WEAVING WITH THE WORLD: WINNICOTT'S RE-IMAGINING OF REALITY

BY DODI GOLDMAN

For Winnicott, at the root of psychic life is primary creativity *from which meaningfulness emerges spontaneously. One non-psychoanalytic source of Winnicott's view can be found in the work of the English romantic poets Wordsworth and Coleridge. Winnicott discovered in these poets kindred spirits who deepened his appreciation of the delicate area between what is perceived and what conceived. The author suggests one way to read Winnicott's theory of primary creativity is as a re-imagining of what it means to have contact with reality. For Winnicott, the emphasis is less on* conflict *between pleasure and reality and more on* contrast *between* two different kinds of relationship with reality *as it becomes increasingly external.*

"Did you know," Clare Britton wrote to Donald Winnicott as their relationship was becoming a love affair,

> . . . that Wordsworth for most of his life was preoccupied with the problem of his great good fortune in that his inner world of imagination linked so much with his real experiences? It was a constant marvel & miracle to him—& he was always seeking the clue to it. [Rodman 2003, p. 96]

Sent at a time when both Clare and Donald were somewhat awkwardly smitten, the letter hints at their wonder in finding each other.

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Clare undoubtedly sensed how profoundly Winnicott, like Wordsworth, marveled at the miracle of alignment—he preferred Milner's (1969) word *interplay*—between inner dreams and outer reality (Winnicott 1971, p. 98).

Taking particular pride in his inventiveness, Winnicott also, like Wordsworth, sought clues to what it means to have an alive creative relationship to external reality. "I am one of those people," he once confided in a private letter,

> . . . who feel compelled to work in my own way and to express myself in my own language first; by a struggle I sometimes come around to rewording what I am saying to bring it in line with other work, in which case I usually find that my own "original" ideas were not so original as I had to think they were when they were emerging. [Rodman 1987, pp. 53-54]

Feeling "compelled" and having to think ideas "original" might easily be dismissed as symptoms of personal illness. Indeed, those close to Winnicott, including his own analyst, often did. But Winnicott believed his personal struggle—his being poised between the anxiety of influence and the need for company—reveals an essential driving force in psychic life. As he once wrote to Klein:

> This matter which I am discussing touches the very root of my own personal difficulty so that what you see can always be dismissed as Winnicott's illness, but if you dismiss it in this way you may miss something which is in the end a positive contribution. My illness is something which I can deal with in my own way and it is not far away from being the inherent difficulty in regard to human contact with external reality. [Rodman 1987, p. 37]

As Winnicott struggled with the "inherent difficulty in regard to human contact with external reality," he came to conceive psychic life as imbued with a vigor he called *imaginative elaboration* or *primary creativity.* What makes contact with reality "inherently difficult," from Winnicott's point of view, is not that it frustrates. Rather, the difficulty resides in the perpetual strain of keeping inner dream life and outer perceptions *separate yet interrelated,* so that meaningfulness emerges spontaneously from what is created and found. The importance Winnicott places on primary

creativity signals a shift in emphasis within psychoanalysis from patterns of frustration, gratification, and sublimation to the way in which a developing person meaningfully weaves with and is woven into the world.

An unacknowledged root of Winnicott's view of creative meaning making can be found in the writing of the English romantic poets Coleridge and Wordsworth. Coleridge and Wordsworth are important nonpsychoanalytic precursors, part of the broader cultural tradition upon which Winnicott's psychoanalytic originality is based. Winnicott discovered in these poets kindred spirits who deepened his appreciation of the delicate area between what is perceived and what is conceived. Coleridge and Wordsworth were deeply preoccupied with the overlap between *seeing* and *seeing in the mind's eye,* the to-and-fro movement between imagination and environment. Like Winnicott, they were struck by the inherent human difficulty in regard to contact with external reality; they proposed an intermediate area where inner and outer anchor each other; and they recognized a difference between the so-called creativity of everyday life and true artistic productions. Wordsworth even shared Winnicott's insight that creativity has its origins in the earliest relationship between mother and infant.

At the heart of Winnicott's clinical work lays an abiding concern for what is also a center of gravity for the romantic poets: the *vital spark* or urge toward creative aliveness. For Winnicott, *aliveness* refers to a psychological state, not a biological one. Many of Winnicott's seminal formulations—spontaneous gesture, the True Self, potential space, object use—are variations on the theme of how creative aliveness either grows and flourishes, or is hidden or dampened, as the developing child negotiates a personal way of finding a meaningful connection to the environment from which it is also differentiating itself. An experiential sense of aliveness accompanies creative meaning making. Paradoxically, a facilitating environment is required in order for brute reality to be gradually brought to life in this way.

As an experiment in thinking, I ask: given a sensibility that eschews principles in the sense that Freud employs the term, how does Winnicott think about the notion that a reality principle imposes on a pleasure principle the necessity for delay, detour, inhibition, and compromise? One way to read Winnicott's theory of primary creativity is as a re-imag-

ining of what it means for the individual to have contact with external reality. Winnicott reshapes Freud's reality and pleasure principles in accordance with his own sensibility.

To be clear: I do not mean to suggest that Winnicott replaces one set of principles with an alternative one. Indeed, from a theoretical point of view, Freud's principles of mental functioning and Winnicott's primary creativity operate on different levels of abstraction and attempt to answer different types of questions. Freud asks: what energy and constraints drive and regulate the psyche's contact with reality? Winnicott wonders: how does a person acquire a *felt sense* of reality?

In conceptualizing laws regulating a psychic apparatus, Freud proposes non-experiential concepts that niggle Winnicott because of their distance from any felt quality of human experience. For Freud, reality is often conceived of as a hostile force represented by the father and to which the child must adjust. For Winnicott, the mother introduces reality in small doses so that the child retains a secure sense that the environment is also always part of the self.

It is not that Winnicott fails to recognize the clash between personal impulses and the compromises that belong to relationships with what is eventually felt as external. He even appreciates the need to flee or fight danger situations. But for Winnicott, the emphasis is less on the *conflict* between "pleasure" and "reality," and more on the *contrast* between *two different kinds of relationship with reality* as it becomes increasingly external.

A "PIECE OF ABSURD UNLOGIC"

When Winnicott hazards a precise definition of the psyche, he proceeds from the premise that it has as its basis *the imaginative elaboration of physical functioning*. A typical passage from his lectures on human nature reads:

> The basis of psyche is soma and in evolution the soma came first. The psyche begins as an imaginative elaboration of physical functioning having as its most important duty the binding together of past experiences, potentialities, and the present moment awareness and expectancies for the future. [1988, p. 19]

And elsewhere he states:

> The psyche part of the person is concerned with relationships, relationships within, relationships to the body, to the external world. Arising out of what may be called the imaginative elaboration of body functioning of all kinds and the accumulation of memories, the psyche . . . binds the experienced past, the present and the expected future together, makes sense of the person's sense of self and justifies our perception of an individual there in that body. [1988, p. 28]

When Winnicott writes of "body functioning of all kinds and the accumulation of memories," he draws out an implication of Freud's neurophysiological presumption that, at the earliest or deepest level of experience, latent memories are somatic ones. Freud (1915), in countering objections to the notion of unconscious mental functioning, notes that:

> When all our latent memories are taken into consideration . . . we encounter the objection that these latent recollections can no longer be described as psychical, but they correspond to residues of somatic processes from which what is psychical can once more arise. [p. 167]

One meaning of the word *unconscious* for Freud refers to near-physical activity, that which is least available to consciousness. But Freud also aspired to provide a consistently *psychological* account of experience. Building on this aspect of Freudian thought, Winnicott suggests that psychological meaning is generated from the imaginative elaboration of somatic functioning. But for Winnicott, that which is "psychical" does not "*correspond to* residues of somatic processes"; at its root, primary creativity is what the psyche-soma *does*—it generates personal meaning.

Winnicott's *imaginative elaboration* is a temporally binding force concerned with relationships that might be said to "make sense of a person's sense of self." When an infant, for example, puts thumb in mouth, this is not solely an instinctive act. The psyche elaborates the function, the thumb eventually coming to stand for other objects gathered together in this way and brought into relationship with the mouth. Function comes to have *meaning* for the individual—at first very simple, but later quite complex. Meaning, Winnicott implies, requires some process that estab-

lishes relationships between sensory domains and maps bodily experience onto abstract concepts.[1]

The psyche is the *process of radical imagining of relationships* at the core of meaning making. Imagination enables the psyche-soma to bootstrap itself from within (Modell 2003)—what psychologist Frederic Bartlett (1932) described as "the organism's capacity to turn around upon its own schemata and construct them afresh" (p. 213). The psyche, in Winnicott's account, does not perceive and process information; it constructs meaning.

For Winnicott, imaginative elaboration is not another term for *fantasy* or another name for the unconscious. Imagining as carrier of potential meaning making cuts across topographical and structural lines. In unconscious life, we imaginatively create fantasies. In conscious life, imagining plays a role as well. Otherwise, consciousness would be pure repetition, rendering us incapable of arriving at new thoughts or ideas. Idiosyncratic and ungovernable, this radical imaginative force generates a flux of self experience that cannot be reduced to a series of introjections and projections.

The act of imaginatively elaborating is a process, not a thing or a substance residing in the mind. For Winnicott, the etymological connection between imagination and the earlier Latin verb *imitari*—to imitate, which is also the root of *imago*—has worn thin. The act of imagining is more autonomous, spontaneous, flexible, and inventive than mere imitating. Imagining does not produce replicas or representations. Rather, it is akin to what psychologist Paul Pruyser (1983) calls *evocation*—a summoning, calling, or conjuring up. "Evocation," writes Pruyser,

> . . . pertains to such possibilities as eliciting sorrow or languor by the stimulus of a picture of a tree with drooping leaves; of musical tones producing a feeling of relief after a thunderstorm, as in Beethoven's Pastoral Symphony; of producing an apprehen-

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[1] Winnicott's formulation is consistent with the descriptions of contemporary linguists and philosophers such as Lakoff and Johnson (1999), who argue that what makes us uniquely human is the imaginative capacity to generate metaphors. Metaphors arising from bodily sensations are a vital means of understanding the world rather than mere embellishments of speech.

sive mood by intoning "Once upon a midnight dreary . . ." Evocation involves images, but does not require imitation. [pp. 5-6]

In offering the following example, Winnicott (1986) acknowledges a certain "absurd unlogic" to the stake he claims regarding the human capacity to creatively conjure:

> I can look at a clock and only see the time; maybe I do not even see that, but only notice the shapes on the dial; or I see nothing. On the other hand, I may be seeing clocks potentially, and then I allow myself to hallucinate a clock, doing so because I have evidence that an actual clock is there to be seen, so when I perceive the actual clock I have already been through a complex process that originated in me . . . . Every moment I have my little experience of omnipotence, before I hand this uncomfortable function over to God. There is some antilogic here. Logic takes the form at one point of unlogic. I can't help this—this is actual . . . . The fact is that what we create is already there, but the creativeness lies in the way we get at perception through conception and apperception. So when I look at the clock . . . I create a clock, but I am careful not to see clocks except just where I already know there is one. Please do not turn down this piece of absurd unlogic—but look at it and use it. [pp. 49-52]

Reality—which exists independent of the individual—is not passively imprinted but imaginatively elaborated from within. Imagining is an absurdly unlogical force by which we "get *at* perception *through* . . . apperception." Somewhere between the sterility of autistic fancying and the resourcefulness required for survival lies the opportunity for meaningful illusions.

"BOTH WHAT THEY HALF CREATE AND WHAT PERCEIVE"

The romantic poets Wordsworth and Coleridge exerted a particular gravitational pull upon Winnicott since their concerns resonated with his own. Winnicott, like them, was "always seeking the clue" (Winnicott quoted in Rodman 2003, p. 96) to what enables a person to inhabit, in Wordsworth's (1798a) words,

> . . . the mighty world of eye and ear,—*both what they half create,*
> *And what perceive*, well pleased to recognise
> In nature and the language of the sense,
> The anchor of my purest thoughts, the nurse,
> The guide, the guardian of my heart, and soul
> Of all my moral being.
>
> [p. 134, italics added]

Since Winnicott rarely linked his inventive productions with the work of others, it is tricky to trace the direct impact of these poetic precursors. "I could look up creativity in *The Oxford English Dictionary*," he said in a talk before the Progressive League:

> And I could do research on all that has been written on the subject in philosophy and psychology, and then I could serve it all up on a dish . . . . Personally, I am unable to follow this plan. I have this need to talk as though no one had ever examined the subject before, and of course, this can make my words ridiculous . . . . It would kill me to work out the concordance of creativity references. [1986, p. 41]

It is also difficult to distinguish actual echoes from accidental resonance. The mere discovery of Winnicott's aesthetic affinity with the poetry of Wordsworth and Coleridge tells us virtually nothing about direct influence. Winnicott, after all, dealt in an area of universal concern. Humans, quite naturally, puzzle over their origins, motives, passions, and creativity. Writers, poets, theologians, and philosophers are as consumed by these matters as are psychoanalysts. Parallels, therefore, may hint at much but confirm little.

Nevertheless, there is sufficient reason to suggest that Wordsworth's and Coleridge's views of imagination enriched Winnicott's own. As a British public school student, he was exposed to their work. Milner claimed that Clare Britton deepened Winnicott's appreciation of the romantic poets; certain points in his writing are laced with their language (Winnicott 1952). Winnicott personally communicated to supervisees that he was an avid reader of Coleridge (Issroff 2005). And Winnicott directly spoke of and quoted Wordsworth to his patients. In one case, he reported mentioning a Wordsworth poem to a patient and being surprised that the patient was not familiar with the text (Winnicott 1972).

The power of imagination to produce images in the absence of objects, and the "marvel and miracle" of alignment between *seeing* and *seeing in the mind's eye,* is as crucial for Winnicott as for Wordsworth and Coleridge. Indeed, it is foundational to what Winnicott calls *psyche* and what Wordsworth and Coleridge call *mind.* While there are notable differences between the two romantic poets—Coleridge's interest as philosopher (and dejected poet) was more in the faculty of imagination, while Wordsworth's was more in the relationships sustained by mental imagery—together they intuited a vision that resonated for Winnicott (Turner 1988).

"There is creation in the eye," writes Wordsworth,

> . . . Not less in all the other senses; powers
> They are that colour, model, and combine
> The things perceived with such an absolute
> Essential energy that we may say
> That these most godlike faculties of ours
> At one and the same moment are the mind
> And the mind's minister.
>
> [Warnock 1978, pp. 118-119]

Because of the ambiguity of perception, there is always, for both Wordsworth and Coleridge, a curious meshing between *seeing* and *seeing in the mind's eye.* Coleridge describes imagination as a coalescence of subject and object. "Into the simplest seeming 'datum,'" he writes, "a constructing, forming activity from the mind has entered. And the perceiving and the forming are the same. The subject (the self) has gone into what it perceives, and what it perceives is, in this sense, itself" (Richards 1969, p. 57).

Or, as Coleridge succinctly puts it in his poem "Dejection" (1802): "*We receive but what we give*" (p. 308, italics added). Wordsworth (1805) poetically points to the same conclusion when he declares the mind to be "creator and receiver both,/Working but in alliance with the works/ Which it beholds" (p. 399).

Coleridge (1817) likens imagination to "master currents" (p. 242) below the surface of consciousness. What we imagine empowers and authenticates perception, allowing it to become personally meaningful (Warnock 1978, p. 116). The meshing of *seeing* and *seeing in the mind's*

eye—and this is true for Winnicott as well—allows what is inside to be felt as having substance and what is outside as having significance.

Long before Winnicott proposed potential space as "the intermediate area of *experiencing*" (1971, p. 2, italics in original), Coleridge referred to imagination as an *intermediate faculty*—that "reconciling and mediatory power, which . . . gives birth to a system of symbols" (Barth 1977, p. 83). Some special capacity, he assumed, must intermediate the mind's reaching out, even while it surrenders to what is discovered. "Most of my readers," writes Coleridge (1817),

> . . . will have perceived, a small water insect on the surface of the rivulets . . . and will have noticed how the little animal wins its way up against the stream by alternative pulses of active and passive motion, now resisting the current, and now yielding to it in order to gather strength and a momentary fulcrum for a further propulsion. This is no unapt emblem of the mind's self-experience in the act of thinking. There are evidently two powers at work, which relative to each other are active and passive; and this is not possible without an intermediate faculty, which is at once both active and passive (in philosophical language we must denominate this intermediate faculty . . . the imagination). [pp. 124-125]

Like Winnicott, Coleridge is struck by an inherent human difficulty in regard to contact with external reality: if the mind is full only of a consciousness of itself (an example of energy flowing solely in one direction), it will become solipsistically self-enclosed, lost in an active but isolated tyranny of self-consideration—what Winnicott calls the world of *subjective objects.* If, on the other hand, the opposite situation obtains (energy flowing all in the other direction), the mind becomes a passive automaton, responding only to stimuli of nature and circumstance—which Winnicott calls *reacting to impingements.*

The dilemma, for both Coleridge and Winnicott, is how to develop an account of experience that is not boxed in either by solipsistic subjectivity or by claims of objective perception. Since we are imaginatively dreaming even while awake, the intermediate area is crucial as a *resting place* from the perpetual strain of keeping inner and outer separate but

interrelated. It is the area where inner and outer *anchor each other* that allows symbols and culture to emerge and life to feel real.

To take this one step further: both Coleridge and Winnicott link imagination with nondefensive omnipotence associated with God. "Imagination," writes Coleridge (1817), "I hold to be the living Power and Prime Agent of all human Perception, and as a repetition in the finite mind of the eternal act of creation in the infinite I AM" (p. 202).

Thus, for Coleridge, the act of *perceiving* and of *making* symbols is essentially a religious act, a participation in the infinite creative act of the supreme symbol maker. At bottom, it is an act of faith in which human beings "partake of the Reality which they render intelligible" (Coleridge quoted in Barth 1977, p. 4). As with the supreme symbol, Creation, an act of faith is necessary to perceive the true unity of being within differences.

For Winnicott, too, a creative relation to external reality involves an act of faith. As reality is increasingly experienced as external—gradually differentiated from a primal unity—it becomes "a place from which objects appear and in which they disappear" (Winnicott 1988, p. 106). In the course of time, with sufficient enough overlap between primary creativity and mother's provision, the infant develops a feeling of confidence that objects of desire can eventually be found, even in their absence. This feeling of confidence is the root of the sustaining power of faith—that good things, even when lost, can eventually be refound.

Winnicott also frequently introduces the capitalized "I AM" to denote the earliest experiences of a bounded self—a self that emerges from an actual experience of omnipotence. "From this initial *experience of omnipotence*," he writes,

> . . . the baby is able to begin to experience frustration and even to arrive one day at the other extreme from omnipotence, that is to say, having a sense of being a mere speck in a universe . . . that was there before the baby was conceived of and conceived by two parents who were enjoying each other. Is it not from *being God* that human beings arrive at the humility proper to human individuality? [1987, p. 101, italics in original]

Both Coleridge and Winnicott also distinguish between the universal imaginative capacity constituting psychic life and the special talents of the creative artist. In developing this theme, Coleridge proposes the terms *primary imagination* and *secondary imagination.* By primary imagination, Coleridge means that the mind does not mechanically register stimuli and simply arrange them according to the laws of association; instead, mind is active even in the mere act of perception. It knows objects not by passive reception but by its own energy; indeed, it discovers itself *through the objects of perception.* "If the Mind be not Passive," writes Coleridge (1801),

> . . . if it be indeed made in God's Image and that, too, in the sublimest sense, the Image of the Creator, there is ground for suspicion that any system built on the passiveness of the mind must be false, as a system. [p. 709]

The "false system" against which Coleridge rails is the tradition of the Associationists, who assumed the mind in perception was nothing but "a lazy looker-on on an external world" (1801, p. 709).

Primary imagination is like a reliable craftsman, creating our own world even in the commonest everyday acts of perception. But in true poetry—in the making of symbols—a *secondary imagination* is also at work. Not content with the craftsmanship of everyday life and appearances—which can still "leave us cold"—the true poet strives for a vision more intense, more true, than that afforded by daily life. Despite primary imagination, people are too easily reduced to a state of near somnambulism in which they languish amidst what Wordsworth (1814) called "The repetitions wearisome of sense,/Where Soul is dead, and feeling hath no place" (p. 563).

Unlike "Fancy"—which Coleridge says merely recycles or "aggregates fixities and definites" (1817, p. 202)—true poetic imagination fuses disparate things into a new unity. Secondary imagination creates affectively rich symbols that "dissolve, diffuse, and dissipate" the "inanimate cold world" of prosaic consciousness:

> And would we aught behold, of higher worth
> Than that inanimate cold world allowed

To the poor loveless ever-anxious crowd,
Ah! From the soul itself must issue forth
A light, a glory, a fair luminous cloud
Enveloping the Earth.

[Coleridge 1802, p. 306]

Winnicott (1986), too, recognized the human vulnerability to lose feelingful connection to life. And while he believed it is in our common humanity to have the capacity for primary creativity, true artists bring to bear a special vision and talent:

> I must make clear the distinction between creative living and being artistically creative. In creative living you or I find that everything we do strengthens the feeling that we are alive, that we are ourselves . . . . If you have ever had a depression phase of the schizoid sort (and most have), you will know this in the negative. How often I have been told: "There is a laburnum outside my window and the sun is out and I know intellectually that it must be a grand sight . . . . But for me this morning there is no meaning in it. I cannot feel it. It makes me acutely aware of not being myself real."
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> Although allied to creative living, the active creations of writers, poets, artists, sculptors, architects, musicians, are different. You will agree that if someone is engaged in artistic creation, we hope he or she can call on some special talent. But for creative living we need no special talent. [pp. 43-44]

For Coleridge, the poetry of secondary imagination redeems human experience from mediocrity and expresses a "higher worth . . . a light, a glory, a fair luminous cloud" (1802, p. 306). But Winnicott keenly observes that artistic productions, even those of superior value, may actually indicate a *failure* of the artist in terms of creative living. "You can perhaps get my meaning," Winnicott once wrote to a French analyst, "if you think of a Van Gogh experiencing, that is to say, feeling real, when painting one of his pictures, but feeling unreal in his relationships with external reality and in his private withdrawn inner life" (Rodman 1987, p. 124).

The artist is engaged in a dialogue in which he struggles through his medium to "discover" resonating forms for which he is searching.

He reaches out emotionally toward a medium that *allows itself to be transformed* by the artist's subjective image, so that the artist can then find himself in the significant forms he has created (Wright, in press). From Winnicott's point of view, this dialogue is a natural extension of earliest experience in which the mother intuitively resonates and gives form to the infant's own gestures. As such, artistic endeavors often carry the potential of a healing function—but they can also fail to deliver. "The self is not really to be found in what is made out of products of body or mind," writes Winnicott (1971),

> . . . however valuable these constructs may be in terms of beauty, skill, and impact. If the artist (in whatever medium) is searching for the self, then it can be said that in all probability there is already some failure for that artist in the field of general creative living. The finished creation never heals the underlying lack of sense of self. [pp. 54-55]

What distinguishes creative living for Winnicott is not technical proficiency or originality of production, but the strengthening of the individual's sense of self through experiences that feel real.

When Wordsworth was twenty-eight years old, he penned the first version of an autobiographical poem that was reworked repeatedly over his lifetime but never published. He referred to it as "Poem (title not yet fixed upon) to Coleridge." His widow subsequently published it under the name "The Prelude; or Growth of a Poet's Mind." In it, Wordsworth (1805) intuits the centrality of mother's role in the psychic origins of imagination:

> Blest the Babe,
> Nursed in his mother's arms, who sinks to sleep
> Rocked on his Mother's breast: who with his soul
> Drinks in the feelings of his mother's eye!
> For him, in one dear Presence, there exists
> A virtue which irradiates and exalts
> Objects through widest intercourse of sense.
> No outcast he, bewildered and depressed:
> Along his infant veins are interfused
> The gravitation and the filial bond
> Of nature that connect him with the world.
>
>   [p. 398]

Wordsworth can be read as creatively nostalgic. But for him, nostalgia is not a wistful, precarious hold on the inner representation of a lost object. Instead, it is a belief that the living relational warmth of the first relationship becomes an integral and ongoing part of a vital "virtue": the individual's imaginative capacity to *encounter and evoke* the world rather than merely *refer to it*. Wordsworth (1807), who also famously declared that the "Child is Father of the Man" (p. 279)—a phrase Winnicott periodically borrowed—pointed to the possibility that the adult need not lose the child's seeing of things afresh.

For Winnicott, too, living creatively—feeling real—is the retention throughout life of the original experience of creatively imagining a world introduced in small doses by mother. In his view, even at the "theoretical first feed" (1952, p. 223), the infant makes a personal contribution to the productive effort. Mother's adaptation is not simply to provide for the infant as passive recipient of her ministrations, but to afford the infant sufficient opportunity to believe that the nipple and the milk arose out of his gestures, the result of his own creative idea that "rode in on the crest of a wave of instinctual tension" (1988, p. 110).

Winnicott develops a virtual cartography of how the vestiges of our earliest experiences with mother become the rudiments of our capacity to live creatively. From birth, the human being is concerned with finding elbow room between what is subjectively conceived and what objectively perceived. There is no well-being in this regard for the individual who has not been started off well enough by the mother.

THE VITAL SPARK

At the heart of Winnicott's work lays an abiding concern for the urge toward creative aliveness and with the deadness resulting from failures to create and discover a world that can tolerate one's own aliveness. "In each baby," he once remarked,

> . . . is *a vital spark*, and this urge towards life and growth and development is a part of the baby, something the child is born with and which is carried forward in a way that we do not have to understand. [1964, p. 27, italics added]

The notion of *aliveness* enters psychoanalysis through the back door (Goldman, in press). It was only after Freud speculated about a death

instinct that aliveness as *something distinct from either sexuality or self-preser-vation* became something that needed to be accounted for. What particu-larly troubled Winnicott was that Freud (1924, p. 160), in speculating about a nirvana principle as expressing "the trend of the death instinct," appeared to violate his own rule of providing a purely psychological de-scription of psychic life. Death, Winnicott argued, is a biological force, not a psychological one.

One way of thinking about primary creativity is as the experiential sense of aliveness accompanying personal meaning making. What makes this form of creativity primary is that it is not an expression or derivative of, nor is it motivated by, anything else. What interests Winnicott clini-cally is the distinction between moments of generative animation and those of empty, lifeless accommodation—how a person imaginatively cre-ates a space between the "thingness" of the world and his own subjec-tivity, so that brute reality may gradually be brought to life with meaning. The natural urge toward creative living becomes, in illness, a matter of great urgency.

Development, for Winnicott, proceeds through the negotiation of increasingly more object-related ways of being creatively alive. He speaks little of agencies or structures of mind, focusing instead on *movements in relationship* that make creative aliveness sustainable. The rhythmic verb *going on being* aptly captures what it means to be creatively alive be-fore the infant is anywhere near able to know anything about what time means (Ogden 2004). A premature awareness of the not-me structure of time preempts the infant's experience of his own rhythms, warping his sense of vitality. Mother's primary maternal preoccupation allows her to live briefly outside of time herself, surrendering to the infant's rhythms of sleep and wakefulness, verve and lassitude, crankiness and agreeable-ness, hunger and satiation, alertness and distraction, engagement and aloneness. This provides a setting for the infant—through spontaneous impulse, movement, gesture, salivation, and sight—in which to discover the world in his own way and in his own time, strengthening the natural capacity to *creatively apperceive* (Winnicott 1956, p. 303). It is creative ap-perception more than anything else, according to Winnicott, that allows life to feel real and worth living, rather than only something to be fitted in with or as demanding adaptation (Winnicott 1971, p. 65).

However, if the pattern of relating between child and environment is not good enough—if the child collides with the world rather than creatively finding himself in it—he will be forced to react by "withdrawal from contact for the *re-establishment of the sense of being*" (Winnicott quoted in Rodman 1987, p. 42, italics added). To be clear: for Winnicott, the "withdrawal from contact" may even include a preference to die. At some point in life, suicide might be preferable to the agony arising from violation of the integrity of one's *being,* the site of creative aliveness. It is more often than not a desire to be *not-yet alive*—to return to the unaliveness that precedes aliveness, with the unconscious hope that primary creativity can be reinstated—than it is a wish to be dead.

One way of understanding the transitional object is that it contains in condensed form the intensity and aliveness of the baby–mother dyad. By creatively substituting a special object for the mothering person, the infant's continuity of being is maintained. But to serve as a substitute for mother's aliveness, the transitional object—baby's first not-me possession—must be imbued with its own sense of aliveness *by the infant.* Put differently: the infant finds his own way of letting go of the not-yet-fully-differentiated mother while holding on to the mother-who-is-part-of-me.

In health, baby's own devices—his primary creativity—help mother remain good enough! First the infant must put himself *into* the object, then realize himself *through* the object. The finding of oneself in and through an objective medium generates a sense of meaningfulness. Thus, Winnicott's theory of development is not simply one of how mother's attunement enables baby to thrive; rather, baby's healthy competence to make use of his own inventiveness and imbue the transitional object with significance enables him to feel alive.

What makes creative aliveness particularly precarious, however, is that so very much hinges upon the *quality of response to the inherent destructiveness* that is also part of being alive. Calling into question Freud's and Klein's clinical anthropology—whereby the vital helplessness of childhood is thought to be universal, inevitable, noncontingent, and derived from the power of instinctual life—Winnicott (1970) contrasts two dramatically distinct worlds awaiting a newborn, emphasizing that "it makes all the difference which you and I were born into" (p. 287). The first possible world is one in which "a baby kicks the mother's breast. She is

pleased that her baby is *alive and kicking* though perhaps it hurt and she does not let herself get hurt for fun" (p. 287, italics in original).

In the alternative world, however:

> A baby kicks the mother's breast, but this mother has a fixed idea that a blow on the breast produces cancer. She reacts because she does not approve of the kick. This *overrides whatever the kick may mean for the baby.* [p. 287, italics added]

The infant's psychic health—creative meaning making—is contingent, in other words, upon mother's capacity to survive her own emotional reactions—remaining herself without losing connection to what the infant needs her to be. Only then can the child be enriched rather than shocked by her difference. Whereas Klein assumes that disturbance in the feeling life is the end result of active defense against the destructive force within, Winnicott entertains the possibility that the early individual-environmental set-up might thwart the natural urge of the individual to create/discover an external world in which he can be fully alive.

It is mother's capacity to experience and contain the full, alive stream of feelings within herself—love, hate, annoyance, tenderness, joy, jealousy, exhilaration, fatigue—that affords the infant adequate space for the primary creativity—a form of undefensive omnipotence—that underpins vitality.

RE-IMAGINING REALITY

It is often noted that there is little metapsychology in Winnicott's theory. Freud (1911) describes fundamental principles underlying psychic life. Winnicott's predilection is to hold in play clues and facts without building them up into systems. Freud asks: what energy and constraints drive and regulate the psyche? Winnicott wonders: how are people able to "make external reality something of and for themselves"? (Druck 2011). While Winnicott shows little concern for energic regulation or the functional "provinces" that structure the mind, he cares deeply about transformations in *forms of thought,* beginning with primary nonrepresentability and on through unconscious fantasy, conscious subjectivity, and the overlap between what is imagined and what perceived (Widlöcher, in press).

Still, it is worth considering: given that Winnicott eschews "principles" in the sense Freud employs the term, how does he think about the notion that a reality principle imposes on a pleasure principle the necessity for delay, detour, inhibition, and compromise?

A clue is to be found in the fact that, on the rare occasions when Winnicott mentions the reality principle, he often juxtaposes it with primary creativity. In a typical passage, he writes:

> Creativity, then, is the retention throughout life of something that belongs properly to infant experience: the ability to create the world. For the baby this is not difficult, because if the mother is able to adapt to the baby's needs, the baby has no initial appreciation of the fact that the world was there before he or she was conceived or conceived of. The Reality Principle is the fact of the existence of the world whether the baby creates it or not.
>
> The Reality Principle is just too bad, but by the time the little child is called upon to say "ta," big developments have taken place and the child has acquired genetically determined mental mechanisms for coping with this insult. For the Reality Principle is an insult. [1986, pp. 39-40]

Winnicott obviously recognizes the clash between personal impulses and the compromises belonging to relationships with what eventually is felt as external. He is well aware of the means—including fight or flight—that aid in circumventing danger situations. But rather than focus on how internal stimulation is regulated to maintain homeostasis or to reduce tension to near zero, Winnicott prods to consider an alternative way of thinking about the bridge between "pleasure" and "reality." He emphasizes that, at increasing levels of complexity, meaning may or may not be spontaneously generated in the to-and-fro movement between inner and outer. To employ an imperfect analogy: Freud's principles of mental functioning depict the physics of the psyche, while Winnicott's primary creativity portrays what Wordsworth (1798b) called the "blood and vital juices of the mind" (p. 103).

More specifically: for Winnicott, reality is not primarily a hostile force, represented by father and to be reckoned with through the compromising of pleasure. Instead, it is the gradually expanding arena in which the psyche generates meaning by imaginatively elaborating bodily

functions into increasingly complex relationships. The pleasure obtained is in the richness of an imaginative process meshing with a welcoming world. For Winnicott, *pleasure, reality, creating,* and *meaningfulness* overlap as mother and infant *communicate.* "We have to say," Winnicott notes, that

> . . . the baby created the breast, but could not have done so had not the mother come along with the breast at the moment. The communication to the baby is: "Come at the world creatively, create the world; *it is only what you create that has meaning for you.*" [1987, p. 101, italics added]

For Winnicott, the contrast is not between pleasure and reality so much as it is between *two different kinds of relationship with reality* as it becomes increasingly external. One involves creative apperception, whereby the individual is, in Wordsworth's (1805) words, "creator and receiver both, working but in alliance with the works, which it beholds" (p. 399); the other is based on compliance, "the world and its details being recognized but only as something to be fitted in with or demanding adaptation" (Winnicott 1971, p. 65). What concerns Winnicott is not how a reality principle modifies a pleasure principle, but whether one's sense of reality is experienced as desolate or as spangled by the heart's crayon.

But there is something else at work in Winnicott's re-imagining of how one weaves with and is woven into reality. When all is said and done, he puts little emphasis on the conflictual nature of drives. It is not that Winnicott does not believe in instinctual conflict—he does. But instinctual conflict is not the salient situation of early infancy, nor does it account for all of human experience. "Only comparatively recently," he notes in a review of Fairbairn's contribution,

> . . . have analysts begun to feel the need for a hypothesis that would allow for areas of infancy experience and ego development that are not basically associated with instinctual conflict and where there is intrinsically a psychic process such as that which we have here termed "primary creativity." [Winnicott 1989, p. 420]

Winnicott writes of "difficulties" in regard to contact with reality, which he elsewhere describes as "one of several basic *troubles* that be-

long to human nature" (1986, p. 46, italics added). Winnicott carefully chooses these words—*difficulties* and *troubles*—so as to signal a shift toward apprehending human experience primarily in terms of *paradox* rather than *conflict.* "I find," he once said, that:

> . . . it's almost like trying to count the number of fairies on the end of a pin to see how far you can go back talking about what's happening in an infant leaving out the fact that the environment is, at the beginning, part of the infant. I think that the difficulty is that there's a paradox, and it's the same paradox that turns up in transitional phenomena . . . . The paradox is that the environment is part of the infant and at the same time it isn't. The infant has to accept this eventually in order to become a grown-up at all. [1989, p. 580]

Opposites, for Winnicott, are not antagonistic constraints to be overcome, but rather are paradoxical propositions to be lived with—"accepted, not resolved"; reality, paradoxically, "is part of the infant and at the same time it isn't" (1989, p. 580). A devoted natural scientist of human development, Winnicott relies on paradox as a hedge against what otherwise risks becoming a split-off intellectual scientism.

Turner (1988) beautifully captures this current when he writes:

> Each of [Winnicott's] paradoxes surprises us into new relational thought by shocking the familiar categories of our understanding, and in each case their poetry ensures that the seat of this new thinking is not the intellect but the sympathetic imagination. [p. 491]

Winnicott thought deeply about paradoxes involved in experiencing limits. For him, reality must be re-imagined to be made real.

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EDITOR'S INTRODUCTION

The last several years have seen a significant increase in communication among psychoanalysts working within different theoretical and cultural traditions. The conversations that have emerged have great potential, but the difficulties they pose are vexing. Despite the common humanity that is the target of our inquiry, psychoanalysis as both theory and practice is ineluctably local; everything we know and believe is shaped decisively by ideas and personalities that are specific to the region within which we learn and work.

The problem goes beyond the difficulties that arise when we try to translate terms and concepts from one system to another. George Bernard Shaw once remarked that the British and the Americans are separated by a common language, and it is fair to say that psychoanalysts are separated by our common ancestors. It is hard, for example, to find a consensual "Freud" in the readings of North American ego psychologists, British Kleinians, French *psychosomaticiens,* and so on. The differences can vitalize our discipline, but they can also discourage attempts at mutual understanding.

In this issue of *The Psychoanalytic Quarterly,* we are offered the opportunity and the challenge of communication among different traditions. Marilia Aisenstein, a leading member of the Paris Psychosomatic School, has written a paper that includes poignant, vividly told clinical material that will be evocative for all who read it. But the material is framed by theoretical constructs—and readings of Freud—that are certain to be unfamiliar to and possibly uncomfortable for an Anglophone audience.

With the goal of opening a dialogue between Dr. Aisenstein's ideas and those of our readers, I invited her to participate in a question-and-answer session in which I asked her to elaborate on some of the ideas that inform her work. Dr. Aisenstein generously accepted this invitation; my questions and her answers follow her paper.

JAY GREENBERG

A PARTICULAR FORM OF PATERNAL IDENTIFICATION IN WOMEN

BY MARILIA AISENSTEIN

Keywords: Identification, Freudian theory, fathers, culture, oedipal complex, psychic bisexuality, sexuality, masculinity, femininity, phallocentrism, seduction theory, multiple personality, psychosis.

> [The paternal relationship is] . . . a relationship with a stranger who, while being someone else, is also a part of me.
> —Levinas 1982, pp. 63-64, translation by Steven Jaron

Freud placed the father's function at the core of the acculturation process, as well as at the center of the construction of the individual subject. Anthropologists, moreover, generally agree that a *transcultural paternal function* exists (Godelier 1996, 2004; Lévi-Strauss 1969; Malinowski 1948). In every culture, the relationship with the father is fundamental. It marks the evolution of a direct object-cathexis toward a more complex relationship based on identification. The child takes possession of his father through identification, which results in a highly ambivalent relationship characterized by love and hate. But above all, the process of identification opens the way to otherness.

The first identification prior to object choice, for both boys and girls, is identification with the father of personal prehistory:

> Identification is known to psycho-analysis as the earliest expression of an emotional tie with another person. It plays a part in the early history of the Oedipus complex. A little boy will exhibit a special interest in his father; he would like to grow like

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him and be like him, and take his place everywhere . . . . This
behaviour has nothing to do with a passive or feminine attitude
towards his father . . . ; it is on the contrary typically masculine.
It fits in very well with the Oedipus complex, for which it helps
to prepare the way. [Freud 1921, p. 105]

Though it is well known and clear in boys, this identification also ex-
ists in women and is at the origin of the ego-ideal tied to the superego,
itself essentially constituted by identifications with early parental objects.
The formation of the female superego is made more complex by the fa-
ther's dual position as the original seducer but also guarantor of the law.
Later, the girl may give up her oedipal attraction to the father by gaining
hold of him through identification.

I should like to examine a form of virile identification in women
that is not phallic. This form of identification is promoted by the ca-
thexis of fathers (or mothers) whose robust psychic bisexuality makes
early bisexual cathexis in the little girl possible, highlighting qualities in
her that are more frequently attributed to boys, without depriving her of
her femininity.

Freud (1939) noted that:

This turning from the mother to the father points in addition
to a victory of intellectuality over sensuality—that is, an advance
in civilization, since maternity is proved by the evidence of the
senses while paternity is a hypothesis, based on an inference and
a premise. [p. 114]

Stoloff (2007) soundly condemns the invariable amalgam between
a theory of cultural and symbolic parenthood and the primacy accorded
to patriarchy throughout history. But today, in once again modeling the
paternal function on current representations of the real father, we risk
reproducing this very telescoping. On the contrary, it is a matter of iden-
tifying a distinctive function that concerns mothers as well as fathers,
men as well as women; we must focus on "the interposition between the
human subject and his two biological progenitors, the real mother and
father, of a symbolic and social progenitor responsible for introducing
him into the human community" (Stoloff 2007, p. 89, translation by
Steven Jaron). We might think of this as a sort of social and cultural

third party that is part of the concept of the father, but that concerns both parents.

Having said this, I wish to point out that Freud described a theory of femininity—and, in particular, a theory of the question of the father—among young girls. Thus my remarks are not new; on the contrary, they are very Freudian and relate to two fundamental texts: Freud's "Female Sexuality" (1931) and his lecture on "Femininity" (1932). In the former, Freud uses the metaphor of the vestiges of "Minoan-Mycenean civilization" coming to light as the foundations of the oedipal phase (p. 226).

In my introduction, I emphasized the difference between the notion of a paternal function as a social and cultural third party and the real father. I would now like to underscore that the *primacy of the phallus* does not belong to Freud's theory; instead, Freud refers to this as an *infantile sexual theory of the child ascertained through clinical observation.* Already in 1915, in an addition to his *Three Essays on the Theory of Sexuality*, Freud wrote: "The assumption that all human beings have the same (male) form of genital is the first of the many remarkable and momentous sexual theories of children" (1905, p. 195). Thus there is no "Freudian phallocentrism," as some feminist psychoanalysts have claimed, but rather the recognition by Freud of a phallocentric theory among young children. In effect, this "children's sexual theory" (Freud 1908) has great consequences for the future of the young girl, who is the main author of this theory.

How should we understand this view? My hypothesis is that one must see it as the young girl's attempt to construct an otherness that is unthinkable at the dawn of life. The destiny of the girl's entire psychosexuality comes down to this.

The female Oedipus complex is more complicated than the young boy's. It presupposes a prehistory that Freud calls the "Minoan-Mycenean" period (1931, p. 226), due to its tie with the mother. If prior to any object choice the first identification is with the father, this primary identification is at the origin of an ego-ideal tied to the superego; the young girl, because of her preoedipal attachment, will then identify with her mother. It is a matter of a tender, preoedipal phase of attachment that is critical for the establishment of all later identifications.

The girl's first identification with her mother is closely related to primary homosexuality. Freud (1912–1913) mentions in this regard a verse from the Bible ("I am your bone and your flesh," p. 135). In the course of her oedipal development, the girl will turn away from her mother, who becomes a rival. Postoedipal identifications with the father represent a pathway toward resolving the complex: she lays hold of the object through identification so as to renounce it erotically.

I wish to discuss here a secondary identification of the woman with the father that I have often encountered in women analysands. This is a virile, nonphallic identification rarely encountered in the literature. This type of identification has often seemed salutary and is always tied to a bisexual cathexis by the father or another who could cathect the child as bisexual or ambisexual.

A CLINICAL EXAMPLE: AICHA

As an example of such an identification, I will describe a very extreme, psychotic patient in her forties who deeply affected me. I will call her Aicha.

Amazingly, Aicha had never been hospitalized in a psychiatric institution, nor had she taken psychotropic medication. She obviously suffered from severe mental illness and experienced hallucinations and a dissociative state of mind. She might have been diagnosed as schizophrenic by a psychiatrist, and maybe she was; in any case that is not important here.

When Aicha first called me, she insisted that I give her an appointment. She said she was stubborn and had decided that I would take care of her. I strongly resisted, since I thought she required five sessions per week and I was unable to provide more than two. But Aicha told me that she had already had many failures in therapy, and that she had sought me out specifically; the smile of the man who referred her as he spoke about me, and my way of greeting her, in addition to how my office looked, its color—all this demonstrated that this was the place in which she would find herself.

Aicha was born in Egypt to a Greek mother and an Egyptian father. Her father died when she was eight; her mother died a year earlier while

on a psychiatric ward. Her sister had been hospitalized in a psychiatric institution and her brother had committed suicide five years earlier.

Aicha was married at a very young age in Egypt, but realized that she had wed a beautiful but insane man who was abusive in the same way that her mother had been. She had come to France in order to flee from them.

She was a very talented social worker. She lived with a woman who seemed to be sincerely in love with her. She bordered on obesity and was diabetic (non-insulin dependent) and asthmatic, and she also suffered from a chronic skin infection. She limped after having had many broken bones, the consequence of her mother's abuse.

During our first session, Aicha appropriated the office space, laying out her amulets at her feet. These objects consisted of a very small notebook, two small tops, a compass, and Greek prayer beads called *komboloi,* which have no religious significance but are carried by men and are often handled and massaged by them in cafés or on the street.

She recounted a dream that took place on a Greek island devastated by war. In the dream, she wandered about and found a silent old man who calmed her down. Aicha then associated to her paternal grandfather, who had listened to her and had read to her from the Koran.

"We'll be able to talk about everything here," Aicha said to me. Surprised, I asked, "We"? Only later did it become clear what she meant by "we"; in fact, she felt as though she were inhabited by many characters to whom she did not have access. She told me the tricks she used in order to behave well in society. She would go to the restroom, where she would beat or pinch herself; the pain helped her leave the madness behind.

I pointed out to her that, through pain, she again returned to the body-contact relationship with her mother. She cried for the first time in a very long time. At that point, I decided to work with her; my decision was based on her intense and sudden cathexis toward me, her emotions, and her ability for thirdness. Specifically, even though she suffered from a severe identity disorder and substantial pathology, she could still tell me about the smile of the man who had referred her to me. We thus began a very long, unusual analysis, first at a twice-weekly rhythm and then three times a week, on the condition that she would also see a psychiatrist, which she accepted.

I will discuss two of her sessions, the first of which took place immediately before our first one-month summer break. For many months, we had been working on the haunting questions that she had asked herself as a child when her mother beat her, when she was punished and tied up. "Am I myself?" she would wonder. "Who is this self?"

