingly atheoretical at worst and technique-driven at best. Many graduates of schools of social work complete their bachelor's or master's degree training without fully appreciating the complexity of the human condition. Some do not understand how the unconscious world affects the behavior and feelings of their clients. [pp. 205-206]

Substitute "psychology, counseling, or psychiatry" for "social work," and I have no doubt you will find their observations equally true. Mental health practitioners from every discipline will recognize the wisdom of the position taken by Goldstein, Miehls, and Ringel in their advocacy of "challenging the stronghold of managed care companies that dictate that only the briefest of mental health interventions are necessary for the increasingly complex and difficult circumstances and experiences in which our clients live" (p. 206). They go on to note the decline of clinical supervision in agency settings and stress the importance of supervision and consultation for ongoing professional development. Here, too, their message will resonate with many other readers in addition to the target audience.

This text aims to demonstrate how a variety of relational theories can be integrated, and to bring this way of thinking in a form that is specific to social work professionals who traditionally have served those with "a multitude of person-environmental problems, including the effects of poverty, discrimination, and oppression" (p. xviii). Accordingly, the book takes as its starting point the social work tradition of considering behavior in the context of the individual's cultural, social, and interpersonal surround. The opening chapter describes the transition from the

days of friendly visitors and settlement house work to social work as a profession, from paternalistic and moralistic helpers to observer-participants in a therapeutic relationship based on mutuality.

The following chapters provide a worthwhile and informative review of shifts in psychodynamic theory and technique. The authors illustrate the application of relational models to the processes of assessment, treatment, teaching, and supervision, with emphasis throughout on the nature of the relationships involved. The value and relevance of transferences, countertransferences, enactments, and self-disclosures are highlighted and illustrated in numerous vignettes from different settings. In separate chapters, the authors address the implementation of relational techniques in work with individuals from diverse backgrounds (cultural, racial, ethnic, gender-identity); in short-term treatment; and in interventions with couples, families, and groups.

The role of self-disclosure in treatment receives considerable attention by the authors, with the caveat that it should always be based upon understanding of the personality of the client and his or her needs, not those of the therapist. Three main types of self-disclosure are identified (p. 119): (1) verbal or behavioral sharing of thoughts, feelings, attitudes, interests, tastes, values, life experiences, and factual information about himself or herself or others in the therapist's life; (2) the therapist's revelation of thoughts and feelings about what is occurring in the treatment process, the rationale for certain interventions, dilemmas the therapist experiences, and aspects of the therapist's personality; and (3) the therapist's sharing of his or her countertransference reactions and contributions to the therapist–patient interaction, particularly in dealing with disruptions and enactments.

There are many examples of the use of self-disclosure and its effects in the later chapters of the book. The authors do not skirt the fact that some self-disclosures are disruptive and may result in premature flight from treatment on occasion, but they weigh this against the salutary effects of greater spontaneity and genuineness. Their vignettes provide clinicians with the opportunity to think through the pros and cons, the whens and when nots, whys and why nots of self-disclosure, which may leave some readers enthusiastic and others cautious or unconvinced.

I came to this book with an academic background in social work and as someone whose psychoanalytic training and practice have been exclusively with children and adolescents. The latter may contribute to one criticism in what was otherwise a positive response to a thoughtful and well-written book. This criticism does not really apply to the content of the book so much as to the larger theoretical frame it propounds. At various points during my reading of the chapters describing the evolution in psychoanalytic and developmental points of view during the twentieth century, and the corresponding technical innovations, I was reminded of Rangell's (2002[1]) cogent self-description late in his career: "I am an id-ego-superego-internal-external-psychoanalyst-psychosynthesist" (p. 32). He preferred "one total composite theory" that would be a "blend of the old and all valid new concepts . . . drives and defense, id, ego and superego, self and object, the intrapsychic and interpersonal, the internal and external world" (pp. 43-44). Novick and Novick observed a trend away from such an all-encompassing identity and from psychoanalysis itself as a metapsychological theory.[2]

In the case of this book, the authors' allegiance to relational theory leads to a failure, in my view, to give consideration to the role of the body and its needs and urges. The value of bodily sensations as a signal of the therapist's affective response to material is identified, but the drives and the body's role in internal motivation and personality organization are nowhere in evidence. The new emphasis on the person-in-the-relationship replaces, rather than enriching, our understanding of the person-living-in-a-body, in relationship to others. For many of us who work day in and day out with children and their parents, the evidence supporting retention of the centrality of the body is compelling; our technical choices are more affectively in tune when we address relational *and* corporal aspects of our patients' psychology.

I believe this to be true in work with adults as well and hope that its place in advanced clinical social work practice will not disappear altogether. The contributions from child psychoanalysis, particularly Anna Freud and her metapsychological profile for assessing normality and pa-

[1] Rangell, L. (2002). Psychoanalysis—one theory: some vicissitudes of its evolution. *Child Analysis,* 13:25-50.

[2] Novick, K. K. & Novick, J. (2002). Reclaiming the land. *Child Analysis,* 13:51-96.

thology in an individual child's development, as well as Selma Fraiberg's contributions from the field of infant mental health, are noteworthy for their absence in the history of psychoanalysis and developmental theories provided in *Advanced Clinical Social Work Practice.*

The book closes with the authors' vision of a future in which contemporary attachment theory and contemporary neurobiological theory will be synthesized with the tenets of contemporary relational theory. Freud's own all-embracing approach to understanding his fellow human beings is often conveniently disregarded, along with his drive theory or one-person psychology; yet he imagined a "college of psychoanalysis" that would train analysts with elements "from the mental sciences, from psychology, the history of civilization and sociology, as well as from anatomy, biology and the study of evolution."[3] He anticipated accurately that social workers in America, "a band of helpers," would seek out psychoanalytic knowledge and integrate it into their practice, as Goldstein, Miehls, and Ringel encourage a new generation of clinicians to do with relational theories. Their own work deserves a place on the bookshelves of mental health practitioners, regardless of professional affiliation.

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[3] Freud, S. (1926). The question of lay analysis. *S. E.,* 20, p. 252.

