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TESTING REALITY DURING ADOLESCENCE: THE CONTRIBUTION OF ERIKSON'S CONCEPTS OF FIDELITY AND DEVELOPMENTAL ACTUALITY

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The process of reality testing can be thought of as a lifespan developmental line, where adolescence provides a critical developmental advance but not an endpoint. Erikson's concepts of fidelity and developmental actuality provide a frame of reference for considering this. Three means of reality testing are identified—contemplation, action, and conversation—where these modes of approach can be used separately or in concert to clarify the reality status of situations and phenomena. These methods of testing reality are illustrated within four arenas of adolescent functioning—thought, time, parental representations, and the experience of the embodied self.

Keywords: Action, adolescence, developmental line, embodied self, Erikson, female development, fidelity, Holocaust, parental representation, reality testing, self-representation, suicide terrorism.

> There is a constant struggle in the individual throughout life, distinguishing fact from fantasy, external from psychic reality, the world from the dream. The Transitional Phenomena belong to an intermediate area which I am calling a resting place because living in this area the individual is *at rest from the task* of distinguishing fact from fantasy.
>
> —Winnicott (1958, p. 123, italics added)

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> One does not forget that it is in fact only through his own experience and mishaps that a person learns sense.
>
> —Freud (1914, p. 153)

INTRODUCTION

Reflecting on his internment at the age of fourteen in a French concentration camp during August and September of 1942, an older friend of mine wanted to rethink aloud one small aspect of the dreadful experience. Late summer 1942 was the time when the round-ups and expulsions in France had begun, and people were being sent in large numbers from the French camps to test the gas chambers in Auschwitz. He had since read and heard varying and conflicting accounts of what was or even could be known by those who were actually interned, of what their fate would be if they were transferred out. Knowing this, he wanted to speak of the difference between his experience of these expulsions as they were happening then, and that of his mother who was a prisoner in another region of the camp (Gurs), and with whom he was allowed a certain amount of regulated contact.

He said he had believed and told his mother that, were they to be moved, they would surely be sent to their death. This was obvious, he felt at the time. She denied this to him, just as she had denied the growing danger since 1938 and forgone several opportunities to leave until it was too late. She said she thought not, and she even hoped, she told him, that if they were moved, it might be to a camp where conditions were better, where daily existence would be less horrible. He said that at the time he felt outrage at her for her foolishness and inability to face reality.

With the distance of sixty years, he now thought about her response somewhat differently. He wondered whether, because he was an adolescent at the time of their initial flight from Germany and their eventual arrest and internment in France, and since he felt during all this a sense that he could survive anything, that paradoxically this allowed him to declare a terrible and terrifying fact—for the very reason that at some level he believed it could not happen to him. In contrast, his mother was forty-two and had already seen much suffering in her life. She had no illusions of invincibility. And with this adult knowledge and experience

of human vulnerability and of the evil of other humans, she needed to absolutely deny the imminent horror in the most complete way possible.

Two individuals, intimately linked, were viewing a horrifying reality through the differing lenses of their developmental stage. This was at the heart of my friend's reflection.

Knowing this person as I did, I believe that if he had come to yet a different conclusion at that time in the camp—that his mother was lying to him—he would have been equally outraged, this time at her deceit. And even if one takes into account that this outrage at his mother's inability (or unwillingness) to name a truth was a displacement of his rage and terror and physical misery, one is still left with the reality of the particular shape of his response. And of hers.

Erikson's Writing on Fidelity

These reflections on the possibility of differing experiences and dealings with truth and reality, contingent on the different life stages of a mother and her 14-year-old son, call to mind Erikson's writing on fidelity (1961, 1962a, 1962b, 1964, 1968), a psychological disposition he observed in adolescents and young adults manifested by conscious and preconscious preoccupations with authenticity, genuineness, fairness, trustworthiness, and truth.

Erikson considers fidelity to be a milestone variable, an essential characteristic of adult life, but one that has its point of ascendance and crucial formation during adolescence. He identifies it as emerging as the result of the favorable balance between identity and identity diffusion. In trying to show the intuitive link between identity and fidelity, he offers the well-known quotation from Shakespeare's *Hamlet* (1600), spoken by Polonius:

> This above all: to thine own self be true,
> And it must follow, as the night the day,
> Thou canst not then be false to any man. [I, iii, 78-80]

Erikson also uses Freud's (1905) Dora to illustrate the extent to which he saw her neurosis (and Freud's failure with her) as reflecting her adolescent struggle with fidelity, suggested partly by the way her

pathogenic social history was woven around the sexual *infidelities* of the important adults in her life, the *perfidy* of her father's denial of his friend's attempts to seduce her, and the tendency of the adults around her to make her their *confidante* (Erikson 1962b). In this classic paper, "Reality and Actuality—An Address," Erikson also distinguishes between *reality* as that which is "out there" in some ill-defined way, and what he calls *actuality,* which involves mutual activation between two individuals and also active participation by an individual with her environment. And he contrasts healthy and adaptive action with the psychoanalytic notion of *acting out.* He suggests that each life stage, with its own particular set of issues, urgencies, and resolutions, will embody a specific call to action, and that during adolescence, action with respect to fidelity may well be both developmentally appropriate and necessary.

Exploring Erikson's ideas about fidelity, which rang true to much of my adolescent clinical work, I was left with a feeling that there was still more to understand: actuality as mutual activation; the importance of taking action with respect to reality; a healthy thread to be discerned, perhaps, in acting out; and the developmental actuality of adolescence as action with respect to what is true and real.

Of course, recognition of reality, adaptation to reality, and reality testing are not the same, but their interrelationship is clear, and in discussing fidelity Erikson does mention reality testing in passing. He also points to Dora's (infamous) confrontations of her father and Herr and Frau K to illustrate both the importance of age-specific action and the need for validation.

And then there is the intriguing quotation Erikson refers to in Freud's description of Dora, that

> . . . none of her father's actions seemed to have embittered her so much as his readiness to consider the scene by the lake as a product of her imagination. She was almost beside herself at the idea of its being supposed that she had merely fancied something on that occasion. [Freud 1905, p. 46]

This points again to reality testing, in this case whether Dora could be trusted (by her father) to trust her own perceptions.

If concerns with fidelity are a prominent characteristic of adolescence and young adulthood, and if, as Erikson suggests, one aspect of fidelity involves questions about reality and the active testing and verification thereof, then we may well wonder whether significant changes in reality testing take place during this time. In the present essay, I want to make use of Erikson's ideas about fidelity to suggest that the aspect Erikson links only briefly to reality testing is more important than hitherto appreciated. I want to explore the idea of reality testing as a developmental line, with adolescence and young adulthood bringing about crucial changes in the *mechanisms and processes* involved. I will also suggest that Erikson's emphasis on the value of action with regard to fidelity can also be understood in relation to reality testing, and may well have a more constructive purpose than the extensive literature on acting out would imply.

The Functions of Reality Testing

As therapists, we are alert to slippages and failures in reality testing in our patients as indicative of underlying conflicts, ego defects, or deficiencies. When reality testing is working effectively, we may take it for granted. But reality testing is a complex concept, and the processes we consider to be encompassed by it are not so easily defined or discerned. Neither do we have any clear model of a line of growth and development of reality testing extending from Freud's hungry baby, trying to distinguish between breast and hypothetical hallucination, to the responsible adult, confronted with crucial, life-altering decisions where any discriminating judgment about reality will be infused with memory, meaning, and fantasy (Schafer 2007).

Schafer (1968) suggests that under normal circumstances, reality testing proceeds automatically and out of awareness, but that in "*atypical, ambiguous and stressful situations*" (italics added), it can be called into play in a self-conscious way. He continues, "Then such questions arise in the subject's mind as: Can I believe my senses? What is getting me down? Did I dream this or did it really happen? Was he really friendly or did I just imagine it?" (p. 91).

Adolescence is a time when the individual will encounter a much greater array of new and novel stimuli than at any other time, perhaps, except early childhood. This is due partly to the young person's increasing opportunities to move out into the world more autonomously and to encounter a greater variety of people and experiences. In addition, because of cognitive maturation, an adolescent is able to think quite differently, to imagine far more than ever before—including multiple possible images of her own future. Her body is changing dramatically, and she, as well as the people around her, will respond to these changes in a myriad of ways. Her relationships within her family will change. Friendships take on new meaning. Sexuality can seem to, and sometimes does, pervade almost every relationship and thought. Considering the extent of the newness, atypicality, and ambiguity of so many aspects of adolescent life, one can imagine any number of "moments" in which focused "acts" of reality testing may be called for and employed.

The literature on reality testing suggests three broad approaches to the actual testing process. The first employs various cognitive processes, such as attending, perceiving, remembering, and judging, as well as self-reflection. The second mode of testing involves varieties of action, including speech acts designed to evoke action in others. The third mode involves social verification and the invocation of an interpersonally shared reality. I will refer to these three different modes of reality testing, respectively, as *contemplation, action,* and *conversation*, and will further clarify these below.

To the extent that reality testing involves cognitive, behavioral, and social processes and skills (contemplation, action, and conversation), these capacities themselves undergo maturational changes. Following Rapaport's (1958) suggestion of a process's need for *stimulus nutriment,* whereby an individual seeks opportunities for the ideal stimulation of a developing capability, an adolescent may well seek out opportunities for the exercise and deployment of the developing processes of reality testing. The high school junior, considering the future implications of a possible college choice in terms of subsequent graduate school and professional and social networks, is engaging in a series of if/then propositions. In doing this, she is both thinking realistically about her own potential plans and also exercising her newly developing capacity to think

in contingencies and to think extensively and flexibly about the mode of time called *future*. Thus, the need for practicing and the many ambiguous situations which in themselves would call for testing may converge to make testing reality a central feature of adolescent activity.

Not only is the call for reality testing greater during adolescence, but the methods used will change and develop during this time. Reality testing as a process might well be seen as having its own lifespan developmental line, where adolescence provides a critical developmental advance but not an endpoint. In order to explore and illustrate the extent to which reality testing may be seen as a central developmental issue during adolescence, I have laid out this essay in the following manner. First, I present and clarify Erikson's concepts of fidelity and developmental actuality. Next, I selectively highlight the trends in the literature on reality testing that clarify my choice of the broad categories of contemplation, action, and conversation. Third, I focus on four arenas of adolescence—*thought, the sense of time, parental representations,* and *self-representation and the embodied self*—in order to illustrate how all three modes of testing can be fruitfully utilized, separately or in concert, during adolescence. In closing, I move back to the broader definition of fidelity, of which reality testing is but one element, to consider the relevance of Erikson's ideas about fidelity for understanding some aspects of suicide terrorism.

FIDELITY AND DEVELOPMENTAL ACTUALITY

Erikson's "Schedule of Virtues"

Erikson presents fidelity as one of eight virtues or vital (ego) strengths, which exist in nascent form at birth, taking shape uniquely during critical periods in development. Each virtue or disposition reflects the outcome of the favorable balance of each of the polarities or tensions familiarly known as Erikson's eight stages of man. So the ideal outcome of trust and mistrust is *hope;* of autonomy, shame, and doubt, *will* or *willpower;* of initiative and guilt, *purpose;* and of industry and inferiority, *competence. Fidelity* will derive from the ideal mix of identity and role diffusion. *Love* stems from a synthesis of intimacy and isolation, *care* from

generativity and stagnation, and *wisdom* from integrity and despair. Each of these virtues is understood to be a "basic human quality," connoting the "inner strength of the human life cycle" (Erikson 1961, p. 153).[1]

Erikson does not try to explain the psychic mechanism by which a virtue emerges on its developmental timetable; rather, he clarifies the components of influence that will shape the unique, individual outcome, always occurring within the context of the individual's embeddedness in history and culture. Like the smallest in a set of nested Russian dolls, babies have "mothers at their command, families to protect the mothers, societies to support the structure of families, and traditions to give a cultural continuity to systems of tending and training" (Erikson 1961, p. 151).

I offer the metaphor of nested Russians dolls to underscore the way that "systems of tending and training," starting most broadly via culture and time in history, filtered through the traditions and beliefs of smaller units of subcultures and families, become progressively and uniquely modified world views, conveyed to children in explicit, but also mysteriously implicit, ways. With these progressively narrowed and refined world views come myths of both the subculture's and the family's past. Great-grandfather, the alcoholic who died in a state hospital, haunts many sips of wine in each successive generation. The expectation of pacifism in the family's religious background may add a tinge of shame to every disagreement and lost temper. And so the baby may come to *hope* for a world that is particularly gentle and abstemious of strong desire, or the adult may come to believe that the same qualities are the best mix to convey one's *love*. Here we see just how much of our view of reality, as well as the modes of approach taken to test and assess it, will rarely be free of the potential meanings we bring to the task.

Erikson emphasizes the role of healthy activity in his definitions of both virtue and actuality. Virtue reflects "efficacy" (1962b, p. 465). It is an "active quality" (1961, p. 148). It connotes attributes that "begin to animate man pervasively during successive stages of his life" (1962a,

[1] I thank one of *The Psychoanalytic Quarterly's* anonymous reviewers for pointing out that the mother's possible lie to her son in Gurs, in my account at the beginning of this essay, may have reflected the dominant virtue for her stage of life—i.e., *care*—in her attempt to protect him as best she could from what she felt would be unmetabolizible terror.

p. 7). And he defines *actuality* as "the world verified in immediate immersion and interaction" (1968, p. 165), emphasizing the need for psychoanalysis, in its theory making, to "account for important features of adaptive and production action" (1962b, p. 452).

Erikson posits that the virtue emerging during each developmental stage will call for action specific to the issues of that stage. For example, the particular kind of response that will indicate to the baby the success of her (active) cries for food or tending, or the efficacy of her pointing gesture, will set the stage for the quality of hope that she will take into her future, modified, to some extent, by all that will follow. But babyhood, for Erikson, is the most crucial time for instilling that particular disposition of hope.

To summarize: each of Erikson's eight stages of man, involving a specific psychosocial tension, lived through in the context of a unique culture and time in history, will potentially generate a particular disposition with its own requirements for active engagement with the world and the people in it. This is what Erikson means by *developmental actuality*, and he suggests that in adolescence, active engagement in the service of development will be organized around and influenced by matters pertaining to fidelity.

Fidelity with Respect to Adolescent Reality Testing

The notion of fidelity captures in it a mix of the commonly understood issues related to the adolescent's shift from intense engagement with parents, to peers and mentors outside the family and to ideal formation, including revisions in more unconscious processes referred to as the ego ideal. It touches as well on the idea of a group spirit as described by Freud (1921), inviting the individual to surrender his own distinctiveness in the search for an opportunity for devotion not only to leaders, but also—new with adolescence—to ideas and ideologies.

Erikson (1961) summarizes the varieties of manifestations of fidelity this way:

> This word [fidelity] combines a number of truths to which adolescents alternately adhere: high *accuracy* and *veracity* in the rendering of reality; the sentiment of truth, as in *sincerity* and

> *conviction;* the quality of genuineness, as in *authenticity;* the trait of *loyalty,* of "being true"; *fairness* to the rules of the game; and finally all that is implied in *devotion*—a freely given but binding vow, with the fateful implication of a curse befalling the undedicated. [p. 158, italics in original]

We can see here in the concern for "accuracy and veracity in the rendering of reality" a clear reference to reality testing. One may hypothesize that the preoccupation with what is true and real reflects, among other things, a question or anxiety about what is real and enduring in the same way that the need for loyalty, to some extent, reflects the adolescent's vulnerability to and struggle with quixotic relationships, as described by Anna Freud (1936, 1958).

Further linking fidelity to reality testing is Erikson's (1962a) comment that fidelity, "when matured, is the strength of disciplined devotion" (p. 19). Fidelity, we are reminded, has its own evolution, with a shift from somewhat rigid and totalistic concerns about truth and the reliability of individuals, ideas, and ideologies, to something that, in being more mature, will in some way be more flexible while still controlled.

There is another implication in Erikson's choice of the word *disciplined.* I infer he is using it the same way he did just a few years earlier in his essay "The Nature of Clinical Evidence" (1958a), where he writes about *disciplined subjectivity.* Disciplined subjectivity is the judicious use of the self in listening to a patient's associations and communications. Erikson writes, "But more than any other [medical] clinician, the psychotherapist must include in his field of observation a *specific self-awareness* in the very act of perceiving his patient's actions and reactions" (p. 68, italics in original).

Here Erikson is presenting what will later be included in Schafer's (1968) description of a crucial aspect of reality testing, what he calls reflective self-representation, "an aspect of thought that is prerequisite to any reality testing, though its presence is usually only implied. The change is in the representation of oneself as the thinker of the thought" (p. 91). One may hypothesize, then, that disciplined devotion, as evident in matured fidelity, reflects a self-conscious, self-aware, self-reflective

kind of commitment. It speaks both to the developmental evolution of fidelity and to its inclusion of reality testing through self-observation. (I will point to the implications of this for suicide terrorism at the end of this essay.)

Contemplation, Action, and Conversation in the Service of Fidelity

Self-observation—observing oneself as thinker of the thought—could be seen as an overarching aspect of reality testing. But one can also see it as part of the more *contemplative* aspect. What of *action* and *conversation*, the other two modes of testing? Where might they fit into Erikson's ideas about fidelity? Remembering that speech acts and activates, let us reconsider for a moment Dora's confrontations, as Freud describes them, which Erikson suggests are important and potentially healthy acts in the service of working out issues related to fidelity:

> To the wife she said: "I know you have an affair with my father"; and the other did not deny it. From the husband she drew an admission of the scene by the lake which he had disputed, and brought the news of her vindication home to her father. [Freud 1905, p. 121]

Here, certainly, we see action—acting out, to an extent—but also action with respect to reality, Erikson's crucial point. In addition, I want to point out that the *actual validation* of the affair and seduction by Frau and Herr K, respectively, was as important as the *act of confrontation*, and that these are conceptually and emotionally separate components of the total event. This was, in fact, an act of confrontation (action) responded to by validation (conversation): two separate—but in this case, interlinked—aspects of reality testing.

We can see, then, that in his exposition of fidelity and developmental actuality, Erikson has provided not only the framework but also the clinical material for understanding the important place of reality testing in adolescence, as well as the varieties of forms it can take—from a contemplative, self-reflective approach, to active engagement with the world, to efforts to find validation, clarification, and confirmation.

THREE MODES OF REALITY TESTING

Thorough reviews and discussions of the concept of reality testing have been written by Bellak, Hurvich, and Gediman (1973), Hurvich (1970), and Wallerstein (1983, 1985, 1988, 1995). In these reviews, as well as in the writings of Freud and others, one can see hypothesized a broad array of aims and techniques, making clear the lack of consensus on a single definition. This is summed up by Laplanche and Pontalis (1973) when they write, "the term 'reality testing' is often used in the psycho-analytic literature as though its sense were generally agreed upon; in point of fact its meaning is still indeterminate and confused" (p. 384).

In order to explore changes in both the need for and methods employed in testing reality in adolescence, it is necessary, then, to clarify the concept as used in this essay, and to distinguish between the aims and purpose of reality testing, on the one hand, and the methods hypothesized to be involved, on the other. The broad purpose of realty testing as serving adaptation and survival is taken for granted. More focal aims involve making various distinctions between percept and representation, inside and outside, self and non-self, self and other, fantasy and memory, fantasy and reality, and, internally, between what is pleasant and unpleasant—to mention only those of central concern to Freud. In addition to considering the need for and capacity to make such discriminations, Freud (1925) points out that reality testing also functions to revise internal representations through the use of judgment.

Recognizing the lack of consensus on the methods used in reality testing, and keeping Erikson's ideas about action and developmental actuality in mind, I think that identifying three broad approaches to testing reality can serve heuristic purposes, both of accounting for the diversity of methods hypothesized and for exploring changes in reality testing during adolescence. Although I have used Freud's theorizing as a starting point, I have labeled these categories such that they should not be linked uniquely with any one or another theorist. My focus here is on the mechanisms, used singly or in concert, by which an adolescent may test out and explore the nature of an apparent reality, rather than on the larger and more abstract question of the relationship between reality and the meaning brought to bear on it.

Contemplation

Contemplation involves "an experimental kind of acting" (Freud 1911, p. 221), what is commonly referred to as *trial-action,* which requires the restraint of motor discharge in the service of consciousness, attention, memory, and judgment, all used to determine whether or not something is real. Schafer (1968) extends the range of cognitive processes when he writes: "Reality testing involves, to varying degrees, the intermingled processes of perceiving, feeling, remembering, anticipating, forming concepts, reasoning, paying attention and concentrating, and the directing of interest to internal events as well as to the external world" (p. 90).

In particular, one should notice Schafer's reference to internal reality testing (Hartmann 1956), by which he means the awareness of one's own motives, impulses, wishes, desires, conflicts, and fantasies, all potentially available at a conscious level. Reference to inner reality not only increases the number of areas toward which reality testing may be directed, but also highlights the developmental aspect of reality testing, in that self-reflection at that level usually becomes possible only with the cognitive changes of adolescence.

Rapaport (1951) ties reflective awareness to reality testing of both the internal and external world though the phenomena of what he calls varieties of conscious experience, both with respect to the continuum from alert awakeness through to sleep, and also with respect to the distinctions between "internal and external perceptions, remembered event and fancy, fact and assumption, memory and percept, hope and actuality, certainty and doubt, and the infinite shading of many others" (p. 436). Gill (1967) underscores the idea that the process of distinguishing among modes of experience is fundamental to reality testing.

This is where Schafer's (1968) notion of reflective self-representation (referred to earlier) fits in, but one step further removed, cognitively. It is a process that goes on, in general, preconsciously, but under challenge can become conscious. Schafer states:

> Objective thought requires conscious or preconscious recognition that the thought is just that: a thought. In objective

> thinking, thoughts carry with them, as explicit or implicit qualifying introductions, such propositions as "I believe that . . ." or "I remember when . . ." or "I see how . . ." That this is so becomes clear, for example, when we engage in open-minded debate concerning issues in external reality: then, when challenged, we become acutely aware of these qualifiers. We look upon ourselves, take ourselves as objects of our own thoughts, and think that we think: this is reflective self-representation made conscious. [1968, pp. 91-92]

Schafer (1985) also suggests that it is possible to introspect reflexively and un-self-consciously, even to reality test unconsciously. So, like many psychological processes, it is when the individual is most under stress that the process becomes conscious.

What should be clear is that the types of processes or mechanisms that Freud, Hartmann, Rapaport, and Schafer are describing as fundamental aspects of reality testing rely on some form of *thinking about* the situation, *contemplating* it, rather than actively engaging with it or approaching someone else for clarification. In addition, these are processes that become progressively more cognitively complex, differentiated, and contingent on development well beyond childhood.

Action

In "Instincts and Their Vicissitudes" (1915), Freud introduces motor action (as distinguished from discharge) as crucial to the process of testing reality, particularly with respect to discriminating between inside and outside. In the *motility test*, if a (noxious) stimulus can be escaped from, then it must be outside of us, whereas if we flee an object or situation and continue to experience the stimulus, then it must be inside. Although he did not use the term *reality testing* in his "Project" (1895), Freud's hypothetical model of the mind, as he described it there, included motor activity in an additional way as it pertains to what he would later call reality testing.

Through a detailed analysis of the "Project" with respect to reality testing, Leclaire and Scarfone (2000; see also Leclaire 2003) point out that Freud suggests that the memory of an image that is to be compared

to a perceptual stimulus will include the memory of *motor activity* associated with the prior exposure to the percept. Prior experience is thus encoded through the combination of both perceptual and motor spheres, to be used in the service of testing reality.

The idea of the use of motor activity in testing reality also appears in *Civilization and Its Discontents* (1930, pp. 66-67), and here Freud extends the use of action even further by describing the baby's cries as motor activity that *brings the person toward itself.* This is action that elicits counteraction and thus interaction. Motor memory, motor activity, flight, and the invitation to approach (interaction) seem to be just the beginning of the utility of action in the service of reality testing.

Schachtel (1959) points to the exploration of an object through touch—the coordination of sensory and motor activity, by both baby and grown-up alike—as providing a more reliable experience of "certitude." He writes:

> Children want to touch everything in order to get really acquainted with it, and when the adult does not feel quite sure whether his senses may not be playing a trick on him, he touches an object to make sure of its really being there. [p. 142]

White (1963), making use of the work of both Piaget (1937) and Werner (1926), also underscores the importance of action in reality testing, both in general and with respect to the discrimination of self and other. He writes, "The main thing is to realize the constant connection between knowledge and action. We learn about the environment because we go out into it, seek a response from it, and find out what kind of responses it can give" (p. 68).

Much of the psychoanalytic literature, both before and since Erikson's call for more theorizing on the healthy aspect of action, identifies action as a defense against or defect in remembering or reflection. Ekstein and Friedman (1957) link action (through play-action) directly to reality testing (action as trial thought), but they present it in the context of severe disturbance, and they locate such behavior as developmentally less advanced from the more contemplative aspects of reality testing. This view is changing rapidly with the relatively recent introduction of

the term and concept of *enactment,* which allows for a less pejorative consideration of both acting out and countertransference.

Grubrich-Simitis (2010) provides a compelling illustration of the value of action with respect to the reality testing of two women, both daughters of Holocaust survivors who each decided to visit Auschwitz during the course of their analyses. To the extent that the Holocaust was not really "real" to them, it could not be put in their past. The memories of their parents remained "catastrophically imperishable" (p. 46), and these grown daughters continued to live them through symbolic, self-defeating repetitions. With respect to the role of action, Grubrich-Simitis writes:

> The act of traveling, that of walking through the places where the horrors occurred, and the countless eye movements when inspecting the historical evidence—these are first and foremost motor activities of the body . . . . Yet it was only this reconnaissance of the traumatic reality through motor activity, as so vividly described by the two patients, that succeeded in underpinning the henceforth unshakable conviction, and confirming the factual knowledge, that the crime of the Shoah *really* took place. [p. 60, italics in original]

Conversation

This is a mode of reality testing that is distinctly intersubjective. Hartmann (1956) discusses the role of socialization and parent–child interaction in the development of reality testing in the child, and he cites the observations of Sullivan in this respect. Sullivan (1942) described consensual validation as a "group of processes" (p. 163), and as early as 1939, defined it thus: "Con means 'with,' 'sensual' means 'state of mind.' And 'validate' stands for 'demonstrating truth.' 'Consensual validation' might then be agreement between two persons, among a group, that something is true" (Sullivan cited in Crowley 1980, p. 119). Consensual validation in this respect refers to a collaborative process whereby each person agrees on the topic at hand in their efforts to speak about it.

The role of the parent in the child's learning about reality is complex, in that the parent can operate, on the one hand, to help the child

distinguish between reality and fantasy; on the other hand, the parent can also fill the child's mind with nonsense—from profoundly distorted and incoherent ideas to prejudicial and stereotyped beliefs (Hartmann 1956).

Sullivan's (1953) writing on development also reminds us that an important shift takes place during latency and early adolescence, when checking and discussing impressions shifts to an activity engaged in with one's peers—people who are considered of equal, not greater, power. The process continues into and through adulthood, and there is always a question in analytic work of whether and when such "conversations" should take place, in part influenced by the issue of an implicit power differential between therapist and patient.

Schechter (2007) discusses the role of validation within the clinical setting and the way that Linehan's (1993) dialectical behavioral therapy explicitly uses different forms of validation as a clinical intervention. Linehan's fifth level, "validating as reasonable in the current context" (Schechter, p. 111), provides a kind of reality testing about daily life interactions. Schechter gives a personal example of his own analyst's confirmation that a particular experience indeed sounded "pretty spooky" (p. 124), and asserts the value of that for his increasing ability to trust his own perceptions and judgments.

Validation through conversation is also implicated in the development of symbolic language, wherein one may take the role of the other in figuring out how to form and communicate what is on one's mind. And progressively, with age, we think through the other person's frame of reference: "So we look again at our experience, and we consider, from the standpoint of illusory critics, and so on: How can the thing be made to communicate? How can I tell somebody about this?" (Sullivan 1950, p. 214).

This idea of reality testing through conversation, through validation by some kind of consensus, whether with a person of equal or greater emotional power, raises questions about how a socially constructed (co-constructed) view of the world can validate reality. Or, differently put, what is the nature of the reality that is socially constructed? While this question extends well beyond the focus of this essay, it is important to

consider the contributions of Cavell (1998, 2002, 2003) as they apply here.[2] Her position, as I understand it, is that the act of social exchange both requires and assumes a third position—in some cases, a real object in space—about which the two participants exchange impressions. This is similar to the function of the pointing gesture in the construction of the object of contemplation, crucial in the development of symbol formation and language as described by Werner and Kaplan (1963). The very fact that the object is discerned from two different perspectives serves to validate its existence. Cavell describes what she calls a dialogue that "creates and presumes a shared conceptual space in which something of common interest can be talked about together" (1998, p. 462).

One may assume, then, that the more perspectives, the more definitive is the potential "triangulation" in the discernment of something real. This contrasts with the idea that the more perspectives, the more relative the idea or exchange. Cavell's point is important for two reasons. First, it supports the idea that one mode of reality testing is indeed intersubjective, begun in the first exchange about the nature of objects, in the learning of language, and extending and expanding, just as language does, into exchanges later in development with peers. It is a mode of processing reality that has its own pitfalls in terms of parental misinformation and psychological corruption, and later in terms of peers serving to support one's prejudices or defenses; yet is also serves as a counterbalance to the reality conclusions one may arrive at alone, cognitively, primarily through observation, contemplation, and self-reflection, which can never be as objective as we might like to think.

Second, with the extensive cognitive gains made during adolescence, the ability to consider a point from many angles can lead to a kind of relativism that may exacerbate significant anxiety. Although referring to borderline patients and not adolescents, Flax (1990) makes a valid point about the difficulties inherent in multiple perspectives for many who are at a point in life replete with novelty and complexity:

> Those who celebrate or call for a "decentered" self seem self-deceptively naive and unaware of the basic cohesion within themselves that makes the fragmentation of experiences some-

[2] See also Friedman (1999, 2002) for his clarifying remarks in this regard.

> thing other than a terrifying slide into psychosis . . . . Borderline patients' experiences vividly demonstrate the need for a core self and the damage done by its absence. [pp. 218-219]

The Interpenetration of Reality, Memory, and Fantasy

All this brings one up against unanswerable questions about the nature of reality. What exactly is being tested, whether via contemplation, action, or conversation? Are the attempts to definitively discriminate inside from outside, real from fantasy, self from other, pleasure from unpleasure, even possible? More and more we recognize just how much perception is influenced by memory, fantasy, expectations, wishes, and our own unique history (Schimek 1975).

In two 1969 (a, b) papers, Arlow discusses the interpenetratability of reality and fantasy, noting that in assigning meaning to reality, we bring along our own history of unconscious fantasy. In one of these papers, Arlow (1969a) presents the visual metaphor of two movie projectors, set up on opposite sides of a translucent projection screen, such that

> . . . the material and the essential characters which were being projected from the outside and the inside were appropriately synchronized according to time and content, [so that] all sorts of final effects could be achieved, depending upon the relative intensity of the contribution from the two sources. [p. 24][3]

Agreeing with Arlow, Wallerstein (1988) suggests that, rather than pursue the clear and unequivocal distinction between internal and external reality, we ought to consider them more in terms of a continuum. With specific reference to the analytic setting, he writes:

> What I am proposing . . . is the surmounting of the counterpoint between the view from within (the world of psychic reality) and the view from without (the view of material reality), in favor of a conception of the interplay of multiple perspectives, multiple versions, each its own story, each its own admixture or fusion of drive-dictated fantasy interacting with appropriately selected environmental stimuli. [pp. 318-319]

[3] See Moss (2008) and Shapiro (2008b) for a contemporary evaluation of this work.

Schafer (2007) elaborates what he describes as the "interpenetration of unconscious fantasy and fixed and serious dilemmas that regularly accompany human existence in society" (p. 1151), and he suggests, following Arlow and Wallerstein, a view that is more inclusive of aspects of both reality and fantasy. He shows how Freud's thinking, over the course of twenty years—from the "Formulations on the Two Principles of Mental Functioning" (1911) to *Civilization and Its Discontents* (1930)—progressively allows for a view where the boundaries between internal and external reality, past and present, self and object can be recognized as more blurred. As to the implication of this view for the task of reality testing, Schafer states simply, "Now that far-reaching inclusiveness has become the order of the day, truth telling—Freud's guiding value—has become more complex and demanding" (p. 1155).

It is this very issue of truth telling and truth seeking that is at the heart of the adolescent preoccupation with fidelity. But here there is a developmental paradox in that the adolescent search for what is true and real, the search for some kind of object of devotion, betrays, I think, a muted panic about the increasingly discerned complexity of the world and of multiple perspectives. Fidelity, a characteristic that heralds a significant developmental advance, also reflects the need to simplify the "situation" of life to single causes.

In remembering the previously cited comment by Flax about the psychological danger of multiple perspectives, one may wonder whether this view of greater inclusiveness of which Schafer speaks, and which he sees in Freud's progressive thinking about reality, may be possible, endurable, only much later in life (as evidenced by the life stage at which both Freud and Schafer wrote about it), when one's identity is more securely embedded in a broad network of relationships and experiences and based, as well, on the sense of an autobiographical self (see Seton 1974, quoted later in this essay).

REALITY TESTING AND ARENAS OF ADOLESCENT CHANGE

When one looks at the array of prototypically adolescent activities, it is in fact possible to see the extent to which contemplation, action, and

conversation are being used in an effort to make better sense of things. In what follows, I identify four arenas of development in adolescence—thought, the sense of time, parental representations, and self-representation, including the embodied self—in order to illustrate how we may discern activities that are, in addition to serving other purposes, also working in the service of reality testing.

Since this paper is about the normal developmental line of reality testing, I shall draw my examples primarily from adolescent daily life. These examples are typical of the kinds of story fragments, anecdotes, and vignettes we hear in the consulting room. To the extent that, as analysts, we make and find meaning while listening, thinking in terms of our patient's approaches to reality testing gives us yet one more vantage point from which to consider what we hear.

Thought

The processes of perceiving, remembering, judging, reasoning, and forming concepts, all elements of reality testing, will all change in the course of development and significantly so at adolescence. In addition, cognitive maturation, the capacity for formal operational thinking, presents the adolescent with an entirely new way of viewing everything, thus providing both the need for and the means of testing the reality of new thoughts, observations, and experiences. This process of reconfiguring one's sense of self and of virtually everything else requires a kind of retesting of the reality of many different kinds of phenomena.

Inhelder and Piaget (1955), in their description of adolescent thinking, underscore two important changes that come about as a result of the development of formal thought. First is the capacity to think about one's own thought and thought processes. Unlike the younger child, the adolescent is able to analyze her own thinking. The second change is the ability to think abstractly and hypothetically, beyond the present, and thus to be able to engage in a reversal of the relationship between the real and the possible.

The implications of the first feature—thinking about one's own thought processes—are significant for reality testing. This is the essential aspect described by Rapaport, Hartmann, and Schafer (although some-

what differently): the ability to reflect on the very process of thinking (or daydreaming), which objectifies the thinker as thinking. This also supports the idea that the kinds of reality testing assumed to be essential to adult modes of adaptation are achieved and developed during adolescence, but not before. As a new process, self-reflection would need to be practiced, as pointed out earlier, and thus we might have yet one more way of thinking about some adolescents who reflect back everything in terms of themselves. With this self-referential behavior, they are, among other things, practicing the very process of self-reflection.

The second change, the capacity to reverse the relationship between the real and the possible, provides both the opportunity and the risk for endless imaginary elaborations of almost anything that is desired, feared, or actually encountered—especially calling for the need to have reality checks. On the one hand, it is now possible to think through situations and interactions with much greater facility, complexity, and nuance; at the same time, one often sees a young person who has trouble knowing where to stop this process. Now one sees the "brooding adolescent," engaged in "trial action," going too far. Virtually anything is imaginable and imaginarily reversible, and so it is possible through fantasy to lose touch with, or fail to learn in the first place, the realistic consequences of actions that have concrete realities and outcomes. With one's mind, anything goes—bicycling across the United States, seducing another successfully, writing a term paper in a single night.

Thought as trial-action, when there has been no prior experience, just does not work in many cases, especially as self and circumstances change so qualitatively. Too many features are new. Only the prohibitive fatigue that sets in (or doesn't) after episodes of endurance training, or the rejected (or received) flirtation, or the failed all-nighter brings home the reality of the body, of another person's response, of reading, thought, and time. For this reason, action—with or without discussion and conversation—can provide the necessary reality check to balance contemplation.

So much of adolescent and young adult development involves just this active testing out and narrowing down of dreams, wishes, plans, and fantasies of future prospects to those that will actually work. Inhelder and Piaget (1955) elaborate it this way:

> The indefinite extension of powers of thought made possible by the new instruments of propositional logic at first is conducive to a failure to distinguish between the ego's new and unpredicted capacities and social or cosmic universe to which they are applied. In other words the adolescent goes through a phase in which he attributes an unlimited power to his own thoughts so that the dream of a glorious future or of transforming the world through Ideas . . . seems to be not only fantasy but also an effective action which itself modifies the empirical world. [pp. 345-346]

The authors emphasize the importance of work as a means of providing reality checks of the imagined world. The Eriksonian moratorium is, indeed, the quintessential form of testing reality through action and conversation. For some, all the reflection in the world cannot equate the knowledge gained from engaging in active and interactive testing.

Thus, these two changes in adolescent thought—self-reflection and hypothetical thinking, crucial for the development of the reflective aspect of reality testing—illustrate and underscore the manner in which these changes both enable and call for more complex and differentiated reality-testing processes, and for the need for action as well as conversation (more with peers than parents, perhaps) to counterbalance newly gained cognitive capabilities.

The Sense of Time

"Time is that which allows us to order things sequentially" (Jacobs 1979). In line with Schafer's 1968 definition, two crucial aspects of reality testing involve anticipation and delay, both of which rely on the ability to imagine both sequences and consequences of action, and to use thought, fantasy, and the promise of later gratification to master the experience of the passage of time—that is to say, of duration. How does one master time, reality test time? Or, put differently, what is it about time and adolescence that creates atypical or ambiguous situations and new challenges?

Infinity defines space, defies space. And in the realm of immediate experience, there are walls, fences, furniture, trees, and other humans to interrupt our movement and tell us something about where we are in

space. But time? This is not so clear. Nor can it ever be. Mortality and immortality define and defy it, but there is little in the natural surround to clarify time except in the broad strokes of day and night. For the baby, there are heartbeats within and also those heard and felt from the cradling other, along with the comings and goings of the mothering people outside, who, in the process of helping to distinguish inside and outside, self and other, also help with learning about now and then, and future. Much later, the menstruation of the adolescent girl, if it occurs, provides a further sense of the passage and periodicity of time. And indeed, one outcome of stopping one's period through self-starvation is the stopping of time and the reestablishment of timelessness.

Tests of time call for much creativity, as the adolescent works toward a reconciliation of objective, scientific time with subjective, psychological time. In scientific time, the temporal ordering of events reflects both irreversibility and causality; whereas in experienced, psychological time, "the logic of time is the logic of images or associations in which ordering of events has to do with their significance for the individual" (Seton 1974, p. 799). The analytic patient who can sense that the session time is about to finish, while simultaneously being able to report experiencing it as having raced (or dragged) by, has mastered this reconciliation in this context. Seton points out, too, that the sense of temporal ordering—of one's self as having lived across time—provides a kind of experienced identity that is independent of the immediate psychosocial surround.

> It is through the experience of duration of past-present-future time that one gains an early notion of an enduring self, and it is from this that grows a sense of one's own history . . . . It partakes of a sense of one's self in terms of temporality rather than definition of self entirely in terms of one's psychosocial referents. [p. 801]

The world of classes, sports events with time clocks, scheduled rendezvous with dreaded or desired others provides an abundance of opportunities to be late, early, or on time. Each event confers the opportunity to know time by psychologically "bumping into it." Lateness, and its usually unpleasant consequences—the irritated friend, the paper graded down, the "grounding" parent—gives perhaps the greatest information.

Encounters with "objective" time can also have an effect on one's self-esteem. Tasks take time. Doing one's laundry, driving to the grocery store while maintaining the speed limit, getting someone to the airport on time, doing homework assignments—the term paper and its call for reading and research in addition to writing—all give feedback about one's judgment and anticipation of how long something should take. The individual who still lives too much within his own world of instant imagined solutions and outcomes may find it humiliating that tasks too frequently take longer than anticipated: "What is wrong with me that reading that book took so long?"

Perhaps, in the testing of time, action more than reflection or conversation provides the most meaningful verification of reality. It may also be that the unverifiability of the mode of time called *future* heightens the urgency to encounter, bump into, and wrestle with—as well as deny—the present.

Parental Representations

Freud (1925) provides an additional aspect of reality testing, in that one function of judgment is the *revision* of a memory in the face of new reality. He writes:

> The reproduction of a perception as a presentation is not always a faithful one; it may be modified by omissions, or changed by the merging of various elements. In that case, reality-testing has to ascertain how far such distortions go. [p. 238]

Recognizing this, we can see that the lines of research conducted both by Mahler and her colleagues (Mahler, Pine, and Bergman 1975; Pine 1974, 1982), in tracing the development of libidinal object constancy, and by Blatt and his colleagues (Blatt and Auerbach 2003; Blatt et al., unpublished), in assessing the level and progressive differentiation of internalized object representations, are working within a particular domain in the development of reality testing. These changes can be heard when listening to an adolescent describe her mother or father. At any given moment, one may hear frank idealization, contemptuous denigration, defenses against knowing, anxious or rageful splitting, ob-

sessional overdescription to contain affect, and what sounds like a more "realistic," complex, differentiated appraisal that recognizes another person who has strengths and weaknesses and an independent self and personal history.

This process, including the progressive transformation of object representations from the more global to the more differentiated, is a central theme of psychoanalytic developmental theory. It is both the outcome and the facilitator of more complex and efficient reality testing. It is not a linear process, but takes place in fits and spurts with much slippage. It is more "pendular," to use Blos's (1967, p. 164) term, with oscillations of regressive and progressive movement in the representations of the parents. And among adults, we often hear how differently people may experience their parents (or memories of them) after becoming parents themselves. In general, the greater the complexity of the object representation, the greater the potential for a clearer distinction between one's self and another person.

Inhelder and Piaget (1955) note that, as part of preparing to take up adult roles, the adolescent "begins to consider himself as the equal of adults and to judge them with complete reciprocity" (p. 339). The problem is that this assumption of equality begins without having been demonstrated to be valid, and it is this very incompatibility between the adolescent's view of herself and her understanding of her parents' view of her that stimulates and promotes the processes of reality testing and the differentiation of her view of both them and of herself: "How dare you forbid me to drive the car on this rainy autumn night, just because the road is covered with rain-slick leaves? Particularly when I know you to have driven home from parties drunk; whereas I, at least, will be driving sober."

This is thought, although under other circumstances it may be spoken—with feeling. The next day, when learning that some friends were involved in a car accident, having lost control on a slippery curve while not driving much beyond the speed limit (because, in fact, of the leaves on the road), the insulted and disdainful daughter has to rethink her parents' judgment—and her own. She is challenged to recognize the distinction between the parents' actions and their hopes for the almost-

grown child, as well as the difference between her judgment and theirs about the external reality of roads and rain.

Each challenge, each confrontation, each bit of friction requires a reconsideration of self and other, an oscillation between accommodation and assimilation, ideally yielding a new equilibrium and a more complex, differentiated awareness of the other person. Thus, this fundamental aspect of the progressive refinement of object constancy and internal representations—"just who are these people whose house I inhabit?"—is also an aspect of the development of reality testing.

We can see in the young person's engagement with her parents the interaction between action, contemplation, and conversation. Certainly, adolescents reflect upon their parents and their faults and strengths with the new scrutiny that formal thinking allows. A sense of them having lived their own history is now possible; and the young person, now fully capable of self-reflection and self-observation, can think about her view of her parents in the present, in contrast to her view of them in the past: "I used to think . . . ; but now I realize . . ." And we see that action, in the many forms of what gets called *testing limits,* can be as self-educative as it is provocative. Only by engaging them actively does one come to have a better sense of who parents are.

It may be that conversation with some parents for some adolescents comes to such a screeching halt at the point that the young person discerns the incompatibility and discrepancies between things said and things done. Erikson's notion of fidelity, involving as it does the concern with what is true and real, in itself reveals a certain intolerance for complexity, inconsistency, and ambivalence, often described when observed in another as that person's being hypocritical. When a parent's expressed philosophy of life conflicts too greatly with known or suspected behavior and history, the validity of conversation can collapse in on itself. And conversations that erupt into verbal fights may reflect the collision of attempts at adolescent validation with parental disputation and denials.

Self-Representation and the Embodied Self

Studies on the development of the concept of the body self are crucial to understanding the adolescent's reworking of her relationship to

her body—including her representations of herself at earlier developmental stages (Lichtenberg 1975, 1978). Part of this includes the girl's experience of her body boundaries and her entitlement to maintain them. This experience involves both a sense of oneself as an existing mass capable of motion, and also of having a defined exterior (the skin) which defines the boundary between self and non-self (Mahler and McDevitt 1982). The body self as sexual and gendered is central to psychoanalytic theory, although the specifics of this process continue to be elaborated, modified, and debated, with the concept of gender itself being called into question.

Vulva, clitoris, labia: words for a girl's external genitals. The first sexual parts of her body that she will touch are usually the last to be introduced into her vocabulary. The word *vagina* is usually offered as the catch-all category for a girl's sexual "equipment," along with the uterus and ovaries (Lerner 1976). Being told that she has a vagina, which makes her a girl, and that it is inside and (perhaps) very special, suggests that it is *all* she has. It is contrasted—not just by her, but by her culture—with the boy's genitals, which are external. The parts of her body that are especially pleasing to touch, and that she is told *not* to touch when other people are around, carry all the sensations and connotations so as to suggest they are sexual; and yet she has been told that what genders her physically is her vagina, and that it is inside, out of sight.

And so the fundamental, hard-won inside/outside dichotomy is thrown into question. If the parts of her body that feel good to touch, part of her sexuality, defining her gender, are part of her vagina that she is told is inside, then is she misshapen? Should they not be inside? Or does this mean she isn't a girl? But she knows she is not a boy. Is she then not herself? Or . . . is her mother wrong? Confused? Lying to her? These last questions, if she values the attachment to her mother, are virtually unthinkable.

The possible impact of this kind of misinformation and parental and societal anxiety coding is further illustrated by Lerner, whose patient referred to her external genitals variously as "hinges" (Lerner 1976, p. 272), "my outside stuff" (p. 271), or "like a clock . . . simple on the outside . . . . But if you look beyond the surface . . . too much to figure out" (p. 272). This orientation of aversion and confusion with regard

to female genitals contrasts with a patient described by Balsam (2001), whose mother, most happy, apparently, when pregnant, shared anatomical information with an especial ease, joy, pleasure, and pride, which was received and used well by her daughter through adolescence into young adulthood.

One may assume that "moments" of failed parental response are alone not sufficient to explain later failures in the integration of one's sexuality into an adult self-image and the establishment of clear and well-defined body boundaries. Fonagy's (2008) thought-provoking paper on the function of parental mirroring and its role in the regulation of sexual arousal, illustrated in the sexual experience of a 15-year-old boy, has been challenged as providing too narrow a window of developmental influence. And in the zigzag of development that chaos theory suggests to us, there are many opportunities for reworking and revision in the course of development (Galatzer-Levy 2004), a perspective stressed by Erikson throughout his writings, even before nonlinear systems theory provided us with a formal way of saying this (Sander 1995; Thelen 2005; Thelen and Smith 1994).

The physical changes that take place during adolescence require significant reorganization and reintegration of one's sense of body self, including at this time a new quality to the sexual response. Adolescent masturbation and masturbation fantasy provide an opportunity for mastery, reworking, discovery, and thus a kind of reality testing about the self—a self that now must somehow include a recognition of mature genitals and adult sexuality (Laufer 1968, 1982, 1989).

A Composite Vignette. Two girls, thirteen and fourteen, are spending a Sunday afternoon together at the home of the one whose father is an antiquarian bookseller, with a shop of used and rare books built adjacent to the house. Roaming through the closed shop, the two friends find an 1890s medical textbook with a chapter describing sexual anatomy and the sexual response. There are illustrations of male and female internal and external anatomy. The 14-year-old takes in a short breath of excitement and relief at the sight of shapes roughly similar to her own, with specific names attached. The two girls giggle to each other. They proceed to read that the woman does not have a ready sexual response. She has to be "prepared" for intercourse by her husband in what is called

"foreplay." "Such an old-fashioned word," one of them says laughingly—and a little nervously. Together, they read on to "learn" that a significant difference between men and women is that men masturbate, whereas women do not. "Hrumph," says the 14-year-old, "so I am a guy? What a stupid book." This indirect acknowledgment frees something in the 13-year-old who, later that day, alone, begins to experiment consciously and intentionally with touch, pleasure, pain, and feelings of too-much-ness. The friends distance for a few days, and then become even closer, testing out with each other some of what they had been thinking and talking about and had been doing by themselves.

One can see reality testing at several points in this vignette, enacted through the coordination of contemplation, conversation, and action, as well as by what Freud identifies as prejudice, the denigration of the unfamiliar. Investigation of the medical textbook offers an opportunity to contradict or confirm their present notions of genitals and sexuality; it is a simultaneous test of their own knowledge and that of the book's, and when confronted with a difference (regarding masturbation as only for men), one girl engages in the prejudicial response of rejecting the book. A few days later, self-touch is contrasted with touching and being touched by someone else, and masturbation fantasies that included arousal by and of other women and girls were tested against the actuality of girl-with-girl engagement. For one of them, it was confirming; for the other, clarifying (Shapiro 2008a).

That this excursion into reality testing of the sexual body and the sexual response also involved pleasure, provocation, play, the enlargement of a friendship, and the possible actualization of unconscious fantasy is not disputed; but the extent of reality testing involved should not be overlooked. And the sexual and sensual experimentation that occurred between the girls, as they pursued the excitement each had found in her respective masturbation fantasies, testing fantasy against the tactile reality of each other's bodies, reminds one of Loewald's (1975) comment on a similarity between late adolescence and psychoanalysis:

> The developmental tasks of late adolescence in many respects are similar to those in an analysis . . . . Reality testing is far more than an intellectual or cognitive function. It may be understood

> more comprehensively as the experiential testing of fantasy—its potential and suitability for actualization—and the testing of actuality—and its potential for encompassing it in, and penetrating it with, one's fantasy life. We deal with the task of a reciprocal transposition. [pp. 295-296]

The changing body that the adolescent girl must progressively integrate into her sense of her self includes more than just her genitals and the uncontrollable occurrence of menstruation. It includes her awareness of her changing breasts, buttocks, and thighs, and it involves conscious and preconscious comparison with the bodies of other girls and older women, along a line of female development independent of comparisons with the bodies and genitals of boys and men. In bringing this point clearly to our attention, Balsam (2000, 2001, 2003) also reminds us that a girl's developmental line includes her awareness of her potential for pregnancy (regardless of wish or intention) and the extraordinary, massive alteration in her physical shape that this would entail. Pregnancy, whether conceived in fantasy or in actuality, involves an obvious challenge to the simple divide of inside and outside, self and other.

And beyond the sexual changes in the adolescent body, puberty brings with it full stature and greater physical strength, which can be tested against others in athletic activity. This is perhaps the most easily recognized arena for testing the reality of one's body and its changes in strength and endurance. Here sports (and military service) provide an institutionalized setting for seeing what one can do. Harris (2004) describes her graduate school experience on a men's lacrosse team at Michigan University—a test of, among other things, the power of Title IX, the law that "requires gender equity for boys and girls in every educational program that receives federal funding." She writes:

> By season's end, I have calves that were astonishing, bruises everywhere and an interesting worm's-eye-view of the power and anonymity of masks and protective padding . . . . The concept of mastery came to have a highly physical cathexis for me. I felt in possession of a body image formed and streamlined away from the objectifying male gaze that stains and maintains so much of female subjectivity. Body imago and self-state were focused and

> delineated by the impact of flesh on flesh, muscle to muscle. [pp. 133-134]

SOCIAL AND POLITICAL IMPLICATIONS

I will return now to fidelity in its broadest conception. If we accept Erikson's idea that the adolescent call to action is organized around matters of fidelity, including the search for some person or some idea to be true to, then we see the potential power that societies—as well as the governments that control and sometimes pervert them—have in harnessing that desire.

In *Young Man Luther* (1958b), published just before his work on fidelity, Erikson defines ideology as

> . . . an unconscious tendency underlying religious and scientific as well as political thought: the tendency at a given time to make facts amenable to ideas, and ideas to facts, in order to create a world image convincing enough to support the collective and the individual sense of identity. [p. 22]

Here we see a tug of war between belief and reality, and so we can understand further that in order to guard against naive submission to ideological forces, the devotional aspect of fidelity requires judicious self-observation. The danger is that in the search for someone or something to be true to, the discipline of disciplined devotion will be cast aside or may never develop. Instead, one may see an adolescent engaged in blind devotion, sliding backward into blind trust (Volkan 2004).

Suicide Terrorism

In 2004, the average age of female suicide bombers was twenty (Zedalis 2004), and of the twenty-seven male Palestinian suicide bombers counted during 2003–2004 whose age was known, the model age was nineteen (Hafez 2006). Thus, the role of the adolescent and of adolescent concerns and propensities must not be ignored in considering the problem of suicide terrorism. And for female suicide bombers, the impact of specific, cultural gender role assignment as it pertains to adolescent identity must also be taken into consideration (Browning 2008).

Hafez tries to clarify one aspect of the problem of suicide bombers this way: "Militant groups frame suicide attacks as opportunities for empowerment and vengeance, and in doing so they foster the myth of the 'heroic martyr'" (pp. 6-7). He points out that people recruited as suicide bombers are not merely manipulated, but rather they are "*inspired* by the opportunity to fulfill their obligation to God, sacrifice for the nation and avenge a grieving people" (p. 50, italics in original).