Aicha had been the only one of the three children in the family to be beaten. I told her that her questions meant "Why me and not the others?" At first Aicha rejected this, saying that she had never wished the younger siblings to be abused. She then agreed, however, since she remembered thinking that she had "moved out of her body and didn't feel anything any more."

A few weeks before the summer holidays, Aicha had had to be hospitalized after throwing away her diabetes medication. At the time, I proposed that she call me at the time of our regular session. The following session took place in person after her two-week break in the hospital and one week before my summer vacation.

First Session

Aicha made herself comfortable, arranging her amulets; as usual at the beginning of our sessions, she displayed a wide smile and looked delighted, like a little girl. Suddenly, she stood up and came over to give me a small piece of folded paper. I took it and asked about it, and she said, "Unfold it—you'll see it's your phone number, I'm giving it back to you." She explained that, although I had given my approval for her to call me, she was afraid that the "other one" might abuse me by phone during the summer break.

I laughed and said, "But you will be there and tell her not to call me, won't you?" She answered, "I know, but I'm afraid she will cancel me out—annul or invalidate me. I'm afraid she might act without my knowing about it."

I told her that her fear indicated she did not feel safe in view of the holiday break, and that she was upset but was too frightened to put it in words.

"Yes," she said, "that's the way it is."

She then spoke at length about her problems at work. She was working in a center for handicapped children. She liked the children very much and identified with them. The director of the center was a psychologist who accused Aicha of becoming too caught up with the children and unable to maintain a healthy distance. Aicha thought this woman too defensive and remote from the others. She said: "She's a poor lady."

I told her that this was her way of saying that she deeply hated her.

Aicha said: "I've put these feelings deep inside and I don't have access to them any more. I feel them only when I'm with you." She remained silent for a long time and played with the small top she always had with her, spinning it.

After a while, I asked her what was happening. She replied: "We talk and that's great . . . as if you were already absent."

This answer referred to something I had told Aicha in the past: that when she was a child, she could not think in the presence of her so disruptive and violent mother, who was always convinced that she knew exactly what her daughter was thinking. (This is why I never asked Aicha what she was thinking.)

I told her that it was important for her to feel me as absent while I was there, and that this was connected to the idea that she could maintain me in her mind while I was away. She said: "I know, but if it's too long, everything breaks down." She spoke about moments of emptiness, of holes, and how this was the worst . . . . She recounted a dream about an explosion: there was a mine and she wanted to tell the people to run away, but nobody would listen to her. I told her that when there was a risk of explosion, she was the one who created a vacuum in order to cancel herself, in order not to feel any more.

Aicha then spoke about her nephew, the son of her hospitalized sister who was being raised by his father. She was worried about him; he had not seen his mother in years. Why couldn't she herself take him for the holidays?

I asked: "You'd be taking care of a baby boy while I abandon you?" I had in mind the paternal grandfather who had cared for her.

"No, you just go away—it's part of the contract." There was a long silence. "Did I ever tell you that my grandfather called me 'Boubi'?" She explained that her grandfather spoke Arabic and also German, and that *boubi* meant *little boy.*

She played with her spinning top and looked at her watch, and told me: "We have to stop—it's almost over." The session was nearly over, and we had not noticed the passage of time; this was her way of letting me know that it was time to stop. She left with a big smile.

Next Session

At our first session after the summer break, Aicha sat back in the armchair and took out her amulets, which as usual she spread out around her. Then she got up out of the chair and sat down on the floor, like a child. She played by herself and did not speak to me.

I left her alone and, about ten minutes later, she said to me: "You let Boubi out and since he's here, the others are calmer." I told her that Boubi seemed to be able to play and think more calmly in the presence of someone else. Maybe because she had been able to do this in the presence of her grandfather?

"Yes—it's also because Boubi is a little like a boy."

I repeated, "'A little like a boy'?"

"Yes, but I never thought that I was really a boy." A moment of silence. "And then I lost him . . . ."

"Lost Boubi?"

"Yes," Aicha told me. "Yes—long ago . . ."

I asked her, "At the death of your grandfather who read you the Koran?"

"My mother buried Boubi with my grandfather . . . . She was happy; she said that we'd have more room . . . . He died two years after my father." Aicha broke down in tears and cried for a long time, still on the floor.

I told her, "But here we can unbury the dead."

Beginning with this session, we were able to observe how Aicha used the identification with the young boy in herself, who was cathected by her grandfather. This allowed her to cry over the loss of her grandfather,

the man who had cathected her. This was the first time she had cried over him, she told me. Later on, she also spoke to me about her father, who was very "absent" but also just. A few months after these sessions, she told me that she had started to read and write again.

DISCUSSION

In describing the ego's identifications with its oedipal sexual objects, Freud (1923) notes that, if these identifications turn out to be too intense, diverse, and incompatible with each other, ego dissociation might occur in which the various identifications isolate themselves from each other. This is what we observe with Aicha, who initially presented with what the literature describes as multiple personality. Only the identification with her grandfather, who could cathect her as a young girl but also as a young boy to whom he would read the Koran, enabled her to cathect the activity of reading and her studies. I would say that this identification, founded on a tender, bisexual, and sufficiently desexualized cathexis, could be used as a guiding principle with which to undo prior and future identifications with an insane and abusive mother.

The appearance of her grandfather during Aicha's first session was a very important moment in which, through an immediate and massive transference onto me, the recathexis of the paternal function initiated a movement of oedipal working through. This illustrates Freud's (1939) remark that:

> This turning from the mother to the father points . . . to a victory of intellectuality over sensuality—that is, an advance in civilization, since maternity is proved by the evidence of the senses while paternity is a hypothesis, based on an inference and a premise. [p. 114]

Earlier, Freud (1931) mentions the mother–daughter relationship and emphasizes the importance of what he calls the *originary tie* with the mother—and, addressing the issue of seduction, he finds it noteworthy that "girls regularly accuse their mother of seducing them. This is because they necessarily received their first, or at any rate their strongest, genital sensations when they were being cleaned and having their toilet

attended to by their mother" (p. 238). Aicha was seduced, beaten, and abused by a seducing mother. Her preoedipal attachment was violent, and yet her grandfather's cathexis of her, brought to life again through the transference, made modifications possible *après-coup*.

It is true that Aicha is a unique case. I chose her for my discussion since the material is very clear, as is often the case among non-neurotic patients. I nevertheless find it interesting that this particular identification is found in classic analyses with neurotic patients. We are all familiar with clinical work with all kinds of subjects whose entire development was changed by the encounter with a good male schoolteacher (or a good female schoolteacher—what matters here is the paternal function). It is possible to give several illustrations of analyses in which, after many years of work, a memory or dream suddenly appears and signals the importance of this identification. I would like to suggest that this virile but nonphallic identification is, for the young girl, the equivalent of what might be called the *homosexuality guarantor* of intellectual acquisitions for the boy.

When Freud describes the passage of the mother to the father as the passage of the sensual and tender tie to the intellectual community, which is symbolically paternal, he is talking about the boy. It seems to me that, among young girls, this passage is more complicated, since the father of the law is also the seducing father of the Oedipus complex. For the girl, this identification may be made only with the presence of a tender, tempered, and desexualized cathexis in which she may feel she is bisexually cathected through a gaze that enables her to exist as a woman, but also to exist in the domain of men.

I believe in the importance of a symbolic passage in which the father, representing a paternal order or community, is internalized. For the daughter, the father may then become what philosopher Emmanuel Levinas (1982) defined as a "stranger who, while being someone else, is also a part of me" (pp. 63-64).

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PATERNAL IDENTIFICATION IN WOMEN: A DIALOGUE BETWEEN JAY GREENBERG AND MARILIA AISENSTEIN

The Psychoanalytic Quarterly's Editor, Jay Greenberg, poses some questions for Marilia Aisenstein about her paper, "A Particular Form of Paternal Identification in Women"

Question 1: *Dr. Aisenstein, in your opening remarks, you refer to Freud's concept of a primary identification that precedes object cathexis. This idea is less familiar, and so less salient clinically, to Anglophone readers than it is to French analysts. North Americans are more attuned to identifications that follow object loss or at least the awareness of difference. As a result, your statement that "the process of identification opens the way to otherness" is perplexing; we are more likely to emphasize ways in which identification solves the problem of otherness. Could you elaborate your understanding of the dynamics of these two types of identification and say something about how you work with them clinically?*

First I wish to thank you, Dr. Greenberg, for these eight very profound and nuanced questions. I shall try to reply to them.

Primary identification is a modality of constitution for the subject along the lines of the model of the other, but it is not secondary to a relation in which the object is recognized as independent. Primary identification is the most originary form of a link to an object. It is thus chronologically first, and all secondary identifications are superimposed on it. "At the very beginning, in the individual's primitive oral phase, object-cathexis and identification are no doubt indistinguishable from each other," writes Freud (1923, p. 29).

It is interesting to note that, when he speaks about primary homosexuality, Freud refers especially to an immediate identification of the baby boy with the father, which he situates as occurring prior to the recognition of the object as other. In this way, the identification does not precede the cathexis but is correlative to the cathexis. Secondary

identifications, by contrast, imply that the other is already recognized as different. This is why I consider this primordial link as paving the way toward recognition of the other. This process of identification bears witness to the construction of otherness. Afterward, as you say, secondary identifications could also be seen as solving the problem of otherness.

In my clinical work with women analysands, it has seemed to me that secondary identifications with the father—long unconscious, and often very formative—rely, as with men, on a primary identification with the father.

Question 2: *You refer to "the father's dual position as the original seducer but also guarantor of the law." I find this characterization of the father to be interesting and evocative, but I also wonder what becomes of the role of the mother as original seducer. In your Discussion section, you refer to Freud's later ideas on the subject, quoting him as saying that "girls regularly accuse their mother of seducing them. This is because they necessarily received their first, or at any rate their strongest, genital sensations when they were being cleaned and having their toilet attended to by their mother." Approaching the problem from a slightly different perspective, Laplanche (1999) seems to come up with a similar idea. Could you clarify your idea about the father as original seducer in light of these considerations?*

This question is demanding and complex. I see three levels to it: first, Freud's different theories of seduction, based on his papers on femininity; second, Laplanche's theoretical approach to what he calls *seduction generalisée* (the general theory of seduction; Laplanche 1999); and third, my own views in regard of my clinical daily work.

Let me start with Freud. From his very early papers to 1897, he espoused a theory of seduction according to which the child (the little girl) had been passively seduced by the adult. In 1897, in a letter to Fliess dated September 21 (Masson 1985), Freud abandons this theory, for he is clinically convinced that the scenes described by his female patients are instead later reconstructions related to early unconscious oedipal fantasies. He nevertheless keeps the idea that the confrontation with adult sexuality is disruptive for the child. In 1932, Ferenczi developed the idea of a traumatic irruption of adult sexuality in the child's

psyche through words (the language of passion versus that of tenderness).

The female Oedipus complex is more complicated than the boy's. Prior to any object choice, the first identification is with the father, and this *primary identification* lies at the origin of an ego ideal tied to the superego. The young girl will then identify with her mother. There is a tender, preoedipal phase of attachment that is critical for the establishment of later identifications. The girl's first identification with her mother is closely related to primary homosexuality. It presupposes a prehistory, which Freud calls the Minoan-Mycenean period (1931, p. 226) due to its tie with the mother. In the course of her oedipal development, the girl will turn away from her mother, who becomes a rival. Postoedipal identifications with both parents represent a pathway toward resolving the complex: the girl takes hold of the objects through identification so as to renounce their erotic aspects.

Both parents are seducers in different ways. Children desperately love their parents and are afraid of losing their love. The mother can be seen as seducing the child in that she is the one who deals with the body. For the little girl, the father of the primary identification is not a seducer; he represents an ideal and the law. But later, during the oedipal period, he is viewed as a seducer. That is why I state in my paper that the construction of the female superego is complex: the father, who is the model of the ego ideal, later becomes the oedipal seducer.

In his lecture on "Femininity" (1932), Freud describes the construction of the superego. He writes:

> In a boy the Oedipus complex, in which he desires his mother and wants to get rid of his father as being a rival, develops naturally from the phase of his phallic sexuality. The threat of castration compels him, however, to give up that attitude. Under the impression of danger of losing his penis the Oedipus complex is abandoned, repressed, and in most normal cases, a severe superego is set up as its heir. What happens with the girl is almost the opposite: in the absence of fear of castration the chief motive is lacking which leads boys to surmount the Oedipus complex. As a result, girls remain in it for an indeterminate length of time. They demolish it late, and even so, incompletely. In

those circumstances the superego must suffer. It cannot attain the strength and independence which gives it its cultural significance and feminists are not pleased when we point out to them the effects of this factor upon the average feminine character. [p. 129]

On this point I disagree with Freud, for I am not convinced by his argument. Even if the superego's construction is more difficult for women, they can nevertheless establish a strong and independent superego. I prefer to say that, because of the dual reference to the father as a figure of the law and the beloved father of the oedipal phase, even a strong female superego can "dissolve in love." I have learned from my patients—as well as from true stories described in published accounts, and from numerous examples in literature and novels—that when madly in love, some women can "do anything."

I will briefly discuss Laplanche's general theory of seduction (1999). Laplanche is a very smart and impressive thinker. His theory of seduction is founded on Freud's *oeuvre* but also on Ferenczi's work. He goes further than Freud or Ferenczi in writing that the real problem is *dissymmetry* between the child and the adult. He avoids saying that the child is passively seduced by the adult, but rather states that a dissymmetry exists based on language. The child's passivity is mostly due to the fact that he does not possess language and therefore receives *enigmatic messages,* which are infiltrated by adult sexuality via the parent's unconscious. These messages are seductive and "enigmatic" because they convey to the child meanings that may also be opaque for the adult. For Laplanche, this is *originary seduction* in that it underlies different levels of seduction: both the primal seduction by the mother, as described by Freud, and later the oedipal seduction.

In my view, Laplanche is a brilliant and deeply coherent theoretician, but I find myself personally unable to use the clinical implications of his theory. By this I mean that his books and articles are conceptually fascinating, but they did not help me in my daily practice. In contrast, when I read Freud's, Green's, and Rosenberg's theoretical papers, for example, I always have the feeling that their thinking is anchored in their clinical experiences and that it enriches my own clinical work, which is important to me.

Question 3: *You say that "the primacy of the phallus does not belong to Freud's theory; instead, Freud refers to this as an infantile sexual theory of the child ascertained through clinical observation." This is key to your argument, Dr. Aisenstein, and paves the way to your idea that there is a "virile, nonphallic identification rarely encountered in the literature." But then, in support of this, you quote an assertion of Freud's. This argument might be seen as circular, and of course there are observations to the contrary in the psychoanalytic literature, feminist and otherwise. You conclude that the phallocentric theory of young children is "the young girl's attempt to construct an otherness that is unthinkable at the dawn of life," which is an intriguing but perplexing explanation. Is the need to construct this "otherness" driven by a need to deal with fears of engulfment by the mother? Do boys construct the same theory, and is this driven by the same need?*

I am Freudian and I read and reread Freud in detail. This is why I am vehemently opposed to certain feminist readings of Freud, which I criticize for distorting his thought by quoting him only partially. It is not a matter of a personal idea of mine, but of my very attentive reading of the texts. I shall try to explain.

In 1915, Freud added the following to his *Three Essays on the Theory of Sexuality* (1905): "The assumption that all human beings have the same (male) form of genital is the first of the many remarkable and momentous sexual theories of *children*" (p. 195, italics added). Note that Freud does not write, "I hypothesize that . . ." Rather, he indicates that, as a clinician, he observes a hypothesis held by children. The author of the theory is thus *the child*. In developing his thesis, Freud (1908) does not hesitate to qualify these child sexual theories as "false," referring, in fact, to "these false sexual theories, which I shall now discuss." Yet he notes that "each one of them contains a fragment of real truth" (p. 215). He continues: "The first of these theories starts out from the neglect of the differences between the sexes on which I laid stress at the beginning of this paper as being characteristic of children" (p. 215).

To reply more specifically to this question, I believe that boys and girls alike construct their relationship to otherness in correlation with a primary identification with the father. On the basis of this identification, the virile but nonphallic identification with the father, which I describe in my essay, may be superimposed in the young girl. For her, sec-

ondary identifications with the mother are predominant after the visual discovery of the difference between the sexes; they cover up and hide identifications with the father.

Perhaps this conviction makes me a feminist who differs from those who accuse Freud of being phallocentric. Yet I believe that, apart from the difference between the sexes, we are equals in facing the difficult conquest of otherness.

Question 4: *Many contemporary analysts and infant researchers, especially in North America, disagree with Freud's assertion that "the assumption that all human beings have the same (male) form of genital is the first of the many re-markable and momentous sexual theories of children." They feel, especially, that this assertion of Freud's was made on shaky grounds because it is an extrapolation from clinical work with adult patients, and is not grounded in direct observation of children. Is your endorsement of Freud's assertion based on your own clinical experience, and could you say something about this?*

I am not a child psychoanalyst. My clinical experience of children comes from the "child in the adult" whom we meet in our analyses of adults, and from clinical and scientific exchanges with European colleagues who are child analysts.

First, Dr. Greenberg, I would like to state that I do not think that the memories, experiences, and feelings of an adult patient in analysis can be seen as "extrapolations" of his childhood, for they are part of his psychic reality. Direct observation deals with external reality, but real life (psychic life) is evident in internal reality. As psychoanalysts, we always work at the frontier of those two realities.

I am here thinking of an excellent paper by Britton (1995), who notes that beliefs, even wrong beliefs, have their roots in unconscious fantasies. Consequently, I do not support the view that direct observation is "more true" than clinical evidence that emerges from analytic material. I prefer to see direct observation as describing external reality, which is only one part of the picture. I would add that our outstanding child analysts, such as Melanie Klein, Anna Freud, Serge Lebovici, Rene Diatkine, and Irma Brenman Pick, among many others, did not, as far as I know, contest Freudian assertions about children's sexual theories.

In all my psychoanalytic work with female patients, I have not encountered mention of the children's sexual theories themselves, but I have observed beliefs that I consider to be outcomes of Freud's assertions. For example, most women have the "wrong belief" that men are less phobic or less vulnerable than they are (personally, I would believe the contrary). I remember hearing comments such as: "Why would he be as afraid as I am? He is a man."

One patient would remind me that it was humiliating for her to see that her brothers were able to urinate standing up, without removing their underwear. Some described being jealous of boys because "everything is easier for them." Such beliefs (as well as the "wrong beliefs" discussed by Britton) I consider to be the offspring of the unconscious theories or fantasies described by Freud.

I follow Freud because his theoretical proposals convince me. I wonder how we can imagine that the visual discovery of the anatomical difference between genders would not have profound psychic consequences? How does the human psyche deal with such a traumatic discovery? The first step is to deny, and the second consists in building an explanatory story. When I quote Freud, I do not do so as though referring to the Bible, but because I consider his thinking logical and deeply anchored in clinical listening.

Question 5: *You believe that "virile, nonphallic identifications" are "tied to a bisexual cathexis by the father . . . who could cathect the child as bisexual or ambisexual." Many North American analysts may see this as overstating the role of sexuality in formulating what it is that the father sees in his daughter; for example, the father's encouragement of the little girl's aggression, assertion, and ambition could be viewed as equally important. Do you believe that this relationship is invariably driven by sexuality?*

My thesis relies on the importance I place on the concept of *psychic bisexuality*. The concept of human bisexuality was suggested by Fliess; Freud borrowed it and turned it into a central element in the psychosexual development of all individuals. Moreover, he refers to it throughout his work, from the birth of psychoanalysis in the 1890s to *An*

Outline of Psycho-Analysis (1938). In a notable passage, he clearly shows how identifications with the two parents influence later object choice:

> This leads us back to the origin of the ego ideal; for behind it there lies hidden an individual's first and most important identification, his identification with the father in his own personal prehistory. This is apparently not in the first instance the consequence or outcome of an object-cathexis; it is a direct and immediate identification and takes place earlier than any object-cathexis. But the object-choices belonging to the first sexual period and relating to the father and mother seem normally *to find their outcome in an identification of this kind, and would thus reinforce the primary one.* The whole subject, however, is so complicated that it will be necessary to go into it in greater detail. The intricacy of the problem is due to two factors: *the triangular character of the Oedipus situation and the constitutional bisexuality of each individual.* [Freud 1923, p. 31, italics added]

> Here I wish to highlight two points:

> 1. Psychic bisexuality (not enacted) is a positive quality in the human; it is what makes it possible for a couple to have at once an erotic relationship as a man and a woman, and also to share as two friends the pleasure of, for instance, a volleyball match. It seems to me that it is important for the development of a child that he is *bisexually cathected* by his two parents, which makes multiple rich identifications possible.

> 2. Sexuality is certainly central in the French psychoanalytic view. But when I mention sexuality, it is always with a very wide meaning that may have little to do with sexual behavior or the sexual act. I believe that here we run into a cultural difference. In French psychoanalysis, the term *sexuality* is above all psychic, and it extends beyond genitality, sexual practice, and reproduction.

If we accept the notion of the drive, which for me is crucial, we must also accept the postulate of the biological existence of an energy—at the beginning a sexual one, but one that throughout life differentiates and sublimates itself. Thus I would go so far as to say that thought has a sexual origin, as it is desire itself. The definition of the concept of the drive is founded on the junction of need and desire.

Let us go to the example of the baby who is hungry. Hunger is a need that, due to the recording of the memory trace of satisfaction, is transformed into desire. The first transition is from the need for milk to the desire for the breast, followed by a second transition: from the expectation of the breast to that of the object-mother. These transitions imply psychic work. As in the dream—but in a waking state—the child who is hungry will hallucinate, will imagine his mother coming to him. The desiring child thus attains the possibility of thinking. Freud (1900) writes, "Thought is after all nothing but a substitute for a hallucinatory wish; and it is self-evident that dreams must be wish-fulfillments, since nothing but a wish can set our mental apparatus at work" (p. 567).

Question 6: *Along these same lines, does your characterization of the identification as "virile" imply that you see it as gendered? In discussing Aicha, you say that her grandfather "could cathect her as a young girl but also as a young boy to whom he would read the Koran, [which] enabled her to cathect the activity of reading and her studies." Granted that he called her "Boubi," is the male identity central, or could her intellectual aspirations be encouraged as part of her identity as a girl? French analysts seem to retain the tie between gender and the character traits traditionally associated with it in Western culture more than do North American analysts; perhaps this is related to the central dynamic role of sexuality in your thinking. Can you comment on this, Dr. Aisenstein?*

This question seems to me tied—fundamentally tied—to the two preceding ones. My hypothesis of a "virile but nonphallic" identification implies an identification with qualities *having a virile feel,* though we cannot say that it is simply a matter of a sexual identification. In my view, a very feminine woman may psychically possess psychological characteristics that I call *virile* since they originate in a primary identification with the father of personal prehistory. Likewise, a man may have maternal qualities without necessarily being effeminate.

Here I should say a few words stemming from a very personal, more general reflection than a strictly psychoanalytic one. The cultural context into which Freud's *oeuvre* fits is a "paternal" culture. In psychoanalytic developments since Freud's time, beginning notably with Klein's work, we see a heightened importance given to the "maternal." As an

analyst, I place myself between these two traditions, and I hope to take both into account.

On the other hand, I am keen to avoid an amalgam between what belongs to the realm of the *symbolic* and what belongs to the realm of the *real father*. When I refer to the *paternal,* I am thinking of a symbolic order that implies the law. This is not specifically Freudian but is part of a long, Western philosophical tradition beginning with the pre-Socratic Greek philosophers and extending through—to give one example—Heidegger. Personally, I worry when I see a decline in the symbolic order in the West, and I attribute present-day individual and social deviations to a failure of the symbolic order. What I call *virile* characteristics or values may equally belong to women—owing to psychic bisexuality—but they are nonetheless of the *paternal* realm.

I am not sure if I have adequately replied to your question, but I believe that the cathexis of Aicha's paternal grandfather—who called her by a boy's name, "Boubi," and who read to her from the Koran—placed her within the lineage of a particular cultural order and tradition. Through these actions, he opened a pathway of sublimation for her.

Question 7: *In further developing the previous question, I note that you quote Stoloff as insisting that "a theory of culture and symbolic parenthood" must be distinguished from "the primacy accorded to patriarchy throughout history." And you illustrate this in your conclusion by saying that "the paternal function" can be fulfilled by "a good female schoolteacher." In light of this, is the notion of a sexual—i.e., bisexual or ambisexual—cathexis a theoretical vestige, or does it add something crucial to other ways of formulating the way in which the little girl is seen, and the identifications that develop out of these relationships?*

I think I have already begun to address this question. In speaking of the paternal function, I am referring as much to the construction of the subject as to his entering into the "work of culture," the *Kulturarbeit.* In the second half of his *oeuvre,* Freud was interested in the civilizing process; he investigated the question of the superego as applied to society (Freud 1930). What is the price of the sacrifice of our drive-related aims that the civilizing work demands of us? This is connected to issues of renunciation and sublimation.

I am convinced that a psychic bisexuality (ambisexuality) exists that is specific to the human being. It is thus obvious that I consider women equal to men in the domain of culture. I nevertheless consider that, symbolically, the West remains a paternal realm.

I believe that every child must be cathected in different ways by his two parents, beyond his sex and anatomy; this belief presupposes that the parent has the capacity to cathect the child with his own bisexuality. I would certainly not see this capacity as a theoretical vestige. I am convinced that some children have been "saved" by the paternal cathexis of a good schoolteacher (male or female) who represents the "paternal" function.

Question 8: *In formulating Aicha's history, you note that "her preoedipal attachment [to her seductive, psychotic mother] was violent, and yet her grandfather's cathexis of her, brought to life again through the transference, made modifications possible* après-coup." *You also mention encounters with "a paternal function" that occur during the school years. Could you say something about how these postoedipal experiences relate to primal identifications, which are your emphasis in the introduction to the paper?*

I find this question difficult since answering it fully would require the writing of another article. First, Aicha is psychotic, perhaps schizophrenic; in any case she has a dissociated personality. At the beginning of the treatment, she reported multiple personalities, and she even changed voices, sometimes during the course of a session. This symptomatology then disappeared. As a young girl, she was left by an absent father (he was often traveling) with an insane and violent mother who beat her a great deal, tied her up, and so on. The mother seems to have passionately cathected Aicha while essentially leaving the other children alone, hardly caring for them.

After the primary identification with her father, the young girl became intensely attached to her mother. For Freud two strata exist: a preoedipal identification based on tenderness for the mother, which takes her as a model, and then a later, postoedipal identification in which the mother, a rival who must be eliminated, nevertheless remains a model. The tender, preoedipal phase is decisive in determining what becomes

of subsequent identifications. I imagine that, for Aicha, this phase was very disturbing and blocked later feminine identifications.

Freud (1923) discusses the ego's identifications with its objects in the following passage:

> We cannot avoid giving our attention for a moment longer to the ego's object-identifications. If they obtain the upper hand and become too numerous, unduly powerful and incompatible with one another, a pathological outcome will not be far off. It may come to a disruption of the ego in consequence of the different identifications becoming cut off from one another by resistances; perhaps the secret of the cases of what is described as "multiple personality" is that the different identifications seize hold of consciousness in turn. [pp. 30-31]

Aicha married very young in order to escape from her mother. She was able to study and eventually to separate from a man who turned out to be jealous and—like her mother—violent. She then lived with another man whom she also ended up leaving, for the same reasons.

She emigrated to France, where she began to work, and she met a woman with whom she has been living for more than ten years. She told me that she did not think of herself as homosexual since her love life with her two male partners had been satisfying. With her present partner, she has a rather tender relationship—for her, something new—which surely resurrects and repairs the primal, preoedipal relationship with the mother. I think she immediately cathected me as "the good grandfather," which helped her to stay with me.

I have a great deal of respect and even admiration for this patient. Everything she has accomplished has been at the price of terrible suffering, which she has endured with courage and intelligence.

To conclude, I would like to say a few words about Aicha's "amulets," which she always carries in her bag and lays out at the foot of the armchair at the beginning of each session. There is a small notebook in which she takes notes or draws after the session; and there are two very small tops, a *komboloi*, and a compass. One might ask about the symbolism of these objects: tops spinning vertiginously and a compass to locate the north. I find the *komboloi* of particular fascination: it repre-

sents a Greek, masculine habit. Interestingly, Aicha's mother was Greek and Eastern Orthodox Christian, whereas her father and grandfather were Muslims. I have often wondered if these object-amulets gathered at her feet do not represent her multiple and contradictory identifications, which she tries to weave together under my gaze.

This dialogue could go on, for all the questions give rise to further questions. I have tried to answer as briefly and clearly as I could. I would like to thank you for this opportunity to engage in a clinical and theoretical dialogue, Dr. Greenberg.

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WITNESSING ACROSS TIME: ACCESSING THE PRESENT FROM THE PAST AND THE PAST FROM THE PRESENT

BY DONNEL B. STERN

We are used to the idea that trauma in the past interrupts our capacity to grasp the present. But present or recent trauma can have a similar dissociative effect on our capacity to experience the more distant past. Contemporary trauma can rob the past of its goodness, leaving one feeling as if the past is gone, dead, separated from the present. The vitalization of the present by the past or the past by the present requires that experiences be linked across time. These links are created, in both directions, via categories of experience characterized by shared affect (Modell 1990, 2006). Such categories are created, in turn, by metaphor; and the construction of these metaphors across time requires that one be able to occupy self-states in both the past and the present that can then bear witness to one another. Trauma can result in the dissociation of these self-states from one another, leading to a disconnection of present and past.

Keywords: Witnessing, trauma, memory, *Nachträglichkeit,* emotions, present and past, time, derealization, metaphor, dead third, self-states.

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TRAUMA AND WITNESSING

Over the last several decades, after a long history of virtually ignoring the role of "real"[1] experience in the development of personality, many psychoanalysts have become so familiar with the impact of trauma on memory that we take the basic facts for granted. We know that the past can be frozen in our minds, its affective aspects especially inaccessible, and that under such conditions this experience cannot serve as the inexhaustible resource we otherwise depend on it to be in the course of our day-to-day creation of meaning. In one way or another, the past is foreclosed for so many of those who suffer trauma. In some cases, the entire memory is inaccessible. More frequently, though, the memory is present but affectively drained, i.e., de-animated or denatured in such a way that it has meaning only as fact, not as living experience.

One of the psychoanalytic bodies of work that makes most sense of the effect of trauma on memory is Modell's (1990, 2005, 2006, 2009, 2011). Modell was influenced by the work of neuroscientist Gerald Edelman (1987, 1990) on neural networks and cognitive processing, and that of cognitive linguist George Lakoff and of philosopher Mark Johnson (Lakoff and Johnson 1999, 2003) on the central role of metaphor in cognition. For Modell, the past participates in the creation of present experience by means of the creation of metaphor. That is, in the present we are reminded of something about the past. We have the sense that our experience of the present is in some way analogous to our experience of some aspect of the past. In this way, a memory becomes a metaphor for some aspect of the present. What Modell calls an *emotional category* is formed: things feel as if they belong together.

Let us say I am walking down the street with a close friend who, in the course of conversation, says something that reminds me of a certain turn of phrase commonly used by my beloved, deceased grandfather. I may or may not be explicitly aware of the correspondence, but it is there in my mind. If there is a feeling-connection between the two episodes—

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[1] I use the word *real* to differentiate this experience from other experience that is more internally generated. But of course there is no single version of experience that can actually be described as the real one, which leads me to use quotation marks around the word "real."

that is, if I am feeling warmly about my friend—some of the feeling of my relationship with my grandfather may begin to participate in the way the relationship and the afternoon feel, and the day is enriched. As a result, perhaps I see something new about my friend, some experience that had always been there in a potential way, but that I had not previously formulated. I might consciously think of my grandfather during these events. But then again I might not; I believe that such events often take place outside of our awareness, leaving us with only an affective resonance that nevertheless colors our conscious experience in highly significant ways.

In this way, a link between past and present comes about, and the past becomes an unconscious resource for the creation of present meaning. The past lends something to the present; and the present, by being linked to the past, keeps alive the continuous, unconscious growth and development of our histories.

Modell (2009) characterizes metaphor as "the currency of the emotional mind" (p. 6). Elsewhere (Modell 2011) he suggests that "metaphor and metonymy are the primary and crucial cognitive tools of unconscious thought" (p. 126), and he makes the proposal, quite welcome as far as I am concerned, that "we are more liable to find common ground with neighboring fields if we take the position that the unconscious mind [is] the area within which meaning is processed as metaphor" (p. 126). A similar sensibility runs through the work of Loewald (see especially Loewald 1960), for whom the concept of transference has several meanings, one of which is the transfer of the intensity and emotional power of the unconscious and the past to the preconscious and the present.

With Modell's orientation to metaphor in mind, let me return for a moment to that walk with my friend. It is not necessarily only that my sense of my friend has been enriched by my memory of my grandfather. The reciprocal may also be true: my memory of my grandfather may now be just a little different than it was before, enriched by this moment with my friend. Along with Modell and Loewald, I believe that, in such a case, it should not be considered that my experience of my friend is *distorting* my memory of my grandfather; rather, this present-day experience is helping me to sense some subtle aspect of my grandfather, unformu-

lated for me until now, that as a result of my experience in the present may be more fully realized, via metaphorical experience linking past and present, in my growing sense of who my grandfather was.

That is, we can imagine metaphor enriching not just the present, but the past as well. In this way the life of the mind remains alive and in flux. But note that this process requires both the past and the present to be somewhat plastic.[2]

Trauma, on the other hand, as Modell (2006) writes, "freezes" the past and thereby deprives it of the plasticity it needs if it is to connect to the present. Memories of trauma are very often rigid, unmentalized, concrete. They are things-in-themselves or singularities—in Bion's term, *beta-elements.* Because such memories can often be only what they have been, nothing more or less, they tend to be neither adaptable nor generative—qualities they would need to have if they are to be useful in creating new experience. In other words, often the past experience of trauma simply cannot be contextualized in the present.

In these instances, the past is, as Modell (1990) says, timeless in the sense that it exists beyond the *experience* of time—beyond *kairos,* the Greek term Modell uses for human cyclical, nonlinear time, the kind of time that can turn back on itself in ways that allow meanings to change and grow. This is the form of time, for instance, in which events that come later can change the meaning of what took place earlier, such as when the birth date of a famous person accrues meaning retrospectively because of accomplishments carried out many years after the day that this person entered the world.

Kairos contrasts with *chronos,* or time understood scientifically or objectively. This kind of time lies outside the realm of human experience; it cannot turn back on itself and does not allow the future to affect the past. Rather, it leads inexorably from birth to death; it is linear, irrevocable, and without human meaning.[3]

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[2] Although Freud described a different kind of plasticity of present and past than I am presenting here, in his work on screen memories, he was a pioneer in writing about the reciprocal effects of past and present on one another. He first suggested that early memories were sometimes used as screens for later events (Freud 1899). Soon thereafter he presented the idea referred to more commonly ever since—that later events are used as screens for earlier memories (Freud 1901).

[3] Along with Modell, D. N. Stern (2004) has brought the concepts of *kairos* and *chronos* into the psychoanalytic literature on the processes of experiencing.

In the passage that follows, Frank Kermode (1967) specifically addresses the way that fictional devices convert *chronos* to *kairos*. We can broaden Kermode's frame of reference about this temporal conversion without violating his meaning, I believe. We can say, that is, that not only the techniques of fiction, but *all* human meaning-making activities

> . . . have to defeat the tendency of the interval between *tick* and *tock* to empty itself; to maintain within that interval following *tick* a lively expectation of *tock*, and a sense that however remote *tock* may be, all that happens happens as if *tock* were certainly following. All such plotting presupposes and requires that an end will bestow upon the whole duration and meaning. To put it another way, the interval must be purged of simple chronicity, of the emptiness of *tock-tick*, humanly uninteresting successiveness. It is required to be a significant season, *kairos* poised between beginning and end . . . . That which was conceived of as simply successive becomes charged with past and future: what was *chronos* becomes *kairos*. [p. 46]

Unless meaning is embedded in *kairos*—that is, unless experience can move freely between the past, present, and future—new meaning cannot come into being. New meaning just cannot root in the inexorable *tick-tock* of *chronos*—objective time, "humanly uninteresting successiveness." We need *kairos* if new meanings are to grow. We need *kairos* if life is to feel vital. In *kairos*, we circle back on our histories in ways that are routinely nonlinear and cyclical, and sometimes also capacious, endless, and oceanic. It is precisely this embeddedness in the fertile ground of *kairos* that trauma steals from us.

In Modell's understanding of Freud, if the past is to live in the present, it must be linked with contemporary perception; that is, memory must be connected to life outside the mind, to the external world, to today.[4] To use the word Modell most often chooses for this function, if

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[4] This is a perspective that, under the rubric of dissociation and enactment, Bromberg (1998, 2006, 2011) and I (D. B. Stern 2003, 2004, 2010) have also considered. I will describe some of my own work on witnessing in what follows, but it would take me too far afield here to outline the close connection between the ideas all three of us have proposed about the significance of perception, as opposed to verbal insight, in therapeutic action. I will continue to develop what I have to say about perception in these remarks on the basis of Modell's thinking. In considering the contribution of the past to the present, especially the affective contribution of the past to present experiencing, I am also reminded once again of Loewald's (1960, 1978) seminal work on the subject.

memory is to be a living presence, it must be continuously *retranscribed.*
In using this word, Modell is invoking Freud's *Nachträglichkeit* (see, e.g.,
Bonaparte 1950; Freud 1895, 1900, 1909, 1918)—a theory of tempo-
rality more implicit in Freud's work than clearly spelled out in any one
place, and limited in its application to certain special circumstances.[5]
In views of *Nachträglichkeit* that have developed more recently, our grasp
and use of the past changes, retrospectively, as we encounter new experi-
ences in the present that give the past meanings it did not have before.
Faimberg (2005a, 2005b, 2007), for instance, proposes a broadening
of the concept in a way that explains the retroactive assignment of new
meanings of many kinds, usually via interpretation. *Nachträglichkeit,* or
the retranscription of memory, in other words, by reaching back into the
past and potentiating previously unimagined aspects of old meanings, is
an important part of what allows the past to contribute to a new experi-
ence of the present.

Retranscription of memory, though, as I have already implied, is pre-
cisely what frequently does not and cannot happen to the memory of
trauma. In traumatic memory, the reach of old experience across time
(*kairos*) to new circumstances cannot take place, and so the creation and
use of emotional categories, and the metaphors that arise as a result
of that stimulation of meaning, are prevented. For this reason, trauma
often cannot be cognized, fully known, or fully felt. Trauma, even if
we remember it, is "humanly uninteresting successiveness" (Kermode
1967, p. 46). We cannot *think* with it. Reis (1995) agrees, citing Modell
(among others) and arguing that time, and particularly the concept of

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[5] The concept of *Nachträglichkeit* was given a new explicitness and brought to signifi-
cance by Lacan (1953), who assigned it a fairly limited meaning. Laplanche and Pontalis
(Laplanche 1970, 1998; Laplanche and Pontalis 1967, 1968) are primarily responsible
for giving the concept greater prominence and a broader frame of reference. Those
who have written about *Nachträglichkeit,* incidentally, while they do not necessarily use
the words *kairos* and *chronos,* often do employ the conceptions of time that correspond to
these two words. Birksted-Breen (2003), for instance, argues that *developmental* or *progres-
sive* time (the linear time of most developmental theories) and *reverberation* or *retrospective*
time (the time of retranscription) inherently go together and, in fact, are requisites for
one another. Dahl (2010) finds in Freud a similar distinction between *two time vectors* in
Nachträglichkeit. One of these is "a causal process operating in the forward direction of
time against the background of a factual reality," while the second is "a backward move-
ment that permits an understanding of unconscious scenes and fantasies taking place at
a primary-process level" (p. 727).

Nachträglichkeit, is essential to the understanding of traumatic memory disruption; he writes that "it is the disruption of the experience of time that goes to the heart of the dissociative disturbances of subjectivity" (p. 219).

Returning to my example of my friend and my memory of my grandfather: no matter how lovely the day was with my friend was, those hours walking down the street, those hours would not have developed some of the emotional nuance, the glow that they had, if they had not connected (beyond awareness) with my representation of my grandfather; and my image of my grandfather would have remained as it was before, important to me but not further elaborated, if I had not been able to retranscribe it within this present moment with my friend.

Building on Modell's work, I have argued elsewhere (D. B. Stern 2009a) that it is clinically profitable for us to look at the process of metaphor formation through the lens of what I have called *witnessing.* This is not a new idea. In the psychoanalytic literature, Laub (1991, 1992a, 1992b, 2005; Laub and Auerhahn 1989), Richman (2006), Ullman (2006), Reis (2009), and Gerson (2009), to cite only a few, have drawn our attention to the role of witnessing in creating the possibility for affectively charged memories of trauma. Some of these writers have gone further, arguing that witnessing is a routine component of therapeutic action, especially in cases of trauma. Poland (2000) has taken yet another step, bringing the concept of witnessing into our general understanding of psychoanalytic treatment.

Most of those who have discussed witnessing in the psychoanalytic literature, including Poland, have meant the term to apply to an interaction between two real people—in Poland's case, the patient and the analyst. While accepting that an important part of the activity of witnessing goes on between patient and analyst, I (D. B. Stern 2009a, 2009b, 2010), along with others (e.g., Laub 1991), have expanded the application of the term into the inner life. I have argued that we need a witness if we are to grasp, know, and feel what we have experienced, especially trauma; and I have argued that this witness may be internal and, in that sense, imaginary. Someone else, even if that someone is another part of ourselves, must know what we have gone through, must be able to feel it *with* us. We must be *recognized by an other* (Benjamin 1988, 1995, 1998),

even if that other is now part of us. We need what I have called a *partner in thought* (D. B. Stern 2009b, 2010).

I accept Modell's contention that the use of memory in the creation of metaphor is a continuous although largely unnoticed process in experiencing. My suggestion has been that this continuous creation of metaphor requires an equally continuous process of witnessing. I emphasized in previous work that the internal witness grows from what was originally an internalization of presences that, much earlier in life, existed only outside us. I refer readers to my earlier writing for a description of the development of the imaginary witnessing presence as an internalization of early relationships with "real," external others. In my frame of reference, witnessing, like the use of memory in the creation of metaphor, is a feature of ongoing experiencing.

In the terms of a recent contribution by Poland (2011), we could say that self-analysis, on which Poland argues clinical psychoanalysis rests, is an internal conversation between parts of oneself. Parts of oneself, as Poland also seems to accept, often begin as representations of others—or, as it often seems to me, as representations of our *involvements* with others: "others can be felt as both deeply internal and clearly external" (p. 989). Internal conversation, then, or self-analysis, because it requires the recognition of one part of oneself by another, can be understood to presuppose the process of internal or imaginary witnessing, or even to be equivalent to it.

It is via witnessing that we come to know experience as our own. As we listen to ourselves (in imagination) through the ears of the other, and see ourselves (in imagination) through the eyes of the other, we hear and see ourselves in a way we simply cannot manage in isolation. I have suggested (D. B. Stern 2009b) that this is one of the primary uses of clinical psychoanalysis: psychoanalysts listen to patients in the way that allows patients to listen to themselves. In such listening, links between past and present are forged, and metaphor comes into being. Modell tells us that metaphor allows the creation of new meanings in the interaction of past with present; and, in turn, I propose that witnessing allows the creation of metaphor.

One last point of emphasis before I move on to illustrations. Perhaps I repeat myself, but the point is important enough to be worth

the risk: witnessing is a relational process; it goes on in an interpersonal field, between two subjectivities. But these subjectivities, although their origins lie in relationships with the earliest caretakers, may not always be separate human beings, especially later in life. Witnesses are not necessarily real people; they can be imaginary. In fact, they are more often imaginary than "real." One part of us witnesses another part (D. B. Stern 2009b).

We can make the point in the language of contemporary theory of the multiple self: from within one self-state, we witness the experience created within another (e.g., Bromberg 1998, 2006, 2011; Davies 1996, 1998, 1999, 2001, 2004, 2005; Howell 2006; Pizer 1996, 1998; D. B. Stern 2010). Laub (1991), in relation to the role of witnessing in memories of the Holocaust, has said that one level of what he calls the three levels of witnessing is that of "being a witness to oneself in the experience" (p. 75). I will return to Laub's work later on.

Some theoretical possibilities can immediately be seen here: dissociation, being the sequestering of self-states from one another, prevents imaginary witnessing within the personality—what Laub calls "being a witness to oneself." The dissociation of two states of being from one another, that is—which simply means that these two states cannot be experienced simultaneously—makes it impossible for either state to serve as a witness for the other. The absence of such internal witnessing then prevents the creation of metaphor, because the elements that must combine to make the metaphor—memory and the experience of the present—cannot coexist. We are left with a new avenue of approach to the common observation, with which I began, that dissociation prevents the creative use of traumatic experience (D. B. Stern 2009b).

At the beginning of this paper, I also pointed out that psychoanalysts have become familiar with the effects of trauma on memory. But we are used to thinking of those effects as working from the past to the present, as if it were always the case that trauma is in the past. But what if the trauma takes place in the present? Are there instances in which the disruption of memory occurs in the other direction—from the present to the past?

I will offer several illustrations of that kind, examples in which the memory or the affective resonance of the more distant past is inhibited,

dampened, or damaged in some other way by traumatic events in the present or recent past. The first of these illustrations is fictional, another is from the work of a colleague, and a third comes from my own clinical experience with a Vietnam veteran thirty-five years ago. After recounting these stories, I return to the question of memory and witnessing, with a new point to make about the relation between them.

ILLUSTRATIONS

Michael

Michael and Dukie were two teenage African American characters on *The Wire,* a five-year long dramatic series that, as far as I am concerned, is hands-down the best programming ever made for American television. The series revolves around the illegal drug trade in Baltimore, and it shows that, for African American kids in the poorest sections, the drug trade is really the only way available to make any kind of success of yourself. By the time the series ends, Michael and Dukie are perhaps seventeen years old, have both grown up in the housing projects, and have been friends for much of their lives.