REVISTA DE PSICOANÁLISIS
(JOURNAL OF THE
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Translated and Abstracted by Israel Katz

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The Argentine Psychoanalytic Association's *Revista de Psicoanálisis* was founded in 1943 and is the oldest psychoanalytic journal in Spanish. It has been published uninterruptedly, through thick and thin, at a quarterly rate. Many classic and key psychoanalytic papers written in Latin America first came to light on its pages.

Volume 67, Number 1–2, a double issue, is dedicated to psychoanalysis in Latin America. Not Latin American psychoanalysis, since this would imply unity and sameness and reduce it to a monolith. Psychoanalysis in Latin America is variegated, multiple, and particular, a cross-fertilization of the indigenous and the imported that imparts unique flavors and textures to it.

Although it is impossible to make generalizations about psychoanalysis in Latin America, some issues surface again and again, like a *leitmotiv*, in newspapers, in books, journals, and on the Internet: the questioning of the "identity" of the analyst and the effects of the social imaginary and ideology on psychoanalysis; theoretical pluralism and the desire for openness, creativity, and renewal; the clinical and theoretical challenges in dealing with the waxing of the "new pathologies" and the waning of neuroses; the need for construction and resignification in the aftermath of dictatorship, violence, and brutality; and the interplay of trauma, memory, and desire. There are deep and passionate engagements with philosophy, literature, anthropology, and sociology. Psychoanalysis has a very strong presence at the university, especially in the Río de la Plata region, and is closely allied to psychology and psychiatry. Several institutes offer *cursos virtuales,* psychoanalytic courses over the Internet, and psychoanalysis plays a role in hospitals, mental

health community centers, and the media. Psychoanalysis with couples and families is also readily available.

This issue of the *Revista de Psicoanálisis* exemplifies some of the characteristic themes in the contemporary psychoanalytic literature in Latin America, with a tilt toward authors from the Río de la Plata region and the inclusion of others from elsewhere in South America. (One author lives in Spain, though he is originally from Argentina and a member of the Argentine Psychoanalytic Association.)

It is unfortunate that so little of the psychoanalytic literature in Spanish and Portuguese is translated into English. The work of many of the pioneers of psychoanalysis in Latin America, let alone that of the more current thinkers, is usually not available in North America. I hope that this synopsis contributes in its own way to remedy this situation.

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Identifying Hallmarks of Argentinean Psychoanalysis in Latin America. By Andrés Rascovsky, Federico Luis Aberastury, Rosa Mirta Goldstein, Eva Ponce De León de Masvernat, and Elsa Susana Cartolano (Argentina), pp. 1-18.

The authors present an interesting overview of psychoanalysis in the Argentine Psychoanalytic Association, founded in 1942 and the oldest in Argentina. Its founders and pioneers emphasized a spirit of questioning and freedom. Several of them trained at European institutes (Ángel Garma in Berlin, Celes Cárcamo in Paris, Marie Langer in Vienna) and then went to Buenos Aires, while others were already living in Argentina (Enrique Pichón-Rivière, Arnaldo Rascovsky, Horacio Ferrari Hardoy).

At first there was a diffusion of Freudian thinking that accentuated the transcendence of sexuality and its articulation with neurosis, soon to be deemphasized by the second generation, with its focus on object relations, unconscious fantasy, and the death drive. According to the authors, the first generation's emphasis on liberation was replaced by a rigid morality that promoted conformity to the social norms that had been challenged by the previous generation. There was a period of malaise, sclerosis, and institutional crisis that led to the Reform of 1974,

with the consequent freedom of curriculum, the return to a critical reading of Freud with a new translation of his work (by Etcheverry), and the dissemination of French psychoanalytic thinking, which led to a structuralist reading of Freud and the emergence of Freudo-Lacanian currents both inside and outside the APA (Argentine Psychoanalytic Association). Pluralism was embraced at the APA, and the system of analytic training became more flexible.

The authors emphasize a characteristic Latin American engagement with ideology, social conflict, and cultural institutions due to their symptomatic and conflictual nature in the region. There is close questioning of the function, significance, and meaning of psychoanalysis and its institutions. The history of the active participation of psychoanalysts in the culture at large is described, including in the areas of psychoprophylaxis in child psychoanalysis (Arnaldo Rascovsky and his theory on filicide), psychosomatic medicine (Arnaldo Rascovsky, Ángel Garma, Fidias Cesio, Julio Granel, and Luis Chiozza), and the study of psychosis (Enrique Pichón-Rivière and Jorge García Badaracco).

Another hallmark of Latin American psychoanalysis is the development of numerous groups of psychoanalysts that are not part of the International Psychoanalytical Association and that are growing at a rate greater than that of "official" IPA institutes. These groups emphasize psychoanalysis, reject psychotherapy, and sustain an engagement with the Freudian cause, be it from a Lacanian, Winnicottian, or another perspective. These types of groups have not grown to the same extent in other IPA regions. The authors feel that these organizations exert a powerful influence that furthers the dissemination of psychoanalysis, and that it is difficult to evaluate their accomplishments, limitations, and overall impact as compared to those of "official" institutes.

On "The Closed Mind." By Jorge E. García Badaracco (Argentina), pp. 19-36.

The author presented this paper as part of a round-table panel on "The Closed Mind" at the IPA Congress in Chicago in 2009, with Kenneth Eisold and Leo Rangell as the other participants and Jane Hall as the moderator.

García Badaracco finds it important that we remind ourselves that we "come to listen to and learn" from the analysand, rather than to apply our "knowledge" to him or her. Psychoanalysis must be a laboratory of ceaseless investigation and learning from our patients.

García Badaracco reviews the repeated schisms, fights, violent conflicts, and ruptures of friendships and important affective bonds throughout the history of psychoanalysis. Psychoanalytic thinking must go beyond individual treatment on the couch and engage with the social dimension to open up the possibility of expanding the mind. Interminable discussions at psychoanalytic institutes about rules and requirements are related to the closed mind, and so is the confusion that leads to the wish to maintain a self-destructive, orthodox "identity" of psychoanalysis, with the "need to be right."

The author writes about the difficult patient, whom he defined at the 1991 IPA Congress in Buenos Aires as the "specialist in non-change." This is a patient who cannot associate freely and whose past has a current relevance and validity that determines pathological behavior. The transference in this type of patient presents as a strong resistance because conflicts and bonds continue to be traumatic. There is a deep mistrust and a tendency for the patient to "act" on the analyst.