In their study of Chechen suicide terrorists, Speckhard and Ahkmedova (2006) describe their belief that vengeance is intensely personal. They argue for the role of traumatic experiences in contributing to a willingness to be recruited, noting that all thirty-four of the subjects in their study had witnessed the death or torture of a close family member. Devotion linked to attachment and grief will power the need for vengeance at the deepest level.

Hafez (2006) asserts that is it not enough to look at suicide terrorism only through the lens of group process.[4] Like many studies of terrorism, Hafez's work shows the utility of looking at this complex problem as embedded within three different human contexts that converge to generate violent action. The first is a culture of martyrdom and redemption, such that suicide is redefined as an act not of weakness but as one of sacrifice. The second force is an organizational one, whereby the desperation of the organization leads it to see this as the only possible approach. And third, there must be a political environment that produces a ready supply of recruits.

Based on his research, Hafez notes that, for Palestinian terrorists, redemption represents "adherence to one's avowed identity in times when loyalty to his identity is brought into question" (p. 33). Here we can see clearly the notion of fidelity with respect to both identity and ideology. Hafaz reminds us that this same mentality can undergird the active heroism of soldiers and firefighters. It is not so much the individual frame of mind, but rather the social and political context in which it occurs and the way it is exploited.

When Erikson writes of the "crisis" of adolescence, he is not speaking of a catastrophe. He defines crisis, literally, as a *turning point*. The transi-

[4] For one such highly informative source, however, see Tarantelli (2010).

tion of adolescence, experienced and responded to differentially within and among different cultures at different times in history, provides a critical turning point as to whether an individual's capacity for loyalty, integrity, and devotion will manifest itself in acts of altruism or of terrorism. When terrorism is defined by a culture and a political system as the ultimate act of altruism, then intervention must take place at the cultural and political levels as well as at the individual one.

SUMMARY AND CONCLUSIONS

Testing reality is work, and sometimes the only thing to do is just go out there and bump into it. This is the gist of the two quotations with which I began this essay. What I have tried to add to this through Erikson's notion of fidelity is the idea that reality testing during adolescence can be a full-time job.

Within this broad idea of fidelity and reality testing, I have tried to make several points: that a component of Erikson's concept of fidelity involves reality testing; that reality testing might be thought about as a developmental line; that the diverse definitions of reality testing suggest three modes of approach, which I have labeled descriptively as *contemplation, action,* and *conversation;* that many reality-testing tasks of adolescence (and presumably of adulthood as well) can be approached by any or all of these methods, separately or in concert, each approach acting as a counterbalance to the other; and, finally, that reality testing through action may be a more valid, healthy, and necessary process than is generally assumed.

I have also pointed out that looking at terrorism through the lens of Erikson's thinking about fidelity, developmental actuality, and adolescents' embeddedness in their social and historical context can yield useful insights. Thus Erikson's work continues to be highly relevant for our understanding of cultural and political phenomena and their impact on the individual.

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THE LIVING BODY IN THE PSYCHOANALYTIC EXPERIENCE

BY CARLA DE TOFFOLI[1]

Instead of viewing body and psyche as two "substances," the author proposes that they be seen as two ways of experiencing the complex reality of the human being. Clinically, this translates into an exploration of the possibility of including the somatic in the territory of what can be represented—that is, recognizing in somatic and sensory elements and in bodily functions the potential for meaning and language, appreciating their status as precursors of representation. These somatic signals may be detected in a dialogue involving not only the minds of analyst and analysand, but also their bodies. Clinical examples are given involving different bodily functions.

Keywords: Body, body–mind relationship, representation, biological processes, psyche, language, breathing, symbolization, emotions, physical illness, dreaming, pregnancy, consciousness.

> Knowing, above all, that the earth beneath her feet was so deep and secret that there was no need to fear the invasion of understanding dissolving its mystery.
>
> —Lispector (1986, p. 40)

[1] *Editor's Note:* We regret to inform our readers that Dr. Carla De Toffoli, a Training Analyst of the Italian Psychoanalytic Society who was in private practice in Rome, passed away on February 5, 2011. We thank her widower, Dr. Basilio Bonfiglio, for allowing us to publish her article posthumously. We are also grateful to Dr. De Toffoli's close colleague and friend of many years, Dr. Luigi Solano, for his help in preparing the final version of this article.

THE IDEA OF THINGS IN THE THINGS THEMSELVES

Francisco Varela[2] once told me that since he was nine or ten, a question had been haunting him: "How can we understand the relationship between *body*—so physical, so heavy—and *mind,* experienced as ephemeral, almost atmospheric?" As an adult, with his scientist's cap—as he liked to say—he worked to overcome the traditional body–mind, inner–outer, subjective–objective dichotomies. He understood that no mind can exist if it is not fully embodied; he saw that there is a deep co-determination of what appears to be *inside* and what appears to be *outside,* and both exist as changing structures in an interdependent process.

Freud's insight described in *An Outline of Psycho-Analysis* (1938), in which it becomes natural to emphasize somatic processes and recognize in them the truly psychic—along with his statement that "psycho-analysis explains the supposedly somatic concomitant phenomena as being what is truly psychical, and thus in the first instance disregards the quality of consciousness . . . . The psychical is unconscious in itself" (p. 158)—is now corroborated by the development of neuroscience, i.e., evolutionary biology. This represents a new epistemological paradigm that uses the concept of *complementarity,* borrowed from quantum physics.

In this new epistemology, *body* and *psyche* do not designate two ontologically different entities, but rather two categories of consciousness. We call *soma* what can be perceived through our five senses and can be tested by an objective assessment; we call *psyche* what we subjectively give sense to. Thus, thunder and lightning appear to the observer as two sensorially different phenomena set apart in time, but in fact they are two ways of knowing a single physical phenomenon: an electric discharge (Matthis 2000).

Therefore, in psychoanalytic theory and practice, we can let go of the traditional separation between disciplines dealing with the psyche and those dealing with the body—an epistemological dissociation that has pervaded psychoanalysis, as if we could attend to the psychic by shutting out the somatic. To extend both the object and the subject of psy-

[2] Varela was a Chilean biologist, philosopher, and neuroscientist who died in 2001.

choanalysis to the body is not only relevant but theoretically consistent and clinically necessary. Clinically, this means exploring the possibility of including the somatic in the territory of what can be represented—that is, recognizing in somatic and sensory elements and in bodily functions the potential for meaning and language, and appreciating their status as precursors of representation.

In terms of theory, extending the field of analysis from the realm of "thoughts that have been thought" to the field of "unthought thoughts" will require "new tools and new theories, because the ones we have help us explore the large territory of what can be represented, but not much beyond it" (Riolo 2008, translation by the author). Several efforts in this direction have been made. Green's work (Reed 2009; Reed and Baudry 2005) has been devoted, to a remarkable degree, to the study of the development of *void,* of nonrepresentation, when failures occur in the symbolization of loss and differentiation, and to the modifications of clinical stance that are necessary to address these situations, in terms of the analytic setting and analytic listening. Botella and Botella (2001) introduced the concept of *psychic figurability* (iconic representation) as a first access to hitherto nonrepresentable material.

As to the body in a specific sense, Anzieu's (1985) "transitional" concept of a *skin ego* helped bring an important bodily aspect into the realm of what can be represented. Efforts at finding meaning in somatic movements or disorders were made by Chiozza (1986), in universal terms, and by adherents of North American relational psychoanalysis, more in the direction of their orientation to the other(s) (Aron and Anderson 1998).

I will try to show how we can find/create a language for that level of experience that is not yet—or not any more—*thought* in the potential space of the analytic work.

Since cognitive phenomena are inherently connected to the emotional experience, the emergence of *I* and *you* happens at the same time as the emergence of the body, lived as an experience of oneself as the subject is mirrored in the other. All these levels are mutually co-determined, and the psychoanalytic set-up is a privileged place to learn about them in the context of both the first person and the third person (i.e., both subjectively and objectively). Here these levels can be virtually re-

created and made sense of in a bipersonal field, from within a story that has been lived, with which these processes are inextricably connected—rather like paths that exist just because they have been traced by those who walk together along them (De Toffoli 2006; Varela, Thompson, and Rosch 1991).

Thus, in accordance with the evolutionary theory of knowledge, which postulates a single, real process that we experience through two independent and incommensurable ways of knowing, as is the case with matter and energy (Lorenz 1983), I consider the body and the mind not as two *substances,* but as two ways of experiencing the complex and multidimensional reality of the human being. The neurophysiological and hormonal bridge between objective and subjective perceptions is formed by emotions that travel between one's self and the other along various pathways of communication, still only partially explored (De Toffoli 2001, 2007; Pert 1997; Solms and Kaplan 1996).

Any theory of affects strives to clarify interaction between the physical and the psychic, since emotion can be defined as a psychic aspect of concurrent somatic processes (Matthis 2000). I am not thinking here of a cause–effect relationship—psychic phenomena causing physical effects, or vice versa—but rather of *concurrent* phenomena, like two sides of the same coin. Psychic and somatic manifestations of affects are simply two ways to represent the same thing. The internal event, which cannot be known and is called *affect,* is simultaneously recorded on both surfaces of our perception: it is perceived as an emotion on the inner surface of our consciousness, and as a somatic state on its outer surface. Every affect is an essentially subjective state and is inherently connected to the body (Solms and Kaplan 1996).

The House at Otowi Bridge, a biography of Edith Warner (Church 1959), tells about a house by a bridge that crosses the Rio Grande River in New Mexico. For many years, the house acted as a link between two worlds: the world of a secret atomic city, the Los Alamos Laboratory of Nuclear Research, where physicists worked on the Manhattan Project (the construction of the atomic bomb later dropped on Hiroshima); and the world of the Pueblo Indians, who had lived in that region for thousands of years. That house, where the people of both worlds could have dinner by candlelight, was the symbolic threshold of a potential in-

tegration yet to be made between two opposing worlds—between the extreme accomplishments of an objective and objectifying science, on the one hand, and a knowledge from within that was unique to the Indian people who dwell "at the place of healing by the river" (Church 1959, p. 121)—a place where Body and Mind, Matter and Spirit communicate in mutual harmony. The book describes the way that intuitive knowledge of the organic structure of the whole has developed separately from technology; the former has constructed a rainbow bridge over the river, one that only a few people know how to cross, while the latter has constructed a steel bridge traveled over by military convoys (see my Epilogue).

As clinicians, we should be capable of traveling along a multidimensional Moebius strip between inside and outside, oneself and the other, body and mind, sleep and waking. Then we would be able to see that some clearly external events—such as anxious parents, asylums, wars, and other circumstances—are in fact the very same events that appear in the individual as pains or illnesses (Bion 1965). We would want to know how to recognize invariants and to understand mutative transitions. The neurobiological and biochemical maps that we currently have are only partially effective in identifying a path in both directions.

The twisting places in the Moebius strip on which we live require reversible shifts in our states of consciousness, in our perception of the ego and reality, in our identification processes. These twisting places may be said to cross row C in Bion's Grid, and they imply the dimensions of the oneiric and the imaginary proposed by Winnicott (1971): the creation of a potential space between subject and object, the recognition of illusion as the constituent field of experience and as a prerequisite with which to creatively relate different orders of reality (Pontalis 1977). Every one of us, in learning to shift from one side to the other without losing ourselves, needs to be accompanied by someone who already knows the journey back and forth—the sleep, the dream, and the awakening—who knows how to stay in this paradox without needing to resolve it. We need to know that on the other side as well, in the other order of reality, in the other state of consciousness, we will always meet ourselves—perhaps in an unconscious area of the ego, in an archaic nucleus of the id, or in the cellular consciousness of our origins.

We may find the origin of a possible splitting that has occurred in the transition from one order of reality to the other, in our primary experiences of life and of links, embedded in our biological processes as a language of the body—whose code we have lost—as it reappears in the transference. Here the analytic work has the potential for dreaming and transforming what appears as self and other into a dialogue between *I* and *you,* thus revealing the interconnections and mutual mirroring between the minds and bodies of analyst and analysand.

THE BODILY ATTENTION OF THE ANALYST

I began to experience and understand from within the unconscious psychosomatic interconnections between analyst and patient by embodying, together with the patient, a quality of the link that can be symbolically represented in the dynamic of breathing.

A bridge leading from the sensory data of experience to the ideas that can be expressed verbally is based on intuition of unconscious forms (most likely somatic-sensory forms) with powerful emotional content. These unconscious forms are unthought but are experienced—if you will—as tactile, thermal pressure qualities, as energy of geometric, mathematical, sonar, radiating, rhythmic, or oscillatory potentials, which can arise from within or without (Bion 1965; Pauli 1992). For an unconscious fantasy to become a visual experience—that is, for it to be dreamed—there must be an experience of it *in* the body (Boyer 1999; Gaddini 1981).

The emergence of fantasies *about* the body is the first mental image of a separate self, and it requires the intermediation of mirroring by the other (originally, the mother), which allows the subject to conceive of consciousness of the self as an object (Ogden 1994; Winnicott 1971). The objective perception of one's own body, therefore, is not the primary stage of consciousness, but a further function acquired by a dream (Edelman 2006; Varela 2000): the body needs to be created, just as the rest of the world needs to be created, before it can be seen (Milner 1987).

The prerepresentational area of the patient's experience can be reached by the analyst only by dreaming it, after he or she has resonated with it through his or her own mind–body consciousness. This con-

sciousness is not a disembodied function that takes upon itself the entire meaning of that experience in a supposedly disembodied space removed from matter (Matthis 2000). Rather, it is a consciousness embodied in a symbolic and meaningful body. It is an aware-of-the-body attention, a presence that is also affective, of which we have a beautiful example in the account of the psychoanalytic treatment of a patient named Susan (Milner 1969).

If we know almost nothing about the unconscious (Riolo 2008), it is just as true that we know fairly little about consciousness—what makes this phenomenon possible, what enables us to say that there is an emergence of consciousness. The notion of *emergence* is absolutely central here. Without such a notion, we would continue to hold a dualistic view and would never understand how consciousness can be connected to its material foundation without falling into reductionism. The emerging processes have a relational identity: they exist in relationships between the local, interconnecting components that then move from the local to the global level and generate transitions of state—like a tornado, an apparently inexistent object, because it exists only in the relationships of its molecular components. However, its existence is proven by the fact that it destroys everything in its path (Varela 2001).

Similarly, consciousness emerges from the dynamic connections that we manage to dream (in the dream or the waking dream thought) between physical body, emotional body, mental body, world, and other human beings. It emerges as a global phenomenon that embraces, manifests, and realizes these connections on a new level of existence. An essential implication of the notion of *emergence* is that the new global identity affects local components. The emergence of a new state of consciousness can change the firing of neurotransmitters, synaptic interactions, hormonal balances, and the neurovegetative state. Consciousness, therefore, can be embodied in and become inherent in the body functioning (Varela 2001).

BREATHING

Evidence of the emotional and relational dimension of the processes linked to food intake has promoted the widespread diffusion of the

feeding model as a metaphor of the analyst–patient relationship, while the psychic dimension of respiratory activities has been neglected by psychoanalysis. This is probably because breathing is not a voluntary act; the biochemical transformations that characterize it are not under our control. When air enters the lungs of one individual, it pervades his or her body, leaves it, and potentially circulates in the body of another individual, outside of our consciousness or our perception. Moreover, air spreads throughout the whole body, the breath coinciding with the body's life. But—in contrast to the situation with food—breath goes beyond the body and is not in itself containable; it moves freely from *I* to *you,* like the psychic, eluding the "customs barriers" of the single individual.

Nutritional exchanges imply an action taking place; they usually occur in a single direction, and what is exchanged is material, something perceptible by the senses. Respiratory exchanges, in contrast, imply the *being* and the *becoming* of the self and the other. Here the means of communication and the "thing" communicated are not sensorially perceptible, and they transit freely in both directions. To the speculative imagination, then, *breath* suggests some mental categories that are useful to conceptualize the dimension of analytic work in which transformations of self–other-than-self, body–mind, and I–you take place—without a collapse of thinking into an organic reductionism, an unsustainable and confusional monism.

The processes through which the soma is given physical life and the psyche is represented in the body necessitate a constant oscillation between being *one* and being *two* in the work of the analytic pair. According to Winnicott, this is the way in which *being* is passed from one generation to another; it represents the place from which projective and introjective identification are derived, and in which each is the same as the other. This is a matter of dealing with very fine details, and requires the mind to have liberated itself from the difficulties of its own functioning (Winnicott 1971).

I remember with gratitude the first patient who helped me to intuit this dimension of the analytic work, to gather the symbolic reciprocity of facts that are manifest now as somatic, now as psychic—shifting from one to the other in order to be understood and worked through. This pa-

tient was a young man of around twenty-five when he arrived at my office in an apparently altered state of consciousness. The emotional meaningfulness of his gaze, through which he tried to rush into me, immediately conveyed the feeling that I was bound to face a particular quality of relationship: I was being requested to go through a symbiotic experience with him. At the time, I had a large plant that occupied considerable space in the room, reaching almost to the ceiling. He sat in front of me—we were separated by my desk—and then he looked around a bit and began by saying: "My problem is that I don't know what to give back to plants in return for what they give to me."

I had never contemplated such an idea as a motivation for undergoing analysis. I thought about the transferential implications of what was being proposed, its risks, and the possible transformations. It was not merely a case of my being like a big tree to him, or of recognizing the mutuality of common work. He was asking me to recognize *breath* as a metaphor for our relationship, more than language—the air around us as a vector of transformation. He was asking to exchange "only" or mainly air—which, however, through breath coincides with life, pervading the body, penetrating the cells and at the same time consciousness, which brings matter alive. This brought to my mind the moment of giving birth, in which the woman must take the consciousness of her own breath inside her body, to the point of making it coincide with the rhythm of her uterine contractions, and in this way communicate with the propulsive movements of the fetus, passing on to it the respiratory rhythm of existence that the baby must be capable of assuming.

While I was pondering all this, the patient was watching me innocently, waiting for a reply. I said to him: "Good, this is a perfect equilibrium: the plants give you oxygen, and you give them carbon dioxide, which they need." He understood and replied, feeling legitimized in taking a second step, "My name is Lan-Freud."[3]

I felt the patient could have stated his name only on the base of a false self, and that he was requesting me in that moment to live an infantile symbiotic situation with him, in which through a fusion of names we would achieve an omnipotent primeval unity (the omnipotence being

[3] His way of uttering this word suggested a hyphen.

represented by the name *Freud*). My impression is that the patient had some hint of the peculiarity of his request, and that he was requiring of the analyst the capacity to *play* (in Winnicott's sense) among different states of mind. He was faster than I in these movements from the vegetative level to the linguistic one, based on his name. For him the oxygen of life was therefore my being Freud, which he breathed in to the point of incorporating it, becoming it.

The patient was communicating that he was not asking me for abstract knowledge of the metabolic processes, but rather had enacted the "Thing" (*Darstellung*) that related to us, telling me that this "Thing" could only live by becoming embodied in a concrete manner in our breathing, and including us both in a biological unit and therefore also a linguistic one. The challenge was to know the process from the inside, without a preliminary objectification, but without losing myself in it, obviously, and remaining present as a conscious witness. It was not the moment for me to frighten myself by thinking of idealization, of omnipotence, of symbiosis, of how I would have fought with him. I remembered that, according to the Bhagavad Gita, the body is both the battleground and the One Who Knows the Ground.

I did not say anything because I did not know what to say. However, I sensed that what was for him his insane waste product, his carbon dioxide, his playing at jumping the confines of the mind—if I had known how to breathe it without judging him, understanding it as a metaphor to be embodied in the story of the bond between us—then yes, I would have liked this. It would have freed me from barriers; it would have taught me the metamorphoses of life, which like water changes its state according to the temperature of the bond, flows without form if not that of the container, condenses as a physical body giving itself boundaries, disappears from sight and from sensory perception, freeing itself and expanding like vapor in the psychic space. I had to be reliable and also flexible, like a plant—breathing in the patient's insanity.

Was I always up to the job? Certainly not. I tried to integrate the dimensions—to permit, in the consulting room, the coexistence of his being guided by the unconscious, his smelling the air and following like an animal routes that at first were invisible to me, and my staying within clock time, in the space of the room.

After a few months (I still did not know his name), the patient announced to me triumphantly: "My name is Lamberto," and I replied, "And I am Dr. De Toffoli."

He had obviously known my last name, which was written on the door of my office, before this episode, but in this moment, when he appeared capable of resuming his own identity, I felt I should state clearly my own personal identity so that he could relinquish the omnipotent identification with Freud he had attributed to me. Through the symbiotic dimension represented by the composite word *Lan-Freud,* that identification reverberated in him.

From the beginning, I believed it was very important not to look for a diagnosis, but to accept the function that the patient was asking me to perform for him. This was first of all to be at one with him, so that I could later help him travel to a dual dimension, which in this case meant not only two minds, but two bodies and two names as well. Similarly, insisting that the patient reveal his real name would have supplied only bureaucratic information; the analyst needed to suffer through vagueness until the patient was capable of stating his name truthfully.

SURVIVING THE DANGER OF BEING ABORTED

Thanks to this experience, I was sufficiently able to receive another patient, Eugenio, a high school student who came to analysis because his brain had "gone outside not only of my head, but also of the atmosphere," and he had "lost [himself] in space." He was not able to distinguish whether a perception came from objects in the room, from his body, or from the analyst's body.

I was then a trainee, and in those days it was taught that if a patient falls asleep in a session, one must wake him up to "make him work." I was, however, able to understand that all he could do at the time was to come to his sessions, lie down, and sleep. He slept for around nine months, four times a week, and—in the same way that Eskimos distinguish among twelve types of snow, to which they have given twelve different names, and Indians recognize twelve types of silence—with him I learned to distinguish twelve types of breathing. In the silence, my atten-

tion was soon attracted by variations in the rhythm, tempo, and intensity of his respiratory activity. Passing with him through groaning, wheezing, and exclamations, I imagined obstacles to oxygenation, stoppages in blood flow, crushings of the umbilical cord, until we came to the tranquil flow of air from one to the other.

I could see the thought of the analyst enter the patient's biological matter, assist in the sudden transformation of something from the psychic state of the one to the somatic state of the other, and vice versa. I could witness the two faces of the respiratory process: one inherent to vegetative life, the other to relational life—the first glimpse of an active model of exchange. I could see the texture of the self emerge contextually from the relationship and from the body. In this way, Eugenio underwent the psychic gestation that he had been missing, as he was able to tell me many years later (De Toffoli 1988).

In order to give a soul to the biological processes, and so as not to leave Eugenio alone in the vegetative experience of a bodily material without voice, at the end of every session I tried to describe briefly to him what I felt I had experienced with him: "Today has been difficult"; or "You have had to overcome many obstacles"; or "Finally now things are calm"; and so on. His bodily presence and my mind prefigured themselves and modeled themselves in turn, until one day he looked around himself and very delicately stroked the wall to the side of the couch with his hand. In this way, I knew that he had "woken up," and that now he could see the world "from the outside"—that between us a space had been created. He had emerged from inside of me, from that temporary phase that Winnicott (1958) talks of, in which it was necessary that the breath of the body was everything, in the presence of someone who knowingly held him.

A few years later, Eugenio wanted to speak of this period. He said to me that he had seen the world as one who looks at it from underwater: "Then I felt I was the youngest, and maybe I was. Someone who doesn't speak for nine months maybe is the youngest. I had a happy childhood, here inside. The real one was terrible."

He also told me that he had known he had undergone the threat of miscarriage in the third month of his mother's pregnancy, reexperiencing it from the inside, and I remembered that session full of wheezes

in which I had thought of the crushing of an umbilical cord. I had not thought of the threat of miscarriage, perhaps because for me it would not have been a sustainable thought; I would have been frightened that he could really die during the session. Eugenio also told me that, back then, he had not been able to see himself from outside, and that everything he came into contact with from the outside world, except music without words, was too much for him; it was dangerous for his integrity. He stated:

> It was like being bricked in alive in an empty tomb for years. Then I came here, and in the first years I was happy. I thought you were always in this room, that you didn't eat, that inside here you created all that you and I needed. Now I know it isn't like that, but I'm not ashamed to have thought it then, just as now I don't regret not thinking it any more.

Before finishing his analysis, Eugenio graduated in medicine and specialized in pediatrics, as his father had. At our last meeting, he told me he was certain that he would not need to look for me any more, "because I have you inside me." Twenty years have now gone by since termination of the analysis.

TO BE HELD IN SOMEONE'S ARMS

Let us shift our attention now from the breathing of the consulting room to the position of the two bodies in space and to the structure, form, color, and consistency of the couch. The patient is reached from behind by the presence of the analyst as well as the voice of the analyst, and can live a broad spectrum of experiences, ranging from being attacked to being supported and held from behind.

In a particular moment in the life of a female patient, a change in the cover of the analyst's couch was followed by menstruation that was "too heavy," mixed with blood clots that the patient interpreted as the spontaneous miscarriage of a recent conception that had not yet firmly nested. During the analytic work, it could be recognized that the loss of the previous couch cover was experienced as the start of a menstrual process, with the desquamation of the uterine mucosa of the mother-analyst in respect to the fetal part of the patient, and therefore the latter

had not been able to sustain the product of her own conception. In the transference, this event represented the patient's primary experience (the threat of miscarriage in the first month), which called for review, sharing, and understanding.

Following this experience, about thirty years later, during the summer holidays, I had the couch re-covered with a new piece of the same type of fabric. About a month after the resumption of work, another female patient, Annamaria, began to be struck by violent attacks of vertigo, which occurred upon wakening during the night or in the morning and had a totally disorienting effect on her. Medical examinations were negative, and—while hypothesizing that it was a transferential phenomenon—I was not able to activate my speculative imagination.

One day, the patient told me she had discovered that, to avoid the vertigo attacks, she had to sleep slightly elevated on some cushions—"in such a way that my spine stays in this position," she said, drawing in the air with her hands an undulating shape that I recognized as the outline of the couch. I pointed this out to Annamaria, asking her to imagine why the need had arisen to reproduce at home her bodily position during the sessions. She said that at a certain point, it seemed that the quality and the points of support she felt on lying down were different from before, because it seemed that she sank down less, and therefore she had the impression of floating in the air. (In fact, in addition to the cover, the padding of the couch had been changed, as in time it had flattened.) Therefore, she had felt herself to be not very welcome, given the physical contact that she perceived as less enveloping and almost repulsing, and due to the vertigo, she was forced to reconstruct in her bed the lost couch that she had loved.

In trying to understand what all this had to do with her history that would lead it to have such catastrophic effects, it was possible to connect the change in the couch's consistency with Annamaria's neonatal experiences, in which she had come close to death due to an unrecognized lack of her mother's milk; once this was discovered, she had been given over to the care of a series of wet nurses due to various unhappy circumstances. Evidently, besides the lack of food, she had suffered from repeated changes in the way she was held in someone's arms, which had disoriented her in the process of construction of the bodily self and of

the world, making her feel dizzy. This understanding led to resolution of the symptom of vertigo.

MOVING ONESELF IN SPACE

I have also learned to pay attention to the direction of coming to or going away from the consulting room. Not all roads are the same. One day, a patient arrived disoriented and, looking around, said that the room had been turned around 180 degrees, such that what used to be on his right was now on his left. In reality, it was he who on entering had placed himself to face the door instead of having his shoulders to it; nevertheless, he looked at me troubled and confused, as though I had moved everything around and things were going in reverse gear.

It came to my mind that since the summer had started, he might have moved to his home at the seaside, and therefore would have arrived at my office from the south rather than from the north, as was the case when he resided in the city. I asked him, and he confirmed this was true. So I told him that, for him, the road he took to my office was very important—that for him it was difficult to change, and that until he felt he had fixed his internal compass, he might just as well proceed beyond my office for however long he needed and then turn back, in that way following the last stretch of road in the habitual direction. He was very relieved and the room returned to its usual place, given that his insanity, or rather his adherence to a primary sensoriality, had found the right of citizenship.

FEELING THE PHYSICALITY OF THE VOICE: WORDS AS THINGS

I would now like to say something about the concreteness of words as sound waves that reach the patient's ear, conveying emotional meanings and resonances. At a certain point, a patient manifested an arterial pulsation in the right ear, not painful but disturbing for him, for which he consulted an ear specialist, who found nothing substantive.

He spoke of it in the session and, as this ear was the one through which my voice arrived, I thought I might have said something that should have been kept out, or perhaps I had not said something I should

have said, and this was replaced or recalled, so to speak, by the sound of a drum. We discovered that something I had said some weeks earlier was not exactly how it should have been; it was a bit right and a bit wrong, and in any case not yet entirely hearable, for which it was kept in an antechamber in the external auditory channel and circulated with a slight vasodilatatory hyperemia, like an external sound body, the auditory perception of which was disturbed by the background noise of the pulse of blood. After the proper apologies on my part, and the patient's consequent increased capacity to tolerate a particular insight, the symptom disappeared.

BODY ↔ MIND TRANSITS OF EMOTIONAL MEANINGS

A brief example can show—in the case of patients who are not particularly disturbed, as well—how events experienced as psychic by one can pass to the other as somatic, and return to being psychic through the speculative imagination and emotional working through. In this way, events can be shared in an interpretation—that is, as an event in an aspect of development common to analyst and analysand.

A patient, Susanna, relates that yesterday was the first day of school for her six-year-old son, who suffers from a serious visual and motor deficiency. While she was observing the students lining up at the entrance to the school, worried about the potential difficulties that her son would be facing, she was approached by the mother of another child, who said to her: "With the other mothers, we're trying to understand which is the handicapped child who will be in class with our children."

The patient's voice holds back tears, while she seems to me to be clinging to dignity as she replies: "The handicapped child is my son." The emotion is very strong, between anger and annihilation, and I, understanding the violence of the "stab to the heart," try in some way to give voice to the pain and outrage Susanna is expressing. Evidently, it is not enough, because she continues: "My husband, when I told him, said: 'I'd have broken her face,' . . . but I . . ." It is evident that her husband's reply sustains her with the strength of anger; maybe she expected something similar from me. But it is also true that revenge is not a part

of my patient's way of being. She is superior, so to speak, to that kind of feeling, but at the same time is incapable of it because her ego, in the face of violence, is stunned and crumbles.

I think this to myself while we remain in silence, but after a while Susanna repeats her account exactly, as though the first time around it had not elicited the necessary effect. "When I told my husband, he said he would have broken her face," she says with emphasis, as if her blood pressure were rising, her face inflamed. There is a brief pause in which the emotional peak collapses and her voice weakens: "but I . . ."

I feel Susanna disappear; it seems that her ego is being eclipsed, that it is becoming pale and faint, while blood comes out of the wound to the heart. At the same time, I feel an irritation of my right nostril and, while I inadvertently explore this with my fingers, some drops of blood come out. It is the second time this has happened in almost forty years of psychoanalytic work. I look for a handkerchief, and this requires some noise that would not have passed unnoticed by the patient. Also, I fear that, on leaving, she will see me with my face and hand stained with blood. So I decide to be explicit: "I'm looking for a handkerchief, because between the stab to the heart . . . . The woman who deserved to have her face broken by someone . . . . It was as if someone had to faint, or blood had to run. Evidently, all of this hanging in the air had to express itself with a bit of a nosebleed."

I know that this patient can understand, and in fact she reflects for some seconds before asking me: "And this concerns you?"

"No, it is only a few drops of blood," I reply.

"Does it happen often—do you suffer from nosebleeds?" Susanna persists.

"No, it's only the second time in over thirty years."

Susanna has a physical problem in the processes that regulate blood clotting, because of which she is subject to microthromboses, especially cerebral ones. The anticoagulant therapy that she undergoes maintains a very precarious balance between the risk of thrombosis and that of internal or external hemorrhage, once the emotion that is no longer compressed in clots dissolves into tears that have the taste of blood. Why can't the blood run normally through the vessels, but instead coagulates into clots that painfully and dangerously obstruct cerebral circulation?

Perhaps they resemble the blood clotting of a past abortion, which—because it cannot be thought about mentally—makes itself concretely present in the body?

My episodic propensity for bleeding could have been complementary to Susanna's illness—perhaps she may have avoided a thrombotic episode or a hemorrhaging one, given that it was exactly for this that she had entered analysis, being aware of these psychosomatic interrelationships? We will never know, and it is not important to know but rather to be able to imagine it, to know that it could happen, and to feel that now the emotional disturbances have deposited themselves in the body of the analyst—that the hailstones have melted, and that some of the seeds that have fallen to the earth can germinate.

We need to recognize that our internal technology, which allows meaning to travel between body and mind in both directions and to make transformations through these transits, cannot be implemented by a single individual only for his or her own sake. Primary or transgenerational areas of the person's history are at play—those areas that Winnicott and Bion speak of when the former says that "there is no such thing as a baby," and the latter states that the protomental is a group phenomenon.

When the other bears the pain, the shame, the need, the dissolution of the self, I can recognize, resonate with, dream, and understand its signs, thus allowing those emotions to touch me, because I "know" that they are the other's, and then I discover that somewhere they are also mine (resonance in O). But I did not at first see them as mine, and I would not have approached or accepted them as such.

The analytic field and the analyst him-/herself can fall ill through the process of emotional resonance. Furthermore, if the analyst *dreams* the transferential meaning of the symptom or illness (through a reverie embodied in his or her own body), (s)he can heal him-/herself together with the patient. Certainly, the origin of morbid symptoms can be brought into the transference and can be cured through the analytic work only in part, a small part. But this kind of knowledge implies *becoming;* it implies the conscious assumption of areas of our experience for which we do not usually think of having any responsibility, nor any power over—events that are historically and culturally delegated to med-

ical science. By focusing our attention on the somatic symptom, we avoid recognizing the subjective meaning of events and physiological processes of the body, and we can reductively believe that these are not an expression of our psychic life as well.

How can we decipher a small bleeding incident in a particular moment of a session? As merely a local capillary fragility, typical of a pre-influenza condition, to be resolved by taking vitamin C? Or shall we try to take the point of view of biofield theories, assuming that blood can leak from the vessels when pain, shame, violation of the self, what we call evil or the idea of evil, penetrates the original mother–child bond—when into the very act of conception there is a rupture in the container of experience. I had these thoughts only later, but at that time in Susanna's treatment I felt I had just seen a realization, a transformation enhancing mutual development between the level of knowledge and the level of becoming (O ↔ K, in Bionian terms).

Now I need to provide more detail, however, and to address how these phenomena can happen.

TRAVELING IN THE TRANSFERENCE BETWEEN BODY IMAGE AND THE IMAGINATIVE BODY

I think that our mutative power and its limitations lie in the potential for changing the emotional field and redefining its meanings from the inside, even while we are still immersed in a painful, disruptive, and unknown experience. But how do we shift from feeling to knowing, to becoming, and again to knowing? What do we know about the transformations K ↔ O, between knowing and becoming?

Surely, this is not a conceptual, abstract kind of knowledge, one that is already available; there is no handbook that translates symptoms into meanings. The "thing" has been known emotionally in that way, there, for the first time. It has been conceived like that. It is what Bion called *realization*, or becoming that understanding (K ↔ O). Because of the generative nature of the links, he introduced the concept of *at-one-ment resonance*, or resonance in O, that reminds us of the undulating dimension of the psychic processes.

It has been shown that the human heart produces a larger and more powerful energy field than any other organ in the body, including the brain. This electromagnetic field has a diameter that ranges between two and a half to three meters, with its axis centered in the heart. Therefore, the heart can be viewed as a transformer of emotions into vibratory structures of electromagnetic energy that resonate with any nearby field and transmit information. New knowledge about the undulating nature of both brain and heart activities gives us the opportunity of imagining how the phenomena of unconscious communication that have no sensory foundation can occur. Such knowledge also permits us to envision how interconnections take place between thought, emotion, and structures or functions of the physical body—i.e., the relationship between vibratory models of energy and matter (Institute of HeartMath Research Staff, not dated).

Bion wondered whether psychoanalysts would continue to study the living mind. The living mind is like a painting made by Picasso on a glass pane, so that it can be seen on both sides; if you look at it on one side, Bion said, there is psychosomatic pain. Turn it, and now it is somapsychotic. It is the same, but what you see depends on the way you look at it, on the direction you are traveling (Bion 1987).

TO DREAM DUAL UNITY DURING PREGNANCY

The pregnant woman embodies the condition of two bodies in one, a dual unity that allows one to dream one's own dreams and the dreams of the other. There have been cases in which a pregnant woman, after having undergone amniocentesis, dreams of a big helicopter or a bird with huge wings that comes noisily closer, stirring the air and causing bewilderment and fear of annihilation. Is it possible that the woman has dreamed the somatic experience of the fetus? Or has she dreamed her own fear, putting herself in the child's skin?

In any case, some dreams about miscarriages indicate the possibility of a direct, effective circuit between the dream thoughts of the mother and the body of the fetus. For example, a woman, two months into her pregnancy, woke up several times by shouting in her sleep: "I must get

out—I want to get out! Let me out!" The following morning she had a miscarriage against her conscious intent (Laing 1976).

These dreams show transits between unconscious thoughts and living matter, between the *body image* and the *imaginative body* (Milner 1987)—i.e., between the body as an object and as a subject of knowledge, both at the time of conception and during pregnancy and delivery. They reflect a journey from within the body that carries the record of our history, its disturbances and its potentials. We see rifts between different levels of experience of self and other, of mother and fetus, show up in illnesses, accidents, violence, and all kind of suffering. From the start, the emotions of our parents participate in shaping our physical structure and our life in ways we know only in part. The shape and rhythm of the waves of amniotic fluid convey to the fetus information about the emotional life of its mother; the pace of the mother's breathing and the beat of her heart are also translated into body textures that are inhabited by consciousness to greater or lesser degrees. And we maintain their memory, as evidenced by regression during much later analytic work (De Toffoli 2003; Winnicott 1958).

Samuel Beckett says that when he lay on the couch and tried to go back to his past, remarkable memories from when he was in the womb emerged. He remembers that he was trapped, imprisoned, and had no way out. He shouted to be let out but no one heard him; no one listened to him. He remembers he felt pain, but he was not able to do anything about it (Knowlson 1996).

An old pain can persist; it is not only a personal problem but crosses generations and concerns the evolution of mankind. We need to go back through history from within, until we can dwell in that deserted land where the chain of bodies—DNA—has been reduced to one single dimension, thus losing its meaning. The fetus gains a perception of transcendence through the beat of his or her own heart in resonance with the mother's heartbeat, which connects the fetus directly to the beat of the universe in an experience of infinite potentialities. Or there can be an alteration of the cardiac rhythm either of the fetus or of the mother: no call, no resonance. Sometimes an individual may be rejected by the mother on an emotional-visceral level; that individual has not been invited to enter a body, to take shape, to feel his or her own right to exist.

In those circumstances, we need to retravel the entire path if we want to integrate the self into the physical body, in order for the self to be embodied and to dwell in matter.

CONCLUDING REMARKS

The body–mind relationship is closely connected to a possible boundary between inanimate matter and living organisms. Bion's idea that there might be a physical psychoanalysis, just as much as a psychological psychoanalysis, is consistent with new paradigms of scientific discoveries, according to which matter is increasingly viewed as more like thought due to the depth, subtlety, and mathematical fertility of concepts that are latent in physical processes (Penrose 1994)—starting from the very first breath of life, as I have tried to illustrate clinically.

The aim of the present paper has not been to demonstrate a univocal theory, but rather to show this theory's possible usefulness in managing some clinical situations, without implying that the modalities employed are generalized and should be repeated in other cases.

EPILOGUE

The Woman Who Dwells

> The woman who dwells at the place of healing by the river
> sits singing and sings the shape of the gods from the four directions;
> sings onto the horizon the four mountains where the gods dwell;
> sings into the bare sky the small cloud moving in brightness;
> sings into the bare earth the growing tip of the green corn;
> sings the river into a singing curve around her;
> sings herself into the center of herself, alive and listening.
>
> The woman who dwells at the place of healing by the river
> stirs not from her place, goes not to the far mountains,
> soars not into the high sky, enters not the deep earth;
> sings as she draws in the sand the circle of healing;
> sings the gods from the four directions into that circle;
> sings the growing cloud into the reach of her own heart;
> sings herself into the spear of the green corn growing.
>
> —Church (1959, p. 121)

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SEDUCTION AND REVENGE IN VIRGINIA WOOLF'S *ORLANDO*

BY SUSAN MC NAMARA

Virginia Woolf's Orlando *was characterized by Nigel Nicolson as a "charming love letter" to his mother, Vita Sackville-West. The fictional biography was actually an attempt by Woolf to organize herself after the unbearable humiliation of Vita's abandoning her for another woman. In imagining, writing, and publishing* Orlando, *Woolf turns her despair about Vita's betrayal into a monument of revenge, defending against disorganizing feelings of humiliation, powerlessness, rage, and loss by creating her own scathing portrait of Vita. In the novel, Woolf also intermittently merges herself with Orlando/Vita to create a permanent tie to the woman who—like her mother and sister—excited and rejected her.*

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Virginia Woolf's closest intimate outside her immediate family was her friend and lover, Vita Sackville-West, the subject of *Orlando* (Woolf 1928). Nigel Nicolson, Sackville-West's son, described *Orlando* as the "longest and most charming love letter in literature" (N. Nicolson 1973, p. 202), a characterization many biographers and critics embrace. However, the novel was actually written in a jealous rage, in retribution for Sackville-West's abandonment of Woolf for another woman. It is a measure of Woolf's brilliance that in *Orlando*, her first bestseller, she was able simultaneously to revenge herself on Sackville-West and to maintain a perma-

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nent tie with her, while staving off despair and giving narrative voice to her fury.

When they met in December 1922, Vita intrigued Woolf (Woolf 1978a). They flirted by letter and in Woolf's basement workroom. By December 1925, Woolf was infatuated with Vita and slept with her. Within the month, Vita left to join her husband in Persia. Woolf missed Vita terribly and wrote long, jealous letters. They maintained a relationship over the next two years as Vita traveled to Persia and back twice.

But, shortly after returning from her travels, Vita became embroiled in an affair with Mary Campbell in the summer of 1927; immediately, Woolf suspected and confronted her. Vita persisted and in October 1927, arranged for Mary and her husband to move into a cottage on her property. Woolf felt betrayed by Vita, helpless in the face of the loss of Vita to a rival. This unbearable humiliation drove her to revenge. Five days later, she imagines *Orlando*, a fictional biography of Vita Sackville-West.

Orlando is jokingly characterized and superficially structured by Woolf as a biography, but is actually an anti-novel about the fortunes of the nobleman Orlando, who midway through the book awakens changed into a woman. Woolf plays with the conventions of biography and the novel in many ways, including time and history: Orlando's life is followed over a 400-year span, starting during the reign of Elizabeth I when Orlando is sixteen and ending in real time in 1928, when she is in her thirties.

In the novel, Queen Elizabeth falls in love with the young Orlando and brings him to her court, where he is showered with great favors, only to betray the queen. After falling in love with the Russian princess Sasha during the reign of King James—and being betrayed by her in turn—Orlando is sent to Constantinople as Ambassador during the seventeenth century. Earning high honors for his services to the Crown, Orlando, in the hinge of the book, turns into a woman and goes to live in the Turkish mountains with a tribe of androgynous gypsies. Soon longing for her ancestral estate, Orlando dons the petticoats of an English noblewoman and sails home. In Restoration England, Orlando dresses as a woman, then as a man, while having multiple adventures through the eighteenth century with writers, poets, and lovers, before bowing to the

cultural pressure of Victorian times and marrying Shelmerdine, who is also of questionable gender.

Woolf creates Orlando as a man, castrates him, and then uses the character to romp through fantasies of genre and gender. There is a multiplicity of discourse in *Orlando*, a play of forms that are doubled, redoubled, and redoubled yet again: self/other, love/hate, masculine/feminine, biography/novel, fantasy/reality, chaos/order, and delight/revenge.

HUMILIATION AND THE DISRUPTION OF MEANING

Although the theme of revenge was neglected for many years in the psychoanalytic literature, Lansky's article on the impossibility of forgiveness in Euripides's *Medea* brought attention to bear on shame fantasies as instigators of vengefulness. Lansky (2004) explores "Medea's unfolding humiliation and helplessness" (p. 438) when her husband, Jason, abandons her for the princess of Corinth. Medea's quest for revenge is set in motion by this betrayal by her husband—the loss of a loved one to a rival—as well as by her social isolation. She is no longer loved, sustaining a catastrophic narcissistic injury, and loses her place in the social order. Her "devastation and rage" (p. 438) propel Medea to murder the king and princess of Corinth and her own two sons. As the play closes, she taunts the now-devastated Jason, refusing to give him their children's bodies for burial.

Lansky argues that Medea's situational shame escalates into anticipatory paranoid shame as she is "convinced she will be mocked by the community" (p. 452). But she is so attached to Jason that she cannot separate from him physically or emotionally; she cannot leave him. "Her humiliation has become *utterly* unbearable" (p. 451, italics in original), and this realization crystallizes her plan for revenge. After murdering their children and thus projecting her feelings of humiliation, helplessness, and desolation into Jason, Medea is able to depart "in a state of self-sufficient omnipotent completeness, leaving her distressing mental states with him" (Lansky 2004, p. 460).

LaFarge (2006) adds "another critical dimension" (p. 449) to the quest for revenge, characterizing it as

> . . . the universal wish to maintain a sense of individual meaning, to pull together the threads of one's life into a story, and, inextricably tied to this wish, the wish for the sense of an audience, an imagining other, by whom this story will be known and valued. [p. 449]

The humiliation or injury is disorganizing, disrupting the avenger's sense of self—not only her sense of her own meaning and value, but her sense that her story is heard or recognized by "those figures in internal and external reality whose recognition is felt to be of critical importance" (LaFarge 2006, p. 449). LaFarge links the fantasies of construction of meaning and audience to the avenger's wishes and experiences with her earliest audience, the imagining parent. LaFarge also notes that in early revenge tragedies, "the avenger's wish to make his story heard is often depicted as a motive as equally powerful as his wish to punish the perpetrator of his injury" (p. 450).

Rosen masterfully delineates the psychic functions of revenge in his comprehensive article, "Revenge—The Hate That Dare Not Speak Its Name" (2007). He notes that revenge denies reality, dominating thought and impelling action despite real consequences or overarching questions of the morality of the act of revenge. Revenge then becomes the flip side of infatuation, with the avenger "falling in hate" (Rosen 2007, p. 605). Rosen cites Captain Ahab's "wild vindictiveness against the whale" (Melville 1851, p. 226) in *Moby Dick* as the quintessential portrayal of "revenge-gone-mad" (p. 605). Ahab's ship is shattered and sunk and his crew lost, and in his "mad quest for revenge," he is "dragged to his death, fatally and inescapably attached to his white whale" (p. 606). In his rage, Ahab is unable to avert the cascade of events that inevitably leads to the destruction of his ship, his crew, and himself.

According to Rosen, revenge also represents a "continuing tie to an exciting/rejecting object" (p. 608). This concept was advanced by Fairbairn and later elaborated by Armstrong-Perlman (1991). Armstrong-Perlman became aware of the traumatic impact of the loss of a relationship for some of the patients admitted to the psychiatric hospital where she worked. Patients arrived "complaining of fragmentation and often a

fear of going mad" after such a loss, precipitating a "subjective experience of a disintegrating, beleaguered, overwhelmed self" (p. 344).

When Armstrong-Perlman examined these relationships, she saw that "the other was incapable of reciprocating, or loving, or accepting them" in the way the patient desired; "they had been pursuing an alluring but rejecting object; an exciting yet frustrating object" (p. 345). This other was "essentially the elusive object of desire, seemingly there but just out of reach" (p. 345). Armstrong-Perlman relates this to Fairbairn's theory in which the self develops in the context of its relationship with the parents and is affected by the actual relationship:

> Actual frustrations lead to the development of accentuated need and to further consequent frustration. Because of this frustration the infant develops an ambivalent attitude to his objects and is then confronted with an ambivalent object that he finds both exciting and rejecting. It tantalizes and is thus exciting but in as much as it frustrates it is rejecting. [1991, p. 347]

The mother then "represents both hope and hopelessness" (p. 347), leading to frustration, rage, and despair. This pattern is endlessly repeated in life and may manifest itself in vengeful hatred as a way of maintaining "our tie to an inner exciting/rejecting object" (Rosen 2007, p. 608).

In imagining, writing, and publishing *Orlando*, Woolf turns her infatuation with Vita Sackville-West, and her rage and despair about Vita's betrayal, into a permanent monument of revenge that is still in print in several editions. Woolf's book in context serves a number of psychic functions of revenge. In organizing herself around the writing of *Orlando*, Woolf defends against her disrupted sense of self and feelings of powerlessness, rage, and loss by omnipotently creating her own version of Vita, and making that version known to Vita (her audience) in a way that could not be ignored. In *Orlando*, Woolf at times merges herself with Vita to create an eternal tie to the woman who, like her mother and her sister Vanessa, excited and rejected her. Woolf also extracts a sadistic pleasure from outing Vita as promiscuous, of ambiguous gender, and emotionally dead—at a time when Radclyffe Hall's lesbian novel *The Well of Loneliness* (1928) had just been banned in Britain.

FIRST ENCOUNTERS

They met at a dinner party in December 1922 and were instantly attracted to each other. The 40-year-old Woolf recorded in her diary that she had met "the lovely gifted aristocratic Sackville West," and wondered if as a "pronounced Sapphist" Vita had "an eye on me, old though I am" (Woolf 1978a, pp. 216, 235). For her part, Vita wrote to her husband, "I simply adore Virginia Woolf . . . . I have quite lost my heart" (Sackville-West 1985, p. 23). Woolf and Vita exchanged books and visits, and in March 1923, Vita invited Woolf to join the literary society P.E.N. After initially saying yes, Woolf then declined, ostensibly because of the difficulty of belonging to a dinner club while living in Richmond, some distance from London; but in her diary, Woolf judged Vita and her husband as "incurably stupid" (Woolf 1978a, p. 239). Vita felt snubbed by Virginia's refusal and the relationship foundered.

A year later, in March 1924, Woolf moved to Tavistock Square in central London and within the week invited Vita to lunch. After this visit, Vita wrote, "It was the first time, I think, that I'd been alone with her for long. I went on . . . my head swimming with Virginia" (Woolf 1978b, p. 94).

Vita was the better-selling and more popular author (Lee 1996). Woolf asked Vita if she would publish her next book with Hogarth Press, which Woolf owned with her husband. Vita agreed, and also took Woolf down to her magnificent ancestral estate of Knole to lunch with her father, Lord Sackville. Vita and her husband lived at Long Barn, a few miles away, and Vita took Woolf there as well. Woolf noted, "All these ancestors & centuries, & silver & gold, have bred a perfect body. She is stag like, or race horse like" (Woolf 1978a, p. 306). Vita left for two weeks of vacation in July 1924, and while away wrote *Seducers in Ecuador* (Sackville-West 1924).

Their letters reflect a growing intimacy, with Vita reiterating to Woolf that she would "rather go to Spain with you than with anyone" (Sackville-West 1985, p. 51), and Woolf rejoining that she enjoyed Vita's intimate letter, despite its giving her "a great deal of pain—which is I've no doubt the first stage of intimacy" (Woolf 1978b, p. 125). Vita replied,

"You know very well that I like you a fabulous lot" (Sackville-West 1985, p. 53). After Woolf received the manuscript of *Seducers in Ecuador*, she admitted to Vita that she was, "extremely proud and indeed touched, with my childlike dazzled affection for you, that you should dedicate it to me" (Woolf 1978b, p. 131).

LOSS AND ABANDONMENT

Virginia Woolf was born when her mother was thirty-six, the seventh child in the household and the third of the four children of Sir Leslie and Julia Stephen. Her mother ignored the infant, absorbed by caring for her demanding husband and large household, and a year later, the favorite, Adrian, was born. Virginia's sole way of gaining approval from her mother was as chief writer and editor of the Stephen children's newspaper, *The Hyde Park Gate News;* her only moment of her mother's attention was each Monday morning when Julia read the paper and liked something Virginia had written (Dalsimer 2001).

Julia Stephen died when Virginia was thirteen. Woolf's father, Leslie Stephen, became completely self-absorbed in his grief. Woolf's older half-sister and surrogate mother, Stella, died two years later. Her father died when Woolf was twenty-two. Her favorite brother, Thoby, died from typhoid two years later. Woolf was left with no loving family tie to anyone other than her remaining older sister, Vanessa, who was married and busy with her children.

At the age of thirty, still struggling to finish her first novel, Virginia married Leonard Woolf, but made it clear that she did so for his dependability and companionship rather than any physical attraction. And over the years, he was indeed the watchful guardian rather than the lover (Lee 1996).

Simultaneously with meeting Vita, Woolf lost her friend and rival, 34-year-old Katherine Mansfield, to an early death; Woolf noted feelings of "blankness & disappointment; then a depression" (Woolf 1978a, p. 226). Vita Sackville-West became Virginia Woolf's first and perhaps only adult erotic love, a bulwark against felt abandonments. Woolf was forty years old and Vita was thirty.

THE LEGS

In December 1924, Woolf described Vita to her friend Jacques Raverat as the "daughter of Lord Sackville, daughter of Knole, wife of Harold Nicolson, and novelist, but her real claim to consideration, is, if I may be so coarse, her legs" (Woolf 1978b, p. 150). Woolf also portrays Vita as being of "ravishing beauty, and commanding presence" (Woolf 1978b, p. 153), and in another letter to Raverat, refers to Vita's elopement with her childhood friend Violet Trefusis, trailing both their husbands: "To tell you a secret, I want to incite my lady to elope with me next" (Woolf 1978b, p. 156).