Dukie is a sweet, bright, depressed, and hapless boy whose family is so lost to drugs that they sell absolutely anything they can get their hands on, including Dukie's clothes. In fact, Dukie is pretty much limited to the one set of clothing he has on at any particular time; and so at least part of the reason that Dukie is shunned and bullied is that he smells bad. We know from a previous episode in the series, years earlier, that Michael once saved Dukie from a humiliating beating by a gang of younger kids in the street, and then bought Dukie an ice cream. That day it became unmistakable to Michael that Dukie needed to be taken care of, and Michael more or less took on the job. Dukie came to live with Michael and became responsible for the care and the homework of Michael's beloved little brother, seven- or eight-year-old Bug. That is Dukie's job. There are no parents left in Michael's house; the father has been murdered over his pedophilia and the mother has been lost to drugs.

In the meantime, Michael, who was recognized at a young age by some of the neighborhood thugs as the most competent and intelligent

of the kids in his age group, is recruited at the age of about fifteen to be trained as an enforcer and assassin for the 20-something young man who runs the local drug trade. Michael's education in killing is carried out by the two people who are the current assassins, one a man in his twenties and the other a teenage girl. These two turn out to like Michael and they befriend him. Michael is an apt pupil who progresses in his studies. In a matter of months he begins to carry out executions.

Eventually, when Michael is sixteen or seventeen, he is mistakenly blamed for being a snitch and is himself targeted for execution; but he figures out that he has been accused, and he kills the assassin sent to murder him, who it turns out was the teenage girl who was one of those who had taught him the business of execution. It is now too dangerous for Dukie and Bug to have anything to do with Michael, and so Michael moves Bug to the house of an aunt, who has agreed to take him.

We arrive now at one of the final episodes of the series. Michael and Dukie are sitting in a car on a darkened Baltimore street just after having dropped Bug off at the aunt's house. The mood is dark and sad. It is clear that life will never again be what it was when the three boys lived together. We know without having to be told that Michael will be hunted by the drug lord until he is killed; and we suspect—correctly, it turns out—that the fact that Dukie is about to be dropped off in front of a place where a man is shooting up heroin in plain sight means that, without the family of Michael and Bug, and having nowhere to go, Dukie will follow the rest of his relatives into addiction and despair.

Dukie is trying to figure out how to say good-bye to Michael. Suddenly he seems to think of something, he smiles broadly, and he animatedly reminds Michael of that day several years earlier when Michael saved him in the street and bought him an ice cream. That life is gone, and the audience knows it as well as the characters do. But Dukie is happy at the memory. He is really happy. He asks Michael excitedly, "Do you remember that?"

Michael puts his hands on the top of the steering wheel, and bends over it, closing his eyes. "No," he says very softly. "I don't." It is a shocking moment, and it stays with me as if it actually happened.

Menachem

I think, too, of another story, a true one: Laub's (1991, 1992b) recounting of the early years of "Menachem S.," a five-year-old boy who lived with his parents in the Krakow ghetto at the time of the Holocaust. A rumor went around the ghetto that the children were to be rounded up and exterminated. The parents of the little boy talked in the evenings about how they might smuggle out their son, and of the fate that awaited him if they could not. He was supposed to be asleep as they talked, but he heard.

One night, somehow, the guards were distracted and Menachem was sent out the gates of the ghetto by himself into the streets, with nothing more than a shawl his mother managed to wrap around him at the last minute, an address written on a scrap of paper, and a passport picture of her as a student, which she told him to look at whenever he felt the need to do so. She and the boy's father promised Menachem that they would find him when the war ended.

The address turned out to be what Laub describes as a whorehouse, and Menachem was welcomed there. He thought of it as a hospital. Soon, though, it became too dangerous for him to stay, and he spent the remainder of the war on the streets, often with gangs of other homeless children. Off and on, but always temporarily, he lived in the homes of sympathetic families who found him on the street. In one of these homes the mother, who Laub suspects knew that Menachem was Jewish, told Menachem that he could pray to whomever he wanted; and Menachem chose to pray to the picture of his mother, saying, "Mother, let this war be over and come and take me back as you promised." Laub tells us, "Mother indeed had promised to come and take him back after the war, and not for a moment did he doubt that promise" (1991, p. 86). "In my interpretation," Laub continues,

> . . . what this young vagabond was doing with the photograph of his mother was, precisely, creating his first witness, and the creation of that witness was what enabled him to survive his years on the streets of Krakow. This story exemplifies the process whereby survival takes place through the creative act of establishing and

maintaining an internal witness who substitutes for the lack of witnessing in real life. [p. 86]

It is miraculous that Menachem survived, and nearly beyond imagination that his parents actually did find him after the war. Somehow, though, this is what happened. But Menachem had lived through the war by talking and praying to his photograph of his mother as a healthy young woman. When eventually she and his father, who also survived, did locate him, they had been sent to concentration camps; they were sick, emaciated, and haggard, his mother's teeth loose in her gums. No doubt her spirit was at least as badly wounded as her body.

Laub (1992b) tells us that the mother who found Menachem "was not identical to herself" (p. 91). One wishes, of course, that Menachem was now delivered from terror; but the arrival of his parents was instead the event that finally pushed him over the edge, and he fell apart. Laub writes, "I read this story to mean that in regaining his real mother, he inevitably loses the internal witness he had found in her image" (p. 88).

Michael's story and Menachem's story are united by more than their pathos. Notice that in both of them, something from the past that has been accessible becomes *in*accessible, seemingly as a result of the intervention of trauma. How can we understand this phenomenon? What does it have in common with the way we are used to looking at traumatic experience?

Take Menachem first, because his case is in some ways simpler. Once he was deprived of his illusion, the veil fell from his eyes and the recent past fell into place, appearing suddenly in all its brutality. He no longer had effective, or *aff*ective, access to what we imagine was the sweetness and gentleness of his early years with his mother.

Now consider Michael. His life has become horrendous. We are not meant to believe that he was especially well suited for his job as assassin, except for the fact that he was unusually emotionally capable and intelligent in a general sort of way. We are certainly not meant to believe that Michael is bad. He is no psychopath. He is portrayed, actually, as sweet and generous, which makes his transformation all the more heartbreaking. His metamorphosis into a killer costs him dearly, despite the fact that by accepting it he has found his way to earning a living and,

more significantly, to prestige. We are free to condemn him, and we do; but we are also touched by the plight of this sweet child-man, as we are touched by the vicious child soldiers of Sierra Leone and Burma, and by returning veterans of combat anywhere, many of whom have killed their equally young enemies.

Darryl

My next story is about one of those young soldiers. I once saw in psychotherapy an African-American man whom I will call Darryl.[6] He had been a high school football star, a running back, who came back from Vietnam with paranoid schizophrenia and a left leg amputated above the knee. He must have been a powerful runner because, even when I knew him—two years after his return from combat—his thighs were of prodigious size. He was twenty-one or twenty-two years old, poorly educated, not very bright, and had always lived in the ghetto. His prospects were not good. Medication helped him with his hallucinations and delusions, but he was nevertheless often terrorized by his demons, with whom he was in fairly continuous and literal communication.

Darryl was in treatment with me thirty-five years ago at an inner-city Veterans Administration hospital, usually twice a week, sometimes three times a week. (It was more possible then than now to see people frequently; we did it whenever we could and it generally helped.) I do not know what happened to Darryl after I left that hospital. I wish I did. His family told me that he had been mild-mannered in high school, which did not surprise me, because he was actually quite connected and sweet with me, even while he was crazed and terror-stricken.

Darryl told me that when he got to Vietnam he took very well to killing—perhaps (I thought) because of the paranoia of his incipient psychosis. He liked sniping from a perch in a tree, and he reported being very good at it. It was strange: I knew these things, and Darryl and I could not have been a lot more different from each other than we were, but we became very fond of one another. We did not talk about that, but we both knew it.

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[6] For purposes of confidentiality, some of this patient's clinical picture and history have been altered in this report.

In Vietnam, Darryl became frightened of the military compound and refused to live there with the other soldiers, insisting instead on billeting in a hut in the South Vietnamese village outside the gates of the compound. For some reason, the people of the village accepted him, even though he had by then had a psychotic break. He had a girlfriend in the village and he slept in her hut. He foraged for extra food for the villagers, both inside the compound and in the forest, where he hunted; maybe that was part of the reason they accepted him. Perhaps they also thought Darryl would protect them from the North Vietnamese guerillas who were always somewhere in the vicinity. If that's what they thought, they were probably right, although the necessity never arose.

In any case, Darryl told me that whenever his unit was ordered to go out on patrol he got wind of the plan and would show up at the gates of the compound as the unit was moving out. He always wanted to be point man, the guy in the front of the unit who looked out for the enemy and therefore took the greatest risk. I knew from other ex-soldiers I had seen, who had explained the danger to me, that the members of Darryl's platoon were no doubt only too happy to oblige him.

One day, on point, he got shot and lost his leg, and he was shipped home, feeling that his life was over. He had hoped to be a professional football player. When I met him, he was so afraid of the army and its institutional representative, the V. A. Hospital, that he couldn't get himself to drive there for his appointments with me (yes, he drove), although he wanted to attend his sessions.

For some reason, Darryl's feelings about the army did not infect his relationship with me. So we had an agreement. He would drive as close to the hospital as he could get, and if he could not make it, he would stop the car at the time of his session and call me from a pay phone on the street. Many of our sessions took place on the phone.

It seemed that Darryl's biggest current difficulty was probably the problem he was for others. He kept a number of guns, mostly rifles, which his wife told me he was in the habit of discharging through the ceiling of the family apartment whenever he was frustrated, which was frequently. He lived in a small and crowded apartment in public housing, with his wife and their several little children, whom he had fathered in quick succession when he returned from Vietnam; and so the idea of

Darryl discharging his weapons terrified me even more than it might have otherwise. So far he had not hurt anyone, although as far as I could see it was only luck that he had not shot someone in the upstairs apartment.

I explained to Darryl, with my heart in my mouth, that I did not want to call the police but I would have to do so if he kept shooting. It was not so much that I was afraid of Darryl's rage, as I thought he would keep it in check with me. I was actually quite worried, though, that I would damage our relationship. But I did not. Darryl agreed to stop shooting, and his wife corroborated that he had. I counted it as a major success that by the end of my year of working in that hospital, he had taken his guns to the police department and surrendered them.

I have described Darryl because his time in Vietnam seemed to have obliterated his emotional access to certain aspects of his childhood. He remembered the factual content of many events of his early life. But he came from a warm, related family, and he just could not seem to feel that warmth any more. He knew it well enough to explain it to me in a way that convinced me it was true, and his family provided independent confirmation by their very presence; but he did not feel it. He was distant from this loving atmosphere in a way that drained it of reality for him. The years prior to Vietnam did not feel to him as if they belonged to the same life he was leading at the time I knew him. What felt most real to him was life in the Vietnamese village, and the sniping, and being on point.

I note in passing that, despite the fact that Darryl's explicit emotional memory of his early life was blunted, it was preserved and reflected in the connectedness of his relationship with me. Space does not permit me to address the strangeness of this connectedness in such a clinical picture, except to note that this was not the only time I have experienced it.

DISCUSSION

I began this paper by reviewing what we all know: when the past was traumatic, it sometimes cannot be accessed from the present, especially

its affective aspects. On the basis of the stories of Michael, Menachem, and Darryl, I add to that point this proposal: when the *present or the recent past* is traumatic and the more distant past had significant nurturing and loving qualities, those good parts of the distant past may no longer be emotionally accessible from the present.

I am suggesting that trauma may make it difficult to access the goodness of the past for either of two reasons: because the past *was* traumatic *then*, or because the present *is* traumatic *now* (or recently). The retranscription of memory, in other words, needs to be able to proceed in both directions, not only from the past to the present. There must be a point of attachment to the past from the present *and* to the present from the past. *Kairos* must be free to fold back on itself toward either end of its axis.

Boulanger (2007) recognized the dissociation of the past from the present as a central part of adult-onset trauma. When people are "wounded by reality," as she puts it in the title of her book, they often express the impact of the trauma by saying that they feel they have died. This metaphor conveys as powerfully as any metaphor could the disjunction of the two lives before and after the trauma. (See also the powerful testimony provided by Leed [1979] of World War I soldiers, who say exactly the same thing.) Like Michael, Menachem, and Darryl, the old lives of some of those who have suffered adult-onset trauma are gone, leaving them without the same kind of memories they had before—leaving them without a past that feels real.[7]

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[7] Of course, trauma does not always result in reduced vitality and decreased capacity to witness one's own experience across time. The capacity in the aftermath of trauma to maintain one's vitality and meaning-making ability is part of what is described as *coping, resilience,* or *self-righting* (see, e.g., Cyrulnik 2005; DiAmbrosio 2006; Parens, Blum, and Akhtar 2009; Schneider 2003). More than a decade ago, the *Psychoanalytic Review* published a collection of articles that directly address the resilience of persons who, like Menachem, survived the Holocaust and other violent ethnic/religious trauma (Berk 1998; Fogelman 1998; Hogman 1998; Kalayjian and Shahinian 1998; Nagata and Takeshita 1998; Rousseau et al. 1998; Sigal 1998). Valent's (1998) contribution to this collection is specifically concerned with the resilience of certain child survivors of the Holocaust. While Ornstein (e.g., 1985, 1994) does not necessarily use the word *resilience,* she has contributed work on the response to trauma, especially the Holocaust, that is forged in the same spirit.

Retrospective Derealization

If two parts of ourselves separated in time are to know one another, one part in the past and one in the present, each part must feel like *me*. That is, in the terms I introduced earlier, if metaphor is to come about, each of these parts must be capable of serving as witness to the other. There are two prerequisites for this kind of internal or imaginary witnessing: (1) past and present self-states must both be capable of full-bodied, consciously felt affective experience; and (2) this affective experience in each part must be tolerable as a consciously felt and known experience by the other part.

The contribution of memory to the present, and the contribution of the present to reorganization of the past, requires a bridge of affect across time, a kind of call and response from both directions: we must be able to contextualize, feel, sense, and know the past from within the present, and we must simultaneously be able to create that same kind of grasp of the present from within our experience of the past.

We are familiar with the contention that the parts of ourselves that are dissociated for unconscious defensive reasons—that is, *not me* (Bromberg 1998, 2006, 2011; D. B. Stern 2003, 2004, 2009b, 2010; Sullivan 1954)—are associated with traumatic events in the past, and especially with disequilibrating patterns of relatedness. When the past is traumatic, being forced to experience it or to allow it to shape the present can disregulate us, disequilibrate our sense of ourselves, rob us of our continuity of being and the feeling, which we need to maintain at all times, that we are familiar to ourselves, that we know who we are (Bromberg 1998, 2006, 2011).

After trauma, we can say, our capacity to create experience is at least partially *derealized*, by which I do not mean that it is drained of reality so much as that it is drained of vitality. Derealization is much more frequently a question of actualization, in other words, than of reality testing. Very simply, post-traumatic experience—especially experience directly related to the trauma, but spreading out from those associative links as well—is likely to be less fully realized than it would have been if the trauma had not occurred.

We know these effects of trauma that has taken place in the past. But perhaps we need to broaden our view. Perhaps the distant past can be unbearable, and thus unknowable or un-feel-able, for the same kinds of reasons that trauma of the past prevents the realization of the future. Perhaps, as Boulanger (2007) tells us, when the present or recent past is dark and full of pain and terror, it hurts too much to know the goodness of the more distant past; or it becomes impossible to believe in that goodness; or the sense of that goodness actually dies.

Gerson (2009) offers the profound speculation that such a thing happened in the case of Primo Levi, the writer who survived his internment in a Nazi concentration camp and then, after the war, provided some of the most harrowing testimony to what happened there. I, for one, feel more able than I was before to understand and accept Levi's suicide, so many years after the war, through Gerson's eyes.

If such a thing happens, if the long-ago past loses its vitality and goodness because of events that took place more recently, we lose the capacity to hear the past through our ears in the present, and we lose our capacity to hear the present through the ears of a *me* in the past. Perhaps the past, that is, when it is too emotionally discrepant from the life we lead now, can feel as if it simply no longer belongs to the world within which we live.

If we adopt the term *prospective derealization* to refer to the conventional understanding of trauma—that is, the derealizing effect of trauma in the past on experience in the present—then we might refer to the effect on our experience of the *past* of more recent trauma as *retrospective derealization*. Perhaps the worlds of *now* and *then* can shatter in such a way that, like Humpty Dumpty, they cannot be put together again. Perhaps, as Gerson (2009) suggests, Freud overestimated the possibilities of mourning, and instead, as Gerson quotes a character from a novel, "The truth . . . is that nobody ever gets over anything" (Amis 2006, p. 236). Perhaps from either direction, the past and the present can be, to use Leed's (1979) precisely descriptive word, *incommensurable*.[8]

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[8] Once again, Freud was the first to discuss reciprocal modifications in experience across time—modification of the present by the past and the past by the present—in both his description of *Nachträglichkeit* and in his concept of screen memories (see footnote 2).

Are there people for whom a past of goodness is irretrievably lost, as the metaphor of Humpty Dumpty would suggest? I certainly would not want to claim to know that the possibility of goodness can always be retrieved. I know what all of us know about the extremity of pain and trauma that it is possible to suffer in this world; but I have been spared the despair suffered by many others less fortunate than I. And so it is probably realistic for me to say only that I nurture the hope that love and goodness are seldom, or perhaps never, completely irretrievable, even when life is as bleak and brutish as it was for those I have written about. Experiences like the one I had with Darryl, the Vietnam veteran, despite the bleakness of his life, seem to me a justification of that hope. The story of Menachem, which I will continue in what follows, is another example.

The Dead Third

Before I turn back to Menachem, let me say a bit more about Gerson's (2009) work on the *dead third.* Gerson's perspective is one that, while having basic therapeutic implications for victims of trauma, does not necessarily depend on hope at all, but on the acceptance of its absence. Or perhaps Gerson would prefer to say that the acceptance that hope has vanished is, at least to begin with, the closest thing to hope that we can offer certain victims of severe trauma, such as genocide. Gerson describes the results of genocide as *the presence of absence,* by which he means that all that can be felt or known is the "not-there-ness" of what had been present. There is no presence. The third—the witness that, had it survived, might have made it possible to remember what was real and to feel what has been lost—is itself dead.

Gerson cites the absence of a culturally located witnessing presence for the victims of the Holocaust. We remain shocked by, among many other things, the absence during the Nazi years in Europe (and in most of the rest of the world, too, for that matter) of a broad social recognition of the horrors of the Third Reich, a recognition that would have made it possible for the atrocities of the Reich to have been witnessed—for the victims to have felt that someone knew and cared. The victims of the Holocaust, if the third had survived inside the Reich, could at least

have imagined their treatment through the lens of what should have been a culturally sanctioned condemnation and horror.

But there was so little of this attitude that, for Gerson, the third actually died, and all that could be experienced as real was its absence. Gerson is convincing and moving in his understanding that, for victims of genocide, having a witness to this presence of absence—a witness to the very absence left by the death of the third—can be the only form of human interchange that remains restorative.

Clinical Implications

I am not going to address exactly how we embed whatever hope we have for the retrieval of some aspect of goodness in our clinical technique or theories of therapeutic action. I have addressed questions of technique and therapeutic action elsewhere (D. B. Stern 1997, 2010), with many clinical illustrations, and each time I have addressed these matters, my answer has depended not on any particular conception of what to do with our patients, not on a prescription for conduct, but on a way of understanding the unformulated aspects of clinical process and an attitude about how to work with them.

Just as in therapeutic work with trauma that took place in childhood, or at least long ago, working with retrospective derealization—trauma in the present that robs us of the goodness of the past—requires that we conceptualize how the special qualities of analytic relatedness somehow make possible a new, affectively vital interpenetration of past and present. We must especially understand how analytic relatedness makes it possible for dissociated experience, which is unformulated, to be articulated (or transformed into *alpha elements,* in the Bionian frame of reference) in a way that makes it possible to *think* it. The outcome of this kind of clinical work is a renewed, revitalized, or even newly created capacity for the patient and therapist to witness one another—and, for that matter, to witness themselves.

Menachem Across Time

It turns out that Menachem, the little boy who fell apart when he finally saw his mother after the war, grew up to be a high-ranking officer

in the Israeli military. The reason Laub (1991) knew Menachem and the story of his childhood in Krakow was that, as an adult, Menachem spent a sabbatical year at Yale University, during which he contributed his memories to the "Video Archive for Holocaust Testimonies," located at Yale and co-directed by Laub. Laub's seminal work on the significance of witnessing, and about the "restoration" that can occur when one is witnessed, grew from his experience of directing the archive, an experience from which he concluded that the Holocaust destroyed the very possibility of witnessing:

> The very imagination of the *Other* was no longer possible. There was no longer an other to whom one could say "Thou" in the hope of being heard, of being recognized as a subject, of being answered . . . . When one cannot turn to a "you," one cannot say "thou" even to oneself. The Holocaust created in this way a world in which one *could not bear witness to oneself.* [Laub 1991, p. 80, italics in original][9]

Menachem had grown up believing he was invulnerable. In battle, he walked through hails of bullets believing that he could not be hit by them, and he rescued other soldiers under circumstances that seemed to those around him to spell virtually certain death. He lived through it all, though, without even being injured, and he considered himself not at all brave, merely un-killable. Laub (1991) sees this as the "denial of the child victim in himself" (p. 87). I would say that any sense of helplessness or vulnerability was *not me* for Menachem—the kind of unbearable or intolerable experience that would make him unrecognizable to himself, and that was therefore dissociated.

Laub's invitation to Menachem to contribute his testimony to the archive at Yale provoked a crisis because Menachem had never told the story of his childhood to anyone other than his wife. One evening, she tried to convince him to tell the story, thinking it might help with his anxiety and his lifelong nightmares of being on a conveyor belt moving toward rolling presses that would inexorably crush him. In this repetitive

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[9] Here we see Laub's work link with Gerson's (2009) understanding of the presence of absence, a commonality also noted by Gerson.

dream, Menachem was helpless and terrorized, knowing he would die horribly.

That night, after talking with his wife and deciding that it might indeed be a good thing to offer his testimony, Menachem had the nightmare once again. But this time it was different, as he described to Laub in his own words:

> For the first time in my life, I stopped the conveyor belt. I woke up, still feeling anxious, but the anxiety was turning into a wonderful sense of fulfillment and satisfaction. I got up; for the first time I wasn't disoriented. I knew where I was; I knew what happened . . . . I feel strongly that it has to do with the fact that I decided to open up. [Laub 1991, p. 88]

Laub comments that "it is this very commitment to truth, in a dialogic context and with an authentic listener, which . . . makes the resumption of life . . . at all possible" (p. 89). He ends this powerful article with these words:

> It is the realization that the lost ones are not coming back; the realization that what life is all about is precisely living with an unfulfilled hope; only this time with the sense that you are not alone any longer—that someone can be there as your companion—knowing you, living with you through the unfulfilled hope, someone saying, "I'll be with you in the very process of your losing me. I am your witness." [p. 89]

This is witnessing in the literal sense: one person tells his story to another. Literal witnessing goes on in psychoanalysis and psychotherapy, of course; in fact, as I noted, one of the points I have made in writing about the ubiquity of witnessing in clinical work is that analysts listen to patients in a way that allows patients to listen to themselves (D. B. Stern 2009b). But much of the witnessing I have referred to here in this essay, and much of the witnessing that goes on in clinical work, is more accurately described as *implicit*—what I have called imaginary or internal witnessing. This is certainly the case in witnessing from one self-state to another across time.

LAST THOUGHTS

Like most psychoanalysts and psychoanalytic psychotherapists, I could tell many stories that substantiate, within the broader frame of reference of psychoanalytic treatment, the conclusions Laub offers regarding the restorative effects of Holocaust witnessing; and these restorative psychotherapeutic effects, in my experience, are the outcome of both literal and implicit witnessing. I will content myself here, however, with allowing Laub's work to speak for me on this subject, for the most part.

I will offer just one concluding thought about the nature of psychotherapeutic help of this kind. In fact, this thought is a claim I have already made: *witnessing in psychotherapy and psychoanalysis allows past and present to link through metaphor, via affect categories,* as Modell (1990, 2006) has described. In this way, dissociation is breached, trauma thaws and can finally be dreamed and thought, and traumatic experience returns to *kairos,* liberating the interchange of meaning across time.

I have one last thing to say about Menachem. We know that his early, apparently secure childhood succumbed to the retrospective derealization that took place when he fell apart after the war, at the time that he was first reunited with his mother. But by the time he grew up and met Laub, something more and different had happened. Because he was now an adult looking backward in time, his experience in the streets of Krakow had become a trauma of the more conventional sort—that is, a trauma from the distant past. Inevitably, trauma of the present becomes trauma of the past, so that the effects of the trauma reach from the time of the traumatic experience not only into the past, as in the retrospective derealization suffered by Michael, Menachem, and Darryl, but also into the future and the succession of present moments that the future becomes as it arrives in the here and now.

I believe that Menachem's healing had to do not only with the witnessing of his past trauma from a self-state in the present; I believe his healing also involved the reawakening of his capacity to witness his long-ago, traumatic *present*—the present in which he fell apart just after the war—from within the warm and protected self-state of his secure childhood with his mother. I believe we can learn something about the

healing of the retrospective derealization that took place in Menachem's childhood, in other words, from the restoration provided by Menachem's willingness to allow himself a witness all those years later.

In other words, Menachem's healing was due not only to the thawing of his frozen past, as we are used to conceptualizing trauma of long ago. That factor is there, true enough. We can see that it is, since from Menachem's perspective in the present, his decision to allow himself a witness did indeed thaw the past. But Menachem's healing was also due, I think, to the way in which his decision to tell his story allowed the little boy who *was* Menachem in the streets of Krakow—and who, in some part of his being, remained a little boy even at the time of his Holocaust testimony so many years later—to restore some of the goodness and safety that was offered to him by that photograph of his beloved, protective mother.

Menachem's decision as an adult to tell his story freed him to bring to bear some of that early childhood goodness on *the very time from which it disappeared*—that time in the whorehouse and on the streets of Krakow which was a present moment long ago. The goodness of Menachem's image of his mother could not vanquish the evil—not then and not now—but Menachem's new willingness to link past and present perhaps restored the power of some part of that maternal goodness to once again coexist with the little boy's sense of helplessness and despair. The witnessing that at least partially healed Menachem, in other words, linked parts of himself across time, and in both directions.

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KARL ABRAHAM'S REVOLUTION OF 1916: FROM SENSUAL SUCKING TO THE ORAL-AGGRESSIVE WISH OF DESTRUCTION

BY ULRIKE MAY

The author argues that "The First Pregenital Stage of the Libido" (Abraham 1916–1917) expounds a new conception of orality, i.e., of purposeful oral aggression directed against an object during the first stage of psychic development. This conception is shown to be contrary to Freud's view of orality as elaborated in Three Essays on the Theory of Sexuality *(1905), as well as in other writings of late 1914 and 1915. Abraham's conception ignores fundamental dimensions of Freud's thinking during these years, namely, the difference between autoerotism/ narcissism and object love, on the one hand, and also between the leading role of sexuality and the secondary role of aggression, on the other. Thus, Abraham's thinking represents a basic theoretical change that had far-reaching consequences for psychoanalytic practice.*

Keywords: Abraham, depression, orality, oral sadism, narcissistic identification, introjection, Freud, history of orality.

It was Karl Abraham who introduced the concept of oral sadism into psychoanalysis. The concept can be found in its full-fledged form in his principal work, "A Short Study of the Development of the Libido Viewed

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in the Light of Mental Disorders" (1924). This concept was to lead to major controversies soon after Abraham's death, and I would like to describe how it entered the psychoanalytic canon. In addition, I would like to show that Abraham's concept of oral sadism was the beginning of a change of course in psychoanalysis, creating divisions between psychoanalytic groups that have lasted to the present day.

It will become clear that Abraham was not simply the loyal disciple of Freud whom he is generally considered to be, but also the founder of a new psychoanalytic approach. Like his contemporaries Ferenczi, Rank, Jones, and before them Jung and Adler, he succeeded in developing an original theory of psychic disorders and psychic development. I suggest that underpinning this theory stood his thesis on oral sadism.

ABRAHAM'S "THE FIRST PREGENITAL STAGE OF THE LIBIDO" (1916–1917): SOME BACKGROUND

A few months after the First World War broke out, Abraham volunteered for military service, and for the whole of 1915, in the time that remained apart from his work as a doctor in field hospitals in Berlin and East Prussia, he worked on the paper that was to lead to a change in psychoanalytic theory. Its title was "The First Pregenital Stage of the Libido" (1916–1917). The text matured slowly, "incrementally," and "in the course of seven or eight months" (Falzeder 2002, pp. 321-322), and was mainly written in Allenstein in East Prussia, where he had been transferred in March 1915. Apart from the concluding passages, he had finished it on December 28, 1915, and declared it completed a few days later, that is, in January 1916. In December 1916, it appeared in the fourth volume of the *Internationale Zeitschrift für ärztliche Psychoanalyse,* and it received an award in 1918 (Falzeder 2002).

Already in June 1912, however, Abraham had given an unpublished lecture in Berlin that bore the title "*Beobachtungen über die Beziehungen zwischen Nahrungstrieb und Sexualtrieb*" ("Observations on the Relations between the Nutritional and the Sexual Instincts"; see Jung and Riklin 1913). One year later, in March 1913, he told Freud that, as soon as he found the time, he would prepare his observations on oral eroticism in

a schizophrenic patient for publication (Falzeder 2002). However, other tasks had become more pressing: struggles with Jung, trying to obtain a professorship at the university, and working on the *Jahrbuch der Psychoanalyse*, of which he had become editor in 1914. It was not until the beginning of 1915 that Abraham found an opportunity to continue his work on oral eroticism.

Abraham's interest may have been reawakened when he heard that Freud had introduced the "oral" or "cannibalistic" phase in October 1914, in the third edition of *Three Essays on the Theory of Sexuality* (Freud 1905, p. 198). Previously, Freud had described the concept of oral eroticism in detail in the first and second editions of *Three Essays* (1905, 1910). Now, however, in the third edition he added an oral *phase* to the anal phase (which he had introduced in 1913). He may have told Abraham about this when he visited him in Berlin on his way to and from Hamburg in September 1914; or Abraham might have seen this innovation described in January 1915, in the copy of the new edition of *Three Essays* that Freud sent him. Whether or not Abraham was inspired by reading this, on January 30, 1915, he told Freud that he had started to write a small paper on the relationship between hunger and libido (Falzeder 2002). This was the beginning of his work on "The First Pregenital Stage of the Libido" (1916–1917).

As previously mentioned, Freud had introduced the oral stage in the third edition of *Three Essays*. In addition, he explained his view of the newly introduced developmental stage in his case history of the Wolf Man (1918, p. 106). Apart from an appendix, which he did not write until 1918, he began writing this text directly after completing his work on *Three Essays,* finishing it at the beginning of November 1914 (Falzeder 2002; Falzeder and Brabant 1996).

Ferenczi received the manuscript of the Wolf Man for his review, but Abraham did not because Freud did not want to entrust it to the vagaries of the wartime postal service (Falzeder 2002; Falzeder and Brabant 1996). Nonetheless, Abraham could have heard about the Wolf Man at the aforementioned meeting with Freud in Berlin in 1914. After that the two men did not see each other again until the war was over, and there are no indications that Abraham could have received the Wolf Man case from any third parties, so that, in all likelihood, he did not read it until

January 1919, when it appeared in the fourth volume of the *Sammlung kleiner Schriften zur Neurosenlehre* (Falzeder 2002).[1]

It therefore seems very likely that when Abraham was writing "The First Pregenital Stage," he was not yet familiar with the longer, clinically based deliberations on the oral phase or the significance of the fear of being devoured that are included in the case history of the Wolf Man. It is, of course, difficult to say whether previous knowledge of this would have made Abraham alter his point of view. I suspect that it would not have; Abraham did not swerve from the course he had started in 1915, even after the war when he was once again in close contact with Freud and his writings. The new approach that he had developed in "The First Pregenital Stage" had, I think, become so much a part of him, so much his possession, that he was subsequently more or less immune to theoretical views that were not congruent with this basic view.

There is no doubt, however, that, beginning in January or February 1915, Abraham knew that Freud had introduced "the oral or, as it might be called, cannibalistic pregenital sexual organization" (Freud 1905, p. 198). It is important to emphasize this because there has been a lack of clarity—persisting to the present day—as to who originally developed the concept of the oral stage: Freud or Abraham.

This confusion may have been initially caused by Jones, who—in the first issue of the *International Journal of Psychoanalysis*, of which he was editor—published for his English colleagues an authoritative overview on the development of psychoanalytic theory since the beginning of the war. He reported that Freud had introduced the anal phase in 1913, and then continued as follows: "Abraham has further shown that there exists a still earlier pregenital stage of development, which, from the prominent part played in it by the buccal zone, he calls the 'oral' or 'cannibalistic' one" (Jones 1920, p. 165). Jones creates the impression here that Abraham had postulated the oral developmental stage of the libido, and that he, not Freud, had devised the terms *oral* and *cannibalistic.* Later—

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[1] Because of the prior publication of the Wolf Man's dream of the tree in which wolves were sitting (Freud 1913b) in the *Internationale Zeitschrift*, Abraham would have been familiar with this while working on "The First Pregenital Stage." In this short text, however, Freud wrote about the significance of devouring (*Auffressen*) but did not yet give any indications of the introduction of an oral phase.

e.g., in his biography of Freud—Jones did not repeat this mistake, but as far as I know, did not rectify it either.

Now that we have the complete correspondence between Freud and Abraham (Falzeder 2002), I think there can be no doubt that it was Freud who introduced the oral stage, and that Abraham's contribution consisted in *developing a new perspective* on this in his paper on the first pregenital stage. The term *oral-sadistic,* however, seems to have been coined by Abraham a few years later in "A Short Study of the Development of the Libido" (1924), in which he suggested dividing the oral stage into two subphases: first, the *oral sucking phase,* followed by the *oral-sadistic phase* (p. 451).

I cannot speculate as to whether and to what extent Freud later took over Abraham's suggestion of 1924, but I would like to point out that the term *oral-sadistic* (as well as *oral sadistic*) turns up only once in Freud's work, in a passage in the *New Introductory Lectures on Psycho-Analysis* (1933), where he summarizes Abraham's theory on the different stages (p. 99).[2] Otherwise, we find only the term *oral* in his papers, sometimes together with *cannibalistic.* Freud uses the adjective *sadistic* very frequently, in both his early and later works, but only to describe phenomena of the anal or anal-sadistic phase.

The important thing, of course, is not that Freud and Abraham utilized different words to characterize the instinctual aims of the oral stage, one using *cannibalistic* and the other *sadistic,* but that they viewed the psychic events at this stage differently. In my view, Freud's *cannibalism* is not the same as Abraham's *oral-sadism.*

FREUD'S NEW ORALITY OF 1915: INTRODUCTION OF THE ORAL PHASE

The way in which Freud introduced the oral phase in the third edition of *Three Essays on the Theory of Sexuality* (1905) deserves closer scrutiny. On the one hand, this is important because these are Freud's last words

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[2] This statement is based on the *Standard Edition* as available through Psychoanalytic Electronic Publishing (PEP), version 9. Searching this electronic database for *oral-sadistic* and *oral sadistic* yielded the above-mentioned passage. The related terms *oral-aggressive, oral aggressive,* and *oral aggression* do not show up in searching the *Standard Edition* in this database. The term *oral aggressivity* occurs once, in "Female Sexuality" (Freud 1931, p. 237).

on the subject. It was not so different with the anal phase: after writing an appendix (1917), Freud did not return to the subject. In fact, after 1916, orality and anality were no longer areas of interest for Freud; he had no new ideas on these subjects, and his focus was moving in other directions.

It also seems to me that the alterations made in the wake of the introduction of the death and life instincts (Freud 1920), and with them a stronger emphasis on aggression, did little to change the concepts of orality and anality. Possible corrections would have been visible, for example, in Freud's last comprehensive paper, *An Outline of Psycho-Analysis* (1940); but what we find there is a description of the oral stage that closely resembles that of 1915. The only alteration—though a noteworthy one—was Freud's comment that sadistic impulses would "sporadically" turn up during teething (p. 154). I interpret his description of "sporadic" impulses to mean that there was no oral-sadistic "structure" or "oral-sadistic organization."

What does Freud say in that short passage of *Three Essays,* only eleven lines long, in which he introduces the oral phase? For elucidation, I will refer not only to that paper, but also to his description of the Wolf Man (1918) and to "Instincts and Their Vicissitudes" (1915a), which Freud wrote in March 1915—right after finishing the third edition of *Three Essays* and his article on the Wolf Man (Falzeder 2002).[3]

The very first words of *Three Essays,* where Freud introduces the "oral or, if we so wish, cannibalistic" (p. 198) phase, already express a certain caution toward the "cannibalistic."[4] A few lines, later he describes the oral phase as "fictive." Its acceptance was "forced upon us" through the analysis of pathological phenomena; only "remnants" of it could actually be observed, such as sensual sucking. In a similar vein, in the Wolf Man paper (1918), Freud wrote that the very hypothesis of an oral phase was forced upon us—without, however, our expectation to see any "direct manifestations" (p. 106) of it, at least in normal development.

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[3] Abraham was familiar with Freud's "Instincts and Their Vicissitudes" (1915) when he wrote "The First Pregenital Stage"; he had read it in April 1915 (Falzeder 2002).

[4] The addition "if we so wish" (*wenn wir wollen*) was translated as "as it might be called" (Freud 1905, p. 198). This rendition makes Freud's caution less clear.

I consider these passages very important. I believe that Freud wanted to point out that the status of the oral phase was less firmly established than, for example, that of the anal phase. In "The Disposition to Obsessional Neurosis" (1913a), Freud described what events in the analysis of a certain patient, Elfriede Hirschfeld, had made him postulate an anal phase. Compared to this, the clinical justification for an oral phase was rather vague. Freud mentions so-called expressions of pathology, but does not name them, nor does the case of the Wolf Man provide much clarification.

As far as I can see, the partially "fictive" character of the oral phase has so far been generally overlooked. Elsewhere, Freud spoke of the "vagueness" of instinctual drives, of "obscure" desires, and noted that the child can have only a vague sense of what it wishes (1909); "words and thoughts have to be lent to the child"; indeed, "the deepest strata may turn out to be impenetrable for consciousness" (1918, p. 9). In this context, it is remarkable that his bold and highly speculative study, "Overview on the Transference Neuroses" (Grubrich-Simitis 1985), written in the early summer of 1915, does not postulate an oral or cannibalistic developmental stage, although this might have been expected so soon after the recent introduction of the oral stage.[5]

All this seems to suggest that the instinctual aims of the oral phase—except for the "remnant" of sensual sucking—were, according to Freud, accessible to consciousness only partially and then with difficulty. The grown-up, unlike the child, can be conscious of his incestuous and murderous wishes. If that happens, he will be frightened. However, as I understand Freud, cannibalistic wishes very rarely if ever become conscious for the adult, which is why he calls them "fictive."

Already in the first edition of *Three Essays* (1905), Freud had stressed sensual sucking as the core phenomenon of oral eroticism (p. 179). There he described the autoerotic character of sensual sucking, of deriving pleasure from one's own body, which he saw as characteristic of

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[5] In this paper, Freud develops the thesis that the first stage of the development of humankind created anxiety hysteria, then conversion hysteria and obsessional neurosis, and it was not until relatively late that depression and paranoia emerged (Grubrich-Simitis 1985, p. 644).

infantile sexuality as a whole. True autoeroticism, however, occurs only when the pleasure derived from the breast is separated from feeding. It is not until sucking has attained a self-satisfying character in itself and no longer serves to relieve hunger that it is "really" sexual. This independence of sensual sucking from feeding—in other words, of the sexual instinct from that of self-preservation—is repeated almost verbatim by Freud in *An Outline of Psycho-Analysis* (1940, p. 153); it is one of the basic tenets of his theory.

Whereas autoeroticism had already been introduced as a characteristic of the oral component instinct, the instinctual aim was an innovation introduced in the third edition of *Three Essays*. Oral sexual activity now sought to achieve the "incorporation of the object" (Freud 1905, p. 198).[6] This new determination gave rise to a number of questions, above all whether the incorporation of the object wasn't the very opposite of autoeroticism. Isn't this object-related as opposed to sensual sucking, which does not require an object? In what follows, I will present my interpretation of Freud's numerous, often ambiguous statements on devouring, incorporation, introjection, and identification.

It seems to me that there is a recurrent dimension to Freud's thinking, one of theoretical and practical relevance, in which autoeroticism and incorporation are not mutually exclusive. This line of thought is most tangible in "Instincts and Their Vicissitudes" (1915a), in the passage in which he describes incorporation as the "preliminary stage" of love or "a type of love which is consistent with abolishing the object's separate existence" (p. 138). Freud usually chose his words with great care, so I think it is no coincidence that here, where he describes the first developmental stage, he does not speak of destruction and annihilation, but of "abolishing the object's separate existence," which would be compatible with a preliminary form of love. Although he does not explicitly point this out, the description indicates his awareness that *incorporation* and *love* are not immediately compatible. His answer was groundbreaking, enabling an approach to psychic processes whose logic was different from that of so-called adult experience. In this psychic area,

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[6] Incorporation (*Einverleibung*), as Freud continues in this passage, is the "prototype of a process which, in the form of identification, is later to play such an important psychological part" (1905, p. 198).

the well-being of the (incorporated) object is of no interest; its separate existence is abolished without the incorporating subject experiencing this as aggression.

This is how I interpret Freud in these passages. That he does not consider incorporation to be a deliberately aggressive act can also be seen, I think, in his emphasizing that, in the first developmental phase, we can speak only of "preliminary" forms of love, not of love or hate in their true sense, but rather of "unconcern or indifference" (Freud 1915a, p. 133) toward the object. The child greedily grasping the breast when it is hungry, according to Freud, is otherwise indifferent, and on this level cannot be regarded as aggressive.

In this passage on the abolition of the separate existence of the object, Freud's reference to this kind of love as "ambivalent" (1915a, p. 138) is not a contradiction. It is characteristic of Freud's thinking that he does not always clearly differentiate between a genetic, i.e., developmental, and a causal connection. When he says that devouring was a "model" for incorporation, for example, or that incorporation was a "precursor" or "prototype" for identification (as in the context of his introduction of the oral phase [1905, p. 197]), he means that one takes chronological precedence over the other, and that the earlier and later stages are connected in an unspecified way. The later phase is already contained in the earlier one without having yet become visible there. As I understand the passage mentioned above, ambivalence becomes perceptible later, and therefore must have been an incipient presence before, albeit not yet a noticeable one. This would also be compatible with Freud's observation that it is not until genital organization has been achieved that love becomes "the opposite of hate" (1915a, p. 139). Thus, things are a bit more complicated in "Instincts and Their Vicissitudes" (1915a), in which Freud tends to allocate aggression to the ego instincts, so that hate characterizes the relationship of the ego to the object, whereas love—generally speaking—refers to the relationship of the instinct to the object. (A full discussion of these issues is beyond the scope of this paper.)

The description of the so-called *purified pleasure-ego* that belongs to a phase somewhat later than the oral phase again serves to show what Freud meant by *introjection* (1915a). Here Freud developed the idea, new

at the time, that the early narcissistic-autoerotic ego emerges by making everything that is pleasurable its own, by "introjecting" it, and by rejecting everything that is unpleasurable.[7] In this way, what is pleasurable, or the pleasure-inducing object, becomes part of the ego. This psychic process as described by Freud does not have a deliberately or predominantly aggressive character; it is not directed *against* the pleasurable or the pleasurable object. Incorporation is seen as a natural expansion of the ego, which, in its autoerotic perception, sees itself as the embodiment of the pleasurable.

Freud has a similar view of the process of "replacing" and exchanging subject and object, which is characteristic of the narcissistic stage, and which he considers to be of significance in the etiology of perversion (1915a, p. 132). Again, this exchange, in which the subject feels as if it were the object, is not described as an aggressive process.

From this we can conclude the following: when we read Freud nowadays, we do so through Abraham's eyes—much more than we are aware of—and thereby tend to overlook certain aspects and meanings that are contained or *also* contained in his texts. When Freud speaks of *incorporation*—which, after "Instincts and Their Vicissitudes" (1915a), occurs mainly in *Group Psychology and the Analysis of the Ego* (1921)—it is worth remembering that he has an early stage of development in mind, one in which incorporation is neither an act of love nor one of aggression—at least from the point of view of the subject.[8]

Of course, I am not trying to say that Freud was not concerned with aggression in 1915. On the contrary, in "Instincts and Their Vicissitudes," in particular, it is dealt with in detail. However, at that time aggression occupied another "position of the system" (1915b, p. 174), as Freud put it. Aggressive impulses do not take place alongside libidinal impulses and do not have the same rank or status, but are always a subplot, a secondary motive, never the deepest and core motive. Never do

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[7] This is the first time that Freud used the term *introjection,* coined by Ferenczi (1909), which pleased Ferenczi very much. In the third edition of *Three Essays* (1905), Freud used *Einverleibung,* not *Introjektion*—a differentiation lost in the English translation.

[8] See, e.g., Freud (1921, p. 105). Freud's and Abraham's different views of introjection do not, of course, fully unfold until later, in "A Short Study of the Development of the Libido" (Abraham 1924).

they have a primary, non-reducible character. They are what needs to be explained and are not themselves an explanation.

A particularly impressive example of Freud's basic idea at that time of the relationship between sexuality and aggression can be found in the twenty-second chapter of *Introductory Lectures on Psycho-Analysis* (1916–1917). There Freud reviews the state of the theory of obsessive neurosis and discusses a very important finding, namely, regression to the stage of sadistic-anal organization. As a result, "the impulse to love" must "disguise itself as a sadistic impulse" (p. 343). Freud continues: "The obsessional idea: 'I should like to kill you'" in its core means "nothing other than: 'I should like to enjoy you in love'" (p. 344). The murderous desire (conscious and frightening as it is) is seen by Freud as a camouflaged desire to love. In a similar vein, he analyzes the murderous desire directed toward the oedipal rival. This, too, is not primary, in his opinion, but serves the purposes of the libido—namely, the wish to be the sole possessor of the mother and to enjoy unimpeded autoeroticism.