If the child has a traumatic relationship with the mother, then she will try to neutralize painful experiences by identifying with the mechanisms used by the mother to neutralize the intolerable experiences that the child awakens in her. These identifications will create tendencies to develop the mind in terms of acting out, and will lead to the closed mind, instead of fostering true thoughts that lead to greater reversibility. Archaic object relations and pathogenic identifications are indispensable for the self in these patients. The analytic work includes not only interpretations that point toward the rescue of the self by de-identification with the pathogenic "others within ourselves," but also an analytic function of assistance that helps the process of developing more genuine and new ego resources. The closed mind is not an endpoint, but a dynamic happening that actualizes itself permanently and that can occur in the analytic situation and in psychoanalytic associations.

Intersystemic conflicts amongst analysts require that psychoanalytic associations function as "Psychoanalytic Therapeutic Communities with a Multifamily Structure." We need more solidarity among analysts to creatively articulate differences and to overcome the tendency toward fragmentation. An unhealthy pseudo-identity defends against precarious self-esteem. Internal forces that interfere with growth are represented by the presence of the "others within ourselves" that have left pathogenic, traumatic experiences, in turn leading to psychopathic defenses. We need to change the harsh superego aspects of psychoanalytic institutions.

The Need for True Controversies in Psychoanalysis: The Debates on Melanie Klein and Jacques Lacan in the Río de la Plata. By Ricardo Bernardi (Uruguay), pp. 37-70.

This key paper tackles an ever-important and relevant issue—pluralism and controversy in psychoanalysis—and speaks to the possibility for the creation of a shared argumentative field.

The acknowledgment of technical and theoretical pluralism in psychoanalysis requires the clarification of the points of view and premises of each approach, along with its convergences and divergences with others. There is great difficulty in arriving at shared criteria for methodological procedures and epistemological bases in argumentation. The author notes the difficulty in sharing premises and presuppositions for each party in a debate. There should be minimal agreement for a neutral ground from which to explore premises. There is also the conscious and unconscious relationship of each person with theory, linked to his or her personal history and experiences in analysis. There should be an open attitude to the examination of the unconscious significance of one's certainties.

Bernardi quotes Toulmin's notion of *argumentative field* to designate the logical scope in which diverse arguments can interact with one another. He also cites the Dutch school on argumentation: a dialectical reconstruction of argumentative discourse must include the issues to be debated, the positions of each party in relation to such issues, the

implicit and explicit arguments that each party adduces for its point of view, the structure of argumentation, and the relationship between arguments.[1]

What appears as incommensurability among psychoanalytic theories can be explained as a defensive strategy of each party's position that limits the argumentative field and excludes rival hypotheses. Bernardi gives an overview of the reasons for changing psychoanalytic ideas, the sociohistorical and political context of the Río de la Plata region in the 1970s, and the introduction of Lacanian thought within a predominantly Kleinian atmosphere. He analyzes the confrontation between Kleinian thinking and Lacanian ideas during Serge Leclaire's visit to Montevideo in 1972. The discussions identified and exposed certain important points of discrepancy, but stopped with the assumption of the intrinsic superiority of the premises of each school. There was an abandonment of argumentative dialectical discourse in favor of the persuasive power of declarations, such as occurs in the epideictic genre, adapted for set orations and for display and show-off. There was difficulty in discerning the nature of different issues that were included in the debate, as well as difficulty in identifying the most appropriate methodology with which to deal with each of the issues. There was no inclusion of premises or presuppositions.

Bernardi advocates for the construction of a shared argumentative field with interaction between the diverse positions, which can lead to the development of the discipline even when arguments cannot reach consensus.

Comments on Bernardi's Paper. By Eduardo Agejas (Argentina), pp. 71-76.

Bernardi's paper can be divided in two parts, notes Agejas: a reference to specificities that make debate complex among psychoanalysts, and an application of the theory of argumentation to debates and psychoanalytic work. The defensive character of the premises of the different positions is for Agejas one of the strong points of Bernardi's paper.

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[1] Van Eemeren, F. H., Jacobs, S. & Jackson, S. (1993). *Reconstructing Argumentative Discourse.* Tuscaloosa, AL: Univ. of Alabama Press.

The development of a shared argumentative field is essential nowadays. Agejas observes that there is quite frequently a challenge to doing so during the "Institutional Elaborative Workshops" of the Argentine Psychoanalytic Association, where the exchange of ideas reaches its limit when the premises that sustain a line of thinking cannot be questioned. At other times, a premise underlying an argument is introduced with an appeal to authority, or is stated in such an assertive way that it leaves no room for debate.

Agejas adds that an analyst's training and the constitution of his or her analytic thinking are additional factors that make debate difficult. He elaborates on a point that Bernardi touches upon: the question of power and of the *doxa,* the set of beliefs and social practices that are considered normal in a certain social context, and that are accepted without being questioned. A great part of human communication tries to achieve an effect of action on the other, rather than the transmission of information; such acting on the other is constitutive of power. Agejas agrees with Bernardi's view of the importance of introducing alternative hypotheses and of breaking up established, unquestioned stereotypes.

Comments on Bernardi's Paper. By Benzion Winograd (Argentina), pp. 77-82.

One of the strongest achievements of Bernardi's paper is the microscopic examination of misunderstandings and of the lack of argumentative organization in the exchange between Leclaire and his interlocutors, with the absence of systematic confrontation between psychoanalytic currents not only in this example but in psychoanalysis in general. Winograd appreciates Bernardi's pointing out that, during the discussions with Leclaire, local analysts did not include the original contributions from thinkers from the Río de la Plata region (except Willy Baranger).

Winograd has several reservations: it is risky to focus on the internal unconscious relationship of the person with his or her theories—not because such a relationship does not exist, but because such a focus can lead to arbitrariness and ad hominem arguments. The theory of argumentation will not alone resolve the "substantialness" of concepts that

go beyond an argumentative field, where concepts remit toward a basic essence that is not open to discussion, such as disagreements around the notion of *ego* for ego psychologists and Lacanians, or the position of Piera Aulagnier that remits to an essence of the "ego." Winograd also takes issue with the notion of a "true" controversy, which implies that essential and "true" debates are possible. He would rather think of a gradient where debates could be more or less interesting and productive.