Woolf and Vita correspond frequently, and Woolf encourages Vita to visit her, despite Woolf's collapse into illness in August 1925. Laid low with headaches and spending most of her time in bed, Woolf pines for Vita, who comes bearing flowers and fruit. Her illness intensifies Woolf's growing erotic attachment to Vita. She writes long and increasingly explicit letters:

> I have a perfectly romantic and no doubt untrue vision of you in my mind—stamping out the hops in a great vat in Kent—stark naked, brown as a satyr, and very beautiful. Don't tell me that this is all illusion. [Woolf 1978b, p. 198]

Vita responded the next day, "I like extremely your corybantic picture of me . . . dancing in the vats . . . . If ever you feel inclined, let me come and carry you off" (Sackville-West 1985, pp. 61-62). Woolf was not yet well enough to visit Vita, but the two planned a stay together as soon as Leonard and the doctors would permit. Then Woolf was stunned by Vita's news of October 1925: her husband, a British diplomat, had been posted to Teheran. Vita planned to leave for Persia in January 1926 and would be gone until May.

Woolf immediately wrote Vita, "I am filled with envy and despair. Think of seeing Persia—think of never seeing you again" (Woolf 1978b, p. 217). In her diary, Woolf reflects on their relationship:

> She is doomed to go to Persia; & I minded the thought so much (thinking to lose sight of her for 5 years) that I conclude I am

> genuinely fond of her . . . . Shall I stay with her? [Woolf 1980, p. 47]

Vita is preoccupied with packing for her husband and ignores Woolf, who laments in her diary, "No letter. No visit. No invitation to Long Barn. She was up last week, & never came." Woolf wonders, "Only if I do not see her now, I shall not—ever: for the moment for intimacy will be gone, next summer . . . . Also I am vain" (Woolf 1980, pp. 48-49).

Somewhat desperately, Woolf invited herself to Long Barn. Vita met her in London on December 17 and they drove down to Long Barn together. Woolf stayed three nights, the beginning of their affair (Woolf 1978b). For the next month, until Vita left for Persia in mid-January 1926, Woolf was obsessed with her, writing Vita several letters imploring her to come visit at Tavistock Square. They met another six times before Vita left on January 20.

Woolf's diary of December 21, 1925, reveals her feelings about this new level of intimacy with Vita:

> I wound up this wounded and stricken year in great style. I like her & being with her, & the splendor—she shines in the grocers shop in Sevenoaks with a candle lit radiance, stalking on legs like beech trees, pink glowing, grape clustered, pearl hung. That is the secret of her glamour, I suppose . . . . What is the effect of all this on me? Very mixed. There is her maturity & full-breastedness: her being so much in full sail on the high tides, where I am coasting down backwaters . . . . But then she is aware of this, & so lavishes on me the maternal protection which, for some reason, is what I have always most wished from everyone. [Woolf 1980, p. 52]

Woolf writes several long letters to Vita while she is visiting her husband in Teheran, all variations on how much Woolf misses her and how melancholy she is without her. "But I'm faithful, and loving: and have met no one a patch on you—no one so comforting to be with" (Woolf 1978b, p. 239). And later: "Devil that you are, to vanish to Persia and leave me here!" (Woolf 1978b, p. 241). Ethel Sands asks Woolf to visit, which Woolf relays to Vita: "She says I am very attractive and asks me to stay with her. (I put that in to make you jealous—) . . . But oh yes—I should awfully like to see you" (Woolf 1978b, p. 242).

As soon as Vita arrives back in London in May 1926, Woolf implores her, "Yes, yes, yes. Come at once . . . . Lunch *here* at 1" (Woolf 1978b, p. 264, Woolf's italics). Vita comes right away, still in her traveling clothes (Woolf 1980). Over the next year, Woolf publishes Vita's *Passenger to Teheran* (1926a; Vita breaks her contract with another publisher to give the book to Hogarth Press), Vita wins the Hawthornden Prize (making Woolf jealous) for *The Land* (1926b), and the two see and write each other frequently (Lee 1996).

Vita's sons later reported that Woolf "was always there" (B. Nicolson 1970) when they came home on school holidays. Woolf worked on *To the Lighthouse* (1927), and Vita came and sat on the floor "in her velvet jacket & red striped silk shirt, I knotting her pearls into heaps of great lustrous eggs. She had come up to see me," wrote Woolf, "—so we go on—a spirited, creditable affair, I think" (Woolf 1980, p. 117).

Vita traveled to Persia again from January to May 1927, and in March, Woolf, piqued at not hearing from her, "annoyed sentimentally, & partly from vanity" (Woolf 1980, p. 131), fantasizes a new book, *The Jessamy Brides*, about two women living at the top of a house with Constantinople in view. "Sapphism is to be suggested . . . . My own lyric vein is to be satirised. Everything mocked. And it is to end with three dots . . . so" (Woolf 1980, p. 131).

After Vita's return from Persia, Woolf became terribly jealous of her undisguised entanglements with other women and told her so. Vita replied, "I like making you jealous; my darling, (and shall continue to do so,)" (Sackville-West 1985, p. 213). The same day Woolf responded, "You only be a careful dolphin in your gambolling, or you'll find Virginia's soft crevices lined with hooks. You'll admit I'm mysterious—you don't fathom me yet" (Woolf 1978b, p. 395). And a few days later, "For yours, you'd prefer oysters [a reference to a Vita conquest, Mary Hutchinson]. Bad Vita, bad wicked Vita" (Woolf 1978b, p. 396). "I forget what has happened since I let you out into the moonlight, to go whoring in Mayfair" (Woolf 1978b, p. 403).

Oblivious to Woolf's rage and pain, Vita had her new lover, Mary Campbell, and Mary's husband Roy move into the gardener's cottage at Long Barn on October 1, 1927. Woolf lost the glamorous, aristocratic Vita to another woman—a catastrophic narcissistic injury exacerbated

by Vita's ignoring Woolf's clear warnings. It must have seemed to Woolf like Vita's deliberate attempt to humiliate her. Woolf was struggling with writing a new book on fiction, and notes in her diary, "The mind is like a dog going round & round to make itself a bed" (Woolf 1980, p. 156). Woolf was at a creative and personal standstill.

THE JOKE

Woolf's sense of hurt and shame escalated—she knew full well that Vita was preoccupied by Mary Campbell and immediately wrote, "Millions of things I want to say can't be said. You know why. You know for what a price—walking the lanes with Campbell, you sold my love letters. Very well." Woolf continues:

> Yesterday morning I was in despair . . . . I couldn't screw a word from me; and at last dropped my head in my hands: dipped my pen in the ink, and wrote these words, as if automatically, on a clean sheet: Orlando: A Biography. No sooner had I done this than my body was flooded with rapture and my brain with ideas . . . . [Woolf then asks Vita if she minds.] But listen; suppose Orlando turns out to be Vita; and it's all about you and the lusts of your flesh and the lure of your mind (heart you have none, who go gallivanting down the lanes with Campbell). [Woolf 1978b, pp. 428-429]

In later years, Vita said this letter "startled me completely," and described *Orlando* as Woolf's "own strange conception of myself and my family, and Knole, my family home" (Sackville-West 1955). But at the time, Vita gives "thrilled and terrified" permission, with some trepidation about Woolf's vengeful intentions: "Only I think that having drawn and quartered me, unwound and retwisted me, or whatever it is that you intend to do, you ought to dedicate it to your victim" (Sackville-West 1985, p. 238). Indeed, *Orlando* is inscribed "To V. SACKVILLE WEST."

The novel became Woolf's means of psychic survival in the face of Vita's devastating betrayal, Woolf's defense against disorganization, and her attempt to regain her own sense of meaning and value. Woolf wrote in her diary, "The relief of turning my mind that way about was such that I felt happier than for months; as if put in the sun, or laid on cushions"

(Woolf 1980, pp. 161-162). She became obsessed with *Orlando* for the next six months.

A few days after Vita's reluctant consent, Woolf has used her new novel to organize herself and is "writing at great speed" (Woolf 1978b, p. 430), full of sarcastic questions about Vita and her relationships with men and other women. "The truth is I'm so engulfed in Orlando I can think of nothing else" (Woolf 1978b, p. 430). Enraged by Vita's accusation of leaving her "unguarded," Woolf engages in a marathon of brutal teasing: "If you've given yourself to Campbell, I'll have no more to do with you, and so it shall be written, plainly, for all the world to read in Orlando" (Woolf 1978b, pp. 430-431). Woolf quizzes Vita about Violet Trefusis, the woman Vita had eloped with to France: "Do give me some inkling of what sort of quarrels you had. Also, for what particular quality did she first choose you? Look here: I must come down and see you, if only to choose some pictures" (Woolf 1978b, p. 430). Continuing in the same letter, Woolf pricks Vita, telling her she wants to know "about your teeth now and your temper. Is it true you grind your teeth at night? Is it, true you love giving pain? What and when was your moment of greatest disillusionment?" (Woolf 1978b, p. 430).

Woolf did not allow Vita to see the manuscript in process, keeping her dangling through a series of questions and demands. She had Vita translate dialogue into French (Woolf 1928). She made Vita take her to Knole later in October 1927 to choose portraits of the Sackville family to use as illustrations, for the book was to have "all the trappings of Victorian biography: a preface, dates, photographs [of Sackville-West herself, and of some of the Knole portraits], and an index" (Raitt 1993, p. 19). Woolf arranged to have Vita photographed in various costumes (Woolf 1978b). Vita wrote her husband, "I was miserable, draped in an inadequate bit of pink satin with all my clothes slipping off, but V was delighted and kept diving under the black cloth of the camera to peep at the effect" (Lee 1996, pp. 505-506).

This was an unhappy time for Vita, and Woolf knew it. Vita's husband was away in Berlin. Vita's father was dying, which meant she was about to lose Knole. Mary Campbell's husband found out about their affair and went after Mary with a knife, threatening murder/suicide, then divorce. Vita came to Woolf with the tale; Woolf was jealous and critical,

making Vita cry. Woolf's sister, Vanessa Bell, and her lover, artist Duncan Grant, photographed Vita again. She felt like an "unfortunate victim," and "was made to sit inside a huge frame while they took endless photographs" (Lee 1996, p. 506).

Woolf continues engaged yet provocative with Vita, writing:

> Remember Virginia. Forget everybody else. Should you say, if I rang you up to ask, that you were fond of me? If I saw you would you kiss me? If I were in bed would you—I'm rather excited about Orlando tonight: have been lying by the fire and making up the last chapter. [Woolf 1978b, pp. 442-443]

Woolf was known in her circle for her inquisitive and mocking interactions with friends and acquaintances (Woolf 1937). She approaches *Orlando* as a joke, as satire (Woolf 1980). But although there are humor and fancy and love in the story, there are also hatred and aggression (Raitt 1993). By writing a book in which the central joke is that Orlando/Vita changes sex, from male to female, Woolf exposes Vita's ambiguous gender and sexuality at a time when gender and gender identity were binary, and lesbian relationships completely invisible. Ten years before, Vita had written *Challenge* (1923), a thinly disguised version of her affair with Violet Trefusis. Both Vita's family and Violet's family were horrified at the potential public exposure, and although the book was published in the United States in 1924, Vita withdrew *Challenge* from publication in England (Glendinning 1983).

Orlando was published not quite three months after Radclyffe Hall's controversial lesbian novel, *The Well of Loneliness* (1928). In August 1928, the editor of the *Sunday Express* attacked Hall's novel as morally poisonous, presumably in a scandalmongering attempt to sell newspapers. Hall's English publisher stopped printing the novel and the British Home Secretary, an evangelical moralist, issued orders for the book to be seized. Woolf and other prominent British intellectuals protested the suppression of the book, but their defense of Hall was muted in the face of institutionalized homophobia, hostile governmental manipulation of the law, and their own awkwardness with the subject of same-sex relationships.

Woolf attended the obscenity trial of *The Well of Loneliness*, prepared to be called as an expert witness on its literary merit. On November 16, 1928, Judge Chartres Biron of the Bow Street Magistrates Court banned *The Well of Loneliness* for obscenity and ordered it destroyed (Souhami 1999). Woolf was playing with fire in publishing *Orlando* in the midst of this public attack on lesbian literature, outing both Vita and herself. She was heedless of the possible consequences, hoping the tone of joking fantasy would hold off any legal or social repercussions.

Woolf believed that their relationship would cease when Vita received her copy of *Orlando:* "11th Oct. sees the end of our romance" (Woolf 1978b, p. 515). On first reading *Orlando*, Vita wrote to Woolf, "I am completely dazzled, bewitched, enchanted, under a spell," and "shaken quite out of my wits." She added a postscript, "You made me cry with your passages about Knole, you wretch" (Sackville-West 1985, pp. 288-289). Woolf quickly wrote back, "What an immense relief! I was half sick with fright till your telegram came. It struck me suddenly with horror that you'd be hurt or angry" (Woolf 1978b, p. 544).

Vita's private reaction to her husband was more reserved, and that letter is curiously left out of the compilation of their letters edited by their son, Nigel Nicolson (Sackville-West and H. Nicolson 1992). In her letter to Harold, Vita said that Woolf "slightly confused the issues in making Orlando 1) marry, 2) have a child. Shelmerdine does not really contribute anything either to Orlando's character or to the problems of the story" (Moore 1979, p. 349). Vita also criticized the end of the book:

> The more I think about it, the weaker I think the end is! I simply cannot make out what was in her mind. What does the wild goose stand for? Time? Love? Death? Marriage? Obviously a person of V's intellect has had *some* object in view, but what was it? [Moore 1979, p. 349, italics in original; see also Briggs 2005; Glendinning 1983]

Mary Campbell read *Orlando* and wrote to Vita, "I hate the idea that you who are so hidden and secret and proud even with people you know best, should be suddenly presented so nakedly for anyone to read about" (Glendinning 1983, p. 205).

Appalled, Vita's mother wrote to Woolf, "You have written some beautiful phrases in Orlando, but probably you do not realize how *cruel* you have been" (Lee 1996, p. 513, italics in original). Vita's mother went about bookstores in London hiding copies of *Orlando* under piles of other books, and wrote to various newspaper editors encouraging them not to review the novel. In her own copy of *Orlando*, she wrote on the flyleaf next to a picture of Woolf that she had glued there: "The awful face of a mad woman whose successful mad desire is to separate people who care for each other" (Glendinning 1983, p. 206).

Woolf had successfully created her own lasting version of Vita. In Woolf's revenge on Vita for humiliating and abandoning her, she omnipotently denied reality and ignored the social ramifications of publishing her novel of treachery, gender play, and sexual eroticism, taunting Vita and implicating them both. Woolf consciously conceived *Orlando* as a mockery, a joke, and it succeeded in this unconscious aggressive impulse (Raitt 1993). The story of betrayal also allowed the beleaguered Woolf to publicly proclaim her right to exist in the face of the disruption of her sense of her own value and meaning.

OSCILLATING MERGER

Critics are puzzled by who is who in *Orlando* (Knopp 1988). The nobleman/woman is not an exact portrayal of Vita, although the descriptions match her physical appearance, and there are various clues to her identity—her clumsiness and absent-mindedness, her perfect French, her prolific literary output, her love of dogs and nature, her legs, and her prize-winning poem "The Land," which Woolf turns into "The Oak."

Woolf's presence in the novel is generally seen by critics to be only that of the biographer, the narrator who is not erotically involved with Orlando (Knopp 1988). In my view, Woolf actually merges with Orlando, becomes Orlando at times, because she cannot bear to leave Vita or to have Vita leave her. The novel opens with one of its most famous scenes: Orlando "slicing at the head of a Moor which swung from the rafters" of the attic of his gigantic house. "Sometimes he cut the cord so that the skull bumped on the floor and he had to string it up again, fastening it with some chivalry almost out of reach" (Woolf 1928, p. 13).

Although critics tend to focus on Orlando as Vita, probably because the ensuing physical description of Orlando is an accurate physical description of Vita, another reading would be that in this scene, Orlando is Woolf, putting Vita on notice that she is the target, that Vita will swing "gently, perpetually, in the breeze which never ceased blowing" (Woolf 1928, p. 13) while Woolf slashes at her. Here Woolf identifies with Orlando, the aggressor. In the original manuscript, which Woolf presented to Vita in December 1928, this passage continues:

> And then leaping high [into the] air & holding his sword in both hands he would strike so viciously that [the] a little bit of the leathery skin would be sliced through: of such rages the battered head bore many tokens: [for if Orlando loved he also hated]. ‹For› If he was moved [now] by [a] Knightly sentiment which bade him give the skull ‹an› advantage [over him] he was [also] ‹then› tormented with [a] the desire to [give things pain] ‹hurt›. [Moore 1979, p. 309]

Throughout the book, identities are put on and off at will. Woolf next appears in *Orlando* as Queen Elizabeth. The Queen is enchanted by the young Orlando, bringing him to her court as treasurer and steward: "Nothing after that was denied him" (Woolf 1928, p. 24). She loves him. But one snowy day, when "the stags were barking in the Park" (Woolf 1928, p. 25), the Queen saw in the mirror that she kept for fear of spies, through the door which she kept open for fear of murderers, "a boy—could it be Orlando?—kissing a girl—who in the Devil's name was the brazen hussy?" Then:

> Snatching at her golden-hilted sword she struck violently at the mirror. The glass crashed; people came running; she was lifted and set in her chair again; but she was stricken after that and groaned much, as her days wore to an end, of man's treachery. [Woolf 1928, p. 26]

The theme of treachery is reiterated time and again in the course of the novel, giving us a sense of Woolf's outrage at Vita and Woolf's utter devastation from this narcissistic injury.

Woolf also engages us in a literary tour de force, in what I believe is an effort to hold Vita (and the reader) with her fantastic creativity. She

knew that Vita cherished her for her literary achievement, mastery of language, and intellectual prowess (DeSalvo 1982). Woolf is out to use words "so that they create beauty, so that they tell the truth . . . . The truth they try to catch is many-sided, and they convey it by being many-sided, flashing first this way, then that" (Woolf 1937). She desperately hopes that "it is only a question of finding the right words and putting them in the right order" (Woolf 1937).

In *Orlando*—her heroic, last-ditch, deeply seductive attempt to get Vita back—Woolf uses words as a lure, the same way she used *The Hyde Park Gate News* as a child to gain her mother's attention. She describes Vita's beauty in lustrous terms; Vita recognizes this, likening her first reading of *Orlando* to "being alone in a dark room with a treasure chest full of rubies and nuggets and brocades," marveling to Woolf, "how you could have hung so splendid a garment on so poor a peg" (Sackville-West 1985, p. 288). In a letter to her husband, in addition to her reservations about the book, Vita reports, "It seems to me more brilliant, more enchanting, more rich and lavish, than anything she has done" (Moore 1979, p. 348). Vita asks Harold:

> Do you notice the craft of it,—how the style changes from the florid exaggeration of Elizabethan times to the purer directness of the 18th cent.—and so down to the vividness and psychological turmoil of modernity? The style and texture of it seem to me to be above reproach, as also the beauty, wit, and imaginativeness. [Moore 1979, p. 349]

After another series of dalliances in the novel, Orlando falls in love with and then is betrayed by Sasha, the Russian princess. According to Vita's son, Nigel Nicolson, "Sasha = Violet Trefusis" (Woolf 1928, p. 320), and this section of the novel is a fantasy account of the torrid affair Vita had with Violet, during which the two eloped to France and were pursued by their husbands, who rented an airplane together to search for their wives. The elopement plans collapsed, and Violet left Vita and returned to her husband (N. Nicolson 1973).

Here, Woolf appears to again merge with Orlando/Vita and at the same time to merge Vita with Sasha/Violet. The story of Sasha is also the account of Woolf's infatuation with Vita and her fury at betrayal.

Orlando calls the princess *Sasha* "because it was the name of a white Russian fox he had had as a boy—a creature soft as snow, but with teeth of steel, which bit him so savagely that his father had it killed" (Woolf 1928, p. 43). "Wrapped in a great fur cloak Orlando would take her in his arms, and know, for the first time, he murmured, the delights of love" (Woolf 1928, p. 43). But at the same time, Orlando suspected that Sasha hid things from him, and "the doubt underlying the tremendous force of his feelings was like a quicksand beneath a monument which shifts suddenly and makes the whole pile shake" (Woolf 1928, p. 47).

When Orlando sees Sasha on a sailor's knee, "the light was blotted out in a red cloud by his rage" (Woolf 1928, p. 49). They return to London and encounter a theatrical performance in which "a black man was waving his arms and vociferating. There was a woman in white laid upon a bed" (Woolf 1928, p. 54). The actors' dialogue stirred Orlando: "The frenzy of the Moor seemed to him his own frenzy, and when the Moor suffocated the woman in her bed it was Sasha he killed with his own hands" (Woolf 1928, p. 55).

So there is no mistaking the reference, Woolf then directly quotes Shakespeare's lines from immediately after Othello smothers Desdemona. The passage ends with Orlando waiting at midnight for Sasha so they can elope. Sasha fails him as the clock strikes twelve, and "the whole world seemed to ring with the news of her deceit and his derision . . . . He was bitten by a swarm of snakes, each more poisonous than the last" (Woolf 1928, pp. 58-59).

The next morning, Orlando was knee-deep at the riverbank, watching Sasha's ship stand out to sea: "Faithless, mutable, fickle, he called her; devil, adulteress, deceiver; and the swirling waters took his words, and tossed at his feet a broken pot and a little straw" (Woolf 1928, p. 62). With "the complete downfall of Orlando's hopes" (Woolf 1928, p. 63), exiled from court and in deep disgrace, he returns to his estate, wandering the crypts and galleries in solitude, "shaken with sobs, all for the desire of a woman in Russian trousers, with slanting eyes, a pouting mouth and pearls about her neck" (Woolf 1928, p. 70)—a direct reference to Vita's pearls. Woolf wants Vita and the reader to know that she is desolate, "that life was not worth living any more" (Woolf 1928, p. 70).

Betrayal after betrayal is described. Orlando takes the poet Nick Greene into his household for help with his writing; Greene takes advantage of his hospitality, then turns on him by writing a satire: "It was so done to a turn that no one could doubt that the young Lord who was roasted was Orlando; his most private sayings and doings, his enthusiasms and follies, down to the very colour of his hair" (Woolf 1928, pp. 91-92).

Orlando is sent to Constantinople as Ambassador, where he wakes up as a woman, castrated. Orlando spends time with gypsies in the Turkish mountains, but they tire of her and plan to murder her: "Honour, they said, demanded it, for she did not think as they did" (Woolf 1928, p. 146). Orlando returns to England, saving her life, but there she is charged with being dead (or that she is a woman, "which amounts to much the same thing" [Woolf 1928, p. 161]) and therefore unable to hold property and keep her ancestral estate. (The estate is actually Knole, which Vita cannot inherit under British law because she is a woman—which Woolf repeatedly emphasizes in *Orlando*—a lifelong humiliation and source of distress for Vita.)

Orlando moves to London, where she enters society and the acquaintance of Pope, Addison, and Swift. She poured them tea and "feasted them royally" (Woolf 1928, p. 202), only to be deeply insulted by Pope's line in the "Characters of Women": "Nothing so true as what you once let fall,/Most Women have no Character at all" (Woolf 1928, p. 332)—yet another jab at Vita's faithlessness, as well as an indication of Woolf's rage about how women are not valued as artists, a theme she soon expands upon in *A Room of One's Own* (1929), published a year later. In Victorian times, Orlando marries Shelmerdine, but as soon as the wind shifts, he leaves her to sail around Cape Horn. Abandoned yet again, Orlando muses, "She was married, true; but if one's husband was always sailing round Cape Horn, was it Marriage?" (Woolf 1928, p. 252).

Woolf repeatedly merges herself with Orlando. The day *Orlando* is finished, she muses in a letter to Vita, "The question now is, will my feelings for you be changed? I've lived in you all these months—coming out, what are you really like? Do you exist? Have I made you up?" (Woolf 1978b, p. 474). In publishing *Orlando*, heedless of the consequences, telling the story of betrayal to her readers and writing of her unbearable

humiliation, helplessness, and desolation, Woolf places Vita squarely in the same position, both revealed to the world.

THE WILD GOOSE

When Woolf finished writing *Orlando*, she wrote to Vita, "Did you feel a sort of tug, as if your neck was being broken on Saturday last [17 March] at 5 minutes to one? That was when he died—or rather stopped talking, with three little dots . . ." (Woolf 1978b, p. 474). Woolf's feelings toward Vita were of murderous rage, engendered by Vita's desertion of Woolf, which evoked all her other abandonments—mother, father, stepsister, favorite brother, sister, and friends. This rage led to intolerable staleness and boredom—a flight from feelings—a disruption of Woolf's sense of self and of her ability to think (Woolf 1980). The vengeful act of writing *Orlando* enabled Woolf to overcome her sense of disruption as she "abandoned myself to the pure delight of this farce: which I enjoy as much as I've ever enjoyed anything" (Woolf 1980, p. 162).

Others have written of the manifold psychic functions of revenge, and how the revenge motive can be "overlooked and underestimated" (Rosen 2007, p. 598). Revenge can be a defense against bad feelings, maintenance of an enduring object-relational tie based on envy and splitting, an attempt to restore the grandiose self fueled by narcissistic rage, an obsessional idea and a compulsive enactment that denies reality, and a Fairbairnian tie to the exciting/rejecting object (Rosen 2007). But as Lansky (2004) alludes to and LaFarge elaborates, vengefulness is also a way of representing and managing rage and restoring "the disrupted sense of self" (LaFarge 2006, p. 447).

Woolf struggled mightily with Vita's betrayal, which caused intolerably painful feelings. Part of the "value of vindictiveness" (Horney 1948, p. 3) in this context is that Woolf is able to creatively turn the tables on both Vita and her own shift toward disintegration by writing a brilliant, multilayered literary masterpiece.

The novel itself does not have an easily parsed ending; it has puzzled literary critics. The structure of the novel is circular. Orlando drives to her estate (Vita's Knole) while meditating on Shakespeare and pondering how she herself is haunted by the wild goose as "always it flies

fast out to sea and always I fling after it words like nets" (Woolf 1928, p. 299). Orlando drinks red Spanish wine (Vita's favorite) and climbs the hill to the ancient oak tree, which is where the novel started. The dead Queen returns to the great house, and Orlando welcomes her as she steps from her chariot: "Nothing has been changed. The dead Lord, my father, shall lead you in" (Woolf 1928, p. 313). The first stroke of midnight sounds, and Orlando's pearls burn in the moonlight as a beacon to guide her husband's airplane home; as he "leapt to the ground, there sprang up over his head a single wild bird."

> "It is 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 and Twenty Eight. [Woolf 1928, pp. 313-314]

The twelfth stroke of midnight echoes the scene of Vita/Sasha's abandonment of Woolf/Orlando when Orlando realizes Sasha is not meeting him at the inn to elope: "When the twelfth struck he knew that his doom was sealed" (Woolf 1928, p. 58).

The wild goose has been interpreted by critics to mean writing or creativity, and in contemporary usage, we think of a *wild goose chase* as a hopeless quest, which is undoubtedly one of Woolf's meanings. Vita did what her nature bade her to do, and on some level Woolf realized her own cause was impossible, despite flinging her most dazzlingly seductive words after Vita.

However, I see the wild goose in light of Woolf's Shakespearean clues/cues, which are seeded in the title and throughout the text. The phrase *wild goose* was introduced into the language (*Oxford English Dictionary* 2011) by Shakespeare in *Romeo and Juliet* (1597), when Mercutio responds to Romeo's joking:

> Nay, if thy wits run the wild-goose chase, I have done; for thou hast more of the wild goose in one of thy wits than, I am sure, I have in my whole five. Was I with you there for the goose? [Have I proved you to be a goose?] [II, 4, 75-80]

Romeo retorts, "Thou wast never with me for anything when thou wast not there for the goose" (II, 4, 81-82)—that is, looking for a prostitute.

After a series of goose insults, Mercutio tells Romeo: "For this driveling love is like a great natural [fool] that runs lolling up and down to hide his bauble [the fool's stick] in a hole" (II, 4, 95-97). This is Woolf's ultimate message to Vita: because she cannot be faithful and cannot see or acknowledge Woolf's feelings, their love is an epic tragedy on the scale of *Romeo and Juliet*.

By creating Vita and herself, separately and together, as Orlando, Woolf was able to omnipotently deny the reality that Vita could not truly love her and had left her for other women, that Vita had a separate existence she could not control. Yet in humiliating Vita by publishing *Orlando*, and thus projecting her own humiliation into Vita, Woolf was able to maintain a continuing tie to her, the exciting/rejecting object. The wish for revenge also served as a way for Woolf to reorganize herself emotionally through the process of creating a remarkable intellectual triumph. Her genius adds to our understanding of the workings of revenge and the way we and our patients represent and manage pain and rage.

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TELEPHONE ANALYSIS: COMPROMISED TREATMENT OR AN INTERESTING OPPORTUNITY?

BY MARINA MIRKIN

Under the pressure of societal changes, today many analysts agree to conduct parts of an analysis over the telephone. However, little has been written about particular ways in which use of the phone affects the psychoanalytic process. The author focuses on the impact of the phone on psychoanalytic treatment and particularly on one of its potential advantages, i.e., the combination of a continuity that intensifies the treatment and physical distance between analyst and patient, making this intensity less threatening. Two detailed case reports illustrate how this combination facilitated the growth of affective tolerance and enabled these two patients to bring their emotional experiences from phone sessions into the consulting room.

Keywords: Telephone analysis, treatment interruptions, analytic technique, use of the couch, immigration, parental sexuality, early trauma, overstimulation, analytic process, transitional space, sleeping in sessions, psychosis, hysterical symptoms.

INTRODUCTION

My patient—a medical student in twice-weekly therapy, about to leave on an out-of-town rotation—asked me: "What if I need to speak with you while I am away? Can we have a phone session?"

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She explained that, during her psychiatry rotation, she was told that one of the attending physicians was "unconventional" because he conducted phone sessions with patients. Naturally, she wanted to know how "unconventional" her own therapist was. She also wanted to know why phone sessions are considered unconventional. She remembered having had a couple of them herself with her previous therapist; the experience was different, but—"unconventional means something frowned upon, doesn't it?" she asked innocently.

I thought that she captured quite well a general feeling that analysts have about phone sessions. The literature on phone analysis has been slow to emerge, and until recently, it was focused primarily on the question of whether a treatment conducted over the phone could even be called *analysis*. Ironically, the first person to make a connection between psychoanalysis and the telephone was Freud (1912). His famous metaphor—"he [the analyst] must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone" (pp. 115-116)—underscores a particular receptivity between two participants in the analytic dialogue, with one speaking directly into the ear of the other.

Little has been written about the technique of doing analysis over the phone. Saul (1951) reported a treatment conducted over the phone with a severely traumatized patient whose intense, regressed transference could not be analyzed in the office. He concluded that the telephone "diluted the hyperintensity of the transference to intensities which the patient could endure" (p. 288) and facilitated the patient's progress. Unfortunately, he did not include detailed clinical material demonstrating how this had been achieved or what technical modifications (if any) were made.

I find Leffert's (2003) paper examining the mechanics of beginning, conducting, and terminating telephone treatment particularly helpful in addressing practical details specific to work conducted over the phone. Zalusky's (1998) groundbreaking paper was the first to address transference-countertransference reactions involved in the recommendation to continue analysis over the phone. Among the countertransferential resistances explored by Zalusky are guilt about introducing a nontraditional parameter, concerns about offering a possibly substandard treatment, and apprehension about colleagues' disapproval. Matched by the

patient's guilt about not being able to give up a relationship with the analyst, these feelings contributed to an enactment described by Zalusky, which had to be analyzed before the treatment could begin.

A panel of the American Psychoanalytic Association (Bassen 2007) devoted to the subject of telephone analysis helped facilitate a discussion about the impact of physical distance and absence of visual contact in the psychoanalytic process. However, despite the growing interest in telephone analysis, when my colleagues talk about conducting analytic sessions on the phone, they look embarrassed, as if they are reluctantly confessing a transgression.

Treatment conducted over the phone is clearly a departure from the classical analytic situation. It has the potential of offering gratification to the patient and becoming part of an unanalyzed enactment, or of gratifying the analyst who might be reluctant to make an appropriate referral when the patient moves away. However, adhering rigidly to rules has its own pitfalls and can be damaging to a treatment, too. It is also hard to ignore the fact that, since the analytic situation has come into being, people have begun to travel to faraway parts of the world as casually as Freud's patients traveled to Baden-Baden.

Current debates about ways in which the use of the phone affects the psychoanalytic process remind me of fairly recent discussions focused on the use of the couch. For a long time, it was taken for granted that the couch is a fundamental part of analytic treatment. More detailed inquiry has demonstrated that face-to-face treatment can in fact be more beneficial for some patients. It also became clear that—like everything else—the couch can be used for defensive purposes and can provide fertile soil for an enactment (Goldberger 1995).

By the same token, introducing the phone into an analytic treatment is bound to have numerous implications, both positive and negative. The recommendation to use the phone can be experienced by the patient as desperate neediness on the part of the analyst, or as a message that the analyst is not taking the treatment seriously and is ready to bend the rules on a whim. It is easy to imagine deadening of affect, increased intellectualization, and mutual distancing in the analytic dyad when the wealth of sensory input inherent to personal contact is reduced to hearing only.

Probably the most common concern is that patients will attempt to misuse the opportunity to do some part of the treatment over the phone and demand phone sessions even when they are able to come to the analyst's office. In my experience, this becomes an issue primarily with patients who have had a few unplanned phone sessions in an emergency situation. In these cases, the enormous gratification of having the analyst available "on demand" can provide the opportunity for an enactment. On the other hand, patients who have had the opportunity to explore their fantasies about the meaning of phone contact are more likely to use the phone as a helpful tool rather than as a source of gratification.

Another important consideration is how the analyst feels about working over the phone. Some analysts are better suited for this way of working than others. I have heard from some colleagues that they feel bored during phone sessions and must struggle to stay focused. Analysts who rely heavily on visual impressions or on nonverbal means of communication frequently feel uncomfortable with phone work.

Since most of us have agreed—usually grudgingly—to conduct a couple of sessions by phone, but only a few have actually conducted a significant part of a treatment as phone analysis, I would like to explore the complex ways in which the use of the phone may affect the treatment by offering two clinical examples. Specifically, I will explore whether some patients can attain a special benefit offered by phone analysis: the combination of *continuity* (which intensifies the treatment) and *physical distance* (which makes the intensity less threatening).

CLINICAL EXAMPLE: MR. A

Mr. A, who had emigrated from Southern Asia at the age of twenty-four and was now a businessman in his early forties, came for a consultation because he felt timid and ineffectual at his job and could not rise above the middle-management level. He had started and stopped psychotherapy many times before and now wanted to try analysis.

Mr. A warned me that he has a tendency to start new projects eagerly and work very hard at them, only to abandon them on the brink of making them successful. He called this "the eleventh-hour problem" and offered numerous examples of having left his employment in a huff, or

having been laid off for missing days and barely doing his work after he had initially dazzled everyone with his efficiency. He was puzzled by this behavior, since he highly valued financial security and nurtured a dream of becoming a CEO. As we were at the very beginning of our project, I was not surprised that Mr. A was eager to start analysis and felt confident about the outcome.

Getting used to being on the couch was not easy for Mr. A. He associated it with being sick and helpless like his father, who had died when the patient was fourteen years old, having spent years lying on his back—mentally alert but physically incapacitated by a debilitating illness. Mr. A told me somewhat condescendingly that he knew I would try to persuade him that his father's illness and death were at the core of his problems. He did not think this was the case; on the contrary, he rarely thought about his father and never missed him. He resented his father for being sick and unable to provide for the family, and for getting so much attention—particularly from Mr. A's beloved mother. Mr. A had vivid memories of growing up in poverty, watching carefully how food was divided and demanding the choicest shares for himself.

As Mr. A was getting used to the couch, he discovered that not seeing me had its advantages: it was a relief not to tailor what he was saying to my facial expression. Four months into the treatment, he revealed that soon after his father's death, he had several times fondled his mother's breasts while she was asleep. He confessed this with a great deal of guilt and shame, adding that he must be a pervert, and so the best way of controlling his sexual impulses was to avoid situations where he might experience them. I often wondered what it might be like for Mr. A to have me sitting behind him—invisible, but within his reach.

Not surprisingly, Mr. A married a woman fifteen years older than he, with two adolescent children. She warned him before their relationship became serious that she had no interest in sex and would never have his children, but this did not stop Mr. A. Now, twelve years later, exploring his decision to proceed with the marriage, Mr. A struggled to understand his persistence. He remembered having been impressed by his future wife's independence; she seemed to be someone who could take care of herself and her children in the event of Mr. A's dying young, as his father had. It was important for Mr. A that she was clearly attracted to

him; there was no risk of being turned down when he asked her out on a date. She was his supervisor, which both mortified and excited him. He hoped that having an American wife would impress his relatives and make his assimilation in the United States easier.

Going through this list did not seem to help Mr. A clarify his choice; he loved children and enjoyed spending time with them. Thoughts of turning into a lonely old man brought tears to his eyes. Mr. A's feelings about having a virtually sexless marriage had been even more ambivalent. His wife openly shamed him for having sexual desires, confirming his conviction that all women despised sex and that his sexual wishes were dirty and uncontrollable. Mr. A fluctuated between feeling furious and guiltily agreeing with his wife.

Mr. A was not sure what was keeping them together—"definitely not love" (Mr. A stated many times that he did not know what it meant to love someone)—and yet he felt that he did not "have what it would take to leave her." He both appreciated his wife's loyalty and felt contemptuous of it. They fought frequently and had several rounds of couples counseling with minimal success.

The first year and a half of Mr. A's treatment turned out to be smooth sailing. He was not used to having someone's undivided attention and felt grateful for it. He was eager to tell me about his country of origin in Southern Asia and his first impressions of the United States.

Mr. A described himself as a wanderer who had never lived in one place for more than a few years from the age of fourteen onward. Two weeks after his father's death, the remainder of his family (his mother, grandmother, and five siblings) suddenly moved to a faraway province to live with his mother's relatives. Leaving his home—the school where he had excelled, teachers to whom he was deeply attached, and a group of close friends—was so painful for Mr. A that he severed all connections with his native town. His memories of that time were filled with the bitterness and anger of someone rejected by those closest to him.

Ten months into his analysis, Mr. A was laid off from his job under circumstances that were all too familiar to him. This time, perhaps because of the analytic work we were doing, Mr. A was less inclined to blame his ungrateful boss and envious peers. Instead he wanted to understand where he had gone wrong, and after giving it some thought, he

suggested that making money was not enough for him. He came to the conclusion that, in his next job, working for an American company that did business with his country of origin could be his way of giving back to his motherland. He was surprised by this bit of self-discovery since he had not been aware of missing his country or of feeling bad about leaving it. Moreover, shortly after coming to the United States, Mr. A had taken classes to get rid of his accent, and he rarely socialized with his former compatriots. Yet he felt that this was the right decision, and soon found a job that seemed to be exactly what he wanted. He was offered a position with a small company working closely with his country of origin. This company had both Americans and Asians in top management, and seemed to present many opportunities for growth. The only obvious complication was that Mr. A would have to do a lot of traveling; in fact, he would be away for a couple of weeks every two to three months.

Both of us felt that frequent and long interruptions of the analysis were not to be taken lightly. Even without these trips, Mr. A's profound difficulty with closeness started to play a prominent role in our work. It was not unusual for him to interrupt a sequence of "good" sessions by being late or missing a session or two. In a succinct and vivid way, he observed that he was "like a crab that goes sideways trying to hide from a relentless light, and at the same time feels happy to have this light focused on him." Mr. A was frustrated by what he saw as his "inability to get into a rhythm and stay in it," but we made little progress in exploring this behavior, since he anticipated that any acknowledgment of his contribution to this process would invite my criticism.

With time it was becoming increasingly clear that strong feelings frightened Mr. A enormously, and he responded by withdrawing. During analytic sessions, this frequently took the shape of his briefly falling asleep and forgetting what had just been said. He attempted to avoid these embarrassing moments by carefully choosing "safe" topics and rapidly moving from one subject to another. As a result, the material could not be deepened.

It was easy to see Mr. A's choice of a job as yet another defensive maneuver. However, there was something touching in his discovery of his longing for his native land. Uncharacteristic warmth in his voice when he talked about working with people from his country of origin (in the

past he had avoided companies connected to South Asia) felt genuine to me, another immigrant. I suspected that, were he to decline this offer for the "selfish" reason of continuing with his treatment, Mr. A would add another piece to the already heavy, largely unconscious, multifaceted feeling of guilt that had been plaguing him for years.

Yet it was unclear how to circumvent the disruptive effect that frequent interruptions were bound to have on the treatment. Several breaks earlier in the analysis had been difficult for Mr. A. He filled hours before the separation with thoughts about being unimportant and replaceable, and he tended to miss the first session or two after such interruptions, forgetting that we had an appointment or fearing that I had forgotten about him and had given his hours to someone else. Needless to say, he adamantly denied that his enactments and transference fantasies were related to his feelings about the interruption that had just occurred.

By this time, it was clear to me that Mr. A was not what one would call "a perfect analytic patient" (if such patients exist), and thoughts of switching to a less intense treatment had crossed my mind. The erratic nature of our engagement, in which the only predictable pattern was that the fabric of analysis woven today would be undone tomorrow, was taking a toll on me. In the well-known Greek myth, Penelope had her reasons for similar behavior: she was trying to buy time while waiting for her husband to come back. Perhaps, I thought, Mr. A, too, was trying to buy time before he and I became locked in a close battle. Another possibility was that Mr. A was attempting to undo the trauma of separation from his father and from his native town by being in charge of his separations from me. Whatever the reasons were, I suspected that our meeting less frequently would make it even harder to uncover them.

I began to think that working over the telephone was our best option. Mr. A was surprised and relieved by my suggestion. It turned out that he had also thought about this option but, "since analysts are such sticklers," he had decided not to ask. He wanted to see my suggestion as a sign that he was special to me but could not trust in this, and he became suspicious—did I plan to charge him more for the phone sessions?

Mr. A also wondered what it would be like to call me from abroad. In the past, the only private phone calls he made while on business trips had been to his wife, once a week or so, and even those he made reluc-

tantly. He observed that he tended to "forget" about his life here while he was away, and "remembering to call becomes a chore."

For the next four years of Mr. A's analysis, we continued with our work over the phone during his business trips. Before each trip, we had to find new hours since Mr. A was traveling to different time zones. Predictably, he fluctuated between feeling grateful for my flexibility and being suspicious of it. This latter attitude, which fit right in with his fear of my trying "to break him down" and make him dependent on me, became the focus of our work at that time.

We agreed that Mr. A would call me from his hotel room, but a few times he had last-minute schedule changes and ended up calling from the airport. To myself, I questioned the usefulness of such sessions, given the level of background noise and lack of privacy. Mr. A did not share my concerns. Clearly, for him, searching for a suitable place in a crowded airport turned an analytic session into an exciting adventure, and this must have been one of the reasons why he was reluctant to give it up. It is also possible that having grown up in a country where privacy was neither possible nor as desirable as it is in Western society, Mr. A was less affected by the lack of it than I assumed. I did not find these few sessions to be particularly deep or revealing, but they did not seem lightweight either. What struck me most was the strength of Mr. A's motivation during our "airport" sessions: he stayed focused and engaged in spite of announcements in the background, which distracted and at times deafened me.

Both Lindon (1988) and Zalusky (1998) comment that, with any given patient, it is frequently impossible to distinguish a transcript of a session conducted over the phone from that of one conducted in the office. I had a similar experience: if not for an asterisk in the margin of my notes, I could hardly say whether a particular session took place in my office or over the phone. The impact of using the phone on the flow of a single session seemed to be too subtle to be clearly distinguishable from the effects of numerous other factors that make every session unique. The difference was much more evident when I read through a week or two of material, however.

Moreover, closely following the intricate details of a particular session—a technique indispensable for learning about minute-to-minute

shifts in compromise formations—shifted the focus away from an exploration of the overall effect of the use of the phone on the analytic process. Therefore, instead of comparing process material from specific sessions conducted on the coach with notes from phone sessions, I attempted to examine changes in my patient's defensive structure that could be traced to the introduction of a new parameter—the phone—and their influence on the unfolding of the analytic process. What follows is a summary of my observations.

I anticipated that without seeing me and having the familiar visual cues of my office, Mr. A's awareness of my presence would plummet, and I would have to become more active to compensate for it. To my surprise, he found that being away from me helped him concentrate on his thoughts. He revealed that when we met in my office, he frequently felt that I was "too present" for him—he could not stop listening for my sighs or smelling my perfume. Mr. A had been too embarrassed to share these thoughts with me in my office, but dared to bring them up over the phone.

I also noticed that Mr. A was able to stay with his thoughts for longer chunks of time and did not need to hear from me as frequently as during the sessions in my office. Rather than demanding an immediate response to every question because he "normally wouldn't even bother to do a puzzle without an answer sheet," he was now able to spend some time pondering his questions. When I did speak, he was less inclined to experience my comments as critical and humiliating.

Mr. A suggested that these changes had to do with our being "more on an equal footing on the phone—neither of us can see one another." We had fewer missed sessions, fewer silences, and no falling asleep during phone sessions. As far as I could see, I hardly modified my technique to effect these changes. If anything, I spoke less and felt that I had more space to do my task as an analyst: to listen, feel, and think with Mr. A rather than reacting to him. It seemed that in the course of phone sessions, an uncomfortably intense connection between us was becoming more relaxed.

Switching from the couch to the phone and back did not seem to trouble Mr. A. "Since I can't see you either way, there is almost no difference," he quipped. I suspect that being away from my scrutinizing eye

was in fact a relief for him. On the couch, he frequently covered his face with his hand, particularly when he felt ashamed; he was only partially aware of this behavior and blamed it on an "unusually bright light" in my office.

Both Mr. A and I noticed that something was different when we worked over the phone, and we tried to understand this change. We agreed that it must have been meaningful for him to call me from his homeland. Since his emigration, he had visited his native country briefly and infrequently. Spending time there, establishing closer connections with his family, and visiting his home town for the first time in thirty years stirred up a lot of feelings, and he was eager to share them with me.

Mr. A's reawakened childhood memories were not the only focus of our work. Contrary to my expectations, phone sessions seemed to be more emotionally significant and rich than many of the sessions in my office. Mr. A was able to approach a broader range of topics, including something he had never before spoken about directly: sex. He told me about his habit of browsing pornographic sites on the Internet, reading about men having sex with their mothers or watching videos of older women having sex with young boys. Mr. A interpreted this behavior as confirmation of his being "a sex monster," and both feared and hoped that I would join his wife in shaming him for that. When he realized I was not about to take on this role he confessed that he had never actually had sex with a woman from his country of origin: "It would be like having sex with my sister or mother." He wondered if another reason for marrying his fair-skinned wife was that she looked very different from women of his country.

Even talking about our relationship seemed to become less troubling for Mr. A. He observed that he was frequently late to call me because he was worried I might not be there and he did not want to be disappointed. He also noticed that making me wait gave him a certain satisfaction—it "leveled the field" and mitigated the frustration of waiting for the session to begin. He started to become aware that our relationship was more important to him than he had thought.

A few months later, during another trip, after feeling particularly angry with me and raising yet again the issue of moving to another town

as the only way of "getting out of this analysis," Mr. A reluctantly volunteered that he became angry with me because he felt aroused while waiting for his session. He had noticed "feeling sexual" during our meetings in my office, too, but had been too embarrassed to talk about it; even when we were miles apart, it was hard for him to bring it up. He simply could not fathom mentioning any of it with me sitting next to him; he would feel too guilty and ashamed. What if he lost control over his behavior: "My penis would become a CEO, and my head—the president of a company?! Besides," he continued, "speaking on the phone with my voice going directly into your ear, and your voice into mine, is different from talking in the same room; it feels more intimate.

Shengold (1982) suggested that phone conversation in itself can be a source of sexual excitement, similar to the masturbatory sexual excitement of the adolescent. Whether this was the case for Mr. A is hard to know; it did not come up directly in our work, through it was apparent that he felt freer to tell me about his feelings over the phone. Mr. A was horrified by his sexual urges; he recalled how aroused he had been in his youth, watching his mother sleeping half-naked on hot summer nights or his sisters undressing. Yet again, the image of a "monster with gruesome tentacles always going after something forbidden" came to his mind.

After broaching a topic on the phone, Mr. A frequently felt more comfortable in continuing with it upon his return to New York. Sometimes he was able to pick up where we had left off, and at other times he did not go back to what we were talking about for weeks or revisited it on a more superficial level. But even these small steps helped deepen the analysis. Mr. A became less suspicious of me, and his angry attacks in response to my comments gradually became less frequent and less vehement. We developed more space to reflect together, to share a feeling.

I do not mean to give the impression that everything became smooth and easy after we introduced phone sessions into our work. Mr. A continued to be quite eloquent in his actions; for example, he missed all our phone sessions during a two-week trip of his that followed on the heels of my vacation. In his relentless attempts to push limits, he requested several times to have a phone session while he was in New York, and was infuriated by my refusal. From time to time, he missed sessions or fell

asleep on the couch. However, now we could bring these events into the treatment, and he started to take a much more active role in exploring them analytically.

Even the pattern of his sleep during sessions changed: these episodes became shorter and less frequent. Since falling asleep had been a particularly persistent and challenging defensive maneuver in my work with this patient, I will elaborate on this aspect of the treatment. As Mr. A became less apprehensive about being criticized by me, he started to wonder about the circumstances of his falling asleep, instead of treating these episodes as something he had no control over. At first, he attempted to look at sleeping in my presence as a sign of his trust in me and in our relationship. This suggestion, though not completely improbable, was hard to reconcile with my observation that he frequently fell asleep at particularly emotional moments, and after he awoke the rest of the session seemed flat by comparison. Mr. A became intrigued.

Together we tried to reconstruct what was the last thing Mr. A remembered before falling asleep, and what had been erased from his memory by the time he woke up. When I anticipated that Mr. A might fall asleep—for example, when I was about to say something likely to make him angry—I started to caution him about this possibility. On such occasions, even if he did fall asleep, he often remembered my warning upon awakening, and eventually came to remember what had preceded the warning.

Later on in the treatment, when Mr. A appeared to be asleep, I used to speculate aloud about what he might have felt prior to falling asleep, and why these feelings might have been uncomfortable for him. More and more frequently, he was able to respond to my comments upon awakening as if he had never lost awareness of our dialogue.

Gradually, Mr. A's falling asleep lost its unpredictable nature and became less disruptive to our work. He developed more awareness of using the interruptions caused by missing sessions or by falling asleep as a way of modulating the intensity of his emotions. "When I feel sexual in your presence, sleep washes over me like water," he observed; and "When I am angry with you, sleeping is like folding my arms and scowling instead of having a real fight." With time the difference between the latter kind of sleep and angry silence became imperceptible, and both of us came

to see his falling asleep on such occasions as a "safe and guilt-free" way of having a confrontation with me.

With a different patient under different circumstances, such dynamics would hardly be unusual. A case could be made that with more time and more work, Mr. A would have become less afraid of his attachment to me and of exploring his aggressive and libidinal feelings while in my office. His capacity to tolerate his powerful emotions would increase; he would not need to act upon them so often; and the cycles of moving closer to me and withdrawing would have become less frequent and violent. However, keeping in mind Mr. A's history of multiple interrupted treatments, I am not at all convinced that we would have had the chance to reach this point.

I came to think that the use of the phone, originally introduced out of necessity, enhanced Mr. A's capacity to stay in treatment and facilitated the analytic process. It seems that the impersonal nature of the phone connection helped titrate the intensity of his emotions to a level that was less overwhelming for him. Although sexualization of the phone added to his overstimulation and discomfort, he was gradually able to analyze his sexual feelings instead of missing sessions or falling asleep. Perhaps his fantasy about me as an overwhelmingly exciting and frustrating presence was challenged by the casualness inherent in phone conversations.

I believe that physical distance between us provided a safeguard against what Mr. A—given his history—was most afraid and ashamed of: an almost irresistible urge to act upon his feelings. As an ultimate oedipal victor (his father died, and he had fondled his mother's breasts, he lived in constant fear of his powerful, uncontrollable desires. It is not surprising that he frequently found the intimate nature of the unmodified psychoanalytic situation to be dangerously overstimulating. Not being in the same room with me allowed him to experience his feelings, explore them, and learn to tolerate them.

My constant presence either in person or on the phone provided continuity and consistency, much needed by Mr. A. The repeated trauma of losing family members to illness, death, and relocations that had been forced upon him early in life, as well as his attempts to master trauma by endlessly re-creating and undoing it, contributed to the disjointedness of his life experience. As one would expect, he brought this disjointed-

ness into the treatment. His comment about "forgetting" his life in New York while away on business trips was not made in jest; not only did he have an uncanny capacity to push out of his awareness the people whom he would otherwise be missing, but he also never really learned how to preserve their representations in his mind. My frustration with the discontinuity of his treatment must have been but a pale reflection of Mr. A's confusion about and frustration with some of his early object relationships.

As discussed by Zalusky (1998), the consistency provided by the use of the phone can help create a powerful holding environment for the patient, as happened with Mr. A. Perhaps—like eye contact between a mother and child—a consistent aural connection between the two of us helped Mr. A develop and preserve a mental representation of a helpful object. In fact, for a number of years, his only acknowledgment of his appreciation for our work had to do with my being a reliable presence in his life.

I imagine that he experienced my presence on both sides of the Atlantic as an adult version of a peek-a-boo game helping him learn about object constancy. With a touch of the phone, Mr. A had active control over my voice appearing and disappearing—just like the child who, by covering and uncovering his face with a cloth, can make his mother appear and disappear. It is not unusual for such a cloth to become a transitional object for a child. Could it be that the phone took on some features of a transitional object for Mr. A? He carried his cell phone attached to his belt, and frequently touched or stroked it during sessions, even when there was no indication that he had received a call.

I believe that, through the phone sessions, our relationship became a thread that helped Mr. A connect the two parts of his life before and after immigration—a process that can be surprisingly difficult for someone who has come as an adult to a country with a drastically different culture.