The same is true, then, for the wolf who eats the grandmother and the little goats as for Kronos, who devours his children (Freud 1918, 1926).[9] For Freud, devouring always has a latent meaning that differs from its manifest meaning. In his view, myths, fairy tales, dreams, symptoms, and other manifestations of the psyche are always substitutes and compromise formations, and do not represent the unconscious as such. For example, he sees little Hans's anxiety of being bitten by a horse as fear of the castrating father (Freud 1909), which, because of partial regression, manifests itself as fear of being bitten by him (or by the horse – see also Freud 1926); the fear expresses itself through oral means. Little Hans does not altogether regress to the narcissistic or oral phase and is not affected by the mechanisms typical of this stage—such as, e.g., narcissistic identification. His regression involves only the shape and specifics of the fear. The worst fear (that of being castrated) is replaced by one that is somewhat easier to bear (that of being bitten by a horse). Of course, Hans's fear of his father also has to do with his own aggressive impulses toward his oedipal rival but, as described above, these are not

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[9] These, of course, are references to two well-known fairy tales: "Little Red Riding Hood," in which the wolf devours the grandmother, and "The Wolf and the Seven Little Goats," in which the wolf devours six of seven goats.

the real reason for it; instead, as Freud (1909) writes, "Hans's hostile complex against his father screened his lustful one about his mother" (p. 137).

The Wolf Man's fear of being eaten by a wolf is more regressive in character than Hans's horse phobia. The wolf phobia is revealed through Freud's analysis to be the wish for the passive love of the father (1918; see also Freud 1926). Having observed coitus "a tergo" (1918, p. 37) in his childhood, the Wolf Man believed that being loved meant being available to the father for anal intercourse and also meant having to be a woman, i.e., castrated. This was extremely frightening, and so the wish was abandoned. What remained was the fear of the father that was then transferred to the wolf. In this fear, however, the original wish to be loved by the father makes a reappearance, albeit obliquely, because being devoured also means being devoured out of love.

The libidinal, wishful idea of being devoured out of love, according to Freud, is a product of the regressive distortion of later, oedipal-passive wishes to be loved. Symptom formation (the fear of being devoured) is set in motion by later, passive wishes for love. So again, the primary wish is to be loved by the father, and this primary wish is what analytic work targets and tries to bring into consciousness; this is the true source of the symptom.

These examples are meant to show that, for Freud, infantile animal phobias in which the fear of being devoured is expressed are not caused by a wish to devour the object or to be devoured by it. Freud did not hypothesize along this line in the original publications of the cases of Little Hans (1909) or the Wolf Man (1918) or in his later, detailed postscript (1926). Put differently, he did not regard the wish to devour the object as having dynamic effects. He resisted the trivial interpretation that a fear of being devoured by an animal reflected a wish for this to happen.

This touches on the central clinical question of how interpretation is to be carried out at all. It seems to me that, after World War I, the psychoanalysts in Freud's orbit developed a greater degree of arbitrariness, a tendency that can still be found today. Anything can stand for anything else, and any idea on how to interpret something is "right." This was not the case with Freud himself; he made a distinction between primary motives that have a dynamic effect and those that are of secondary signifi-

cance. The rigor and discipline of Freud's analytic understanding grew with time. The more resistance he encountered in his disciples, especially against the concept of the Oedipus complex, the more he found corroboration that infantile, already genital-centered eroticism was the dynamic core of symptoms, and that this was what analytic work was to home in on.[10] In this context, aggression was always of secondary significance.

So much for Freud's concept of oral eroticism and the oral-cannibalistic phase as described in the third edition of *Three Essays on the Theory of Sexuality* (1905). As I will elaborate later, Abraham's vision of the earliest developmental stage was different—particularly but not solely in regard to the position of aggression.

FREUD'S OUTLINE OF A THEORY OF DEPRESSION IN FEBRUARY 1915

Before I present Abraham's thesis on orality and depression as explicated in "The First Pregenital Stage of the Libido" (1916–1917), I would like to remind the reader of a further contribution of Freud's, namely, his updated theory of depression. Freud sketched it out in a manuscript dated February 7, 1915. He sent it to Ferenczi and asked him to pass it on to Abraham (Falzeder and Brabant 1996). At the beginning of March, Abraham confirmed that he had received the draft—and then did not comment on it for the next three weeks. It was not until March 31 that Abraham was ready to respond to Freud (Falzeder 2002). His letter is of relevance to our deliberations here because it already contains the kernel of what was to become one of his main ideas. Furthermore, it shows that Abraham's "The First Pregenital Stage of the Libido" (1916–1917) was a response to Freud's February 1915 outline of a theory of depression.

The short text under scrutiny here is not identical with the final version, namely, the paper that later appeared under the title "Mourning

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[10] A good example of Freud's thinking in this regard can be found in a letter to Marie Bonaparte, which is included in the third volume of Jones's biography of Freud (1957, p. 445). Here Freud argues against equating weaning with castration, and emphasizes that only the fear of loss of the penis was dynamically effective, not the loss of the breast.

and Melancholia" (1915c). The focus of the draft is different—or, better, it shows the true focus of the later paper. This is not the place to consider the differences between the draft and the final version, and I will limit my comments to the draft. Abraham was familiar with it while he was working on "The First Pregenital Stage," but not with the final version of "Mourning and Melancholia." Freud seems to have completed the latter on May 4, 1915 (Falzeder 2002). He thought that he had sent it to Berlin but was apparently mistaken, since in July, Abraham pointed out that he had not yet received it (Falzeder 2002). As far as we know, Abraham did not read "Mourning and Melancholia" in its revised form until three years later, in April 1918 (Falzeder 2002); therefore, in all probability, when Abraham was writing "The First Pregenital Stage," he knew Freud's text of February 1915, but not "Mourning and Melancholia" in its final form.

With his new theory of depression, Freud entered an area that had previously been approached only by Abraham. Abraham had been the sole theoretician to come closer to an understanding of depression (May 2001). He had spoken about this subject at the congress in Weimar in 1911 and published his first paper on it in 1912. His primary thought was that repressed sadism played a crucial role in depression. (In 1912, sadism always referred to "general" sadism; at that time the distinction between anal and oral sadism had not yet been made.)

Initially, Abraham's approach was not well received by his peers, including Freud (Falzeder 2002). In March 1915, when Abraham then read Freud's draft of "Mourning and Melancholia," he was put in an awkward spot; there was no ignoring that Freud had not gone along with "his" hypothesis, but had set off in a different direction.

After years of fruitless efforts, Freud had finally found his own answer to the question of which psychic mechanism distinguishes depression from other disorders. His answer was narcissistic identification, and this is what he proudly presented to his two most important disciples—Ferenczi and Abraham—in the draft. It was the first time that Freud used the concept of narcissistic identification; it had been outlined by Landauer (1914), but without Freud's metapsychological explication:

that narcissistic identification with the object results from the removal of the unconscious cathexis of the object (Falzeder and Brabant 1996).[11]

What Freud meant by this is that the object, because it is no longer cathected in the unconscious, ceases to be experienced as separated from the ego. After the removal of the cathexis in the psychic apparatus, it no longer exists as a separate object, so to speak, but is now part of the ego and is experienced as such without the ego being aware of this. The ego, therefore, does not know that it has feelings and thoughts that do not come from itself but from the object. In the text of February 1915, already we read that the shadow of the object "falls on the ego and obscures it" (Freud 1915c, p. 48); this was Freud's main finding on the etiology of depression. He regarded depression as a narcissistic disorder or ego disorder, and thus not primarily as one of libido development. Consequently, his draft begins as follows: "Dear friend, the mechanism of melancholia, which I present to you here, belongs to the beginning of an understanding of the *narcissistic neuroses*, which *we now* have to work out here" (p. 47, italics in original).

It should be added that we have here a variant of the same psychic processes discussed above in the context of incorporation: processes by which something that does not belong to the ego or subject becomes part of the ego. This is dealt with in "Instincts and Their Vicissitudes," the text that Freud wrote right after the draft on depression.

Comprehension of Freud's new explanation of depression was not easy for either Ferenczi or Abraham; whereas Ferenczi was more or less able to take it in, Abraham initially found it extremely difficult to gain any understanding of the mechanism of narcissistic identification.[12] As we can see in his moving letter of March 31, 1915, it was hard for him to say anything at all in response to Freud's draft (Falzeder 2002). He himself had thought about the etiology of depression for a long time, as

[11] In "Mourning and Melancholia" (1915c), Freud cites Landauer's paper as the first publication of the concept of narcissistic identification.

[12] Ferenczi found it easier to adjust to Freud's new finding because of his own interest in the process of introjection, which he had introduced in 1909, although he initially did not apprehend it quite in the way that Freud had intended (Falzeder and Brabant 1996).

he wrote to Freud—and he was not able to agree with Freud. He could not help it; he had to stay true to his own ideas, and these continued to be that "repressed hostile feelings" (Falzeder 2002, p. 304) were at the heart of depression. In the next passages of his letter, it becomes clear that, already at this point, he linked depression with oral eroticism and the wish for incorporation and destruction. He was not yet able to formulate a concise counterposition, however; this happened only later, in "The First Pregenital Stage" (1916–1917).

After this, Freud and Abraham exchanged two letters on depression before Freud more or less terminated the correspondence on this subject at the beginning of July 1915. He wrote that he would be happy to continue to explain to Abraham how he viewed depression, but that this could be done "*properly* only if we met and talked" (Falzeder 2002, p. 313, italics in original)—because, I think one can safely say, they had reached no agreement in their letters. The main impediment was not that Abraham could not understand that the self-reproach of the depressive person was actually aimed at the disappointing object; this was merely secondary to Freud's main argument. The central point was the mechanism by which the object became part of the ego without the ego's knowledge: "the explanation of the illness can be derived only from the mechanism" (Falzeder 2002, p. 309). This statement did not get through to Abraham. Discussing this in person was not possible because of the war, and their correspondence on depression stopped. Abraham and Freud continued to write to each other, but until "The First Pregenital Stage" was completed in January 1916, the topic of depression was not again mentioned; Abraham completed the paper without having spoken to Freud again about their differences.

Up until 1915—or rather, until his writing of "The First Pregenital Stage"—Abraham had closely followed Freud. In all his published papers and brief communications, he went to great pains to corroborate Freud's thoughts and perhaps to suggest additions. He invariably expressed his complete allegiance to Freud. Occasionally, one can detect the stirrings of ideas of his own—e.g., on the significance of the mother and the so-called bad mother, and on the difficulties of separating from the parents and the mother (May 2001). The general impression that remains, however, is that Abraham always moved in the greatest possible vicinity

to Freud and set great store by Freud's approval. If this did not follow, he usually hastened to carry out corrections that would remove any of Freud's objections[13]—yet, as we have just seen, this was not always the case. The one point that he stuck to despite Freud's reaction was the significance he attached to repressed sadism in depression, and this was the aspect that he explored in greater depth in "The First Pregenital Stage."

ABRAHAM'S "THE FIRST PREGENITAL STAGE OF THE LIBIDO" (1916–1917)

In the very first lines of "The First Pregenital Stage," Abraham mentions the third edition of Freud's *Three Essays* (1905), and then proceeds to give a detailed summary of Freud's description of oral eroticism, which still awaited "further investigation" (Abraham 1916–1917, p. 251). Whereas clear observations were to be had regarding the anal phase, there was as yet "no clear picture, no direct view" of the "archaic condition" of the oral phase (p. 252). Abraham believed he could help address this deficit by naming phenomena that were psychopathological in nature,

> . . . which goes to show that the instinctual life of the infant persists in some adults in a positive and unmistakable fashion, and that the libido of such persons presents a picture which appears to correspond in all its details to the oral or cannibalistic stage set up by Freud. [Abraham 1916–1917, p. 253]

This was the first task that Abraham set himself in this paper: he wanted to report on normal, neurotic, and psychotic phenomena that could be comprehended as oral fixation and regression to the oral stage. Second, he wanted to show that the defense against regression to the oral stage led to typical depressive symptoms, and that this meant that the oral phase played a special role in the development of depression. Third, he intended to make a contribution to the problem of the so-called choice of neurosis: he wanted to show in which way the etiology of depression distinguished itself from that of obsessive neurosis.

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[13] For examples of such objections from Freud, see Falzeder 2002 (pp. 87, 89, 154, 155, 156); see also May (1990; 2001, p. 295).

He had set himself an ambitious project, for "The First Pregenital Stage" had the goal of making a substantial contribution to the understanding of psychic disorders and the theory of psychic development. In order to put Abraham's efforts into a clearer framework, I will return once more to the state of general developmental theory at the time.

Initially, Freud had only one general model of development. Like the concept of the Oedipus complex, it dated from the 1890s and was one of his first basic ideas on the psychic system. In this model, development is viewed as advancing from autoeroticism to object-love. In 1911, it was extended to include the narcissistic stage, sandwiched between autoeroticism and object-love. Freud had based this hypothesis on findings reached in the investigation of male homosexuals and of psychosis (Freud 1911).[14] The guiding principle of the model is the gradual intrapsychic constitution of the object as the precondition for object choice and object love. In childhood, an object can only be chosen if the narcissistic phase has been sufficiently overcome to allow libidinal impulses to be directed toward an object that is experienced as outside of and separate from the subject.

The general model of psychic development is the subject of dozens of letters in the correspondence between Freud and Jung (McGuire 1974), in particular regarding its usefulness in distinguishing neurotic from psychotic disorders, and in finding the difference between disorders that can be analyzed and those that are not amenable to analysis. Abraham (1908), too, was involved in developing and enhancing this model. Its main and most practically relevant function consisted in differentiating between object-related psychic phenomena that were experienced as separate from the subject, and those in which this was not the case. All post-Freudian theories—having to do with the gradual constitution of the libidinal object and the differentiation between objectal and pre-objectal experience (Spitz), the gradual intrapsychic separation of representations of self and object (Mahler, Jacobson), or the self-object relationship (Kohut)—go back to this basic tenet of Freud's thought.

[14] The narcissistic stage had been introduced at one of the Wednesday evening meetings of the Vienna Psychoanalytic Society (May [-Tolzmann] 1991), although its description was not published in its complete form until the case study of Schreber appeared (Freud 1911). Freud later added the phase of identification to this model (1921).

In "The Disposition to Obsessional Neurosis" (Freud 1913a), this developmental model was divided into two submodels: one of libidinal development and another of ego development (see also Freud 1911). The distinction resulted from Freud's new insights into the etiology of obsessional neurosis, leading him to introduce a pregenital developmental stage that preceded the *genital stage,* as it was then called (later it became the phallic phase and the oedipal phase). In the pregenital stage, it was supposed, anal-erotic and sadistic impulses predominate. This enabled a new and more convincing distinction between hysteria and obsessional neurosis: whereas hysteria remains in the more advanced genital stage, merely regressing in terms of the object—i.e., it reverts to the incestuous object—obsessional neurosis abandons the instinctual aims of the genital stage and replaces them with anal-erotic and sadistic aims (Freud 1913a).

The introduction of an anal stage created a new developmental model, that of libidinal development. An aspect of this was the oral phase, introduced in 1915(c) (the phallic followed in 1923). As of 1913, Freud insisted that, in order to understand the etiology of a psychic disorder, it was necessary to determine at which stage of ego development and of libido development it had fixated (1913a; see also 1911).

Abraham began his "First Pregenital Stage" (1916–1917) by presenting a number of normal and neurotic children and adults whose eating and drinking behaviors exhibited abnormalities—e.g., children who did not want to give up the breast, and adults who replaced sexual with oral satisfaction (sections II through VI). The clinical material consisted of specific and manifest oral behavior: eating and drinking and their libidinal significance.

One psychotic patient seems to have particularly impressed Abraham. Because of a lack of defenses, his associations and memories were allegedly not distorted. The patient experienced the sucking of milk as extremely pleasurable, recalled that as a child he had wanted to bite into the breast of his nurse, and perceived milk as a "substitute for human flesh" (Abraham 1916–1917, p. 257). The observations of this patient, as Abraham pointed out, pre-dated the third edition of Freud's *Three Essays* (1905). In his opinion, they confirmed Freud's theory of orality and showed "to how great a degree Freud's theories are the result of

direct observation, and how far they are removed from idle speculation" (Abraham 1916–1917, p. 258).

Abraham emphasizes that, in psychosis, due to the falling away of some "inhibitions," certain things are "expressed without resistance" (p. 254)—that is, things that are repressed in neuroses. (To what degree this was congruent with Freud's understanding of psychosis is not the subject of this paper.) Freud had also stated—before Abraham did—that the development of resistance is impaired in psychosis. On the other hand, he did not treat Schreber's texts as undistorted material, for example, but viewed them as the result of complex psychic defense mechanisms, whereas Abraham proceeded from the assumption that the utterances of psychotic patients allowed for direct observation of the unconscious.

For our purposes, these deliberations are of only secondary interest because the core of "The First Pregenital Stage" lies elsewhere—namely, in the last two sections (VII and VIII). They make up just a few pages, but in my view contain momentous new material. Perhaps their special character becomes apparent only when Abraham's publications are read in chronological order; they certainly left a deep impression on me and were what impelled me to write the present paper.

Two symptoms are of greatest interest here, symptoms that are often encountered in depressive disorders: a refusal to eat and a fear of starvation.[15] According to Abraham, both show that orality plays a special role in depression. He explains that these symptoms develop because the libido of the patient has regressed to the oral phase. He continues: "That is to say, in his unconscious the melancholic depressed person directs upon his sexual object the wish to incorporate it. In the depth of his unconscious there is a tendency to devour and demolish his object" (1916–1917, p. 276).

The libido of the depressive person is "predominantly hostile towards the object of its desires and endeavours to destroy it"; and, in contrast to the wish of the obsessional neurotic, "the unconscious wish of the melancholic is to destroy his love-object by eating it up" (p. 277). This is why the depressive patient has guilt feelings: he reproaches himself for having wanted to orally destroy the object, which is why he eats nothing.

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[15] As he wrote to Freud, Abraham himself had a tendency to lose his appetite when he was in a depressed mood (Falzeder 2002).

This is really an amazing idea—revolutionary, intriguing, and unsettling—and for the first time a major, original thought that Abraham developed on his own. In his draft of "Mourning and Melancholia" of February 1915, Freud had said nothing of the kind; he did not mention the oral phase with so much as a word, instead introducing narcissistic identification as the main mechanism in depression. No one had previously considered that guilt feelings might refer to oral wishes of destruction. In fact, as we know, in *Totem and Taboo* (1912–1913), Freud had found a completely different source for guilt feelings: the murder of the father, the oedipal father who hindered the son's sexuality and prevented his possession of the mother. For Freud, guilt feelings relate to murder and not to incorporation. In the totem meal and its realm of magical thinking, the adolescent son experiences incorporation as an approach to the father figure, as an identification with him; tender impulses are revived, leading to remorse over the murder.

The differences we see here between Abraham and Freud are significant. They are hinted at in "The First Pregenital Stage" and expounded in more detail in later works. In "The First Pregenital Stage," Abraham already writes, however, that oral wishes for destruction can also be seen in nondepressive, "normal" people—for example, in dreams.[16] In his main work of 1924, Abraham will introduce, as mentioned, the oral-sadistic phase that begins with teething and biting. There he claims that an ambivalence between love and hate can already be found at this stage, and that hostile impulses directed against the object predominate even at that time.

I am pointing this out in advance in order to highlight the beginnings of Abraham's new approach in "The First Pregenital Stage," an approach that he continued to pursue vigorously. At first, he presented a new view of the oral phase as the pregenital stage in "The First Pre-

[16] Abraham reported the dream of an acquaintance in which there was a bowl on the table that also contained the legs of a child. Still in the dream, the dreamer was horrified to realize that these were the legs of his little son. Abraham saw the dream as being the direct manifestation of an unconscious cannibalistic wish, similar to his understanding of the above-mentioned statements of the psychotic patient. He counted this as one of the "facts" that provided evidence for "Freud's theory of an early cannibalistic stage in the development of the libido" (1916–1917, p. 279). (It is beyond the scope of this paper to comment on the problematic nature of such an approach that focuses only on manifest content.)

genital Stage," and this was followed, at the beginning of the 1920s, by a new concept of the anal phase (Abraham 1920, 1923). It, too, was reshaped, as the oral phase had been before. Further alterations involved the definitions of *object* and *object love,* until Abraham was able to present a new model of psychic development in 1924.

I would characterize the changes that Abraham made as a tendency to emphasize the aggressive nature of the libido, and also a tendency toward reversal of the balance of power between aggressive and libidinal aims. This, of course, changes the patterns and directions of interpretations in clinical work. If Freud's interpretations ultimately target the primary, pleasurable libidinal wishes, for Abraham, aggressive wishes have the upper hand.

The oral-sadistic wish to destroy the object by devouring it is conceived as a primary wish in Abraham's "The First Pregenital Stage" and, of course, this stands in complete contrast to Freud's narcissistic identification. This is the case not only because the wish to destroy is an instinctual one and not a mechanism (although this is also significant). Already in May 1915, Freud had expressed his misgivings about Abraham's lack of understanding of the significance of "mechanisms" (Falzeder 2002); according to Freud, psychic disorders could not be explained solely by reference to a libidinal phase (fixation, regression), for one also had to be able to specify a particular mechanism by which to explain the etiology of the symptoms, which were characteristic of a particular disorder. In fact, Freud had already expressed similar thoughts in his paper on the etiology of obsessional neuroses (1913a), where he had stressed that the development of both the instincts and the ego had to be considered in etiological questions.

These remarks may not have convinced Abraham; at any rate, in "The First Pregenital Stage," there is no mention of a specific mechanism in the development of depression. Similarly, he does not attempt to distinguish depression from obsessional neurosis through separate mechanisms. His response to the problem of the "choice of neurosis" was the thesis that both neuroses shared the hostile attitude of the libido toward the object, and that they differed in the phase of libidinal development at which they were fixated; the desires of the obsessive neurotic

were sadistic in character (meaning anal-sadistic), whereas the depressive person wanted to destroy the object orally by devouring.

One could also describe the difference between Abraham and Freud as being that Abraham was mainly interested in instinctual aspects, and that his deliberations, on the whole, lay within the framework of libidinal development, whereas the model of ego development—to which both Freud (1914) and Ferenczi (1913) had already made decisive contributions—remained alien to Abraham. Perhaps the isolation into which Abraham had been pushed by the First World War played a role in his preference for the theory of libidinal development. After September 1914, he did not see Freud or the other members of his circle for four years, and may have lost touch with some of the further developments of psychoanalytic theory, whereas in those same years Ferenczi had three analyses of high frequency with Freud and pursued related projects.[17] On the other hand, a life far removed from Vienna and from the possibility of exchanging ideas with colleagues may have had the positive effect of helping Abraham develop his own ideas.[18]

I see another difference between Freud's approach and Abraham's in that, for Abraham, the wish for destruction had a *purposively* aggressive character, whereas in "Instincts and Their Vicissitudes" (1915a), Freud had developed quite a different concept of early psychic development, as discussed earlier. He described a period in which one cannot yet speak of love and hate, but only of "preliminary" forms of both instincts; it is the period of autoerotism and narcissism that precedes the phase of actual love for the object. None of this is to be found in Abraham's writing.

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[17] See, e.g., Freud's use of *introjection,* Ferenczi's term, their correspondence on a phylogenetic theory that led to Ferenczi's genital theory (1924), and Ferenczi's assistance evident in Freud's *Beyond the Pleasure Principle* (1920) (Falzeder and Brabant 1996).

[18] The "liberation" of Abraham's thinking in "The First Pregenital Stage" may have been connected to the death of his father, just as Freud claimed was the case in his own development. It seems that Abraham informed Freud only of the illness of his father, but not of his death on November 20, 1914 (Falzeder 2002). It is, of course, conceivable that Abraham sent Freud a telegram or letter that is no longer extant; similarly, it is also possible that Freud's answer got lost. All we know is that, five weeks after his father's death, Abraham told Freud he had now completed "The First Pregenital Stage" (Falzeder 2002). The crucial passages that I describe as revolutionary are found on the last few pages of this text, and so may well have been written immediately after the death of his father.

For him, the destructive wishes for incorporation already clearly target an object at the earliest developmental phase.

Abraham was not alone at the time in this emphasis, and in the allocation of object relatedness to an earlier period. Jones, for example, shared this view (May 2006). This altered view of development, increasingly put forward by Abraham and others in the 1920s, had far-reaching implications for analytic work. It could have furthered a technique based on the understanding of everything that happened in analysis as the manifestation of an objectal, object-related, neurotic transference. Excluded from such a practice was the narcissistic object that is experienced as part of the ego, and the non-aggressive constitution of an object that is separate from the ego.

All this is implicit in "The First Pregenital Stage" and in the hypothesis of purposive, oral-aggressive wishes of destruction: the emphasis on aggressive wishes instead of pleasurable, primarily libidinal ones; the emphasis on an early, purposive object-relatedness at the expense of auto-eroticism and narcissism; and the emphasis on instincts instead of the ego.

These are the results of my study, and I would like them to be taken with a grain of salt. At times I place accents where there are in reality only gradations, and I stress differences where there are also similarities. I am also aware of the fact that Freud's and Abraham's writings are far from being unambiguous, and that they can be read in different ways, inevitably to some degree depending on the interests of the reader. In later studies, I hope to be able to show how Abraham continued to change Freud's theory, as he had begun to do in "The First Pregenital Stage."

FINAL REMARKS

Several disciples of Freud developed their own theories with their own focal areas, if not their own metapsychologies. This was the case for Abraham as much as for Jung, Adler, Ferenczi, Jones, or Rank. I do not think that Abraham intended to develop a theory that differed from Freud's; in fact, I doubt that he was fully aware of the differences between Freud's approach and his own. My impression is, rather, that he

saw himself as carrying out and completing Freud's theory, since this motive dominates his main work of 1924.

Nevertheless, it appears to me that Abraham's basic ideas of the psyche and of psychic functioning were of a different character than those of Freud. They were taken up with enthusiasm by many analysts, including Abraham's English colleagues (e.g., Jones, Glover, Klein, Isaacs, Riviere), who ascribed an important role to early aggression and to the pregenital period in psychic development and the etiology of psychic disorders. Seen this way, Abraham had a great influence on the further development of psychoanalysis; in fact, we are only now beginning to take the full measure of how and to what extent he shaped our theoretical ideas and our clinical work.

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REVERSIBLE PERSPECTIVE
AND SPLITTING IN TIME

BY HELEN SCHOENHALS HART

The element of time—*the experience of it and the defensive use of it—is explored in conjunction with the use of reversible perspective as a psychotic defense. Clinical material from a long analysis illustrates how a psychotic patient used the reversible perspective, with its static splitting, to abolish the experience of time. When he improved and the reversible perspective became less effective for him, he replaced it with a more dynamic splitting mechanism using time gaps. With further improvement, the patient began to experience the passage of time, and along with it the excruciating pain of separation, envy, and loss.*

Keywords: Reversible perspective, splitting in time, time, dynamic splitting, static splitting, catastrophic change, binocular vision, psychotic defense, projective identification, role reversal, binary thinking.

INTRODUCTION

In this paper, the relation between the use of reversible perspective and the element of time will be explored and illustrated, drawing on clinical material from an extensive analysis with a deeply disturbed man. The reversible perspective was a pervasive defense of his from the outset, and time was an important aspect throughout this man's analysis. He spoke about the lack of time and his need for it, and I was aware of his use of time as a splitting mechanism. It was an analysis that needed an

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enormous amount of time—nineteen and a half years, in fact. I admit this with some embarrassment, although I do not think that the understanding I have gained through hindsight would have effectively accelerated what transpired between the patient and me. The patient, looking back, said he never would have started the analysis if he had known how long it would take—but thank God he had not known, he added.

A REVIEW OF THE CONCEPTS

First I will describe what is meant by the terms *reversible perspective, splitting in time, dynamic splitting,* and *static splitting,* before presenting clinical material to show my patient's use of these mechanisms. I will try to make clear how his experience of the passage of time increased during the analysis, which I took to be indicative of his development. I will also describe how his use of splitting in time was an attempt to replace his use of reversible perspective with a more dynamic and developed form of defense.

Bion's (1963) description of the reversible perspective is based on a phenomenon studied in psychology at the beginning of the last century.[1] An example of the model he uses is Rubin's vase—a picture of two faces in silhouette, which can also be seen as a white vase if one's attention is drawn to the space between the two faces. It is not possible to see both at the same time. Bion's idea is that the patient has one point of view while his analyst holds the alternative point of view. The difference is not apparent, however, for patient and analyst are ostensibly looking at the same object or sharing the same situation; presumably they are in agreement. There is no conflict, but instead a silent reversal of perspective on the patient's part.

The reversible perspective involves splitting, but not the kind of *dynamic splitting* that we are usually confronted with. There is static splitting in place of dynamic splitting. The difference between the two is clinically important. Dynamic splitting usually involves a lot of acting out and is therefore rather easy to identify. For example, a patient might call his analyst from out of town at the time of his session, thus putting geographical space between himself and the analyst. The analyst can rather

[1] For example, see Flügel (1913a, 1913b).

easily sense the patient's need to maintain a spatial split in this way. The dynamic splitting between ideal and bad objects often involves loud complaints, movements, breaking off contact, searching for new partners, and a lot of other acting out. Such splitting is noticeable and relatively easy for the analyst to detect.

In contrast, static splitting takes place quietly, leaving no betraying signs that the analyst can easily recognize. There is no physical movement, no alarming acting out, no loud argument. There is only a slight change in the way the patient views the situation, and the analyst has hardly a clue that anything at all has happened.

The reversible perspective is used to arrest a potentially moving and upsetting situation. Bion (1963) says: "The patient reverses perspective to make a dynamic situation static . . . . It is the dynamic quality of the interpretation that evokes evasive reactions" (pp. 60-61). Patients who use reversible perspective are just at the threshold of the depressive position, but do not cross over or enter into the dynamics of the oedipal conflict because the pain overwhelms them: "Reversible perspective is evidence of pain" (Bion 1963, p. 60).

The reversible perspective often involves a simple reversal of roles or identities by way of projective identification: the patient silently assumes the role of the analyst, leaving the role of the patient to the analyst, for example. As Bion (1963) puts it: "The supposition that the analyst is the analyst and the analysand the analysand is but one of these domains of disagreement that is passed by silently" (pp. 54-55). The disagreement becomes apparent only when the patient is caught unaware, perhaps by an effective interpretation by the analyst. Bion describes the reaction of the patient at that moment: "There is a pause while he [the patient] carries out a readjustment . . . to establish a point of view" (p. 55).

The reversible perspective I will illustrate in this paper usually involves this kind of role reversal. I would like to emphasize, however, that it is different from the role reversal of our more neurotic patients in that it is so difficult for the analyst to get hold of; again, it is silent, and there is hardly a clue of it.

The patients Bion (1963) is talking about are severely disturbed, often psychotic, and when their defense of reversing the perspective is not effective enough, it will be buttressed with delusion and hallucina-

tion. "If he cannot reverse the perspective at once he can adjust his perception of the facts by mis-hearing and mis-understanding so that they give substance to the static view: a delusion is in being" (p. 60).

Britton shows how Freud's (1923, 1924, 1925, 1927, 1940a, 1940b) ideas about *disavowal* and *negation* are the basis for the phenomenon of reversible perspective. Already in 1893, Freud speaks about the "blindness of the seeing eye" when "one knows and does not know a thing at the same time" (Freud and Breuer 1895, p. 117). Later he calls it *disavowal,* a "half measure" in which the disavowal "is always supplemented by an acknowledgment; two contrary and independent attitudes arise and result in . . . a splitting of the ego" (Freud 1940b, p. 204).

Britton points out the symmetrical thought processes in these patients—in which, for example, hot is interchangeable with cold, right equals wrong, and yes is no. He describes their constant vacillations between perspectives, each time taking up the view that silently opposes the view of the analyst. Such reversals can engender utter confusion and infuriating helplessness in the analyst. "It's as if the patient would politely say to the analyst: 'Yes, that's exactly right, it's just the opposite of what you just said'" (Britton 1994b).

The patient does not necessarily hang onto one fixed point of view, but switches his view back and forth, according to whichever one provides the required opposition. What Britton writes about seems to be a more fluid kind of reversible perspective than what many contemporary analysts describe.[2] "This process, which mimics projection and reintrojection, has the characteristic of alternation, but is static, not dynamic, like running on the spot. I refer to this as *oscillation.* It corresponds to what Bion (1963) termed *reversible perspective*" (Britton 1994a, p. 367). Although I will not focus on specific verbal examples in the clinical material I present, such confusing oscillations became very familiar to me

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[2] For example, Etchegoyen (1991) interprets Bion's static splitting to mean that the patient "holds fixedly to his premises" and "continually hallucinates a situation that does not exist" (p. 759). Etchegoyen's clinical material is about an analysis in which the patient's and analyst's views of their working contract were diametrically opposed. While the analyst was trying to analyze him, the patient was seeking the analyst's help to make his own self-prescribed, homeopathic treatment more efficient. His patient was holding to one particular perspective throughout the analysis.

in my patient's responses and were a constant challenge to my ability to understand.

Splitting in time, which is a more dynamic mechanism that my patient later used and which I will illustrate in this paper, is not a very frequent topic in psychoanalytic literature. Klein (1946) mentions it in a footnote to her paper on schizoid mechanisms, citing Clifford Scott's contribution during the discussion:

> He stressed the importance of the breaks in continuity of experiences, which imply a splitting in time rather than in space. I fully agree that splitting is not to be understood merely in terms of space and that the breaks in continuity are very essential for the understanding of schizoid mechanisms. [p. 101]

Later on, Bion takes up the term *splitting in time* in his work on transformations, which I will quote from shortly. To put briefly how I understand the term, splitting in time means that two aspects that essentially belong together are split apart in time. For example, if someone is suddenly traumatized or receives a devastating blow or message, he might not feel what this means to him emotionally until some time later. The knowledge of the traumatic content and the emotional response to it are split, that is, are separated by time.

Someone who cannot process an emotional experience, even when the impact of it is split off into a later time, might develop panic attacks as a substitute. It is not unusual to hear such a patient say, for example, that he had had no emotional reaction to his mother's death, and that the panic attacks were not related to that event either, since they began six months later.

Some patients project an emotional event into the future or into the past in order to split it off from the present experience (Bion 1965). It then becomes either an event to be feared and kept at bay, or an event that no longer matters because it is past and things are now completely different. Even though the patient might talk about the future or the past as if he had a sense of time, it does not mean he experiences the passage of time. He is simply using the element of time in order to split off and get rid of an unwanted emotional experience in the present.

CLINICAL EXAMPLE

I will now describe my patient's use of reversible perspective—or oscilla-tion—in his psychotic defense organization, his attempts to replace the reversible perspective with the more dynamic mechanism of splitting in time, and, finally, the gradual development of his ability to experience time.

The analysis took place in German and in Germany, where I, an American, had trained and then worked for over thirty years as a psy-choanalyst in private practice. During my training and for some time after, I worked in the outpatient psychotherapy department of a univer-sity psychiatric hospital. The patient, upon refusing psychotropic drugs and requesting an alternative treatment, was referred to me for a psycho-analysis by the head of the department.

Gunther, a mathematician in midlife, single, chose to undergo psy-choanalysis in an attempt to prevent further psychotic breakdowns like one he had recently suffered. For a very long time, it was extremely dif-ficult for me to understand much of anything he said, for he filled the sessions with a myriad of disjointed metaphors and fragments. For ex-ample, he talked in a manner something like this: "The woman has her monthly abortion; Jesus was ingenious; when the rock was rolled away there was nothing there; Chekhov knew how to put it; when the pro-fessor was asked he said nothing."

This, at any rate, is more or less what I heard. With time, however, Gunther began to spend many sessions describing his mental state in a way that was more accessible. Among other things, he explained that his kind of "binary thinking" (right/wrong, yes/no, black/white) was different from the "psychodynamic" way of thinking that was mine, to which he had no recourse. These different ways of thinking also made it impossible for me to understand him, Gunther told me, though he was desperately in need of my understanding. He explained that his way of thinking was like a *Wetterhäuschen*—literally translated, *a little weather house*—an image that needs a brief explanation for a non-German audi-ence.

A *Wetterhäuschen*, the size of a cuckoo clock, has two doors with a figure in each doorway, one representing sunny, dry weather and the

other cloudy, rainy weather. They stand on a revolving platform controlled by a thin thread that expands or contracts according to the humidity, causing one figure to come out and the other to retreat.

The two figures never meet, Gunther observed. In his case, the switch from one to the other happened instantaneously. He had no time, he complained. No time to think anything through, no time for learning anything—he had to *know*. This put him under enormous pressure and his anxiety was often extreme. What he did in his sessions was like decorating a Christmas tree, he told me; he had to know where to hang the ornaments. If he should encounter "Wrong!," then he "would know next time where not to hang that one." But that was not a learning experience, he insisted—it was simply a matter of the instantaneous changing of the guard, so to speak, in the little weather house. He could not learn, he said; there was no time for that.

My countertransference reactions to Gunther's use of reversible perspective were often intense and difficult to put into words. One small example particularly stands out in my memory. Upon returning to work after having cancelled several sessions due to illness, I had trouble telling my patient that the following session also had to be cancelled. When I finally got up the courage to tell him at the end of the session, he shot back with a friendly smile: "That was to be expected," and left.

I felt absolutely devastated, non-existent, as though a black hole had just swallowed me up, and it took me several hours to recover. What did Gunther's smile mean, and why did he say it was to be expected? He could not possibly have known that I would have to miss the next session to attend an analytic conference. Most of all, I could not understand why I felt so devastated. All I could get hold of was the sense that the time required for a reaction—within him and between us—had somehow been violently abolished.

Much later, I understood that this was because Gunther had reversed our roles at that moment. He was the one who knew all about the cancellation, whereas I was confused and devastated. The guard had changed in the little weather house: he had become me and I him. He had often told me about the black-hole annihilation experience; now it was mine.

My patient reversed the roles in a more chronic and insensible way that was even more difficult to get hold of. We are all familiar with the

role reversals of the more neurotic patient. This was different in that it was extremely difficult to perceive. For example, if I gave Gunther a meaningful interpretation, he might, for a split second, feel understood. But he would immediately inform me that he knew that already, and would proceed to lecture me about it.

For a long time, it was not apparent to me that there had been a switch and he had become me. I spent many hours listening to—and being quite impressed by—his long, quite insightful lectures, not having a clue as to what had happened. Only over the years did this massive projective identification with me become a familiar occurrence that I was then able to interpret to Gunther. Because of the speed with which the reversal of perspective took place, it was insidious. The element of time—time to react and time to think—was lacking, had been abolished.

Although this patient had no time, he could nevertheless lecture me about time and about what I recognized as splitting in time. In spite of the fact that this took place at a high level of abstraction and was divorced from real experience, it was perhaps a hint of development to come. Gunther told me that feelings could not be present and simultaneously be talked about. If one said one was feeling such and such, you could be sure that one was *not* feeling it at that moment, he maintained. Only after the fact, when the feeling was no longer present, was it possible to discuss an emotional situation. Reversible perspective could also be detected in his lecture when he tagged on at the end that—by the way—you could be sure that the emotion talked about was opposite to the one that had actually been present.

In order to depict how this patient did develop—very slowly—over the years, I will describe his reactions to the passage of time during the breaks in analysis. For many years, Gunther's reaction to my absence was to experience me as ever present and in dialogue with him. Upon my return, however, he was confronted with an analyst who was either in total denial—"Why are you denying what you know?" he would ask me in exasperation—or with an analyst who really did not know what had transpired in his world during the break. The latter meant that all his experience with me during the break was abolished by me in that moment. It was like the little weather house—my presence annihilated his. To sud-

denly see that his experience had been a delusion made Gunther realize he was crazy, or, not being able to stand that, he literally went crazy.

During the first years, this was so traumatic that it resulted in an alarmingly fragmented state of his mind that lasted for many days, sometimes weeks. He had trouble getting his whole body to the sessions—for example, he was afraid he would leave his shoulder behind or lose it on the way. He could not figure out what I was about and tried desperately to decipher hidden meanings from the arrangement of the chairs in the waiting room or the clanging heat register. Extremely anxious and utterly exhausted, Gunther was driven in his attempts to "break the code." He did not yet have the ability to experience either my absence or the passage of time.

At first it was impossible to talk about the problems we encountered after a break. And of course it made absolutely no sense to him whatsoever to discuss an upcoming vacation. When I first tried that, he, greatly upset, demanded: "How can you talk about your not being here when you are here?"

Perhaps in an effort to make it clear to me how crazy such thinking was, he brought in a picture of Magritte's painting of a pipe with the text underneath, "*Ceci n'est pas une pipe*" ("This is not a pipe"). Showing it to me, he exclaimed, "Outrageous!"

With time, however, we were able to recognize the problems that occurred in the first session following a break, and it even became somewhat possible to anticipate them. That seemed to defuse the traumatic distress caused by the confrontation in the first postseparation sessions.

Much later in the analysis, Gunther told me after a long break that he had come across an outdoor chess board during a walk in the park. He proceeded to play a game, moving the life-size figures on one side, and then running to the other side to move the figures on the opposite side. "It must have looked very curious to the bystander," he added. At that point in the analysis he had become more capable of observing what he did during the breaks—how he played both my part and his own by switching the perspectives.

By this time Gunther had also become more capable of separation. He would be loud and upset in the first session after a break. I interpreted in one of these sessions that he seemed upset, which perhaps had

to do with my having been away. That was absolutely wrong, he coun-
tered. He said that he felt I was pushing a foreign reality onto him. I un-
derstood then that he had been evacuating his upset during the session
and therefore, in his denial, he was unable to accept such an interpreta-
tion. However, in the next session he was much calmer. He said he felt
better and that he had to admit it probably did have to do with the fact
that I was back. I had seen something in the previous hour that he had
not been able to see.

This same scenario happened several times, sometimes even after a
weekend. This was a new development—that Gunther could accept and
keep some meaningful comment from me that he did not already know.
He could only do this, however, as long as there was a lapse in time.
His understanding of what I said and the state of his mind that it repre-
sented could not be present at the same time. What he had told me in
one of his "theoretical lectures" early on in the analysis—that a feeling
could not be talked about when it was present—was now being acted out
in the transference. It felt like progress to me.

Discussion

Bion writes about such *splitting in time* as a mechanism employed ei-
ther for constructive or destructive purposes, dependent on the degree
of symbolic thought processes on hand:

> Patients can be observed to change their attitude to an object
> by changes in viewpoint which may be perverse or analogous to
> changes of position that a surveyor, terrestrial or astronomical,
> uses to estimate the range of a distant object. The procedure in-
> volves splitting in time and space and, depending on the nature
> of the intention, may aid the solution of a problem by providing
> a substitute for *binocular vision* when binocular vision is not avail-
> able, or hinder a solution by destroying binocular vision when
> it is available. The immediate relevance of this lies in the use of
> splitting as a method of achieving correlation. The mechanism
> involves bringing together the splits. [1965, p. 66]

Bion later writes about his own experience of splitting in time in the
constructive sense:

If I re-read one of my own notes, knowing it embodies what to me was knowledge when I wrote it, it can seem tautological or to express a meaning so inadequately that if an interval of time separates me from the state of mind in which I wrote it, it fails to communicate its message even to myself. Yet its capacity to record is enough to make it possible for me to contrast two different views . . . . [and he adds in a footnote:] This statement is itself an instance of splitting in time, as a method of achieving correlation. [1965, p. 109]

Perhaps a brief explanatory note is necessary here. By *binocular vision*, Bion means the ability to bring together two points of view. The child whose vision is impaired due to extreme strabismus or a wandering eye sees double. To prevent confusion, the brain depresses or shuts down entirely the vision from one eye. This results in his not being capable of binocular vision, however, and therefore in a lack of depth perception. Similarly, binocular vision in the psychological sense allows one to bring together two points of view—one view does not annihilate an opposing view, but can exist simultaneously with it—or to bring together two objects, such as the parental couple.

Bion also talks about binocular vision in respect to the two realms of conscious and unconscious reality. Someone who is capable of symbolic thought and therefore of repression will still have recourse to the unconscious, thus allowing for a depth of perception in his understanding of reality.

To return now to my patient Gunther: I think that his splitting in time was a constructive effort to compensate for and to begin creating the binocular vision and triangular space that had not been available to him. He was beginning to see something from two different points of view: mine and his. He still had to separate these views, however, by splitting them in time.

By this point in the analysis—many years had passed—my patient's condition had improved. Paradoxically, his tendency to switch between two perspectives, as exemplified by the figures in the little weather house, had increased; it no longer happened so silently. The frantic alternations of the little figures made his projective identifications blatantly apparent to me, and I, in turn, was becoming bolder in my interpretation of them.

It seemed to me that these fluttering and more apparent alternations were his desperate attempts to rescue the reversible perspective that had become less effective for him.

The following material from a session shows how we worked during this time. I had missed a session due to illness, which had been followed by his missing a session due to illness. Gunther had also missed a day at work and was now reporting what had happened when he had returned to work. His boss had asked him how he was feeling, and he answered, "Fine." The boss then responded, "Now *I'm* getting sick."

I said to Gunther that they seemed to be switching places, which was also happening with me. He was beginning to become aware of separation and his own situation, I continued, and that was causing him so much anxiety that he immediately got rid of his own situation by putting himself completely into my place. Therefore, he would do what I was doing: if I got sick and missed a session, then he became sick and missed a session.

Gunther's reaction to this interpretation was: "Of course I put myself into your situation, because that's the way I learn. How is a child supposed to learn if not by imitation?"

As was typical during this time, I found myself getting irritated. At the same time, it was very clear to me that Gunther was extremely irritated with his boss and the way the company was run.