The Three Models of Ego and Narcissism in Freud. By Raúl Jorge Aragonés (Spain), pp. 83-104.

This paper is a complex elaboration of the Freudian metapsychology on narcissism. The author differentiates three conceptions and models of the ego and narcissism in Freud that appeared in 1910, 1914, and 1930. The usual way of reading Freud from the panorama of the two topographies obscures his conception of narcissism and its evolution. Each model has its own clinical and theoretical coherence and is not necessarily interchangeable with the others. Part of the richness of these models is that they are open to resignification by subsequent authors, including the present one. These models continue to palpitate with differential frequencies and resonances.

In "Leonardo da Vinci and a Memory of His Childhood" (1910) and "Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)" (1910), the representation of being is that of a "drive vesicle" that seeks the object, defined as the object of drive discharge. Freud had not defined narcissistic libido yet; libido was a drive libido that transferred itself in an auto-erotic search in the person's own body and from there to the search for itself in the other. Auto-erotism, the central column of this first conception of narcissism, loses its place as a stage that precedes narcissism in the second model, which starts in 1914 with "On Narcissism: An Introduction." Freud introduces the model of the amoeba, representing with pseudopodia the exchanges in cathexis in the relationship between the subject-object and the other. The object of discharge becomes an "other": the mother that invests the baby as an object and as a part of herself. One resignification of the reading of this second period is of the mother in her

condition as a third and a subject initiating the process of subjectivation and separation of the baby.

Freud postulated the existence of primary narcissism in this second period. Auto-erotism was incorporated into the narcissism of the ego as an auto-erotic ego-object. The object of discharge from the first model was a "natural" object and did not have the quality of "the other," which is opened with the second model to notions of alterity and loss. Freud liberated narcissism in 1914 from its mechanical and biological ties in the previous model and introduced an intersubjective perspective.

The third model is most synthetically presented by Freud: "The breast is a part of me, I am the breast."[2] It is a model of narcissistic completion and a prolongation of the model of the narcissistic amoeba; it incorporates the new mechanisms of the dynamics of narcissism: disavowal and the splitting of the ego.

> Originally the ego includes everything, later it separates off an external world from itself. Our present ego feeling is, therefore, only a shrunken residue of a much more inclusive—indeed, an all-embracing—feeling which corresponded to a more intimate bond between the ego and the world about it . . . . The ideational contents . . . would be precisely those of limitlessness and of a bond with the universe—the same ideas with which my friend elucidated the "oceanic" feeling.[3]

There is no subject or object initially, only one reality of unlimited narcissism of union with the mother from which two distinctive realities emerge. An atemporal double emerges from this model: an immortal narcissistic remnant that is the reservoir for narcissistic pathology that has not undergone the discrimination of subject and object, and a normal or neurotic double that has abandoned oedipal objects and has undergone castration.[4]

[2] Freud, S. (1941). Findings, ideas, problems. *S. E.,* 23, p. 299.

[3] Freud, S. (1930). *Civilization and Its Discontents. S. E.,* 21, p. 68.

[4] For more of this author's work on Freud's metapsychology on narcissism and its relationship to José Bleger's work, see the following: (1) Aragonés, R. J. (1999). *Narcissism as the Matrix of Psychoanalytic Theory.* Buenos Aires, Argentina: Nueva Visión; and (2) Aragonés, R. J. (2005). Syncretism and the three models of narcissism in Freud. *Intercambios: Papeles de Psicoanálisis,* 14:5-12.

From the Imaginary Companion to Heteronyms in the Life and Work of the Poet Fernando Pessoa. By Mónica Hamra (Argentina), pp. 105-124.

Hamra sensitively describes the extraordinary *oeuvre* of the remarkable Portuguese poet Fernando Pessoa, who suffered extreme early trauma and ultimately died at the age of forty-seven of cirrhosis of the liver. Pessoa introduced the notion of the heteronym in literature and created almost seventy of them. The Greek root for *heteronym* remits to other names of the same person; it has implications for thinking and feeling as another person would.

In a 1931 letter, Pessoa refers to some of his heteronyms:

> I put into Caeiro all my power for dramatic depersonalization, I put into Ricardo Reis all my mental discipline, invested in the music that is proper to it, I put into Álvaro de Campos all the emotion that I do not owe either to myself or to life . . . . In any of these . . . I put into them a profound concept of life, different in the three, but in all of them seriously attentive to the mysterious importance of existing.[5]

In another letter, Pessoa describes the origin of his heteronyms:

> A witty saying came to me, absolutely foreign, by one reason or another, to what I am or suppose that I am. I would say it immediately, spontaneously, as though it were a friend of mine. From which I would invent the name, from which I would assemble the history and whose aspect (face, height, clothing and gestures) I saw in front of me. And that way I have invented and spread, to several friends and acquaintances who have never existed, but that even now, almost after thirty years of distance, I listen to, hear and see. I repeat I listen to, hear and see, and I feel nostalgia.[6]

[5] Simões, J. G. (1987). *Life and Work of Fernando Pessoa,* translated (into Spanish) by F. Cervantes. México City, México: Fondo de Cultura Económica. Quotation translated into English by Israel Katz.

[6] Tabucchi, A. (1990). *A Trunk Filled with People: Writings on Fernando Pessoa,* translated (into Spanish) by P. L. Ladrón de Guevara Mellado. Buenos Aires, Argentina: Temas Grupos Editorial. Quotation translated into English by Israel Katz.

Hamra explores the concept of the imaginary companion as described in an article by Humberto Nagera.[7] For Nagera, the imaginary companion is a fantasy that can appear at age two or three and then fall under infantile amnesia; it may also appear in latency. Possible functions include its being used as an auxiliary superego and to resolve conflicts and restore the lost internal equilibrium, thus avoiding the formation of symptoms. The imaginary companion can fill in for gaps and absences for the child and is not pathological unless the child cannot form real relationships in the outside world as well. Hamra also cites Winnicott, who links the imaginary companion with the creation of primitive and magical defensive creations that contribute to the process of personalization.[8]

Pessoa's first imaginary companion, the Chevalier de Pas (later a heteronym), appeared when the poet was six years old. Hamra postulates that the traumatic collapse of Pessoa's world at the age of five, which included his premature encounter with the illness and death of his father, his mother's coldness and withdrawal, and the death of a younger brother, led to the creation of this imaginary companion. Mother remarried and Pessoa then had to leave Portugal for Durban in South Africa at the age of seven.