CLINICAL EXAMPLE: MS. P

Working over the phone for six months with Ms. P, another patient of mine, gave me a chance to test some of these hypotheses. Ms. P, an at-

tractive woman in her early thirties and a professor of science at a nearby university, was brought to my office by her boyfriend of six years. He had told me over the phone that she was agitated and could hardly sleep since her father had unexpectedly died two weeks earlier from a complication of bypass surgery. The boyfriend informed me that Ms. P had had a brief psychotic episode one year previously, and he was worried that she was heading that way again.

From my first look at Ms. P, it was clear that she was manic and mildly psychotic. However, something about her presentation—perhaps a certain graciousness in her movements, an obvious concern about the impression she was making on me, and her childish and seductive manner, particularly when speaking about her father—made me wonder whether her symptoms might have a hysterical basis. I prescribed mood stabilizers, and we started twice-weekly psychotherapy.

In order to focus on the impact that the use of the phone had on the analytic treatment, I will have to leave out a great deal about this interesting and complicated case. I am also not sure that everyone would describe this treatment as analysis. Indeed, over the course of our work together, we switched from twice-a-week therapy to three and then four times a week face to face, then four times a week on the couch, then had six months of phone sessions, and ended up with an eight-month termination period during which we met four times a week face to face. I believe that, except for the first couple of months, we were working analytically, and for the last two years of the three-year treatment, we were doing analysis.

According to family legend, Ms. P learned to sing before learning to talk, and music continued to be important in many different ways throughout her life. Talking about feelings was fraught with all kinds of danger in her family, and so she learned to use music to speak for her, sometimes in quite a straightforward way. For example, when Ms. P's parents were fighting, she used to play the piano very loudly: "Playing was better than yelling and even more effective—everyone in the house had to shut up."

Early on, she learned that she could rely on her musical talents to generate nurturance and admiration. At the age of five, when Ms. P's mother—who had just lost her own mother and was pregnant with her

third child—became depressed and withdrawn, Ms. P persuaded her neighbors to take her to a synagogue every Saturday. At the synagogue, she dazzled everyone with her beautiful voice, and in a few months was singing with the cantor. Ms. P's face lit up as she told me about those memories.

Like both her brothers and her father—a college professor—she was gifted academically, but it was her musical talent that gave her a special place in the family. No one else knew how to sing or play a musical instrument, and Ms. P could excel without fearing that she would trespass on her relatives' territory. Ms. P's mother—a schoolteacher—did not seem to have any special talents and was hardly visible behind her more ambitious family members, just as she was hardly visible in our sessions.

By the time Ms. P graduated from high school, in addition to having stellar grades, she had won a local beauty pageant, performed in many amateur theater shows, and recorded several CDs. Even though she became quite a star in the small Southern town where she grew up, Ms. P felt that she has not been taken seriously: "No one wanted to hear my voice"; "I was constantly silenced by competitive people" (the category of "competitive people" turned out to be pretty broad). It was not surprising that Ms. P felt her voice was not heard: both of us found it difficult to know what she thought and experienced since she spent a lot of time observing me, figuring out what I might want to hear, and saying it in the most sincere and innocent manner.

Ms. P noticed that when she tried to share her thoughts with me, it was hard to use her "adult voice." She struggled constantly with the temptation to switch to what she described as a "childish voice"—a weak, helpless, and suffering tone that quickly dissolved into tears. She was not even sure whether she had an "adult voice," or whether what she called her "adult voice" actually belonged to someone else:

> When I wake up early, eager to start the day, but instead stay in bed till noon, maybe it's because I'm so used to doing things as I am told to that it's hard to hear my own voice telling me something sensible without thinking it has been imposed on me. I don't know whether it is my voice or yours or my father's—whether I'm doing things to please you or myself.

She wanted me to help her find her own voice, but was worried that instead I might coerce her to speak in mine, and that she would be shaped into someone she was not.

With time it became clear that many of these issues were rooted in Ms. P's relationship with her father. His frequent absences, his rages (several times Ms. P had witnessed her brother being beaten, with all the guilt, fear, and excitement accompanying such a scene), and his seductiveness (he openly admired her beauty and repeatedly encouraged her to pose for *Playboy*) made for an overstimulating and volatile environment. Her mother stayed out of her father's relationships with the children.

Ms. P came to think that having her own views and expressing them was not safe in her home. She became fiercely protective of her "true self" and learned to hide it behind a childish and compliant facade—so well that she herself could not be sure what she thought and felt. At the age of twelve, she persuaded her parents to let her make her room into an "independent apartment" with her own key, pantry, refrigerator, ironing board, and even a hot plate. It started as a game, but she ended up running her own household, financially supported by her parents. Ms. P took great pride in being nearly self-sufficient at that age, but preferred to see this as a whim rather them a purposeful activity that allowed her to carve out a safe place for herself.

Ms. P had no recollections of any significant arguments with her father, nor in fact with either of her parents, until she was in her late twenties. At that time, she had moved to Europe to live with her boyfriend in his country of origin. Ms. P liked his parents, made strides in studying the language, and found rich professional opportunities there. The only obstacle in their getting married was her father's stubborn disapproval; he alternated between worrying that there would be no one to protect her and look after her in this foreign country, and threatening never to come to visit her or her children. Ms. P was aware of feeling intensely angry and disappointed by her father in a way she had not felt before.

An argument particularly memorable for Ms. P took place during one of the many phone conversations they had about the wedding while she lived in Europe. That time Ms. P called her parents to discuss once more her plans to marry, but ended up by telling them about "all the

things they did wrong." In the middle of her monologue, her father hung up the receiver and left the room. Ms. P was horrified; she took this as a sign that she had dealt him a terrible blow and that he was crushed.

A few days after that conversation, for the first time in her life, Ms. P developed symptoms that were diagnosed as a manic episode with psychotic features. She became preoccupied with the fear that she had caused a terrible catastrophe and that everyone in the world was going to die. She would be the only one to survive, and utter loneliness would be her punishment. A pleasurable opposite to these terrifying ideas was an image of her and her father as demigods, enjoying a blissful eternal life together. In contrast, her mother—"a simple mortal"—was going to die.

In retrospect, it is hard to be sure of the origins of Ms. P's psychosis. The timing of the episode and the close connection between the content of her delusions and recent developments with her father suggested strong psychological underpinnings. The remarkable vividness and consistency of her memories, including a detailed recollection of delusional material, is uncharacteristic of most psychotic disorders. The charmingly childish quality of her behavior during our first meeting also differed from cruder presentations typical of psychosis in the context of a manic episode.

I came to think that the concept of "hallucinatory confusion"—a term coined by Freud in 1894 to describe a state when "the ego has fended off the incompatible idea through a flight into psychosis" (p. 59)—might be helpful in understanding Ms. P's condition. In keeping with Freud's description, when Ms. P's attempts to defend against her mounting anger with her father failed and she could not deny an "incompatible idea"—her father's harsh and rejecting behavior and her own rage—she had to detach herself completely from reality. Having delusions of a blissful relationship with her father, or of deserving punishment herself, allowed her to leave his image untarnished.

Ms. P was briefly treated with Zyprexa with the quick resolution of her symptoms. However, soon she became depressed. In spite of being aware that her father had been diagnosed with a heart condition and that he had not been compliant with his treatment long before their phone

altercation, she blamed herself for "yelling at him over the phone" and causing his illness. She became an even more devoted daughter and had long, affectionate phone conversations with him.

A few months later, Ms. P moved back to the United States and informed her boyfriend that even if they decided to get married (now she was unsure about that), she would never live abroad. Soon after that, her father died from complications of bypass surgery, and Ms. P came under my care.

A significant part of our work during the first two years of the treatment focused on the issue of trust. Early on, Ms. P succinctly expressed her notion of trust: "If I give someone an opportunity to rape me and he doesn't, then I can really trust him"—and she relentlessly created such opportunities in order to check me out. She alternated between being submissive and mistrustful, in turn idealizing me as her protector and suspecting that I was tampering with her mind in order to control her.

In the meantime, Ms. P was becoming aware of her disappointment with her father. She felt increasingly resentful of him and started to see more and more of his actions as exploitive—for example, his insisting on taking naps with her until she became a sophomore in college. Ms. P was proud of eventually having put an end to this behavior by refusing to participate and then enduring her father's sullenness. However, on other occasions, she guiltily admitted, she had acted less firmly. Memories of sitting on her father's lap every morning before school while her mother was asleep were particularly troubling for Ms. P; she could not deny having enjoyed those moments. In fact, she gladly sacrificed half an hour of sleep to have this special time with her father, up until she went away to college. Ms. P became even more embarrassed when, a few weeks later, she recalled how much she had enjoyed taking bites of food off her father's plate while sitting on his lap—something she revealed she liked doing with her boyfriends.

Guilt and confusion brought on by these thoughts, as well as a nagging question about her own contribution to their sexually overcharged dynamics, were very disturbing for Ms. P. She complained of feeling "too fragile to talk about these frightening things." When I did not support her attempt to "erase" them from her mind, she became angry and announced that she was "ready to kill me" should I dare to doubt the fairy

tale of her perfect childhood. With almost delusional conviction, she insisted that I must be manipulating her thoughts to make her dislike her father.

In spite of her perceived helplessness and fragility, Ms. P was able to confidently negotiate her professional advancement and the relationship with her boyfriend. They became engaged and finally, after eight years of dating, got married. By the end of the second year of treatment, Ms. P reluctantly acknowledged that her husband, an accomplished professional in his homeland, had no chance of getting a comparable job in the United States. She decided to take a six-month sabbatical from her own job to see whether, after all, she could arrange to live in his country of origin.

Ms. P announced this decision (which, she believed, inevitably meant the interruption of the analysis) four months before she planned to leave. In spite of her repetitive statements that she would "do better dancing and singing for four hours a week than thinking about bad stuff," she felt anxious about moving away. She experienced going abroad to be with her husband as a betrayal of her father and "a final acknowledgment of his death." His warning about her having no one to look after her in a foreign country came back to her with renewed force. She feared that she would "get depressed in such a dark and cold land," and that "everyone at home," including her analyst, would forget about her.

Ms. P complained of feeling tired, developed vague physical symptoms, and suggested that she might be too weak to go away. As I continued to interpret rather than affirm her sickness, Ms. P felt increasingly frustrated and out of control, and came close to starting an affair with a much older man.

The level of regression demonstrated by Ms. P made me apprehensive about her capacity to preserve the gains she had made in treatment without ongoing analytic work. I shared my thoughts with her, and she acknowledged her fears of becoming psychotic or sabotaging her relationship with her husband once analysis was interrupted. She reluctantly revealed that she had "gotten attached" to me in spite of her determination not to, and now she wanted me to do more, "to get on a plane" and go with her. Once she had relocated, Ms. P was willing to see a local psychopharmacologist to follow up on her lithium, but she refused to "start

all over again with another analyst only to stop in six months," once her sabbatical ended. Alarmed by these developments, I suggested that we explore the possibility of continuing our work over the phone.

Like Mr. A, Ms. P initially felt surprised and suspicious of my proposal to consider using the phone while she was in Europe. She wondered whether it was my clever way of taking advantage of her, or if indeed she was so unstable that I offered this measure to keep her out of a psychiatric hospital. Recognition that she expected me to respond to her going away similarly to the way in which her father had was reassuring for Ms. P. Her symptoms remitted, including her anxiety, and she appeared relieved.

Ms. P's difficulties when we had tried to use the couch were still fresh in my memory. During the two months that she had spent on the couch, she felt both exposed and abandoned and could not hold on to my presence; I became unreal, "floating, only a voice." She was either silent and sleepy or very voluble, and spoke in a somewhat disjointed manner. Her thoughts frequently went to rape and violence, and she made fairly transparent associations between being on the couch and being raped. Switching back to face-to-face position put an end to these symptoms.

I shared with Ms. P my concern that she might have a similar experience during phone sessions. We decided to do a trial session over the phone before she went away. Though the trial session seemed superficial, and Ms. P sounded tense and artificially cheerful, she was able to stay focused. Since we could not come up with a better solution, we agreed to try phone analysis during the six months she would be abroad.

Always polite and deferential, Ms. P started our first trans-Atlantic session by saying:

> I had to dress up and take a train to come to see you in your office. I always felt so hungry during the session and had to wait till the end to get something to eat. Now I am walking around my kitchen in pajamas eating chips [which explained the crackling noises I had attributed to a poor connection]. I think I'm going to like these phone sessions!

This playful and irreverent note was new in our relationship. I thought that we were in for new developments.

Soon after we started our work over the phone, Ms. P observed that it was easier for her to talk about sex on the phone, and indeed she became increasingly more open about her feelings for her father, her admiration of him, and her attraction to him. However, I was even more impressed by how much freer she felt to become angry with me. Until we started working over the phone, she had never allowed herself to be openly annoyed with me. Instead, many strangers—Verizon workers, salespeople, random pedestrians—got the brunt of her anger that I thought was aimed at me.

Now she suddenly became furious with me and remained furious for many weeks in a row. It seemed that neither an immediate trigger nor any content to her accusations really mattered. Sometimes she would start the session by saying simply: "I don't remember why I'm so mad with you; it must be something you said last time." She felt that her anger was "coming out like a fart," and she had no control over it. Ms. P was frightened by this explosion and even more enraged with me, this time for not protecting her from feeling angry. She suggested that she was using me "as a hole to vent through—it takes away the meaning of another person, it makes you into a toilet—you can't poison me, I am not taking anything from you, just getting rid of what I have inside." Indeed, nothing I said seemed to be helpful, and she found nothing but provocation in my words.

To my surprise, I did not feel particularly disturbed by Ms. P's relentless attacks. I thought these sessions were her way of reliving and undoing terrifying feelings stirred up by another angry phone conversation: the one with her parents that preceded her psychosis. Once her anger had subsided, Ms. P asked whether, when she was "yelling" at me, she had hurt my feelings, and whether I had to "talk to another analyst to feel better." She seemed to be genuinely concerned about me.

Later that week, she revealed that she had taken the first steps to look for a job outside the United States. At that moment, she denied any real worry about wounding me with her words, putting down her earlier query to mere curiosity. Later, however, we were able to see that Ms. P believed her uncontrollable anger was so powerful that it had literally driven her mad, killed her father, and could have hurt me. She was both excited and frightened by having such a powerful weapon, "the tongue

of a snake," in her possession, and had to erase (a word we came to use frequently) any signs of this power from her awareness. Instead, in order to protect herself and others from her destructiveness, she became a wilting flower with no strength of her own.

The discovery that both of us could survive her full-fledged rage and remain unscathed was very important for Ms. P. It was no coincidence that her decision to make a life for herself with her husband in Europe came soon after she had become reassured that I was not going to retaliate, crumble, or abandon her in spite of her angry attacks. Most likely, we would have been able to get to the same material by working in my office, and I am certainly not proposing to treat every patient who defends against aggression over the phone; however, in this case it seems that the introduction of the phone had an impact on how this material unfolded.

Similarly to Mr. A, with the use of the phone, Ms. P demonstrated an expanded capacity to talk in an emotionally meaningful way about love and hate and other "volatile" issues. I find it striking that the first significant argument with her parents she remembered had taken place over the phone. Perhaps the protection provided by the distance inherent in phone communication had enabled her to take the risk of confronting an important person in her life.

It is hard to believe that the sudden emergence of Ms. P's anger when we switched to the phone was coincidental. Perhaps the unintentional re-creation of the traumatic environment where the momentous argument with her father had taken place—she was calling from the same country and in fact from the same room, at a time when the paternal transference was so alive in the treatment—served as a "situation which was calculated to bring up fresh memories which had not yet reached the surface" (Breuer and Freud 1895, p. 149), and facilitated bringing back previously repressed affects. I have to admit that Ms. P—with her multiple somatic symptoms "joining in a conversation" (sometimes more so and sometimes less), her becoming acutely symptomatic for the first time in the context of having to choose between her father and her boyfriend, and her uncanny ability to erase from her awareness every "incompatible idea"—reminded me of Fraulein Elizabeth von R.

Until Ms. P moved away, we rarely spoke about her mother. During the several months of phone treatment, the relationship between the two of them became much more present in our work. We learned a lot about Ms. P's bitter resentment of her mother who, Ms. P felt, had disappointed her by being frequently absent physically or emotionally, and by not protecting her from her father's violent temper. I suspected that Ms. P experienced the loss of visual contact between us as my abandoning her, and she became enraged.

Initially, after Ms. P came back to New York and resumed her sessions in person, she missed using the phone. She explained that she was struggling to hear both our voices as a dialogue:

> When we were facing each other, I could hear only your voice, and on the couch only mine. I had a lot of thoughts but it was harder to speak about them. Not being able to hear your voice was scary; I kept wondering, where are you? On the phone I could hear my voice better without worrying about you.

Ms. P did not remember being afraid of what I would do behind her back when she was on the couch; she seemed to be more aware of feeling exposed and abandoned. It was particularly curious since I did not have a sense of being more active over the phone; in fact, I made a concerted effort to speak more when Ms. P was on the couch. I was puzzled by her comments. It seemed that my physical presence or absence was not enough to explain her experience. Apparently, my presence was least intrusive and most helpful when it was titrated and reduced to a voice on the other end of the line, heard by Ms. P when she was in a familiar environment and could move about. Simply being able to see me did not help her feel safe. She could not stop observing me and anticipating what I might say or do.

At the same time, the absence of my visual image alone was not helpful either. The relative visual deprivation of the couch and the helplessness of the prone position contributed to Ms. P's losing her grip on reality and being flooded with violent thoughts and images. Phone sessions conducted in a familiar environment, which Ms. P could arrange in any way she wanted, seemed to provide enough grounding for her to be able to experience her feelings and reflect upon them.

Working over the phone tends to diminish the power differential created by the very nature of the analytic situation. Ms. P still had to call me "on my schedule," but she did not have to make a trip to my office, dress up for it, or physically come to me. Instead of lying on a couch or sitting on a designated patient's chair, she was free to choose her position and place. I even had to adjust my schedule to her time zone. My magically overblown image shrunk, and Ms. P immediately responded by becoming more playful and challenging.

It is easy to see how this phenomenon could devalue the treatment in the eyes of some patients; however, such devaluation is itself a meaningful and potentially useful source of analytic insight. For Ms. P, who used idealization as one of the cornerstones of her defense structure, cutting me down to size was apparently useful in making room for her own presence, and it ultimately facilitated an exploration of the multiple functions that idealization served for her.

As we were trying to tease apart the meaning of the voice and of individual voices in Ms. P's life, she recalled how she had first competed with, and then learned to sing together with, her teacher at the synagogue—"a tough-as-nails Holocaust survivor" from Eastern Europe. When at the age of five Ms. P started to sing at the synagogue, she was afraid that her voice was too soft and that no one would hear her. She tried to sing as loudly as she could, but felt that this woman, envious of her voice, was deliberately singing over her. In response, Ms. P tried to sing even louder. By the time Ms. P became old enough to take singing lessons in preparation for her Bat Mitzvah, she resented the teacher and was afraid of being punished for "showing off her beautiful voice."

To her surprise, during her Bat Mitzvah lessons, Ms. P came to like the teacher, trust her, and appreciate singing with her. In particular, Ms. P found comfort in knowing that her teacher would not "crush" her nor would she "be crushed." I was reminded of the turbulent time during the stretch of the phone treatment when Ms. P felt that she came precariously close to crushing me. Perhaps the physical absence provided by the phone helped her create a space where she could try out the competitive and angry notes of her voice before bringing them into the consulting room.

Our work was coming to an end. Ms. P was getting ready to move to her husband's country of origin and to start working part-time; she was thinking about having children. She was keenly feeling the imminent loss of our work together. In spite of the many hours when Ms. P felt angry and frustrated, our "singing" started to sound more like a duet. I felt warmth and tenderness coming from her in a way I had not experienced before. "Through analysis, my voice became pretty. It used to be cold and restricted; now it can express all kinds of emotions," observed Ms. P during our last session.

CONCLUSIONS

It seems that both my patients, Mr. A and Ms. P, as different as they were, had something in common: both had grown up in an overstimulating environment and had experienced significant early traumatization. This history put a particular stamp on their personalities. Both of them had problems with affect regulation and struggled a great deal to stay in control of their impulses. For both, fantasies of omnipotence remained central in their adult lives and were supported by an experience of a sexually charged relationship with a parent. Neither of them trusted that I could control my own passions or help them contain theirs.

A modification of technique was necessary with both patients if they were to tolerate the rigor of analytic treatment. It seems that the use of the phone provided such a modification. The relative protection from impulsive actions that it offered allowed intense affects to be expressed, tolerated, and reflected upon. A gradual increase of affective tolerance enabled these patients to bring their emotional experiences from phone sessions into the consulting room. The continuity afforded by uninterrupted treatment helped deepen and intensify the process. Instead of short-circuiting defense analysis, which one might expect, phone work helped an exploration of defenses unfold.

Clearly, I am not suggesting replacing the standard psychoanalytic situation with telephone analysis in the treatment of traumatized or any other particular patients; in fact, it is hard to imagine that the richness of human contact can be replaced by any man-made gadget. If specific indications for phone analysis do exist, they might be clarified in the

future; at this point, this decision is primarily a matter of trial and error. This and many other unresolved issues have yet to be explored in our ongoing discussion of the multifaceted effects of the use of the phone on analytic treatment.

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EXCOGITATING BION'S *COGITATIONS:* FURTHER IMPLICATIONS FOR TECHNIQUE

BY JUDITH MITRANI

The author takes up a number of Bion's musings posthumously published as Cogitations (1992) and attempts to demonstrate the clinical usefulness of Bion's thoughts. She offers some new models and some points of technique that might be derived from following the trail of these selected fragments of Bion's thinking. Several detailed clinical examples are offered for clarification and illustration.

Keywords: Wilfred Bion, technique, transference, countertransference, projective identification, Melanie Klein, Donald Winnicott, Frances Tustin, alpha function, container–contained, perversion.

> More than one patient has said that my technique is not Kleinian. I think there is substance in this.
>
> —W. R. Bion (1992, p. 166)

In an earlier work (Mitrani 2001), I took up some aspects of three papers by Wilfred Bion that, when considered together, generate significant technical implications for analytic work.[1] Continuing in that same spirit, this communication highlights a few of Bion's more informal musings, posthumously published in *Cogitations* (1992).[2] These particular

[1] These papers were "A Theory of Thinking" (1962a), "Notes on Memory and Desire" (1967a), and one of his last papers, "Evidence" (1976).

[2] Although the inspiration for and focus of this paper is *Cogitations*, others of Bion's works will be quoted to orient the reader who may be less familiar with the foundations/extensions of these notes published in Bion's earlier/contemporaneous publications.

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fragments may each be seen as germane to the theory of psychoanalytic technique. I hope to be able to demonstrate the links between these insights of Bion's in particular and their clinical usefulness, as well as a variety of technical considerations that follow on from each of these. Throughout, I will offer detailed clinical examples in the interest of clarification. Although this paper revolves around some of the work of Bion—arguably one of the most celebrated and original of Klein's analysands—perhaps the epigraph I have chosen to head up this paper may serve as a welcoming gesture to practicing analysts of any psychoanalytic orientation.

By way of disclaimer, it is not my intention to suggest that what is presented in this paper bears any relationship to what Bion actually meant when he wrote the quoted passages. Rather, the following notes are to be taken as my own thoughts, which have been stimulated by a few of the concerns raised in Bion's enormously thought-provoking book.

BEHAVIOR AS PALIMPSEST[3]

Addressing the subject of analytic theory, Bion (1992) wrote:

> I consider that the behavior of the patient is a palimpsest in which I can detect a number of layers of conduct. Since all those I detect must, by that very fact, be operating, conflicts are bound to occur through the conflicting views obtaining contemporaneous expression. In this way, the conflict that is so important to the patient's sufferings and to theories of dynamic psychology is, according to me, accidental and secondary to two different views of the same situation. [p. 166]

In this passage, Bion seems to imply (among other things one might consider) that, much like the writing on a piece of parchment that has been partially or completely erased to make room for another text, a patient's earliest happenings may be virtually erased from consciousness

[3] A palimpsest is a manuscript (usually made of papyrus or parchment) on which more than one text has been written, with the earlier writing incompletely erased and still visible. With the passing of time, the faint remains of the former writing that had been washed from parchment or vellum, using milk and oat bran, would reappear sufficiently such that one could make out the text and decipher it.

by denial, repression, or splitting and projection, and may then become overlaid by other meaning/experience—paramnesias covering over amnesias, depression underlying mania, untenable anxieties dulled by depression, layers of infantile happenings obscured by pseudomaturity, autistic enclaves hidden beneath the surface of the neurotic personality, and psychotic states encrusted beneath the nonpsychotic. I believe that this reading of Bion is consistent with what Freud (1925) was alluding to in his paper on the "Mystic Writing Pad."

At the same time on another level, Bion also seems to be arguing that—just as there are conflicting states in the patient, each one competing for expression, attention, and interpretation—similar conflicts may account for many of the controversies between schools of thought in psychoanalysis, each one struggling for expression, attention, and interpretation. Regarding one such controversy, Bion (1992) wrote:

> Winnicott says patients *need* to regress; Melanie Klein says they *must not;* I say they *are* regressed, and the regression should be observed and interpreted by the analyst without any need to compel the patient to become totally regressed before he can make the analyst observe and interpret the regression. [p. 166, italics in original]

Here Bion may be proposing that, whether or not a "facilitating environment" (Winnicott 1965) is provided, the infantile aspect of the patient *does exist* and *is being expressed,* inside or outside the analysis, one way or another, whether or not the analyst wishes to deal with the consequences of that expression. Therefore, it may be that one of the analyst's primary tasks is neither to facilitate that expression nor to inhibit or ignore it, but rather to manage to observe it and interpretively acknowledge it before hyperbole sets in as the patient's way of calling the analyst's attention to the plight of the infant in the adult (or even in the child or adolescent patient).

To illustrate this point, I will quote from a case example brought to Bion for comment during a clinical seminar in Brazil. Although the material reproduced and discussed in this paper is from a case presented to Bion, the comments in this paper are the present author's, not to be confused with Bion's actual remarks on the material, which the reader

may wish to review as well (Bion 1987, pp. 218-220).[4] It will become apparent that I have chosen this case in part because, as the reader will note, the patient himself very directly calls the analyst's attention to the layers of meaning superimposed over other layers of meaning, and because the case illustrates one patient's attempts to "make the analyst observe and interpret" alternative layers of meaning. I believe that the sort of exercise I am engaging in here falls into the category of what Bion called a "psychoanalytic game" (1965, p. 128).[5]

THE CASE IN POINT

A patient in analysis for five years begins the session, the first of the week, by asking his analyst if he has read a certain psychoanalytic book. "It's a very good book,"[6] says the patient. "And I noted several interesting things. It's very good indeed, but I haven't read it all because there are parts I am not interested in. There is a part that describes a duel—this is very interesting indeed because last Saturday I almost didn't go out—I was so tired I had to rest. Do you understand? I had to rest."

In response, the analyst offers an observation that highlights a defense. He says, "You started on one idea, interrupted it, and then went on, telling me about something else."

The patient responds with what appears to be an explanation. He says, "Well, all right. Because I only read the part that interested me,

[4] Bion's comments on this case—although also addressing the transference, the unconscious wishes felt toward and communications of experiences of the analyst, as well as the patient's defensive structure—distinctly display his own individual personality, his style of commentary, and his attitudes. Although the nature of my discussion of the case differs from Bion's, it is meant to be complementary to his remarks on the case.

[5] Bion considered that what is reported about a given session is but a theory, or what he called a *transformation of a realization.* In other words, it is only one version of what took place between patient and analyst, which may be evaluated in a variety of ways, according to the facets seen by each individual who reviews the material. Bion cautioned that these assumptions about assumptions are merely models and not to be confused with the actual events that took place. While Bion encouraged us to make as many of these models as possible out of any available material, he reiterated that these models are not substitutes for direct clinical observation or for analysis itself. Such model-making exercises are only preludes to observation and analysis, a "game" intended to develop the analyst's mental muscle.

[6] Quoted dialogue in this section is from Bion 1987, p. 218.

because I noticed that, and because I rested on Saturday. I felt it was important."

Perhaps detecting his patient's defensiveness, the analyst says, "I think we are having a duel here, too."

In what appears to be an attempt to get the analyst to notice *his experience* alongside his defenses, the patient says, "Yes, but it is very difficult, because what is happening is as if there were several situations which are superimposed,"[7] to which the analyst opines, "You feel that if you don't try to tell me what is happening inside you, you will become confused."

After a short period of silence, the patient goes on to say, "When you speak, I feel as if you had left a mark, like Zorro does." Perhaps this statement indicates how the analysand has experienced the analyst's interpretation.

At this point, the analyst silently recalls that Zorro is a man who wears a black mask, rides a horse, and leaves the mark of *Z* engraved with the tip of his sword on the chest of his opponents. As if in self-defense, the analyst exclaims, "Zorro is a man who fights injustice!"

The patient laughs and continues, "Zorro cuts the braces of the sergeant's trousers and leaves the enemy with no clothes. That is why you make me feel irritated." The patient's directness may suggest that he has experienced his analyst as one who, behind the mask of analysis, cuts the defenses (the braces or suspenders) that hold the patient together or that *up-hold* him, and he is thus left feeling dropped—foolish and irritated. However, in what follows, the analyst appears to feel that it is *he* who is being made to look the fool, as he reminds the patient that "the person Zorro attacks is also a friend of his."

In response, the patient says, "Oh, yes, I quite agree—the sergeant is a fool." The analyst declares, "For you, a friend is a fool. Perhaps that is why you don't show friendly feelings toward me here."

Touché! The patient is silenced—quite possibly a sign that he has given up in despair, feeling unable to connect with, to reach, or to be understood on some vital level.

[7] It is of note here that the patient is very direct in calling the analyst's attention to the multiple layers of significance in the material. It is as if the patient, at least unconsciously, recognizes the palimpsest-like quality of his own communications.

DISCUSSION

Notice that the patient begins the hour by telling his analyst about a book he is reading. Since this is a book about analysis, one might consider that, on some level, the patient is attempting to communicate his experience of the analyst and of their analytic encounter. Arguably, this may be viewed as a positive development in analysis, as we are assisted to a great extent when the patient finds a way, directly or indirectly, to tell us what he or she thinks of us, which may or may not be a statement of fact about who we are, but is always an indication of who the patient is and of what he experiences at any given point in the hour.

Reportedly, Bion once stated that if a patient comes to analysis, he should be able to learn something about himself (Tustin 1990a). Perhaps an interpretation addressing *what the patient is experiencing with the analyst* might enable this criterion to be fulfilled. Additionally, Bion suggested that the fact that an interpretation is given in terms of the relationship with the analyst is *not* because the analyst is so important (Tustin 1990a). In other words, if the patient demonstrates anger toward or appreciation for the analyst, this does not necessarily tell us anything about the analyst's character, including whether or not he is benign or malignant (although often it is taken this way). However, such a demonstration nearly always says something about the patient's capacity to experience emotions such as gratitude or hostility—in other words, *what the patient is capable of feeling*.

In due course, our interpretations may help the patient discover what kind of person he is and what kind of relationship he is able to have with someone who is not himself. Thus, when the patient in this example begins the hour by stating that he is interested in some parts of the book he is reading and not in others, this might be understood as a declaration that he has registered and is reporting only what applies to his own experience in analysis.[8] Along these lines, the patient declares that what is really interesting to him is the part about the duel.

[8] I believe that this way of thinking about what our patients choose to tell us in a given hour, unconsciously or consciously, is also consistent with Gill's (1979) seminal notions about the transference.

At this juncture, one might wonder whether the patient experiences the analysis as a duel—does he experience the analyst as an adversary in that moment?

The patient may only be appearing to change subjects when he says, "This is very interesting indeed because last Saturday I almost didn't go out—I was so tired I had to rest," and he asks if his analyst understands. Among other things, the analyst might be inclined to convey to the patient his appreciation that, at least on one level, the patient is letting him know the following: that in experiencing the interaction between them in the previous week as a duel, the patient may have been left feeling too tired to interact with the world, and thus he may have withdrawn over the weekend; now he believes the analyst may wish to be aware of this.

Alternatively, it may be that the patient is communicating his experience of the analyst (like the book on psychoanalysis) as very good indeed. However, he may not be able to take in all that the analyst offers. Perhaps what the analyst puts forward is too much to digest. Thus, when he is left to sort out his thoughts and feelings on his own, he becomes fatigued and is unable to interact with the world (to go out) over the weekend. This way of thinking about and interpreting the patient's utterances—by *taking the transference* (Mitrani 2001)—may open the way for the patient to say something more about his current grievances.[9]

When the patient asks for the analyst's understanding, one might take this as a constructive development. However, the analyst in this example appears to grow impatient and appears to miss this libidinal level of communication. Consequently, when the analyst chooses to point out that the patient is changing subjects, this interpretation is felt as a criticism and the patient becomes defensive, further explaining his attempt to report what has happened to him, how he loses interest and withdraws, and "cannot go out." One might understand this reiteration as itself a demonstration of the patient's inability to "go out," or of his inability to go on when left on his own in that moment in the analytic hour. The patient senses it is important that the analyst know this.

[9] Winnicott (1949) suggests that if the analyst is going to have crude feelings imputed to him, he is best forewarned and so forearmed, for he needs to be able to tolerate being placed in that position. Above all, he must not deny hate that really exists in himself. Hate that is justified in the present setting has to be sorted out and kept in storage, available for eventual interpretation.

Regrettably, the analyst continues in a way that is experienced by the patient as accusatory, that is perhaps an unwitting duel with the patient in that it points to his defensiveness. It has been my experience that when the anxiety underlying the defense is inadequately addressed, defense analysis tends to incite more defensiveness (Mitrani 2001). Bion enhanced my understanding of this phenomenon when he refined the Kleinian understanding of the nature of the defensive or pathological organization, introducing his concept of the *Superior ego* or *Super ego*. Bion used these terms interchangeably to denote an internal organization lacking the usual characteristics of Freud's superego. Bion's *Super ego* refers to "an envious assertion of moral superiority without any morals . . . the resultant of the envious stripping or denudation of all good and is itself destined to continue the process of stripping" (Bion 1962b, p. 97). This internal constellation is consonant with what Bion called –K[10] and is associated with negative narcissism.[11]

Bion (1962b) described the situation as follows:

> In –K the breast is felt to remove the good or valuable element in the fear of dying and force the worthless residue back into the infant. The infant who started with a fear of dying ends up by containing a nameless dread . . . . The seriousness [of this situation] is best conveyed by saying that the will to live, that is necessary before there can be a fear of dying, is a part of the goodness that the envious breast has removed. [p. 96]

In the case under discussion, the patient may be seen as on guard, convinced that he has to justify himself. He musters up a further attempt

[10] In Bion's terms, –K stands for the absence of alpha function, i.e., a deficiency in the maternal capacity for digesting and making meaning of the infant's communications of his inchoate experiences. In analysis, this may be remedied when the analyst is able to detect an error in his understanding through open-minded listening to the patient's response, and can thus adjust his course of interpretation while acknowledging the patient's role in this benign development.

[11] Rosenfeld (1959) noted the following in this regard: "Abraham . . . discusses the question of severe narcissistic injury or narcissistic disappointments in depression . . . . He stresses not only the feeling of inferiority but of superiority in the melancholic and the inaccessibility of the melancholic patient to any criticism on the part of the analyst of his way of thought. He connects this attitude with a 'purely narcissistic character of the patient's train of thought.' He relates these observations to an over-estimation and under-estimation of the ego in melancholia which he calls 'positive and negative narcissism'" (p. 120).

to call to the analyst's attention the possibility that his defensiveness is superimposed on what may be viewed as a benign attempt to communicate something of his infantile state of mind—not only over the weekend, but especially in the present moment. The analyst puts forward his belief that the patient is giving expression to a fear that, if he does not tell the analyst what is on his mind, he (the patient) will become confused.

Although in this instance the analyst interpretively addresses the anxiety as he sees it, he appears to be inferring that communication is itself a defense against confusion, rather than a sign of separateness. When the patient responds by stating, "When you speak, I feel as if you had left a mark," it becomes evident that he has experienced the analyst's response as cutting, persecutory. Aware of the reference to Zorro's wounding signature, the analyst appears to defend himself against what he may experience as the injustice of the patient's complaint. Consequently, the duel goes on.

It seems that the patient attempts, once again, to cause the analyst to become aware that his interpretation has left him feeling "naked and defenseless." Perhaps the patient feels like a fool for having thought the analyst a "good" friend (like the good analytic book). However, once again, rather than taking in the negative transference, the analyst responds by further criticizing the patient for not being sufficiently friendly toward him in the hour. Although this may have been an accurate assessment of the analytic moment, it may also be seen as another example of the sort of intervention that can feed right back into the *Superior ego*, increasing the patient's defensiveness and even strengthening his *protective shell* (Tustin 1990b).[12]

Throughout the hour it might be observed that, with each intervention addressing the patient's defenses, he becomes more and more manic, eventually becoming depressed and apathetic, giving up and retreating, perhaps—in despair of ever being able to interest the analyst

[12] When we analyze the *shell* (Tustin), the *false self* (Winnicott), or the *persona* (Jung), we may miss an opportunity to "touch" the patient. In other words, when we resort to defense analysis as a way of prying open the shell and getting at the heart of the matter, we often further fortify this defensive structure in such a way that we can even be fooled into thinking we have succeeded, when in actuality we have only helped the patient fortify his coat of armor in ways that comply with our ideals or our preconceived notions and theories.

in his own experience. I suggest that this situation exemplifies Bion's model of the sequence that follows a failure in maternal containment, expressed in the following lines:

> The infant takes back into itself the sense of impending disaster, which has grown more terrifying through the rejection of the mother and through its own rejection of the feeling of dread. This baby will not feel that it gets back something good, but the evacuation with its badness worse than before. It may continue to cry and to rouse powerful anxiety in the mother. In this way a vicious cycle is created in which matters get worse and worse until the infant cannot stand its own screams any longer. In fact, left to deal with them by itself, it becomes silent and closes within itself a frightening and bad thing, something which it fears may burst out again. In the meantime, it becomes a "good baby," a "good child." [Bion 1974, p. 84]

Following Bion, both Tustin (1990b) and Steiner (1993) have brought to our attention some of the consequences of this sort of encapsulation of or retreat by the rejected aspects of the self and experience, when these are assumed to be beyond all bearing. I have suggested (Mitrani 2007) that, in the transference, a built-in assumption of the analyst's vulnerability—for which our patients can nearly always find evidence, especially when we become defensive—may result in the patient's exaggerated fear of our coming in contact with the infant-self that had previously been experienced as a frightening and bad thing, to be kept silently closed off or encapsulated. The need to remain a *good baby* in order to protect the analyst from becoming overwhelmed often motivates the patient to work overtime to silence both his affectionate and aggressive feelings.

Perhaps an example of this constellation might be revealing, this one from my own work with an analysand.

LEONARD

Leonard, a quite schizoid man in his forties whose mother had suffered a psychotic breakdown after his birth, had been in analysis with me five days per week for several years. Over time, he had built up, from a more or less consistent experience, a firm conviction regarding my reliable

resiliency. This experience had allowed him to relinquish many of his more primitive protections.

Leonard both lived and worked more than an hour's drive from my office. With regularity, he traveled over one of the main east–west arteries through the city to attend his analysis at the end of each day. One Monday, one of the most destructive earthquakes in many years shook the city in the early hours of the morning and caused the collapse of this highway. There were announcements of a curfew to be imposed after dark for the entire Los Angeles area. Around noontime, Leonard rang me up to ask if I would be in my office. He wondered if he could safely come to his hour, expressing concern that he might not get through or, at the very least, that he might be delayed in the rerouted traffic.

Ordinarily, I might have confirmed that I would be there for his hour whenever he arrived and would have taken up his doubts and fears during the session. Instead, I said, "Perhaps with the collapse of the road and the security precautions, it may be inadvisable to come ahead." Noticeably taken aback, Leonard replied that he would let me know what he decided later in the day. Indeed, he left me a message just prior to the time he would have left for my office, stating that it sounded like it would be best for him to return home and try again the next day.

On Tuesday, Leonard arrived and began the hour by saying that, with the collapse of the highway, all the streets were packed; there was almost no way to get through. He wondered how we could continue working together until this was repaired: "Maybe it will never be the same, and how can you trust them to rebuild it so it doesn't happen again? I could have fallen off the roadway and been killed. I guess the stress and the weight of everything was too much."

Leonard then became very withdrawn, sleeping through much of the hour. I thought it likely that he had taken what I said on the telephone the previous day to be a sign that, like the highway that connected us, I, too, had "collapsed" in the quake under too much stress and strain. Perhaps, while feeling that I was protecting myself from his substantial concerns at a time when my own must be just too much to bear, he had withdrawn from contact and given up his approach to me.

In the ensuing hours, we were able to adequately address this expression of mine and his interpretation of it in earnest, taking up his

initial call as an attempt at reality testing and an expression of his need for reassurance. Gradually, we repaired the emotional earthquake that my "collapse" had created for Leonard, first in the transference and later in the context of his initial experience of his mother, which had led to the protective encapsulation and arrest of his original spirit, obstructing the path of his mental development.

THE PROCESS OF CONTAINING THE INFANTILE ASPECT IN THE ADULT PATIENT

As I have previously elucidated (Mitrani 2001), in Bion's model of *container–contained*, the mother in a state of *reverie* first receives and introjects her infant's unbearable and as-yet-unprocessed sensory experiences, which have been projected into her in unconscious fantasy. Second, she struggles to bear the force and affect of these projections upon her mind and body in order to be able to think about and make sense of these, a process that Bion referred to as *transformation*. Next, having thus transformed her baby's experiences in her own mind, she gradually returns them to him in detoxified and digestible form (as demonstrated through her attitude toward the baby and the way in which she ministers to him when such ministrations may be useful). Bion referred to this last step in the process as *publication,* which in analysis we commonly refer to as interpretation.

I have proposed that the ability to contain assumes a mother who has flexible boundaries and sufficient mental space to accommodate her own anxieties, as well as those acquired in relation to her infant. It also assumes a mother who has a relatively well-developed capacity to bear and to suffer pain, to contemplate, to think, and to convey what she thinks in a way that is meaningful to her infant—a mother who is herself separate, intact, receptive, and who is appropriately giving. A mother who more or less fits the bill, relative to the innate temperament and talents of her baby, will be suitable for introjection as a containing object.

Thus, incrementally over time, the baby's identification with and assimilation of such an object will lead to an increase in his own mental space, the development of his own capacity to make meaning of experi-

ence (or what Bion called *alpha function*), and the evolution of a capacity to think for himself.[13] Bion's use of the term *reverie*—for the attentive, receptive, introjecting, and experiencing aspect of the container—is also analogous to a function, on the part of the analyst, that is vital to the task of *taking the transference* (Mitrani 2001), which is itself a necessary and indispensable step on the way toward the equally necessary and indispensable task of *interpreting* the transference, particularly in the analysis of primitive mental states.

The complexities of *taking the patient's material in the immediate transference,* and the consequences of failing to do so, may be traced in the following clinical example, taken from material presented to me with candor by a senior colleague. This colleague, Dr. B, was eager to examine how the ways in which she worked might have contributed to a premature interruption of the analysis with her patient Gaila.

DR. B AND GAILA

Dr. B presented material from one of her last sessions with Gaila. Analyst and analysand shared similar histories as children of Holocaust survivors; they were also of the same generation.

In the reported hour, which took place after a weekend break in the second year of treatment, Gaila complained that she had not been able to sleep since she had last seen the analyst. She reported that a friend, herself a mental health professional, had told her about having attended a conference in a fashionable resort. The friend reported to Gaila that Dr. B and her husband had been in attendance at the conference, and that they "looked well suited to each other."

Gaila went on to mention another acquaintance who had miscarried her baby over the weekend. She criticized this woman for having smoked during the pregnancy, convinced that she had clearly not taken into consideration the effects of this dangerous behavior upon the fetus, and concluding that the woman did not really wish to have a baby. Perhaps she was more interested in a career and a carefree lifestyle with her husband.

[13] If this description of the mother seems idealized, I refer the reader to Winnicott's (1975) *ordinary devoted mother* in his model of mental health.

Dr. B took up this material as an expression of an old hurt stemming from Gaila's childhood experience of her mother, who had reportedly been negligent and irresponsible, smoking during the patient's entire childhood, and leaving her to feel that she had been "miss-carried" and unloved by a mother who did not really want her.

The patient responded to this interpretation by recalling a dream from the previous night:

> I was a soldier in active combat and had been taken to a hospital, where the doctor attending my bedside was not taking my complaints to heart. The doctor believed that I was contagious and so was keeping her distance, which made diagnosis difficult. I somehow knew I had a brain tumor as a result of some shrapnel that had been imbedded in my head when it had ricocheted off the chest of another soldier. I felt that this was unfair since it was not my war, but one that belonged to a dispute between members of the older generation. No one was taking responsibility for the conflict and I was afraid that I'd die as a result.

Dr. B felt at the time that she was being empathic when she took up the dream as an expression of Gaila's experience of being made to suffer due to her mother's lack of responsibility. Gaila also had to suffer from the aftermath of the war (and especially the Holocaust) that belonged to her mother's generation, not to her own. However, perhaps due to her own sensitivity in this area, Dr. B was unable to consider that Gaila might have been attempting to call her attention to the "miss-carriage" that was occurring at that very moment: i.e., her sense that the analyst/mother was deflecting the transference, her feeling of being dropped, and her fear that the subsequent wound-as-cancer was lethal.

As one often observes when misunderstandings occur, the patient was unresponsive for several minutes after Dr. B's comments about the dream. At last she said with poignancy:

> I've been thinking of changing jobs. My employer treats me unfairly. She goes over my work and when I get it back it's unrecognizable. She blames me for everything that goes wrong. It doesn't matter what I do. I try to take responsibility to put things right again, but she doesn't consider her part, and I feel hurt and resentful. I've been sick more often on this job than any

other. I feel trapped; it's a bad job. I know I can leave, but where would I go? I'm unqualified for other work.

Pained and frustrated, Dr. B continued to address how trapped Gaila had felt with her mother when she could not bring herself to leave her. Dr. B went on to recap the various effects of mother's Holocaust experiences upon the patient. As the patient continued in silence through to the end of the hour, Dr. B sensed that Gaila had fallen deeper and deeper into despair. This pattern is frequently found with impasse connected to a kind of *transference blindness*.

In the case of this analytic couple, their shared vulnerability was stimulated but could not be worked through, as both members of the couple were trapped in the same post-traumatic experience (the Holocaust, akin to the "bad job"). They were unable to find refuge from the psychic shrapnel that may have bounced off the protective shielding of their respective parents (the other soldiers), with each suffering trauma that rightfully belonged to "another generation." It appeared that, when Gaila spoke of the "bad job" and the blaming employer who did not take responsibility, she was attempting once more to alert Dr. B to the ways in which she had experienced her interpretation.

In retrospect, Dr. B could see that the immediate transference had been revealed in the dream, wherein Dr. B herself (as the doctor in the dream) was not felt to be taking Gaila's complaints to heart. The resulting silence appeared to be a harbinger of a deadening of that communicative aspect of the patient. The analyst's interpretation of the content of Gaila's material and its link to the genetic situation (i.e., the past and the actual mother), without attention to Gaila's vital experience in the here and now of the negative transference, resulted in a repetition of the original trauma: that of being in the care of a mother who, while filled with her own unbearable and undigested suffering, was unable to bear the awareness of her baby's suffering in relation to her own human failings.

Perhaps some may consider this vignette representative of the conflict between the belief that genetic reconstruction is key, on the one hand, and that transference interpretation is the mutative factor in analytic work (Strachey 1934), on the other. However, what if both dimensions of interpretation are necessary to the process of analysis? How do

we gauge what to address and when? What consideration does Bion contribute that might be helpful in determining which of the "conflicting views obtaining contemporaneous expression" (Bion 1992, p. 166) might best be addressed at any given moment?

The following model may begin to address such questions.

MEANING AND INTERPRETATION: A TRANSFORMATIVE SEQUENCE

Focusing on the analytic task of deciding what to interpret, Bion writes: "There is a value, when listening to associations, in making a mental distinction between the *meaning* of the associations and their *interpretation*" (1992, p. 167, italics in original). In this passage, I believe that Bion is calling our attention to the distinction between analytic work concerned with intuiting the latent meaning of the content of the patient's associations as distinct from their manifest overlay, and the parallel craft of constructing an interpretation in regard to the most immediate, ongoing, analytic happening.

To illustrate this point, Bion gives this wryly humorous example:

> The patient says, "I went on Hampstead Heath yesterday and did some bird-watching."[14] Taking the meaning first:
>
> Does he mean he was scrutinizing their sex life?
>
> Or is it an attempt to describe getting into the hands of the police by behaving in a suspicious way?
>
> Or does he mean he has at last taken some exercise?
>
> And so on with other speculations. Then, having decided that point, what is the interpretation?
>
> In conjunction with the rest of the analysis together with current transference, the preceding associations and the meaning as decided above, you finally produce the interpretation. [1992, p. 167]

On one level, we might understand this curious passage as Bion's way of demonstrating and addressing an important technical point: that the analyst's associations to the content of the patient's utterances are

[14] *Bird watching* in Great Britain is a slang term that refers to observing women, and often implies some degree of flirtation and even seduction.

merely speculations or imaginative conjectures. He seems to recommend that the analyst's associations be subjected to scrutiny within the context of the current process, titrated and transformed in his mind prior to his formulating the actual interpretation—and all the while the analyst must take into consideration what the patient is likely to be able to use constructively. Subsequently, if the patient has not been able to use the resultant interpretation constructively, the analyst should continue his attempt to understand what was made of the interpretation, in order to restore the creative process through continuing attempts at refining and articulating an evolving understanding of the plight of the patient.[15]

However, what if this transformative sequence does not take place in the analyst's mind? What does the patient do with untransformed or undigested bits of the analyst's process/associations?

ADAPTATION IN PERVERSION[16]

In connection with these questions, I have observed that patients often appear to present material in a manner that may enable them to make use of a given intervention regardless of its veracity or relevance. The patient may do so in one of two ways: either (1) the patient will gain a new experience (a container-contained experience, if you will) leading to the growth of the mind, when the analyst is able to digest/transform/understand and convey her understanding of what is being communicated and received (Bion's K); or (2) the analyst might deliver more or less undigested/transformed speculations about the patient, missing or misunderstanding the patient's experience in the immediate analytic moment, and in this way the analyst may inadvertently and seamlessly "help" the patient acquire the materials (–K) with which he might successfully buttress a failing defensive organization.

[15] A military man in World War I, Bion often referred to this process as making *sighting shots*.

[16] In this instance, the word *perversion* is used in its broadest sense, referring to the act of changing the inherent purpose or function of something into its opposite. For example, psychoanalysis may be intended as a means of revealing and making the patient's psychic truths more tolerable. However, its opposite may function to strengthen the defenses against these truths and to obscure them through the use of omnipotent fantasy. This adaptation to the environment has been casually referred to as "making lemonade out of lemons."

In the second instance, which I call *adaptation to perversion,* mental and emotional growth remains stultified, but in a manner of speaking the patient is compensated with a reinforced means of survival. I will offer an example to illustrate this kind of *folie à deux* from a case presented to me for consultation.

PETER AND DR. A

This material is from a Wednesday hour in a four-days-per-week analysis. The previous week had been cut short by Dr. A, and Peter had to forego his Thursday session in this week due to a business obligation. Peter and his wife were expecting their first baby in three weeks' time, and much had surfaced relating to Peter's early history, his father's abandonment of him and his mother almost immediately after his birth, and his perception that mother needed him to be the "man of the house."

To begin with, the analyst mentioned that, in contrast to his usual business suit, Peter came to this session in jeans and sandals, appearing much younger than usual. She said that he began the hour by saying he had "lost the thread" of what they had discussed on Tuesday. He thought that he "should have been able to hold onto this thread" in the hours that separated the two sessions. Dr. A was unsure what Peter might be referring to, but was eager to reassure him and said that she thought he "might be in a different place" that morning.

Although Peter agreed that this was possible, he reiterated that he needed to know where they had been on Tuesday; he "needed the consistency." It seems that Peter might have been expressing his inability to hold onto the memory of Dr. A in the gap between the hours, demonstrating how his *Superior ego* (Bion 1962b) served to carry him through what might otherwise be an insufferable awareness of separateness. Perhaps, while feeling unsure of herself and pressured to reassure her patient, Dr. A missed an opportunity to acknowledge the baby-Peter who held on by a continuous "thread" of persecution when feeling unheld in the analyst's mind. In what appeared to be a transference enactment, Dr. A suggested that Peter had grown up and was therefore in a "different place."

Dr. A told me she had hoped this interpretation might attenuate Peter's self-criticism as well as her own. However, we detected that what followed was Peter's recollection of what they had been discussing: how he "got ahead of himself and could not stay in the moment," and how he tried to "make the future look great" when he actually felt uncertain about where he was at the moment. "I put this pressure on myself to make sure that what I'm feeling or doing now is consistent with whatever I did before," he said.

At this point, Peter's strategy for survival seemed to succeed. In his attempts to hold himself together and gain "consistency" under the pressure of harsh self-criticism, he appeared to be fortified by what he took to be the analyst's desire for him to grow up (i.e., to grow out of his shorts and sandals) and to be the man of the house (i.e., to be in a "different place").

In the material that followed, there was a series of what appeared to be projective transformations[17] in which the baby-Peter (feeling neglected and excluded from care/consideration by the analytic couple in the session) was systematically "relocated" in Peter's wife and the fetus she was carrying, and also in his dog, his work, and even in his future self. In a similar fashion, it also appeared that a negligent or incompetent object, lacking a certain maternal quality, was simultaneously introjectively identified with by the patient, *and* was split off and projected into his wife.

In response, Dr. A interpreted Peter's desire to evacuate his worries, "to leave them with her so that he could be free to enjoy himself." However, she did not mention why this might be so (i.e., she did not acknowledge the separation anxiety underlying the defense). In consultation, Dr. A and I considered that she might have done well to take up Peter's projections as an expression of the insufferable feeling of abandonment for the baby-Peter.