The following rather disjointed description may be somewhat difficult to follow, but it was typical for Gunther to talk in this way. He said that his boss was in the same situation as he was, in that the Americans, who were in turn the boss's boss (he worked for an American company), were giving Gunther's boss a hard time. Why didn't his boss learn from this, Gunther asked in an exasperated tone of voice; the boss should be able to recognize that he was doing the same thing to Gunther that his American bosses were doing to him. The boss complained that the Americans found fault with him, and he could not do anything they would accept. But that was how his boss was with Gunther: constantly complaining and finding fault. My patient's boss tells Gunther to stand on his head, and when Gunther does so, his boss says, "Wrong!"

My interpretation at this point was: "You're telling me that, even though you put yourself into my situation and you think you're doing

this in order to learn how to do and think things through differently, you are discovering that this is not the way you can really learn." In other words, I was telling Gunther that massive projective identification is not a good way to try to learn. I understood him to be projecting his destructive superego into his boss and then getting upset about his boss's behavior, i.e., that narcissistic part of himself. But just as his boss had an American boss, so did Gunther's narcissistic self have an American boss: his analyst.

It helped me to think about this situation by imagining a set of Russian nesting dolls. Because of the massive projective identification, there was a little Russian doll, Gunther, inside another doll, which was his destructive superego, which was inside another doll, which was his American analyst, and so on. Bosses had bosses, who in turn had other bosses, who had still other bosses. I felt he was struggling very hard with the omniscient part of himself, namely, his destructive narcissistic organization, rather than continuing to be identified with it.

I found that to be positive and progressive, but I also knew that it caused Gunther great anxiety to be confronted with that side of himself. He was struggling to develop a triangular situation in which he could experience and more realistically observe himself as well as his analyst-object. It was extremely painful for him to do this, however, and it was therefore a very precarious situation.

As the reversible perspective became less effective for Gunther, he began using time as his defensive recourse. He put more and more time between two events that he had to keep separate. He began to stay home from work because, he told me, there was not enough time between getting home from work and coming to his sessions. Finally, he could no longer go to work and come to analysis on the same day. It seemed to me that he had to keep his relationship with his boss and his relationship with me separate because he had to hold these areas in his mind apart. If he came to his analytic hour straight from work, he would be bringing them together. He simply needed more time, he said.

When his application for early retirement was reviewed, Gunther was asked why he could not work. "Because I'm in analysis," he replied, "and I don't have time to do both." "Well, then stop your analysis and go back to work," was the official verdict. That was not an option for him.

He needed his analysis, but he also had to keep two worlds—essentially his world with mother and his world with father—apart. If they came together, he would be in an oedipal situation with me. There would be two of us, and he was terrified that one might destroy the other.

In a nonpathological sense, Gunther really did "need more time"; he needed more time in his analysis. As he himself told me, he needed time in order to learn to think so that there would be "room for two." Always before, he had resorted to elaborate systems and delusional ideas of "cracking the code," "solving the riddle," or "winning the game" in order to buttress his reversible perspective. Now he was no longer trying to reinforce this perspective, but seemed instead to be trying to replace it with a more dynamic kind of splitting in time. This dynamic splitting was emotionally charged and louder than the instantaneous static splitting, and it involved not only him and me, but other people as well. He was acting out and causing reverberations in his social network. Several public offices and health professionals had to deal with his onslaught of applications, and the local newspapers with his obsessively verbose letters to the editor.

I think this alarming and noisy acting out is what Bion (1965) refers to as a sign of *catastrophic change*. He describes it as a "violent change" caused by a "wide externalization" of "over-stimulated internal objects." These externalizations present themselves as "anxious relatives, impending law-suits, mental hospitals, certifications, and other evidences" (p. 9). Gunther was trying to move toward triangulation. He was attempting to enter the depressive position, which at the same time meant for him a catastrophe.

The patient began, then, to experience the passage of time during the weekend and holiday breaks. He realized on one weekend that I had been right about some fact we had disagreed about during the Friday session. It brought him extreme relief all weekend to feel himself to be small and ignorant. On Monday he said, "It was really good on Friday. You were right, I was wrong. But what was so good about that was that I was able to let it be. For the first time ever, I was able to be stupid, I was able to be a little boy. I didn't have to know everything—I didn't have to know *anything*. And I had time! It was so good to have time."

Near the end of this session, Gunther felt enormous sadness and pain: "All those wasted years—fifty years!" Unable to continue speaking, he shook his head and sobbed.

Such experiences did not last very long due to the rage and envy that immediately began to well up in him. Some of his explosive anger toward me could be contained and talked about in the sessions, but his extreme fear that he could "destroy everything" drove him back to his splitting mechanisms.

The analysis continued for several more years, providing as much containment as the patient was able to bear and I was able to give. When the analysis ended, Gunther was of course still using the reversible perspective and temporal splitting mechanisms. He was much more aware of them, however, as well as of his mental deficiencies. He said he thought he was better able to accept them and live with them than he had been before. He feared the pain of separation, but thought that he would somehow manage. And he was grateful.

CONCLUSION

I have presented this clinical material to show how reversible perspective, with its static splitting, was used to abolish the experience of time. When the patient improved and the reversible perspective became less effective for him, he no longer reinforced it with a delusional system, but instead replaced it with a more dynamic, splitting mechanism, using time gaps. With further improvement, the patient experienced the passage of time, and along with it the excruciating pain of separation, envy, and loss.

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PREGNANCY, THIRDNESS, AND THE AESTHETICS OF CATASTROPHE IN HEINRICH VON KLEIST

BY GAIL M. NEWMAN

In documenting his own personal crisis of faith in Enlightenment rationalism through letters and essays, Kleist exposes the epistemological fissures in its edifice. This paper explores in psychoanalytic terms the dilemmas associated with knowing and not knowing, and the relationship between self and other, revealed by these texts. Kleist's literary work goes beyond expressing this crisis of knowledge to enact a kind of solution to it, not resolving the contradictions that are central in his world but presenting them aesthetically, intact and precariously balanced. More specifically, a pregnancy conceived without the knowledge of the mother-to-be—in his novella "The Marquise of O" (1807a)—suggests a modification of the psychoanalytic third to include within it the catastrophe that it also mitigates.

Keywords: Heinrich von Kleist, pregnancy, analytic third, Jacques Lacan, literature, fiction, D. W. Winnicott, Enlightenment, aesthetics, knowledge.

> It is a joy to be hidden and a disaster not to be found.
> —D. W. Winnicott (1963, p. 186)

> Only the hand that erases can write the truth.
> —Spencer Finch (2007–2008)

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> One could divide human beings into two classes: those who
> engage by means of a metaphor, and those who engage by
> means of a formula. Those who are involved in both are too
> few to make up a class.
>   —Heinrich von Kleist (2001, Fragment 2, p. 338)[1]

INTRODUCTION

The literary and theoretical work of Heinrich von Kleist (1777–1811)
presents an extraordinary opportunity to gain access to that which psy-
choanalytic theory has located variously in the "incommunicado core" of
the self (Winnicott), the Real that defies imagination and symbolization
(Lacan), and the navel of the dream (Freud). Kleist's literary discourse
enacts a subjectivity that involves a simultaneous creation and erasure
of identity, a simultaneous knowing and not knowing of self and other,
and, most radically, a heightened sense of the proximity of being and
not being. His syntax, elaborate almost to the breaking point, manages
to render the nearly impossible situations at the center of his stories and
dramas in such a way that we gain a kind of access to the incommuni-
cado core that leaves it intact and productive. In this respect, Kleist's lit-
erary language represents a heightened version of aesthetic experience
more generally.

Kleist himself is without question a fascinating figure from both a
literary historical and a psychoanalytic perspective: born into an old
Prussian military family, he ended up hating the arbitrariness of mili-
tary power, but spent the rest of his life searching—unsuccessfully—for
alternatives to the certainty and structure it provided. Having lost both
parents while a teenager in military school, he turned to his sister, who
became his most important confidante; he was engaged to the daughter
of another impoverished noble military family for two years, but never
married.

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[1] In the original German, this quotation is as follows: "*Man könnte die Menschen in
zwei Klassen abteilen; in solche, die sich auf eine Metapher und in solche, die sich auf eine Formel
verstehen. Deren, die sich auf beides verstehn, sind zu weinige, sie machen keine Klasse aus.*" Trans-
lation by the author.

Kleist's life was characterized by mystery, including a trip to Würzburg ostensibly designed to enable him to be "capable of marriage," a stint in a post-Revolution French jail for spying, and, finally, his death in a murder-suicide pact with a terminally ill woman in whom he thought he might have found a last-ditch soul mate. But it is his position as both a representative and a subverter of the European Enlightenment that concerns me here.

In documenting his own personal crisis of faith in Enlightenment rationalism through letters and essays, Kleist exposes the epistemological fissures in its edifice. My paper will explore in psychoanalytic terms the dilemmas associated with knowing and not knowing revealed by these texts. Kleist's literary work goes beyond expressing this crisis of knowledge to enact a kind of solution to it, not resolving the contradictions that are central in his world but presenting them aesthetically, intact and precariously balanced. Winnicott's intermediate area, and relational models descended from it, as well as Lacanian and Kristevan notions of the unsymbolizable, help illuminate the function of the aesthetic in Kleist.

Primarily, though, I will explore how Kleist's literary language and narrative architecture function as a structural third (Muller 2007), a container for polarized dualities that press as urgently toward avoidance of resolution as toward resolution itself. I will argue that Kleist's literary discourse suggests a modification of the psychoanalytic third to include within it the catastrophe it also mitigates.

Kleist's novella/short story "The Marquise of O" (1807a) will serve as the primary locus of my examination. It centers on a pregnancy conceived without the mother-to-be's knowledge—in fact, unable to be known by the mother, yet itself functioning as a different kind of knowledge. The pregnancy is associated in the text with both oedipal and pre-oedipal scenarios, but ultimately it can be accounted for fully by neither model. Instead, I propose, the narration of the Marquise's pregnancy provides a mere hint of a relational paradigm that allows for connection without subsumption, preserving the self's nucleus without rendering it completely isolated. However, the cataclysmic moment when the pregnancy comes to light, together with its ultimately mysterious origin, reminds us of the fragility of such experience.

KLEIST'S PLACE IN HISTORY

No one was more seduced than Kleist by the promise of freedom and happiness proffered by the champions of human reason. An early essay is entitled "On the surest way to find happiness and to enjoy it, even amid life's greatest tribulations" (Kleist 2001, pp. 301-315; my translation); his ultimately doomed engagement was marked by multiple letters dedicated to the "enlightenment" of his hapless fiancée.

Kleist and Kant

But in 1801, Kleist's somewhat exaggerated zeal for the powers of human reason to effect order and progress in his life and in the world experienced a catastrophic breakdown when he read Immanuel Kant (or one of his followers). Kant's epistemological "Copernican Revolution" had replaced what he called *dogmatism*—in which knowledge proceeds by means of the mind's passive perception of the external object—with his "critical" philosophy. In this model, knowledge is generated via rational categories dwelling in the mind; the mind, then, is active in the production of knowledge—arguably a positive development from the passive model that preceded Kant's Transcendental Idealism—but we are able to know the "thing in itself" only indirectly.

It is this perceived shift away from direct knowledge and experience of the world that occupied Kleist. While the accuracy of Kleist's interpretation of Kant is a source of active debate among scholars, there is no question that the effect on him of his reading was devastating.[2] This becomes clear most dramatically in a letter to his fiancée in March of 1801, where Kleist details his feeling that the Enlightenment tenets he has held so dear have been irrevocably violated. I cite here this remarkable passage at some length:

> I had already as a lad . . . adopted the idea that Perfection is
> the goal of creation . . . . From this notion I little by little de-
> veloped a kind of personal religion, and the striving never to
> remain idle here on earth but to advance without cease to an

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[2] Studies of Kleist's "Kant-crisis" are numerous. See, e.g., Gall (1977), Mehigan (2000), and Phillips (2007).

ever higher stage of Education [*Bildung*, sometimes translated as *self-realization*, GMN] became my sole principle of action. Education seemed to me the only goal worth the striving, and Truth the only wealth worth the having . . . . I recently became familiar with the more recent so-called Kantean philosophy, and I may impart one of its leading ideas to you . . . . If all people had, instead of eyes, green glasses, then they would have to judge the objects they saw through them to *be* green—and they would never be able to decide whether their eye were showing them things as they are, or whether it didn't add something to them that doesn't belong to them, but to the eye. This is the way it is with our minds. We can't judge whether that which we call truth is truly truth, or whether it only appears so to us. Ah, Wilhelmine, if the point of this thought does not strike you to your heart, do not smile at one who feels himself wounded by it to his most sacred inner being. My one, my highest goal has sunk from sight, and I have no other. [Miller 1982, pp. 94-95, translation modified]

READING KLEIST PSYCHOANALYTICALLY

Use of the Object

For Kleist, Kant's radically new notion of human knowledge entailed a tremendous loss: specifically, the loss of what he had imagined as an unmediated connection to "Truth," not unlike the "prelogical fusion of subject and object" posited by Milner (quoted in Winnicott 1971a, p. 38).[3] At the same time, though, Kleist is facing the possibility that there is no object that can be "used," in the Winnicottian sense; if the object can never be rendered external, one is trapped in pure subjectivity.[4] Hence, as Winnicott (1974) documents, Kleist both longs for and fears a merged-in state between internal and external reality (see Winnicott 1974, especially pp. 92-94).

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[3] This sense of epistemological loss often appears in Kleist's work as a glimpse of a paradisiacal world that is brutally ripped away from sight and experience. See, for example, Kleist's essay "On the Puppet-Theater" (Miller 1982, pp. 211-216), or any number of his dramas and stories, notably *The Prince of Homburg* (1811) and "The Chilean Earthquake" (1807b).

[4] See Winnicott (1951). The author thanks M. Gerard Fromm for this association.

This radically contradictory relationship to the object is evident in Kleist's brief review of Caspar David Friedrich's *Monk by the Sea*, entitled "Feelings Before Friedrich's Seascape," published in the *Berliner Abendblätter* in 1810. Here Kleist describes the "rejection, so to speak, by nature herself" (Miller 1982, p. 231, translation modified) that he experiences while viewing the painting. But the opposite feeling of relationship to the object world surfaces in this essay as well:

> The picture with its two or three mysterious objects lies before one like the Apocalypse, . . . and since in its uniformity and boundlessness it has no foreground but the frame, the viewer feels as though his eyelids had been cut off. [Miller 1982, p. 231]

Here the contact with the object is too much; Kleist experiences a nightmare of overexposure, in which normal consciousness is annihilated via grotesque exaggeration.[5] According to Winnicott's model, he is experiencing radical "impingement," a violation of the "self's central elements," compared to which "rape, and being eaten by cannibals . . . are mere bagatelles" (Winnicott 1963, p. 187).

Hence Kleist brings before our eyes a frightening world in which external reality is experienced either as irrevocably distant or menacingly assaultive. His Kant crisis thrusts him into a radically dichotomous situation in which the self is in danger either of total subsumption by the other or of floating free of any attachments whatsoever. We are confronted with the obverse of Winnicott's (1963) dictum: "It is a joy to be hidden and a disaster not to be found" (p. 186). In Kleist's post-Kantian world, the core self is both brutally exposed and nearly completely unrecognized.

This dilemma characterizes the relationships between characters, and between characters and the world, in most of Kleist's plays and stories. Often, protagonists are thrust into the situation of struggling to make sense of events and silences in states of psychic or natural emergency, and radical, even fatal, misunderstanding most often ensues. These relationships are strongly skewed toward the dyadic—the Imagi-

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[5] For more on the relationship between Kleist and the Romantics as played out over Friedrich, see Miller (1974).

nary, in Lacan's terms—with the attendant promises of perfect union and threats of perfect annihilation. As in Lacan's (1977) mirror stage, illusory images of wholeness and completion veil the possibility of equally total disintegration.

Presence of the Third

Paradoxically, the "gross failure of attunement" (Stolorow and Atwood 1992, p. 106), based on a wholly dyadic sense of the world, that occurs in these texts is often cast in terms usually associated with the third, notably justice and authority.[6] These, however, have "collapsed into twoness" (Benjamin 2004, p. 29) in the content of Kleist's works; what could potentially function to mitigate the threat to the characters' experience and moderate their hope for absolute happiness ends up itself locked into the dyadic perspective. In "The Chilean Earthquake" (1807b), for example, characters—and the reader—are drawn to interpret the natural disaster as overturning an unfair human justice system, only to have their nascent hope struck down in the end by a thoroughly gratuitous brutality.

Conversely, Kleist's drama *The Prince of Homburg* (1811) ends with the pardon of its title figure after a conviction for insubordination against the Prussian ruler, and his triumphant elevation to the status of war hero. But in the process, the line between dream and waking is so blurred that our understanding of the nature of justice, authority, or even reality is thoroughly confused by virtue of the very perfection of the "happiness" of the ending.

Thirdness indeed exists in Kleist's literary work, however—namely, on the level of its form and style. It is most closely akin to what Muller (2007) calls the "structural Third," which, in the analytic context, "is not cocreated by the analytic dyad but precedes it, authorizes its participants, and hopefully functions well beyond it" (p. 233). With Felman (1987), referring to the Lacanian Other, we note that this third is "a locus of unconscious language, sometimes created by the felicitous encounter, by

[6] See Muller (2007): "Typical representatives of the Third include the law and founding constitutions, authority figures, organized guilds, dictionaries, differentiated groups and communities, the unconscious transmission of shared history, especially family history, and the shared formulations dealing with the observation of facts" (p. 238).

the felicitous structural, verbal coincidence between the unconscious dis-course of the analyst and the unconscious discourse of the patient" (pp. 125-126).[7] Here is where the concept can begin to be translated—albeit in modified form, as we shall see—into the literary context.

Language itself, of course, is the ultimate preexisting, external conditioner for relationship. But literary language has a special status within this realm insofar as it has a more rigorous structure—simulta-neously more consciously and more unconsciously constructed—that in some sense transcends the use of language by characters within a lit-erary text. Kleist's language, which includes the exaggerated use of in-direct discourse, three-dimensionally structured sentences, and striking metaphors, is in turn a further concentrated version of the chiseled but elastic container that is literary language. The effect of thirdness is pro-found, engendering a "respectful silence before the not-yet-manifest, an appreciation of the meaning of one's own unconscious processes, a hu-mility on the part of the ego in facing the ongoing unmasterability of human life" (Muller 2007, p. 228).

KLEIST'S METAPHORICAL ARCH

Kleist delivers an apt metaphor for (and a literal drawing of) the nature and function of structural thirdness in a letter of November 1800 (Kleist 2001, p. 598). Observing an old stone arch, he wonders why, when there are no supports, it does not collapse. "It stands, I answered myself, *be-cause all of the stones want to collapse at once*" (Kleist 2001, p. 593, my trans-lation, italics in original). The idea is so important to him that he even sketches a stone arch in his letter.

For Kleist, the space under the arch is both conditioned by the struc-ture that surrounds it and itself conditions that structure. Paradoxically, the hole toward which gravity makes all the stones tend to fall is what allows them to stand: since there is not enough space for them to fall, and since the "desire" of each stone is equal, none can fall and they all remain in place. Functionally similar to the psychoanalytic structural

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[7] Indeed, randomness and coincidence famously play a large role in the action of Kleist's stories and plays.

third, the laws of physics exist outside the relationship between the dyads formed by adjacent stones, but inhere in them as well.

Kleist's insight, and the metaphor it engenders, introduces a subtle divergence from the usual sense of the structural third, however. Crucial to its workings is the absence at its core and the potential for catastrophic collapse or sublime surrender that it contains; in Lacanian terms, it highlights the Real at the epicenter of the Symbolic.[8] Indeed, Kleist's stories and plays center around disasters—or dire ecstasies—all having to do with crises of identity, trust, and knowledge of self and world, but also with the promise of an ineffable intimacy. At the heart of these texts is an incommunicado core that is both revealed and concealed by Kleist's language.

"THE MARQUISE OF O"

None of Kleist's works possesses a more powerful hidden core, nor a more exquisitely structured container for that core, than his short story/novella "The Marquise of O." Published in 1807, the story begins with a shocking newspaper advertisement:

> In M, an important city in northern Italy, the widowed Marquise of O, a lady of excellent reputation and mother of two well-brought-up children, placed the following announcement in the newspaper: that she had, without her knowledge, become pregnant; that the father of the child she would bear should announce himself; and that she, in consideration of her family, had decided to marry him. [Kleist 2001, p. 104, my translation]

Here we see a pregnant young woman needing to marry for reasons of propriety: we might imagine that we are in the familiar territory of an eighteenth-century novel about sullied virtue, but for the fact that the woman has conceived without her knowledge.

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[8] In this context, see McGowan and Kunkle (2004). In their introduction, the editors interpret the Real as "mark[ing] the point at which the symbolic derails itself" (p. xvi). I argue that an additional dimension to the Real's function exists in Kleist's work: while it does indeed disrupt the Symbolic order on one level, on another level it actually facilitates a mode of aesthetic discourse that would not be possible without the trauma of the Real.

The pulsating tension between knowing and not knowing—and between the desire to know and the desire not to know—propels the entire subsequent narrative. On the face of it, it is like a detective story, a paternity whodunit, culminating in what should be a satisfying conclusion in which characters and readers alike discover the father of the Marquise's child. Buried deep within this apparently straightforward narrative, however, is a story that takes place even beyond what Freud called the "other stage," referring to the scene of dreams and parapraxes;[9] the story bypasses repression and approaches total foreclosure.

Plot Outline

Before beginning my close analysis of the novella, I will attempt to summarize the story linearly, in preparation for showing how its more fundamental structure resembles Kleist's arch. The advertisement with which the story opens is not explained; instead, the narration drops us into the middle of a battle waged between the Italian Marquise's father, called the Colonel, and Russian troops led by the young Count F. Soon. The Colonel's citadel, where he resides with his wife, his daughter, and her two children, is in flames. As the Marquise and her mother try to flee to a relatively safe part of the complex, they lose sight of each other, and the Marquise falls into the hands of some rough young Russian soldiers, who are on the verge of raping her when Count F appears and saves her. At some point during this scene, the Marquise's baby is conceived.[10]

The battle ends quickly with the Colonel's surrender to the Count, who soon appears at the Colonel's residence to apologize in person for the transgressions of his men, whom he has had executed. The two men conduct this business in so gentlemanly a fashion that one could almost imagine they are allies, and indeed, when the Count returns to the family some months later—though not before having been reported to them by

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[9] See Freud (especially 1900a, p. 48; 1900b, pp. 50-51; also 1887–1902, p. 244).

[10] It is impossible to paraphrase this scene without interpreting how exactly this conception takes place, and it is essential that no such definitive interpretation be made, as Eric Rohmer unfortunately did in his 1976 film adaptation of the novella. As will become evident below, this passage contains the quintessential Kleistian moment of revelation and concealment.

an eyewitness as having fallen in battle—it is to ask the Colonel for his daughter's hand in marriage. After a scene in which the father speaks almost entirely for his daughter, who has, he reports, made a vow not to marry again after her husband's death, the Count finally accepts a vague promise that the family will think about it, and hurries off.

It is not long after this that the Marquise begins to feel strange, from pregnancy, as it turns out. Her father expels her vehemently from the house, and she retires to the home she had shared with her late husband, where she composes the announcement that begins the tale. The Count visits her there, entering the villa's garden somewhat surreptitiously, and nearly convinces her of his love, though she tosses him out when he tries to tell her too much. Following a false alarm engineered by her mother (without the knowledge of the father) in order to lure the Marquise back home, a reconciliation between father and daughter ensues, and the Count appears, mortified, to answer the ad, after which the marriage takes place. Following several months of celibacy, dictated in the marriage contract by the Marquise and presented to the Count by her father, the two ultimately live together in conjugal harmony, a "series of little Russians follow[ing] the first" (Kleist 2004, p. 311).

The Theme of Pregnancy

In this brief summary, we recognize already the Kleistian paradox of an Enlightenment urge toward ever-increasing clarity within which is embedded a primal, impenetrable, and at times willful obscurity. Psychoanalytically speaking, an urgent need for connection and insight coexists starkly with the radical necessity for protection via hiding. Both of these epistemological and psychological tendencies are associated with pregnancy. In one sense, a pregnancy is the quintessential linear—even teleological—narrative, bounded by a clear-cut beginning and a definitive ending that points toward a promising future. Experientially, though, the story of pregnancy is far from linear; instead, it could be said to unfold like the opening of a Russian nesting doll, its internal and external reality difficult to distinguish.

Pregnancy also presents an epistemological paradox—on the one hand, it presents an indisputable fact: a man has penetrated this woman

(has *known* her), and any knowledge that might be in question (who is the father?) is so only in a limited sense. On the other hand, certainly in Kleist's era and even today,[11] the actual pregnancy as space, duration, and subjective experience remains unfathomable, even for the woman herself. The Marquise of O's pregnancy is rendered even more baffling because the fact of its conception is unknown on the most primal level.

Oedipal Elements

The most visible dimension of "The Marquise of O" is essentially an oedipally structured story in which the woman's pregnant body represents the site of contention between males, whose desire to know and not to know what they are responsible for drives the narrative. But in the central, powerfully gravitational but also absent space of the story dwells, I will argue, an enactment of another register, one of knowledge and subjectivity. As we shall see, pregnancy resembles what Kleist calls, in his quirky essay "On the Gradual Fabrication of Thoughts While Speaking," a "certain *condition,* in which we happen to be, that 'knows'" (Miller 1982, p. 222, italics in original).[12]

At the heart of this condition, however, is a gap: the very thing that constitutes pregnant subjectivity must necessarily remain absent to normal consciousness. Kleist's story, then, sharpens both horns of the epistemological and identity dilemma I have outlined in connection to the Kant crisis—radical alienation and overwhelming engulfment—and

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[11] It is no accident that Kleist conceived his story at a time when changes in the medical practices associated with pregnancy were bringing about a massive shift of its significance, both experientially and metaphorically. Until the late eighteenth century, the start of a pregnancy was determined by the woman's own experience of this quickening (which we now know takes place at around the eighteenth week); its temporal origins and the prospect of a satisfactory outcome were almost always murky and subject only to speculation by even those directly involved with it. The sweeping triumph of European rationalism brought with it an urge toward more precision in the understanding and management of pregnancy. Medical doctors began increasingly to attend the pregnant woman and the birth of her child; midwives, traditionally in charge of childbirth, were gradually relegated to a supportive role. In this connection, see, e.g., Donnison (1977), Duden (1991), and Tatlock (1992).

[12] In fact, a common German euphemism for pregnancy is to be in "an other condition" or "other circumstances."

enacts in its structure and its language a characteristically Kleistian third discourse that effects the dilemma's transcendence.

Kleist's story is anchored by key scenes that are arranged like the arch's stones over the story's hidden core. At the base of the arch—its impost, so to speak—are the scenes that bracket the narrative, scenes associated with an oedipal story of male rivalry over the body of a woman, which begins and ends in the father's house. These are the battle scene followed by the Count's wooing of the Marquise by way of her father at the beginning of the story, and the marriage of the Marquise and the Count—also mediated by the father—at the end. Slightly closer to the story's center on either side, narratively speaking—or slightly higher up, toward the arch's keystone—are two other key episodes in which the father figures prominently: the expulsion of the pregnant Marquise from her father's house, and his reconciliation with her just before the father of her child appears.

Taken together, these two scenes stage a typically Kleistian drama of attempted denial and ultimate exposure of knowledge and the unknowable. In them, the Marquise has moved from being mostly the object of the men's rivalry characteristic of the outer scenes to a dyadic position in relation to her father. She is center stage, though, and essentially alone, in the pregnancy scenes that form the story's core. In my examination, I will move from the edges to the enigmatic center of the tale—toward its navel, if you will—and into the space that paradoxically conditions the integrity of the structural arch.

In the version of the oedipal battle that opens the main part of the narrative, the younger man prevails, but it is to the relief of the "father," who hands over his sword having "wait[ed] to be asked" to do so (Kleist 2004, p. 282). Later, when the Russian Count returns to the family to ask the Italian Commandant for his daughter's hand in marriage, the dialectic of opposition and alliance characteristic of the Oedipus complex is in full view. Even while complaining that he "must surrender to this Russian a second time" (Kleist 2004, p. 292), the father acknowledges that "he had never before made the acquaintance of any young man who in so short a time revealed so many excellent traits of character" (Kleist 2004, p. 287).

In the end, the father seems to have overcome his true horror at his daughter's pregnancy (see below) and the means by which its instigator is sought; it is in his house that the Count reveals himself as the man in question, and it is the Marquise's father who mediates the eventual marriage between his former rival and his daughter.

"A Woman's Place . . ."

Hence the novella seems at first to position the woman in the usual way, using her as a trope to raise questions of ownership, legitimacy, and the stability of the family as the site of social reproduction. The generational tension here plays out over the body of the daughter, rather than the mother, but structurally and functionally, mother and marriageable daughter hold analogous positions in the patriarchal arrangement: they are catalysts in relations between men.[13] The father/daughter/son-in-law variant of the oedipal triangle contains some interesting paradoxes, however: while the mother is "to be the vessel through which the father reproduces himself" (Boose 1989, p. 25)—ideally, through which he reproduces himself in a *son*—a daughter potentially represents both the reproduction of the father (as his offspring) and the negation of him (as the possession-in-waiting of another man). Hence the daughter's status as ultimate guarantor of the paternal order is very unstable indeed: inherently marginal to her father's family, she can gain legitimacy *within* it only by marrying *outside* it, but by doing so she simultaneously subtracts from the father's net worth and adds to the possible rival's.

In "The Marquise of O," with the status of the pregnancy in question, this instability is heightened. Indeed, even the happiness of the story's ending seems tenuous. The "fragile order of the world" (Kleist 2004, p. 311, translation modified) that is ostensibly regained when the Marquise and her baby are safely legitimized, with the oedipal conflict between the two generations resolved, reveals significant fissures.

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[13] See Boose (1989): "In Lévi-Strauss's terms, the exchange of women between male exchangers constitutes the 'supreme rule of the gift.' According to this theory, giving one's daughter not only sets up a reciprocal system of gift transactions, it connects the male exchange partners as affined, which thus superimposes a network of relations that ideally will take precedence over intergroup hostilities" (p. 25).

The Moment of Conception: A "Pregnant" Dash

The cracks in the story's world begin as a tiny hole in the narration, a dash, to be precise; it is here that the Marquise becomes pregnant. Most readers completely overlook this crucial moment on their first reading. It is in fact thoroughly camouflaged in the extreme battlefield violence that surrounds it:

> Just as she was seeking to escape by the back door, she was met by a troop of enemy sharpshooters who, seeing her, suddenly fell silent, shouldered their weapons and gesturing abominably led her away . . . . She was dragged into the rear courtyard and there vilely maltreated, was falling to the ground when, drawn by the lady's screams, a Russian officer appeared and with furious blows dispersed the beasts who were lusting for that prey. He seemed one of Heaven's angels to the Marquise. Ramming his sword handle into the last man's face, so that the murderous savage took his hands off her slim waist and staggered back with blood spewing from his mouth, he addressed the lady courteously in French, offered her his arm and led her, stricken dumb by all these scenes, into the wing of the house not yet caught alight, where, losing consciousness entirely, she fell to the floor. Thereupon—when, soon after, her terrified women appeared, he arranged for a doctor to be called; assured them, putting on his hat, that she would soon recover; and returned to the battle. [Kleist 2004, p. 282]

A subtle lapse in syntax and a punctuation mark that is almost invisible in the flurry of such marks in the text signal, but also obscure, the act. It is the dash after "Thereupon" that disrupts the linear movement of the story, briefly opening a door into the text's deep interior space. It is a secret space, yes—at the very least, the father of the child is aware of his actions and deliberately keeps them secret from the rest of the characters—but the distortion of the narrative points beyond the secret to the more radically unconscious as well. Most literary criticism has focused on this dash, and in so doing on the Name of the Father as the story's core,[14] but the hole that is the dash does not represent the

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[14] See, e.g., Winnett (1991), Mortimer (1994), and especially Chaouli (2004).

deepest mystery of the text. It is, rather, an opening into the profound and irrevocably hidden space of the pregnancy itself, as we shall see in my discussion of the story's core.

Father and Daughter: Two Dyadic Episodes

First, though, let us return to the second level of the narrative arch, where the instability of the patriarchal order becomes more evident. If the outermost scenes of the story are, at least on the face of it, characterized by an oedipal triangle, this layer of the story's world is marked by two episodes in which the Marquise and her father are paired dyadically. In the first of the two, her pregnancy has just been discovered, and she has received word from her father, dictated to and delivered by her mother, that she is to leave his house immediately, and that he hopes "God will spare him the torment of ever seeing her again" (Kleist 2004, p. 297).

Devastated by the "error into which these excellent people have been seduced" (Kleist 2004, p. 297, translation modified), the daughter staggers to her father's room, "calling upon all the saints as witnesses to her innocence," and falls to the floor before its door. When her father catches sight of his prone daughter, he turns his back to her and tries to slam the door on her, but she pursues him to the room's far wall. Just as she throws herself to the ground, clasping him around the knees, "a pistol he seized [goes] off at the very moment of his tearing it from the wall and shatter[s] into the ceiling" (Kleist 2004, p. 297). Not surprisingly, the Marquise hurries from the room and leaves the house.

Clearly, some kind of knowledge has had to be foreclosed here: is it social humiliation the father fears? Disillusionment about his beloved daughter's virtue? I submit that his increasingly urgent shuttings down and closings off—climaxing, ironically, in an ejaculatory gunshot—express a deeper kind of terror. The father's behavior (which is mirrored, as we shall see, by his daughter when *she* learns of her pregnancy) displays a desperate attempt to retain an already disintegrating membrane between a private reality and an external world perceived to be closing in treacherously on the self, even while it abandons that self. One can only suspect that the "fear of breakdown" he exhibits indeed does, as

Winnicott (1974) describes, represent a breakdown that has already occurred without an ego there to experience it; it is the most primal fear possible.

The obverse of this fear is, paradoxically, a longing to reengage (with a later ego) the state of unintegration that is most feared (Winnicott 1974, pp. 90-91). Accordingly, the ecstatic inverse of the terror associated with the expulsion scene appears in the penultimate major scene, a reconciliation with a twist. The reconciliation of father and daughter might be expected to anticipate the "happy ending" of a soon-to-be legitimately married daughter. But what the reader actually experiences—with the mother, who is spying through the keyhole—is truly shocking:

> . . . the daughter lying still in her father's arms, her head thrown back and her eyes tight shut; whilst he, sitting in the armchair, his wide eyes full of shining tears, was kissing her lips, at length, with passion, greedily: exactly like a lover. The daughter said nothing, he said nothing, he sat there with his face bowed over her as over the first girl he had ever loved, and arranged her mouth and kissed her. [Kleist 2004, p. 307]

Not only are we witnessing what appears to be a scene of father–daughter incest, but the very explicitness of the narrative is like an assault; we are without eyelids. Any doubt that the door was being thrown shut on something more than a moral inconvenience when the Marquise was expelled from the confines of her father's house is erased by what we now see through a hole pierced in that very same door. Could *this* have been what the dash alluded to, a violation of the incest taboo rivaling Oedipus's?

While it is unlikely that the Marquise's father is also the father of her child, the present scene between father and daughter certainly implies a radical transgression. But a preoedipal intensity coexists with the oedipal; a utopian moment coexists with the transgressive.[15] The daughter lies in the parent's arms, their communication preverbal, purely tactile.

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[15] This is so despite the presence of the mother, who strangely welcomes the coming together of father and daughter that she witnesses through the keyhole. Perhaps this implies that the text is fantasizing an oedipal victory: offspring defeats same-sex parent in battle over opposite-sex parent. But this reading doesn't tally with the tone of the passage, which eschews the contentious language so prominent throughout the story.

It is the lost paradise of perfect union with another, or a freeze-frame of the earliest portion of Winnicott's *holding phase,* the moment even *before* "the ego changes over from an unintegrated state to a structured integration" (Winnicott 1960, pp. 44-45). Hence this reconciliation scene in "The Marquise of O" evokes *penetration*, yes—this gesture undeniably permeates the text—but also *merger*.[16]

Progression of the Pregnancy

Both these terms, *penetration* and *merger,* are associated with pregnancy: it cannot come about without penetration of some sort, and it is often evoked, psychologically and figuratively, as the ultimate experience of fused connection, at least from the perspective of the child who has to leave it. Correspondingly, the core of the text belongs to the Marquise's pregnancy. The Marquise's first inklings of her "other condition," as it is called in German, are physical: "certain feelings, constantly recurring and of the oddest kind, [which] plunged her into an extreme unease" (Kleist 2004, p. 293). The widow recognizes the familiar physical signs of pregnancy, but in the absence of remembering an originary moment, her intuitive knowledge is unstable.

It is, however, confirmed when she consults a "doctor whom her father trusted"; this gentleman, in the face of her indignation at his judgment, swears that "he would stand by his statements in a court of law" (Kleist 2004, p. 293)—he is the ultimate arbiter of the authority associated with the Father. In the context of this now-undeniable fact, confirmed from both ends of the epistemological spectrum, the Marquise is "thunderstruck"; she "now becom[es] mistrustful of herself" and "thinks she must be out of her mind" (Kleist 2004, p. 294).

Indeed, this is quite literally the case: her mind has become dislocated. For, strangely, the coincidence of physical fact and rational authorization, far from cementing knowledge for the Marquise, amounts to

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[16] In fact, whenever surrender takes place in Kleist's work, it is total. In "The Marquise of O," father and daughter both lapse frequently into speechlessness and even unconsciousness (notably, in the moments preceding the dash, though it is not clear whether this state remains throughout the period of the dash, and in the expulsion scene). In Kleist's play *Penthesilea* (1808), the title figure meets her defeat by Achilles by consuming him—literally—and then "yielding [her own] breast" to her dagger (p. 148).

the creation of a gap in her consciousness: she faints at the news. Here we see how the Marquise's pregnancy makes its element in the gap—or perhaps even *is* that gap, in some sense—between physical immediacy and rational judgment.

Questioned by her mother (who of all the characters in the novella represents most clearly a conventional mode of thinking, based on what Kant would call *practical reason* and Freud the *reality principle*), the Marquise struggles to express the increasingly incomprehensible situation. For the mother, *conscience*, *consciousness*, and *truth* must be coincident terms.[17] Her description of the issue at hand would run something like this: if your pregnancy is a fact, you must know of some sex act that caused the pregnancy, and you would be guilty of transgressing the social code (for which I would be willing to forgive you). If you know of no such act, and your conscience is clear, then you cannot be pregnant.

In the mother's logic, the factuality of the pregnancy, which the Marquise is asserting from a doubly firm position, raises the question of her daughter's virtue, but here, too, the Marquise could not be more certain: "I swear to you, since such an assurance is required, that my conscience [consciousness: *Bewußtsein*] is as clear as my children's. Even . . . your own could not be clearer." But then: "I beg you to send for a midwife so that I can convince myself of the truth of what is." It is no surprise that the mother is incapable of comprehending this request: "A clear conscience [*Bewußtsein*] and a midwife," she exclaims in total confusion and even horror (Kleist 2004, pp. 294-295). For in her world, based on the law of contradiction, there can be no truth that encompasses these two mutually exclusive terms. Prepared to forgive her daughter for an error of judgment, even for an infringement of moral dictates, she is outraged at the idea that the young woman would "invent some tale by which the order of things is overturned" (Kleist 2004, p. 295).

[17] In fact, all translators whom I know of render Kleist's word *Bewußtsein*—repeated over and over throughout this scene—as *conscience*, which certainly makes good sense in the moral context one would imagine prevailing in this situation. There is, however, another perfectly good German word for *conscience*, *Gewissen* (whose stem, like that of *Bewußtsein*, is *Wissen*, knowledge), that Kleist could have used. Using *Bewußtsein* instead implies that Kleist is playing with the relationship between the epistemological and moral dimensions of the situation.

The Marquise, too, must necessarily lose her consciousness in the face of such a radical coincidence of the impossible and the existent; she faints again at the midwife's inevitable confirmation of her state. Thus her pregnancy is experienced as the Real, "the domain of what subsists outside of symbolization"; it is "the Thing [which] was there at the beginning, the first thing that was able to separate itself from everything that [the human being] began to name and articulate" (Lacan cited in Muller 1988, p. 349).

Knowledge, Deception, and Reality

According to Freud (1925), our most primal form of judgment, or knowledge, takes place in the context of deciding whether to take a thing in or to spit it out; if we take it in, it ceases to be a thing and becomes an object of satisfaction. Later, an object begins to be experienced as really existing when "something available in representation can be refound in perception"—when an object can be willfully sought and found in the outside world (Muller 1988, p. 350).

Neither of these two modes of judgment applies to the Marquise's situation. She made no *decision* to take in something at the moment of impregnation, hence neither the penetrating man nor the resulting fetus can be experienced as an object. Her condition as the pregnancy is confirmed is more complicated: technically, it appears that her physical perception and the representative status of the examining doctor do indeed correspond to one another, but the absence of the initial rendering of the Thing as object undercuts any possibility of its being integrated into a system of consciousness.

Or does it? In fact, the novella's central scene provides a glimpse of another register of consciousness: the catastrophe of the Marquise's pregnancy becomes an interior space that fosters a kind of experience, knowledge, and aesthetic subjectivity not otherwise experienced in the rest of the story. We have already seen how the pregnancy functions as a problem in the oedipal battle between generations of men; in that context, the problem can be resolved by the establishment of the name of the child's father and the subsequent legitimization of the pregnant woman's relationship with him through marriage. The near fusion of fa-

ther and daughter in the reconciliation scene alludes to another dimension of pregnancy, ecstatic and horrifying in equal proportions.

A Play Space

But in the center of the story, pregnancy emerges hesitantly as a play space, albeit one that is riddled with peculiar absences and resistances. We now see the Marquise narrated as *enceinte*, meaning both walled in—that which surrounds a closed space and prohibits access to it—and pregnant, fecund with potential. The core scene takes place in the garden of the Marquise's personal estate, inherited from her deceased husband. It is here to which she retreats after being disowned by her father, "armed," as she says, with "all the pride of her innocence." Once there, she "[gives] herself up entirely to the large and holy and inexplicable ordering of the world" (Kleist 2004, pp. 297-298), apparently perpetuating the dialectic of armed resistance and total submission with which we are familiar from the opening battle and subsequent wooing scenes.

But something new emerges, however guardedly, in this garden: a third space inside the self that can accommodate a nondefensive twoness and can imagine creativity. This new phenomenon is mirrored in the narration itself, which allows us to enter for the first time the Marquise's own thoughts and feelings, rather than merely reporting her words and actions and the visible effects of her emotions.[18] Alone for the first and only time in the entire story,[19] having "resolved to withdraw entirely into her innermost self," she encloses her pregnant self even further than the walled garden provides, sitting in an

> . . . arbor and ponder[ing], as she knitted little bonnets and leggings for the child, what best use she should make of the rooms and which she should fill with books and in which her easel and painting things could best be accommodated. [Kleist 2004, p. 298]

[18] These latter (for the Marquise and for her father and the Count as well) are dominated by blushing, blanching, fainting, convulsive movements—all of which point to an extremity of emotional experience that stands in stark contrast to the ordered and detached tone of both the family home and the narration itself.

[19] I would like to thank my student Zoe Leiyu Xie for this observation.

As she imagines a future that includes a creative self in conjunction with an incipient other, it seems that we are here privy to the Marquise's deeply personal experience, her *hexis*, which has been explicitly associated with pregnancy: this is "the Greek term for a second nature, a somatic orientation peculiar and familiar to an individual" (Duden 2002, p. 52, my translation). Here the pregnancy engenders a "nascent, or primordial third" (Benjamin 2005, p. 39), which partakes of both internal and external reality, like Winnicott's intermediate area.[20] Moving in fantasy with the "rhythmicity" that Benjamin (2005, p. 40) associates with early mother–infant engagement, the Marquise here seems able to play with a reality that is exempted from the need for defense that characterizes her father's home as well as her own consciousness.

But play is precarious, as Winnicott (1971a) reminds us. Its essential boundaries must remain in place, to ward off impingement from external reality, but they must also remain permeable, to prevent the subject from sinking into narcissistic solipsism (p. 52). Hence it is no accident that the lovely tableau of the Marquise in her garden is framed by the expulsion scene, where alien reality is violently rejected, and the reconciliation scene, where identities collapse into one another and become distressingly blurred. In fact, the fragility of the play space is staged in the course of the scene itself, when the Count reappears and the possibility of authentic relationship, imagined via the pregnancy, is put to the test. This is a dangerous moment: the emergence of the incommunicado core self into the very first breaths of communication represents an opening through which the self can be crushed or lost.

At first, the play space retains its integrity, expanding tentatively to include the other. The Count approaches carefully, albeit surreptitiously, and the woman's blush of surprise hovers between pleasure and danger, ambiguously enough not to require definitive interpretation by Count or reader. The ensuing moment enacts the volatility of playing with another. Sentences go uncompleted; the "unthought known" lies between

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[20] See Winnicott (1951)—e.g., p. 2, where he speaks of completing the "double statement" about internal and external reality posited by the Freudians with a "triple one: the third part of the life of a human being, a part that we cannot ignore, is an intermediate area of *experiencing*, to which inner reality and external life both contribute."

the Marquise and the Count, since the dash can remain vibrating there between words and wordlessness:

> "From where, Count, is it possible," asked the Marquise—and looked shyly at the ground before her. The Count said: "from M . . . ," and pressed her very gently against him; "through a back gate that I found open. I believed I might count on your forgiveness, and stepped in." "Didn't anyone in M . . . tell you—?"—she asked, and moved not a muscle in his embrace. [Kleist 2004, p. 300]

Like Kleist's arch, relationship here is held together by the very force that threatens to make it collapse; all of its complex components—love, fear, desire, shame—are suspended in radical proximity to one another, apparently solid as a rock. More precisely, this moment is both like the arch—it contains within itself the paradox of a hole that is full—and is itself the hole that is surrounded by rocks that may hold but may also fall.