A careful reading of Pessoa's texts leads Hamra to postulate the phenomenon of the dead mother.[9] As a child, Pessoa defends himself against narcissistic collapse by a psychic split, with numerous poems that testify to this. Trauma does not necessarily lead to the creation of imaginary companions in children, yet Pessoa had an exuberant capacity for creativity and imagination. The trauma left a hole that led to his poetry, creativity, and symbolic production, first with the imaginary companion and then with a heteronymic system of doubles that allowed him access to the word and to the social bond.

[7] Nagera, H. (1969). The imaginary companion—its significance for ego development and conflict solution. *Psychoanal. Study Child,* 24:165-196.

[8] Winnicott, D. W. (1945). Primitive emotional development. *Int. J. Psychoanal.,* 26:137-143.

[9] Green, A. (1983). The dead mother. In *Life Narcissism, Death Narcissism,* translated into English by A. Weller. London/New York: Free Association Books, 2001.

The Contribution of Bion to a Conception of Mental Growth—Clinical Applications. By Julio A. Granel, Marta Hojvat, Olga Belmonte Lara, Catalina García, Luis Oswald, Verónica Miranda, and Carlos Sánchez Gabrielli (Argentina), pp. 125-136.

Presented at the 2009 International Bion Congress in Boston, this condensed paper covers numerous concepts in Bion's work. Bion goes beyond dimensional references and relates mental growth to genetic transformations in the categories of thought and their uses, incorporating integration with a total object and the progressive relationship between the paranoid-schizoid and depressive positions. A fundamental condition for mental growth is the capacity to retransform and reformulate, which allows for discovery and creation.

Oedipal alpha preconceptions are precursor proto-emotions of the oedipal situation. Only the coming together of this oedipal alpha preconception with the real presence of the parents will allow for a conception of the parents and of reality. If there is too much voracity, envy, and sadism, the child will destructively attack the parents, leading to a fragmentation of the parents, of the child's body, and ultimately to the impossibility of entering the oedipal situation. Growth will occur only if the child can engage with the social and narcissistic elements of the oedipal situation.

Mental growth and evolution is atemporal and catastrophic for Bion. Catastrophe is necessary for any deep and true change to occur. Changes may be catastrophic not only because they are destructive, but also because they lead to a dramatic alteration in the order of things. The three principal characteristics of catastrophic change are: subversion of the structural order leading to a feeling of disaster, violence that corresponds to energetic expansion, and invariance. Catastrophic change creates new ideas and leads to turbulence, which can in turn lead to stagnation or fragmentation, but also to mental growth as well. However, mental growth will be interrupted or distorted if turbulence cannot be overcome, if only "the mechanical" is included with the exclusion of "ineffable experiences," if the depressive pain of change cannot be tolerated, and if the messianic idea does not find an appropriate container.

The authors present two case examples: Juan, a 21-year-old man who fell three meters while cleaning a water tank and fractured both ankles. This occurred during his wife's fourth month of pregnancy, similarly to his own father having left his mother when she was four months pregnant with the patient. Juan expelled the primitive emotions of pain, despair, and hostility toward his father. The fragmentation occurred in his body, which functioned as a new container that put together the split-off parts. He was able to realize transformations about his attempt to build his own model of paternity and to assume it. The authors understand Juan's accident as an attempt to represent his fractured messianic movement, with the therapeutic container of the alpha function of both Juan and the analyst, and the analyst's capacity for reverie, contributing to the patient's possibility for growth.

The second case is that of Marcos, a 44-year-old civil engineer who expressed messianic hopes for change by proposing new projects to renovate the company he worked for; these proposals met with rejection, envy, and contempt, however. Marcos suffocated his feelings; his ideas could not evolve toward more abstract conceptions and became reified in his body, leading to myocardial infarction. Marcos attempted to reintegrate and rementalize his emotions, searching for a container where he could be accepted, thus opening a path for the evolution of his messianic ideas of change.

From "Bastion" to Enactment: The "Non-Dream" in the Theater of Analysis. By Roosevelt M. Smeke Cassorla (Brazil), pp. 137-162.

In this article—which has been previously published in English, French, Italian, and Portuguese, and appears here in Spanish for the first time—Cassorla presents different models in psychoanalysis: the analyst as painter and sculptor, as described by Freud (the first such model using suggestion, and the second one of the analyst as chipping away and revealing hidden forms in the work); the analyst as historian-archaeologist; the analyst-mirror; the surgeon; the chess player; and the military combatant, where the transference is the battlefield and the analyst attracts libidinal troops in order to prevail over them. This

military model,[10] along with the concept of projective identification, informs the classic work of the Barangers on the *bastion*.[11]

The concept of the field includes contemporary notions of intersubjectivity: two people are involved in the analytic situation, and one member cannot be understood without making reference to the other. The field is constituted by spatial and temporal structures and bipersonal unconscious fantasy. This fantasy is created between both members of the pair. The bastion is a product of the field and represents a paralysis of it. Bion's model of the container/contained maintains the military model, with the patient sending projectile beta elements to the analyst, who functions as a container and ideally digests the contents and returns them, metabolized, to the patient.[12]

Cassorla considers enactment as a mutual discharge that takes place in the analytic relationship. He feels that enactments are very close to bastions and sterile relations between container and contained. He describes the case of a 20-year-old woman named K who provoked him into a sadomasochistic situation; in a pivotal moment, he hit his armchair forcefully and interrupted K, screaming even louder than she was. He understands this as a reaction to an obstructive enactment with a reversal of alpha function—that is, to a sadomasochistic, chronic enactment that was then interrupted with an acute enactment involving both patient and analyst screaming, culminating with the analyst's hitting the arm of his chair. Cassorla sees the analytic process as a continuous series of normal and pathological enactments, with the bastions being the time-spaces where enactments are produced.

Cassorla values images and waking dream-thoughts. Visual images manifest alpha elements, but when alpha function is perturbed, the patient lacks the conditions for being able to dream. The beta elements that are eliminated by the patient must be "dreamed" by the analyst. The concept of the *affective pictogram* is helpful for the conceptualization of analytic work;[13] the affective pictogram first occurs as a mental

[10] Freud, S. (1912). The dynamics of transference. *S. E.,* 12.