Dr. A said that the patient went on to speak about the need for a perfect moment: "Everything has to be perfect or the vacation will be

[17] Expanding on Bion's (1965) term, Meltzer (1978, p. 73) considered that these sorts of transformations are inherent in what Klein called the *early transference* based on part-objects, internal objects, splitting, and projective identification.

flawed, spoiled." He added that his wife was afraid that his obsessional attitude and his perfectionism about the vacation would in and of itself spoil their time together. Indeed, it would seem that his ruminative defenses might likely be employed to protect him from unbearable anxieties about the baby-Peter who was abandoned by the analyst during the session itself, not just during the two disrupted weeks and the upcoming holiday break.

Dr. A reported that she had remained silent while the patient continued on to tell her that he had received a card from his grandmother, who was "frail and old." He realized that he had been neglecting her and felt guilty about this. He was reminded that he had neglected writing to his mother as well. Rather than an increase in his ability to reclaim his own experience/parts of self, this segment might be taken as evidence of further projection of the abandoned and neglected baby-Peter in the session, in the absence of the analyst's understanding.

However, Dr. A interpreted Peter's guilty feeling as related to Peter's leaving her behind to go on holiday, and she suggested that this threatened to spoil his enjoyment. The patient denied this outright. He then recalled a college year that he had spent overseas. He related that, a few months after he had left home, his mother showed up for a visit, disturbing his plans, putting pressure on him "to cede his happiness to her and take care of her needs, to make things perfect for her."

Unable to hear this as a clue to what was happening between them in the present—how Peter heard Dr. A's interpretation (i.e., taking responsibility for his own distress when he was convinced that his analyst/mother required him to "cede his happiness to her")—Dr. A took up Peter's resentment toward his actual mother by way of a genetic interpretation.

In response, Peter continued on about having joined the Peace Corps after college and traveling to an undesirable place, one where Mother would not follow. "I had to make a duty out of it so that I wouldn't feel so guilty about leaving her behind." One might hear this as a communication about Peter's response to what he felt to be Dr. A's demands: he went to a place of "peace" where the mother/analyst could not find him, one that was undesirable (the spoiled vacation), albeit devoid of conflict.

Dr. A went on to address Peter's feelings of resentment and guilt toward his mother, and Peter spoke of not being ready for a new baby.

"The house is not in order," he said, "and there is so much work to do, both at home and at the office"; he had a "bad feeling" about the upcoming holiday. Nearing the end of the hour, Peter circled back to the guilt about his "frail, neglected grandmother, whose handwriting is getting more and more faint and wobbly," and expressed a wish that she could be that "lion-grandmother" who had been "like a father figure" to him at one time. He said that he dreaded her death more than that of his mother. Indeed, Peter could have been expressing an unconscious need for the analyst to function not as an abandoned mother, but as a lion-grandmother/father, providing some boundary between the mother/analyst and the baby-Peter, and defining each of their roles clearly so that Peter would not prematurely/omnipotently take on the analyst's responsibilities (Klein 1930).

In this excerpt, one can observe how the patient took in the analyst's speculations about him, thus fortifying his failing defensive organization (characterized by obsessional thinking, displacement, splitting, and projective identification) and furthering his chances for survival (his own and that of the analyst) when faced with separation. However, what was lost in the process was an opportunity for the mental development that results from being known and from knowing one's own mind.

It is conceivable that the phenomenon described above, when chronic, may be a factor in interminable analyses, since the pathological defensive organization is reinforced each time the underlying need for that structure is left unmitigated.[18]

THE INTERPRETATION OF PROJECTIVE IDENTIFICATION

I will discuss one more technical issue addressed by Bion, this one related to the use of theory. In *Cogitations* (1992), he writes:

> Theories are always a matter of some degree of controversy even among psychoanalysts, partly because development of the subject means that there are always some theories that are under

[18] This notion is consistent with Klein's (1961) stipulation that the deepest anxiety situations experienced in the immediacy of the transference need to be interpreted prior to and/or alongside the analysis of defenses against such anxiety situations.

> trial, partly because there are some theories that, although long accepted, seem to require revision, and partly because the application of theory, perhaps sound in itself, has been defective and so has led to suspicion of the theory. [p. 92]

As one example, Klein's theory of projective identification as a defense was refined while under trial by Bion (1967b). He suggested that projective identification is a normal, primary means of communication between infant and mother, and as such it plays an essential role in his model of the container and the contained.

However, in some circles this theory is still viewed with suspicion, perhaps not because the theory itself is unsound, but because it is often defectively applied in the clinical situation, when insufficient thought is given to the *function* of projective identification in Bion's model. I will present a clinical example of what I am describing, as well as the analyst's change of mind and her move to correct her course of interpretation, and then I will further discuss the problems involved in the application of the theory.

LAURA AND DR. Z

Laura, a young woman in her second year of five-times-per-week analysis, had missed her Monday hour with Dr. Z following the analyst's three-week summer holiday. Additionally, she had arrived for her Tuesday hour some twenty minutes late. In consultation with me, Dr. Z confided that she had felt overly worried when Laura did not turn up for her Monday appointment since she had not even called to cancel. Dr. Z told me that at first she had thought her patient "had forgotten her."

Subsequently, as that day wore on and she still had no word from Laura, Dr. Z became convinced that Laura's absence indicated she had decided to quit the analysis. Of course, this thought stirred up quite a bit of agitation and self-doubt in this young analyst. She attempted to recall the last hour before the break and was distressed to realize that she could not remember anything about it. When the patient did not arrive on time for the Tuesday hour, Dr. Z said she felt certain that she must have done something very wrong, and she spent the time until Laura ap-

peared going through past process notes, trying to discover a clue to the mystery of "Laura's abandonment of her analysis."

When Laura finally arrived, she entered the room smiling and went to the couch as if nothing untoward had occurred. Dr. Z reported that, beginning in the waiting room, she had felt puzzled, anxious, and confused. Laura said:

> I really enjoyed my holiday and felt refreshed and ready to go back to work today. Ann [her employer] wasn't happy that I took so much time off, but I just couldn't imagine having to be high functioning with you away. It was better for everyone, even though Ann griped some. And besides, I had the vacation time coming to me.

Dr. Z told me that, because of the nature of her own feelings and the patient's cheery attitude, she had assumed that projective identification was being employed by Laura in order to get rid of her feelings about the break. Thus, she said to the patient:

> I believe you were feeling abandoned by me, anxious and persecuted during the break, convinced that you must have done something to turn me away from you. Perhaps you felt yesterday that it would be better if you didn't come to your hour, that it was better for both of us since you were feeling scared, low, and unhappy with me.

After a brief pause, Laura said she was sorry she had missed the Monday hour and explained she had not returned from her holidays until Monday night—but flatly denied feeling low, abandoned, or unhappy. Then, after another brief silence, she reported the following dream:

> I was walking on a rough road with a friend [who had the same first name as the analyst] who was carrying a new baby in her arms. Suddenly she turned to me and thrust the baby at me, and before I knew what was happening, my friend disappeared. When I looked down at the baby, it seemed ugly and dirty, not as it had initially appeared, all pink and pretty in its own mother's arms. I was upset as I realized that I didn't have the equipment

> needed to care for the baby, and I was frightened and angry that my friend would shirk her duties as a mother.

Upon waking, Laura wondered why her friend had given birth to a baby in the first place. "I don't know what made me think of that dream," she said. "I had it a very long time ago, maybe last Christmas."

Dr. Z spontaneously recalled the past winter break and a similar disconnect that had occurred afterward. Recognizing her misuse of her countertransference and the subsequent error in her understanding, she offered the following to her patient:

> I believe that, although the dream is an old one, long forgotten, it could be that you recalled it in this moment because it speaks to your experience of me right now. I wonder if, when I said what I did about your feeling abandoned, low, and angry, it may have seemed that I could not or did not wish to take responsibility for the you who may have been unable to bear the awareness of our separateness over this long break. Maybe it felt that, when I spoke, in that moment I was handing the baby-you over to an older part of you that feels as-yet ill-equipped to contend with such feelings of loss, and I may have left you wondering why I took you on in the first place if I can't bear these feeling myself. Could it be that, although when you first arrived today you felt "in the pink," my misunderstanding had the effect of turning your good spirits into a sense of being an ugly and dirty baby that I no longer want anything to do with?

This brief segment of the exchange between Dr. Z and her patient Laura highlights a frequently occurring problem in the understanding and application of the theory of projective identification as communication, as well as its fruitful resolution. The theory suggests that what is split off from awareness and projected into the analyst in phantasy are the unbearable or untenable aspects of self-other experience. The patient seeks a containing object that is able to process and modify such experience, one who can then return the processed experience to the patient in digestible form. The error in the clinical application of the theory (as illustrated in the first part of this example, and which Dr. Z seems to have eventually noticed, revising her understanding accord-

ingly in the second part) was that the analyst had interpreted Laura's use of projective identification—inferred from the feelings stirred up in her by the patient's mysterious absence—as *feelings actually experienced* by the patient herself.

It is common for analysts to interpret what the patient is feeling and subsequently be met with what appears to be resistance to the interpretation. In such cases, further interpretation of the patient's resistance may serve only to perpetuate the error. However, if we refer back to the theory, we find that a consideration of the motive for and effects of projective identification might lead us in quite another direction.

In this example, there is no evidence that the patient felt anything remotely related to what the analyst felt in what is commonly referred to as the countertransference. In other words, if the experience and its concomitant feelings are truly being projected into the analyst in phantasy, and the patient's behavior is providing an atmosphere for evoking these feelings in the analyst, then the patient is not feeling any such thing and, by all rights, will feel misunderstood if the analyst attributes his own feelings to the patient. Being misunderstood often takes shape as an experience of rejection and/or a sense that the mother has disappeared, especially in the infantile transference, wherein the as-yet-underdeveloped, internal containing object is at a loss to contend with the emotional experience being relayed. In this example, the baby-Laura is left feeling unwanted—"ugly and dirty."

To her credit, Dr. Z's nondefensive attention to and thoughtful registration of her patient's reaction to the interpretation—in the form of the dream-as-association—led to a more sincere contact, which furthered the analytic work and afforded Laura the experience of an external object who could take responsibility for her own actions, and who could tolerate her own as well as the patient's experience of loss and uncertainty.

CONCLUSIONS

I trust that, regardless of the reader's theoretical orientation, (s)he may find something of interest in my citations from what Bion recorded, especially in his notebooks that may not have been intended for public

consumption. In this paper, I have highlighted some of what I believe are universal truths regarding psychoanalytic technique, alluded to in Bion's *Cogitations* (1992). For example, there is undeniable value, while listening to a patient's material, in making a distinction between *meaning* and *interpretation.* This recommendation is a call for thoughtful discrimination, tact, timing, and taking into consideration to whom one is speaking, which is all part and parcel of the process of transformation in any analysis.

Furthermore, the notion that infantile aspects (as well as infinite other aspects of ordinary human-ness) reside in and are alive-if-buried or encapsulated in each of us seems to be an indisputable-if-inconvenient fact. The position that Bion takes—that these aspects find expression inside or outside the analysis, one way or another, whether or not the analyst encourages them or wishes to deal with the consequences of their expression—seems sound.

I have endeavored to demonstrate some of the consequences that can ensue when the analyst fails to observe the infantile aspects of the patient's personality and experience as they appear in the transference, or when he is unable to interpretively acknowledge these aspects before hyperbole sets in as the patient's way of getting the analyst's attention. I trust that I have been clear in my explication of the *transformative sequence* that Bion seems to suggest, while accenting the need to discriminate between the meaning and the interpretation of the patient's material.

I have offered my observation that patients may express themselves in such a way that they will be able to utilize the analyst's interventions either for the growth of the mind or (if all else fails) in fortifying their deteriorating defensive organization, depending upon their experience of being either understood or misunderstood. Although the patient may be able to survive in the case of the latter, such fortifications ultimately diminish the possibility for wholesome relationships that can lead to mental and emotional growth. This phenomenon, which I have termed *adaptation in perversion,* may be one factor accounting for analysis interminable. It is an antitherapeutic and frequently parasitic process in which the defensive structure is continuously being reinforced while the underlying need for such a structure is left unmitigated.

Throughout, I have also attempted to emphasize and illustrate the incalculable value of Bion's container-contained model and its pivotal role in promoting psychic growth, and I have addressed one frequently encountered defective application of Bion's extension of Klein's theory of projective identification, which is an essential element in this model. I have also demonstrated how this error in applying what is an otherwise sound theory can lead to stalemate in the analytic work unless and until it is identified by the analyst and worked through by the analytic couple.

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THE LAST OF LIFE: PSYCHOLOGICAL REFLECTIONS ON OLD AGE AND DEATH

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A long-retired psychoanalyst considers his old age and bereavement and the brief span of life remaining. The greater imminence of death now than at any earlier time in life calls for more than currently available satisfactions, however rewarding they may be. Seeing life as a whole is now a possibility, while the death of his wife reveals more than ever their interrelatedness as a pair and strengthens the hope of continuity.

Keywords: Old age, dying, death, bereavement, temporality, marriage, transcendence, religion, stages of life, defenses.

Let the reader beware: I make no claim to add to our psychoanalytic knowledge in this essay. The "reflections" of my title will be just that: thoughts about old age and death arising in a very old psychoanalyst and written before and soon after the death of his wife, reflected by and refracted through the lens of psychoanalysis that has accompanied him—in this respect, like his lost beloved—almost all his life.

It has not been my only lens. As with every other analyst, training was superimposed on a mind already defined by genetic structure, early experience, and general exposure to the world. We look through those other lenses as well. That is one of the reasons that, during my time as a supervisor, I often had the occasion to beseech my students to follow their own ways in practice (advice that as far as I know was never taken as permission for eccentricity). But it would be a tragic deprivation to set aside as only a kind of professional persona the deepening in our

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own acquaintance with life that psychoanalysis affords. I shall give a few specifics about this, but I will always have in mind the focus of our work and thought: making accessible to our consciousness the "reasons" of the heart (Pascal 1670a, p. 127) of which we are not aware.

I will offer one other comment by way of introduction (despite my having said it before, one way or another, whenever the matter of psychoanalysis has come up for judgment in recent times). That is that the respect we offer the neuroscientists who increasingly prevail in the world of psychiatry and psychology nowadays ought not to in any way diminish our respect for ourselves or our psychoanalytic forerunners. Objective precision attained through scientific methods does not reveal the depths or meanings of the self as lived, consciously and unconsciously, and that is the world exposed by psychoanalysis.

Certain observations made via magnetic resonance, for example, by which neuronal changes precede the conscious decision that they herald, differ only in objective demonstrability from, say, anticipating a symptom by negating its presence. What is more, purely psychological insight into negation in the psychoanalytic sense may exhibit a fringe of meanings not evident on any tangible screen. Application of this warning to my theme is obvious enough. It is as much a cliché to diagnose the mental attributes of old age with recourse to discernible cerebral changes as it is to lump them into the folk category of "experience" (in the condescending way of the old toward the young), although the latter can be particularized to better advantage.

After childhood, it is impossible not to face death, and with advancing years reality imposes it on us. Family, friends, others die; whether we are immediately concerned or not, there is a unique disturbance in our inner world as well as in our environment: someone is missing, and something needs to be done about it—hence mourning and memorials. But facing death is not solely a matter of coping with losses; we, too, shall die, and it is that ultimate certainty from which we try to escape, consciously or not.

Consider some meanings of the expression *facing death*—first, as the loss of someone in our life, the occasion of grief and mourning. There are degrees of loss and consequently degrees of grief. I think first about the severest losses, in the death of the uniquely beloved. It is a trick of

human destiny that our individual selves—housed, as it were, in separate bodies, and each with subjective awareness distinct from the other's—become functionally intertwined. A habit of unity affects the interweaving of experience. As the long-married know, not always to their comfort, it may be difficult to discriminate with certainty who promised to do what or who said what. Simultaneity of identical thoughts or memories can be astounding, giving rise to suspicion of telepathic communication.

But those are only external examples of the unity that the death of a spouse seems to tear apart. The feeling of one's individual selfhood has been blended with the self of the other by the seemingly interminable dialogue, spoken and unspoken between them. I *am* she or he: we reflect one another, know ourselves in response to one another. The *I* who addresses the other exists as such *with* the other. That also may account for the sense of unreality in thinking of the death of the partner: the living member of the partnership, fully conscious and in the world, must learn that another who is only partially differentiated from the self is not there, will never be there as before. The "passing bell" wrings the heart not so much because "it tolls for thee" (Donne 1624, pp. 574-575), but because it has tolled for her or him.

Unmarried partners, too, or siblings in long association, can be equally attached to one another, with the loss of one a disaster to the survivor. The lone self, while still existent, retreats into a subordinate position in couples, emerging when the business of life demands but never untinged by the hidden presence of the other.

A different but no less calamitous bereavement follows the death of a child, when the natural order of mortality is stricken, and when it feels as if parental devotion has failed in what has been its principal duty of keeping one's child alive. And a host of other losses are just as unremediable; with every death of a friend, a conversation ends, with too much unspoken. Freud's remedy for grief in the transfer of attachment to new objects is as much wish fulfillment as it is mechanistic formula; we know that new loves do not replace the old ones.

But what about my own death? How can I face it? The acceptable modern way—which, like most practical philosophical positions, has always been with us in one form or another—is the naturalistic way: we die, in the first place, when we are killed by external forces, through

accidental means, or through our unsuccessful competition with other organisms (which, ironically, arrive at their own deaths once our bodies are dead). Or, like 50,000,000 of us in World War II, we are removed from the struggle for life through the application of man-made instruments of mass slaughter.

If we escape being killed by human or other organisms, living itself kills us. That is, we are killed by the internal processes of change through time. It seems to be an inevitable constraint of temporal existence that the plasticity of our tissues is diminished; susceptibility to injury increases; circulation of the blood is impaired by the laying down of fatty barriers; brain cells disappear. And anywhere in the body cells can arise that do not submit to normal organization, but instead proliferate, in this respect like microbial invaders, to the point that they kill the host on which they prey.

In this view—incontrovertible, as far as it goes—it is time that kills us, and since it is in time that we live, it is true enough to say that we are killed by living. What a bullet wound may do instantly is only the extreme abbreviation of the dying process toward which we are born. This is the necessary fate of all living beings.

It was to be expected that the same modern ethos that is satisfied with this naturalistic accounting would also consider schemes for avoiding death indefinitely, and by like reasoning for postponing old age, both old age and death being the result of temporal changes. Death by this reasoning is not built into the genetic constitution of organisms; by introducing an appropriate technology, scientifically devised, we could theoretically reverse morbid temporal processes. Unlike the Struldbrugs of Swift (1726) or Tennyson's Tithonus (1835), for whom endless living entails endless aging without hope of release through death, our lives could presumably be preserved indefinitely at an age of maximum ability and enjoyment. Whoever has known and remembered a moment of unalloyed delight in living—and most of us have known many such—must find that imaginary prospect alluring, and of course it has the shape taken by many promises of life after death.

Perhaps the closest we have come to fulfilling the dream has been in the cryogenic project organized some years ago, whereby bodies of the newly dead are placed in freezing chambers for preservation until some

time when methods shall have been devised to revive them. Newer technologies depend on the supposed immortality of primitive stem cells, which could be repeatedly introduced to replace exhausted or diseased tissues. And in a brilliant but literally dreadful novel, Kazuo Ishiguro (2005) imagines a world in the near future in which cloned humans are maintained as a sort of farm for replacing organs.

Until such fantasies are realized (and we must hope some never will be), the inevitability of death will rest on biological evidence. Changes in physical structure brought about by disease, injury, and dying are open to demonstration. Autopsy provides the last word about death as a physical event. Nobody disputes that our bodies perish, and this is what we mean by death as an objective event.

From a strictly naturalistic point of view, it follows that the manifest death of the body corresponds with the end of all subjective experience. The body and preeminently the brain being the structures through which experience is mediated, their disintegration means the end of experience for the dead. The body does not disappear, but the true person, the self, does. We know other selves through physical events of sight and sound that we interpret symbolically. What is left of the self when the body dies?

We think too little about what dying is. What does *die* mean? I have sketched very briefly the changes in the body that lead up to or precipitate its final state, from which there is no recovery. To get beyond the biological definition, we might do well to think about the word *die* as a verb; in its present tense, it turns out to be an irregular verb indeed. *I die* is a meaningless phrase except as it appears in classic drama as a statement that one's illness or wound is fatal. The present participle form *I am dying* would be the proper prognostic for a fatal physical condition for which there can be no remedy. *One dies* or *people die* is a generalization, a reflection on mortality, and so it is with the rest of the present-tense forms. That is, dying is not an action—even suicide being passive once the lethal intention has been enacted. We experience dying if granted consciousness at the time, but we do not do anything about it.

As for the past tense, the first- and second-person forms are paradigmatic: *I died* or *you died* occasionally makes figurative sense, but *he* (or the plural *they*) *died* is a statement of historical fact. *I shall die* is a certain

prediction, but of a condition postponed into an indeterminate future; at some time, it asserts, *I* will be known only as a past existent, and not by me myself.

One's own dying, as a statement of subjective conviction, is without any but a derived meaning. All that I can be aware of, in writing at this moment of conscious experience, is the statistical certainty of my biological death. What dying will be as a subjective experience is totally unknown to me and to everyone else—unknown in a way qualitatively different from our ignorance of any other coming experience, since we have no convincing reports from those who have endured death and returned to inform us about it. We know that some who have died in the presence of others have experienced pain or fright or bliss, or seeming indifference in their last hours, by their own assertion or their appearance, but those emotions are none of them peculiar to the dying state and so cannot encompass its totality.

Unless we accept as truthful the reports of persons who claim to have themselves died and then returned to consciousness—say, after a reversible failure of the heart—we have no direct knowledge of the subjective experience of dying. And with respect to those claims, often accompanied by detailed stories of near-death experiences, remarkably similar as some of them have been, we need to raise the question of whether death did in fact occur, since the bodily tissues obviously remained alive; there seems to be a paradox here.

The upshot of our ignorance of dying is the prevalent conviction that it is a passage into nothingness. In the first century B.C., this view of death was described by the Roman poet Catullus as *Nox est perpetua una dormienda* ("one night of endless sleep").[1] Catullus did not know about the neural basis of consciousness; he did not need to, for it was evident that the dead body does not think or feel or—the special concern of his verse—make love. Nothing remains of the life once lived. Catullus might have believed in the tenuous afterlife of departed spirits of classical religion, but his lovely line implies that death is nothingness.

And that is the expectable conviction of anyone who adheres to modern scientific and materialist skepticism. But isn't it strange that a

[1] For the original Latin, see http://en.wikipedia.org/wiki/Catullus_5. English translation by the author.

condition about which we do not know anything must be categorically a condition of nothingness, of radical nonbeing? Where we have no knowledge, the situation ought to admit of further possibilities.

Take another tack: I, who am conscious, hold up before me the certain contingency that I shall die, all that is uncertain being the date of the event. What can I think about that? I can regret it, understandably enough, because it is natural for me to consider that in dying I "lose" my life—rather on the analogy of instances when I have lost a valuable object, a wallet or keys, say, or a passport, or, more seriously, when I have lost my parents or my friend. In all those instances, I have survived to be conscious of the loss.

If I "lose" my life, I lose—more logically, *life loses*—my *I,* in which case no loss has occurred to me, although I can safely assume that others will be conscious of having lost me. It is I, the present person, self, consciousness, that is the screen on which the coming event of my dying is now projected. In a sense, I am the author of my death, and only I can ascribe meaning to it. If I choose, I can justifiably take my stand in the belief that I shall in dying undergo not annihilation but transformation.

I leave unquestioned the connection of brain to self, but I understand the connection on the ground that our knowledge is a property of self quite as legitimately as of brain, and maybe more so. *Self,* or rather *selves,* constitute existence as it is made known to us. I am not denying the objective world of brains, stars, neutrons, or physical death. What I do assert is that our *selves,* through whom the objective world exists for us (as for our distant ancestors, including those in our long evolutionary story before human consciousness), are as real as the elementary physical particles or the genes that selves have revealed.

Can consciousness be reducible to its objects? I think not. The death of the body is objective fact; the death of the self is a fantasy. What becomes of our selves when we die is not a foregone conclusion based on the properties of physical structures. It is equally based on what self is to itself, and we all ought to be curious about this.

To write about old age as a period of life—a unique period, not just a timely or untimely conclusion—I have dwelt at length on dying and death. It would be a serious lapse not to do so, because it is the inevitability and proximity of death that grant special significance to old age.

All of life is being toward death, but now, the present time, and then the final moment establish a narrower perimeter than we have known before. Whatever is to be the remainder of our life is more circumscribed, and its emotional background is tinged by the anticipation of mortality as never before.

Taken unreflectively, this observation is fairly obvious and indeed trite. Universal, popular injunctions urge us to put our remaining time to good use, mainly with respect to pleasures too long postponed. We must now, with the exigencies of time limits at hand, seek to partake of the enjoyments approaching termination. As people are fond of saying, "you never know," and you had best act now.

The classical *carpe diem* applies equally well in an altruistic sense as in an egocentric one: do not miss the opportunity for charitable acts—and these not necessarily with the acquisition of merit in mind, earthly or heavenly. Or one thinks of the writer or artist conscious of yet one more creative work calling for expression. Or, by way of a less happy example, a once-important public figure, who, as quoted by the press, "didn't want to just sit in a rocking chair waiting to die," and so allowed himself to be made the respectable figurehead for a large-scale financial scam.

Pressed as we are for time during most of our lives, with schedules, payments to make, deadlines to meet, opposing demands to adjudicate, with too many gratifying enterprises having to be postponed, it is not bad counsel when we are warned that we have only a short time ahead of us and ought to act accordingly. To be sure, acting presupposes physical well-being, problematic in old age and increasingly so.

But this prudential reasoning, this eminently good sense, gives no indication that old age might have something good to offer in itself, instead holding that a last effort is called for now to fill up the space left in life so far. It leaves out of mind that the satisfactions of old age, unique to the period, might have little to do with "doing the things you've always wanted to do and never found time for." That injunction is based on an economics of scarcity, so to speak: there's not much left of time; the commodity is running out so you had better enjoy it. But that is to continue the life program of any period, for there is never enough time in our world of doing, action, accomplishment.

In a symposium that I read in the 1930s, John Dewey (1939) wrote, as I remember, that every period of life has unique possibilities for worthwhile living, some of them better in old age than in earlier years of one's life. I do not recall just what Dewey gave for examples, but the claim carried weight for me in that he was himself an old man (by my standards at the time), obviating the suspicion that he was offering the politely cheerful, perhaps mendacious encouragement that we hear from the young. I was in my early twenties, still in medical school, hopeful of a successful career, and not then attracted by Dewey's general philosophy (nor have I been since).

Another memory may have accentuated Dewey's dictum in my mind. At around that time, I went with my father on a short voyage by ship to Bermuda, which turned unpleasant the second day out when the rolling of the ship in the Gulf Stream landed me on a deck chair, prostrate with nausea for some hours. As I lay there, regretting the whole business, Dewey himself, whom I had known to be aboard, came striding along on deck—ruddy, white-haired, vigorous, with evident pleasure in his well-being. I hoped I might do as well, but in any case his appearance was a token that he meant what he had written.

However, Dewey, according to my recollection, suggested that something different was to be looked for in old age, something other than keeping one's sea legs. Nor would he have had in mind the commonplaces pushing the enjoyment of what is left of life. Those supposedly comforting thoughts belong to what I have called the economics of scarcity—making the best of a poor bargain, which may in the end be everybody's hope. Such judgments are standardized with reference to youth and middle age, when normal existence is action, getting and begetting, producing, proclaiming, fighting, hunting, making a name for oneself. Being deficient in these potentials, old age is held to be inherently defective, because of physical limitations as well as the mental lapses accompanying them.

It is a bewildering inconsistency that we are supposed to take measures to ensure reaching old age while accepting the proposition that it is at best a poor substitute for youth and middle age. So Dewey's promise that there are advantages in being old left me doubtful, for he failed to stipulate what these might be, or if he did I had forgotten them.

At that time, over a half-century ago, some egregious euphemisms that have since crept into our life were not yet current. Nowadays they are so much the rule that they are mistaken for truth, and yet the trained listener suspects a hidden irony that subverts them. "Maturity" means obsolescence and "golden years" indicates decrepitude; about "senior citizens" little need be said, save that it serves as an indicator for cheap movie and transportation tickets. Agents of the so-called retirement businesses have lately coined for the trade the term *aging in place,* used as if innocent of the implication of warehousing.

For that matter, someone might want to remind me that my title for this article, "The Last of Life," comes from a poem in which Robert Browning (1864) uses the phrase and goes on to say with exaggeration, "for which the first was made" (p. 383). I do not hold with that, but I do hold that we ought see the phases of life as we roughly name them, each having unique potentialities. Erikson (1959) said it eloquently, if somewhat differently; and long before any of us, so did the sages of India and the writer of the book of the Bible we call Ecclesiastes—without omitting youth, maturity, and middle age.

I do not wish to be accused of preferring the reversal of euphemisms. All that gives us is kakophemisms: descriptions of old age drawn exclusively from physical decline and the imminence of dying and death. They, too, bypass quite different insights into old age: that it may be unique, new, fresh, and that its benefits exist not in spite of physical and mental limitations, but joined with them. Nobody who has him- or herself undergone these limitations, or who has lived with someone who has undergone them, needs to be reminded of their reality, for which the capacities that remain may be only small compensation. They need no elaboration here, and neither does the prudential reasoning that counsels us to make the most of what our time allows, continuing the program of life fostered in our world of doing, action, accomplishment.

The word *old* may by now have accumulated too heavy a patina of discouragement to be restored to happy use. It has itself become a kakophemism, and nobody wants to be labeled as a worn-out object. *Old* once meant what it ought to mean now: full of years, completed—not *finished* in the sense of useless.

The uniqueness of old age lies in its being the end period, the "meanwhile" that is to terminate radically within a time that, although indefinite, is proximate. I take note that the same observation—except for the sure proximity—might be made of any time of life, since the end is also uncertain in infancy, youth, and maturity. But now the meaning of it is special: when I am old, I have no business hoping to be alive, say, twenty years hence, when my great-grandchildren will be grown to adulthood, although the prospect—more remote consequences aside—would be pleasing. Anticipating ten years is now extravagant, and I stick to the policy of planning nothing beyond the year ahead.

Living is always planning, expecting—*futurizing,* one might say. When the immediate threat of death impends, our state of mind is at best hoping against hope, still confronting the future, perhaps with regrets for the lost past, but dominated by time. During the "meanwhile," to the extent that our minds can be free of anxiety, they can also be free of time. And that is what I consider to be the state proper to old age. Before old age, we have had no "meanwhile," and it is one of the many sources of regret that we have when someone we love dies young. After the fatal accident, or the onset of lethal illness, etc., they will never experience that period of freedom from time.

That needs some further accounting. Events occur in old age just as they have throughout life. The clock ticks. The night skies change; the days flow. Children are born, friends die, music sounds, the day's news frightens or enthralls, a rose blooms, and a sunset like none other is flung in apocalyptic glory against a tropical sky. The passing splendor of the world we live in has occupied many—none more impressively than Freud in his essay "On Transience" (1916). There he opposes to the sadness of the poet Rilke his own stoical but sensitive awareness that temporality and loss confer infinite worth on both life's everyday happenings and its once-in-a-lifetime events.

Nevertheless, we may become conscious of something not temporal, unlike the events of the past and the present—something we may have already been alerted to but that now imposes itself upon us. In the "meanwhile," we discover that our life, now nearly completed, makes up a whole. It *is* all that it will be. It has been fulfilled. Note that I leave room for the end, perhaps a contradictory ending. "The last act is

bloody," Pascal said (1670b, p. 53), and for some the stress and pain of dying seem to obliterate whatever sense of the whole had been attained. Meanwhile . . .

To grasp this more fully, we must set aside our ordinary reflections on the past. It is not nostalgia that I write about here—although that, too, has its place in old age, when what dominates is not the presentness of the past, but its recession into an irretrievably lost paradise. Nor do I dwell on the persistence of pleasant memories, comforting and inspiring though they may be. What deserves our particular attention is the scroll of history, so to speak, in which a life's narrative is contained, from its start to near its end. This is it—this is the journey of a life unlike any other, its origins and its destinations now made plain, irreversible, uncontestable, bristling with contradictions: losses, flaws, and regrets, as well as joys, triumphs, and exaltations. This is my, or your, masterpiece—accomplished once and for all, and, like Cromwell's portrait, painted "with warts and all." The same self that painted it also lived it, suffered it, and enacted it. Our life happened to us, but we also made it happen, because we had choices.

My life belongs exclusively to me, the lone individual—yet I cannot be me without taking into account that my life is a mesh of strands connected with other lives, other narratives, each equally private, because selves are not open to the world except through utterance and action. And I can think of no better preparation than a psychoanalytic sensibility for realizing the fullness of life, if only because psychoanalysis makes the "warts," the flaws that cannot be erased or painted out, more tolerable.

I would not want to give the impression of naiveté by implying that the state of mind I write about here is universal in old age. Far from it. But I would like it to be considered as a possibility—a redeeming possibility, one might say. Lives marked by extremes of unhappiness—lack of any success in enterprises undertaken, richer in grief than in joy, or, on a grimmer scale, those marked by misery or crime—such lives hold little promise of the assurances that I think the "meanwhile" has to offer. It might be an additional insult to the unhappy to be confronted by the promise. The end-time has no such satisfaction for many elderly men and women, whose view of life precludes it as being illusory.

But granting this much—and maybe a lot more—I want to take a closer look at the "meanwhile." To the extent that my memory remains, I can call up images of the past at will. I can turn at will to any epoch of my past (after the amnesia of early childhood) and evoke some kind of textured picture that strikes me as authentic. When put into words, it might be incredible to anyone else, and still it keeps me convinced of its reality. If I alter it with qualities not present on its immediate evocation, the revision also seems authentic. It "strikes" me as true—as real, as mine in a way that no external object can be.

Remembered images are varyingly discrete and possibly transitory, but always partial. We cannot induce something like a simultaneous view of different sectors of our remembered life; only fractional elements come to mind. We also do not pass from scene to scene sequentially, unless we attempt to construct a narrative that way, much as a fictional account gradually builds up images and deliberately relates each to the preceding, or does so abruptly if disjuncture is the intended effect. But either attempt is artificial, because we know from present experience that the imaginal content of consciousness is fragmentary and is given wholeness by a constant synthesizing effort that also seems to be a part of our being.

Extend these thoughts to a wider self-examination. Extend them to include an attempt at grasping a whole life. It is impossible to tell the whole story even to oneself, maybe especially to oneself, because an external audience is likely to be deceived by plausibility. I can say to someone that "this sums up my life," and conceivably the other will be impressed enough to believe it. But I always know better—not because I have failed to tell the truth, but because I know there is always more. In fact, in a sense, this is the heart of the psychoanalytic method: the analysand *speaks* him- or herself into being more than before.

Knowing that there is more to the story is also a form of self-knowledge. A unifying presence hovers over or underlies our consciousness, a presence that is also the persistent sense of selfhood. I cannot grasp at any time the whole of my self, much less be freed from the complexity or from the conflicted strivings of my life; but I can know that there is a totality of myself. In old age, it is more possible than before for the comprehending unity to come into its own. Because there is so little future,

and because the fantasied future that has accompanied me all my life has been partly realized and partly dismissed, what has become of me is my being, and I know that the changes and chances ahead of me, happy or grim, cannot obliterate that being while I am alive. What it might be after I die, as I have suggested earlier, is not just anyone's guess but also anyone's hope.

A psychoanalyst might ask why this expanded insight into oneself is accessible in old age more than it is earlier in life. A possible answer is simple: old age weakens defenses of the self. Retirement from the competitive arena in which most of us live, from the marketplace in which success and attractiveness and apparent righteousness prevail, means that the deceptions and self-deceptions abounding in ordinary social existence are less useful. I no longer need to be admired, to be Top Dog, Superman, in demand—not as I used to need these things, anyway. I can quietly cultivate my garden—including the inner garden of memory, in which the weeds grow along with the roses.

If one lived long enough in mental clarity, one might approach that ideal condition Freud (1923) had in mind in his note about Popper-Lynkeus, who in "Dreaming like Waking" wrote an account of a man whose dreams were candid presentations of his waking state, free of distortion. There would be nothing to defend. Which means that one could also become increasingly tolerant of others, knowing now firsthand why people—including oneself—are alienating in their approaches to one another. Maybe.

What difference does this make? If I can be more aware of my life as a totality, as defenses weaken and because I have a limited future, I live if I choose in a condition of timelessness. Now is always. The psychological phenomenon of the telescoping of time that characterizes old age partakes of reality, in that memories of ten, twenty, thirty years ago all have the same potency. I can sort them out for practical ends, but I am not bound to the constraints of ordinary time. I can rove at will in the landscape of memory. I consider this to be merely the latest intimation of transcendence, for there can be many releases from time throughout a life, but an intimation particularly germane to old age is end-time.

What we do further with the discovery must depend on what we have come to believe about the mystery of dying and death. We can hold fast

to the mystery as such, declaring that we do not know and leaving it at that, though it is hard to see how one could not care to know. But as I reflect on what I have written here, I do not think that this agnostic attitude is the best we are capable of.

Today, when the partner of almost all my adult years has herself died, the overview of our past, previously brightened by the setting sun, is now often darkened in grief. The same story, which she herself always called "wonderful," has changed for the present from treasure to loss, once gleaming in our house, but now, like her, irretrievable. Or is it?

Skepticism based on scientific empiricism flouts serious consideration of claims for survival of death. Claims of that sort, we are told, spring from fears of death, which must be surmounted rationally. What is there to fear, after all, in that "endless night" without consciousness? De Masi (2004) summarized the situation by noting that the fear of death is a return from the deep past, from childhood when the fear of abandonment terrorized us—and what more complete abandonment could there be than the disappearance from our minds of all our protective images?

Loving, in De Masi's book, protects us from the fear of death because it relegates to surviving others the continuity that we are forced to give up by dying. They will live, and so we, too, in them. Which is all very well, but it is not the self whose loss we sustain, but that other whose life has validated ours. It is grief, not fear, that urges belief in another existence.

Confronted by the mystery of death and loss, humans have traditionally turned to religious beliefs that offer a reassuring faith in the survival of the spirit. Evidence for this recourse goes as far back as prehistoric times and preliterate peoples, and is present in the three religions of the Bible, and with different metaphors in Hinduism and Buddhism. The radical lapse from faith among modern people is a striking change, although not really an innovation; intelligent skepticism has arisen in all periods of history. Religious promises of survival have been vitiated at the source for many.

For one thing, as any honest believer, including the author, can see, religious history is soaked in the blood of sanctified violence. In the sphere of belief, religious mythology and metaphor are too often

deprived of the imaginative wealth in which they originate, and are instead presented literally as objective reality. Scanned with the eye of psychoanalysis, much of religious adherence may turn out to be polite repetitions of a dead piety. Freud's atheism, connected with the Enlightenment and not itself remarkable, was supported by his psychological insights into intergenerational conflict, locating the attributes of God, as well as our hopes for life after death, in the revival of infantile fantasy. This is far from the whole story of religion, of course, but it needs to be reckoned with.

We also know that awareness of the antecedents of emotion does not eliminate them. Substitution of rationality for ultimate mystery is not a psychoanalytic ideal. There is no quest for explanation here. The freedom of reflection that is encouraged and in fact demanded by psychoanalysis reminds the older analyst of the unfathomable depths of our subjectivity, and may elicit an awakening faith born of hope.

This *mystical* view of existence (a word used hesitantly because it has been contaminated by associations with the phony or the spooky) provides a vision different from the one that modern men and women have had thrust on them. It may live with a critical acceptance of religion, and it maintains respect for science and scientific reasoning without granting them the monopoly of our allegiance. It is a vision at once primitive and transcendent, recognized first-hand in the mysteries latent in time and timelessness, separation and union, the natural world and the meaning world, and it holds that endings may be beginnings.

Wanting, hoping for reunion with the departed is neither ignoble nor trivial; it contemplates the longed-for recovery of a love that belongs to the timeless element of experience. Insight or illusion? One must consult one's conscience.

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WHO IS IN CHARGE OF SPACE AND TIME?

BY LEONARD SHENGOLD

Keywords: Space, time, regression, transference, power, analytic setting, anger, authority, Mary Stuart, Friedrich Schiller.

This paper is a reminder that the regressive submission in treatment that centers on the cultivation and examination of transference gives rise to regressive dependency, to expectations of blissful, omnipotent, and sexual miraculous fulfillment—and of the intense hatred we all felt as children toward the inevitable failure of even the best of parents to provide eternal bliss and life.

> I have to have all space and time participate in my emotion, in my mortal love, so that the edge of its mortality is taken off, thus helping me to fight the utter degradation, ridicule and horror of having developed an infinity of sensation and thought within a finite existence.
>
> —Nabokov (1951, p. 297)

> Ye Gods! annihilate but space and time
> And make two lovers happy.
>
> —Pope (1728, p. 196)

My first epigraph underlines what it means not to be able to control space and time.

* * * * * * * *

Several years ago, my office partner and friend of many years suddenly became ill and had to retire. My patients—some quickly, others only after weeks of denial—noticed his absence and the disappearance

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of his patients from the waiting room. They were frightened. If he could suddenly disappear, so could I.

It became necessary for me to sell our jointly owned office suite and, after the sale, to lease my office part-time from the new owners. For a long period I also had to rent time in another nearby office to continue to see all my patients. These changes took place after—although my patients were informed of it before—the traditional long psychoanalytic vacation during the month of August.

My patients returned after Labor Day, some at a new time, some at a new place. Even those who stayed in the old office found its appearance changed: the rooms were painted a dazzling white; the furniture in my consulting room, except for my desk and chair, was new; the windows, formerly covered by blinds, now showed themselves sparkling clean.

It was attractive, but Time and Place had been changed for my patients: a change *suddenly* thrust upon them by me, adding new trauma to the familiar one of my abandoning them during August. I was making my appearance as "a king of infinite space," as Hamlet puts it (Shakespeare 1600, ii/2/261), able to put time "out of joint" (i/5/189).

This might not seem significant for those who have not had, or are not familiar with, psychoanalytic treatment. But as former patients know, when analytic exploratory therapy works, the frequent hours spent lying on the couch, not facing the analyst, and trying to obey the analytic rule of saying whatever comes to mind (a difficult goal that can never be achieved consistently) give rise to intense emotional regression. The patient experiences a distorted replication of feelings (perceptions and emotions), impulses, and even actions from the distant past, all of which return to exigent vividness in the present. The adult begins to feel like a dependent child.

This is sometimes gratifying but is also threatening. Renewed conflicts in the patient's mind invoke characteristic resistances and defenses of the past that were developed to cope with anxious, angry, depressed, and sometimes exciting feelings. Conflicts about dependency from childhood and adolescence return, which grant the analyst, at least intermittently, an early parental importance that is too powerful to be comfortable with. He or she becomes the focus of the patient's dreaded, past angry and sexual wishes and fears that were (and potentially can still

become) clamorous. Usually, this regressive intensity diminishes after the patient leaves the consulting room and resumes the grown-up role.

Of course, adult life involves similar regressive feelings toward others on whom one feels dependent—such as a spouse, lover, boss, or child. Past dependencies can of course also be evoked transiently by those who, due to their care-taking functioning or even their appearance, become unconsciously connected with parental figures from childhood. For example, some generally polite people can surprise others by uncharacteristically displaying a disposition toward abominable treatment of degraded parental figures: servants, porters, or waiters.

REACTIONS TO MY POWER TO CHANGE SPACE AND TIME

My patients reacted in characteristic ways to this sudden demonstration of my power of control over space and time—ways that stemmed both from their life patterns and their current levels of neurotic-and-healthy emotional involvement with me. Hostility was displayed, either openly or through small slips and initially disconnected actions; for example, some patients arrived late or failed to pay their bills. There were complaints about the absence of a favorite picture or statue. The disappearance of a 19th-century painting of young Mignon (from Goethe's *Wilhelm Meister*) was addressed by a patient who asked sarcastically, "What have you done with that lovely little painting of your mother?"

Some patients' anger was initially hidden by their genuine gratitude to be back in treatment, or denied by attempts to give me gifts. Some, advanced enough in their treatment, were able to acknowledge their anger and to express their relief—even with humor—that changes did not seem to have done me any harm. There were also incidents hinting at rage directed toward themselves (accident proneness, for example) because of an unconscious need for punishment for their forbidden anger toward someone on whom they were dependent.

My new part-time office setting made it necessary to walk a few steps down from the waiting room once the door was opened into what had formerly been a sunken living room. Despite, or perhaps because of, my warning about this beforehand, several patients stumbled, although

luckily no one fell. A few openly expressed the frightening depth of their anger, but almost every patient made explicit though initially disconnected associations to death and murder.

These reactions reminded me of what I have slowly come to realize in the course of my work (and that I have repeatedly discussed based on the deep resistances evoked by change that I have noted; see Shengold 2006, 2007, 2011): how murderously intense and unprepared for is the rage with which a child must cope at an early time when the ability to bear such intensity has not yet been achieved.

Rage is part of our animal inheritance. We know too little about what we are born with, although babies vary in the extent and quality of their aggression and passivity. What we get from nature is modified and added to by what is thrust upon us by the nurture needed to modify our inborn drives. Oliver Sacks (1995) comments on the neurological point of view about what we are born with (nature) versus what results from subsequent experience (nurture):

> In "lower" animals and in "lower" parts of the brain, there is a "hard wiring" of neurological function—everything (or almost everything) from respiratory function to instinctual responses is genetically determined, and assigned to fixed nuclei and modules in the brain. But at higher levels, [Elkhonon] Goldberg argues, where learning occurs, an entirely new principle of organization comes into being. These areas, by contrast, are uncommitted at birth, and their development depends on the particularities of life experience: they *assume* a function in the course of life. [pp. 176-177, italics in original]

Much remains to be learned about mind–body connections.

The most important modifier that comes from the outside is parental care, which inevitably mixes love with frustration. Anxiety-ridden, intense anger is also the consequence of the parents' need to limit their baby's desires: to say no as well as yes in order to protect and to educate the child about self and external reality.

There are individual differences in the quantity and quality of the anger that make all of us inherently neurotic in the long period of developing separation and partial independence from our seemingly god-

like early parents, who we at first feel are responsible for everything and without whom we initially cannot live. Children have to turn their murderously intensive feelings, directed initially at the mothering parent, inward toward the self in order to allow that needed other to survive; this leads to intense fear and guilt. The impossible wish to get rid of the parental gods without whom life cannot continue is a universal psychic trap. Parricidal wishes remain, at least unconsciously, a part of each human being's continuing burden. With the unrealistic, magical thinking that is characteristic of the immature mind, the child inevitably feels that its rage has terrifyingly murderous potential—the child's feeling that just the emotion itself can magically kill one's parents is in itself a primal trauma.

The terrifying expectation of again feeling more than one can bear in relation to change starts early and continues to haunt us. If, in the course of growing up, too little of our anger is turned inward, we can become criminals. Too much, and we can become suicidal. Feeling signals of anxiety, guilt, and anger is adaptive; but too much bad feeling makes for both conflict and misery stemming from sadomasochistic attachment to parental authority figures. My displaying control of their therapeutic time and place revived this primitive rage in all my patients—in individually different ways and intensities.

We are all burdened by past parental mental representations that have become part of our identity. Vitally needed love from parents permits enough love of self to get most of us through; fortunately, there are parental good ghosts—or dybbuks—as well as bad. But ultimately we have to become strong enough to live life with some dependence on others besides parents in order to bear the inevitable losses of our loved ones and ourselves.

I had sent my patients back into the anxious time when the nursery was ceasing to be an eternal universe whose contents and beings had overwhelming importance. This reminded them of the traumatic expectations of starting to learn that their parents were *not* omnipotent, benevolent gods who were masters of space and time, and that they and their parents were *not* the focal point of everything.

This is a bitter lesson that, like the certainty that we must die, perhaps cannot ever be completely accepted; yet it must be known in order

for us to deal with a reality not designed to continue our initial narcissistic grandiosity. We must be expelled from the Garden of Eden for our human lives to begin. We have to bear the knowledge that our centrality in the cosmos is no longer possible to believe in.[1]

In Richard Holmes's wonderful book, so aptly titled *The Age of Wonder* (2008), the author describes the amazing flurry of scientific discoveries at the end of the eighteenth and nineteenth centuries, culminating in Darwin's work on evolution, which brought about religious disillusionment and doubt in the literal "truth" of the Judeo-Christian Bible, and contributed to the spread of atheism.[2] Especially central to my theme in this paper is Herschel's revolution of astronomy and the discovery of the universe as appearing to be infinite, incredibly ancient, and full of chaotic changes. Holmes (2008) quotes from an appreciation of Herschel's work by the poet Thomas Campbell, after the great scientist's death:

> It included a summary of the way Herschel had changed the layman's view of the cosmos: how the solar system was larger and more mysterious that Newton ever supposed; how the creation of the stars had taken place in inconceivable gulfs of time and space, and was still developing and unfolding; how our Milky Way was probably just one galaxy (or island universe) among millions; and how this galaxy—our beautiful home in space—would inevitably wither and die like some fantastic but ephemeral flower. [p. 409]

God the Father, as we all discover about our parents, had not created a universe with the self or even the earth as its center. Conflict, hostility, and despair were aroused by the loss of belief in what had been assumed by so many to be the Creator and Master of Time and Space.

Those who doubt the presence of revivable murderous anger toward those we feel are trying to control our time and place need only examine their reactions to what they read, and those of others they read about, in the headlines of the front pages of their daily newspapers.

[1] Yet this early conviction is still retained in the unconscious part of our mind.

[2] Acceptance of the addition of deep time to deep space was reinforced by geologist Charles Lyell (1830-1833). His three-volume work struck a blow to the literal interpretation of Genesis that was amplified by Darwin's (1859, 1871) later publications.

MARY STUART

If the reader's doubt of the revival of primitive rage persists, I would prescribe either reading Friedrich Schiller's great play *Mary Stuart* (1800), a revival of a royal family drama that played on Broadway in 2009, or attending a performance of Donizetti's Schiller-derived opera, *Maria Stuarda* (1834; see Ashbrook 1982). The two great queens in the historical drama—Mary Stuart, also known as Mary, Queen of Scots, and Elizabeth I of England—are cousins. Elizabeth is the mother/rival figure: Protestant, older, "the Virgin Queen," ambivalent in her sexual identity. The younger Mary, a beautiful and sexually charged woman who has had two husbands and more than one lover, has been the queen of both France and Scotland; she left Scotland when forced into exile.

Mary's son, the child James V of Scotland, is expected to inherit Elizabeth's throne as James I, which would (and did) restore the Stuart line—and Elizabeth, past childbearing age, knows of this and hates it. Elizabeth, like her father, Henry VIII, is Protestant; Mary is Catholic. Elizabeth—declared a bastard when Henry had her mother, Anne Boleyn, Henry's second wife, beheaded—had to watch first her half-brother, Edward VI, ascend the throne, followed by her older half-sister, Mary Tudor (the Catholic daughter of Henry's first wife, Catherine of Aragon). This Mary, whose persecutory killing of Protestants earned her the sobriquet "Bloody Mary," had made a disastrous marriage with the Catholic King of Spain, Philip II.

Both Elizabeth Tudor and Mary Stuart had terrible childhoods and tremendous reversals of fortune. Elizabeth's legitimacy was later legally restored. She, daughter of Henry the wife-killer, never allowed herself to be subjected in marriage to any man. When the Scotch Protestants rebelled against Mary Stuart and deposed her in favor of her infant son, she fled and sought refuge in England. Elizabeth gave her a castle and allowed her to keep some of her staff, but she was regarded as a rival for the throne of England and was kept a prisoner there—a situation that Elizabeth herself had been in as a child, just as her mother, Anne Boleyn, had been held prisoner prior to her execution by Henry VIII.

Schiller's play is based on a confrontation between the two queens that probably never actually took place. Mary has been advised that

she has to placate and not threaten Elizabeth. But Elizabeth, the older woman, cannot control her hatred, fear, and envy when the two meet, and addresses Mary with cold and provocative disdain. Mutual rage then bursts out, and Mary quickly and fatally loses control in a climactic confrontation scene, calling her cousin the "bastard daughter of Anne Boleyn."[3] This confrontation scene is also the high point of Donizetti's *Maria Stuarda;* those who have heard great operatic actresses sing the role of Maria, such as Maria Callas, Leyla Gencer, and Beverly Sills, are unlikely ever to forget the sung/shouted epithets directed at Elizabeth:

> Figlia impura di Bolena,
> Parli tu di disonore?
> Meretrice—indegna, oscena,
> In te cada il mio rossore.
> Profanato è il soglio inglese
> *Vil bastarda, dal tuo piè!*

> (Impure daughter of Boleyn, do you speak of dishonor? Obscene and unworthy prostitute, may my blush fall on you. Profaned is the English throne, vile bastard, by your foot!) [Donizetti quoted and translated by Ashbrook 1982, p. 83]

Quite a mouthful!

In both the play and the opera Mary's outburst seals her fate, and she is beheaded, as she was in reality. Elizabeth must have had terrible ambivalence about issuing orders for this: how could she cause the killing of a woman who was a queen, just as her mother had been and as she herself was? But her envious rage triumphed.

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[3] "Virtue was not your portion from your mother;/ Well know we what it was which brought the head / Of Anne Boleyn to the fatal block . . . . [Mary raises her voice] A bastard soils, profanes the English throne" (1902, p. 366).

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PRECIOUS AMBIGUITIES

BY HOWARD B. LEVINE

THE ANALYZING SITUATION. By Jean-Luc Donnet, translated by Andrew Weller. London: Karnac, 2009. 199 pp.

Keywords: French psychoanalysis, analyzing situation, analytic site, Freud, ambiguity, analytic frame, technique, transference, countertransference, interpretation, language, here and now, suggestion.