Dyad or Triad? The Count and the Marquise

As it turns out, the paradox that is suspended between Count and Marquise—we know what is between us, but knowing it is impossible; we are one, but remain two—collapses when the Count articulates a definitive knowledge and a kind of merger: "'[I am] as convinced [of your innocence],' said he, 'Julietta, as though I were all-knowing, as though my soul dwelt in your breast—'" (Kleist 2004, p. 300).[21]

The Count is here effectively ignoring Winnicott's request for "a paradox to be accepted and tolerated and respected, and for it not to be resolved" (Winnicott 1971b, p. xii). The "rhythmicity of the interaction" that Benjamin (2005) attributes to "attuned play" has been lost (p. 41), and the Marquise begins to extricate herself from the Count's arms, urging him to leave her alone.

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[21] I am reminded here of Winnicott's (1963) reminder that the therapist, too, can know too much: "If we fail to behave in a way that is facilitating the patient's analytic process (which is the equivalent of the infant's and the child's maturational process) we suddenly become not-me for the patient, and then we know too much, and we are dangerous because we are *too nearly in communication with the central still and silent spot of the patient's ego-organization*" (p. 189, italics added).

Finally, he makes his biggest mistake, breaking the law of incipient relationship: he tries directly to communicate the secret—that which must remain secret—and becomes, inevitably, a rapist: "'One single, secret, whispered—,' said the Count and snatched at her smooth-skinned arm." What can she possibly say but "I *want* to know *nothing*" (Kleist 2004, p. 300, translation modified, italics in the original), and what can she possibly do but slam the door on him, as her father did to her?

Benjamin (2005) describes what happens in the dyad both when it is moving toward a productive thirdness and when the third becomes a threat: in the positive situation, "The two partners necessarily orient to a pattern, a direction of effects, a choreography that communicates intention and forms the expectation of sharing a pattern, a dance, with another person" (p. 39)—here we have the Marquise and the Count in the first moments of their encounter in the garden. But "in the triangular situation, unless there is already space in the dyad, the third person who enters becomes a persecutory invader rather than an instigator of symbolic functioning" (2005, p. 50).

Communicating and Not Communicating

The Marquise must "ward off" the Count's "impingement" (Winnicott 1960) by refusing the proffered knowledge. Seen from a psychopathological standpoint, this is the "clinical withdrawal" that Winnicott describes, an "active non-communication because of the fact that communication so easily becomes linked with some degree of false or compliant object-relating" (p. 46). But in health, too, there is a need for "silent . . . communication with subjective objects, carrying a sense of real" (Winnicott 1963, p. 184). The Marquise's moment with the child in her belly was an instance of such "silent communication"—perceived from the outside as "simple not-communicating"—and it began to "pass over into communicating" (1963, p. 183) with the Count's appearance. These moments are brutally snatched from the Marquise's experience— and the reader's view—by the Count's incursion, which evokes both the penetration characteristic of the overt story and the fusion that is alternately warded off and embraced in the novella's second layer.

By refusing the puncturing and the absolute merger implied by the Count's assertion of omniscience as if from within her innermost self,

the Marquise is protecting, albeit shrilly and with a good measure of desperation, her newly discovered creative core. But she is also foreclosing the Name of the Father in its most literal form: the Count *is* the father of her child, and he is almost certainly about to tell her this. And if the Name of the Father, according to Lacan, is what makes the Symbolic possible, does the Marquise's declaration refuse symbol as well? Or does it rather assert the necessity of limit in the face of its violation, thus simultaneously rescuing the very possibility for symbolic language?

Perhaps, paradoxically, the Marquise's "no" to knowledge of the origin of her pregnancy, with the connection to the Count as lover or rapist that it implies, is a version of what Fromm (2007) calls the "Oui de la Mere," the Winnicottian "maternal Yes." The maternal can also function as a limiting authority:

> It is a protective authority insofar as its No is to the outside world . . . . But it is also a generative authority in that it recognizes and legitimizes the subject's authority arising from within. And it answers that authority with the sense emerging from its unconscious expression. [Fromm 2007, p. 19]

Text as Aesthetic Process

In the context of the novella as a work of literature, then, the truth of the Marquise's pregnancy is an aesthetic truth—the extension of the intermediate area (Winnicott 1951): it is neither purely instinct nor exactly object, neither entirely "me" nor completely "not me." Rather than a fact, it is an experience, a process that appears in both negative and positive forms, sometimes simultaneously.[22] For the Marquise herself as experiencing subject, her self-as-pregnant is both impossible and yet "insistently embodied" (Bretterton 2006, p. 82), which leads recurrently to total loss of consciousness in the face of its reality.

In this respect, she has fallen into the abyss of the Real; in fact, the pregnancy erupts into the life of the entire family like the Real, undermining both the structural integrity and the Symbolic capacity of the

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[22] In this context, Bollas speaks of his "transformational object" as associated with "experiential as opposed to representational knowing" (1987, p. 14). See also Muller's (1988) discussion of Hegel's notion of *Erfahrung* (experience) (p. 346).

Name of the Father: the father's moments of speechlessness, already abundant before the announcement of the pregnancy, expand into full-blown absence as he disappears into narrative non-existence until the reconciliation scene.

Even the reconciliation scene itself is a-Symbolic, as we have seen; it is the too-explicit counterpart to the absolute muteness enacted by the dash. But the text as aesthetic process negates the negation of the Symbolic. If the Marquise as character refuses the father's knowledge (as Kleist had refused Kant's) in the garden scene, "The Marquise of O" does not refuse symbol-making. Rather, it reminds us that creativity can be coincident with catastrophe—in fact, that, as in Kleist's arch, a cataclysmic fall can be the catalyst for a work of aesthetic beauty.

CONCLUDING REMARKS

In psychoanalytic terms, I propose that Kleist's "The Marquise of O" represents a brilliantly rendered enactment of both the lure and the threat of dyadic experiencing, and the emancipatory potential—even the beauty—of thirdness. Gentile (2001) might have been discussing the Marquise and her father when she wrote of the

> . . . trapped, perverse state of "twoness"—a state of phenomenological confinement that elides the space of intersubjectivity and symbolic communication. In the collapsed state of twoness, fusion-based dynamics, power relations, and brute force yield a relatedness that looks like, but actually precludes, psychological intimacy. [pp. 623-624]

Does the Marquise transcend this dyadic trap when she communes in the garden with her fetus? In Aron's (2006) terms, does she achieve "dialogue with [herself], that creates a third point within what was a simple dyad, a triangular space where there was only a line" (p. 361)?

Nearly, we conclude, but not quite, as we see when the Count appears. Despite the tentative attempt at communication, the crucial component necessary for achievement of the developmental third is missing: an "object outside them both to which they both refer"; such "triangulation . . . makes room for the normative distinctions between the true and

the false, how things *appear* to any one of us and how they objectively *are*"
(Cavell 2003, p. 807, italics in original). We can read Kleist's Kant-crisis
metaphor in precisely these terms: Kleist despairs of the fact that we
cannot make "normative distinctions" between *green* as subjective expe-
rience and *green* as objective reality without the assurance that such an
objective reality absolutely exists.

But of course the very expectation of absolute certainty about the
existence of the external world attests to the *absence* of the triangula-
tion necessary for experiential certainty, the experience that something
can be true (or false) in the context of communication. In this context,
then, we can say that Kleist's characters lack the developmental third,
both in the sense of the capacity to communicate with each other—their
exchanges are instead often veiled in indirect discourse or are non-
existent, silent—and in the sense of a genuine self-reflective impulse. In
the stories, we are rarely afforded access via the narrator (always third-
person) to the characters' internal thoughts, and if so, then often mis-
leadingly; in the plays, monologues often display characters' delusions
about themselves.

But it is possible for particular kinds of literary practice to mobilize
the *reader's* reflexive capacity, his/her developmental thirdness. The rig-
orously arched structure of "The Marquise of O" provides a protected
space within which the dangers and attractions of dyadic relationship
can be experienced aesthetically, in the spirit of intellectual and emo-
tional experimentation, rather than as total identification; we can pass
through the story's arch, in other words, without danger of its falling
on us. The narration, though, allows us glimpses of the unrepresent-
able that lies latent in the text. It maintains a strict reportorial distance
throughout, *except* for occasional sudden flashes of terror, shame, and
joy. Here, extremity of emotion draws us for a tiny moment into what
is, like the eye's blind spot, simultaneously the locus of insight and its
foreclosure.

The Marquise eventually reintegrates herself into the patriarchal
system by marrying the father of her child, as she had promised to do
in the advertisement with which the novella opens, and as her own fa-
ther insists. She thus anchors herself firmly as fecund wife and obedient
daughter. Even the Marquise's last shred of resistance to her marriage

with the Count is neatly explained by the attractive notion, expressed by the Marquise when her now-beloved husband asks for an explanation of it, that "he would not have appeared to her like a devil had he not on his first appearance seemed to her an angel" (Kleist 2004, p. 311)—the Symbolic Order bolstered by Imaginary dualities. Has the hole in the text—the space of the Marquise's pregnancy—closed up, the arch becoming a solid bulwark against incomprehensibility and subjective disintegration?

In a word, no. The narrative power of the dash and the subversive epistemological implications of the Marquise's pregnancy are too great to allow such easy closure. Far from a simple satisfaction, we are left with a sense of the "fragility" of the order of the world (Kleist 2004, p. 311), its ecstasy and its horror conditioning its going on being (Winnicott 1960).

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LISTENING TO THE PSYCHIC CONSEQUENCES OF NAZISM IN PSYCHOANALYTIC PATIENTS

BY HAYDÉE FAIMBERG

Keywords: Shoah, Nazism, disavowal, witnessing, extermination camps, torture, analytic listening, transference, silence, interpretation, historical truth, resistance.

INTRODUCTION

The *Shoah*[1] poses problems of great complexity not only to patients, but also to us as analysts. One of them is the problem of mourning: the tragedy of genocide as an object of impossible mourning.

One of the goals of analysis is to create a psychic space of our own; this is true for both patients and analysts. But in cases of unspeakable trauma such as genocide, the desire to construct our own history and develop a project for the future might be tantamount, at an unconscious level, to *killing the victims once again*. For the patient, this might become a source of *intense psychic pain and resistance* to the psychoanalytic process. For the analyst, it can become *an obstacle to listening and interpreting*.

I wish to contribute clinically and theoretically to a more open way of listening to and interpreting what the patient can and cannot say about his immediate experience of the Shoah, or the way the effects

[1] Instead of the term *Holocaust,* I prefer (along with others) *Shoah,* as used by Claude Lanzmann in his 1985 film.

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of this experience have been transmitted between generations. I have written elsewhere (Faimberg 1985, 1988, 2005, 2006, 2010) about psychic transmission between generations, so here I shall do no more than pinpoint a problem common to both situations.

Key Questions

In considering these issues, some of my initial questions have been:

- What are the obstacles that we may face, as analysts, in helping patients who have been subjected to the terrors of extermination camps?

- What are the best conditions for listening to our patients *without hearing what we are already looking for*, and, at the same time, how can we learn to listen to *what is still unspoken, still in search of words?*

- From what position have I as an analyst been listening to patients who suffered the Shoah themselves or who had parents and/or grandparents (even great-grandparents) who survived the extermination camps?

For this paper, I add the following open-ended questions:

- How much does it facilitate analytic listening for the analyst to know about historical events that actually occurred?

- How can we overcome the temptation of "applying" this knowledge in the session? Let us recall Bion's (1967) essential recommendation to listen to the patient without memory or desire (see also Faimberg 2000a). In other words, to what degree might knowledge of actual historical events be an obstacle to analytic listening in the strictest sense?

WITNESSING

In this essay, I propose a possible way to create the conditions for *witnessing with the patient* the "injury that cannot be healed," conditions in which the patient can conceive of a life project for the future. I take the expression "injury that cannot be healed" from Primo Levi (1986). The longer passage in which this expression appears is relevant here:

Once again, it must be observed, mournfully, that the injury cannot be healed: it extends through time, and the Furies . . . not only wrack the tormentor (if they do wrack him, assisted or not by human punishment), but perpetuate the tormentor's work by denying peace to the tormented. It is not without horror that we read the words left us by Jean Améry, the Austrian philosopher tortured by the Gestapo because he was active in the Belgian resistance and then deported to Auschwitz because he was Jewish:

> "Anyone who has been tortured remains tortured . . . . Anyone who has suffered torture never again will be able to be at ease in the world, the abomination of the annihilation is never extinguished. Faith in humanity, already cracked by the first slap in the face, then demolished by torture, is never acquired again."

. . . Améry . . . killed himself in 1978. [Levi 1986, pp. 24-25]

If indeed the wound cannot be healed, then at least analysis should try to help prevent the foreclosure of life projects.

I shall speak of the psychoanalytic treatment of patients who suffered the psychic consequences of the Shoah (directly or by psychic transmission between generations). The argument I will develop in this essay is that we need to recognize the effects of a particular psychic mechanism in order to render accessible to psychoanalysis psychic material that would otherwise remain out of reach. In other work (Faimberg 2005, chapter 10), I have discovered that this same mechanism *is transmitted from one generation to the other.* As we shall see in the next section, this mechanism may be considered to have the same status as what Freud (1927) described with reference to fetishism, provided that it is understood more broadly: I have taken up Freud's notion of *Verleugnung* (disavowal), using it in a broader sense as a key concept for studying the psychic effects of Nazism. In my own practice, I have found that an appreciation of this broader concept of disavowal has been a precious tool (Faimberg 2005).

I am aware of the difficulties that may arise when exploring the subject I have chosen. Thomas Mann (1947, 1961) conveys that, indeed, even the most dispassionate description of reality, inasmuch as it gives

rise to the pleasure of thinking, might be tinged by a degree of complicity, or even a certain approval of that reality.

Indeed, even the most dispassionate description of a reality, inasmuch as it gives rise to the pleasure of thinking, might be tinged by a degree of complicity, or even a certain approval of that reality.

This has particular implications for the problem of mourning. To decide to mourn someone whose body has never been found (and even, in some cases, whose death is assumed but never known for certain, just as there is no sure knowledge of the manner of their fate) is almost to take responsibility for that person's death. It is as if, by this decision, we are finally and irrevocably pronouncing that person dead.

I found that this problem also arose as I was writing this essay. The possibility of creating a space of freedom to think was linked in some way to an acceptance that those who had died in the Shoah were indeed dead. I shall set aside my comments about this essential dimension, given that the clinical fragment I will discuss does not center on the problem of mourning (even though that topic is constantly addressed in the analysis of that particular patient—and those of many others).

Books such as those written by Primo Levi (1986) and Jan Karski (1944)—to name only two of the authors who had a direct, albeit different experience of the camps (one imprisoned in Auschwitz as a Jew, the other a Polish Catholic resistant)—have been the starting point and a source of inspiration for me in thinking about the psychic consequences of Nazism and the essential function of *witnessing*. Witnessing was of extreme importance to many prisoners in the desire to survive and tell the world what had happened. But later, when survivors were eager to recount their stories, they encountered people who were not open to listening to them.

In fact, the function of witnessing was abolished by the characteristics of the extermination camps, because in these camps the Nazis created a place where they could exercise absolute power. They told their victims that they would never live to tell what had happened, and that even in the improbable event of their survival, *no one would believe their story*. Here truth itself has become subversive; I recall the story of a young girl imprisoned in the concentration camp at Ravensbrück who was released but then sent back again, now as a political prisoner, because she recounted what she had seen in the camp (Vaillant-Couturier 1988).

Primo Levi (1986) quotes a verse written in 1910 by the Bavarian poet Christian Morgenstern: "What may not be, cannot be" (*Nicht sein kann, was nicht sein darf*). Levi applies these words to his own time and adds: "Many Europeans of that time [of Nazi Germany], and not only Europeans and not only of that time, behaved and still behave . . . denying the existence of things that ought not to exist" (pp. 134-135). For my part, I agree with Levi that this verse is a paradigm of perverse disavowal.

The Nazis' perverse use of the German language certainly undermined the trust of a patient of mine in the meaning of words, as we shall see in the clinical vignette that follows, and later in the meaning of the analyst's interpretations (or her silence). In this essay, I shall reflect on how analyst and patient can overcome this particular sense of mistrust.

I turn now to the clinical situation. The standpoint I shall adopt is the following: we need to recognize the effects of the perverse structure of disavowal in order to render accessible to psychoanalysis psychic material that would otherwise remain out of reach. I propose *disavowal* and the *function of witnessing*[2] as one of the possible pairs of dialectical opposites to be considered in our discussion. I am particularly interested in the ways in which disavowal (including the analyst's disavowal) interferes with witnessing in the psychoanalytic process.

Inasmuch as disavowal is a key concept, I propose to begin with its conceptualization.

DISAVOWAL (*VERLEUGNUNG*): A KEY CONCEPT

The Freudian concept of *Verleugnung* is to be carefully distinguished from the (also Freudian) concepts of *Verdrängung* (repression) and *Verneinung*

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[2] The act of bearing witness has been studied by many authors whose work deserves a deeper examination, beyond the limits of this paper; among them are Bergmann and Jucovy (1981), Kestenberg (1981), Herzog (1981) Laub (1992), and Poland (2000). From my own perspective, as we shall see further on, in integrating the concept of listening to listening (in which the patient finds a third position to listen to himself) with the function of witnessing that I previously studied (Faimberg 2000b), I have come face to face with the function of witnessing that has also been explored by Gerson (2009), from his own perspective.

(negation). With his concept of *Verleugnung,* Freud (1927) was referring to the recognition and simultaneous nonrecognition of the difference between the sexes: one level of reality is that *women do not have a penis,* but nevertheless, simultaneously, at another level of reality they do. A special feature of disavowal is that the nature of what is to be disavowed is *known and unknown at the same time.*

It is this feature of "knowing" what is going to "not be known" that is essential in the Freudian concept of *Verleugnung.* I propose a larger conceptualization in the sense that this operation rules beyond the limits of its initial Freudian definition. It is broader in the sense that it includes other realities (not only the differences between the sexes), realities that are simultaneously known and unknown.[3]

Let us now explore how we listen to disavowal in a session.

DISAVOWAL AND "LISTENING TO [THE PATIENT'S] LISTENING"[4]

Consider a short sequence from a session with a patient of mine who had been interned in an extermination camp.

The session begins as follows:

PATIENT: My parents were deaf to what I felt as a child. They did not listen to what was happening to me; they only paid attention to their own feelings and points of view. [silence]

PATIENT: [continuing] When you are silent, as you are now, I have no way of guessing if you are listening to me or not. It is only when you interpret that I realize you have been listening to me and that you care. But today you are silent. How can I know you care about what I'm saying? [silence]

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[3] For instance, a person is dead, and nevertheless he is not. I know that you have suffered in a concentration camp, and at the same time I do not acknowledge it. I know that extermination camps existed in which Jews, gypsies, resistants, sick people, and others were killed, and nevertheless I do not acknowledge the camps' existence.

[4] For an elaboration of the notion of *listening to listening,* see Faimberg 2005, chapters 7 and 8.

The patient rubs his eyes with the knuckles of both hands. I imagine that he is once again attempting to erase painful images.

> PATIENT: [after a long silence, overcoming deep anxiety] I would like for the images from the camp to disappear . . . . I can't speak . . . . [He continues to rub his eyes.]

As an analyst, I listen to how my patient has *listened to my silence.* His associations allow me to feel capable, now, of putting words to what he was hearing in my silence. Sometimes—and it was so in this case—the analyst's silence speaks to the patient.

> ANALYST: You heard my silence and associated it with your suffering in the camp. The Nazis purposefully inflicted this suffering. Therefore, it seems as if my silence now ceases to mean that I am listening to you and begins to mean that I am purposefully depriving you of my words, just to make you suffer from this deprivation.

> PATIENT: I am thinking about all those who, once I had been released, never showed any wish to know what had actually happened to me in the camp.

Indeed, one of the things that made this patient suffer more, in addition to the horror of the concentration camp, was the fact that when he tried to speak of what had happened, he found that no one was willing to listen. Some told him, "You must forget and begin a new life," or they simply changed the subject. It was clear that they were not open to hearing about it. As a consequence he remained silent, alone with his nightmares. He felt he could share his feelings and speak freely only with other survivors. No one could imagine the unthinkable experience he had been through.

This situation had also been evoked during our previous session:

> ANALYST: You have just associated what you suffered in the camp to your parents, who were deaf to your suffering in your childhood. You often speak of the deafness you met with in those from whom you most expected understanding after you were liberated.

PATIENT: Nobody seemed to believe me, to take into consideration what I had to say.

This time I listened to how the patient had listened to my interpretation: I heard that he associated my words with people who did not care about his sufferings in the camp or, even worse, with those who seemed not to believe him.

I interpreted what I had heard of his associations to my interpretation: namely, that he had heard my words in the transference *as if I were repeating the situation of someone being "deaf" to his suffering* (his various kinds of suffering, including, of course, all the suffering that took place in the camp). And this was precisely what I told him in a new interpretation as well. Let us call it a *reinterpretation:*

ANALYST: It seems you heard my interpretation as if I were saying, "I, the analyst, consider that your sufferings as a prisoner in the camp are a mere repetition of what you suffered in your childhood; they are not real."

This reinterpretation allowed the patient to hear my acknowledgment, as his analyst, that he had heard my words *as if I were disavowing his experience in the extermination camp.*

Words are polysemic. They can therefore also be used in a perverse way, as the Nazis did; this is what my reinterpretation referred to. The patient had heard my original interpretation as if I were using words in the service of a perverse disavowal. As analysts, we need to be able to help our patients recover the metaphorical sense of words, the path to symbolization.

FROM WHAT POSITION ARE WE LISTENING TO OUR PATIENT?

From my psychoanalytic position of listening to the patient, I was able to hear what the patient had heard, and consequently to interpret that he had heard my interpretation as equivalent to disavowing the reality of his suffering in the camp (perhaps even as disavowing the reality of the existence of the extermination camps).

I definitely think that the analyst's acknowledgment of the reality of what actually happened in the camps is of the utmost importance for

the outcome of the analysis. In other words, we acknowledge *both the real material existence of the events, and their effects* (whatever they have actually been) *on the patient's psyche.* My main point is that this *judgment of actual existence* (of the events and of their psychic consequences on the patient) is intended to foil the effectiveness of *disavowal, which lies at the root of the patient's despair.*

At the same time, I believe that psychoanalysis is most efficient when the analyst can also accompany the patient in exploring different dimensions of reality. And, as illustrated by my example, we need to listen to how the patient listens to interpretations—in this case, interpretations that link other realities to the reality of the extermination camp.

In this clinical fragment, when I interpreted by introducing precise links with different kinds of realities, the patient listened to the interpretation through the effects of the perverse structure of disavowal. In other words, he mistrusted the analyst's words: *to link different realities was unconsciously equated by him to disavowing the reality of his suffering in the camp.*

Let us recall that my reinterpretation was: "It seems you heard my interpretation as if I were saying: 'I, the analyst, consider that your sufferings as a prisoner in the camp are a mere repetition of what you suffered in your childhood; they are not real.'" Now let me add that the psychic material rendered accessible to psychoanalysis in this particular case concerns the possibility of exploring different and equally valid realities: the reality of *what actually happened in the concentration camp* that provoked so much suffering, and the reality of suffering from *not having been heard or understood, many times* (in childhood, in the extermination camp, and after coming out of the camp).

And this is precisely what I thought the patient was then open to hearing (after the analysis of the previous sequence). So I said:

> ANALYST: It seems as if now "somebody" is interfering—interfering between my words and your listening, somebody who is deaf to the possibility of recognizing that different kinds of realities actually existed: the reality of the camp and your suffering, and the reality of suffering from not having been heard many times—in childhood, in the extermination camp, after the camp.

Resistances to Psychoanalytic Listening

An analyst who in his own analysis has not analyzed with his analyst *why he never asked about his parents' history under Nazism* might be in a kind of collusion with his own analyst. As noted, disavowal is at one and the same time both *knowledge* and *not knowledge* of something. Perhaps he did not ask his parents because, unconsciously, he knew the answer: he was unconsciously identified with the way his parents had lived in the Nazi regime.[5] This particular disavowed aspect of the analyst's own history (not analyzed with his own analyst) may have *consequences for the way he listens to his patients.* We may conclude that disavowal is transmitted from one generation to the other, and this is true for us as patients, just as it is for us as analysts.

Why is it so difficult for someone who did not live in the Nazi era to pose this question? Why should someone from a succeeding generation be unable to ask "What did you do during the war"? As we know as analysts, we may be afraid that, in raising questions about particular characteristics of our parents, *we run the risk of damaging or even annihilating our internal parental figures.* It is extremely difficult to deal with the conflicts that spring from these fundamental, unconscious identifications at the core of a person's being.

In the analytic situation, *not knowing*—when combined with feelings of *waiting to be known*—creates a valuable dialectical tension that allows us to recognize with the patient in what way the history of another generation has impinged on the patient's (or/and the analyst's) psychic makeup. Thus, *not knowing* with the aim of *waiting to be known* should in no way be confused with *not wanting to know,* which is the trademark of disavowal.

It often happens that, when confronting the patient with what is so painful and what is sometimes even impossible to think about, the analyst himself cannot avoid the question of what he would have done, felt, and thought in the same situation.[6] If certain factors of the analyst's

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[5] Here I am paraphrasing a comment made by an analyst following a presentation of a paper of mine (Faimberg 1985).

[6] This topic of overlapping external experiences between analyst and patient (in another context) has been studied by Puget and Wender (1982).

personal equation induce him to depart from his analytic position, he might attempt to unconsciously impose, through his interpretations, the meaning that he himself gives to Nazism and its manifestations—and not what the word *Nazi* means *to the patient*, in each moment of the history of the transference and in his own history and psychic space. This situation might arise for many reasons, sometimes contradictory ones (and this subject, too, deserves a paper in its own right).

Let us say simply that the analyst who (consciously or unconsciously, and for many possible reasons) considers that analyzing the symbolic level is tantamount to disavowing the reality of what actually happened in the camp might have a tendency to suppress the symbolic level (which is so important, as I am trying to convey). In this case, he is *listening in only one dimension:* facts are what they are, and these facts caused the suffering; there is no other level to be explored (not even as a further step in the course of the analysis). Similarly, analysts who too quickly address the symbolic level might be colluding (consciously or unconsciously, and also for many possible reasons) in disavowal of the reality involved.

Since the aim of totalitarianism in general and of Nazism in particular is to annihilate all personal space, all space of freedom, the analyst in this situation—in which the patient once again becomes just a victim and no more than that, with no history, no psychic space of his own—would somehow be (unconsciously, and paradoxically against his conscious will) in collusion with this totalitarian design: the patient's personal space would again be annihilated through the very words (or silence) of the analyst. This is precisely one of the effects of Nazism, to transform prisoners into anonymous victims.

OPEN-ENDED CONCLUSION

When the analyst takes into account the symbolic and individual dimensions, the patient is considered in his singularity as a subject—in a particular context, in relation to his own history, and in relation to the history of the transference. All these levels are always interwoven, as I hope to have conveyed in my clinical example.

Disavowal, when not recognized and not interpreted, provokes suffering in the patient at once again not having been heard, and it ren-

ders the analyst's interpretations particularly ineffective. By contrast, overcoming disavowal liberates the function of witnessing. The patient becomes able to occupy a third position (Green 1975) as a participant witness, so to speak. From this third position, he listens to how he has heard his analyst's interpretations and silence, and then becomes able to listen to his own words. In this position of *witnessing in the transference the effects that disavowal have had in his psychic life,* the patient may regain trust in the value of words. Hopefully, our silence and interpretations begin to acquire a psychoanalytic sense, to become meaningfully linked to the patient's truths.

Then a new cycle begins, in which the analyst once again listens to how the patient listens to his interpretations and silence . . . .

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THE ADOLESCENT'S DISCOURSE: NEW FORMS OF CIVILIZATION'S DISCONTENTS

BY VINCENZO BONAMINIO

– I –

I have been treating Fabrizio, a young man of eighteen, for a few months. So far what strikes me most about him is that he a very *lukewarm* patient: he is *lukewarmly* depressed, and he is lukewarm is his social involvement with peers, lukewarm in his occasional (though ongoing) consumption of street drugs, and lukewarm in his sexual encounters with a succession of girls. Equally lukewarm is his interest in music, though he plays a guitar fairly regularly.

One day Fabrizio breaks out of his lukewarm mold and is suddenly eager to make me see a connection between the lyrics of two songs written twenty-five years apart. Actually, the connection is obvious—and one I had been aware of—but my *lukewarm* analysand tells me he has made a "discovery all his own," which prompts him to suggest an alternative "conclusion" to the songs, distinctly different from what either songwriter had in mind. According to Fabrizio, his conclusion is far more consistent with the earlier lyrics of both songs than are their actual endings.

In the first song, "God-Part II," Bono, the songwriter and leader of U2, the rock band, pays homage to John Lennon with a "variation on a theme," in both words and melody, on one of Lennon's lesser-known

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songs, "God," written at the time of the Beatles' traumatic break-up. (And here I would add that this break-up was traumatic not only for the Lennon–McCartney pair and the other two members of the Beatles, but for an entire generation as well.)

In Lennon's song "God," a torrent of words pours forth in a furious, repetitious *crescendo*, naming all the values that Lennon believes he believed in, but no longer does ("*I don't believe . . .*"). He goes so far as to renounce the Beatles themselves: "*Don't believe in Beatles . . .*" At a certain point, the music suddenly stops. There is a pause, and then, from out of a disquieting but necessary gap, it resumes in a more relaxed vein as Lennon speaks the last line: "*I just believe in me, in Yoko and me . . .*"

"Now here," Fabrizio jumps in with his opinion, "Lennon should have gone on yelling, 'I *don't* believe *in me*, I *don't* believe in Yoko and me.' To be consistent, he should have created a desert around himself and out of himself; but he didn't have the courage! He should have destroyed everything, including himself, even though 'the only thing left standing'—himself—was later tragically and violently destroyed from outside."

Quite frankly, my patient hurts me with these acerbic words because I really like the music of Bono and U2, and I am also a fan of John Lennon.

It is interesting that, in describing these two singers—who for him are *cultural objects,* we might say—Fabrizio focuses more on the latter, assuming that I can share more of what he is saying about him than about Bono. "But I can understand Lennon," he continues. "Of course, he recorded this song in the 1980s, before I was born; for me it's *prehistory*. But still I can understand him."

I can't help thinking that for me, in contrast, John Lennon is *history—yesterday's history*. It seems that what Fabrizio has to say about him is expressed in a language I can understand: that sometimes destruction is necessary in order to preserve a part of the self, after which the self can be reborn. *Separation is necessary in order to exist.*

"But Bono, now," my patient goes on, "his homage to Lennon ends with a whole list of '*don't believes*': '*I don't believe in the devil, don't believe in cocaine, don't believe that rock 'n roll can really change the world.*' And he ends with '*I . . .*'" (Here the patient pauses.) " '. . . *I believe in love.*' So where

does he go to get that love? Where the hell would you find it around here? He, Bono, 'leans on' Lennon—he uses him, misuses his words, and *falsifies* him."

Here it becomes clear that this is the heart of what my patient is saying; it is in fact a sort of social commentary.

"Bono wanted to impose a continuity from Lennon onto himself," Fabrizio continues, "a continuity that doesn't exist; because *now every-thing has cracked and shattered, fallen to pieces, the world is in a complete mess.* He, Bono, changes one thing into another. Lennon may be 'scared,' but he's real. Bono believes he can convert the masses; it's an instance of a *show that becomes a person,* or rather *a person who becomes a show*—along with the Pope, Bush, Mandela, Obama, the whole darn bunch of them—*olé!* Bono sees the rottenness but he alters it, he throws something 'good' over the top of it, but really it isn't there at all!"

And I'm bound to admit that my patient's description of society as a sort of "global show" soundly hits the mark, in my perception.

– II –

In reporting this brief extract from an adolescent's communication, I am well aware of how much it follows the normal course of things for the listening analyst. There is nothing particularly illuminating in the words of my intelligent teenage patient, who shows a remarkable capacity for reflective thoughts on culture—that is, on a piece of culture to which he can attach a "historical interpretation," a piece we are both immersed in and of which both of us form a part.

And yet I feel his communication bears traces and imprints of the superficial nature of generational objects[1] (Bollas 1992) today—their changeability, their fleeting nature that renders them nearly ungrasp-

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[1] By *generational objects,* I am referring here to a concept used by Bollas (1992) that I consider to be of highly heuristic value, especially for the understanding of some aspects of adolescent processes and how adults (the ruling generation) elaborate them in terms of comparative memories of their own adolescence. Each generation, Bollas maintains, selects its own objects, persons, events, and things that have a particular meaning for their identity. These objects contribute to what Bollas calls a *generational identity,* which is formed in the space of approximately ten years, from the turbulence of adolescence through to about age thirty.

able. But this is no longer the *form* of generational objects objects; instead these attributes have become their *content*. As psychoanalysts we are not so much the better "judges of things" because of our supposed closeness and familiarity with the unconscious; but our work as psychoanalytic practitioners positions us at a unique point from which to observe what Freud (1930) called the "discontents" of "civilization."

But as analysts, we are not only able to observe with our cognitive instruments the rapid and continual social and cultural transformations taking place today, forged according to a social and cultural reality quite distinct from the present; we must remember that we are also part of these transformations ourselves. We must not fool ourselves into thinking we stand on a riverbank in a flood—i.e., entirely out of the fray. The so-called "crisis of psychoanalysis"—about which psychoanalysts are sometimes heard to lament, even masochistically consulting one another in this regard—comes from the crisis of thinking of ourselves as not part of the global society; this is in itself an aspect of the discontent of civilization.

In this context, as psychoanalysts, we should regard adolescence as our one privileged area of observation because of its function as a cultural link between generations. Adolescence gives us the chance to see, almost in real time, how rapid, overwhelming, transient, and difficult to grasp are today's changes in ways of thinking, of representing inner and outer reality. This period of life highlights aspects of "civilization's discontents" and along with them the "discontents" of the analyst who has to face them. In working with adolescents, we can appreciate Kaës's (1994) belief that what he calls *new forms of civilization's discontents* are upsetting the structure of psychic life and especially its transformative functions.

Listening to the adolescent's discourse and reporting it allows me to focus on an issue I believe is central, which is that *trauma* can be considered on two different, though intertwined, registers: (1) the impact on the ego of what is not yet representable—i.e., those elements that fall outside the ego's realm and with which it is unprepared to cope, even though these elements affect and alter the ego's structure; and (2) the consequent undeveloped differentiation between fantasy and reality,

sometimes extending to a virtual absence of the transitional area between the two, and even at times an equation of fantasy with reality.

An example of this situation can be seen in the case of another teenager, age fifteen, a boy named Antonio. In our first interview, he asks me not to schedule appointments for him on Mondays because he is always "bushed" after weekend parties, which leave him "done in," "spaced out," and "squashed" like a bunch of grapes—a condition he has every intention of remedying by attending more of these events the following weekend. He finds a stupefying pleasure in attending such parties, "zoning out" to their deafening music and mind-altering drugs. Even though they cause him to feel that "something is drilling into my stomach," and "as though I am floating in a milky liquid," Antonio doesn't even consider the possibility of giving up the parties, since they constitute the sole reason for his bothering to live through the rest of the week.

In thinking about Antonio's psychic configuration, I find that it seems to me as though he is divided into pieces: one piece revels in parties but is incapable of participating in analysis, while the latter activity has been relegated to a completely different piece of his psyche.

Another young patient, Franco, in his final year of high school, tells me that he is amazed to find that he sometimes cannot understand the slang of some of the boys at his school who are a few years younger than he. "I had to ask them what some of their words meant because I simply didn't know," he recounts, obviously shocked by the experience. "There were whole sentences I couldn't understand—already they're speaking a different language than ours!" (Obviously, by "ours," he means the language of 18-year-olds.)

Franco continues, "Even kids of twelve or thirteen, still in middle school—they've got it all figured out. They've already caught up with us. Sharing a joint or looking around for our first fuck was a big deal for us in the first or second year of high school, but these guys . . ." His voice trails off as he attempts to control the anxiety brought on by this evidence of accelerating changes.

In learning to cope with cultural instability, Franco is creating the environment he lives in (Winnicott 1971), populating it with objects he

has encountered. In so doing he is contradistinguishing and further developing his own identity—the fundamental task of adolescence.

The rate of cultural change has become so fast and furious (partly as a result of rapid technological change) that adolescents may have great difficulty finding their way. As a result, both adolescents and adults may experience a sort of internal crumbling, a "laceration" of the transitional "tissue" that lies between inner and outer, between fantasy and reality. This inner sense of crumbling is often what leads a patient to enter analysis.

Indeed, the discontents of which Freud spoke have themselves become a real illness; the very idea of civilization, on the basis of which we live our lives, has been called into question. When psychoanalysis first came into being, there was great optimism about the possibilities of its influencing culture in a positive way, but today, by and large, we no longer have faith in this idea.

In passing from one type of acculturation that is largely linked to the family circle and written culture, to an acculturation based on audio-visual media (Ahumada 1997)—which create the *illusion* of seeing reality, but actually do no more than *allude* to it—the adolescent must succeed in the arduous task of stabilizing connections and sorting out what appears to oscillate between inner and outer; the transitional space, needed as both a container and a divider, has become a tenuous membrane.

The sensation of feeling "bushed" after a wild party becomes the same as the feeling one has while setting out to look for that sensation before and during the party. We might say that, in Antonio's case, a piece of the psyche—quite a large piece, at that—is involved in his being bushed at the party; another piece turns up in the session; and another one is "always feeling done in," but without much actual fatigue. I wonder if it might be just such fragmentation that Freud had in mind when toward the end of his life he penned the enigmatic sentence, "Psyche is extended; knows nothing about it" (1938, p. 300).

The last century has been called the "short" century (Hobsbawn 1994) because of the incessant multiplicity of historical, social, cultural, and technological events and transformations. If we look at the past through this lens, surely the final decades of the twentieth century and the first one of the twenty-first were even shorter, actually flashing by

like lightning. Time has sped up so much that we—like my 18-year-old patient, Franco—have felt that this period was largely unintelligible. Our modes of thinking for establishing order in reality are working tirelessly, yet they are "breathless" in their attempts to handle the task, to keep up with the speed of change. "Postmodern" culture, of which all of us are part, reflects this situation in a double sense: it describes and documents the twilight of one set of ideologies—the crisis of certainties—and the competition between different though in some senses compatible truths; but intrinsically it is itself affected by the very transient fragmentation it attempts to describe.

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For the psychoanalyst in the consulting room—which is our inescapable location, and the data obtained there should be the sole source on which we are entitled to speak in our function of reducing psychic suffering—the "discontents" of the culture of which the analyst is a part join with his own discontent at the inadequacy of his tools to address the pain with which he is confronted. It is here in the consulting room that the analyst finds himself face to face with what Kristeva defined as *les nouvelles maladies de l'âme* (1993).

And yet it is possible for us to be of great help to our young patients in coping with such a profound cultural transformation and all that it involves—provided that we see precisely this as the goal of analysis. An opportunity to accomplish this goal is presented by our clinical work, our method, and we must take seriously the responsibility it entails as we embark on this unique venture with our patients.

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BOOK REVIEWS

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BOOK REVIEW EDITOR'S NOTE

We are sorry to inform our readers of the death of André Green, author of the first book reviewed in this section. Dr. Green passed away on January 22, 2012, at the age of eighty-four. His death is a great loss to many individuals around the world as well as to the field of psychoanalysis.

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ILLUSIONS AND DISILLUSIONS OF PSYCHOANALYTIC WORK. By André Green; translated by Andrew Weller. London: Karnac, 2011. 260 pp.[1]

Part of the "Psychoanalytic Ideas and Applications" series coordinated by the International Psychoanalytical Association's Publication Committee, this book is the last one written by André Green, a consummate master clinician of French psychoanalysis. This volume can only be understood as an attempt to assess more than fifty years of devoted psychoanalytic practice and to glean some useful lessons, as the author looks back on some of his fundamental beliefs about our field and confronts—for one last time—the multiple sorrows, failures, and disappointed expectations that have assailed him along the way.

The book's title reveals the nature of the enterprise: *illusions* are wishful beliefs that in the end prove to be vain hopes, and *disillusions* represent the need to come to terms with certain limitations that the author had perhaps not been willing to face earlier in his career. After one gives up illusions, one is left with disillusions. A certain bitterness

[1] Originally published as: *Illusions et desillusions du travail psychanalytique.* Paris: Odile Jacob, 2010. 288 pp.

arises, and the realization of limitations may be a way of protecting one-self against false hopes—without, however, giving up belief in the very positive benefits that a good analysis can provide. The reader is warned about the danger of rescue fantasies, which can make one persist long after a more realistic assessment of the situation suggests a stalemate.

Every clinician who deals with very difficult patients is confronted with this challenging choice: should treatment continue in spite of little progress or even in the case of worsening clinical symptomatology? When do we know we need to change course rather than persisting in a seemingly unrewarding venture? When do we need to consult a colleague? What are the signs that we are in over our heads? Every clinician has had to confront such situations, which often include powerful countertransference complications.

At the end of his introduction, Green enjoins the reader to peruse a commentary he wrote on a Henry James story dealing with a man's lifelong effort to attain happiness from an external event, all the while failing to realize that happiness would be within his grasp if only he abandoned the search for an unattainable fantasy.[2,3]

Illusions and Disillusions of Psychoanalytic Work fits into the overall tenor and interests that have dominated Green's thinking since he presented a masterly paper in 1975, bringing him to the center of the psychoanalytic spotlight.[4] Green was interested in expanding analytic work to serve those patients in the non-neurotic range of pathology. In order to be able to manage the complex anxieties of intrusion and abandonment often found in these patients, and to deal with other complexities and difficulties involved in their treatment, he had to revise many of the principles of metapsychology and fashion a very different technical approach. He also had to revise some of Freud's fundamental views about the structure of these patients' psyches; specifically, he rejected

[2] Green, A. (2009). *L'Aventure négative: Lecture psychanalytique d'Henry James.* Paris: Hermann.

[3] James, H. (1903). The beast in the jungle. In *The Beast in the Jungle and Other Stories.* New York: Dover, 1993.

[4] Green, A. (1975). The analyst, symbolization and absence in the psychoanalytic setting (on changes in analytic practice and analytic experience)—in memory of D. W. Winnicott. *Int. J. Psychoanal.,* 56:1-22.

the model of neurosis based on the negative of perversion, and instead adopted a model of psychoses and its primitive mode of functioning as the best way to understand these patients. In this way, he was following in the footsteps of colleagues across the channel, particularly Winnicott and Bion, whose ideas very much influenced his thinking and clinical approach—once he freed himself from some of the influences of Lacan, whose thinking he had embraced in the early years of his training.

The book consists of a number of somewhat disparate sections that are not always clearly related to one another. The first chapter details Ralph Greenson's disastrous attempts to treat a cultural icon, Marilyn Monroe, who committed suicide while under his care. (It does not matter for the purposes of Green's argument whether the facts that he brings forth from another source are accurate.[5]) This sad story is an excellent cautionary tale of everything that can go wrong when an analyst tries to manage a very disturbed "VIP patient" without awareness of the potential traps and pitfalls, including massive countertransference enactments and an overwhelming need to rescue a seriously troubled and almost untreatable patient.

Greenson seems to have maintained an almost delusional belief in the powers of analysis, bordering on comical in tone. The entire chapter is a brilliant demonstration of gross illusion and disillusions when the therapist fails to appreciate the consequences of his adopting a therapeutic approach clearly not meant to contain severe pathology, and is totally unable either to change course or to refer the patient to someone else. Here the refusal to admit defeat led to massive enactments on the analyst's part, with boundary crossings having more and more disastrous consequences. Green offers no commentary on this treatment, but lets the story speak for itself.

The next 100 pages of the book are theoretical, for the most part offering glimpses of the nature of the metapsychology of non-neurotic pathology. This section is very uneven and loosely constructed. For example, the first extended chapter presents a detailed description of Lacan's ideas on language, seemingly quite unrelated to the main focus of the book—unless the reader keeps in mind that Green was one of

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[5] Schneider, M. (2006). *Marilyn, demières séances*. Paris: Grasset and Fasquelle.

Lacan's favorite pupils until 1968, when he dramatically left Lacan's inner circle and began to write a book on affect and the analytic situation that was clearly in opposition to the ideas of his former mentor. Perhaps this chapter is included because Green's loyalty to Lacan must have been for him a source of both considerable illusion and considerable disillusion. Also, Lacan's drastic alteration of the analytic frame serves as a foil for Green in developing his own ideas as influenced by a key Winnicott paper.[6]

In the following, mostly theoretical section, Green's development of certain core ideas on the treatment of this special group of patients. He shows how each person's narrative is in fact a deformation, which calls to mind ideas expressed by Ernst Kris.[7] In discussing a difficult patient for whom he was the third analyst, Green demonstrates that acute listening to gaps in the narrative and to what was missing opened the door to an entire series of events that had been missed by the previous analysts. However, the fact that we are told next to nothing about the previous work, and that Green informs us the case was one of psychotherapy (frequency of sessions not mentioned), limits the value of the material. Ramifications of the emergence of the disavowed memories are not explored.

This theoretical section includes very brief and condensed comments on a number of topics, such as the negative therapeutic reaction and ideas about trauma. Most of this material does not seem new—e.g., the idea that preverbal trauma often leads to profound unanalyzable pathology. Another chapter on the effects of the primitive superego, and the ego beyond repression (i.e., splitting), are equally disappointing in view of the vast existing literature on these topics, by Green himself and by others. A concluding chapter summarizes aspects of clinical cases that may prove disappointing to the analyst: rigidity of fixations, the power of destructive instincts, implacable masochism, repetition compulsion, and the difficulty of the ego in renouncing its archaic narcissistic defenses.

[6] Winnicott, D. W. (1955). Metapsychological and clinical aspects of regression within the psycho-analytical set-up. *Int. J. Psychoanal.,* 36:16-26.

[7] Kris, E. (1956). The personal myth—a problem in psychoanalytic technique. *J. Amer. Psychoanal. Assn.,* 4:653-681.