[11] Baranger, M. & Baranger, W. (1969). The analytic situation as a dynamic field. In *Problems of the Psychoanalytic Field.* Buenos Aires, Argentina: Kargieman.

[12] Bion, W. R. (1962). *Learning from Experience.* London: Heinemann.

[13] Barros, E. D. (2000). Affect and pictographic image: the constitution of meaning in mental life. *Int. J. Psychoanal.,* 81:1087-1099.

representation of emotional experience that is a result of alpha function and that contains the potentiality for the elaboration of meanings that are absent or obscure. There can be situations in which the analyst's alpha function is affected by attacks from the patient to the degree that the "nondream" from the patient cannot be transformed by the analyst, and so both analyst and patient are nondreaming, which forms part of the enactment.

Enactment is a pathological *mise-en-scène* of the analytic pair and is related to a theatrical representation. There is an interaction of "characters" on the analytic stage; these "characters" are a product of the externalization of aspects of the self, internal objects, and the object relations of patient and analyst. Cassorla concludes by stating that the scenes will take shape based on the analyst-observer's point of view, his or her living of the patient's experiences, and the analysis as an acquisition of knowledge. The analyst must not forget that he or she is a co-contributor to bastions, enactments, non-dreams, and container-contained pathologies.

Gilles Deleuze and Psychoanalysis. By Eduardo Alberto León (Ecuador), pp. 163-180.

This paper details the relations and nonrelations of French philosopher Gilles Deleuze with psychoanalysis. Deleuze lived between 1925 and 1995, and is best known to most psychoanalysts for his two volumes written in collaboration with French anti-psychiatrist, philosopher, and psychoanalyst Félix Guattari.[14] Deleuze is also known for two other important works.[15]

Deleuze and Guattari strongly condemn psychoanalysis for turning desire into a representation. For them there is no representation, since

[14] See the following: (1) Deleuze, G. & Guattari, F. (1972). *Anti-Oedipus: Capitalism and Schizophrenia,* translated by R. Hurley, M. Seem & H. R. Lane. New York: Viking, 1977; and (2) Deleuze, G. & Guattari, F. (1980). *A Thousand Plateaus,* translated by B. Massumi. Minneapolis, MN: Univ. of Minnesota Press, 1987.

[15] See the following: (1) Deleuze, G. (1967). *Masochism: An Interpretation of Coldness and Cruelty,* translated by J. McNeil. New York: G. Braziller, 1971; and (2) Deleuze, G. (1968). *Difference and Repetition,* translated by P. Patton. New York: Columbia Univ. Press, 1994.

the unconscious does not represent anything; the only activity for the unconscious is to produce desire, a free-flowing energy that is foreign to notions such as *law* and *guilt*. Desire is not based upon a lack and the search for a primordial lost object, but is an affirmative rendering of force. Desire does not produce fantasies; it produces realities. The issue is to determine what makes the unconscious-as-factory produce desires that put one reality into production and not another one—that create this society and not another one.

León moves on to discuss Deleuze's concept of repetition. From the perspective of representation, repetition can be explained only as a negative; it is a limitation to our representation of the concept, one that forbids us to accede to the multiplicity of things. Repetition would thus be a "difference without a concept" and not representable. What gets repeated is what is different; every event that our habits induce us to see as a repetition of a previous one brings, in reality, the unprecedented. What repeats itself is not the identical, but the different. Repetition always expresses a singularity, in the same way that each member of a pair of twins is unique from the other twin and irreplaceable. Time constitutes itself in the originary synthesis that is linked to the repetition of instances, a synthesis that is subjective and that precedes memory and reflection.

Repetition emerged for Freud out of the repressed contents from the past that came back as repetitive behavior in the transference,[16] while for Deleuze, repetition concerns virtual objects. The pure past is formed by partial virtual objects that displace themselves; they are noumenal and opposed to real objects. These virtual objects are known only as objects to be searched for and arrived at in a way that is difficult to resolve. Repetition for Deleuze is a more profound instance than repression; there is no repetition because of repression; instead, there is repression because of repetition.

Freud's *Beyond the Pleasure Principle* (1920) was for Deleuze a very important text and a lost opportunity for Freud to engage with the death drive in its productions of desire, partial objects, and fluxes. De-

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

leuze critiqued Freud for his adherence to representation and the sub-ordination of repetition to the exigencies of representation from the perspective of materialism, realism, and subjectivism.

The contemplation of virtual objects for Deleuze leads to three syntheses of time that constitute the three "beyonds of the pleasure principle": the first synthesis gives pleasure the value of an empirical principle to which psychic life submits. The erotic character of remembrance makes its appearance in the second synthesis, while in the third synthesis, Thanatos is found to be bottomless, situated beyond Eros.

The traces of the Deleuzian unconscious are not so much related to those of Freud as to those of Leibniz and Nietzsche; instead of an unconscious of opposition and conflict with the conscious, we see a differential, orphaned, innocent, and productive unconscious. Deleuze opens our vistas to a pure past in which virtual objects move around and can be accessed via reminiscence, which produces pleasure. The concept of *pure past* is borrowed from Bergson;[17] it does not limit the past to what has been lived, but enriches it because all the past is contained in an instant, making possible an interplay between what was seen and what is new. This perspective can be exciting and enlivening for the psychoanalytic encounter because it moves transference beyond repetition and toward the potentialities of novelty and surprise.

Constitution of the Subject and the Problem of Origins: Sigmund Freud and Friedrich Nietzsche. By Niklas Bornhauser and Emmanuel Rechter (Chile), pp. 181-196.

Questions about the constitution of the subject and its origin have emerged through a dialogue with philosophy and a detailed analysis of the etymology and associations around the Freudian concept of *Urverdrängung*. This concept first appeared in 1915, in a text dedicated to repression in psychoanalysis; here repression is resignified with the expressions *repression proper* (*eigentliche Verdrängung*), *after-pressure* (*Nachdrängen*), and *return of the repressed* (*Wiederkehr des Verdrängten*).

[17] Bergson, H. (1896). *Matter and Memory,* translated by N. M. Paul & W. S. Palmer. Mineola, NY: Dover Publications, 2004.