Jean-Luc Donnet of the Paris Psychoanalytic Society, former director of its Consultation and Treatment Center (*Centre Jean Favreau*), is a leading voice in contemporary French psychoanalysis. *The Analyzing Situation,* now made available to English-speaking readers in Andrew Weller's excellent translation, represents one of Donnet's key contributions to French thinking about the *method* of psychoanalysis. This is a challenging, at times difficult, but very worthwhile book to read, as Donnet attempts to navigate the dialectical complexities of the analytic working situation in search of a way to characterize the problematics and possibilities of its method.

Rather than simply being read in a straightforward, instructional way, this text will yield best results if it is engaged, thought about, and struggled with. Indeed, for this reviewer, the experience of reading this book was so much like being immersed in an extended dialogue with the author that it led to a brief but useful correspondence between us that further clarified my understanding of Donnet's thinking and intent.

The book is divided into two parts. The first section, which is identical in content to the French edition and which I shall discuss below in

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detail, consists of an introduction, four chapters, and two short addenda that comprise a thorough examination of the *analyzing situation*. Along the way, readers will encounter Donnet's thoughts on the differences between psychoanalysis and psychotherapy, and between a psychoanalytic consultation (in which there is no possibility of treatment with the consulting analyst) and an initial psychoanalytic "encounter" (in which the uncertainty and possibility of treatment with the consulting analyst is apt to loom large in the minds of both participants).

The second section, which differs from the French original, has been assembled under the broad heading of "The Problematic of the Superego," a subject that Donnet visited at length in his as-yet untranslated 1995 book, *Le Divan Bien Tempere* (*The Well-Tempered Couch*). In this section, readers will find a brilliant study of Conrad's novel *Lord Jim* (1900), an exploration of "tender humor," essays on Freud's "A Disturbance of Memory on the Acropolis" (1936) and *Civilization and Its Discontents* (1930), and, in the one piece in this section that was translated from the French original, a final essay on becoming and recognizing one's status as a subject. This last is entitled "A Child Is Being Spoken Of," and was inspired by a screen memory that emerged in Donnet's own analysis with Serge Viderman.

Throughout both sections, readers will discover Donnet's wish to return to a close reading of Freud's original texts and, in particular, to eschew post-Freudian attempts to deal with textual ambiguities and inconsistencies by interpretive correction. Thus, for example, in relation to the superego concept, which Donnet names as "an essential key to Freud's 'metapsychological turning-point of the 1920s'" (p. 92), he says:

> In contrast to the post-Freudian theorizations which, in an often heuristic manner, . . . have sought to turn . . . [the superego] into a functional concept by erasing certain Freudian inconsistencies, I have gradually persuaded myself that these contradictions were related to *precious ambiguities which are the reflection of its essential paradoxical nature*. If one seeks to avoid the risk of reducing the Superego to the figure of the policeman which it often has in the "puppet show" of the agencies, it is perhaps worth preserving its position of speculative ferment, of a border-concept between the individual and culture, as the drive is between the body and the psyche. [p. 92, italics added]

It is Donnet's respect for—indeed, may we dare say love of?—these "precious ambiguities" that abound throughout Freud's writing, lie at the heart of the psychoanalytic enterprise, and reflect the inherently complex, dialectical, and paradoxical nature of the human psyche and its echoes in the analytic encounter that resound throughout his writing about the analyzing situation. These references stand as an exemplar of Donnet's capacity for what Bion, after Keats, called *negative capability.* At each moment of temptation toward premature resolution or a reassuring but reductive consistency, one senses Donnet saying, "Wait. Hold back. There may be greater value in keeping alive the tension of uncertainty and ambiguity in order to safeguard the patient's autonomy and to see what new and unexpected features may yet emerge."

It is in the service of keeping open the possibility of these unanticipatable movements that Donnet repeatedly invokes the spirit of Winnicott, as he attempts to preserve the unsolvable paradox of transitionality and hold fast to a vital perspective on the mysterious, uncertain, growing edge of psychic currents that embed both patient and analyst, individually and intersubjectively, in an ongoing, self-organizing structure.

Not surprisingly, then, Donnet quite explicitly entitles his introductory chapter to the first section "The Adventure of the Method." In choosing the word *adventure,* what he seeks to emphasize is the potential, the excitement, and the uncertainty of the outcome. If conducting an analysis implies the application of the known or familiar (a process with specified "rules of engagement"), it is only as a means to a voyage into the unknown. There should always be an interplay or struggle between stricture and freedom that is inherent in the pairing of *free association/free-floating attention;* therein lies an ever-present reminder that the means to ensure the discovery of meaning is always attended by the risk of losing meaning through external imposition or the foreclosure of new or unexpected possibilities. "The tension between the conventionalization that is implied by any explicit reference to the method and the authenticity of the lived experience constitutes an essential aspect of the unfolding of the process" (p. 6), writes Donnet.

This tension is also expressed in the dialectics *objectivity/subjectivity* and *found/created,* between "a game with rules" and free play without them (Winnicott); and the analysis must be safeguarded by a pole of

reference that lies outside the dyad: "The question is one of knowing what relations are formed between the presence/absence of the method, and the variations of the function of the third" (p. 6). What is essential is that the method must preserve complexity and ambiguity, and it must nurture the gap that necessarily exists between theory and practice, so as to "avoid the risk of a theoretico-practical collusion which would turn the analytic treatment into the application of established knowledge" (p. 7).[1]

It was in order to better articulate and explore these issues that Donnet moved beyond the conceptual pair *frame/process* to that of *analytic site/analyzing situation.* The term *analytic site* refers to the "functional ensemble" placed at the patient's disposal by the structure of the analytic arrangement. While Donnet does not offer a list of the site's resources per se, we may infer that they include the following:

- The presence of the analyst as an object for transference repetition and new experience;
- The "playground"—rules and opportunity for transference development and analysis, for self-discovery and recollection, for the creation and strengthening of the psyche;
- The frame and space in which these developments may occur; and
- What is perhaps more problematic or controversial—certainly most provocative and interesting!—the functional capacities of the analyst's psyche: his or her alpha function (Bion); the ability to work as a "similar other" (Green); the capacity for co-thinking (Widlöcher); the capacity for figurability (Botella and Botella); and the encounter with a more highly developed psychic organization (Loewald).

[1] In response to the latter, we might wonder: was it in reaction to a misapplication of the method, a misunderstanding that favored the collusive collapse between theory and practice, that certain analysts have been led to be skeptical of "technique" and to turn instead to the "authenticity of relating," and even to "throwing away the book," as a necessary and desirable attribute of analytic intervention? While the spirit of their quest deserves commendation, their remedy may present its own dangers. As the transference object threatens to become confounded with the archaic, primary object (*objet originaire*), the words of the analyst may tend toward "divine pronouncement," and the analyst's status as *symbolic* representative of a primary internalized object may begin to give way to a *concrete* illusion of reincarnation.

The nuances of how these elements and capacities are to be engaged in the service of the therapeutic action of the analysis, and how they are to be thought about in terms of analytic clinical theory, provide a fascinating and important focus for Donnet's thinking and will be further discussed in what follows.

In contrast to the analytic site, the term *analytic situation* refers to the dynamism that may develop for and within the patient and the analytic pair as they put to use the resources of the site:

> The analyzing situation results, haphazardly, from the sufficiently adequate encounter between the patient and the [analytic] site. It implies the subjectivized use, through the experience of "found/created," of the resources of the site and their singular configuration by the patient . . . . [The analyzing situation is] a structure integrating the analysand–analyst couple in its capacity for self-organization, as well as the dynamic processes of its disorganizations-reorganizations. [pp. 35-36]

Put another way, what is at stake, and what makes analysis an adventure, are the risk and uncertainty surrounding how and to what extent the patient will appropriate the resources of the site in the service of creating a useful and usable transference-based dynamism, so that "the working situation *becomes analyzing*" (p. 36, italics in original).

Not surprisingly, the interrelatedness of the duality of the analyzing site/analyzing situation becomes most evident in "limit" situations (borderline cases) in which *the initial or predominant task of the analyst will consist of familiarizing the patient not simply with the patient's own resistances, but also with the resources of the site.* It is in this sense that "the [analytic] encounter is not envisaged from the standpoint of what it repeats, but from the angle of what it offers that is *new*" (p. 9, italics in original).

This, too, is part of the adventure of the method. What is at stake here, especially and increasingly when working at these "limits," are issues of psychic and even somatic survival, as one encounters a repetition of object relations "that are ever more *primitive,* and concerns in the last resort the very foundations of the constitution of the Ego and of the object, of the subject and of the other" (pp. 9-10, italics in original).

In these limit situations, familiar to all experienced clinicians, the analyst's countertransference "will be intensely solicited" (p. 10). The

problem—or paradox—for the analyst is that, while this solicitation will require putting countertransference to work in the service of an analyzing function (both countertransference and the analyzing function are presumably resources of the analytic site, parts of "the ensemble"), there is a simultaneous danger that too strong a reliance on the countertransference may turn the latter into a "*symptom* of the method, expressing both the longing for omnipotence and the requirement to control it" (p. 10, italics in original).

Donnet asserts that the more primitive the regression involved in the transference, the greater the gap between the genetic past and what is repeated in the here-and-now relationship. This means that words, the words of transference interpretation (certainly *about* the transference, perhaps even *in* the transference?[2]), may begin to fail in their specificity. Under such circumstances, the analyst's words may assume a persecutory or intrusive feel to the patient or may be idealized as oracular pronouncements of "The Truth." As a safeguard, Donnet cautions that the words of the analyst must not seek to demonstrate superior knowledge about the patient or the unconscious contents of the patient's mind, but rather "*by recognizing what is happening*" (p. 9, italics in original), they must introduce and remind the patient of the resources of the analytic site and interpret what is going on in the here and now, perhaps approximating it to the genetic past.[3]

One of the most powerful contributions of French psychoanalysis is its exquisite concern with the status and meaning of language and words, and Donnet's work is no exception. Listen to how he frames the fact that the patient's regression toward the primal accentuates the gap

[2] In French psychoanalytic thinking as in some other schools, a distinction is made between interpretations from *within* the transference and interpretations *of* or *about* the transference. The former refer to the fact that, to the extent that the analyst has become a transference object for the patient, all that the analyst says and does will be taken in one part of the patient's mind as interactions within the play of the transference. The latter refer to explicit ("saturated") interpretations about the transference—e.g., ''You are expecting me to be critical of you just as you felt your father was." It is the interpretations about the transference that are referred to by Anglophone readers as "transference interpretations."

[3] These recommendations are similar to those expressed by Steiner (1993) in his advocacy of *analyst-centered interpretations* and Ferro (2002) in his use of unsaturated, narrative-building interventions.

between the sense in which the analyst's words are offered and how they are likely to be perceived:

> The return towards what is primal tends to efface the historicizing subject in favour of a genetico-structural perspective centered on psychic functioning . . . . The general line of interpretation is generally obliged, in the absence of a possible interplay between the here and now, and the then and elsewhere, to confine itself within the transference relationship or rather in the relationship *here and now*. One can see that there is a risk of the analyst being led to reincarnate the object, the primordial other, in such a way that his speech, which, for the patient, emanates from this all-powerful Other, becomes indistinguishable from a "primal Speech" providing meaning; thus an alienating register of primary identifications is thereby reinforced. [p. 11, italics in original]

This last is a powerful statement of the stakes and dangers involved, in which we may hear echoes of Lacan's warnings concerning the transference perception of the analyst as *le sujet supposer savoir* (the subject or one who is supposed to know). But Donnet (2011) goes even further, as "the spectre of hypnosis-suggestion" is never far from his mind, and the importance and problematics of supporting and ensuring the patient's autonomy remain central to his thinking:

> The question of suggestion continues to impose itself at the very heart of interpretation. Is the analyst not in the position to substitute himself for primary objects in order to make up for a deficiency which the increasingly decisive importance attributed to the object, or the reference to the primacy of the other, makes obvious? Is there not a temptation here to see the analyst as implanting a sort of psychic prosthesis? [p. 12]

This question of prosthesis is of great interest and crucial importance. Does Donnet mean to go so far as to challenge the widespread assumption that some sort of intersubjective involvement and alter-ego-like functioning—e.g., alpha function (Bion), similar other (Green), co-thinking (Widlöcher)—is necessary for the creation and strengthening of the mind in the face of the inchoate and unrepresented? He writes:

> It is easy to see how frequently the approach to early trauma slips into the idea of reparation whereby an infantile experience that was lacking finds its accomplishment in the analytic situation, without the question of *après-coup* (*Nachträglichkeit*) being raised. [p. 17n]

In our correspondence about his book, Donnet (2011) explained his wish to preempt a "fetishization of concepts" and to reaffirm the dialectical dimension of analytic theory, along with the inevitable gap between theory and practice. It is in this sense that he speaks in his book of the danger of understanding alpha function as a "psychical graft from the psyche of the other, whether mother or analyst" (p. 12), noting that Bion himself spoke of alpha function only as a theoretical inference rather than as a concrete fact. Consequently, in Donnet's Bion, the transformation of beta elements into alpha elements remains unspecified within the "opacity of the intrapsychic." That is, he asserts that, while Bion *postulated* this transformation, he withheld judgment as to the actual operations of the mechanisms involved.

Donnet further reminds readers that in relation to the repetition of primary environmental deficiency, Winnicott argued that something like a "corrective relational" or corrective emotional experience was unnecessary and indeed impossible. In his discussions of the regression to dependence, Winnicott emphasized the need for a *repetition of the failure of the environment in the transference as a first step in a process by which symbolization might occur*. Thus, Donnet notes that while Winnicott

> . . . recognize[d] the possibility of [the analyst's] perceiving, recognizing, and elaborating [i.e., an early traumatic failure of provision], . . . the only correction that he envisages—inherent to the work of speaking during the session—is the correction of an eventual earlier denial. [p. 17n]

Any "corrective" analytic work, then, will consist of responding to a presumed preverbal "absence" ("what should have occurred but didn't") by noting its failure to appear or be accounted for in consciousness, and by speaking to its assumed consequences and their effects upon the here

and now—that is, by identifying or proposing a construction and placing it into a plausibly explanatory cause-and-effect sequence.[4]

At the same time, however, Donnet remains keenly aware that some kind of intersubjective, transformative action on the part of the analyst may be necessary in the face of unrepresented mental states. While there is a risk that the conceptual expansion of the analyst's countertransference or subjectivity will be overvalued and even turned into a fetish (*un subjectivité technique*), there is an equal risk in the analyst's failure to try to help catalyze representational movement within the psyche of such a patient. Both dangers and possibilities are inherent in the analyzing situation and are additional reasons that Donnet speaks of analysis as an adventure. Thus, rather than coming down on one side or another, he prefers to hold fast to the dialectical dimension of the encounter. In his correspondence with me, he notes: "If I talk about the adventure of the method, it is in a positive sense; I share this adventure, and thereby I accept the risks" (Donnet 2011; my translation).

He further states:

> If it happens that in this adventure, the pattern you mention [i.e., the analyst's participation in an intersubjective process (e.g., alpha function) that catalyzes the patient's psychic movement towards representation of previously unrepresentable contents] is sometimes "excessive," there is nothing to deplore. We often see patients who are at the same time improved and provided with a false analytical self or an alienating identification. It is worthwhile to look closely at these situations, as it is always difficult to isolate in the process that which reflects a successful return to a represented scene from the dynamic depths and that which reflects the deep silence of the analyzing situation. [Donnet 2011; my translation]

For Donnet, then, the "logic of the encounter" remains enigmatic and deeply "undecidable," and any attempts to formulate a concretely

[4] One cannot help but be reminded here of Freud's (1937) paper on "Constructions," which seems to hover beneath a great deal of what Donnet writes about in this volume, and is an important subject of more recent French psychoanalytic concern. See, for example, Wilson's (2011) excellent summary of papers by Jacques Press and Michele Bertrand.

reparative dimension to the analyst's role in relation to early infantile trauma reflect a difficulty in accepting the limits of what is knowable within the method.

Another seminal concept that is central to Donnet's thinking and reinvigorated by his exploration is that of the *fundamental rule*. In his hands, the rule achieves a metapsychological depth of importance that extends far beyond the level of a pragmatic instruction offered to patients at the onset of treatment. It is seen instead as a foundational constituent that frames the dialectic between *play* (free-form, spontaneous, and unstructured) and *game* (rules, organization, constraints) within which the analytic method must be implemented.

The concept of *method* has its own "precious ambiguities," as it, too, implies on the one hand organization and control, while free association, which is intrinsic to the method, implies the renunciation of control. This dialectic is mirrored in the contradiction between the analytic practitioner's need for the acquisition of experiential and theoretical knowledge and "the suspension of this knowledge so that the encounter with the *Ucs.* is authentic. Knowledge does tend to predetermine the finality of the experience, and even to give the method a quasi-programmatic dimension" (p. 22).[5]

The ever-present danger that the cure will become an application of our theory returns us to the inescapable problem of suggestion, with which Freud struggled throughout his career. Although Freud tried to create and define a rigorously empirical method in which "interpretation merely revealed the meaning [and existence] of what was already there in the repressed" (p. 22), Donnet sides with the many contemporary analysts who believe that this view has proven to be untenable. "Nowadays, no one doubts that the analyst and analytic situation participate . . . in the structuring of the phenomena in process" (p. 22). This means, among other things, that "there is always the risk that the experience will comply with the analyst's desire and his theoretical preconceptions" (p. 23).

Donnet suggests that this is why transference lends itself so readily to resistance: it is "because its interpretation is too closely tied up with the

[5] Compare this view with Bion's admonition to analysts to listen without memory and desire.

aim of lifting its resistance" (p. 30). That is, the analyst's wish to analyze may lie too forcefully behind the raison d'être of the analyst's intervention, turning the transference interpretation into the very vector of the analyst's desire.

In examining transference—which, in terms of the opportunity for action and interpretation, represents two of the available resources of the analytic site—Donnet emphasizes that it involves creativity and spontaneity as well as repetition, and that "the analyst as well as the situation are both *involved* in the structuring of the transference process; the principle of a permanent demarcation between the observer and the observed is untenable" (p. 32, italics in original).

But unlike certain American intersubjectivists who minimize or deny the patient's intrapsychic stake in the creation of transference in favor of a more purely co-constructive view, Donnet asserts that transference is sustained and

> . . . nourished by what the situation has to offer to transference investments, quite apart from the analyst's contribution as a person. The investigation by the patient of his internal world can scarcely be separated from the use he makes—for the most part in silence—of the resources of the site. [p. 32]

This use is related to what Rolland (2006) has described as *a compulsion to represent:* an inherent need for symbolizing, transformative psychic activity that is set in motion—"sustained and accompanied"—by the analyst's statement of the fundamental rule (p. 32). It is a use that comes from the analysand's inherent, internal, almost homeostatic need[6] that is, in this sense, independent of the analyst and his or her interventions. This need functions, therefore, as further support for the autonomy of the analysand, since the latter, via the formation and expression in action of the transference, appropriates the resources of the analytic site in an act of creation that reflects "*the paradoxical nature of Winnicott's idea of 'found/created'*" (p. 33, italics in original).

Put another way: "Transference actualization underlies the possibility of conceiving the effect of interpretation as being similar to a *wave of sym-*

[6] "The mind cannot function in a vacuum" (Scarfone 2011).

bolization, containing an optimal conjunction of force and meaning" (p. 39, italics in original). Furthermore:

> [It is] the acting out of transference [that] marks speech with the stamp of hysterical acting . . . [thereby] introduc[ing] the hallucinatory charge of unconscious phantasy into speech. It is this factor which gives the analytic situation and interpretation their specific economic and dynamic dimension. [p. 33]

This, of course, brings us back once more to the inherent dangers of the method and underscores the reasons why it is essential that analysts maintain a "respect for otherness" in the patient by recognizing and protecting the "specific value of the *gap between theory and practice* in analysis . . . . This gap is the object of a constant conflict in inter-analytic exchanges between the 'scientific' desire to fill it and the humanistic requirement to confirm its irreducibility" (p. 23, italics in original).

Still another vital safeguard against the vicissitudes and suggestive potential of the transference comes from recognition that the patient must become the active agent of the method—that an act of self-appropriation occurs whenever a patient successfully immerses him- or herself in the free-associative process, thereby creating him- or herself as an analysand. To the extent that *this act of creation follows from the patient's exercise of free association*, the latter is seen not just as a necessary component of the method, but as a liberating and even destabilizing act, which leads to the transcendence of the patient as *object* of investigation in favor of a much freer "subjectivization" of the investigatory process. This perspective qualifies the basic rule as something that transcends mere instruction; rather, it becomes a foundational principle and a liberating act that

> . . . stipulates implicitly that the object of investigation will be produced in or as a result of the session. The patient's activity becomes, then, both the actual vehicle and the specific object of the investigation . . . . The rule introduces a rupture with the principle of objectivizing the procedure. The distinction between an immobilized object of investigation and its investigation by a conscious subject is erased when confronted with the intra- and inter-subjective logic of an investigation which transforms what it encounters and is itself transformed by the encounter. [p. 27]

Thus, the possibility is created that the analysand's subjectivity will be repeatedly reinforced even as it is decentered, as "associative exploration . . . [substitutes] the value of working-through for the discovery of the hidden treasure" (p. 28).

For the neurotic patient, the analyst's presentation of the fundamental rule within the convention of the frame defines a space within which the "subjectivizing gap" between *play* and *game* that arises from within this dialectic may be explored. For these patients, playing inside this space promotes further learning about how to play there (e.g., internalization of a self-analytic perspective and function nourished by a reinforced capacity for free association) and leads to better utilization of the resources of the analytic site. For the borderline patient, however, this gap "often contains a danger of disorganization, which in turn arouses a search for ritualized, even fetishized rules" (p. 14). What is required of the analyst in the latter instances is the sensitivity to detect, respond to, and thereby reinforce the exercise of "the slightest indication of a sharable area of play, an outline of thirdness" (p. 14).[7]

Donnet recognizes that, at its most fertile, analysis carries a powerful and unexpected creative potential. The vehicle for this creativity includes the development of the transference—the force of which is opposed by the reductive, saturating, structuring, structure-building, and yet inevitable work of naming the transference in the act of transference interpretation. Donnet carefully seeks to preserve the sense of mystery (*adventure*) and spontaneous, creative, unexpected, and even transgressive disruption (p. 65) that is so much a part of free association, free-floating attention, transference enactment, and the interpretive process, and is at the heart of the uniqueness and specificity of psychoanalysis.

Thus, the author reminds us that, while *technique* and *clinical thinking* tend toward the known and the reproduction of the learned and the

[7] It should be noted that the concept of *tertiarity* or *thirdness* has a powerful presence in French analytic discourse that is much stronger than in the English literature. For this reason, it is regrettable that, while Donnet makes reference to thirdness—its production and the paradoxes, dialectical tensions, and ambiguities that promote and sustain it—he never addresses it directly in his careful, definitional, exegetic style. This may leave open to readers the question of whether the third has a specific set of meanings or connotations for Donnet. Is this term, with its North American and Anglophone resonances of the work of Ogden (1994), co-construction, intersubjectivity, etc., heard or used with somewhat different nuances in the French analytic context?

expectable, the free-associative play of "the method" "serves as guardian of the gap between theory and practice" (p. 54), on which thirdness and the preservation of spontaneity depend. At the same time that we rely upon what we know, at times—perhaps in one part of us at all times—we must suspend knowledge in favor of the quest for truth. "The paradox of our method is thus to have to foresee, and even to prescribe, the *fading* of the control to which it aspires, like any other method" (p. 46, italics in original).

These are lessons hard learned and well remembered. Donnet has explicated them for us in all their complexity with subtlety, wisdom, and grace. For this we are grateful.

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BOOK REVIEWS

BOOK REVIEW EDITOR'S NOTE

We are sorry to inform our readers of the death of the author of one of the books discussed in the following review, Dr. Leo Rangell, on May 28, 2011, at the age of ninety-seven. Dr. Rangell had the opportunity to read this review and was pleased to know of its publication. His important contributions to psychoanalysis over the years are too numerous to list here; his passing is a significant loss to the field and a personal one to his many colleagues and friends as well.

MUSICOPHILIA: TALES OF MUSIC AND THE BRAIN. By Oliver Sacks. New York/Toronto: Alfred A. Knopf, 2007. 381 pp.

MUSIC IN THE HEAD: LIVING AT THE BRAIN–MIND BORDER. By Leo Rangell. London: Karnac, 2009. 93 pp.

There is increasing interest among psychoanalysts in the contributions from neuroscience to our understanding of the complex, fascinating, ever-surprising, bio-psycho-social creatures that we are. The writings of Baron-Cohen, Cozolino, Damasio, Edelman, Gazzaniga, Hofer, Kandel, LeDoux, Llinas, Luria, Pally, Panksepp, Ramachandran, Schacter, Schore, Siegel, Solms, Turnbull, and others intrude increasingly into the reading lists at psychoanalytic institutes. For the most part, they are as complex, demanding, and often recondite as they are informative and exciting.

Oliver Sacks, in contrast, is not only a gifted neurological clinician and thinker, but also a master storyteller who is able to make the abstruse world of neuronal synapses and neural networks come alive as he relates memorable examples of conditions that dramatically highlight the dazzling complexity and the parsimonious simplicity of our nervous

system.[1] His previous books, such as *Awakenings, The Man Who Mistook His Wife for a Hat,* and *An Anthropologist on Mars*, are well known. In *Musicophilia* (2007), his latest book, he picks up where he left off in those works. In it, Sacks's compassion for his suffering patients, intense curiosity about the intricacies of the nervous system, and long-standing love of music coalesce to inspire his writing. He introduces his readers to a series of individuals whose neurological conditions inevitably move us to feel empathy for the subjects of the tales he relates and gratitude for the lessons he is providing about fascinating dimensions of the way in which the human mind/brain works.

Sacks begins by describing several patients who have developed the sudden onset of an overwhelming passion for music, in some instances associated with hearing music playing in their heads, after being struck by lightning, starting on lamotragine for temporal lobe epilepsy, or undergoing surgery to remove a large, right-temporal oligodendroglioma. In one instance (the one involving lightning), the man devotes himself to learning how to play the piano and begins composing music. These patients apparently "developed an intensified functional connection between perceptual systems in the temporal lobes and parts of the limbic system" (p. 11) that triggered the emergence of an unusually intense love for and preoccupation with music. Sacks describes other patients with seizures that are provoked by music and, in some instances, involve hearing music as a part of the seizure.

After briefly addressing the ability of not only some professional composers and musicians (such as Mozart and Toscanini) but also of

[1] V. S. Ramachandran, with the assistance of Susan Blakeslee, has a similar knack. See his intriguing book, *Phantoms in the Brain: Probing the Mysteries of the Human Mind* (1999, New York: Harper Perennial), which contains clinical stories that are as memorably entrancing as they are scientifically informative. He addresses such phenomena as: phantom limb experiences; Capgras syndrome; Charles Bonnet hallucinations in people going blind from disease in their cerebral visual systems; "blindsightedness" in those who have lost their "new"–"what"– visual system because of bilateral occipital lobe and occipitotemporal pathway damage, but who have enough of their "new"–"how"– occipitoparietal pathway and of their "old"–"orienting"– system to bring some optic nerve fibers to the superior colliculus and then into the brain stem (rather than to the lateral geniculate nucleus of the thalamus and then to the cerebral cortex in the dominant, "new" system); total unawareness of ("neglect of, indifference to") the left side of the body after severe damage to the right temporal lobe; anosognosic denial of the paralyzed body parts on the left side in patients with right parietal lobe lesions; and so on.

certain more "ordinary" people (including Sacks's father) to listen to whole concertos and symphonies that they hold in their head, the author focuses on "brainworms" that intrude into consciousness (like musical hiccups that cannot be shed), and, at length, on the musical hallucinations experienced by some people who have undergone progressive nerve deafness. The latter are not the musical imagery of which "brainworms" consist, but are heard as though the music were actually being performed. These hallucinations can range from a few notes to whole passages, can be vocal or instrumental, and can consist of musical passages of many different types, from nursery songs to popular music to classical pieces. Often, they occur in people who have been very fond of music or have even been musicians. They always consist of music that the person has heard, at times many years earlier. They appear involuntarily and can sometimes be maddening. Although in some instances they occur after a stroke or some other type of injury to the right side of the brain,[2] much more often, they are associated with a greater or lesser degree of nerve deafness. "The auditory part of the brain," Sacks explains, "deprived of its usual input, . . . start[s] to generate a spontaneous activity of its own . . . [in] . . . the form of musical hallucinations, mostly musical memories from . . . earlier life" (p. 52).[3]

Brain imaging demonstrates that musical hallucinations are accompanied by activity in the very same brain structures (the temporal and frontal lobes, basal ganglia, and cerebellum) that are activated in the perception of actual music. Sacks cites a cogent idea espoused by Polish neurophysiologist Jerzy Konorski.[4] Activity in "retro" connections back from the brain to the sense organs that provide afferent information

[2] In *The Man Who Mistook His Wife for a Hat* (1985, New York: Summit Books), Sacks described an elderly woman who, after a relatively mild, right-sided stroke, began hearing songs in Gaelic that her mother, who had died when she was a very little girl, had sung to her some eighty years earlier. At first, the hallucinations greatly disturbed her, but then she became fond enough of them that she missed them after her recovery from the effects of the stroke led to their disappearance.

[3] This is another form of the visual Charles Bonnet Syndrome that Ramachandran describes at length in *Phantoms in the Brain*. Musical hallucinations are auditory rather than visual, however, occurring in people going deaf rather than going blind.

[4] Konorski, J. (1967). *Integrative Activity of the Brain: An Interdisciplinary Approach*. Chicago, IL: Univ. of Chicago Press.

to the brain is ordinarily suppressed by the much more powerful afferentation activity. A critical deficiency of input from the sense organs, however, can facilitate a back flow that produces "release" hallucinations. (Is it possible, the thought occurs to me, that the extreme emotional withdrawal from the external, interpersonal world in schizophrenic and at times in manic individuals may play a homologous role in producing the hallucinations that these persons experience?)

Sacks briefly describes the musical hallucinations that the eminent psychoanalyst Leo Rangell has been experiencing ever since he awoke in the ICU after undergoing coronary bypass surgery for the second time, at the age of eighty-two, some fourteen years ago. I was present when Rangell described, in his characteristically spirited and lively manner, his experience with musical hallucinations at a study group on psychoanalysis and music that took place at the Mid-Winter Meetings of the American Psychoanalytic Association in January 2008. I was delighted when I learned shortly thereafter that Rangell had written a brief book about the topic: *Music in the Head: Living at the Brain–Mind Border* (2009).

Within a day or two of waking up after his surgery, Rangell heard what he thought was a rabbi chanting outside the window of his hospital room. He thought that it might have been coming from the nearby Hillel Foundation building. When his daughter pointed out to him that the first name of the surgeon who had operated on him was *Hillel,* this set in motion a series of realizations that led him to understand that the sounds were coming from his own head. Eventually, these came to be ascribed to neurologically based *release hallucinations* that had secondarily acquired psychological meaning.

Rangell, who started out as a neurologist and then became first a psychiatrist and later a psychoanalyst, came to recognize that these release hallucinations have contained both neurological *and* psychological elements, starting as something physical (derived in part from the blood supply to his brain becoming compromised during his surgery, and in part from the progressive, familial nerve deafness that had begun when he was in his early fifties) and then becoming imbued with and utilized for emotional purposes.

The rabbinical chanting eventually changed to other songs, including movement-oriented ones like "Chattanooga Choo Choo" and

"The Atchison, Topeka, and the Santa Fe," when he was feeling well enough to want to get out of the hospital, and then "When Johnny Comes Marching Home Again" when he was told that he would indeed be going home in a day or two (pp. 16-17). The musical hallucinations, which Rangell has continued to experience ever since then, are clearly emotionally shaped. The music, at times vocal and at times instrumental, has tended to be upbeat during good moods and more somber during more down periods. After he lost his wife, who died two years after the heart surgery, the songs he heard began to relate largely to memories of her and of signal events they had shared together.

The kind of confluence of physical and emotional factors in generating the psychological phenomena that Rangell observed in himself is something we encounter regularly in our clinical work. A number of patients who have come to me for assistance because of panic attacks, for example, have been surprised at my asking them if they have ever been diagnosed with mitral valve prolapse. They wonder how I could possibly have known that. It has become evident as we have worked together that, at first, anxiety was created by their awareness of frightening cardiac sensations that generated a feeling of panic, after which, over time, emotional elements joined in and eventually became the most prominent feature of the attacks. It has become clear with each of these patients that their panic attacks acquired meanings that have included crying out for help, tantrum-like expression of rage over not having what they very much want, attention seeking to counter intolerable aloneness on top of the ultimate aloneness of "dying" that they initially feared (and often continue to fear), and so on.

Rangell, a keen observer, shares a significant observation about the development and form of his musical hallucinations:

> What I hear are not only formed songs or recognizable tunes, but also a whole array of sounds or noise. It occurs to me that song is in fact the outcome, not the original intruder, the ultimate after a series of predecessors. I hear a phase of a series, noise, rhythms, beginning sounds of attempted music, then tunes, melodies and, when I succeed in finishing the series with words attached, there is the song . . . . Wrapping the sounds up with words is the final packaging of a song. Begun in the unconscious, polished and tied up preconsciously, noise is converted

> to song. The whole process makes the unwanted acceptable, the unbearable bearable, the unpleasant ultimately enjoyable. [pp. 43-44]

In this regard, Rangell feels, songs in many ways are not unlike dreams, daydreams, and psychological symptoms, except that they are shared with many others rather than being private and personal. This can be said, of course, about creative works in general.

In the last third of his book, Rangell reflects upon the ever-puzzling and intricate connection between mind and body—that is, between psychological experience and its neurological substrate—that interests all of us in the psychoanalytic field. As he muses over his inability to turn off the hallucinatory intrusions into his consciousness (all sorts of tricks are necessary for him to get to sleep at night, and they are not always successful), he reflects upon the extent to which we do and do not have "free will" and upon the creative process in general. The reader is moved to feel compassion for him in his efforts to come to terms with the unwelcome "foreign body intruder" that "remains an uninvited guest, however much it is mitigated and lived with for long periods of time," which he has "had to accept as now part of" him, and which periodically he wishes desperately would leave his abode so that it might stop tormenting him (p. 78).

Oliver Sacks, in *Musicophilia,* turns to a number of other interesting neurological phenomena involving music. He describes *amusia,* the inability to hear music. There are individuals who all through their lives are unable to hear and appreciate music, while there are others who undergo brain injury that transforms them from composers and musicians into people who hear only a cacophonous, very unmusical sequence of discontinuous sounds when they listen to the music they previously enjoyed. He makes some intriguing observations about perfect pitch, which is found in only fourteen percent of English-speaking school-age children, but in sixty percent of Chinese children. It appears that most babies and infants possess it, but it tends to persist much longer in cultures where the language is a tonal one, while it tends to be lost when the language they have to learn is non-tonal.

Sacks takes a peek at such phenomena as *musical synesthesia,* in which notes are perceived as having a particular color; at the data suggesting

there is an evolutionary correlation between language and music; and so on. He makes the interesting observation, citing Baron-Cohen and Harrison,[5] that it is likely that for the first three months or so after birth, every child experiences things synesthetically, after which cortical maturation, in all but a few exceptional individuals, makes possible more accurate crosshatching of sensory input (p. 181). Intrusive synesthesia that is extremely intense and unpleasant can occur at times after the onset of blindness, making life extremely difficult.

Sacks introduces us to a severely amnesic musician and musicologist who all but totally lost his capacity for episodic or explicit memory after suffering severe, bilateral damage to his hippocampi and temporal lobes as a result of herpes encephalitis. He has been living almost entirely in the present, although with preservation of the ability to know his wife and with enough awareness of the world at a certain time in the past to be aware of particular things that prevailed back then; it is as though he is still living during that earlier time of his life. Although he needs to be led to the piano, provided with sheets of music, etc., he can then play and even conduct music, since his procedural or implicit memory—mediated by such "robust" subcortical structures as the basal ganglia, cerebellum, and their connections with one another and with the cerebral cortex—is still intact, and since music is heard and played in the present.

Sacks makes the observation that:

> Episodic memory depends on the perception of particular and often unique events, and one's memory of such events, like one's original perception of them, are not only highly individual (colored by one's interests, concerns, and values), but prone to be revised or recategorized every time they are recalled. This is in fundamental contrast to procedural memory, where it is all-important that the remembering be literal, exact, and reproducible. Repetition and rehearsal, timing and sequence, are of the essence here . . . . Much of the early motor development of the child depends on learning and refining such procedures, through play, imitation, trial and error, and incessant rehearsal. All of these start to develop long before the child can call on any explicit or episodic memories. [pp. 207-208]

[5] Baron-Cohen, S. & Harrison, J. (1997). *Synesthesia: Classic and Contemporary Readings,* Oxford, UK: Blackwell.

Some degree of explicit memory, as Sacks notes, is always required for music to be appreciated or performed, so it is evident that even extensive damage to the hippocampal regions does not necessarily totally obliterate it. As he indicates, we still have a great deal to learn about how the marvelous and exceedingly complex organ that is our brain actually operates.

It is extremely meaningful that this almost totally amnesic musician, whose life has been rendered quite restricted and narrowly defined by his lack of episodic memory, which repeatedly has depressed and discouraged him, will become enormously enlivened, energized, and cheered not only when his wife appears,[6] but also when he plays music. In several brief chapters, Sacks reports on the salutary effects of music for patients with advanced Parkinson's disease, aphasia, Tourette's syndrome, severe brain injury, and dementia. He cites the capacity of rhythm, meter, melody, and song to organize and embed sequences and patterns in such a way that they can facilitate motor functioning, memory, and learning. (I am reminded of the former music teacher who provided the title for *The Man Who Mistook His Wife for a Hat* who, because of prosopagnosia caused by a right-sided brain tumor, could get dressed only if he sang a little song to himself about the items he was putting on.) Sacks is an enthusiastic proponent of the value of music therapy for patients with various neurological conditions.

The last chapters of *Musicophilia* contain tidbits of clinical information about a variety of topics. These include musical dreams; loss of the ability to appreciate music at times after brain injury; inability of people in the autistic spectrum to emotionally enjoy music; the effect of depression on the ability to receive pleasure from music, and vice versa; the emergence of socially inappropriate or elated musical expression, or, at other times, the release of musical (or visually artistic) powers that

[6] As Sacks indicates: "It seems certain . . . that in the first two years of life, even though one retains no explicit memories (Freud called this infantile amnesia), deep emotional memories or associations are nevertheless being made in the limbic system and other regions of the brain where emotions are represented—and these emotional memories may determine one's behavior for a lifetime. And a recent paper by Oliver Turnbull et al. has shown that patients with amnesia can form emotional transferences to an analyst, even though they retain no explicit memory of the analyst or their previous meetings" (p. 203). What does this imply about the emotional unconscious and about the phenomenon of transference in general?

previously had been hidden or latent in people with the frontotemporal damage of dementia; and the puzzling combination of intellectual deficiency and hypermusicality in the congenital disorder known as Williams syndrome.

I highly recommend these two books to everyone who finds human complexity fascinating and awe-inspiring. They are beautifully written and richly informative. All who read them will be amply rewarded for having done so.

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TRAGIC KNOTS IN PSYCHOANALYSIS: NEW PAPERS ON PSYCHOANALYSIS. By Roy Schafer. London: Karnac, 2009. 181 pp.

The final essay in this volume of Roy Schafer's newer papers, "The Author's Odyssey: You Can Get There from Here," serves not only as a useful orientation to the author's work of the past decades, but also to the central themes of the book itself; it would have made a wonderful introductory chapter. In this essay, Schafer reviews the development of his thought, defining two "red threads" that run through it: his primary interest in the nature of interpretation, and his conflict between a wish to accept and enhance received wisdom in the field, and his "powerful inclination to challenge that heritage" (p. 156) when it seems to him to fall short, becoming reified or too abstract.

Schafer's strong interest in interpretation led him away from the exclusive concern with ego functions, structures, and energies that characterized classical psychoanalysis in the mid-twentieth century, which he saw as a belabored "deterrent to finding meaning" (p. 159). His early writings attempted to situate affects, empathy, and the superego in a wider context: blending an ego psychological approach to empathy with Erikson's formulations of psychosocial development; emphasizing that the superego had benign, loving features in addition to aggressive ones; and locating an understanding of affects in the context of "individualized, fantasy-laden versions of basic conflicts" (p. 157). Schafer became increasingly drawn toward such questions as: How is psychoanalytic understanding developed? To what extent is it guided or controlled by our theories? To what extent have our hypotheses been presented as em-

pirical knowledge? And what can one make of the profoundly different approaches to interpretation within our discipline?

In reflecting on these questions and on his own analytic work, Schafer came to view interpretations as primarily acting in hermeneutic fashion, part of a process intended to find meaning and to provide narratives for the analysand that were "less fantasy-ridden or emotionally inflamed, less provocative of anxiety, shame, guilt, rage" (p. 163) than his or her original view of the self and of the world. In accord with this, he began to emphasize using experience-near, action language with his analysands, focusing on their "purposive internal and external behavior" (p. 161).

Schafer's curiosity about finding new ways to understand meaning led him to study the contemporary British Kleinians, whose concern with moment-to-moment developments in the atmosphere of the analytic relationship, when used to understand unconscious fantasies about real experience, fit in well with his own work and thinking. In understanding complicated transference-countertransferences, he found their concept of projective identification to be especially helpful.

This author's focus on experience-near listening, on narrative interpretation—especially of the transference-countertransference—and on unconscious fantasy about real-life dilemmas informs each chapter of this impressive book. The first essay, "The Reality Principle, Tragic Knots, and the Analytic Process," demonstrates the author's wish to honor the work of those before him, but also adds his own stamp to conflict theory. The essay poses the idea of *tragic knots,* a concept taken from the theory of drama, and used here to convey the overarching idea that the assertion of what one values ("what is desired, aimed at, hoped for, or held as an ideal," p. 5) can often entail unforeseen and painful consequences.

Intertwined with this idea is Freud's final conception of the reality principle, which implies for Schafer "an inclusive analytic attitude toward the unavoidable and seemingly insoluble dilemmas of life" (p. 5). The tragic knot, then, provides conflict theory with a "context within which are spawned specific conflicts . . . . It is not a knot that can be untied by analysis, though its destructive grip may be loosened" (p. 16).

Schafer contends that this overarching concept does not challenge the centrality of conflict theory. He places it in the context of Freud's

later, deepened sense of the reality principle, so that "the ego's ideal relation to reality is one in which it recognizes and accepts the emotional costs of attachment to that which will be lost and the affirmation of values held dear whatever the risk" (p. 16). Schafer's clinical musings on the tragic knots that can accompany the desire for revenge of abuse or loss and the desire for intimacy are especially well articulated.

Schafer continues his focus on the background to interpretation in the second paper, "Talking to the Unconscious: Attunement to Unconscious Thought." Here he selects five modes of unconscious thought—*concreteness, fluid boundaries, timelessness, connectedness* (even in apparent disconnection), and *contradiction*—that present different challenges to psychoanalytic listening. Schafer is particularly concerned in this essay about "the growing practice of interpreting physical references and references to self-experience simply as metaphors for interpersonal interaction" (p. 22). Such a focus, he contends, drastically limits the understanding of unconscious communication about actual perceived experiences embedded in unconscious fantasy, of "feeding and being fed, swallowing, expelling, biting, soiling, piercing, mutilating, embracing, kissing, being beaten, peeping, and so on" (p. 22).

In discussing the fluid boundaries of the unconscious, the author reminds us of our use of "unconscious splitting and projection to make of our quarrels with ourselves quarrels with others" (p. 23). We also use "internalization to transform our quarrels with others into quarrels with ourselves" (p. 23). Thus, sharp boundaries between self and other, reality and fantasy, should never be taken for granted, since in the unconscious, such boundaries are "incomplete, permeable, blurred, dissolved, stretched, and mutually formative" (p. 24). Given this feature of unconscious functioning, Schafer reminds us of the difficulties of describing any phenomenon as purely intersubjective or relational.

In his examination of timelessness, Schafer emphasizes the difficulty of echoing this quality in our interpretations, of maintaining a timeless and nonlinear way of thinking in our own minds, while at the same time phrasing our interventions in such a way as not to frighten the patient or stimulate his/her defensive intellectualization. In the section on unconscious connectedness to others, Schafer emphasizes that even in apparent rejection, disjuncture, or avoidance, the patient is engaged

in active, connected communication with the analyst. Further, Schafer offers an essential technical statement: "There is . . . no point in trying to devise or adopt an analytic approach that is utterly free of countertransference" (p. 31). If one keeps within an analytic framework, the patient will be supported in his difficult work, no matter "the personal tone of my interventions" (p. 32). This essay is an excellent one, reading as a master clinician's *cri de coeur* never to lose sight of the complexity of the unconscious mind—always a source of surprise, puzzlement, and fear.

The third essay, "Conflict: Conceptualization, Practice, Problems," highlights some of the difficulties of analysis conceptualized as primarily an interpretation of defense, impulse, and compromise. Schafer poses the problems with this method: the fact that it cannot fully capture the "narrative and rhetorical richness of specific analytic dialogues" (p. 39), and that the practice of analyzing defense first does not take into account the need for the analyst "to stay in emotional touch with the analysand" (p. 40). This is especially true for those patients who are rather oblivious to impulse and defense, and for whom the analyst must contain the projected contents of the conflict until they can eventually be tolerated and discussed. Such a view of the analytic process, contends Schafer, also does not satisfactorily address the tendency for some patients to disown the experience of internalized objects or introjects, used "to express desires that they regard as dangerous or despicable" (p. 41).

Schafer offers two well-drawn clinical examples to illustrate his assertion that "intrapsychic conflict is a narrative choice, not a discovery of autonomous agencies colliding with each other" (p. 49). In the first, he describes a student, Rhoda, who appears to be "seeking to simultaneously gratify seemingly irreconcilable desires" (p. 43): those of remaining slim and attractive while stuffing herself with sweets as she studies. He finds within her analysis numerous ways in which Rhoda disfigures herself to feel unconsciously safe from what she imagines is her mother's envy (envy that Schafer suggests is likely magnified by Rhoda's own projected envy of the mother's good looks). Rhoda uses her unattractiveness to rebuke and shame her mother, and excels at school as a way, among other things, of surreptitiously competing for father's attention. Schafer addresses these dynamics by emphasizing "how her situation seemed to me, based on what she was telling me" (p. 43), most often about the ways in which she tried to structure and limit the analytic relationship.

In the second example, Schafer describes his work with Terry, a sculptor who felt that "his artistic endeavors were sinfully rebellious and self-aggrandizing" (p. 44). In the analysis, Terry often experienced Schafer as a persecutory father figure, while their working in harmony together "meant submission to me, and that stimulated frightening fantasies of castration and homosexuality" (p. 46). Schafer focused in this analysis on Terry's identifications, which "favored unconscious self-idealizations, denials, grandiose fantasies of achievement, and persecutory projective identifications. I viewed all these tendencies as standing in the way of reliable testing of internal as well as external reality" (p. 46). While working with narratives developed by patient and analyst together in their work, Schafer does address their underlying conflicted wishes and identifications, and in this sense still finds psychoanalysis to be based on a psychology of conflict.

The five chapters that follow in Part II relate to "The Internal World of Conflict and Phantasy." The first addresses technical challenges regarding the balance of "coercion and concerned care" (p. 53) in the psychoanalytic situation, and the second, the countertransference of persistent frustration. These technical essays will be extremely helpful to any psychoanalyst, highlighting as they do patients' myriad unconscious fantasies regarding their analyst by virtue of the analyst's very interpretive focus, which causes him or her to inevitably be perceived as "simultaneously caring and coercive and therefore simultaneously welcome and unwelcome" (p. 69).

The problems in balancing between a caring and responsible approach that assumes analytic authority with the attempt to be uncontrolling, uncritical, and reasonably neutral, as well as the inevitable countertransferences stimulated by these aspects of the transference, are discussed in depth. Schafer cautions against the perils of a too-collaborative approach, which may support defenses against analyzing the patient's unconscious wishes to submit. The analysand's "fight against coercion" in which he or she tries "to be shut up tight," or feels "'poisoned' or 'doped,' mindlessly sliding down a slippery slope toward 'abject surrender' to seduction, castration, engulfment, and other victimization" (p. 63), is incisively described, along with the analyst's corresponding countertransference responses.

The countertransference of frustration is further elaborated as inevitable at times in analytic work, but also as invariably becoming "a fresh source of negative therapeutic responses," and as "playing into and perpetuating enactments crafted by the patient" (p. 71). Schafer advises the analyst in this situation to consider specifically, "What have I been wanting unconsciously that has not been forthcoming?" (p. 73). He assumes that the frustration relates to the analyst's sense of deprivation or of failure (p. 75), intensified by the patient's projective identifications. These may express the analysand's own feelings of frustration, as a continuing effect of traumatic deprivation or overstimulation. Schafer also emphasizes helpfully that "not understanding is inherent in the analytic process" (p. 79), that analysis is a two-person process of getting to understand, and that an analyst's unconscious wishes for omniscience or for reparation may also result in a sense of frustration that can detract from the analytic work and that needs to be examined.

The next essay, "Taking/Including Pleasure in the Experienced Self," is a musing on fantasies about the self, with common images of occupying greater amounts of space ("swelled head," "puffed up") or smaller ones ("shrinking back," "laying low"), or altered sensory thresholds or postures ("keyed up" or "standing out"). Schafer distinguishes between fantasies of self as agent or as containing boundary, and describes those who inhibit a pleasurable experience of themselves as having a "self-protective self-derogation or self-castration" (p. 93), fending off others who might judge or envy them for occupying too much space, sexually or otherwise. Often, such patients are locked in a fantasy of being "up against a cast of destructive characters" (p. 93), the author thinks, or of being "bad," projectively magnified, internalized objects: indifferent, humiliating, demanding, demeaning, or judging.

"Gratitude and Benevolence" continues the exploration of unconscious fantasy—in this case, about the ambivalence surrounding giving and receiving. Schafer offers a brief vignette of a patient who terminates his analysis with a final feeling of humiliation and disappointment, thus warding off the "experience and the expression of both feelings of loss and gratitude" (p. 105). The author concluded that this analysand could not leave in any other way because he "would have felt too exposed to the world toward which he still felt some mistrust, fear, and hatred" (p.

106), though Schafer felt that enough of the changes effected during analysis would hold steady.

Rather than seeing this final enactment as a negative therapeutic reaction, then, Schafer preferred to call it "painful progress." Importantly, he questions the former term as bearing negative countertransference, and prefers to question, instead:

> Why is the patient so ambivalent about making progress (however progress has come to be defined in that treatment process)? What does the patient dread? Which are the fantasies about the pain to be suffered? Are there unrecognized objections, perhaps even retaliations, remaining to be dealt with or perhaps newly stimulated? [p. 112]

Finally, he speculates that, in such situations, more work needs to be done on reducing "opposition to establishing a good internal object for fear of then being exposed to the pain of mourning its loss" (p. 113).

"Cordelia, Lear, and Forgiveness" introduces the trenchant question of whether "total forgiveness of self and others can ever be achieved" (p. 115). This question is woven into a reading of Shakespeare's *The Tragedy of King Lear* that considers a complex Cordelia, whose minimal response to her father's request for a profession of supreme love reflects a fidelity to herself that has, however, disastrous consequences for both Lear and for herself. In addition to her need to be true to her own separateness and dignity, Cordelia is also being provocative, Schafer insightfully notes, with her response carrying retaliatory, even humiliating elements toward her father. These may be part of a projective identification in which her father is to express all her own negative feelings toward him. It may also serve, Schafer speculates, as an effort to ward off her ambivalence regarding the loss of her girlhood and daughterhood.

Cordelia's later murmuring that there is "no cause, no cause" for forgiveness might reveal, he imagines, at least a preconscious guilt and realization of her failure to live up to her ideal self, even while she also remains hurt, disappointed, and angry on an unconscious level. Schafer summarizes his point beautifully:

> Think how it is with us. We contend with the same limitations on self-knowledge and self-mastery in daily life at those times when

> old wounds, long healed or so we think, seem still to be open and bleeding when we are caught up in events severe enough to impinge on our unsuspected persisting vulnerabilities . . . . Having once been children and in our internal worlds having remained children in part, and so also continuing to carry with us archaic superego injunctions and grandiose ego ideals, we remain unconsciously unforgiving toward others and also toward ourselves for never having achieved unshakable mastery and harmony. [pp. 134-135]

The penultimate essay, " 'On the Metapsychology of the Analyst,' by Robert Fliess," was for me the least satisfactory chapter of the book, as it repeats themes that have already been covered, without the benefit of Schafer's trenchant and thought-provoking clinical examples. The essay essentially details Fliess's step forward as he began to define the part played in the psychoanalytic process by the analyst's unique personality. The analyst makes a trial identification with the patient, a task allowed the work ego by the superego, but—according to the thinking of Fliess's time—the analyst's ego may then become endangered by being stimulated into "a dammed-up internal state with neurotic consequences" (p. 140).

This paper bemoans Fliess's requisite use of metapsychology in a way that was confining and ultimately unsuccessful. The painful historical context is detailed, in which to go beyond the established orthodoxy was to court rejection and censure. Schafer again reminds the reader of the essential aspect of meaning to the psychoanalytic endeavor and the difficulties of keeping this in mind while using the most mechanistic aspects of drive theory. The author also makes the point that, when our theory employs "ideal" or polarized conceptions, it is easy to forget that it is based on tentative hypotheses, not on empirical conclusions.

Tragic Knots in Psychoanalysis is a volume for even the most experienced clinician to treasure. I have read and reread the clinical chapters several times and continue to find them immediately useful and inspiring. I do wish that the book, particularly the initial chapters, had been better edited, since missing or mislabeled references, missing words, and faulty grammar interfered with the deep pleasure that it otherwise offered. But I would highly recommend the work both to experi-

enced psychoanalysts and to those at any level of training. To read this book is to inevitably realize the debt we owe Roy Schafer for following, so deeply and so comprehensively, his two "red threads." His interrogations about interpretation and his challenges to that which is most unimaginative in our field have left our practice and our thinking infinitely richer and much more effective.