Green offers tentative cause for hope in these difficult situations. He alludes to the work of Aisenstein in her analysis of patients with somatic symptoms, who suffer from what the French call *pensée operatoire,* the Gallic version of alexithymia.[8] The challenge is to maintain an alliance with a mistrustful patient whose thinking is remarkably concrete and who has little interest in the working of his or her own mind beyond intellectual aspects. In one such case, Aisenstein patiently engages the patient—who suffered from a hemorrhagic rectocolitis—in talking about politics, the weather, and the construction of his home. Eventually, such apparently banal explorations paid off by leading to a gradual reconstruction of split-off traumatic events. Green makes the valuable point that it is often preferable to remain with contradictions and obscurity rather than clinging to reductive simplifications that cast an illusory light on a complex situation.

The following sections—devoted to detailed case histories by Green, his students, and his wife, analyst Litza Guttières-Green—are potentially the most interesting. This section includes descriptions of some of Green's own failed attempts with patients. Unfortunately, the first five cases, all by his students, are allotted only two or three pages each—hardly enough to plumb the complexities of the situations, leaving the reader in a state of disillusionment and frustration. The longest case history is by Guttières-Green, who recounts the sad story of a 40-year-old woman who was treated more or less analytically for some twenty years. This patient had severe anxiety attacks, identity disturbances, alcohol abuse, sexual promiscuity, and suicide attempts. She spoke of a void, a black hole that both terrified her and fascinated her. She had gone through failed psychotherapies, multiple hospitalizations, severe depression, and treatment with psychotropic medications, all to little avail. When this patient first consulted Guttières-Green, she emphasized her helplessness and described her view of death as a liberation from intolerable suffering.

In spite of this troubling picture, Guttières-Green, aware of the risk of failure, took the patient into analysis, noting that she was probably se-

[8] Aisenstein, M. & Rappoport de Aisemberg, E. (2010). *Psychosomatics Today: A Psychoanalytical Perspective.* London: Karnac.

duced by the patient's intense suffering and the illusion of her own om-
nipotence. She was fully aware of the work of Winnicott and Bion, and
of course of Green, including his ideas on the negative, the effects of
disobjectalization, and the presence of holes in the psyche. Thus she had
important theoretical knowledge at her disposal, plus admirable sensi-
tivity, tact, and awareness of what could and could not be interpreted.

For a while, it seemed that the work was bearing fruit. One day, the
patient told her that it was only with the analyst that she had learned to
speak. For this patient, what was missing was more important than what
was there (a reference to Winnicott). Hatred had triumphed over love.

The following summer, the patient decided to end treatment and
to return to her country of origin with her husband and children. She
came back several years later, destitute, having been abandoned by her
immediate family. She reflected sadly that everyone had left her and she
was all alone. She had no money; she neglected herself; she showed the
analyst her rotting teeth. The analyst asked if she was being treated by
anyone. The patient answered that she was not and that she would like
to come back to treatment with Guttières-Green.

And here comes a totally unexpected shocker. The analyst refused
to take the patient back, without giving any reason. The patient under-
stood this, according to Guttières-Green, but added that she had hoped
to return; she displayed a resigned smile and her eyes were distant. The
analyst mused to herself that the patient was dreaming, but the analyst
did not know of what. The analyst was left with the feeling of witnessing
a catastrophe and being partly responsible for it.

This account leaves the reader puzzled about what transpired, and
especially about what motivated this kind and competent analyst to turn
away a long-term patient. Guttières-Green later states that she felt to-
tally useless. It is hard to imagine that some profound sadomasochistic
transference-countertransference enactment did not take place. With
this type of patient, the relationship with the analyst was probably more
important than any interpretations given; hence the abandonment at
this stage of helplessness must have felt particularly cruel to the patient,
even if she herself had somehow provoked it. This outcome raises the
question of when it makes sense to turn a patient away; when are analysts
entitled to prioritize reality without feeling obligated or guilty, and to

say, in effect: "I have tried my best, and it's not working; there is nothing more I have to offer this patient"?

The next section of the book, some fifty pages, consists of Green's personal memories of cases that failed to a greater or lesser degree. In an introduction to these, the author writes about the shortcomings of his material, stating that he wishes to evoke memories of cases that left him feeling disappointed, though he does not supply detailed observations here because he did not take notes at the time the patients were in treatment. These memories, he tells us, are not bad ones; he never regretted giving his all, even if at times he felt impatient in confronting resistances. Tellingly, he notes that he did not yet understand the power of the negative. He also observes that, in referring these cases to him, some of his mentors overestimated his therapeutic capabilities, particularly in the early stages of his career.

One of the cases was a patient Green calls May, who suffered from severe anorexia from which she eventually died. This was a totally unanalyzable woman. The mode of referral, I suspect, had an important impact. Green explains that, after having heard him present a case, Lacan approached him at the end of one of his seminars, saying that he wanted to refer the patient of a friend to Green, a patient whose situation worried him a great deal. He added that for Green to succeed with this case would require not only talent but also a lot of good luck. Green notes a bit woefully that he was flattered and so he accepted the case.

In reading the material, it seems to me that the mode of referral peremptorily created a sense of obligation and pride that interfered with a more thorough evaluation of the potential for serious difficulties. The patient had severe asthma as well as severe anorexia, and there was a total absence of any sexual satisfaction; moreover, there were repeated complaints from the patient that she did not understand what her analyst said to her and in particular could not appreciate what he said about desire.

This treatment took place early in Green's analytic career, before he developed his own ideas about severe borderline pathology; hence he was relying at this time on general principles of classical analysis. Perhaps reflecting on such cases was helpful to him in arriving at new concepts about similar situations. In any case, we are told that Green stopped the

analysis, but we are not given the reasons for this or even the time frame of termination. It seems likely that a situation of hopelessness and stalemate arose and could not be resolved. In reading this account, however, the reader—like the analyst at the time—feels quite helpless and frustrated.

In the few longer cases presented, some similarities emerge: among them severe pathology, much acting out, an incapacity to maintain the frame, and strong countertransference enactments. What is missing from the descriptions are explicit references to the patient's profound, basic mistrust of the analyst and the analytic process that pervades these cases. It sounds as though Green were determined to make analytic interpretations about some of his patients' sexuality and reconstructions of their childhood traumas in the absence of the patients' ability to listen. A refusal to accept interpretations because of paranoid fears of intrusion, perhaps, is never mentioned in the case material. What emerges instead is Green's ferocious belief in the curative potential of analysis, even in cases that other, less sanguine practitioners might choose to treat with psychotherapy.

As the author points out, most of the failed cases are women in whom the core conflict involved the relationship with the mother; Green finds the indestructibility of a woman's hateful relation to her mother to be a key factor.

It is striking that little reference is made to the English-language literature on this topic, with which Green must be familiar, whether we are thinking of the malignant narcissism described by Rosenfeld[9] or the destructive attacks on connections in the mind described by Bion.[10]

Regardless of what one may think about the cursory nature of Green's clinical material, one has to admire the willingness of one of the most respected figures in the analytic world to bare his soul in this fashion and to reveal what he considers to be some of his failures. This requires a good deal of inner strength and courage. I believe that too early a reliance on theory was a limiting factor in many of the analyses

[9] Rosenfeld, H. A. (1971). A clinical approach to the psychoanalytic theory of the life and death instincts: an investigation into the aggressive aspects of narcissism. *Int. J. Psychoanal.,* 52:169-178.

[10] Bion, W. R. (1959). Attacks on linking. *Int. J. Psychoanal.,* 40:308-315.

he describes. Although familiar with the work of Klein on the paranoid schizoid position,[11] Green failed to make use of some of the ways of managing primitive object relations that are typical of that phase, or to explicitly recognize some of the particular mechanisms employed, such as splitting and projective identification. More important, while admitting the power of countertransference, he appears not to have utilized his own reactions as in part representative of a split-off segment of the patient's psyche via projective identification.

The final chapter in the book, by Fernando Urribari, gives an excellent and laudatory overview of the complex evolution of Green's metapsychological discoveries, as if to counterbalance the negative effect of reading about Green's early stumbling. But, like some of the earlier chapters, it seems somewhat unrelated to the overall plan of the book, which is to explore the illusions and disillusions of psychoanalytic work. In order to identify some of the more personal factors leading to Green's failures, one would have to read between the lines. Some of the cases might fit into a "high-risk, high-gain" category, given prior knowledge that the chances of success were slim—although no other form of treatment was considered likely to succeed either. In these cases, a failure should not be classified under either *illusions* or *disillusions,* but rather as an unfortunate if predictable result.

The slant of the book is toward a particular emphasis on the danger of treatment failures for any therapist who has a high level of omnipotence and narcissistic vulnerability to failure. Thus, the measured assessment of a patient's chances of succeeding in treatment seems almost less determinative than the degree to which the analyst has excessive or unrealistic expectations.

Considering the often powerful and at times unmanageable countertransference reactions associated with this type of pathology, there may be a mutual seduction between patient and analyst, with the analyst's wish to rescue leading to profound feelings of guilt and inadequacy—particularly if the patient seems to be out to get the analyst in some way. Sometimes there is nothing sweeter than revenge. This may be why Freud warned us about the danger of excessive therapeutic zeal.

[11] Klein, M. (1946). Notes on some schizoid mechanisms. *Int. J. Psychoanal.,* 27:99-110.

In spite of some of this book's shortcomings, one has to admire the willingness of Green, a consummate clinician, to bare his soul. There is much food for thought in comparing his failed cases with one's own. This reason alone gives the book considerable value for both seasoned clinicians and those at the beginning of their careers.

FRANCIS BAUDRY (NEW YORK)

BEYOND POSTMODERNISM: NEW DIMENSIONS IN CLINICAL THE-
    ORY AND PRACTICE. Edited by Roger Frie and Donna Orange.
    New York: Routledge, 2009. 243 pp.

THE INTIMATE ROOM: THEORY AND TECHNIQUE OF THE ANA-
    LYTIC FIELD. By Giuseppe Civitarese; translated by Philip Slotkin.
    New York: Routledge, 2010. 222 pp.

Psychoanalysts of today are being called upon to move beyond postmod-
ernism. Generally speaking, however, our theory and clinical work have
barely caught up with the postmodern critique of modernist assump-
tions, and we often display only a tenuous grasp of what postmodernism
entails. The two books reviewed here, coming from different approaches,
help us navigate the discussion of modernism versus postmodernism and
the future of psychoanalysis.

    Beyond Postmodernism: New Dimensions in Clinical Theory and Practice
consists of an introduction to the subject and ten essays. The excellent,
informative, and detailed introduction is by Roger Frie; the chapters are
by William Coburn, Morris Eagle, Anthony Elliott, Jon Frederickson,
Roger Frie, Arnold Modell, Donna Orange (who also wrote the post-
script), Robert D. Stolorow, Judith Guss Teicholz, and Heward Wilkinson.
Taken as a whole, the book provides a comprehensive description of the
implications for the psychoanalytic theory and practice of modernism
and postmodernism.

    Beyond Postmodernism addresses the implicit question of whether psy-
choanalysis can be situated between modernism and postmodernism,
and concludes—by means of a sustained discussion—that it cannot.
Some parts of the book contain arguments that psychoanalysis must

move beyond these two movements in order to stay current, to engage in interdisciplinary exchange, and to continue to grow.

Giuseppe Civitarese's *The Intimate Room: Theory and Technique of the Analytic Field,* with a foreword by Antonino Ferro, offers a rich elaboration and description of the path that psychoanalytic theory and practice have taken and can continue to follow in order to move beyond postmodernism. The general framework within which this discussion operates is contemporary field theory. Civitarese argues that field theory can meet the current demand for a paradigm capable of housing both psychoanalytic theory and practice in light of the shortcomings of modernism and postmodernism.

The Intimate Room incorporates a complex and fascinating, field-theory meditation on a contemporary understanding of transference that is fresh, inspiring, and highly instructive for today's psychoanalysts. Faced with a sea of varied analytic perspectives, it is not surprising that we may find our consulting room chairs in need of orientation.

In its application to psychoanalysis, modernism has been described as a framework that includes emphases on individual, historical truth and the possibility of discovering analysands' historical and psychic data. This can be accomplished within an analytic process in part through the analyst's continual checking of her distanced stance of neutrality. Transference emerges within the process as a repetition of patterns developed from experience in the analysand's past. The focus of the analytic work with respect to transference is on revealing the analysand's resistances and understanding the analysand's experience, including fantasies of and in the past. The psychoanalytic objective is for the analysand to gain insight and self-understanding. The analyst remains relatively unaffected by the process beyond the rewards of a job well done.

Yet within modernism the relatively superficial stance of objectivity and the search for historical, personal truth quickly led to difficulty. The various forms of dualism, such as mind/body and internal/external (which are not equivalent), though originally erected in order to arrive at certainty, led only to conditional truth—that is, truth relative to assumptions. Freud recognized early on, in fact, that internal and external realms are equally unknowable, and that experience is mediated and not direct.

In contrast, postmodernism as applied to psychoanalysis has been described as going to the opposite extremes of modernism. For postmodernism, there is no individual subject, no fixed truths, and no history not reflected in the present. Rather, the analysand is a product of the analyst's subjectivity and of the social and cultural context, all mediated through perception and language. Over a period of decades since the advent of postmodernism, psychoanalysts have been confronted with the task of navigating through regions of theory and of clinical work that reflect polar and otherwise untenable opposites—complicated by a proliferation of psychoanalytic perspectives, each with its own untranslated discourse.

Postmodern psychoanalysis, in a rejection of dualism, denied the primacy of the body and moved away from dream work, the concept of unconscious fantasy, and the traditional understanding of unconscious processes. Thus, somewhat ironically, by eschewing positivist foundations the postmodern trend shifted the psychoanalytic focus to what was deemed more concretely knowable—that is, the data of the analytic relationship in the here and now of the analytic process. This led to an emphasis on the analytic dialogue and thus to language. In the extreme, this in turn led to the theoretical possibility, if not the clinical one, of alternative constructions and an extreme relativism lacking any way to distinguish among possible options.

Thus, the modernism-postmodernism dichotomy is complex. Modernism in its search for objectivity and truth provided a clear picture of how and why basic concepts—such as the body, mental functioning, unconscious processes, subject, and object—are highly fluid. Postmodernism, with its emphasis on subjectivity and context, emphasized present, concrete material. In such a climate, the tide against theory and in favor of eclectic clinical practices, often with unspecified principles, is understandable if not desirable. Taken together, the essays in *Beyond Postmodernism* attempt to lend clarity to the relevant debates and to provide an alternative to the modernism-postmodernism dichotomy.

Beyond Postmodernism seeks to forge paths for psychoanalytic theory and practice through modernism and postmodernism. This is indicated in order to clear the way for the next phase of psychoanalysis, which will encompass a foundation based on an intersubjective, hermeneutic con-

textualism. The potential contents and meanings of this new foundation are explored in different ways throughout the book. In addition, the book stresses the need for the creation of an atmosphere that facilitates and values interdisciplinary discussion.

In his introduction, "Modernism, Postmodernism, and the Search for Continuity," Frie describes the basic tenets of modernism and postmodernism in psychoanalysis. In clear language, the different principles in each phase are presented, as are the consequences these entail for conceptions of the self. The links between the two trends and psychoanalytic perspectives are discussed, as are the connections to postmodernism of the relational perspective in the United States and the Lacanian perspective in Europe and South America.

A theme taken up in detail in other chapters is the conception of self entailed in the different trends. Frederickson's "Multiplicity and Relational Psychoanalysis: A Heideggerian Response" makes a plea to reorient relational fields away from what is identified as a Sullivanian, sociological focus, and toward a field theory that is ontologically based in Heidegger's sense. Stolorow, in "Trauma and Human Existence: The Mutual Enrichment of Heidegger's Existential Analytic and a Psychoanalytic Understanding of Trauma," describes a phenomenological contextualism in which emotional experience is inseparable from the intersubjective. In "A Strange Convergence: Postmodern Theory, Infant Research, and Psychoanalysis," Teicholz traces the convergence noted in the title through a shift toward giving relative weight to processes rather than static entities. Teicholz draws out some consequences of this in terms of the conception of the self as ever in process and in context, without an a priori developmental trajectory.

Relatedly, Frie discusses the concept of agency in his chapter, "Reconfiguring Psychical Agency: Postmodernism, Recursivity, and the Politics of Change." Here is another challenge to the modernism-postmodernism dichotomy: Frie attempts to chart an alternative path through the concept of *situated agency*. This concept allows for both self-reflection and the intersubjective. In this view, subject and environment are recursively interdependent. In "Identity, Identification, Imagination: Psychoanalysis and Modern European Thought After the Postmodern Turn," Elliott, too, makes use of recursive notions; he locates the development

of subjectivity and primary intersubjectivity within the dynamics of desire.

Modell, in "Naturalizing Relational Psychoanalytic Theory," addresses the question of how meaning is constructed intersubjectively between two private, separate minds. He locates the answer to this in the restoration of the status of the body in the wake of postmodern psychoanalytic thought. He argues that experience, grounded in feelings, gives rise to an embodied conception of meaning. Modell further argues that empathy, a fundamental aspect of intersubjectivity, is an embodied process. Here we see another branch of the interwoven paths in the book that lead through and beyond the modernism-postmodernism dichotomy.

In "Postmodern Influences on Contemporary Psychoanalysis," Eagle discusses the different conceptions of truth involved in the two trends and their implications for clinical concepts and objectives. His topics include a comparison of the analyst's neutrality with her subjectivity, insight with corrective emotional experience, and insight with co-constructed narrative; he also discusses models that entail an independent intrapsychic structure versus the co-construction of an individual's core dynamics. Eagle discusses the shortcomings of the clinical effects of each approach. He navigates the reader toward alternatives that, while eschewing positivistic models, leave room for a conception of truth that affords a way of distinguishing between possible interpretations and constructions—alternatives that leave room for the independent reality of the individual.

Coburn's "Attitudes in Psychoanalytic Complexity: An Alternative to Postmodernism in Psychoanalysis" offers another path away from the modernism-postmodernism dichotomy. Coburn suggests distinguishing three levels of discourse: the phenomenological, the interpretive, and the metaphysical. In Wilkinson's "Primary Process of Deconstruction: Towards a Derridian Psychotherapy," broadening the scope of enactment in psychoanalysis offers yet another navigational path. In this way, the author argues, the dilemma between rationalism and ineffibalism is resolved.

In both her postscript and her chapter, "Toward the Art of the Living Dialogue: Between Constructivism and Hermeneutics in Psycho-

analytic Thinking," Orange points to a future for psychoanalysis and fills in some of what it would be like. Citing similarities with Hoffman's dialectical constructivism, Orange describes and advocates for perspectival hermeneutics. In tracing the development and principles of forms of psychoanalytic constructivism and philosophical hermeneutics, contrasts are highlighted with what Orange identifies as *traditional psychoanalytic objectivism.* In this model, the analyst's participation and engagement in not only the analytic process, but also in the construction of reality, is stressed. Orange is insightful concerning the return of reductionisms in postmodernism and is careful to chart a path that avoids any form of reduction. In regard to clinical matters, she emphasizes the value and necessity of grounding the work in engaged, empathic dialogue with analysands, attuned to their struggles, and framed in their own language rather than in what can be the detached, undermining tone of deconstructive interpretation.

The Intimate Room offers the reader a sustained view and discussion of psychoanalytic theory and practice moving into the future. As the author states towards the end of the book, "Psychoanalysis is seeking a new paradigm. The theory of the analytic field is one of the models that are, in my opinion, capable of taking up the cultural challenge of the postmodern" (p. 174). Overall, the book goes a long way toward substantiating this statement.

Each chapter of *The Intimate Room* invites the reader to participate in a comprehensive exploration of the fundamentals of psychoanalytic thought and practice. The chapter headings themselves give a sense of the multidimensional passage through psychoanalytic terrain while viewing it with a new lens: "Fire at the theatre: (un)reality of/in the transference and interpretation," "The symbiotic bond and the setting," "Metalepsis, or the rhetoric of transference interpretation," "Immersion versus interactivity and the analytic field," "*Nachträglichkeit,*" "Transference, USA," "Difference (a certain) identity transference," "More affects . . . more eyes: on postmodern issues and deconstruction(s) in analysis."

Many rich clinical descriptions throughout the book illustrate Civitarese's approach. The clinical material is interesting and well presented, and contributes to an understanding of the theoretical discussion. The prose of the text itself gives the reader a palpable sense of the analytic

process and its surround as described in the book. Because of this, it is at once inspiring and demanding to read *The Intimate Room*. To read the chapters is to become enveloped in the atmosphere of Civitarese's approach and to experience the challenges posed by working clinically in this fashion.

While this reading experience cannot be reproduced within this review, I will identify some of the central threads of discussion. One way of reading the book, amongst others, is as a reflection of the history, meanings, and uses of transference. The author pays attention to the development of the concept of transference and includes a chapter devoted to understandings of transference in the United States. Civitarese suggests an expanded meaning of the term; anchored in the writings of Freud, this description of transference characterizes it as a crucial aspect of mental functioning. Through transference an individual can understand and explore the world; present experience can be explained on the basis of past experience. Thus, it is also crucially by means of transference that individuals can think.

Transference, however, according to Civitarese, does not operate according to a stereotype plate model of understanding, but rather by means of an interactive, bidirectional movement between analyst and analysand. With this bidirectionality of transference, we are plunged into the heart of the work. For now, the plausibility of any form of an intrapsychic model—one in which the historical past or repetitions in fantasy or in action are thought to be discoverable, worthy of clinical focus, or even to exist—is obliterated. What unfolds instead is a model in which the ink used to construct debates about one-person versus two-person models evaporates, and the crucial and necessary interplay between two participants in an analytic process is established. Clinical process is asymmetrical in that it is the analyst who will offer her relatively greater ability to symbolize to the process in which both participants are engaged in bidirectional transference interaction. In this model, the primary clinical focus is on the development of the capacity of the analysand to progressively and increasingly symbolize. Neither the construction nor the discovery of unconscious, historical structures of the analysand's mental processes, nor her historical experience, is directly relevant in itself.

Transference is the means by which thoughts emerge in the analytic process, and the atmosphere of the sessions is that of dream work. That is, all communications are considered to be related to the analytic couple and to the process in which they are engaged. The exploration of the analysand's historical experience as such is a misattribution of the potential of mental functioning. Memory being contextual, the memories of the analysand pertinent in a given moment in an analytic process acquire meaning in the present by what takes shape between the participants in the evolving analytic field. The field itself consists of this dreamlike environment in which the fluidity between reality and fantasy is accentuated. It is in the field that something fresh may emerge, something that would not have been possible from either participant alone, nor from either the intersection or union of the thought processes of the participants.

Beyond Postmodernism clarifies the modernist and postmodernist principles that have had a complex impact on psychoanalysis from its beginning. The book points to a need to step beyond both. *The Intimate Room* places us in the midst of psychoanalytic theory and practice as they move into the future, creating systemically different paradigms.

S. MONTANA KATZ (NEW YORK)

GROWING OLD: A JOURNEY OF SELF-DISCOVERY. By Danielle Quin-
    odoz. New York: Routledge, 2010. 218 pp.

In this book's prologue, the author tells the reader what led her to write
the book. Danielle Quinodoz is a Training and Supervising Analyst in
the Swiss Psychoanalytic Society who, as an analyst in private practice
and a consultant in the geriatric unit at the University Hospital of Ge-
neva, has met, treated, and supervised the treatment of many elderly
people. She has published several papers focused on the elderly patient
that "bear witness to what older people can help us discover" (p. xiii).
    The appearance of this book signals that Quinodoz has herself at-
tained old age. She wanted to write about old age and the elderly patient
as she experienced old age herself, rather than as a somewhat detached
clinical observer. Apparently, her colleagues in the geriatric unit, and the

families of the patients treated there, often urged her to put in writing what she had learned from her experiences both in private practice and on the unit.

We can be grateful to them and to Quinodoz, as she has written an impressive book that documents her personal thoughts about old age, psychoanalytic therapy of the aged patient, and the principal psychological tasks of the last phase of life. We are now well into an era in the developed world where people are not only living longer, but also continuing to work past traditional ages of retirement. The lead section in a recent issue of an influential magazine detailed the financial necessity for people in industrialized countries to lead longer working lives—not only for their own interests, but also to save national pension schemes from financial default.

Beginning candidates at many of our analytic institutes are often well into middle age, with applicants in their early thirties a rarity. With aging populations, the demand for psychoanalytic therapy in later life can only increase. Given these facts, and the paucity of analytic writing about the aged patient, Quinodoz's book is welcome and deserves to be widely read by the psychoanalytic community.

The book is divided into fourteen short chapters, themselves divided into lengthy subsections with headings. I found this structure difficult at times as my concentration on the text was so frequently interrupted by yet another subheading, just as the flow of Quinodoz's words and ideas was settling into a creative rhythm in my mind. To illustrate this rather jumpy aspect of the text, I will detail the chapter titles and subsection headings of two representative chapters in the book.

Chapter 1 is entitled "Reconstructing One's Own Internal Life-History"; it is divided into the following subsections: "The work of growing old: reconstructing one's own internal life-history," "Our internal life-history: a juxtaposition of various events or a coherent narrative?," "The need for coherence," "In order to give up our place, we first have to possess one," and "Integrating memories." Chapter 11 is entitled "Psychoanalysis and Elderly People." Its subsections include: "There is no age limit for beginning psychoanalysis," "The received ideas of young psychoanalysts," "Psychoanalysts work with specific individuals," "The analyst's age," "For elderly patients, the die is not cast: Ida," "Opening up

to sublimation: Mado, Stephen," and so on—a total of more than twenty subsections in a chapter of just over twenty relatively small pages.

Although I found this rather unusual structure disconcerting, it does not detract from the enduring value of Quinodoz's ideas about the elderly and their psychoanalytic treatment. Her conviction is that psychoanalysis and psychoanalytic psychotherapy are valuable and effective treatments for the elderly sufferer. This stands in direct contradiction to Freud's idea that, with patients over the age of fifty, analysis should not be attempted since "the elasticity of the mental processes, on which the treatment depends, is as a rule lacking . . . and . . . the mass of material to be dealt with would prolong the treatment indefinitely."[1]

Quinodoz observes that Freud underestimated the potential elasticity of the internal world, which lasts well beyond the age of fifty. Furthermore, she states:

> When we get to know the unconscious better, we realize that memories do not pile up in a never-ending list; we unconsciously combine our memories together, re-modelling them as we go along in a way that constantly re-creates the unity of our whole selves. *The difficulty that may be encountered in an analysis has therefore less to do with the quantity of memories than with the capacity to integrate them.* [p. 145, italics in original]

Quinodoz believes that there are many similarities between the analyses of older patients and those of younger analysands. She finds that the full panoply of oedipal conflicts and feelings can be as pressing in the elderly as in the young. She states, "I am still quite surprised, all the same, when I observe that oedipal feelings in the very old analysands have not wrinkled with age—indeed, they are expressed in a much more direct way than at age thirty or forty" (p. 157). The analyst's technique remains, therefore, essentially the same as with younger patients.

The author has also found that references to such issues as the unconscious, transference and countertransference, defenses, repetition compulsion, and developmental traumas are as common in the analyses of the elderly as they are with younger analysands. The analyst's tech-

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[1] Freud, S. (1905). On psychotherapy. *S. E.,* 7, p. 264.

nique is therefore essentially the same as with younger patients, she believes.

Despite these similarities, there are some specific factors that emerge when the analysand is old—factors intimately linked to the last phase of life. Here Quinodoz is at her most articulate and moving. Throughout the book she emphasizes the need for the elderly—and elderly psychoanalysts are no exception—to reconstruct their own internal life history. She believes this to be part of growing old actively, as opposed to suffering the passage of time passively. To grow old actively is to work, to carry out the work of growing old. She defines this work, stating:

> In my view, it consists of an attempt to take stock of the whole of our own internal life-history, in order to relate the end of our life to the overall path we are following, with its beginning and its end. [p. 1]

In this way, an individual mentally reconstructs his or her own life history. There are varied ways to achieve this reconstruction. Some write about the significant events of their lives, both for themselves and for those who will follow. Some put together photo albums, and in so doing reconstruct their own internal life histories.

An artistic rendering of such work is the theme of Ingmar Bergman's film *Wild Strawberries*. The film depicts the work of psychic reconstruction undertaken by an elderly Swedish academic physician in the course of a single day, as he travels to receive an honorary degree, the culmination of his career. Quinodoz refers to this film, apparently unaware of Erikson's use of the film in his seminal paper on aging.[2]

Another aspect of aging—significant in both a general consideration of the last phase of life and in psychoanalytic therapy of the elderly—is the representation of the passage of time. For Quinodoz, growing old actively

> . . . implies a representation of time that takes into account the fact that our lifespan is limited: it has a beginning, an unfolding, and an end. Time is limited, and within those limits there is present time, an intense experience even though it is always being transformed. [p. 8]

[2] Erikson, E. H. (1976). Reflections on Dr. Borg's life cycle. *Daedalus,* 105:1-28.

The author calls this intense, momentary experience of time "small seconds of eternity" (p. 9). These two dimensions of time—its quality of being both limited and eternal—and their importance for the elderly are linked by the author to the idea of growing old actively. Although one's lifetime is finite, one is nevertheless able to allow moments when time becomes eternal. Individuals who cannot do this—who behave as though there were no end to their lives, as though time is infinite—are able to obtain some relief from the anxiety of death. However, they then lose the ability to cherish the moments of present experience that bring us fully and actively alive.

Quinodoz states:

When we are in touch with those two dimensions of time—chronological time and eternity—present time becomes all the more precious: we never stop letting it slip by, yet it lies at the very heart of who we are. Our entire life flows through the doorway of present time, making the past come alive and heading towards the future, each aspect making the other meaningful. [p. 18]

Associated with the work of growing old actively is the work of remembering. Quinodoz cites examples from her clinical experience that illustrate the importance, and often the difficulty, of integrating memories into a coherent internal life narrative as we age. As we bring memories into our life's narrative, we modify that narrative; and, simultaneously, we change each memory as it is integrated into a changed life story. As the author notes, this fits with our modern appreciation of the way in which memory functions. Memories are composites, continuously edited and reformulated throughout our lives. Quinodoz provides convincing vignettes of elderly patients from her own caseload who have struggled with the effects of highly charged, repressed memories.

There is one fact that looms large in the last phase of life, and that is the inexorable advance toward death. Quinodoz devotes a separate chapter to considerations of death anxiety in the elderly. In contrast to how a young person approaches the idea of his or her own death, the old feel the inevitability of their extinction deep in the fiber of their being; it is no longer an intellectual fact. The questions that arise in the

face of death during the last phase of life have no easy answers, and are certainly not popular subjects for conversation in our current, youth-oriented society in the Western world. Quinodoz does not claim that psychoanalysis has all the answers to the fundamental existential questions raised by the proximity of death. However, she does give the reader some interesting ideas about how we analysts and therapists can help our elderly patients—and ourselves—approach this final event of our lives.

The author introduces the concept of *dying usefully,* a term she borrows from another author[3] and widens to encompass the idea of *growing old usefully.* She illustrates this concept by describing those old people who manage to maintain the intensity of their interests, no matter what these may be. Such individuals inspire us by their enthusiastic embrace of the diversity of life and what it offers to all of us.

Furthermore, drawing on Klein's concept of the depressive position, Quinodoz points out that such persons have been able to work through their depressive anxieties and conflicts, and that they display concern for their objects; they are concerned with, and have love for, those around them. Thus, they escape imprisonment in narrow concerns about themselves and attendant persecutory thoughts.

Here the author considers the important need for reconciliation with one's external objects, if possible, and with one's internal objects as well, as death approaches. Again, as she does throughout the book, Quinodoz supplies the reader with clinical vignettes to illustrate her ideas. I was particularly struck by her account of a patient she called Elizabeth, who, at the age of seventy—with her therapist's help—set out to reconcile herself with the abuser who had traumatized her in her adolescence. In order to be free of him and of the abuse, Elizabeth had to reconstruct her abuser as a whole, complex object in her internal world. In so doing, she made him independent of her, transforming herself into a whole, complex subject, capable of freedom from her abuser's internal influence.

Evocative of Quinodoz's approach to old age is the chapter she entitles "Straight Is the Gate." This title is taken from Matthew, 7:13, 14,

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[3] See Danon-Boileau, H. (2000). *De la vieillesse a la mort. Point de vue d'un usager.* [*From Old Age to Death: A User's Point of View.*] Paris: Calmann-Levy, Hachette.

which, in the King James version of the Bible, begins as follows: "Enter ye in at the straight gate, for wide is the gate, and broad is the way, that leadeth to destruction." The passage continues: "Because straight is the gate, and narrow is the way, which leadeth unto life."[4]

As a child, Quinodoz was intrigued by this quotation, which seemed as "poetical as it was incomprehensible" (p. 111). In her approach to the elderly patient, she has come to consider these words as symbolizing an important psychological truth about life and aging. She discusses the need to get in touch with ourselves as we age. For analysts and therapists, it is also important to help elderly patients find themselves, so that they may pass through their own "straight gate." She writes:

> We begin to get in touch with our own value and with that of our life when we accept the fact that we are simply ourselves. Being simply ourselves, with our qualities, our defects, our gifts, our physical and mental disabilities, our past history, our parents . . . is like every work of art, both simple and difficult to create. [p. 112]

Two especially useful chapters are entitled "Psychoanalytic Psychotherapy and Older People" and "Psychoanalysis and Elderly People." In the former, Quinodoz describes some of the main motives that bring elderly patients to psychoanalytic therapy. Mourning is high on the list; older patients are often faced with painful losses that increase as they age. The search for self and one's own identity is another common motive, particularly among those of the elderly who have been unable to master the psychological tasks of the last phase of life. As elsewhere in her book, Quinodoz provides us with ample, well-chosen clinical material to underline her major points.

The chapter that deals with psychoanalysis and the elderly contains an abbreviated version of Quinodoz's analysis of her patient Jane, an unmarried woman who, though intelligent and cultivated, tormented herself with the thought that she was a failure. This analysis is also detailed in Quinodoz's paper on what she calls the fascinating experience

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[4] Interestingly, in later versions of the Bible, *straight* is translated as *narrow*.

of psychoanalyzing the elderly.[5] When Jane retired at age seventy, she thought that the best way she could use her retirement money would be to seek psychoanalysis. She was motivated for analysis because, when she was an adolescent, her parents—sensing her emotional distress—had sent her to see a psychiatrist. He had recommended psychoanalysis. Her parents rejected the idea, but Jane, fifty-five years later, remembered this advice. She was in analysis with Quinodoz for four years at four sessions per week. In her account of the analysis, Quinodoz convincingly demonstrates that issues typically brought by younger analysands remained active in Jane's analysis and could be worked through. These issues included the lack of a male genital, female castration anxiety, oedipal conflicts, conflicted relations with mother, envy of the analyst's femininity, guilt over aggressive fantasies, and reparation.

In the last chapter of the book, "The Blue Note and the Discovery of Loving," Quinodoz sums up her approach to old age and its treatment in poetic, moving, and evocative writing about the importance of love, particularly as we grow older. She notes with justification that love and growing old are topics that frighten people. Although the elderly must confront many different types of losses—including even the potential loss of their minds—some older people can transcend mental and physical pain. She writes that such persons

> . . . can preserve psychologically what they have lost in reality, and as they gradually divest themselves of what they do not need in growing older, they seem to make a fundamental discovery: the importance of loving. This is not a characteristic specific to old age, of course, because it may underpin someone's whole life, but we are often aware of it only as the end of our life approaches. Perhaps growing old actively implies learning to love better. [p. 193]

The author elaborates on this theme with references to the painter Eugene Delacroix and the composer Frederic Chopin in their attempts to find the *blue note*. This mysterious entity materializes at the point where two colors or two musical notes meet, blend, and yet remain distinctive.

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[5] Quinodoz, D. (2009). Growing old: a psychoanalyst's point of view. *Int. J. Psychoanal.*, 90:773-793.

For Quinodoz, love between two people is understood as a manifestation of the blue note. Love emerges out of blending and separateness, from love and hate, and out of chronological and eternal time: it alone can make old age meaningful, mitigate the pain of losses, and transcend the finality of death.

In summary, this is an important book for both psychoanalysts and their patients to read and treasure. It is not without faults—for example, the style and format of the book, with its numerous subheadings within chapters, makes for numerous breaks in the reader's concentration, as noted. However, drawbacks fade away before the value of this clinically prescient, poetically evocative treatment of a neglected area of our literature, the psychoanalytic therapy of the elderly. I recommend it highly.

BRIAN M. ROBERTSON (MONTREAL, QUEBEC, CANADA)

THROUGH ASSESSMENT TO CONSULTATION: INDEPENDENT PSY-
CHOANALYTIC APPROACHES WITH CHILDREN AND ADOLES-
CENTS. Edited by Ann Horne and Monica Lanyado. London/New
York: Routledge, 2009. 194 pp.

This book is the second in a series titled "Independent Psychoanalytic
Approaches with Children and Adolescents." Its editors, Ann Horne and
Monica Lanyado, also edited the first book in the series,[1] and had previ-
ously coedited another book in the same area.[2] Both are members of the
British Association of Psychotherapists (BAP).

It is first of all important to define and clarify the psychoanalytic
movement known as the Independents. A comprehensive book covering
its history and evolution is available,[3] and I will also briefly outline some
of that history in what follows.

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[1] Lanyado, M. & Horn, A. (2006). *A Question of Technique: Independent Psychoanalytic Approaches with Children and Adolescents.* Hove, UK: Routledge.

[2] Lanyado, M. & Horn, A. (1999). *The Handbook of Child and Adolescent Psychotherapy: Psychoanalytic Approaches.* London: Routledge, 2009.

[3] Kohon, G. (1986). *The British School of Psychoanalysis: The Independent Tradition.* London: Free Association Books.

Ernest Jones founded the London Psychoanalytical Society in 1913 with fifteen members, and in 1919 formed the British Psychoanalytical Society. A 1929 report by a psychoanalytic committee of the British Medical Association, of which Jones was a member, included a decision to respect Freud and his followers in their use and definition of the term *psychoanalysis.*

In 1925, Melanie Klein, at that time a Berliner, gave a series of five lectures to the British Psychoanalytical Society. At Jones's invitation, she moved to London in 1926 and remained there until her death in 1960. In May 1927, the British Society held a symposium on Anna Freud's book on child psychoanalysis, published in German that same year; Klein opened the symposium with a critique of the book. Some of Klein's views were similar to those of Jones—concerning, for example, the role of hate and aggression and their relation to morbid anxiety and guilt—and this increased her influence in Britain. However, when in 1935 she introduced the concept of the depressive position, some were of the opinion that this constituted a Kleinian school of psychoanalysis.

In 1943 and 1944, the so-called Controversial Discussions took place—a series of meetings in which four papers were debated. The purpose of these "discussions" was to clarify Klein's metapsychology and compare it to Sigmund Freud's. Anna Freud and her followers, in contrast to Klein, emphasized the genetic aspects of the libido, the different stages of psychosexual development. Klein stressed different positions throughout an individual's life and saw these as denoting specific forms of object relationships, with attendant anxieties and defenses. Anna Freud maintained a focus on the stages of libido development.

Ultimately, a compromise agreement was reached between Klein, Anna Freud, and Sylvia Payne, then president of the British Society. Two parallel courses of psychoanalytic training were introduced, "A" and "B." The teachers of Course A would come from the Society at large, while the teachers of Course B would come from Anna Freud's group. The supervisor for the first training case was to be chosen from the candidate's own group, but the second was to be an analyst who was neither Kleinian nor Freudian. This latter group was known as the *Middle Group,* and

in 1973, it became officially known as the *Independent Group,* sometimes called the *British Independents.*

It is also important to briefly note the history of the British Association of Psychotherapists, of which both editors of *Through Assessment to Consultation* are members. This organization has trained adult psychotherapists since 1951. In 1981, because of a national shortage of child psychotherapists, it established a training program in child psychotherapy that represented the psychoanalytic thinking of the Freudian, Kleinian, and Independent groups as applied to psychotherapy.

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In their introduction to *Through Assessment to Consultation,* Horne and Lanyado declare that Winnicott has been an important influence in writing this book:

> It is taken as a basic axiom of the Independent approach that the environment has an impact on the internalizations and psychological structure of the child. We therefore consider and work with and in the environment that a child is trying to grow and recover within. [pp. 4-5]

They then state that, as Independents, they are similar to Winnicott in "being ourselves" and "keeping a compassionate ethical sense that does not abuse the analytic method even while we explore extensions of our technique and understanding to a wide range of settings" (p. 5). "Winnicott's influence is more subtly present in the current volume than in [their earlier book] *A Question of Technique*" (p. 4), the editors note. A marker of this is that there are eleven listings for Winnicott in the index of *Through Assessment to Consultation,* while there are seventy in *A Question of Technique.*

On p. 1, the editors begin their introduction with quotations from Winnicott, as follows:

- If our aim continues to be to verbalize the nascent conscious in terms of the transference, then we are practicing analysis; if not, then we are analysts practicing something else that we deem to be appropriate to the occasion. And why not?

- I am not like what I was twenty or thirty years ago.[4]

Horne and Lanyado explore in this book the kinds of work prac-
ticed by child psychotherapists "that is not standard individual psycho-
therapy or psychoanalysis." They stress that "appreciation and the use of
the transference and countertransference phenomena is always part of
what we do" (p. 1).

While the book grew out of discussions on the nature of assessment,
the authors state that it is not a handbook on assessment. They see as-
sessment continuing throughout any work, which is therefore "an assess-
ment in progress" (p. 1), even when they term the treatment *therapeutic*
or *analytic.*

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Including the editors, thirteen authors contributed articles on as-
sessment and consultation to this book, all of whom are members of the
British Association of Psychotherapists. The book is divided into three
parts: "Assessment," "Overlaps," and "Consultation and Beyond." All the
articles contain clinical and psychoanalytically oriented discussions. I will
give highlights from each article in the order in which they appear in
the book.

**Part 1, "Assessment": "Every Assessment Matters. The child thera-
pist's role in assessment in child and adolescent mental health settings."**
In discussing the framework of an assessment, Mary Walker stresses that
the setting

> . . . is extremely important. It should be set up in a way that
> helps the child to feel safe and able to communicate about
> inner experiences. We want to create an atmosphere in which
> unconscious material can emerge and where we can observe the
> child's relationship to the self and others, as well as the attitude
> towards us as a new and potentially helpful object. [p. 17]

**"Thinking Aloud. A child psychotherapist assessing families for the
court."** Deirdre Dowling concludes that a therapeutic process in the

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[4] Both these quotations are from: Winnicott, D. W. (1962). The aims of psycho-
analytical treatment. In *The Maturational Processes and the Facilitating Environment.* New York:
Int. Univ. Press, 1965, pp. 166-170.

child and parents can be set in motion by assessments by child psycho-therapists for the court, and by discussions of observations and thoughts about the therapeutic process with the patient and family.

"Anxiety, Projection and the Quest for Magical Fixes. When one is asked to assess risk." Marianne Parsons and Ann Horne present a case report of a 14-year-old boy who had been referred because of violent and sexualized behavior. This example describes a "traumatized and vul-nerable adolescent who defensively needed to protect himself from ac-knowledging that he was in need of help. His age-typical dread of regres-sion and intimacy was especially intense" (p. 53). The authors believe that the boy's history of extreme neglect by his parents, who were quite violent, "illustrates Winnicott's thesis that 'at the root of antisocial ten-dency there is always deprivation' (Winnicott 1961)" (p. 53).

"Peculiarities and Problems in Assessing Adolescents." Joelle Alfille-Cook concludes that when "a therapist recommends ongoing once-weekly, twice-weekly, or intensive psychotherapy, she has to have made the decision about whether the particular adolescent is ill enough to need it, but well enough to use it" (p. 72).

Part 2, "Overlaps": "Infant Mental Health. A conversation with Dilys Daws." Caryn Onions interviews Dilys Daws about her career as a child and adult psychotherapist, during which she has dedicated herself to the mental health of infants and their parents.

"Reflections on Race and Culture in Therapeutic Consultation and Assessment." Iris Gibbs proposes that:

> Much more needs to be done to integrate issues of race and culture into psychotherapeutic training. Students should be encouraged to observe babies from a range of cultural back-grounds as this educates them to the strengths and difficulties of the culture, as well as challenges their own prejudices and stereotypes. [p. 101]

She goes on to say that "this was my experience in observing a baby from an African culture. The common feature was our race; everything else was unfamiliar and had to be experienced through the lens of ob-servation" (p. 101).

"Death in the Family. Post 9/11 at Pier 94, Manhattan." Victoria Hamilton, who currently lives in New York City and is on the faculty of

the Parent–Infant Program at Columbia University Center for Psychoanalytic Training and Research, visited Pier 94 near the World Trade Center with a colleague sixteen days after the 9/11 catastrophe. Their purpose was to listen, encourage, and comfort, not to act as therapists. One of the women they met was a 75-year-old grandmother whose 39-year-old daughter had been killed on the 94th floor of the World Trade Center. She now cares for her two granddaughters, ages six and three.

"From Intimacy to Acting Out. Assessment and consultation about a dangerous child." In this paper, Ann Horne "describes the referral of a 14-year-old boy, the responses engendered by it, and expands on the transference and countertransference phenomena arising from a presentation of violence and a history of cumulative trauma" (p. 110).

Part 3, "Consultation and Beyond": "Consultation to an Under Fives Service." Sophie Robson tells about the Under Fives Service in which she works, where psychotherapists actively participate in a baby clinic. This allows the crucial importance of the child's emotional development to be represented in the diagnostic and treatment system.

"The Impact of Listening on the Listener. Consultation to the helping professions who work with sexually abused young people." Monica Lanyado discusses "the 'impact on the listener' of staff working with children and young people who are at the most disturbed end of the spectrum, and have been severely sexually abused and also, frequently, repeatedly traumatized and chronically neglected" (p. 142).