Freud considered this concept on three further occasions.[18] The German word *Urverdrängung* is composed of the prefix *Ur-* and the noun *Verdrängung,* which derives from the verb *verdrängen,* which means *to eject, expel, oust, replace.* The authors give a scholarly and fascinating exposition of both prefix and noun. *Ur* is a truncal word rarely used on its own; it is much more commonly used as a compound prefix with multiple significations. *Verdrängung* is used in psychology for *repression,* while its everyday use denotes *explusion, displacement, dislocation, supplanting,* or *evacuation. Urverdrängung* designates an event of repression, expulsion, or displacement in the past, an event that can carry the traces of its origin, the stamp of a source, and the quality of its being the first one.

There are different translations into Spanish for *Urverdrängung.* The authors propose the Spanish equivalents of *primary, primitive, originary,* and *primordial* as possibilities to be placed alongside *repression* to capture the significance of *Urverdrängung* and the question of origins. They examine the resonances of each of these words.

Bornhauser and Rechter find Nietzsche's general project of genealogy and his methodology quite valuable. They strongly advocate against the search for a miraculous origin of the subject and a belief in "the exact essence of things, their purest possibilities, and their carefully protected identities"[19] (p. 78). There must be a renunciation of such an investigation and an attempt to try to dissolve illusions and misunderstandings.

Urverdrängung is for Freud a hypothetical process, a necessary theoretical construct based on the logic of *nachträglich.* The authors propose the term *primordial repression* for *Urverdrängung,* which emphasizes the fundamental principle that implies effects and consequences and refers back to other principles and mechanisms. *Urverdrängung* is not lost as a chronological or historical vestige in a chain of psychic events and operations; rather, it actualizes itself as a foundational principle in each of the manifestations of the psyche that it produces.

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[18] See: (1) Freud, S. (1915). The unconscious. *S. E.,* 14; (2) Freud, S. (1926). *Inhibitions, Symptoms and Anxiety. S. E.,* 20; and (3) Freud, S. (1937). Analysis terminable and interminable. *S. E.,* 23.

[19] Foucault, M. (1984). Nietzsche, genealogy, history. In *The Foucault Reader,* ed. P. Rabinow. New York: Pantheon, pp. 76-100.

Original Contributions from Argentinean Psychoanalysis to the Theory of Countertransference. By Clara Nemas (Argentina), pp. 197-210.

Key figures of Argentinean psychoanalysis and their contributions to countertransference are presented. There was a predominance of Kleinian thinking in the 1950s and '60s that was nevertheless not hegemonic and that allowed for the development of original formulations, such as those of Enrique Pichón-Rivière, Ángel Garma, José Bleger, David Liberman, and the Barangers, among others.

Heinrich Racker was born in Poland and came to Argentina in 1939 after fleeing from the Nazis in Austria. He started his work on countertransference in 1948 and died at the age of fifty in 1961. Noting the dialectic between transference and countertransference, Racker challenged the myth of the healthy non-neurotic analyst and pointed out that countertransferential reactions can give the analyst a clue to what is happening in the patient. *Concordant countertransference* is based on the mechanisms of introjection and projection, and starts from the positive sublimated countertransference; it allows the analyst to find resonances and recognition of the foreign in him- or herself and permits collation with different facets of the analysand's ego and superego. *Complementary countertransference* shows the neurotic aspect of the analyst's countertransference and interferes with the process of analysis, since it reactivates the analyst's infantile neurosis, with the patient coming to represent the internal objects of the analyst.

Racker describes two other types of situations: *occurrences* and *positions.* In the former, the analyst thinks about something ego-dystonic that is not related to the material at hand and that later appears, while *positions* tend to be less noticeable, more permanent, and more insidious, and imply a greater degree of conflict. Racker insists that countertransferential occurrences must be used as a technical instrument. The danger lies in not paying enough attention to them to understand the patient's material.

León Grinberg was part of the second generation of Argentinean psychoanalysts; he died in 2007. He followed Racker's work very closely and postulated that the analyst could be a very active participant in the

processes of projection and introjection in analysis. There are three moments in this process of the analyst's active participation: introjection of the patient's verbalized and nonverbalized material, elaboration and metabolization of identifications, and reprojection of the results of this metabolization through interpretation. There could be risks at any of these moments due to neurotic remnants of the analyst that will give a special nuance to his countertransferential reactions.

The analyst may also be a passive recipient of the patient's projections. An emotional resonance can appear in the analyst due to his or her own internal conflicts (complementary countertransference) or as a response that is related primarily to the analysand's projections into the analyst. Grinberg developed the idea of *projective counteridentification,* where the analyst takes care of and identifies with the patient's projective identifications independently of the analyst's own internal conflicts. There is a difference between complementary countertransference and projective counteridentification. Grinberg initially saw projective counteridentification as a problem but later changed his mind and viewed it as an extremely useful therapeutic tool with which to understand patients, especially those with borderline and psychotic structures. Grinberg pointed to the analyst's fears of accepting projective identifications from patients and the dangers of premature interpretations to avoid dealing with the analyst's own anxieties at the possibility of being invaded by the patient's psychotic contents.

María Isabel Siquier was involved with several institutions in Argentinean psychoanalysis. She directed the APA journal in the 1970s, studied psychoanalytic epistemology, and was president of the Buenos Aires Psychoanalytic Association (APdeBA). She died in 2001. Siquier proposed the concept of the *delusional transference* based on her work with five patients. She spoke about these patients' lack of capacity to use the analyst for insight and understanding, with an absolute confusion of the analyst with the patient's primary objects that remained strictly split into idealized and persecutory ones. She added that there was a "parasitization" in the countertransference, which could be silent especially if the analyst took on the role of the idealized object.

Siquier also described two other, less conflictual manifestations of countertransference: *delusional countertransference*, in which the analyst has the sense of saying silly things. This represents the incapacity of the analysand to reintroject the analyst's interpretations, putting the analyst in the position of a misbehaving child in relation to the patient as an authoritarian parent. The second type of countertransference is *phobic countertransference*, in which the analyst takes unconscious responsibility for the analysand's difficulty in reintrojection. The analyst may feel in these cases that any interpretation of the transference to the patient would be harmful and would lead to damage either of or by the patient.