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PSYCHOANALYSIS COMPARABLE AND INCOMPARABLE: THE EVOLUTION OF A METHOD TO DESCRIBE AND COMPARE PSYCHOANALYTIC APPROACHES. By David Tuckett, Roberto Basile, Dana Birksted-Breen, Tomas Böhm, Paul Denis, Antonino Ferro, Helmut Hinz, Arne Jemstadt, Paola Mariotti, and Johan Schubert. London: Routledge, 2008. 281 pp.

This long-awaited study by the European Psychoanalytic Federation's (EPF) Working Party on Comparative Clinical Methods addresses some of the fundamental problems posed by the growing theoretical pluralism of our field. David Tuckett, the principal architect of this study, aimed the group's efforts at fostering a peer-consultation environment in which theoretically diverse psychoanalysts could learn from one another in small-group, case-centered discussions. Working in an empirical, from-the-ground-up manner in which clinical material was investigated in rather minute detail, about 500 clinicians participated over a 10-year period, coming together yearly at various European cities for an intense weekend of meetings and clinical discussion in about ten working groups. The focus of this study was analyst-centered insofar as much thought was given to how to describe clinically the various types of interventions made by the practicing analyst—in contrast to cataloguing such interventions according to any particular theoretical school.

Psychoanalysts from the United Kingdom, France, Italy, Sweden, and Germany contributed separate chapters to this study, each with one general aim: to reflect the efforts made to shift the focus of discussion from a somewhat traditional model of supervision to one that attended to, in minute detail, how the analyst actually intervened in the analytic encounter, and for what reasons. How could the innumerable details

of the analyst's practice be taken up without the usual "war-of-schools" atmosphere drowning out reasonable debate? In targeting this and many other questions—about defining the nature of a transference interpretation, for example, or the relevance of constructing the patient's early history, infantile wishes, or sexual fantasies—the EPF study reflected how the participants found themselves in initial and almost constant debate about how to both address and answer these fundamental questions.

But there was strange solace in one oft-repeated small-group experience (irrespective of clinical affiliation) in the initial phases of the study, a phenomenon that Tuckett dubbed *overvision*. This all-too-familiar experience occurs when a clinical presenter is "supervised" by a discussant, who points out some hidden unconscious dynamic of the patient missed by the presenter—and then pursues a line of "correcting" the errant presenter in accordance with the discussant's preferred theoretical model. We have all witnessed overvision in a number of different settings; from local institute meetings to international congresses, we have seen how it fosters a divisive, competitive, and ultimately nonlearning environmental culture in which real clinical differences are regarded with suspicion and fear.

So what is to be done about a problem so recurrent that even seasoned training analysts cannot avoid its nonproductive pull? Perhaps it recurs, as Hinz suggests in this book, because the nature of psychoanalytic clinical material is itself "inherently polyvalent" (p. 245), so that it can be responded to in different ways by diverse practitioners. Böhm's view is that discussants and presenters have different and often incompatible roles: the presenter accompanies the patient on a continuing journey, while the discussant has to offer active, here-and-now understanding (p. 60). Informed by such views, the EPF project set out to describe and discover some of these different ways of working and treating such variably interpretable phenomena by regarding theoretical pluralism not as a liability but as an asset.

In order to do so, however, the EPF Working Party had to come up with a structural method to circumvent overvision, which it did after a few years of experimentation with an initial working model humorously described as the "Grid." The Grid was the group's method of classifying the range of the analyst's actual interventions—not as an end in and of

itself but, first and foremost, as a means to focus the group's attention in engaging in a rich, thickly descriptive account of the presenting analyst's case material. The Grid emphasized the analyst's actual intervention itself, before any thought was given to its underpinning theory. Some attendees initially regarded the Grid as either inhumane or a banalization of psychoanalysis, too academic or pedantic to capture the subjective richness of the psychoanalytic encounter.

Furthermore, the social science method used here struck some analysts as strange, foreign—even antithetical to the very nature of psychoanalytic listening. Yet the Tuckett group maintained that it was precisely a new type of listening culture that they were attempting to foster by urging participants to focus on the analyst's specific interventions. In Tuckett's words, the idea of categorization provided the entry point into discussion of a "deeper understanding of analysts' ways of thinking and working and [could] enable comparisons between these different ways" (p. 72).

Additional safeguards were found to be necessary since these small work groups also required a designated moderator, whose task was to keep the discussion group on track, with the ultimate aim of helping to make explicit the presenting colleague's implicit working model. Inspired by the work of Joseph Sandler (on private implicit theories of clinical work) and Robert Wallerstein's papers on the search for common ground in an increasingly pluralistic universe of psychoanalytic theories, the moderator's function was initially the object of great concern, even suspicion and personalized attack. The moderator's role was in one sense like that of a compassionate analyst: to observe and impart what he perceived within the group, all in the context of fostering a conversation that explicated the internal mind-set and assumptions of the presenter, rather than explaining to him how he should have understood his patient from some other, "superior" perspective.

As the EPF Working Party forged ahead in the wake of yearly conference experiences, Tuckett formulated and refined what was eventually termed a "two-step method" for discussing, describing, and comparing how analysts work (p. 21). One ultimate aim of this approach might be expressed as a reframing of Freud's famous aphorism, "where id was, ego shall be." One could imagine an EPF epigram to be: "Where supervisory

overvision was, there a consulting ego-observing attitude toward the presenter's implicit model shall be." After all, as psychoanalysts, we value and emphasize the autonomy and freedom of our patients being allowed to become who they are in analysis; why not extend this same respectful attitude toward the work of our colleagues?

There was consistent recognition that in small-group discussions of clinical material, it was actually quite difficult to put oneself in the mind of the presenter in order to imagine what he was trying to do in analyzing his particular patient. Thus, safeguards such as the two-step method, whose implementation was monitored by a moderator, were likened to asking group members to behave somewhat like social anthropologists, who have to keep a "strange explanatory model" as the focus of their interest, while at the same time maintaining a sense of curiosity about it.

Would group participants "stay in role," or were they tempted to move out of this and become "supervisors"? This, as it turned out, was the biggest obstacle of all to overcome. The repeated experience was that if group discussions were not monitored, the proceedings could become judgmental, insensitive, and ultimately nonproductive.

In utilizing the various steps implemented, the moderators became increasingly adept at holding the frame and maintaining and preserving the relationship between presenter and participants. There was a "Step –1" and "Step 0" or warm-up phase, where introductions were made and a group of (mainly) strangers got acquainted with one another before a designated analyst presented two or three sessions of a continuing analysis. In the Step 1 phase, the moderator's task was to get the participants interested in playing with differences as reflected in an agreed-upon number out of the six categories for rating any particular analyst's intervention. (Stabilized in 2003, these categories are defined on a graph that appears on pp. 136-137 of the book.) The aim here was to explore the different ways that analysts had of examining how they worked. Which elements caught the analyst's attention as he listened to his patient's material?

The dimensions of the analyst's way of working, outlined in the book in nontheoretical fashion, are:

- Interventions directed at maintaining a basic setting;

- Elements added to facilitate a psychoanalytic process;
- Questions, clarifications, and reformulations aimed at making matters conscious;
- Designations of here-and-now emotional and fantasy meanings in the situation with the analyst;
- Constructions directed at providing elaborated meaning; and
- Sudden and apparently glaring reactions that were not easy to relate to the analyst's normal method.

The participants discussed each of the presenting analyst's interventions intensively in order to assess and classify the possible functions, targets, or aims of those interventions. The role of the moderator here was crucial insofar as it was his responsibility to keep the group on task. For example, discussions could and did veer off in an overvision direction when the discussants got caught up in conversations about what *really* ailed the patient, versus one of the group's tasks, which was to ascertain *the analyst's view of what ailed the patient* (pp. 179ff).

Now to be clear, the task here was not what quantitatively oriented psychological researchers would strive for in terms of inter-rater reliability, where typological categories are evolved and calibrated amongst a group of raters. No, the aim here was to draw upon the use of these categories as an entry point into a discussion about how each participant understood the type of intervention made by the analyst. And since the group spent up to twelve hours on one clinical case presented in great detail, needless to say, the participants got to know each other's work fairly well!

It was assumed that any given presenter, no matter how seasoned, could not be fully aware of his implicit approach; the ultimate task of the group was to construct a picture of how the presenter actually worked and make the best sense of it. All involved were aware that there would inevitably be differences, especially when presenters did not share the same models. The understanding that arose came from understanding difference.

In Step 2, what was deconstructed in Step 1 now became the raw materials from which the presenting analyst's exploratory model could

be constructed and made explicit. Much of the "coding" in Step 1 came down to the ascribed meaning imputed to the analyst's interventions; yet even if the group differed (as it often did; cf. pp. 142-143) in the way it rated a particular intervention, that, too, became fodder for further discussion regarding the analyst's implicit model of how he approached listening to the patient's unconscious. Step 2 also furthered an exploration of the analyst's model through questions about five different analyst-centered variables of interest (p. 147):

- What is wrong with the patient;
- What priority is given to listening;
- How is the analytic situation viewed;
- How does analysis work; and
- How to further interventions.

Briefly expanding on these particular categories, the emphasis here was on the *analyst's view, not the patient's view,* of what ailed the patient, and on how an analytic process was defined—i.e., what were the obstacles to establishing the process and how could it be facilitated? What transformational theories did the analyst hold? What were the working definitions of transference, countertransference, and the unconscious?

From all this exploration and discussion, some differences in explanatory models emerged—in Tuckett's words, "different points on the map of the universe of analytic practice" (pp. 144-145). I found these exploratory discussions quite refreshing and thought-provoking; for example, pp. 155-156 sparked some new thoughts about a long-standing debate about countertransference. If one subscribes to a traditional perspective, namely that "narrow" countertransference is almost always a reflection of the analyst's pathology, then in the Tuckett group's approach, it would count as a mistake in one's working model; whereas if one subscribes to the wider significance of countertransference as an instrument of research, it could potentially count as a mistake *or* as a correct implementation of one's exploratory model, depending on how such subjective data was drawn upon by the analyst.

Tuckett's group took up the issue of epistemology in Step 2. Following up on Sandler's work on implicit theories, the assumption here

is that most analysts enact their theories of practice rather than thinking about them in any systematic way. Many analysts do not actually think it valuable to spell out the principles of their practice. But the dangers of such a complacent attitude are manifold: if one cannot explicate one's own model, is there a tendency to develop a sort of xenophobic attitude toward models that are alternative to one's own way of thinking, which in turn can become another segue into overvision? If one holds to Sandler's thesis regarding implicit theories of psychoanalysis (as the Tuckett group does)—that is, that all analysts hold in a preconscious way to a variety of partial theories, models, or schemata, and that these various elements can even be contradictory (also in a dynamically unconscious way)—this process can become part of the problem in upholding a sectarian attitude embedded in the war of schools. Recognition of this is another way of appreciating the urgent importance of practicing analysts' engaging in meaningful group discussions in which they can come to understand their own implicitly held models of practice.

Of course, it is no wonder that, if these working groups are successful in deconstructing the presenting analyst's model of practice, a momentary and destabilizing "estrangement" from one's own theoretical mother tongue can result. In this regard, perhaps some of the special appeal of this particular EPF project is to European clinicians who share another commonality: the ability to speak and comprehend at least two different languages. So perhaps this forms another comparative vertex to what such a project might be like in a somewhat less bilingual culture, such as the United States. An intriguing background question is whether bilingualism may contribute to the analyst's tolerance of a different form of polyanalytic dialogue.

In light of the continuing popularity of the EPF's new-style case discussion groups, where the demand for participation has consistently outweighed the availability of spaces, there also appears to be a need for seasoned analysts to define their own implicit models. Basile and Ferro point out that, by understanding another analyst's implicit model, one comes to better understand one's own, rather than being put off by differences (p. 236).

It is also clear that the EPF's Working Party will continue further studies in the future: Tuckett indicates that a Step 3 may evolve, one

that will try to "set out some of the main models of working we have identified and to show how they relate to each other and to traditional psychoanalytic preoccupations, concepts, and theories" (p. 258). The next debate will be: are all these models "really" and specifically "psychoanalytic," and if so, how and why? In a forthcoming volume, there will no doubt be more discussions of actual clinical cases, so that we can see how divergent models are conceptualized in neutral descriptions that facilitate rather than hamper actual cross-conceptual comparisons.

One concluding note in the form of a critique: in future publications, I think that the authors would do well to discuss the limits of their otherwise admirable study. For instance, what do these results tell us about traditional group supervision for both postdoctoral students and psychoanalytic candidates, colleagues so new to the field that one could reasonably assume they have little in the way of implicit models of analytic practice? Is all supervision subject to becoming *overvision*? With such colleagues in training, is traditional supervision—where a senior colleague provides an organizing template for understanding complex transference and countertransference interactions with the candidate's patient—likely to result in *overvision*?

I would urge caution here since beginners are generally so overwhelmed by the learning process that they need and benefit from a supervisor providing such organizing templates. Yet on the other hand, one will best serve those whom he supervises by going through an exercise—such as the one outlined in this study—of explicating a personal understanding of one's own implicit models of practice, thereby helping a younger colleague find his own defining, implicit clinical signature as he evolves his psychoanalytic practice.

JOSEPH AGUAYO (LOS ANGELES)

THANATOS, SHAME, AND OTHER ESSAYS: ON THE PSYCHOLOGY OF DESTRUCTIVENESS. By Pentti Ikonen and Eero Rechardt. London: Karnac, 2010. 227 pp.

At a time when much of contemporary psychoanalysis considers drive theory a relic of old-fashioned, European-style Freudian thinking, and when—and even more so—the Death Drive has been voted out by ma-

jority acclamation, to publish a book whose title starts with *Thanatos* certainly speaks of a courageous commitment to *all* facets of our psychoanalytic discourse.

Accordingly, Karnac and the Harris Meltzer Trust deserve a big thank-you for publishing this book. And so do its authors, Pentti Ikonen and Eero Rechardt—both towering figures in Scandinavian psychoanalysis, and also (though perhaps less so) internationally known. Collaborators and friends for decades, Ikonen and Rechardt share "an interest in Freud as a thinker" (p. xi) and have devoted their lives as analysts to carving out in particular their views on the theory and clinical application of Thanatos, with its two branches: shame and destructiveness.

Freud never used the term *Thanatos* in his writings,[1] but stayed with the notion of *Todestrieb* (death drive, or *death instinct* in Strachey's translation)—even though he did not hesitate to use the term *Eros* for his *life instinct*. This asymmetrical word choice is peculiar. What could it mean that Freud used *Eros*, a term borrowed from classical mythology, for his life drive, while sticking with the bodily anchored, biologically leaning drive notion for his death instinct? In his later years, didn't he call instinct theory our "mythology," and characterize the death instincts in particular as more enigmatic and demonic—thus mythical—than the life drives?[2]

This choice might reveal Freud's oscillation at the juncture between his first conception, defining the drives as the body's demand on the mind, and his second conception, which draws on mythical entities in order to describe the mysterious, powerful, and indefinite character of human strivings.

And what do Ikonen and Rechardt mean to indicate by changing Freud's term *Todestrieb* into the Greek notion *Thanatos*? Explicitly, they want to emphasize the psychological sense of this term over its biological interpretations (p. 18). However, their choice might also convey some-

[1] Jones reported that Freud sometimes used the term *Thanatos* in their conversations. (See Laplanche, J. & Pontalis, J.-B. [1973]. *The Language of Psycho-Analysis,* trans. D. Nicholson-Smith. London: Hogarth, p. 447.)

[2] In his *New Introductory Lectures on Psycho-Analysis* (1933a), Freud suggested: "The theory of the instincts is so to say our mythology. Instincts are mythical entities, magnificent in their indefiniteness. In our work we cannot for a moment disregard them, yet we are never sure that we are seeing them clearly" (*S. E.,* 12, p. 95).

thing about the ever-vexing nature of psychoanalytic terminology that we cannot escape, as hard as we try—and that might in the end prove to be a source of continuous stimulation, to the advantage and growth of our profession.

How can we think about our theoretical foundation if its terms lack reliable precision? In the first part of *Thanatos, Shame, and Other Essays,* the authors outline their position within the ongoing debate about psychoanalysis as an *art* or as a *science.* Rejecting the extreme demands of both "natural science and rigid phenomenology" (p. 4), they opt for a scientific stance not unlike that of the *participant observer* in the social sciences:

> If we can accept that the researcher depends on knowledge provided by another subject, the analysand, and if we can trust this knowledge without demanding its universal repeatability, we arrive at a fundamentally different understanding of the verification of knowledge, and, along with that, new criteria and a new conception of scientific knowledge. [p. 10]

This makes for a strong connection between clinical experience and theoretical formulation. Clearly, when discussing metapsychology, the authors are mostly interested—in agreement with most contemporary analysts, certainly—in explaining what it has to offer the practicing psychoanalyst; and they are amongst the few who emphasize that we need metapsychological guidance in our clinical work.

Simultaneously, however, this focus leaves behind Freud's intriguing and more ambitious endeavor in his "Project for a Scientific Psychology" (1895; *S. E.,* 1), namely to build a *general theory of mental functioning.* Seemingly without taking that into account, Ikonen and Rechardt write:

> Psychoanalytic knowledge does not describe psychic activity as such: its aim is to describe the states of active psychic blocking, how they are created, and what shapes they take, with the purpose of finding conditions for opening the possibility of the suspension of blocking and a new compilation. [p. 5]

We hear the ego psychological foundation of this approach, even though it is not particularly emphasized in the authors' work.

This being clarified, the second part and heart of the book is devoted to the *vicissitudes of Thanatos*. As is well known, Freud went through a difficult labor in giving birth to his revised drive theory of 1920. He ended up by defining the death drive as a tendency or striving toward the reduction of tension to zero (an inorganic state equals death). He concluded that this reduction is reached through inwardly directed—that is, self-directed—primal aggression, or the destruction and dissolution of binding (the work of Eros). Thus, aggression—in 1905 understood by Freud as an auxiliary capacity of the sexual drives, in 1909 acknowledged as a potential or component of both drives, and in 1915 attributed primarily to the self-preservative drives—advanced in 1920 to the rank of a primal drive or representative of the death drive.

Ikonen and Rechardt elaborate on Freud's conception and come to what could be called an agreement with alterations under a very specific premise: *Thanatos is a striving for peace*. To highlight their difference with Freud, we might say that, for Ikonen and Rechardt, Thanatos is not a striving for *satisfaction* (in a bodily sense), nor does it aim for *destruction* or *death* as such; rather, it is all about peace and the removal of anything that gets in its way. The authors state:

> Rather than being a tendency inherent in everything animate towards an inanimate state, Thanatos is, from the viewpoint of psychoanalysis, an obstinate, continual, inexorable striving inherent in man towards experiencing peace and relief in some way or other and in one form or another. [p. 33]

Throughout the chapters of this book, it becomes clear that here *peace* is meant to be understood as an ideational representation of sorts, something created and experienced in the individual's mind; it is a psychological state or unit holding what the individual considers peace (not only consciously but also unconsciously). The authors occasionally muse about an alternative term for Thanatos or the death instinct, without deciding on one; we might conclude that, from their perspective, the notion of a *peace drive* would seem to best capture the essence of their conception.

Whatever may interfere with and deviate from this state of peace will elicit a Thanatos reaction, which is "the *tendency to get rid of stimuli,*

inner as well as outer ones, that are experienced as disturbing" (p. 16, italics in original). What is meant by disturbance here? "The disturbance is a relation between the libido energy bound in a less developed manner and that bound in a more developed manner, the calming down amounting to a development of the degree of binding" (p. 36). To say it differently: when libido is not completely bound in or contained by representations, it creates disturbance (tension), and disturbance "is almost synonymous with anxiety" (p. 37).

Hence, Thanatos works at eliminating this disturbance by binding the unbound libido. "The removal of disturbance and binding are identical, as far as their ultimate goal is concerned. It seems that the term 'death instinct' could be replaced by 'binding instinct'" (p. 62). This, we might notice, is contrary to Freud, who saw Eros as the binding force of the mind and conceptualized the death drive as working at unbinding and dissolving the libidinal connections. Of course, here Green's *work of the negatif* and his concept of the *disobjectalizing function of the death drive* come to mind[3]—two influential conceptions that unfortunately are not discussed by Ikonen and Rechardt.

What keeps the authors from renaming Thanatos as *binding instinct* is the fact that this notion does not seem to comprehend aggression. While many forms of the *pacifying work of Thanatos* silently try to eliminate the disturbance of pain (for example, the authors mention thinking, sleeping, regression, and depression), aggression is a more forceful means to the end result of inner peace.

Here again, it is worth noting that Ikonen and Rechardt do not agree with Freud's conception or the post-Freudian one of aggression as a primal drive; instead they view aggression as only one of several branches or tools of Thanatos, employed in order to attain peace: "We may speak of the tree of Thanatos, the roots of which are in the individual's longing for peace and for freedom from disturbance, and one branch of which is destructiveness" (p. 22).

The technical implication of this conceptual shift is important: it leads us to interpret aggression in relation to the disturbing obstacle, which can be a fact, an experience as well as a fantasy ("x makes you

[3] See Green, A. (1999). *The Work of the Negative,* trans. A. Weller. London: Free Association Books.

angry")—instead of pointing it out as such ("you are angry"). One might recommend that every analyst absorb and integrate this clinical wisdom, emphasized by the authors:

> The picture is distorted if destructiveness alone is attended to and considered. The most important question, which is what is it that disturbs in the object of destructiveness and what other possibilities would there be to remove the disturbance, will then remain without attention. [p. 19]

The other major branch of Thanatos is narcissism, which is reinterpreted by the authors in relation to their conception of the death drive's binding function. Like others, they see narcissistic pathology as based on a lack or weakness of the narcissistic cathexis of the self. However, for Ikonen and Rechardt, it is the (traumatic) lack of the primary cathexes of the true self (p. 78) that leads to a later "decreased capacity to bind narcissistic libido with psychic representation" (p. 75)—hence to an increased amount of unbound narcissistic libido, and hence to the disturbance of a state of peace. As they elaborate:

> What we are proposing is that the deficiencies in primary cathexes of the self caused for various reasons lead to difficulties in cathecting the functions by which one's own well-being is assured as well as the functions that help in making satisfactory object relations possible. Narcissistic disturbances always represent strivings to deal with the relative over-stimulation (unboundedness) of narcissistically orientated libido, and/or to defend oneself against it. [p. 80]

With this understanding, the authors claim—unfortunately without discussing or specifying their assessment—to give "a broader meaning" to the notion of *narcissistic disturbance* than did either Kohut or Kernberg.

We are used to associating narcissistic vulnerability with shame, and it is in line with their general conception of Thanatos and narcissism that Ikonen and Rechardt develop their understanding of *shame*. Defining the psychoanalytic concept of libido as "the need to receive approving reciprocity" (p. 111), they view "shame and shame-related phenomena," such as hiding or withdrawal, as Thanatos reactions occurring whenever reciprocity is missed. "The pursuit of reciprocity stems from the libido

matrix, Eros; the shame reaction stems from the Thanatos matrix, which inhibits the pursuit of reciprocity" (p. 115).

Here the Thanatos response to an object that does not reciprocate is avoidance of the source of humiliation as one way of temporarily maintaining the individual conditions of a (fragile) inner peace. However, the individual's vulnerability leads events to take their course: a decreased capacity to invest the "true self" with narcissistic libido will result in a greater need for reciprocity, and hence to a greater exposure to shame in the case of a lack thereof. One can easily guess the result: a painful vicious cycle is set in motion.

The authors distinguish between two different Thanatos reactions: a quieter retreat to solitude and depression, if "the Thanatos reaction is directed primarily towards the wish for reciprocity and the self" (p. 123), while a more agitated and agonizing response or even shame-rage will ensue when the wish for reciprocity is maintained and the Thanatos reaction attacks mostly the self as "not good enough" for the object under consideration (p. 123).

In the final pages of this book, the authors present papers or talks on the primal scene, the meaning of construction, and the symbolic process. All theoretical ideas are illustrated either with clinical material (though rather summarily presented) or with examples from everyday life experiences and observations, often emphasizing a common-sense approach or interpretation of the former.

This book is a nice collection of the papers, and the authors' followers will be happy to have them all together in a well-organized volume. The drawback of this, of course, is that not only were all but two chapters previously published in international journals throughout the years, but also the reader will have to tolerate a lot of redundancy, produced by the repetitive introduction of Ikonen and Rechardt's general positions in nearly every chapter—as is customary in separately presented scientific papers.

Also, the charm of this book is simultaneously its limitation. Reading it often feels like witnessing a fireside chat between two friends who try to make sense of concepts such as the death instinct, narcissism, aggression, etc. Their deliberations are more casual than scientific, and as such more entertaining than enlightening.

Rather than entering into and deepening a contemporary (even though rare) discourse on these sophisticated questions in psychoanalytic theory, these papers often seem to aim at the concepts merely through Ikonen and Rechardt's perspective. One has the sense that this may be the way they might teach a class on these matters—approaching the task as wise, experienced, and well-read analysts, in a mostly personal way—and thus it is a wonderful introduction to their thinking about these concepts. However, those who want to study the concepts more deeply than the authors do here will miss a serious discussion of the work of those contemporaries who have also thought creatively about issues such as the death instinct, destruction, and narcissism—e.g., Kohut, Kernberg, Green, and the neo-Kleinians. The work and ideas of these theoreticians are barely mentioned or only briefly and summarily acknowledged. Also, Freud is rarely quoted; instead, he is usually summarized according to the authors' particular take on the matter.

Thus, *Thanatos, Shame, and Other Essays* remains the very personal book of two creative thinkers in psychoanalysis who share with us their wisdom and invite us to sit and think with them about various concepts, some of which lie outside the mainstream of our usual discourse—but undeservedly so, which makes this book a fine addition to our libraries.

CORDELIA SCHMIDT-HELLERAU (CHESTNUT HILL, MA)

THE HANDBOOK OF CHILD AND ADOLESCENT PSYCHOTHERAPY: PSYCHOANALYTIC APPROACHES. Edited by Monica Lanyado and Ann Horne. London/New York: Routledge, 2009. 466 pp.

In 1999, Lanyado and Horne compiled the first edition of *The Handbook of Child and Adolescent Psychotherapy: Psychoanalytic Approaches.* Ten years later they revised it, making "accessible some of the excitement and potential in recent thinking about practice and research" (p. 1). New chapters and enlarged ones demonstrate what Joseph Sandler called *developmental psychoanalysis.*[1]

The *Handbook* is organized into four parts. The first introduces the theoretical foundations of the work, the second addresses the clinician in context, the third illustrates various treatment modalities, and the

[1] Personal communication.

final part examines areas of special clinical interest. Each chapter also stands on its own. The various contributing authors are experts in the field in Great Britain, and also in the specific areas in which they write. Conveyed is a sense of diversity in a "vibrant profession" that is "able to discuss, differ, and develop while sharing clear underlying principles" (p. 2).

The book says it is about psychotherapy, but we would call it psychoanalysis, clinical and applied. Unlike in the United States, where child and adolescent psychotherapy is taught within a degree program as one aspect of a profession—for example, social work, psychology, or child psychiatry—in Britain, child and adolescent psychotherapy is itself the profession. Training programs, under the auspices of the Association of Child Psychotherapists, are deeply rooted in psychoanalysis and represent various theoretical orientations, such as contemporary Freudian, Kleinian, Jungian, or Independent.

Like psychoanalytic training in this country, psychotherapy training programs in Britain follow a tripartite model of personal psychoanalysis (at four or five sessions per week), theoretical and clinical seminars, and clinical work under supervision. Unlike in the United States, "clinical work" consists of both long-term "intensive" (a minimum of three sessions per week) and "non-intensive" work (one or two sessions per week). Infant–parent observation is an integral training component, as is the exploration of other psychoanalytically informed treatment modalities.

The *Handbook* elucidates a theoretical orientation based in the tradition of British child and adolescent psychotherapy. As Meira Likierman and Elizabeth Urban describe in their chapter, "The Roots of Child and Adolescent Psychotherapy in Psychoanalysis," one is not looking for the "truth" about mental life within any one theoretical framework; rather, "many contemporary psychoanalysts are able to sustain a pluralist position whereby they accommodate a theoretical diversity in their clinical approach" (p. 15). A brief historical summary of this orientation is given, following from Freud to ego psychology to object relations, including discussions of the major contributions of Anna Freud, Melanie Klein, and Michael Fordham. Within this pluralism are other integrated strands of thinking. A foundation of normal development is one, as is an

understanding of race and culture, and the contribution of attachment theory and research, an area of inquiry that originated in Britain.

Not lost are the more contemporary additions to our field, those of neuroscience and research. In his chapter, Graham Music does an excellent job of defining the central ideas within neuroscience in a way that is understandable, and he considers what "impact this new research might have both on our understanding of children's psyches and on how we might actually work clinically" (p. 51). Nick Midgley provides a synopsis of current research that is especially useful, reviewing two overarching areas of research: evaluation of the effectiveness of psychoanalytic child psychotherapy and what makes it effective, and the investigation of the inner world of certain groups of children.

The foundation of psychoanalysis is the analytic process and relationship. Lanyado and Horne point to the "constantly evolving relationship between the therapist and patient" that is at the heart of the work and "is the main vehicle for psychic change" (p. 157). From this orientation, the book's contributors detail different modalities, including individual intensive psychotherapy, non-intensive psychotherapy and assessment, brief psychotherapy and therapeutic consultation, work with parents, therapy with infant–parent dyads, and group therapy.

More common in Britain is a psychoanalytic approach in settings other than private practice due to the predominance of psychoanalytically trained child and adolescent psychotherapists in the National Health Service (NHS). Gabrielle Crockatt explains the multidisciplinary and multiagency approach of the NHS, where the role of the child psychotherapist is to "offer the minimum treatment necessary to address the difficulties of the child," thus applying psychoanalytic understanding to assessments, group work, brief therapy, etc.; but it is also understood that "the minimum in terms of effectiveness will on occasion be long-term, intensive psychotherapy" (p. 110).

There is much to be learned from this approach, as well as from the *Handbook's* chapters that focus on working within educational settings and therapeutic communities, and on consultation in residential care. The use of psychoanalytic ideas in a community setting has a history in Britain. Anna Freud, Winnicott, Bowlby, and others were advocates of

applied psychoanalysis. Trowell and Bower (1995),[2] quoted in the *Handbook's* introduction, put it succinctly:

> We do not need only specialist services. We need a framework for understanding the extreme emotions—love, hate, jealousy envy, destructiveness. This is something that psychoanalysis can provide. It also helps us understand how these emotions came to be violently evoked and enacted and how they can be modified and channelled more constructively. [p. 11]

The clinical population that child psychoanalysts meet increasingly exhibits complex and multidetermined difficulties where developmental paths are uneven and disharmonious, structures are faulty, and internal worlds are confused. Various psychopathologies are delineated in this book. Maria Rhode writes about children along the autistic spectrum, an area that has seen exciting advances in child analytic treatment. In some quarters, analytic treatment remains controversial as autism is seen as a "brain defect" requiring "behavioral training and good educational placement"—an idea that is part of "false and unhelpful dichotomies between emotion and cognition, and between brain and mind" (p. 287), according to Rhode.

Other chapters concentrate on children and adolescents who are severely traumatized, sexually abused and/or are abusing, or are refugees and asylum-seeking, and those suffering from eating disorders, gender identity dysphoria, or delinquency. The growing experience with and concern about children and violence is addressed by Marianne Parsons, who differentiates violence and aggression from the developmental factors that set one on the road to violence. She discusses dangers and triggers to look for, as well as how to work therapeutically with these youngsters. Two additional chapters of the book deal with psychotherapeutic work with children who are embroiled in various kinds of care systems and those who care for them.

The Handbook of Child and Adolescent Psychotherapy: Psychoanalytic Approaches is not a handbook in the sense of a training model. Instead, it offers an overview of the profession, adds to our knowledge about

[2] Trowell, J. & Bower, M., eds. (1995). *The Emotional Needs of Young Children and Their Families: Using Psychoanalytic Ideas in the Community*. London: Routledge.

the range of work with children and adolescents, and explores "what a psychoanalytic understanding—in terms of theory, research and the implications for practice—offers in work with distressed and 'stuck' children and young people today" (p. 1). It is written jargon-free and in an accessible style. This handbook is a valuable resource for everyone in the field: seasoned clinicians and those just learning, child and adolescent psychoanalytic teachers, and those working in applied areas. Each chapter offers additional references, which is also helpful.

JILL M. MILLER (DENVER, CO)

THE LONG SHADOW OF SEXUAL ABUSE: DEVELOPMENTAL EFFECTS ACROSS THE LIFE CYCLE. By Calvin A. Colarusso. Latham, MD: Jason Aronson, 2010. 201 pp.

Sexual abuse and molestation of children have in recent years erupted into a major international issue following widely publicized scandals in the Catholic Church. The evident traumatic impact of such experiences would seem to support Freud's early theories of pathogenesis, and underline the rebukes of critics who have taken him to task for his abandonment of the seduction hypothesis.[1]

In the present book, Colarusso, a prominent child analyst, sets out to detail the profound and lifelong developmental damage resulting from these early traumata. His evidence base is a multitude of diagnostic evaluations of children, adolescents, and adults, male and female, whom he has studied in the course of serving as an expert witness in civil actions brought against the perpetrators of such crimes. None of the patients cited has he treated; thus, for the most part, his assessments are cross-sectional rather than longitudinal in nature. He offers detailed accounts of these assessments, including his at times tortured efforts to fit his appraisals into the Procrustean beds of DSM-IV classification (e.g., Post-traumatic Stress Disorder).

The book is divided into sections based on the ages of the subjects when presented to Colarusso for study. Each section is introduced by a concise review of the traditional psychoanalytic view of normal develop-

[1] See, for example: Masson, J. M. (1984). *The Assault on Truth: Freud's Suppression of the Seduction Theory.* New York: Farrar, Straus and Giroux.

mental processes in the respective stages, followed by the histories and clinical pictures of three or four characteristic victims. In each case, the author specifies the damage inflicted on the patient by the abuse—the shadow it casts on future development and his recommendations for therapeutic interventions, which are almost always for long-term and frequent psychodynamic psychotherapy with experienced therapists, along with adjuvant medication.

Colarusso's descriptions of his patients' accounts, which are at times fragmentary and deeply constrained, are often painful to read, marked by the perversity, exploitiveness, and inhumanity ascribed to the (always male) perpetrators. He makes a strong case for the severity and inevitability of the damage inflicted on the victims: the impairment of their potential for healthy object relations, the skewing of their sexual development, and the deep and lingering sense of guilt and shame that vitiates their capacities for learning and occupational possibilities.

Yet there are limitations to the full persuasiveness of Colarusso's argument. The principal problem is the highly selective nature of his population. All his subjects (or, in the case of his young children, their parents) are engaged in efforts at judicial redress for the injuries they have suffered. As the author himself states, "Diagnostic thinking and treatment conclusions drawn from diagnostic interviews and psychological testing conducted for use in a legal process are distinctly different from opinions and conclusions that would emerge from an extended psychiatric diagnostic evaluation and/or treatment process" (p. xi).

Although Colarusso makes passing reference to the concept of resilience, he acknowledges that "there are no examples of resilience in this book" (p. 4). We know little about resilience—the capacity for adaptive response to trauma—but it is well known that many children and adults who suffer traumatic experiences, including sexual abuse, succeed in mastering them and moving forward, whether because of constitutional capacity, favorable environmental support, or other factors we know not of.

Further, as suggested earlier, there is no significant follow-up to the observations described here. The reader has no way of knowing what later experiences, even apart from therapeutic ones, might influence the ultimate outcome, for good or ill, of developmental processes in (at

least) the children and adolescents under review. With the adult subjects, character formation—or deformation—seems to have become hardened, but we can be less certain about the fate of those who, in theory at least, may be more pliable.

This is not to say that Colarusso's book does not merit serious consideration by clinicians and students of human development. At the very least, he reminds us—in graphic, sometimes agonizing detail—of the need for judicious inquiry into possible histories of sexual abuse and alert consideration of their impact on the course of development and the structure of the psychopathologies we observe in clinical practice.

AARON H. ESMAN (NEW YORK)

UNDER THE SKIN: A PSYCHOANALYTIC STUDY OF BODY MODIFICATION. By Alessandra Lemma. London/New York: Routledge, 2010. 216 pp.

What a pleasure it is to review a book that brings psychoanalytic understanding to happenings in our contemporary culture! Most psychoanalytic writers shy away from topics that have to do with "the real world out there," preferring to write about more timeless concepts. Not so this book's author, Alessandra Lemma; furthermore, hers is an extraordinarily clear and well-written book. It provides an excellent and thorough review of the literature on the body and body modification from psychoanalytic, sociological, anthropological, and pop-cultural points of view.

Since time began, human beings have decorated, pierced, and altered their faces and bodies in various ways in order to conform to cultural demands or to rebel against them. In our culture today, the mass media—including the accessibility of images on the Internet and television reality shows, to name just two among many factors—and the development of highly sophisticated technology, as well as a large number of medical doctors seeking to augment the income provided by managed care, all contribute to solidifying the need to appear younger, more beautiful or handsome, thinner, more toned and muscular, and so on.

I do not know whether narcissistic and identity issues of the kind I see in my office today are more severe than in other times, but it is clear that narcissistic problems are rewarded by our culture in a way that they

never were before. Because of this cultural imperative, it has become difficult for the psychoanalyst to draw a line between normal body narcissism and a pathological variation of it.

Alessandra Lemma is a psychologist trained in psychoanalysis in London by noted Kleinians. She is head of psychology at the Tavistock Clinic and, in addition to her private practice, she has worked in various other settings that give her special expertise in the writing of this book. It is a compendium of her articles, some of which have been previously published in psychoanalytic journals. She has been an advisor to television reality shows in London and has screened over 200 Britons seeking makeovers. With Richard Graham, she co-chaired the Body Image Disturbances Workshop at the Tavistock and Portman National Health Service Foundation Trust.

As a result of all these experiences, Lemma has much to draw upon in her exposition of unconscious fantasies underlying the need for body modification (plastic surgery, body piercing, tattooing, scarification, etc.). She presents rich and ample clinical material from her private practice, as well from her applied psychoanalytic studies of relevant films, literature, and art. Her work is informed by such noted thinkers as Anzieu, Bick, Birksted-Breen, Campbell, Fonagy, Kristeva, Steiner, the Laufers, and Target, among others. She has a solid understanding of both Freud and Klein. Her thinking manifests a welcome blend of Freud, Klein, Lacan, and feminist concepts. She writes about inner objects and the *skin ego,* Meltzer's concepts of *aesthetic conflict* and *aesthetic reciprocity,* and Winnicott's concepts that have to do with the gaze between mother and infant. Complementing her clinical and theoretical material are virtuoso analyses of the story of Frankenstein, the films of David Cronenberg, and the works of artists Orlan and Stelarc.

Lemma's book follows important work on the body image and body modification by Menninger (1934),[1] Schilder (1950),[2] Phillips (1996),[3]

[1] Menninger, K. (1934). Polysurgery and polysurgical addiction. *Psychoanal. Q.,* 3:193-199.

[2] Schilder, P. (1950). *The Image and Appearance of the Human Body.* New York: Int. Univ. Press.

[3] Phillips, K. A. (1996). *The Broken Mirror.* New York: Oxford Univ. Press.

Gilman (1998),[4] and Farber (2004),[5] among others. She starts out with the following statement: "Feeling beautiful or ugly is fundamentally object-related . . . . Yet, the hatred of the body that is so palpable in these patients reflects the identification of the body with a hated and/or felt-to-be-hateful object" (p. 3).

She theorizes that the need to modify the body stems from difficulties in separating from the mother (who may be too intrusive, rejecting, or not available) and from the belief that one can give birth to oneself and reclaim the body for oneself. In this way, the subject can change the self so that he or she is not recognized by the mother, or can create a fantasized self who will be loved. With her object relations, Kleinian lens (perhaps not so easily utilized by those of us not trained as Kleinians), Lemma has formulated three basic fantasies underlying the obsession with body modification:

1. The *reclaiming fantasy:* that one can rescue the self from an internal alien presence;
2. The *self-made fantasy:* that one can separate by way of an envious attack on the object; and
3. The *perfect match fantasy:* wherein the ideal self is fused with the object, enabling the subject to hold onto the object.

Despite the book's plethora of clinical material, I found it difficult to see exactly how the author came to her conclusions about these fantasies. Lemma observes that analytic work with these patients is quite challenging since they have difficulty reflecting on what they feel and on reporting any dreams. Writing mostly from a developmental ego psychological point of view, I, too, have noted the concreteness of patients with issues around body narcissism.[6] There is typically a paucity of fantasies and dreams in their associations. In my work with these patients, I have

[4] Gilman, S. L. (1998). *Creating Beauty to Cure the Soul: Race and Psychology in the Shaping of Cosmetic Surgery*. Durham, NC: Duke Univ. Press.

[5] Farber, S. K. (2004). *When the Body Is the Target: Self-Harm, Pain, and Traumatic Attachments*. Lanham, MD: Rowman and Littlefield.

[6] Lieberman, J. S. (2000). *Body Talk: Looking and Being Looked at in Psychotherapy*. Hillsdale, NJ: Jason Aronson.

found it extremely difficult to see what is operating on an unconscious level.

Lemma asserts that body modification is not psychotic per se, but the decision to modify the body occurs due to a psychotic process. She questions the degree to which these practices are normal—the product of society—rather than being self-harming. Many examples of this conundrum come to my mind. For example, when girl babies in some Latin cultures have their ears pierced for earrings, this is the cultural norm; this practice is not viewed the same way in mainstream American culture. Many boy babies have their penises circumcised (although for religious and/or hygienic rather than cosmetic reasons); in some cultures, that might be considered barbaric. Our culture dictates that we frequently cut our hair and nails. A middle-aged woman whose daughter is about to marry might choose to undergo liposuction or a face-lift to look better for the occasion; this seems to be normal in our culture. If the same woman underwent a fifth face-lift, that would seem to be pathological. Analogously, a teenager who gets a tiny tattoo on her ankle seems normal, but a man whose entire chest, back, and arms are tattooed seems disturbed. These kinds of judgments may change ten or twenty years from now. In short, the cultural construction of "norms" relating to body modification is ubiquitous.

My great admiration for *Under the Skin* and its strengths does not prevent me from seeing some drawbacks as well. It is encyclopedic. There is much to absorb and it could be overwhelming. The reader must be well versed in various theories in order to appreciate Lemma's particular blend of concepts; she jumps back and forth among Sartre, Kristeva, Lacan, Freud, Pirandello, Schilder, Meltzer, and others. To fully appreciate the book, the reader must also be knowledgeable about the arts as well as about psychoanalysis.

I found the chapter entitled "The Symptom of Ugliness," about Frankenstein, to be one of the very best I have read in applied psychoanalysis. It exemplifies the practice (employed by Freud) of looking at extreme cases in order to extrapolate theories about what goes on in the minds of more normal people. Any discussion of the search for beauty must include a discussion of ugliness. Lemma writes about Mary Shelley's novel

and various films inspired by it, and about "the fate of the baby deprived of the mother's loving gaze" (p. 43). She likens the failure to understand Dr. Frankenstein's creature to her patients' lack of understanding, as they may attempt to modify their bodies in order to make their bodies belong to themselves, separate from the object. Interestingly, Lemma finds reasons in Mary Shelley's own life for *the tyranny of beauty*.

This is followed by a complex discussion, informed by Lacan's and Winnicott's writings, of the "mother as mirror" (p. 57). Attempts at body modification speak to early experiences of the mother as mirror, whether benign or rejecting. Vision, touch, and memory are all involved in the establishment of a body self.

In her treatment of Body Dysmorphic Disorder (BDD), Lemma speaks of two types of narcissism: *thick-skinned* and *thin-skinned*. She again presents clinical material and finds her understanding through the transference. Some patients hate one or several of their body parts, and this preoccupation usurps their sessions in very concrete ways. For them, cosmetic surgery is the only solution to the need to get rid of the mother through a major investment in changing their looks. Other patients are preoccupied with a "one-way mirror mother," who is opaque, hard to read, and inaccessible, and who is experienced as empty, dead. Still others experience a hostile object, a distorting mirror mother, who projects into the baby's body unacceptable parts of the self, or they experience the mother as narcissistically fused with the self.

Lemma notes: "All our efforts at body modification, including our daily grooming rituals, are manifestations of the central human dilemma: how to feel at home in one's body" (p. 92). The body always bears the trace of the mother. The author's *reclaiming fantasy* involves expulsion from the body of an object seen as alien or polluting (here Lemma draws on Klein, and Kristeva). The author gives some fascinating case examples in this section, and she analyzes some of David Cronenberg's films to support her thesis.

All the book's chapters have creative, evocative titles: e.g., "Copies Without Originals: Envy and the Maternal Body," "The Botoxing of Experience," and "Ink, Holes, and Scars." In discussing the *self-made fantasy*, the author notes that one can circumvent the mother by giving birth to

one's self; the self is thus omnipotent and triumphs over the mother, with all physical resemblance to the mother erased. Clinical examples are provided of patients who give evidence of this fantasy.

Lemma discusses the French performance artist Orlan, who has undergone multiple plastic surgeries, with parts of her face reconstructed to look like those of famous historical figures, such as Marie Antoinette. These surgeries took place before video cameras, and the films that resulted have been transmitted all over the world to an audience of art world enthusiasts. A similar analysis is carried out of the body changes undergone by an Australian man, the artist Stelarc.

Interviews with nonclinical populations of those with tattoos, body piercing, and scarification have led to Lemma's observation of a mind–body split: "Where body modification is used defensively, body and mind are kept apart, precluding symbolization of the psychic pain that drives these pursuits" (p. 176).

I did wonder, as I read through the various chapters, about the extent to which Lemma may have imposed her theory on the material she presents, such as by referring to what are apparently conscious processes as unconscious ones. For example, from her two-hour interviews with sixteen teenage girls who applied for a makeover show, she formulated an unconscious fantasy that she refers to as the *perfect match fantasy*. This did not seem to be an unconscious fantasy, however, since its content was directly expressed by the girls whom she interviewed; they were well aware of seeking love and approval.

Nevertheless, I highly recommend *Under the Skin* to those who wish to have a better understanding of contemporary Kleinian theory and practice, those who wish to know more about the development and treatment of problems of body narcissism, and those who would like to read some excellent applied psychoanalytic studies. Despite a certain degree of overlap among the chapters (since they were written individually for publication elsewhere, as mentioned), the book holds together as a unified piece. In any event, Lemma's main points merit rereading; indeed, they sometimes require it in order to grasp their nuances.

JANICE S. LIEBERMAN (NEW YORK)

THE MAKING OF PSYCHOTHERAPISTS: AN ANTHROPOLOGICAL ANALYSIS. By James Davies. London: Karnac, 2009. 340 pp.

> Oh wad some Power the giftie gie us
> To see oursels as ithers see us!
> —Robert Burns (1786, p. 159)[1]

The wish expressed here by Robert Burns is one that psychoanalysts might well embrace, as James Davies (a British-trained psychotherapist and anthropologist) points out in his book. The mirror he holds up to us is not a complimentary one. Davies points out that psychoanalytic education is a "heavily circumscribed affair" (p. 15). In seminars and supervision, the discourse is more "affirmative" of our own established beliefs than "critical" of them, more "sectarian" than "academic" (p. 13). The interface between our profession and other intellectual disciplines and social institutions is rarely studied.

These are only some of the ways in which Davies shows us that psychoanalytic and psychotherapy training programs—by virtue of their special language, hierarchical nature, appeal to a prestigious past, and limited intellectual engagement—shape trainees and perpetuate their particular ways of thinking. This is evidenced by the failure of many institutes to vigorously promote psychoanalytic research or to carefully examine and discuss the research of others who question the efficacy of what we do (p. 4).

Davies goes on to explore what he and other anthropologists feel is the *mythic* structure of psychoanalytic thought. They describe myth as a "system of interlinking symbols and theoretical ideas whose composite provides an orientation" (p. 63) through which the origin and nature of the patient's problem can be framed and understood. Healing occurs when the patient becomes attached to this mythic system and learns to articulate his or her "private world" in terms provided by the treatment. The efficacy of treatment is based not on its veridical truth, but on its experiential truth for its users and their belief in the explanations of suf-

[1] Burns, R. (1786). To a louse, on seeing one on a lady's bonnet, at church. In *Poems and Songs of Robert Burns*. CreateSpace (Amazon.com), 2010, http://www.amazon.com/reader/1456381040?_encoding=UTF8&query=to%20a%20louse#reader_1456381040.

fering offered (p. 63). This argument, of course, challenges any view of psychoanalysis as a science and posits it as a belief system. Davies raises serious questions about whether the theories we teach are based on careful, replicable clinical observations, or whether instead established theory and their interlinking symbols distort and limit our capacity to observe.

Davies's contribution has some limitations. For one, his observations do not seem particularly original; they cover old ground without offering new ideas. Furthermore, he does not distinguish psychoanalytic training from other forms of higher education. What he describes as the limitations of psychotherapy training and psychoanalytic institutes could well apply to any institution of higher learning. The fostering of specific values, a special language, and a system of theory; the hierarchical nature of institutions; and the pressure to conform are not unique to education in psychotherapy or psychoanalysis. How are the systems he describes different from those of a Ph.D. program, for example, or a business school or a company?

The fact that other educational systems may have problems similar to our own does not negate his observations about psychoanalytic training, of course. Nevertheless, in omitting any useful comparison to other educational systems and in offering no clear alternatives to the system he describes, the author presents a limited vision that is ultimately intellectually unsatisfying.

Because Davies confines himself to psychoanalytic and psychotherapy training in Britain, it is difficult for one not fully acquainted with that educational system to appraise the accuracy of his report. He fails to clearly distinguish between psychotherapy and psychoanalytic training programs, so that one is never certain which type of training or educational institution he is writing about.

Furthermore, he describes educational practices that, for the most part, have been abandoned by many institutes in the United States. His assertion, for instance, that students are taught to get their responses to the patient "right," rather than to intellectually explore the options for response, seems untrue in my experience. Davies also claims that in supervision, the deliberate "filtering of cultural components of patients' narratives to yield symptoms and signs, including defense mecha-

nisms . . . is considered credible and meritorious" (p. 165). From my teaching and learning experience, this seems patently false. The evidence the author presents to support his conclusions, furthermore, is not convincing; his report of supervisory experiences appears to be heavily edited to make his points.

There are other problems as well: for example, Davies fails to distinguish clearly between irony and paradox in discussing the clinical situation (p. 87). His definition of the creation of *personhood* (a questionable concept in itself), which he claims is one of the goals of training (p. 91), is extremely limited. His description of object relations theory focuses primarily on the interpersonal (p. 151), rather than addressing the internalization of relations and the creation of internalized imagoes.

All this leads one to question whether Davies has done justice to the current diversity of psychoanalytic theory and its teaching. While much of what he claims has some validity, his observations and examples "from the field" seem skewed by notions of rigidity and authoritarianism in training that are more relevant to an earlier time. The research data he cites to support his arguments are not fully enough described. For instance, the author refers to his survey of forty-four therapists from which he drew conclusions about the nature of the therapists' professional identity and their state of social consciousness; but he does not provide the reader with the actual questionnaire used or explain his choice of the population surveyed. This seems a serious omission in an anthropological study.

Despite Davies's contribution to making us more aware of the limitations of our institutions, his book is ultimately disappointing. His view, for instance, that psychoanalytic training has an elevated value system of *transformation* and *personhood* (again, unclear concepts as used here) lacks specificity. What field uses an educational system that aims only to pass along facts or figures? Any serious educational undertaking aims at a sort of "transformation" of the individual—not only by broadening his or her knowledge base, but also by increasing sensitivity to and comprehension of the world in which the individual lives. New learning is always a challenge to oneself and one's established personhood; it demands a change in one's view of oneself.

Certainly, a critique of psychoanalysis by serious intellectuals trained in other fields can only serve to sharpen our capacities to observe and to theorize. Davies's work, in pointing out the limitations of psychoanalytic education, is helpful. We cannot dismiss his observations about the weaknesses of psychoanalytic education at many institutes: the lack of sufficient support for research, at times a paucity of intellectual rigor, and the tendency to isolate ourselves from other disciplines, to name but a few.

One wishes, however, that Davies had gone beyond description to an analysis of *why* these difficulties in education persist. In psychoanalysis, one reason may be that those who teach in and direct training institutes do so, for the most part, on a voluntary basis. Many maintain full-time clinical practices as well. As a consequence, they do not have the time and energy to devote themselves fully to psychoanalytic education, which too often takes place, for both students and faculty, at the end of a long work day. Teachers, furthermore, in seeking relief from the rigors and relative isolation of individual practice, may create a classroom atmosphere that is not very demanding of themselves or their students.

Also, given that most psychoanalytic faculty have not been educated as academics and have had little if any training in the art of pedagogy, they are too often left to their own teaching devices. In addition, in the attempts to make candidacy more appealing, institutes may try to lessen learning requirements—by assigning less reading, shortening courses, and expecting less rigorous thinking about theory and technique. And supervisors may worry that if they appear too critical of their students, they will develop a reputation for being "hard-nosed"—a reputation that could ultimately affect their livelihood.

One would hope that, in his next work, Davies will expand upon his exploration of psychoanalytic training. It would be a significant contribution to our field were he to explore in detail the past and current causes of the deficiencies he has observed, and were he to offer clear educational alternatives.

DANIEL H. JACOBS (BOSTON, MA)

Volume LXXX, Number 3

ABSTRACTS

SELECTIONS FROM TWO GERMAN JOURNALS

Translated and Abstracted by Rita Teusch

I have chosen to abstract a total of eight articles from two psychoanalytic journals published in Germany. From the *Zeitschrift für Psychoanalytische Theorie und Praxis* (*Journal of Psychoanalytic Theory and Practice*), I have selected two articles from an issue with the theme of "Regression" and four articles from one on "Perversions." From *Psyche—Zeitschrift für Psychoanalyse und Ihre Anwendungen* (*Psyche—Journal of Psychoanalysis and Applied Psychoanalysis*), I have abstracted two additional articles from one issue. A reference list of the major works cited in all eight articles appears at the end of these abstracts.

ZEITSCHRIFT FÜR PSYCHOANALYTISCHE THEORIE UND PRAXIS

Volume 22, Number 2 – 2007
"Regression"

"We Must Not Be Fixated on the Idea of Development": An Attempt to Clarify the Spatial-Temporal Aspects of Regression. Elfriede Loechel, pp. 172-195.

The author endeavors to clarify some overlappings, displacements, and shifts of meaning that have accompanied the concept of regression from its beginning. The author begins by disclosing her discomfort when she was asked to write a paper on the topic of regression because she noticed a discrepancy between what she believed in and what she actually did in her daily psychoanalytic practice: she did not think in terms of regression when thinking about her patients or the psychoanalytic process, but she agreed that "working in the regression" is central to psychoanalysis and distinguishes it from other modes of therapy.

Loechel asks herself why the concept of regression has disappeared from her thinking. She states that the concept of regression has been primarily tied to drive theory, which has become less popular. In object relations theory, there has been a focus on projective and introjective processes rather than libido. Also, Klein's focus on positions rather than developmental stages has resulted in the deemphasis of a temporal focus, implied by the concept of regression. In Bion's work, the concept of regression largely disappeared. Kernberg (1993), in a survey on contemporary psychoanalytic technique, seems to see the concept of regression as an unexplained divergence in contemporary technique. Koerner (2000) viewed the concept of regression as a battleground for fundamental controversies in psychoanalysis.

Loechel has researched the use of the concept of regression in psychoanalysis and the theoretical assumptions implicit in it. She poses the hypothesis that a crucial assumption implicit in this concept is the idea of development proceeding in an orderly fashion, such as in sequential developmental stages, which is a temporal-spatial context. She posits that Freud's use of the concept of regression is actually quite complex; however, his most-quoted description is of a "backward movement to a previous stage of development" (as noted in a passage in *Interpretation of Dreams* [1900] that he added in 1914). While he distinguished among three forms of regression—temporal, formal, and topical—he added that these forms are basically the same because they "occur together as a rule; for what is older in time is more primitive in form and in psychical topography lies nearer to the perceptual end" (1900, p. 548). This statement, according to Loechel, is a result of Freud's research on aphasia, in which he had come to appreciate the role of environmental factors, such as "practice," as opposed to only anatomy. He assumed that developed structures later got lost and the earlier, simpler ones persisted.

Loechel states that in 1914 (the same year that he added the above-quoted statement on regression to *The Interpretation of Dreams*), Freud reiterated his crucial discovery in the treatment of hysteria: if one followed the seemingly random associations of hysterics, they eventually led to a scene that may or may not have been pathogenic in itself, but had

become pathogenic because of the fantasies that later became associated with it. Thus, as free association proceeded, the regression in the patient's associations regularly led to scenes or experiences that were imbued with fantasies, which turned out to be the origin of the hysteria. This implied, according to Loechel, that the return to a traumatic scene in the process of talking is not a simple turnaround in terms of direction, time, and/or space; rather it involves the analyst's carefully following the zigzag movements and jumps in the patient's associations and understanding the meanings they have for the patient. For the listener, it is not a simple return to an earlier scene, but it can take the form of circling around a scene, describing a traumatic scene from different perspectives and with changing meanings as the associations come closer to the original traumatic event.

A careful look at Freud's description of regression in *The Interpretation of Dreams* reveals its complexity. Freud explained that dream images (primary process) were a substitution for logical thoughts (secondary process). Loechel states that, rather than emphasizing only developmental (time or space) regression, our understanding of the process of regression would be enhanced if, in addition, we recognize what is crucial about dreams: their different modes of expression or representation, and especially the substitution of images for unconscious thoughts. It is the timeless, unconscious wish that is the important organizer of the dream.

In 1905, Freud explained his ideas about the development of the libido—that it develops through the oral, anal, and phallic stages to finally reach the genital stage at puberty. External frustrations or excessive gratification lead to dammed-up libido, which seeks alternative regressive outlets that lead to internal fixations and conflicts within the ego, because these have become unacceptable to the more mature ego and consequently undergo repression. Alongside Freud's idea that the libido finds alternative regressive outlets (also termed *fixations*), we also have his idea that meaning becomes attributed via *deferred action,* i.e., progressively. Freud gives the example of a castration threat not being traumatic at the time, but rather becoming traumatic later when, in the

boy's fantasy, the girl has been thus punished. It is the associative link made by the boy between the castration threat and his later perception (which is elaborated in fantasies that subsequently become unconscious) that "causes" the pathological regression and fixation in mental development.

Loechel draws special attention to Freud's second drive theory (1926), which brought into focus the importance of aggression. Freud saw regression of the libido from the genital to the anal phase in neurotics as being the result of a drive de-fusion. Drive de-fusion was described as the metapsychological explanation of regression. Freud pointed out repeatedly that the regression of the aggressive drive to the anal sadistic level seemed to be more intolerable to the ego than the regression of the libido. He stated that the ego is horrified by regressive, aggressive fantasies and resistant to acknowledging them, which leads to their repression.

Klein, too, took up the importance of regressive, aggressive fantasies. However, subsequent Kleinians—perhaps because of Klein's idea of positions in psychic development—did not focus much on regression, except that involved in moving from the depressive position to the paranoid-schizoid position. More recently, Britton (1998) emphasized that, rather than thinking in terms of regression, it is more useful to think in terms of an oscillation between the depressive and paranoid-schizoid positions, thus further reducing the importance of the concept of regression. The only contemporary Kleinian who focuses on aggression (but does not use it as a concept or as drive de-fusion) is Steiner (1993), who has developed the idea of a *pathological retreat,* whose main function it is to bind primitive destructive aggression.

Loechel thoroughly reviews and discusses the early (Anna Freud; Loewald [1980]) and more recent history of the concept of regression in Germany, i.e., Loch (1963) and Koerner (2000), and she also reviews Green's (1999) and Bion's (1965) work, as well as that of several authors who have written about the concepts of time and space in psychoanalysis. Loechel concludes that the term *regression* should be unhinged from its fixed opposition to *progression,* and should instead be understood as an opposing movement as well as a necessary part of symbolization.

Regression in the Analyst (or in the Mental Processes of the Analyst): A Necessary Variable for the Understanding of the Psychoanalytic Process. Reinhold Ott, pp. 241-259.

The author examines the question of how regressive movements in the mental functioning of the analyst can be utilized for receptivity—how they can be understood. He describes different forms of regression in the analyst:

1. Various forms of psychological or somatic illness in the analyst.

2. Boundary violations, which are not totally separate from point 1 above. They are a sign of narcissistic neediness and omnipotence, a non-acceptance of "the law" and the analytic frame.

3. Enactments, which are the result of an ongoing countertransference that has not been understood. This can lead to regressive decompensation of the analytic position. Ott gives the example of an analyst (reported in Zwiebel 1992) who, in the process of resonating with the libidinal wishes of his patient, began to look forward in an excessive way to the analytic hours. He had begun to cathect her presence libidinally, and in his fantasies he was increasingly preoccupied with her. This represents a regression in the service of the ego, the superego, and the id, and a small enactment takes place: just as the patient "for no reason" hides her excitement behind her big T-shirt, the analyst has to cover himself with his sweater to conceal his unacceptable and guilt-ridden excitement about her, which reveals his intense involvement with her. The author states that the analyst had begun this analysis in a triangular relational mode—i.e., with Freud present—but gradually slipped into a dyadic relationship that excluded Freud (i.e., his emphasis on the analyst's position and on his capacity to think about his feelings).

4. Psychosomatic reactions in the analyst, which can be understood as regressive decompensations. For example, in

the treatment of a single woman, an analyst had feelings of intense coldness during a session, feelings that were unfamiliar to him. The coldness was so uncomfortable that he felt compelled to put on a sweater during the session. He had been unaware of the fact that his feelings had a connection to the patient until she said: "I can understand this very well because when I feel very alone and abandoned, I always feel extremely cold." Because the patient had earlier not been able to articulate her feelings of abandonment in words, a regression in the analyst from the verbal to the somatic level had taken place. Other somatic reactions in the analyst, such as feelings of extreme tiredness, sudden nausea, headaches, and the like, may represent similar regressions and can be helpful in making the analyst aware of the patient's unconscious experience.

5. Common ego and id regressions, such as the analyst's daydreams, worries, and inability to maintain attention. Ott maintains that regressions allow the analyst to move empathically closer to the patient's unconscious processes, conflicts, and object relations, especially if the analyst is able to monitor herself and "listen with the third ear" to her own regressions.

Ott differentiates between malignant regressions that force themselves on the analyst and, if not recognized, will destroy the psychoanalytic process, and more benign forms of regressions, which he calls *micro-regressions*. He emphasizes that all regressions are somewhat disturbing and uncanny, just as the discovery of every unconscious process is, and they are often experienced as a threat to one's identity or can cause some form of depersonalization. Although regressions are therefore often feared by the analyst or fought against, Ott posits that in the psychoanalytic process they constitute an essential part of the analyst's receptivity to communication between her unconscious and that of the patient.

The author also emphasizes that regressions in the psychoanalytic process tend to be intersubjective and mutual, i.e., that unconscious

communication between analyst and patient needs to be conceptualized as a circular dialogue. The analyst's evenly hovering attention, combined with the patient's free association, causes a mutual regression that in turn creates a potential space in the safety of the analytic setting—a space in which the patient can experience aspects of self and nonself.

Ott is of the opinion that a predominant focus on intersubjectivity, advocated by relational psychoanalysis, may lose sight of the intrasubjective mental processes in the patient and the dialectical, unconscious intersubjectivity that is always operative between patient and analyst. Ott's model of *micro-regression* posits an oscillation between listening and understanding/interpreting. Rather than viewing regression as a linear phenomenon, he proposes a positional topographic model, which takes into account the oscillation between regressive experiencing and nonregressive understanding and interpreting.

Ott views listening and containing as the feminine, receptive mode of being, and interpreting as the masculine mode. He suggests that, in order to be able to oscillate between the receptive and interpretive positions, the analyst has to be able to accept her inherent bisexuality—that is, both masculine and feminine aspects of her personality. Ott refers to concepts elaborated by de M'Uzan (*chimera;* 1976), Ogden (*analytic third;* 1994), and Ferro (*bipersonal field;* 1999) as similar to his concept of micro-regressions.

Volume 23, Number 3 – 2008
"Perversions"

Giving Up the Shibboleth? The Disappearance of Sexuality in Contemporary Psychoanalysis. Susann Heenen-Wolff, pp. 226-244.

The author investigates why the topic of psychosexuality has receded into the background in contemporary psychoanalysis. She begins by reminding us that Freud thought that recognition of the sexual factor in the etiology of psychopathology (in addition to assuming the existence of an unconscious and the study of resistance and repression) distinguished psychoanalysis from other psychological disciplines. She approaches her reflections from four angles:

1. There seems to be less evidence of oedipal structures in clinical presentations these days and more emphasis on narcissistic disorders, which has led to a desexualization of psychoanalytic theory.
2. An "uneasiness" with Freud's drive theory has contributed to rejection of the importance of sexuality in the development of the neuroses.
3. The so-called sexual liberation movement has contributed to the illusion that sexual conflicts have declined.
4. There is a confusion between Freud's infantile sexuality and the actual, expressed sexuality of adults.

Less Emphasis on Oedipal Structures, More Emphasis on Narcissistic Structures

Regarding the first point, Heenen-Wolff cites Fonagy's (2006) observation that the topic of sexuality and sexual conflicts takes up only a little space in contemporary psychoanalytic discussions. The hysteric's intrapsychic conflict between a sexual wish and a superego prohibition has been replaced with the patient's deficits in mentalization. The focus has increasingly shifted to the earliest object relationships, in which sexuality supposedly is not yet relevant.

Fonagy (2006) and Green (1997) have associated this change with Klein's work and her focus on the infant's relationship to the breast as the earliest object relationship, thus placing sexuality in second place to the object relationship. In Kleinian theory, the Freudian opposition between pleasure and unpleasure became the opposition between *good breast* and *bad breast*. Furthermore, the Kleinian focus on archaic anxieties, and on the structuring role of the depressive position in overcoming these, has replaced the Oedipus complex as a central structuring event in psychic development. Some of Klein's followers, such as Winnicott and Bion, subsequently moved away from psychosexuality to focus on interactions and thought patterns in the here and now of the psychoanalytic situation.

Heenen-Wolff states that the focus on the here and now has been a detriment to psychosexuality because the significance of infantile sexu-

ality can only be fully understood if one takes into consideration the concept of deferred action, which implies a complicated relationship to time. Heenen-Wolff maintains that an almost exclusive focus on the here and now, as is advocated by Ogden (2004)—because it is thought to be more empirical and objective—prevents the analyst from looking for and comprehending deeper unconscious meanings and unconscious sexual fantasies; in fact, such a focus negates Freud's postulate of unknown forces that operate in the dark.

Heenen-Wolff emphasizes Freud's important contribution that, through the mechanism of deferred action, nonsexual impressions become sexualized as a result of maturation and later sexual feelings and experiences. Basically, there are no nonsexual contents in the unconscious. It is known from clinical experience that many borderline patients are dominated by a destructive masochism that shows itself in the form of repetition compulsion; the sexual roots of this phenomenon have become familiar to many clinicians. When Freud (1920) devised his second drive theory, he essentially stated that the death drive, i.e., the destructive force, does its work silently and disturbs Eros by creating constant, unbearable tension, the discharge of which is experienced as pleasure. In this sense, Eros has entered into the service of the death drive.

The author observes that most contemporary psychoanalytic research focuses on borderline patients who are often unable to fantasize or experience the object as a whole object. They seem unable to situate themselves within an oedipal triangle. This is often attributed to the disappearance of the *father function* (Lacan), which leaves the individual stuck in the maternal dyad. Heenen-Wolff suggests, following Laplanche (2006), that we understand the Oedipus complex as a metanarrative that is still dominant in our culture and has structured our unconscious fantasies.

Uneasiness with Freud's Drive Theory

Freud's seduction theory placed psychosexual conflict at the center of his developing psychoanalytic theory. His later work emphasized that the pathogenesis of unconscious psychosexual fantasy—in addition to the reality of sexual violations—maintained the centrality of sexuality

and sexual fantasies for psychoanalytic theory. In 1905, Freud explained the fundamental significance of the successive stages of psychosexual development: oral, anal, and phallic sexuality.

Drive theory was already causing divisions among the pioneering generation of psychoanalysts. The break with Jung and Adler was the result of disagreements about drive theory, among other issues. Since then, there has continued to be a tendency among many post-Freudian analysts to turn away from drive theory. Examples are American ego psychology, with its concept of a conflict-free zone in the ego, which is conceptualized as escaping resexualization. Kohut and Gill were also critics of drive theory. In French psychoanalysis, Lacan, while considering drive theory a basic concept in psychoanalysis, saw the unconscious as structured like a language, and he interpreted Freud's conflicts between the drives as an opposition between the Imaginary, the Symbolic, and the Real (see Bourdin 2004).

The author points out that Freud's dualistic drive theory showed that there are conflicting forces within the subject, forces that must be reconciled because they tend to contradict each other. This implies that there is a structural tendency toward discontent in human existence. Certain phenomena in regard to human sexuality, such as "libidinal outbreaks" or certain forms of sudden or unexpected destructive aggression, can best be explained by drive theory, as it demonstrates the victory of the drives over a rational desire to be happy in a relationship. In this sense, Freud's drive theory is a critical science and is in fact subversive, since it maintains that repressed drives will continuously undermine culturally expected repressions, including the cultural expectation to "be happy."

Sexual Liberation and Changed Gender Roles from a Psychoanalytic Perspective

Heenen-Wolff points out that we seemingly can no longer speak of sexual inhibitions because of the widespread availability of sexuality in our culture and the increasing acceptance of previously taboo sexual attitudes and practices, such as freer sexual movements among partners, neosexualities, pornography, and prostitution. Since there is no longer a necessary link between sexuality and reproduction, we now have "pure

sexuality," the aim of which is simply pleasure without obligation. Critics of these cultural developments (for example, Bourdin 2004) have emphasized that there is an emphasis on oral, anal, and phallic sexuality—as well as on exhibitionism, control, and narcissism—in modern sexual practices, and a turning away from genital sexuality.

Heenen-Wolff remarks that these critics seem to implicitly value genital sexuality over pregenital sexuality, which is a view that can be read into Freud's work, considering his statement on the "primacy of the genital zones" (Freud 1926). The author points out that there is an implicit belief that genital sexuality is more "sexual" than pregenital sexuality. This opposition between pregenital sexuality and genital sexuality is problematic because it leaves out the important insight that sexual development is continuous from early childhood on, and that there is an inherently conflictual nature to genital sexuality because of its pregenital sexual antecedents. As Freud (1940) wrote:

> In the early phases the different component instincts set about their pursuit of pleasure independently of one another . . . . The complete organization is only achieved at puberty . . . . A state of things is then established in which (1) some earlier libidinal cathexes are retained, (2) others are taken into the sexual function as preparatory, auxiliary acts, the satisfaction of which produces what is known as fore-pleasure, and (3) other urges are excluded from the organization, and are either suppressed altogether (repressed) or are employed in the ego in another way, forming character-traits or undergoing sublimation with a displacement of their aims. [p. 155]

Heenen-Wolff poses some questions: What really is genital sexuality? Does it mean that both partners are able to reach orgasm during sexual intercourse? Is it still genital if only one partner has an orgasm? Is it still genital if one partner, even though having an orgasm, remains dissatisfied? Or does genital sexuality mean that all fantasies during the sexual act, including those of pregenital sexuality, are genital ones? Perhaps the traditional idea of a man and a woman having sexual intercourse with mutual orgasms and genital fantasies is an idealized fantasy of the primal scene.

Heenen-Wolff contends that the structural changes leading to "limitless" sexuality in our culture have not resulted in increased sexual satisfaction. The phenomenon of "sexual disinterest" (Lequeux 2004) has been widely noted. Freud wondered if there was something inherent in the sexual function that did not allow full sexual satisfaction; he tried to explain this in different ways. He noted that it is difficult for both men and women to experience a unity of affective and sensual (sexual) currents: "Where they love they do not desire and where they desire they cannot love" (Freud 1912, p. 183). The reason is that the current object is only a substitute for the original object; often there is a series of surrogate objects, none of which is completely satisfying. The result is partial or complete impotence in the man and frigidity in the woman, but the pressure of the sexual drive nevertheless propels the subject to continue his search for deeper satisfaction.

Freud also mentioned that sexual desire and lust are stronger when obstacles have to be overcome and when the subject faces a challenge. This can perhaps explain why there is increasingly less satisfaction, because many of the traditional obstacles have been removed in contemporary culture. Sometimes subjects seek to create new obstacles in order to reach a state of desire. Heenen-Wolff states that one difference between the past and the present is that now the subject attributes his own inability to find sexual satisfaction to his own inadequacy, given the cultural notion that satisfaction is widely available and supposedly easily possible.

Confusion Between Infantile and Adult Sexuality

Analysts often focus mainly on the patient's adult sexuality, rather than investigating the ongoing significance of infantile sexuality in the psychosexuality of the adult. The oedipal-genital constellation is one form that infantile sexuality can result in, bearing in mind that polymorphous, perverse components will also remain alive. Heenen-Wolff suggests that it would be more appropriate to speak of the *potential* for a lived or actualized Oedipus complex and its destruction (*Untergang*), because the Oedipus complex is never actually resolved but rather remains a lifelong challenge.

Infantile sexuality is first and foremost an autoerotic sexuality. Autoerotism is defined, according to Freud, as partial drives (or component instincts) seeking separately to gain pleasure from the subject's own body. For Freud, narcissism and autoerotism were inseparable. The author observes that the contemporary focus on narcissism has failed to adequately take into consideration the sexual basis of narcissism, and has in fact dissociated it from the concept of autoerotism. It has become customary to speak of "classic neurotics" with sexual conflicts as the basis of their neurosis, as opposed to patients with primarily narcissistic, desexualized pathology who suffer from deficits rather than conflicts. If sexual conflicts are present, they revolve around compulsive sexual activity.

Heenen-Wolff is of the opinion that Laplanche's work (e.g., 2006) forms a solid bridge between the newer object relations theories and more classical psychoanalytic theory, and that it allows us to overcome the false dichotomy of object versus drive. Laplanche (and also a careful reading of Freud) suggests that the absence of the object may be the very root of autoerotic psychosexual activity. One could raise the question of whether the deficits in "holding" are not pathological precisely because they leave the child alone with his internal sexual pulsations.

The author ends by announcing that her next work will be an investigation of primary erotogenic masochism in the context of narcissism.

The Psychoanalytic Process and Disturbances in Early Psychological Development. Christa von Susani, pp. 245-267.

The author investigates the effect on the psychoanalytic process of insufficient formation of a primary narcissistic structure. She describes patients who do not use the transference for a "fruitful" repetition, but who, under the sway of repetition compulsion, re-create a malignant repetition—i.e., a situation that paralyzes the psychoanalytic process. Von Susani claims that a malignant repetition in the transference points to a serious traumatic disturbance in the patient's early object relations. She elucidates how this disturbance may have come about and what role an early psychological trauma played in its development.

Von Susani explores different psychoanalytic concepts of the formation of a self and of identity, such as those offered by Freud, Winnicott,

Klein, and Bion. She then draws heavily on Bick's (1968) concepts of *adhesive identification* and the *psychical skin*. Bick's hypothesis is that the infant finds itself initially in a non-integrated state; that is, it experiences the different parts of its self as not being connected or held together. These parts need to be held together through intimate sensory communication with the infant's primary object, which unites the different body parts and the infant's sensory modalities. This is experienced as the emotional equivalent of a skin, which functions as a border between inside and outside, holding the nascent parts of the self together.

A *psychical skin* can develop if the primary object (and later the analyst) allows an initial fusion with the infant's (patient's) self and responds adequately to all the different sensory expressions of the infant (patient). This allows the infant to feel symbolically held and contained, just as the skin contains the body and forms a boundary with the outside world. If the infant can introject a psychical skin, then it can develop fantasies about inside and outside, which is a precondition for the creation of an internal object. Only if the development of a three-dimensional space and the internalization of an internal object have been successful will the infant be able to employ normal projective identification.

If there has been a disturbance in the development of a psychical skin, the infant will continue to use pathological projective identification, which causes serious identity confusion. Thus, the development of adhesive identification is a part of the normal developmental process. A pathological outcome, according to Bick, takes place if the infant cannot be adhesively connected in a good enough manner to the skin of the primary object, but instead has to create a *second skin* or a *pseudo-skin*. The infant is then not adhesively connected to its primary object but to itself, which does not allow the normal process of de-adhesion and will prevent a subsequent healthy separation.

In other words, if the infant suffers a traumatic interruption in the normal developmental process of adhesive identification, a pathological adhesive identification will develop—i.e., a pathological adhesion, which is a defense against unthinkable catastrophic anxieties of separation (de-adhesion), dissolution, and an endless falling. In such cases, it is only when the psychoanalytic process, including the transference, is experi-

enced as being totally safe that the patient will be able to bring his unthinkable anxieties into the transference.

The author reviews the work of a series of French psychoanalysts who are not commonly known to North American clinicians, such as Anzieu (1995), who describes the concept of the *skin-ego,* which is based on the infant's initial fantasy that there is a common skin between mother and infant from which the infant needs to gradually detach and develop its own skin.

Kestemberg, Kestemberg, and Decobert (2005) developed the concept of the *fetishistic object relationship,* in which the subject projects a part of the self into an outer object, which makes the object a duplicate of the subject and thus can reassure the subject of his continued existence. Von Susani observes that highly vulnerable patients with a missing sense of self and self-boundaries will regress to such a fetishistic object relationship in real life, as well as in the transference, in order to prevent catastrophic disorganization. The author emphasizes that Kestemberg, Kestemberg, and Decobert do not see projective identification only as an attempt to control the object, but rather as the subject's desperate attempt to survive and also to grow psychologically (see also Bion 1965).

The Analytic Process with Patients Who Have Not Developed a Sufficient "Psychical Skin"

In the second part of her paper, von Susani describes the challenges of working with patients who have not been able to develop a sufficient psychical skin with adequate boundaries. Acting out and the development of a negative therapeutic reaction are major challenges in the psychoanalytic process. The author states that the analytic frame, which defines the roles of patient and analyst and establishes the rules of the analysis (including the analyst's benevolent neutrality and abstinence), is normally experienced by patients as a source of stability and containment. The content of this container-contained relationship is the transference, the countertransference, and their dynamic interaction.

If the patient suffers from a premature ego split, he may be able to function more or less adequately in many aspects of life, but because of the partial failure in the integration of primary narcissism, the patient's

essential core self remains narcissistic and cannot imagine true object loss. This disturbed part is unable to differentiate between inside and outside, and is constantly threatened by a collapse of its psychical boundaries.

Von Susani investigates the impact of a split self on the development of resistances in analysis. Normally, the psychoanalytic process produces a regressive movement, which brings about a disturbance in the equilibrium of the ego (self), creating a sense of the uncanny and a tension between the borders of what is inside and outside, past and present. The psychoanalytic process is then characterized by the *logic of hope* (Green 1999); that is, as a result of deferred action, a sequence of de-fusion is followed by the development of new fusion.

However, with patients who suffer from a deficient primary cohesion of self and identity, the process will be different: Because of the underlying lack of a secure psychic differentiation between self and object, these patients will direct all their psychic energy toward the maintenance of ego boundaries, which in the analytic process are threatened from the outside by the analyst and from the inside by an intensification of the patient's own drives. These patients, according to von Susani, are involved in a dogged fight to prove their autonomy and to defend their ego boundaries, unconsciously fearing that any relaxation of them will result in a disintegration of identity. These patients experience the analyst as a potentially traumatic other who wants to bring about a return to the nonrepresented traumatic experience of deprivation and loss. Therefore, they will try to either act out or to attack the psychoanalytic process (in a negative therapeutic reaction, or *NTR*), so that they can obliterate anything that might reawaken the memory of the other who in the distant past withheld necessary containment. The two strategies of the ego (self)—acting out or attacking the analysis (NTR)—evoke different countertransferences in the analyst.

Acting out or noncommunication on the patient's part is a way of attacking the analytic frame. Its goal is to circumvent a painful psychic reality. The patient frees himself from painful psychic tension without having to involve the object. Generally, the avoidance of the object repeats the patient's earlier avoidance of his primary object that was experienced as too frustrating. The unconscious intention of the acting out is

to prevent the emergence of any material that could bring the patient's conflicts with the object into the transference. Thus one may say that the goal of acting out is the prevention of insight. The analyst's countertransference is often one of turbulence, surprise, and anxiety, which frequently drive the analyst to act out also.

If the patient eventually allows his sadness and depression related to the early frustration to emerge in the transference, he will use the analyst as a container into whom all the parts of the self that are still full of mourning and pain will be projected. If the analyst is not there and the container is unavailable, the patient may substitute another object and use it as a container, or the patient may discharge tension into his own body and develop psychosomatic symptoms or illness, or have cathartic dreams that are different from dreams to which productive associations can be made.

The ego's second strategy involves attacking the psychoanalytic process after some insight has been gained; this is the negative therapeutic reaction (NTR). Von Susani states that the NTR with the patients she is discussing here often manifests in a persistent feeling of disappointment and helplessness in the analyst. She introduces the concept of the *autistic defense,* which is employed by these patients to defend against a fear of fusion with the analyst. The autistic defense is characterized by *disobjectalisation* (Green 1999) of the analyst and a paralysis of the analytic process.

Von Susani further describes the NTR as a "cold" and negative transference that operates silently. Oftentimes, there is no overt negative content but a negative effect, which is not directed against the analyst as a person but against forming a relationship with her; the NTR is directed against the psychoanalytic process. The separateness of the analyst is denied, and the analyst is devitalized and may have the feeling that she fulfills an essential function for the patient, rather than being an actual person to the patient.

Von Susani states that if patient and analyst can work through the autistic defense, the patient may be able to achieve a cure of early trauma. However, this working through presents significant challenges for both members of the analytic dyad. The patient will need to allow himself to gradually give up the autistic defense and become capable of bringing

into the transference his emotional paralysis and the pain and helplessness associated with early trauma. The autistic defense has served the patient well in that it has cemented his complete withdrawal from the other in an effort to avoid being hurt again and losing his own self-containing "skin" that has guaranteed psychological survival. However, the autistic defense has imprisoned the patient and paralyzed his self.

Von Susani discusses this state as a manifestation of Freud's death drive, which operates "beyond the pleasure principle" (Freud 1920). The emotional makeup of the analytic dyad will determine whether the patient can tolerate the projection of his paralysis and painful emotional emptiness onto the analyst and into the transference. The danger for the patient is that he will "shut the door forever" to avoid vulnerability in the transference, and that his deep hurt will remain a lifelong wound, with the patient forever taking out aggression on the self in the form of a masochistic enjoyment of suffering and fantasized revenge on the other.

The danger for the analyst is that she will become overwhelmed by and trapped in the patient's emotional deadness, paralysis, passivity, and helplessness. In a countertransference reaction, the analyst may become resigned to failure, giving up the fight against the death drive and ceasing interpretive functioning, thereby giving up the possibility that the patient could come to a new awareness of his early trauma and the associated fears and reasons for the paralysis.

Von Susani stresses that it is only as a result of the patient's renewed awareness of early trauma and of the function that the autistic defense has served for survival that the patient will become able to slowly grieve the early trauma and come to life again, as he experiences in the transference that the analyst is not traumatically frustrating him once again, but rather is staying with him and offering herself as a container for the patient's pain and fears, thus giving them a new meaning.

From Adhesive Identification to Separation: The Psychoanalytic Process with Patients with Autistic Personality Elements. Silvia Gsell-Fessler, pp. 268-282.

The author describes how patients with autistic parts to their personalities differ from higher-functioning patients, mainly with regard to

profound fears of separation, which often prevent such persons from even attempting a connection in the first place. She maintains that these patients have suffered a premature traumatic separation from the primary object and have subsequently encapsulated themselves to survive.

Gsell-Fessler claims that the first phase of the analysis with such patients has to allow the patient to draw the analyst near and to develop a cathexis to her, thus emerging from autistic isolation. This drawing-near process develops through adhesive identification—a sticking to the object's surface—as described by Bick (1986) and Meltzer (1975). To avoid retraumatizing the patient, the analyst must allow the patient to be in the presence of an analyst who, rather than focusing on making interpretations that establish her as a separate person with an autonomous mind, works in a way that joins the patient on the surface of his communications—i.e., by following the patient's expressions attentively, by using the patient's same words, by not revealing her countertransference openly, and by not slipping into making penetrating interpretations, even if the patient's material seems to invite it. By tolerating the patient's need to be joined and to be close to the analyst, even to stick to her (adhesive identification), the analyst allows the encapsulated autistic part of the patient to become reconnected with an object (the analyst), and the patient can slowly find his own self in the analysis.

Gsell-Fessler maintains that only when such a patient has developed a deep trust and confidence in the analyst as a result of adhesive identification—that is, when the work of linking and relating without conflict has been accomplished—can the patient begin to think about separation from the analyst. Only then will the analyst be able to successfully address oedipal and drive conflicts, which signify borders and separation. The author describes the process of an analysis with a partly autistic patient as moving from adhesive identification to projective identification to introjective identification.

Gsell-Fessler describes her patient John as having a sense of disorderliness about him and a lack of awareness about his surroundings. In the early part of the analysis, he would come in with his shirt partly out of his pants; he would throw his backpack on a chair, barely missing a vase; and he was often forgetful of the time of his sessions, seeming to be generally unaware of time and space. He avoided seeing the analyst as a

person, seemingly taking her for granted, which revealed his inability to acknowledge her separateness.

Gsell-Fessler noticed that she felt driven to take excessive notes about John, as if she had to keep all his words safe for him and bring order to the chaos he communicated. She understood his external disorganization as a reflection of his chaotic internal experience, but it also seemed that he experienced no separation between what was inside him and what was outside. She noticed her sense of helplessness when all her efforts to make interpretations seemed fruitless. The material he brought led her to interpret a lack of relatedness, resistances, drive conflicts, oedipal wishes and conflicts, omnipotence, and castration anxiety, all of which were right on the surface. However, none of these interpretations took hold. She felt cut off from him, "as if on a different planet," and he rejected all her interventions as "just theory." Gradually, she began to understand her countertransference as an autistic position and started to merely listen, saying something only when he gave her the space to do so.

Gsell-Fessler states that autistic patients have a deep fear of boundaries and separation because they have suffered an early traumatic interruption of the sensory-cognitive bond with the mother. To survive, they must withdraw into an autistic cocoon to avoid a renewed traumatization. Citing Bion's theory of thinking (1962), she emphasizes that these patients have not had the opportunity to learn to modulate their internal states of tension. A good enough mother is able to take in the archaic rudimentary affect states and tension of the infant (beta-elements), contain them inside of her and digest them, and then give them back to the infant in a manageable form (alpha-elements). As a result of these repeated projective and introjective processes, the infant gradually learns that there is an inside and outside, a self and an object; he learns to differentiate and, according to Bion, he learns to think. Thinking develops when the infant becomes aware of the absence of the breast—again, according to Bion.

Depending on the emotional situation and the care he has received, the infant will either be able to accept the absence of the breast or will have to avoid recognition of that absence. If the infant can accept its absence, such acceptance becomes the precursor of a thought—i.e., the

pairing of a *preconception* (the breast) with a *real experience* (absence of the breast). This early recognition of the reality principle, which coincides with increased cognitive ability, bridges and ameliorates feelings of frustration. If the infant needs to avoid recognition of the absent breast, the ability to accept reality—and also the possibility of thinking—is warded off; consequently, the infant will need to project and split off his tensions (autistic defense) or may develop a somatization disorder.

Gsell-Fessler's patient John frequently described himself as "an open wound." He had a dim awareness of fearing that any renewed closeness would result in another devastating frustration, a "falling into a black hole." Consequently, he stayed on the surface, his own surface and also the surface of the other. His surface was a constant feeling of abandonment and longing. He felt torn between two women he loved; when he was with one, he longed for the other. The loneliness and the feeling of lack never left him. He would tell the analyst over and over about this and would ask her repeatedly if she understood. He would wait for the analyst's "yes," which seemed to give him some security.

Gsell-Fessler felt that John's primary need was to hear her voice, and that it was of secondary importance whether she really understood him at that moment. She likened his rhythmic questioning of her to a rhythmic heartbeat, which was designed to hold her close to him and reassure him of her presence, but which in itself had no beginning or end, thus representing an "eternity without any separation." Nevertheless, because of the mutual adhesive identification with John, she felt his pain and despair deeply, and also his dilemma about letting himself be emotionally touched by her. Since in the first phase he dismissed almost everything she said, she would say gently to him that it was important to him that she not interfere with his process.

John would also miss sessions or be late, and the analyst would be left to feel the intense abandonment he always talked about. If she tried to address his absences with him, he would get angry and insist that it was frustrating enough for him that he had to miss the sessions or be late, and he did not want to have to justify himself to her. She was getting paid no matter what, so there was no need to make things even more difficult for him.

Gsell-Fessler came to understand that John had to reenact his "trauma of absence," and that he needed to experience that she was able to handle it, just as he had had to handle it in the past. He needed to feel omnipotent control over her—i.e., the power to let his analyst "fall into space" at any time. On one occasion he angrily pushed Gsell-Fessler to say to him that he was free to leave any time without needing to give notice. She states that this moment was experienced by John as her surviving his aggressive attack on the analysis, and from then on he began to establish a tie to the next session by saying, "I'll see you tomorrow at 3:00 p.m."

Gsell-Fessler explains that, in a certain way, John was not able to think because thinking requires a three-dimensional psychological space that he did not possess. John would routinely try, when first on the couch, to fill up his own inner space. He would take a deep breath and keep it inside until he could not hold it any more, and then exhale quickly. After this he would begin to speak very hesitatingly, and only when the analyst had said something or uttered a sound would he feel calmer. Such body-oriented, stereotyped, and repetitive actions seemed to be his attempt to contain himself and ward off the anxiety of being exposed in what to him seemed an endless space. Only when Gsell-Fessler had established an intact relational surface with him was he able to relax. Right at the beginning of the analysis, he dreamed that the analyst was pregnant with him, revealing his wish to be contained by her and not to be a separate self in relation to her.

Gsell-Fessler stresses that, when working with such patients, the analyst must be open to being "touched existentially," because contact for these patients is a matter of life and death. The analyst needs to be open to her own internal experience because it is usually the analyst who first notices her wish to be in contact. The analytic process is described as an *incubator* (Tustin 1990) in which the metamorphosis from autistic thinking to renewed awareness of a wish to cathect the other will take place. By presenting herself as a two-dimensional surface to which the patient is allowed to "stick" as long as he needs to, the analyst permits the patient to develop an emotional bond to her via adhesive identification.

This analytic bond is similar to the emotional bond that develops between infants and mothers when the *function-mother* (i.e., the mother who gives milk) is also the *libidinal, desired mother.* By communicating her love for and joy in the infant through her eyes and the tone of her voice, the mother causes the infant to become saturated with her libidinal affects; the infant then experiences a deep feeling of well-being in his whole body, which helps him *feel himself as a self,* and subsequently allows him to identify himself in a mirror. This primary identification is the beginning of the formation of the self.

While adhesive identification is a defense in the sense that it obliterates any separation from the other and is used to control the other, Gsell-Fessler maintains that it is a necessary stage of development in the analysis of such patients. Once the patient has developed trust in the analyst and has moved out of the autistic position, he will begin to be able to use the analyst as an object, as described by Winnicott (1965). The challenge for the analyst-object then becomes the containment and survival of the patient's projections of his libidinal and aggressive wishes.

Gsell-Fessler relates that her patient John said to her later in the analysis that he stayed in analysis with her because he felt that at some point she had begun to carefully listen to him, to use the same words that he did, and that he felt reassured when his words did not simply disappear into nothingness. She had been able to listen to his repetitive worries and anxieties. She had made herself available during a situation that he perceived to be an emergency, and he had had to talk to her the same day in order not to fall to pieces. He felt he had learned a lot about her, how she was thinking and feeling, and he could now anticipate her reactions; he believed he had made her reactions and thoughtfulness his own. He said: "I feel very blessed that I am able to be so close to you and that you share yourself with me."

As a result of this process, John learned to think—that is, he became able to *project a thinking space* into his analyst, which he then could use himself as he became able to introject the analyst's thinking. He then had his own thinking space, which gave him security and the ability to feel himself to be a thinking person.

At around this time, Gsell-Fessler once "forgot" to put pillows on the couch, and when John arrived, they were lying on the chair next to it;

John had to wait for her to get the couch ready. He did not mention the incident afterward, and when Gsell-Fessler brought it up, he said he had not wanted to mention it because he wanted to spare her the shame of talking about it. Gsell-Fessler understood this as his projective identification of his own shame about any self-initiated activity, as well as his wish to avoid the realization that the analyst had her own mental space and activity that was outside of his control. After careful analysis of this enactment, John began to become increasingly impatient with the analytic setting. He felt that the setting always produced the same thoughts in him, and that the analyst had no idea how he was functioning on the outside. In the office there were only the two of them, obviously, and the setting created a mental block for him.

Gsell-Fessler states that John was acknowledging that there was a space in her and in him, but he was not yet able to think and articulate this. He wished that the analyst could *think his space,* and that she could see him as a man with phallic-genital wishes that she interpreted and he could hear. She states that it was important that she not interpret his wish as a drive defense, but rather as his wish to hear that she could acknowledge and tolerate a space outside both of them, a space characterized by drives and desires.

In summary, the path from adhesive identification to projective identification, and finally to introjective identification, was traversed in this analysis, and John could gradually accept and acknowledge the analyst as a separate person. Subsequently, a more traditional analysis ensued, one based on his having secure self boundaries.

Roots and Bounds of Perversion: The Traumatic Origin of an Autistic Adhesive Regression and Fixation and Its Relation to "Vie Operatoire" ("Operational Life") in Perversion. Hannelore Wildbolz-Weber, pp. 283-309.

The author seeks to provide an answer to the question Freud posed in his fetishism essay: why do some people (men) remain normal despite the fear of castration when seeing the female genitals, while others become homosexuals or create a fetish? Freud assumed that there must be specific, interrelated connections that had not yet become apparent, which might cause a rare pathological outcome.

Wildbolz-Weber suggests that the resolution of the individual's Oedipus complex depends on the adequacy of preoedipal adjustment. She points to the prehistory of the Oedipus myth, which is characterized by Oedipus's severe trauma—i.e., his being left to die with his feet bound by his mother Jocasta. This original trauma has fatal consequences for Oedipus in that it drives him into a perversion: that of killing his father and committing incest with his mother.

The author maintains that Oedipus's trauma of losing his mother during the time of primary narcissism, which is dramatized in Sophocles's tragedy *King Oedipus,* can also be found in the histories of most patients who suffer from perversions. In Sophocles's play, Oedipus's fate takes a fatal turn at the moment when he sets out to learn the truth about his true identity and origins. The traumatic loss of the mother creates a murderous mother-introject against which strong defenses have to be erected. To defend against profound fears of physical or psychological disintegration, a wall is built up to protect against trauma, pain, depression, and fear of psychic annihilation. Other defenses include idealization of the feared danger and/or reversal, so that destruction, closeness to death, and the smell of death come to be equated with fascination. An autistic adhesive fixation can develop, which results in conflicts about one's identity (i.e., an unclear image of one's body, fragile narcissism, and insecurity about one's sexual identity).

In the analytic relationship, it is noticeable that the analyst's intrusion or her abandonment is feared, which would feel like psychic annihilation. A counterphobic defense, in the form of sadomasochistic control of the object, devaluation, and *disobjectalising* (Green 1999), is a challenge to the analyst because these attitudes can cause extreme confusion in the analyst and create a perverted relationship.

The author believes that the initial phase of analysis with such patients is often characterized by a fight for survival in the transference and countertransference. The experience of this phase is difficult to put into words because there is as yet no psychological space. Wildbolz-Weber described her own countertransference with such patients as a struggle to survive, since she felt that the patients attempted to destroy her inner space. Any attempts to interpret or reflect on associations or to name feelings were considered by the patient to be meaningless. She

also felt as if the patient were glued to her skin or her body, which created a frightening bodily paralysis. This time of emotional and physical fusion, she maintains, needs to be tolerated by the analyst as the perverse patient re-creates the time of normal, adhesive mother–infant fusion that characterizes the earliest stages of development. Only if this phase is tolerated will more projective forms of communication develop, eventually resulting in the creation of analytic space.

Wildbolz-Weber emphasizes that the etiology of a perversion includes a traumatic disturbance of the early mother–infant relationship, which has led to an adhesive fixation and regression with serious conflicts around identity formation. Through the process of deferred action, the patient has formed fantasies of having been forcefully torn away from his mother's skin or body, and subsequently he has a fragile, damaged, or amputated body image, including an insecure sexual identity. Depending on the severity of trauma, fixations are either on the level of primary narcissism or at the anal level. While the former produce a complete autistic withdrawal, the latter lead to the sadism and masochism that dominate during the anal phase, and the object is approached through a sadomasochistic lens—i.e., with wishes to control and possess it anally, devalue it, or reduce it to a function.

On the cognitive-sensory level, the traumatic disruption of the early mother–infant bond leads to fixation on operational (concrete, two-dimensional) thinking and operational living (*vie operatoire*) (Marty and de M'Uzan 1978), which reduces the possibility of building up an internal and external, three-dimensional world through projective and introjective identifications. Capacities to symbolize and to create an associative continuity are also impaired. The perversion thus endows the patient's post-autistic development and adjustment with a special character structure, such as compulsivity or disavowal. The patient needs to direct all his energies toward negating and disavowing the reality of difference, differentiation, and otherness because of his profound fear of psychological annihilation.

Toward the end of her article, Wildbolz-Weber comes back to Freud's question of why some individuals react with perversion or fetishism to the perception of the female genital. She presents her theory that all individuals of both sexes are challenged by the confrontation with castra-

tion anxiety. She posits that children who have had normal psychological preoedipal development will be able to tolerate castration anxiety, enter the Oedipus complex and work through it to a dissolution, and continue on in their development. However, some individuals are pulled into regression by the sight of the female genital because the perception will cause profound anxiety stemming from primary narcissism. The perceived sexual difference will evoke in these persons all the previously experienced separations and differentiations.

The author states that the castration threat is also a differentiation threat that may evoke a deep fear of de-differentiation—that is, of psychic castration and perhaps even psychic annihilation. For that reason, the perception of any differentiation must be warded off with an ego split and a denial of reality. Such a perception brings out the patient's *central phobic position* (Green 2000), in which multiple traumatic lines are reactivated that meet in a nodal point and produce anxiety-provoking, uncontrollable, devastating forces directed against the patient's ego.

Wildbolz-Weber understands the symptoms and practices of patients with perversions (their autistic barriers, post-autistic formations of a fetishistic object, stereotyped or ritualistic behaviors, repetitive sexual activities with others, or masturbatory practices and/or fantasies) as perennial attempts to maintain a subjective identity and a sexual one, to maintain a fragile narcissism, and to keep together the body, which is unconsciously experienced as amputated. The psychological skin is only inadequately formed, and therefore it must be continually re-created in the form of a *second skin* (Bick 1968) through perverse actions.

Wildbolz-Weber maintains that Freud's understanding of the fetish as a substitute for the missing maternal phallus is too narrow. She views the fetish as an overdetermined construct. In patients who have suffered trauma in the stage of primary narcissism, the fetish has developed as a result of multiple layers of archaic, presymbolic memory traces and later oedipal memory traces and experiences, and thus provides a connection to the early autistic object. Just as autistic children create an autistic object that allows a bodily-sensory unity with the mother, the fetish—for some perverse patients—allows the illusion of bodily integrity despite the perception of anatomical sexual difference. She has known patients who, as a result of analysis, have become more mature in their personality

development and have subsequently changed the subjective meaning of a fetish as well—i.e., a transformation has taken place from an autistic object (Tustin 1980) to a transitional object (Winnicott 1953).

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The Psychodynamics of Hysteria: Sexuality as Internal Theater. Christa Rohde-Dachser, pp. 331-353.

The author reviews recent views of hysteria and proposes her own thesis, which is influenced by Green (1972), Bollas (2000), Kohon (1999), and Britton (1999, 2003). Her own thesis is that hysteria is a stable pathological organization at the threshold of the Symbolic order, which allows the hysteric to deny the pain from separation of the original mother–child unity. Instead of recognizing this, the child engages in a fantastic elaboration of the primal scene, identifying with one or both of the parents in this scene.

Rohde-Dachser views the primal scene as symbolic of the mother–child separation because it forces the child to acknowledge that the beloved mother desires the father and that the child is excluded. Lacan calls this *symbolic castration* and notes that it marks the child's entrance into the Symbolic order and the Law of the Father. An awareness of the limitation of the self ensues, as well as a feeling of lack, which drives the child to search for full satisfaction from the object that has been lost. Full satisfaction, according to Rohde-Dachser, will never be achieved again.

The hysteric refuses to accept the primal scene and maintains the hope that an object of desire exists that will make full satisfaction possible. Thus the step into the Symbolic order is only partially accomplished. It is as if the hysteric is paralyzed by the primal scene and is unable to overcome the omnipotent conviction that he is the primary focus of the mother's desire. The hysteric is dominated by intense envy, feelings of rejection and exclusion, and heightened fears of abandonment, and wishes to destroy the sexually united parents. The latter fears

are projected onto the parents and make them dangerous figures to the hysteric.

To get away from these disturbing feelings, the hysteric idealizes the primal scene, seeing the source of all happiness in the sexual relationship between the parents rather than in the mother–child relationship. The hysteric tries to participate in the primal scene in order to partake of the parents' sexual excitement; this excitement functions as a cover for the hysteric's underlying anxieties.

Because the future hysteric is excluded from the primal scene, he must fantasize it and will either identify with one or the other parent, or take the role of the disturber of the scene who wants to separate the parents. Rohde-Dachser views the hysteric as someone who had a less-than-satisfactory relationship with the early mother, and/or was prematurely exposed to sexuality at a time when he did not have a secure mother–child relationship. The hysteric thus cannot put himself in the position of an observer, which would allow him to have a sense of perspective and to learn from experience; instead, the hysteric has difficulties distinguishing between reality and fantasy, and through repetition compulsion enacts a fantasized primal scene drama.

The denial of the hysteric's original pain of premature separation and the subsequent idealization of the primal scene are usually only partially successful, and the hysteric is often plagued by excessive guilt feelings (from having taken over in fantasy the position of one parent's role—for example, the hated parent) and will suffer from a compulsion to demonstrate his innocence. Conversion symptoms express the hysteric's disavowed pain somatically, and he may experience periods of despair, including suicidal feelings. Hysterics may also adopt a manic defense and engage in manic reparations to deny guilt and the pain associated with being helpless and excluded.

As a result of early alternating parental identifications, the hysteric is unable to develop a stable identity, including a stable sexual identity. He may "try on" first a male and then a female identity without fully committing to either one. Latent or manifest bisexuality does not allow for a single object of desire, but rather there is a double desire. Since the hysteric is not sure of his own desire, he tends to identify with the other's

desire, but this is not a stable solution, and hysterics tend to long for a partner who is essentially unavailable.

Rohde-Dachser presents illuminating case vignettes from the treatment of mainly female hysterics and provides in-depth descriptions of the various ways that hysterics can manage their sexuality, e.g., abstinence versus erotization of relationships to gain power and control, sexuality equated with never-ending foreplay, or assumption of the role of the one who says no in identification with the rejecting mother. She ends by saying that, once the hysteric has become aware of and is beginning to let go of his omnipotent fantasy world, the analyst needs to allow the patient a lot of time to come to terms with the painful reality characterized by narcissistic injuries and rage, feelings of emptiness, guilt, and mourning.

The Rat Man: Compulsive Neurosis, Compulsive Borderline, Compulsive Psychosis. Melitta Fischer-Kern and Marianne Springer-Kremser, pp. 381-396.

The authors discuss Freud's shift from viewing obsessions and compulsions as symptoms of other underlying illness (before 1895) to establishing compulsive neurosis as a separate clinical entity in 1909, in his discussion of the Rat Man. The authors suggest that Freud's view of compulsive neurosis as an illness with predominantly oedipal roots (castration anxiety in a personality with strong anality and impulses of destruction, but adequate ego development) was amended early on by his contemporary, Abraham (1923). Later, a preoedipal dimension in obsessive-compulsive neurosis was added (Grunberger 1966; Zetzel 1966), focusing on the anxiety that the loved object may be destroyed by one's own hatred.

Recent analytic researchers (Lang 1986; Quint 1984) provide a deepening of the view that obsessions and compulsions can be a part of various levels of psychopathology (neurotic, borderline, psychotic). In psychosis, obsessive thoughts and compulsions are seen as having an self-protective function—that is, they are attempts at self-preservation and a way of shielding a vulnerable self from disintegration.

The authors discuss how various interpretations of Freud's Rat Man over the years have added to our understanding of this case history.

Especially the discovery of Freud's original notes in 1955, which are printed in the *Standard Edition* as an addendum to the Rat Man case, allows the reader to appreciate the Rat Man's ambivalent relationship with his mother. While Freud mentions the mother of Dr. Lorenz (the Rat Man) six times in the case report, she is mentioned forty times in the original notes. There we learn that Dr. Lorenz, age twenty-nine, had to ask his mother for permission to enter analysis with Freud, that he gave all his money over to his mother, and that he felt that all his bad character traits stemmed from his mother. Freud recounts the scary dreams Dr. Lorenz had about his mother, full of oral sadistic imagery.

There are also indications of a fear of psychotic disintegration in Dr. Lorenz, such as when he has violent ideas of chopping off his neck or cutting his throat. At one point, he wants to lose a lot of weight and tortures his body by overexercising in the hot sun, which is associated with suicidal thoughts.

Fischer-Kern and Springer-Kremser discuss in depth the symbolism of the rat as the essence of all badness, as an animal having the capacity to self-destruct if it does not constantly gnaw to shorten its always-growing teeth. Thus the rat is also a symbol of cannibalistic impulses, providing a condensation of oral-aggressive and anal-sadistic meanings. The association of the rat with dirt and illness, furthermore, brings about a connection to anality. The rat's capacity to multiply explosively presents a symbol for overstimulation. We know that Dr. Lorenz was given enemas during his childhood; that he had multiple caretakers; and that he was closely attached to his older sisters, especially Katharina, who was a mother figure to him and who died when he was four. There were times during the analysis when Dr. Lorenz developed a seemingly psychotic transference to Freud, being intensely afraid of him and fearing that Freud would hit him as his abusive father had done.

The authors observe that contemporary literature on obsessive-compulsive illness has mostly been written by biological psychiatrists and cognitive-behavioral psychologists, whereas psychoanalytic writings on compulsivity are relatively rare. They suggest that analysts would do well to publish accounts of their successful treatments of patients with obsessive-compulsive illness, in order to add a psychodynamic dimension to the scientific discussion of this common illness.

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ERRATUM

The Psychoanalytic Quarterly has learned retrospectively that a book review published in its April 2011 issue had previously appeared in the Fall 2010 issue of *American Imago*. The review, of Meg Harris Williams's book *Bion's Dream: A Reading of the Autobiographies,* written by James Grotstein, was published by the *Quarterly* in good faith as an original contribution, and we sincerely regret the error that occurred in this regard. The *Quarterly* apologizes to Peter L. Rudnytsky, Editor of *American Imago,* and to its publisher, Johns Hopkins University Press, which holds the copyright to the review.