Benito López finished his studies at the beginning of the 1960s and died in 1995. He applied Kleinian ideas to the study of addictions and borderline patients, and he was Donald Meltzer's main contact in Argentina. López agreed with Hanna Segal and Meltzer on the potential abuses of countertransference, the dangers of the replacement of free-floating attention by countertransference, and the importance of differentiating conscious from unconscious countertransference. López agreed with Meltzer that countertransference used as a code to decipher the unconscious of the patient puts the analyst in the position of someone with the power to find transparencies, whereas any mortal being would simply stumble upon opacities. For López, countertransference constituted part of a message that the patient offered the analyst. It was on this totality of communication from the patient that the free-floating attention of the analyst operated, in which the analyst listened to the discourse of the patient along with the analyst's own countertransference.

For López, the analytic attitude consists of three moments that are integrated into three times that need to be clearly differentiated from one another: a first moment of receptivity, a second moment of understanding, and a third moment of communication. The analyst listens to his or her own interpretations in the process, receives responses from the analysand, and at the same time is modified by the process. The analysand is also attentive to the analyst's interior discourse, that is, what the analyst does not say.

The Force of Tropism in José Asunción Silva. By Eduardo Gómez Escallón (Colombia) and Beatriz E. Miramón Archila (Argentina), pp. 211-222.

Bion describes tropisms and assigns relevance to them in the psychic apparatus.[20] He states that tropisms are the matrix from which all mental life is born, that they are so strong and intense that the capacity to tolerate frustration is secondary to them, and that they are associated with a search that is difficult to communicate. The personality depends on the existence of a breast onto whom the tropisms can be projected; if this breast does not exist, catastrophe ensues.

Tropisms can act both individually and at a group level. Individual tropisms can be divided into three: the tropism of murder, the tropism of parasitism, and the tropism of creativity. Bion thinks that the tropism of creativity predominates in the patient who comes to analysis to seek help.

The tropism is a structure of lack whose keyword could be "in search of." It is an innate ancestral force that can be accessed through intuition and is not expressed at the verbal level. It can be communicated through projective identification and the container-contained. The authors differentiate tropism from the Freudian *Trieb:* the Bionian tropism is easily observed in the clinical situation and can be communicated, while *Trieb* is a theoretical inference that cannot be communicated.

The life and work of the Colombian poet José Asunción Silva (1865–1896) is examined as an illustration of tropism. The themes of sadness, melancholy, and death are ever-present in Asunción Silva's poetry. The ancestral force of the tropism of death/suicide is present in three generations of the poet's family: his paternal grandfather was murdered due to a family conspiracy, and both he and his paternal uncle committed suicide.

The tropism of creativity emerges in Asunción Silva's painting and in his poetry, where he marked the transition between romanticism and modernism. Some of Asunción Silva's writing is presented in this article, and the themes of pain and death are highlighted. The tropism of murder predominated for Asunción Silva, culminating in his suicide.

[20] Bion, W. R. (1992). *Cogitations,* ed. F. Bion. London: Karnac.

Speech in the Psychoanalytic Cure, Transference-Countertransference: The Subjectivity and Desire of the Analyst. By Bettina Gómez Piñeiro de Nitsche (Argentina), pp. 223-232.

These are difficult times for psychoanalysis: times of social, political, and economic crisis, of instability and violence, of patients who demand immediate relief, who are not curious about themselves and who are not interested in getting to know themselves better. What psychoanalysis can do in hospitals, institutions, and the individual consulting room is being questioned. Freud spoke about the value of speech and the word early on in his career:

> A layman will no doubt find it hard to understand how pathological disorders of the body and mind can be eliminated by "mere" words. He will feel that he is being asked to believe in magic. And he will not be so very wrong, for the words which we use in our everyday speech are nothing other than watered-down magic. But we shall have to follow a roundabout path in order to explain how science sets about restoring to words a part at least of their former magical power.[21]

In this article based on hypnosis and suggestion, Freud was already alluding to the importance of the relationship between doctor and patient, and was anticipating his work on transference. We must remember that Freud arrived at his discoveries by listening to the speech of hysterics.

It is important for the analyst to have the desire to arrive at a cure and to be attentive to the analysand's discourse. The clinic nowadays presents the challenge of working with patients with severe neuroses, borderline pathologies, and those with stabilized psychoses, addictions, and eating disorders. According to Green,[22] the analyst intervenes in these challenging cases by giving word-presentations to the analysand in order to maintain the presence of an object, thus mobilizing complex

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[21] Freud, S. (1890). Psychical treatment. *S. E.,* 1, p. 282.
[22] Green, A. (1986). The analyst, symbolization, and absence in the analytic frame. In *On Private Madness*. Madison, CT: Int. Univ. Press.

affective structures that point toward the importance of transference-countertransference and the subjectivity of the analyst. An expanded view of countertransference includes the analyst's elaboration of imagination and subjectivity.

The analyst's speech in the interpretation is an essential part of the work and includes nonverbal elements and moments of silence. Part of Lacan's work is dedicated to the importance of speech and language in the analytic cure. Words can have imaginary and real facets in addition to their symbolic function. Lacan presents us with a renewed technique of interpretation, by the property of speech, to convey what is not said and what cannot be said.[23] For Lacan, following Freud, the cure is an additional benefit of psychoanalysis. We must be weary of the *furor curandis,* yet it is important to remember the care and solicitude of the analyst and the importance of a cure that recognizes its nature and limitations, enabling the possibility of arriving at an answer and a call for truth.

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I will close these abstracts with a brief selection from the work of the Argentinean poet Alejandra Pizarnik[24]:

QUIEN ALUMBRA

Cuando me miras
mis ojos son llaves,
el muro tiene secretos,
mi temor palabras, poemas.
Sólo tú haces de mi memoria
una viajera fascinada,
un fuego incesante.

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[23] Lacan, J. (1953). The function and field of speech and language in psychoanalysis. In *Écrits,* translated by B. Fink. New York: Norton, 2004.

[24] Pizarnik, A. (1965). *Los trabajos y las noches* [*Works and Nights*]. Buenos Aires, Argentina: Sudamericana, p. 14.

WHO LIGHTS UP

When you look at me
my eyes are keys,
the wall has secrets,
my fear words, poems.
Only you make of my memory
a fascinated traveler,
a ceaseless fire.[25]

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[25] Translation by Israel Katz.