"You Are Paid to Be a Nuisance. Tensions in the role of clinician manager." Gethsimani Vastardis posits that "the child psychotherapist who occupies the roles of both clinician and manager is faced with the challenge of finding a way to inhabit both the child psychotherapy world and the world of her clinic's senior management team" (p. 158).

"Beyond Consultation. Towards young minds." Peter Wilson became interested in the mental health of children after the National Institute of Mental Health decided to concentrate on adult mental illness and dropped its interest in the mental health of children. He was appointed to the job of Director of Young Minds, which had originally been formed as the Child Guidance Trust to provide a voice for child mental health.

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The training of the authors of these papers, all experienced members of the British Association of Psychotherapists, is aptly described by Mary Walker in her paper on "Assessment":

> Our training as psychoanalytic psychotherapists focuses on unconscious processes, the role of anxiety and defences, as well as on how emotional states affect our relationship to external reality. We are grounded in a thorough knowledge of child development and give a central focus to the emotional life or inner world of the child. Theoretical understanding and observational skills are seen as essential tools in our insight into children's emotional states, their impact on family members, and how the child's experiences are communicated through play or the use of symbols. [p. 1 1]

The chapters in *Through Assessment to Consultation* show the versatility not only of the psychotherapist authors, but also of analytically oriented psychotherapeutic principles as applied to varied clinical situations with children of all ages. The astute clinical judgment of these analyzed and trained therapists seems to be more important than whether they are Independent, Freudian, or Kleinian.

My concern about this collection is that at times the editors seem to blur the difference between psychotherapy and psychoanalysis. For example, in the first paragraph of the book, Horne and Lanyado state that "this volume explores some of the work undertaken by child therapists that is not standard individual psychotherapy or psychoanalysis." On p. 2, they say that "the book is also about diversity. It demonstrates many of the ways in which child psychotherapists are currently helpful to children and their families by being involved in their internal and external realities other than in individual psychoanalytic work."

Nevertheless, in the last paragraph of their introduction, they note:

> Like Winnicott, as Independents we aim at being ourselves—and as true psychoanalytic practitioners we also include behaving ourselves, keeping a compassionate ethical sense that does not abuse the analytic method even while we explore extensions of our technique and understandings to a wide range of settings. [p. 5]

JOSEPH S. BIERMAN (BALTMORE, MD)

PSYCHODYNAMIC PSYCHOTHERAPY: A CLINICAL MANUAL. By
    Deborah L. Cabaniss (first author) and Sabrina Cherry, Carolyn J.
    Douglas, and Anna R. Schwartz (contributing authors). Hoboken,
    NJ: Wiley-Blackwell, 2011. 379 pp.

This splendid book by Deborah Cabaniss and her colleagues vividly and
eloquently describes and explains expert psychotherapeutic technique,
as well as demonstrating exemplary teaching skills. For example, it uses
a variety of approaches to actively engage the reader, which enhances
learning. It is written in the second person, addressing the reader as
"you." Frequent exercises invite the reader to peruse some clinical ma-
terial, then arrive at formulations and interventions before seeing the
authors' own comments.

The authors deliberately avoid the various theoretical schools of psy-
choanalysis, and instead approach psychotherapy in what they call "the
most ecumenical way possible" (p. xiii). The book compensates for its
relative brevity by offering rich lists of references and recommended
reading. Cabaniss and her colleagues have extensive experience teaching
psychotherapy to psychiatric residents at Columbia College of Physicians
and Surgeons in New York. In addition, Cabaniss has an impressive track
record of research and publication in the psychoanalytic literature.

I read the book with its target audience of trainees in mind. Yet I
found that my own clinical work could benefit from the book's lucid
exploration of the essentials of insight-oriented psychotherapy. I espe-
cially enjoyed its generous use of clinical gems. The authors are unusu-
ally gifted in constructing brief clinical exchanges that are informative,
self-contained, and convincingly true to life. They have mastered the art
of narrative—in their book in general, and especially in these vignettes.
The quality of their writing is so superb that I will quote from it liberally.
I believe many trainees will be inspired by the book to pursue further
training in psychotherapy and psychoanalysis (as do a significant propor-
tion of the authors' trainees).

The first chapter defines *psychodynamic*. It memorably describes the
mind as "roiling with perpetually moving energized elements. These un-
conscious elements could explode into consciousness . . . while powerful
wishes and prohibitions could barrel into one another, releasing the psy-
chic equivalent of colliding subatomic particles" (p. 4).

False dichotomies are the curse of intellectual laziness and unwill-ingness to grapple with life's complexities. The book cogently observes that our field suffers from a misleading dichotomy between interpretive and supportive forms of psychotherapy. The authors join Wallerstein and others in showing that these approaches "*do not constitute separate therapies but rather they are two types of techniques that are used in an oscillating manner in **all** psychodynamic psychotherapies*" (p. 6, authors' emphasis). This point is convincingly illustrated in numerous clinical examples and in a list of thirty-five different supportive interventions. It does not detract from an interpretive approach to use supportive techniques when indicated—in fact, it allows the patient to gain optimal benefit from insight once the ego becomes strong enough to absorb it. As the authors put it:

> Patients need support when they either lack or are unable to mobilize adequate ego strength to function in the world. When this is true, rather than just commenting on their ego weakness, we either provide it for them or help them use their own weak-ened capacities. [p. 164]

The authors frequently point out that skill in conducting psycho-therapy is enhanced when the therapist has personal therapy or analysis. Difficult patients are especially likely to serve as potential guideposts to the elucidation of the therapist's own unresolved conflicts. The book ad-dresses the fine line between encouraging the patient to be open about her transference feelings and setting limits on the patient's possible abu-siveness toward the therapist: "It is not appropriate for the patient . . . to be cruel to the therapist, to make racially or ethnically derogatory remarks, or to sexually harass the therapist" (p. 75). The book likewise advises limit setting on the patient's dangerous behavior outside sessions. Searles, whose contributions to the topics of this book are unfortunately overlooked, observed that one possible unconscious source of reluctance to set reasonable limits is the analyst's unwilllingness thereby to acknowl-edge his or her limitations.[1]

A chapter on countertransference summarizes its vital role in helping the therapist understand the patient. It is not always easy for trainees to

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[1] Searles, H. F. (1976). Psychoanalytic therapy with schizophrenic patients in a pri-vate-practice context. *Contemp. Psychoanal.,* 12:387-406.

grasp how to make constructive use of their feelings while conducting psychotherapy. Let me share one of the book's vignettes on this topic; it concerns the value of staying attuned to the therapist's emotions as possible clues to what the patient might be warding off.

> Mr. B . . . tells his therapist that in the last week he and his family moved out of their "starter home" into a much larger house in a better neighborhood. Mr. B gives many details about the move and talks rationally about how this is a sign of progress. While he talks, his therapist notices that she is having a distinctly sad feeling. When Mr. B pauses, the therapist says, "I know that you're excited about this move, but I wonder if you have any other feeling about it." Mr. B looks around, and then says that although his wife was very keen to move, he actually loved their house and feels wistful about moving. He says that the move also puts more pressure on him financially, which is making him anxious. [p. 118]

There is an excellent discussion of how to promote a therapeutic alliance. The trainee who is beginning therapy with a patient is advised that:

> Saying something that conveys understanding . . . is one of the best ways to get someone to join with you in the therapeutic endeavor . . . . [Such comments] are stated as hypotheses . . . and they convey understanding of the current state of events, rather than about the etiology of the problem. Learning to formulate comments like this is key to "seeding" the therapeutic alliance. [pp. 86-87]

A chapter on "Learning to Listen" introduces the concept of *nodal points:*

> We can think of the unconscious as being a giant nodal network with points that are connected . . . . When we listen, we listen to everything, but as we begin to filter and focus we are listening for unconscious hubs that we can call nodal points. It makes sense to aim [our interventions] for these well-connected points, as they can lead us down new paths into uncharted unconscious territory. [p. 147]

The chapter on "Unconscious Conflict and Defense" is superb. It points out that "when you rub two opposing unconscious fantasies together you get anxiety" (p. 242). Ostensible advances in psychoanalysis often seem to leave behind some of our field's most crucial discoveries, including the concept of "core unconscious conflicts that remain relatively stable . . . over time" (p. 243). The authors' advice is often pithy and practical: "To hear what's unconscious, listen for *hidden stories* . . . the stories that are unconscious fantasies are short and child-like" (p. 245, italics in original).

They illustrate this advice with the following comments from a 28-year-old pregnant woman who is confused by her anger at her father, since she has repressed her childhood wish to be her father's favorite:

> I don't know why I feel so angry with my father for getting remarried so quickly after Mom died. He's a great guy and he deserves all the happiness he can get after taking care of Mom for so long. And Marsha's pretty nice. But I hoped that they'd plan the wedding for after [my] baby was born—I don't know why it makes such a big difference to me, but it does. It's ridiculous—it's not like they're going to help me take care of it or anything. [p. 246]

Dreams have been increasingly neglected in the curricula of some analytic institutes due to misguided efforts to jettison "old-fashioned" remnants of classical analysis. Training and supervising analysts who did not find dreams helpful in their personal analyses may be poorly equipped to pass on this vital aspect of our professional legacy to their trainees. Fortunately, Cabaniss et al. offer a lucid and encouraging summary on how to approach dreams in psychotherapy. They know that some trainees will balk at addressing dreams, often because they worry that they need to understand a dream before they say anything about it to their patient. But the exploration of dreams is a collaborative venture of therapist and patient that will be enhanced by teaching the patient how to work with dreams. Freud wrote that affect is the element of the dream's latent content that is least distorted in the manifest content; therefore, the authors advise readers that the dream's affect "will give

us the best information about which part of the dream is closest to the surface" (p. 261), and thus guide interventions.

Reconstruction does not fare as well as dreams in the book. It is dismissed as an impossible and outmoded goal. However, the authors do advocate that we "try to construct a meaningful narrative of the past that helps patients to make sense of their thoughts and feelings about their early relationships and experiences" (p. 183). While it is true that our emphasis is on the patient's psychic reality, I worry that the authors are unduly influenced by Fonagy's misguided attack on the still useful role of reconstruction.[2]

Readers may find certain concepts and definitions in this book unfamiliar. For example, *induction phase* is often used in lieu of *opening phase*.[3] In searching the Web version of Psychoanalytic Electronic Publishing, I could find only four examples of the former as meaning the latter.

Clarification as a technique is defined as helping to "bring the unconscious into focus by linking similar phenomena" (p. 180) "Linking similar phenomena" sounds like merely one instance of a broader group of clarifying interventions, which Greenson defined as "those activities that aim at placing the psychic phenomenon being analyzed in sharp focus. The significant details have to be dug out and carefully separated from extraneous matter" (p. 38).[4]

Psychodynamic Psychotherapy's discussion of diagnosis is excellent. It has several references to the DSM, though it fails to mention the far more relevant *Psychodynamic Diagnostic Manual*.[5] The book devotes a

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[2] Fonagy, P. (1999). Memory and therapeutic action. *Int. J. Psychoanal.*, 80:215-223. For an eloquent rebuttal of this article, see Poland, W. S. (2002). The interpretive attitude. *J. Amer. Psychoanal. Assn.*, 50:807-826.

[3] I wondered why their phrase brought boot camp to mind for me. Then I learned of the following usage example: "One summer the dreaded Induction Notice comes and he goes to war" (*Oxford English Dictionary, Vol. VII* [1989], Oxford, UK: Clarendon Press, p. 890).

[4] Greenson, R. R. (1967). *The Technique and Practice of Psychoanalysis, Vol. 1.* New York: Int. Univ. Press.

[5] Psychodynamic Diagnostic Manual Task Force. Silver Spring, MD: Alliance of Psychoanalytic Organizations, 2006.

helpful chapter to the complexities of "Medication and Therapy." This discussion made me ponder the fact that many psychiatrists now feel betrayed by the long-standing disinformation campaign on the part of unscrupulous pharmaceutical companies.[6]

We can all think back to textbooks of psychoanalytic psychotherapy that were especially formative in our training. This new manual by Deborah Cabaniss and her colleagues will soon become such a text for future psychotherapists, and we are in their debt.

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[6] Whitaker, R. (2010). *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America.* New York: Crown.

ORIGINS: ON THE GENESIS OF PSYCHIC REALITY. By Jon Mills. Montreal, Quebec, Canada: McGill-Queen's University Press, 2010. 304 pp.

Within the large and growing family of psychoanalytic ideas, metapsychology has recently—perhaps always—been something of an awkward stepchild. Radically revised and held but lightly by Freud in his lifetime, its other, more worldly cousins—clinical theory, technique, philosophy of analysis—have more recently flourished. In this most recent of several books, Jon Mills offers a passionate attempt to advance the metapsychology of psychoanalysis. This is not only a worthwhile endeavor for analytic ideas, but also, in focusing as he does on providing an account of the origins and structure of unconscious thought, Mills proposes a welcome amendment to recent trends that point analysis away from the unconscious and toward themes that already have the full attention of related disciplines.

Origins does not stand alone, but forms part of a program that Mills has been developing in order to bring philosophical ideas, particularly Hegelian thought, into currency with psychoanalysis. Amongst several previous works, Mills has edited a collection of essays on Freud's meta-

psychology[1] and another about the scientific status of analysis.[2] He also has a prior book on a very similar subject,[3] which this new work extends somewhat by moving beyond an exposition of the unconscious in Hegel's thought and toward applying these ideas to other parts of psychoanalysis. That said, the results of this effort to advance the topographical branch of the metapsychology of analysis are mixed, partly because that is not exactly how Mills sees his project.

The book has an idiosyncratic structure: it begins with a note, "About the Texts," then a 20-page introduction, followed by an 8-page section of numbered "Axioms," and then a 30-page "Prolegomena to a System." There follow five long chapters that propose a Hegelian account of the origins of unconscious thought and seek to generate a philosophical foundation for the discipline of psychoanalysis. This sounds like a large, even revolutionary, project, not merely a supplement for the topographical model. The first chapter also contains another, 8-page section of numbered "Ontological Propositions," and, finally, there are 40-plus pages of endnotes and references.

Mills calls the group of ideas he sets forth here and in previous works *dialectical psychoanalysis* or *process psychology*. In sketching out his system in the book's "Prolegomena," Mills immediately begins to use various technical terms from Hegel. One of the central words is *sublation*. This is an English translation of the German *Aufheben*, which has the nicely psychoanalytic quality of containing antithetical meanings, including to preserve and to progress, to cancel and to keep. This term is central to Hegel's dialectical philosophy and so also to Mills's dialectical psychoanalysis. Hegel hoped that his new philosophical system would bring us once again into full contact with a world from which he believed we had become alienated. Hegel's dialectical thought was aimed at breaking up false oppositions and bringing together previously separated concepts to a final stage that reveals how the opposed may be brought together—

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[1] Mills, J. (2004). *Rereading Freud: Psychoanalysis through Philosophy*. Albany, NY: State Univ. of New York Press.

[2] Mills, J. (2004). *Psychoanalysis at the Limit: Epistemology, Mind, and the Question of Science*. Albany, NY: State Univ. of New York Press.

[3] Mills, J. (2002). *The Unconscious Abyss: Hegel's Anticipation of Psychoanalysis*. Albany, NY: State Univ. of New York Press.

retained and altered—into a position he considered *absolute truth.* The term *Aufheben* also has an everyday meaning—to lift or raise something from a lower place to a higher place—which Mills intends in his uses of *sublation:* he proposes that there is an inherently progressive pressure in the human mind toward increased complexity, integration, and holism.

In his first chapter, "Spacings of the Abyss," Mills addresses the question "When does the unconscious come into being?" (p. 60). Drawing on Freud for key spatial metaphors to imagine the unconscious, and critiquing some recent writers, Mills offers a tense solution for the problem of the origin of thinking: the existence of an original unconscious self that prefigures the development of more organized and complex forms of thought. Mills describes this self as "a *unifying unifier*—but one that is neither static nor unified. Rather, the self is pure process that is systematically and developmentally organized as a dynamic self-articulated complex holism" (p. 86, italics in original). There must be, he states repeatedly, a prior ground for the self—something like the self but itself groundless (p. 88).

Chapter two, "Deciphering the 'Genesis Problem': On the Origins of Psychic Reality," examines a number of Freudian ideas: for example, Freud's original terms for ego and id, *Ich* and *Es*, which Mills prefers to call the ego and the *abyss*. The abyss is Mills's translation of Hegel's term *Schacht*, otherwise described as a "nocturnal mine" or "night-like pit" (p. 45). Mills also gives a primary role to the death drive in the bases of human motivation. Dialectically, the negative, death, is as essential a psychic function as the positive, life. Tension and freedom from tension, life and death, are equally powerful elements in the pursuit of pleasure, as the self-destructiveness of death is aimed at the pleasure of the tensionless state. Indeed, Mills thinks that the death drive is Freud's greatest contribution to understanding the unconscious (p. 114).

The third chapter, "Mind as Projective Identification," aims to develop an account of the evolution of the mind on the most basic level. As more than just elements of a defensive organization, an original "unconscious agency" (p. 146) utilizes a dialectical process of splitting, projection, and reintrojection, Mills asserts—in conjunction with an inherent process of sublation—to develop more complex and unified levels of mental organization and self-consciousness.

Mills implies that Klein might have been able to develop an account like this if she were not blinkered by her "scientific attitude, which is guided by quasi-empirical considerations" (p. 148). Unhampered by such considerations, Mills is free to state: "Because the ego cannot simply materialize ex nihilo, it must emanate from a prior unconscious ground or abyss . . . a ground without a ground" (p. 148).

Here, as in the first chapter on the origins of the unconscious, Mills appeals to the *principle of sufficient reason*—roughly, everything happens for a reason. For example, Mills asserts: "Through the principle of sufficient reason, there must be a ground to psychic life that precedes conscious experience" (p. 162; see also pp. 8, 100). And: "If we are to take seriously the principle of sufficient reason and posit an archaic ground to all being and becoming, [then] . . ." (p. 88); however, one need not take the principle of sufficient reason *seriously* in Mills's terms; for by *seriously* he means a reason of the same kind.

We must assume, indeed, that there is a ground to psychic life, but not necessarily a psychic ground. We must agree that at some early point in our past a nonpsychic ground generated psychic life, or else we must say that everything is imbued with mind—which various idealist philosophers have in fact said. Mills does not quite do so. His own "psychoanalytic idealism" simply asserts that "the only reality with which we can have commerce is reality as we *conceive* it to be" (p. 208, italics in original). He says he does not want to claim a "grandiose" (p. 208) or "crass" (p. 209) idealism that would postulate reality and thought as the same. But that leaves him without a strong or distinctive position.

In his fourth chapter, "Unconscious Semiotics," Mills discusses the representational aspects of the unconscious, including repression, memory, and the concept of semiotics most broadly. Mills distinguishes this from a concern with linguistics and explicitly Lacanian models of mind. On the contrary, he insists that the unconscious is not merely a linguistic or cultural product, but something metaphysically distinct. For instance, he asserts: "The unconscious is ontologically prepared a priori by the dialectic both to generate and to acquire linguistic structures, not merely to have them causally and passively superimposed by virtue of our cultural thrownness" (p. 179).

This chapter also contains three clinical examples that are illuminating. Despite his cautioning the reader early on that his "speculative metaphysics" (p. 5) is not really intended for clinicians or to be critiqued on merely clinical grounds, one might nevertheless wonder what Mills's dialectical psychoanalysis or process psychology might look like when applied to clinical problems. Freud's approach, at least, to his higher-level theory was to allow it to be responsive to discoveries in his practice, with very significant consequences for our ideas about psychic structure and clinical technique. To isolate theories from evidence in Mills's way is to isolate oneself from confrontation with the world, and (metaphysical) thinking is then free to become very speculative indeed.

A matching difficulty—as far as can be gleaned from Mills's clinical examples—seems to be that the theory has not penetrated into the practice. His first clinical example (p. 180)—of a patient with very different emotional reactions to the name "Little Princess" when used by her mother or her father—is used to support the idea that all words are affectively encoded, which Mills says traditional linguistics does not allow for. In his second and longest clinical example, around half a page (p. 189), he discusses an analytic patient with colitis, and gives what sounds like a now-standard object relational formulation for this kind of symptom: killing and expelling the mother and at the same time self-punishment through painful bowel symptoms. His third treatment example (p. 196)—an association between traumatic abuse and a childhood memory of food present during the abuse, manifesting as an adult aversion to meat—reads as a straightforward account of lifting repression through insight, including a symbolic interpretation of *meat* as *penis*.

What is revealing about these three brief examples is how conventional they are, leaning upon familiar theory and formulations and applying everyday clinical technique. There is nothing to mark these as the results of a new or different theory that is centered, for example, on the integration of apparently opposed ideas through sublation toward higher degrees of integration and complexity, or, for instance, on the activity of an unconscious agency beyond what almost any analyst would accept about the mechanisms of defense.

In the fifth and final chapter, "Ego and the Abyss," the ideas of Freud, Bion, and Bollas on the ego are given thoughtful but unconten-

tious readings, with an emphasis on the unconscious, not consciousness, as the basis of thinking. Mills moves later in the chapter from discussing the ego to its mechanisms of defense, again proposing that the origins of defensive operations lie in unconscious agency. Interestingly, one of the defenses he discusses at length is unconscious fantasy and its expression in conscious fantasies and daydreams, which may protect an individual from the consequences of enacting many of his wishes.

Although there are things to enjoy in this book, I think it is troubled by problems both in its execution and in some of its main goals. First, in an arresting parallel, Mills's philosophy of scholarship echoes that of Hegel. In the famously rich and difficult preface to his famously ambitious *Phenomenology of Spirit*, Hegel writes:

> In the preface of a book it is customary to explain the author's aim, the reasons why he wrote the book, and what he takes to be its relationship to other treatments, earlier or contemporary, of the same subject. In the case of a philosophical work, however, such an explanation seems not only superfluous but, owing to the nature of the subject matter, altogether improper and unsuited to the end in view . . . . Philosophical truth cannot be presented in this manner.[4]

This is an attitude that even admirers of Hegel have considered, in the words of one commentator, supercilious.[5] In his prefatory note, "About the Texts," Mills declares:

> I have made little effort to engage the secondary source literature in this book. I have always found it an illegitimate precedent . . . when many published monographs often tend to gloss over or entirely omit a close reading of the original texts . . . . For this reason, I primarily focus on the texts of Freud and Hegel and a few notable analysts while deliberately ignoring the conventional imposition to cite other authors who have written on these topics beforehand . . . without the need to offer the reader

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[4] Kaufmann, W., ed. & trans. (1977). *Hegel, Texts and Commentary: Hegel's Preface to His System in a New Translation with Commentary on Facing Pages, and "Who Thinks Abstractly?"* Notre Dame, IN: Univ. of Notre Dame Press, p. 6.

[5] Stern, R. (2002). *Hegel and the Phenomenology of Spirit.* London: Routledge, p. 30.

a banal literature review. This is a scholarly standard I wish to emphasize in order to obviate criticism from analysts who may object to my lack of observed convention. [p. x]

Mills is a focused and iconoclastic scholar, and there is a lot to be proud of in this. He actually does, as he stipulates, work closely and thoughtfully from original texts. For Freud he works from the *Gesammelte Werke* and makes his own translations where needed. Mills is also selective about his choice of editions of Hegel's *Encylopaedia* and other works, and tells the reader why. It is clear that he is a serious scholar of Hegel and sincerely intends to put Hegel's distinctive ideas to work, both for the benefit of psychoanalysis and to keep Hegel's spirit alive in the modern world. However, alongside the virtues of such exacting standards, there are clearly risks here: alienating conventional readers who expect a more traditional presentation; dismissing as "secondary" writers who are anything but; and reinventing the wheel.

When Mills gives his attention to contemporary scholars, he can be dismissive or scathing. For example, he writes off Benjamin's work derived from Hegel, in an endnote, as "very skewed and narrow in its application . . . . I should caution the reader not to equate our projects" (p. 261). In like way, Mills says of philosophers John Searle and Daniel Dennett—intending to make an example of them—that they ascribe "psychological processes to parts of the brain" and make "mereological errors . . . [because] they reduce the human being to a subsystem of parts that fracture the supraordinate nature of a complex system" (p. 12). However, anyone familiar with Dennett's several books on ethics and free will knows that he, at least, is a very poor target for accusations of mistaking parts for wholes and treating people like contraptions. This is not Mills's approach with every contemporary: he treats Bollas, Bromberg, Hoffman, Ogden, Donnel Stern, and some others critically but with civility, and it is much more interesting to read these more engaged critiques.

As an example of the risk of reinventing the wheel, one of Mills's constructive positions in this book rediscovers the ideas of people like Dennett, whom he caricatures as mechanistic. Mills argues, in one of the more accessible sections of the book, that the mind is "composed of a

multitude of schemata, which are the building blocks of psychic reality"
(p. 27). More fully: "Schemata are microagents and operate as self-states
that possess semi-autonomous powers of telic expression" (p. 26). A lot
of this is a remarkable parallel—in general concepts, and even at the
surface in his use of terms like *building blocks* and *agents*—to Minsky's[6]
influential cognitive science book, *The Society of Mind*, and to Dennett's[7]
related approach to the connection between mind and brain known as
homuncular functionalism.

Mills's iconoclasm is also expressed by the unusual structure of the
book, particularly in its two sections of numbered "Axioms" and "Onto-
logical Propositions." Readers seeing these may find themselves thinking
of Spinoza's *Ethics* and Wittgenstein's *Tractatus Logico-Philosophicus*, two
pivotal books in modern philosophy, and perhaps also Euclid's ancient
Elements, which were all written in this form. One takes a chance as a
writer by alluding to such monumental works: they are hard acts to
follow. And Mills's allusions are not merely formal or distant. For ex-
ample, take the first of his "Ontological Propositions": "I. The uncon-
scious is real, that which is, that which is the case" (p. 64). This brings to
mind the famous first proposition of Wittgenstein's *Tractatus*, "The world
is all that is the case"[8] (even more poetic in the original German, "*Die
Welt ist alles, was der Fall ist*"[9]).

Here are just a few more examples of Mills's "Axioms" and "Proposi-
tions," to give something of the flavor of these two sections: "I.2. Process
underlies all experience as an activity of becoming" (p. 23); "V.4d. In
their competing drives towards elevation and destruction, progression
and regression, ascendance and decay, being and nothing—life and
death—are the same" (p. 31); "III.1. The abyss is the original psychic
receptacle, both container and contained, the wellspring of all genera-
tion" (p. 66); "VI. Unconscious agency precedes consciousness, precedes

[6] Minsky, M. (1985). *The Society of Mind*. New York: Simon & Schuster.

[7] Dennett, D. C. (1978). *Brainstorms: Philosophical Essays on Mind and Psychology.*
Montgomery, VT: Bradford.

[8] Wittgenstein, L. (1961). *Tractatus Logico-Philosophicus,* trans. D. F. Pears & B. F.
McGuinness. London: Routledge, p. 5.

[9] Wittgenstein, L. (1922). *Tractatus Logico-Philosophicus,* trans. C. K. Ogden. New
York: Harcourt, p. 30.

language, precedes the signifier" (p. 69); "VII. The abyss is foreclosed from absolute knowing, a *mysterium*, yet is open to logical, philosophico-theoretic investigations" (p. 71).

Bertrand Russell, who wrote a detailed introduction for the *Tractatus* that got it published, and who more or less arranged Wittgenstein's being awarded a Ph.D. and fellowship at Cambridge on its merits, nevertheless found it in places unintelligible. Russell wrote to his lover and confidante, Ottoline Morrell, that Wittgenstein "has penetrated deep into mystical ways of thought and feeling, but I think (though he wouldn't agree) that what he likes best in mysticism is its power to make him stop thinking."[10] A similar experience develops from reading Mills's book. As Russell suggested of mystical thought, there is a great but perhaps treacherous power in this kind of writing to make us stop thinking—worrying, doubting—and to rest more comfortably on our private ideas about things: some relief from the trials of the world.

Ironically, in thinking ourselves coming closer to the world, we may actually retreat from it and linger instead in our fantasies about how things are. Except in rare places in this book, one does not have a sense of *arguments* being developed that one is being invited to follow and evaluate for oneself. Rather, one is expected to enter into an esoteric way of thinking via an arcane and portentous idiom.

For example, besides the Hegelian vocabulary throughout and some logic in one place (p. 206; with errors, and without any clear need for it), there are many instances where Mills uses Ancient Greek terms, sometimes in the Greek and sometimes Latinized (I am Latinizing all the words here for accessibility), and he clearly has a systematic idea about this. For instance, in describing his idea of the mind as composed of multiple schemata, he writes:

> It proves instructive to note that the term *skhēma*, like *idea*, refers to the Greek notion of *form*. The unconscious ego is initially immersed in form, in a formal unity or universality confined to its own interiority from which it must break free. [pp. 188-189, italics in original]

[10] Monk, R. (1997). *Bertrand Russell: The Spirit of Solitude.* London: Vintage, p. 568.

Similarly, on semantics: "Bearing in mind the truest etymological sense of the ancients' emphasis on *semeion* as a distinctive trace . . . [*ichnos*], we can easily appreciate how psychic reality would have to emerge from an underworld forging its marks along the way" (p. 179). Mills does the same with *dialectic* (p. 34) and with the Greek roots of Bion's term *ideograph* (p. 182).

The main problem with this method is that Greek etymology is useful to us if and when we want to know what something meant *to the Greeks*. For example, from *sêmeion* in Attic we might go back to the Doric *sama*, which has the meanings of a portent or omen; and *ichnos* is a kind of track or footstep, often associated with hunting. This is what the Greeks may have heard in these words, in prose or poetry and song. But this does not get us any nearer to the "real" meanings of derivations of these terms: *semantics* today has nothing to do with omens or hunting. The same is true with *ideograph:* analyzing its roots does not tell us anything about *what Bion meant* by the term, unless the Greek roots (*idea, graphê*) were meaningful for him in coining it. It is a non sequitur to move from etymology to metaphysics and to claim that the structure of the unconscious or ego has anything to do with the roots of words we now choose to describe them.

This problem becomes noticeable when one takes Mills seriously and reads closely what he has written. An early passage shows how Mills communicates his ideas:

> Just as the term . . . [*abussos*] refers to the being . . . [*ou*] of the unfathomable, boundless abyss—the infinite void of the underworld—so does . . . [*archê*] (origin) refer to a first principle, element, or source of action. This first element as pure activity is unconscious genesis. [p. 9]

There are difficulties with this representative passage. First, there is a small but crucial typographical error. Where Mills means the Greek participle *on*, "being," there appears the negative particle *ou*, "not." Being and nothing are not the same. Second, there is the principle, already highlighted, that these ancient terms *refer*, in some special way, to the real structure of the mind.

I also noticed mistakes with the words *dialektikê* (p. 34) and *psychê* (p. 91). Taken together, there appears to be a primarily rhetorical, not exe-

getical or necessary, use of Greek (and other philosophical forms) in the book: the words are primarily there for readers who do not know Greek, to give a feeling of coming close to the ancient origins of thinking.

Maybe the greatest systematic problem in the book is the use of philosophical ideas and methods that one might call imperialist. Mills asserts that psychoanalysis needs just his kind of Hegelian "philosophical justification" (p. 58), or that it needs to be "grounded in a solid philosophical foundation" (p. 3). In the introduction, he says that, while his approach is admittedly "highly abstruse and esoteric, I nevertheless believe that psychoanalysis stands everything to gain from philosophical fortification" (p. 4; see also p. 34). In this way, as in others, Mills echoes Hegel, who was supremely confident in the importance of his methods. For instance, Hegel writes: "Let the other sciences try to get somewhere by arguing without philosophy as much as they please: without it, they cannot contain life, spirit, or truth."[11]

Mills holds philosophy—in particular, the kind of metaphysical assertions he makes—to be truly special and foundational for psychoanalysis, and presumably for other disciplines. But there are profound disagreements about this view of philosophy. Approaches to philosophy that see it not as Mills and Hegel see it (as a special method for containing "life, spirit, or truth"), but instead as the study of a particular genre of writing, of intellectual and moral puzzles, or of the history of ideas—would never try to provide a *foundation* for psychoanalysis or other fields. Perhaps they have sufficient resources already, or might integrate what else they need from other places, including philosophy, without needing something revolutionary from outside to justify them.

Mills's foundational project also never develops any clear motivation in this book: although he states repeatedly that it is essential, he never explains just *what* psychoanalysis stands to gain from this kind of justification, or why one should view his contribution to the metapsychology of the unconscious as something much larger—as a new basis for psychoanalysis as a whole.

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[11] Kaufmann 1977, p. 102 (see footnote 4).

THE QUEST FOR CONSCIENCE AND THE BIRTH OF THE MIND. By
   Annie Reiner. London: Karnac, 2009. 161 pp.

Devotees of the work of Bion—and Annie Reiner is one of them, as his
ardent student—will find it exciting to read her erudite explorations in
this book. Using her own detailed analytic treatment data, which she
characterizes as revealing the organization of a False Self and its devel-
opment due to severe childhood deprivation, Reiner describes what she
calls the *birth of the mind*. She believes that her analysands have also ex-
perienced this emergence of the mind, a part of the True Self. The True
Self demonstrates its range of affects, its less grandiose and rigid mo-
rality, a more nuanced and useful holding of the self's own value, and a
tolerance of variations in interpersonal capacities.

   Although this book also attempts to study the development of a re-
ligious perspective in human beings, its major thesis is to demonstrate
the deep involvement of the processes described above in an individual's
ability to think without distortions, without lies to self or others, and
how this leads to the development of a *mature conscience*. Reiner contrasts
this mature conscience with a *primitive grandiose conscience*. She asserts
that Freud's concept of the superego is crucially and developmentally
different than the mature conscience, which has roots not only in in-
fancy, but even *in utero*, and is derived from "unconscious experiences
and unsought thoughts that reflect proto-mental states" (p. xviii). Here
she closely follows Bion's thinking.

   In chapter two of *The Quest for Conscience and the Birth of the Mind*,
Reiner discusses the construction of the False Self and its primitive gran-
diose conscience, indicating that her conception sometimes agrees with,
and at other times differs, from the work of other contributors to the
field of early infant development. The concepts she discusses include
Klein's primitive aggression, projected in phantasy; Winnicott's False
Self; Fairbairn's understanding of the development of the infant's bad
self; Rosenfeld's articulation of the grandiose, mean, and bullying as-
pects of the infant's dissociated introjected objects; Paul's evidence that
a mother's troubled projections can create a traumatic *capsular life;* and
Steiner's psychic retreats.

However, the substance of Reiner's argument about these developments in infant–mother attachments or its failures comes from her work with and study of Bion's complex writings. Her view utilizes Bion's conception of an *epistemological instinct,* which includes the process of thinking and the central search for truth as a basic drive. Bion postulates this epistemological instinct as the prime mover of life and growth.

Reiner focuses upon Bion's view that the infant faced with the unbearable pain of severe environmental failure escapes through the development of a system of morality based on an archaic superego and a moralistic grandiose internal object, which is modeled on conceptions of objects involved in environmental failures. This internal object then asserts its superiority by finding fault and being contemptuous of everything, including the actions and feelings of others and of the self. Such a process of thinking does not aim at the understanding of behavior, but is rather an "envious assertion of moral superiority without any morals."[1] Its aim is the protection of self organization and the distancing from or destruction of contact with the object, with reality, and with truth. Thus, lies to the self and distance from intimate contact, both with the self and with other human beings, become entrenched defensive necessities. Rage infuses much of the individual's thoughts, and its containment organizes much of the developed False Self.

Reiner provides clinical examples of her work with patients who have been forced to develop this unconscious adaptation. Her longest chapter is devoted to describing two analytic patients in detail. Their recovery during their years of treatment with Reiner illustrates such problems and her analytic efforts to help. Expectably, such work is full of the patient's rage directed at self and others, lies and distortions of thinking, an inability to listen to self or others, narcissistic grandiosity and contempt, repetitive self-attacks, and efforts at disruption of the treatment, including distancing maneuvers.

One might criticize this clinical material on the grounds of what is left out. For example, missing from the case reports is the explicit naming or acknowledgment of the father, by either analysand or analyst. The reader need not be Freudian or Lacanian to notice the striking

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[1] Bion, W. (1962). *Learning from Experience.* London: Tavistock, p. 97.

absence of the literal Name of the Father, the place of the third, or the father's place in the function of the search for the Law. Phallic representations in the dreams of the author's male patient invite naming of the masculine, yet this is unmentioned. This patient's biological father was apparently unknown, his stepfather had been lost through divorce when he was two, and his mother had married again, only to lose her husband when the patient was fourteen, at which point she suffered a breakdown.

In these long analytic treatments, the complex descriptions by the analyst of her own countertransferences are given short shrift. Instead, Reiner focuses on the patient's rage and its containment. The transferences are crowded with problematic defenses employed to manage this affect. Reiner follows Bion's memorable and useful discussions of the analyst's need to attempt to provide container-contained listening, to name the attacks on linking in the analysand's thinking, and to attend to split-off unconscious internal objects within the analysand and their accompanying affects.

Reiner is interested in exploring human beings' spiritual perspective within psychoanalysis. This perspective includes the oceanic experience, the sense of wonder and awe on beholding the universe, mystical experience, faith—and, indeed, creativity. Her view is not to be confused with the rigid doctrine of some organized religions.

Reiner's spiritual perspective draws on Bion's arguments. She notes that Bion describes faith as "a necessary state of mind if one is to have contact with O, *representing absolute truth*, the infinite, the godhead, or the thing-in-itself, a reflection of a formless, unknowable, numinous essence beyond sensual reality."[2] Two of my own teachers, Herbert Feigel from the Vienna Circle and Hans Richenbach, both logical positivist philosophers, taught that modern philosophy regarded absolute truth as not to be found in ordinary science. It is demonstrable only in the province of formal mathematics or logic. All other scientific knowledge is understood to be inevitably probabilistic.[3]

[2] Bion, W. R. (1970). *Attention and Interpretation*. London: Tavistock, p. 25; italics added.

[3] See (1) Feigel, H. (1958). The "mental" and the "physical": the essay and a postscript. In *Minnesota Studies in the Philosophy of Science, Vol. II,* ed. H. Feigel, G. Maxwell &

Of course, Freud and subsequent psychoanalysts have observed that, in being alive human beings, none of us can expect to act with a total absence of memory or desire, as Bion later enjoined. Nevertheless, Bion's much-quoted aphorism to listen to our analysands without memory or desire can be a useful reminder of our obligation to protect patients from various forms of our own agendas, emotional needs, and preconceptions.

Reiner uses Bion's concept of the container-contained as a central organizing idea. The mental integration of this function, she asserts, both within an individual and between individuals, is crucial in understanding all creative moments, human growth, and useful change during analytic treatment and in mystical experience. This integrative function of container-contained determines "the capacity of thought to contain and digest emotional experiences. Container and contained is the model of opposing functions which work together to create a state of mental wholeness, which is the basis of vital and creative thinking" (p. 28).

These ideas are central to Reiner's understanding of human beings' spirituality and to what she calls the birth of the mind. The latter includes the development of thinking and truth during infancy with a good enough mother and of the capacity to organize a mature conscience, as well as the formation of a True Self, and it also sets the stage for recovery and growth during psychoanalysis.

Reiner's far-reaching and critical mind draws inspiration from many sophisticated thinkers. She quotes from Freud's work on spirituality and religion (which she finds deeply flawed) and from writings in the New Testament, as well as from the work of Kant, Nietzsche, Symington, Feynman, Grotstein, Meltzer, and Einstein.

Reiner finds herself at pains to distinguish her concept of the mature conscience from Freud's superego. She believes that the latter interferes markedly with a spiritual perspective. In fact, in her introduction, she notes her belief that "the usual understanding of the superego as described by Freud and others may represent a pathological form of

M. Scriven. Minneapolis, MN: Univ. of Minnesota Press; and (2) Richenbach, H. (1938). *Experience and Prediction: An Analysis of the Foundations and Structure of Knowledge.* Chicago, IL: Univ. of Chicago Press.

conscience rather than a stage of normal development that leads toward a mature conscience" (pp. xx).

Aspects of Freud's conception of the superego that are at fault are many, according to Reiner. To this reviewer, however, she seems to disregard some of the data and the conceptual ideas that Freud was struggling with, and to criticize him for what he was not actually addressing. For example, in discussing the processes by which the conscience evolves in childhood as it becomes internalized and autonomous, Freud notes that children are amoral early on and are free of inhibitions regarding their pursuit of pleasure. The child relies, then, upon the parents' provision of love and their attentive restraint. Reiner seems to regard this as though Freud were denying any capacities for "inner morality" in children (p. 49).

Of course, Freud's concepts of the superego and the ego ideal are intimately tied to and defined by his understanding of normal and conflicted libido development. During the oedipal period, the child's mind and ego evolve from the intense attachment to the mother, in his view, and from a lack of differentiation from the mother. He notes the evidence of normal fusion with her. But such attachment is not the only important force within the child; the need for autonomy and individuation, and for establishment of the reality principle, are also evident early on. Freud describes many aspects of the child's developing capacities, as, for example, in his discussion of the *Fort da* game.[4]

Furthermore, the mutual attachment between the child and the father evolves from birth onward and, like all attachments, is accompanied by envy and jealousy. Freud points out that, by the oedipal age, the child's two moral conscience organizations, the superego and ego ideal, have achieved a remarkable degree of independence from those of the parental objects.

This period of child development—from maternal pregnancy and birth through infancy, and on into the early years of childhood prior to the oedipal period—has been extensively studied by many researchers and theoreticians over the course of many years. During this time, psychoanalysis has widened and deepened its range of data to be explored

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[4] Freud, S. (1920). *Beyond the Pleasure Principle. S. E.,* 18.

and its conceptual frames, and has itself matured as a scholarly discipline. This preoedipal-period work has led us to consider the complexities of the superego and the ego ideal and their early roots from very different viewpoints. Reiner ignores the field of child development, however, in her discussions in this book. This renders her view of Freud's superego—and by implication, of much subsequent psychoanalytic work—quite skewed. Many psychoanalytic thinkers would disagree with her characterization of Freud's superego concept as pathological.[5]

In the "quest for conscience" of her book's title, Reiner focuses on the infantile roots of conscience in the False Self and its lies. Two issues are important to note here: (1) the group of patients on whom Reiner bases her discussion is very specific—i.e., those whose early childhood was marked by a traumatic lack of maternal provision and those who may be schizoid; and (2) Freud's concepts of conscience, superego, and ego ideal—which she discusses to emphasize their marked contrast to her own ideas—did not focus primarily upon lies.

Rather, the functions of the Freudian superego, as recently described by Milrod,[6] are four: (1) the limiting function; (2) the punitive function; (3) the direction-giving function (the ego ideal); and (4) the self-observing function. In noting this I do not intend to minimize the important study of the broader area of infantile and early childhood self-attack, punishment, and ego deformation; indeed, the False Self and lies are legitimately viewed as forms of developmental maladies of self-hatred. Lies are central to Bion's thinking and to Reiner's discussion here, but not to Freud's work in this area, however.

In the cases described in this book, the treating analysts were again and again faced with reports of their patients' experiences of traumatic

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[5] Examples of works that address the complexities of the superego as a concept are: (1) Loewald, H. (1959). Internalization, separation, mourning, and the superego. In *Papers on Psychoanalysis.* New Haven, CT/London: Yale Univ. Press, 1980; (2) Sandler, J. (1960). On the concept of the superego. *Psychoanal. Study Child,* 15:128-162; (3) Schafer, R. (1960). The loving and beloved superego in Freud's structural theory. *Psychoanal. Study Child,* 15:163-188; and (4) Chasseguet-Smirgel, J. (1975). The development of the ego-ideal. In *The Ego Ideal: A Psychoanalytic Essay on the Malady of the Ideal.* New York/London: Norton.

[6] Milrod, D. (2002). The superego: its formation, structure, and functioning. *Psychoanal. Study Child,* 57:131-148.

failures in maternal provision. As children, these patients had to manage simultaneously developing the capacity to perceive and represent their own personal reality principle, as Freud would describe it, and representing the locus of unbearable pain in that reality. Without a developed self organization, such a child must place that locus outside itself, onto its objects. Those objects are quite often both unable and unwilling to accept the responsibility for their failures in maternal provision. Since they are indeed a central part of the infant's developing self, it is easy to see how the infant will distort reality in the attempt to locate the pain within the child's own self, to master such pain, and to lose sight of it, pushing it out of awareness and out of consciousness.

Important to notice is that, central to the child's development during this long period prior to the oedipal period, the ego boundaries of the child are very flexible, malleable, and involve developmentally fused states. These states are often unstable. It takes many years for normal children to maintain a reliable, accurate concordance between what is true and what they can put into words—let alone what their feelings and personal perceptions may be. Even in a normal child or adult, there may be distortions of ego boundaries on occasion. These are often useful and indeed necessary, and can contribute positively toward the subjects' lives. Even lies can be flexibly employed by the mind—not as part of a self-attack, but as a useful contribution to an intrapsychic or interpersonal moment of comfort.

Freud pointed out many of the useful and protective aspects, as well as developmental ones, of these variations in ego boundaries, and he clearly understood the instability of some ego states. This is particularly evident in his writing on the forces of developmental transference and on transference love as a necessary part of psychoanalytic treatment. Another example can be found in his reaction to a particular paper:

> In the discussion of this paper [Tausk's of 1919] at the Vienna Psychoanalytic Society, Freud emphasized that the infant's conception that others knew its thoughts has its source in the process of learning to speak. Having obtained its language from others, the infant has also received thoughts from them; and the child's feeling that others know his thoughts as well as that

others have "made" him the language and along with it, his thoughts, has therefore some basis in reality.[7]

In childhood, the capacity to be at one with the mother is so central that without it developing human beings are in dreadful trouble. Evidence of this can be seen in the difficulties of children with autistic-spectrum disorders and their mothers, in which the child cannot attach and/or "mold" with the mother. Winnicott wrote extensively about the natural mother–child fusion and the ways in which mother and child must be regarded as one unit rather than as two separate human beings—part and parcel of ego-boundary flexibility in normal human development.[8]

This multilayered subject includes the unconscious projective complexity of the mother's feelings and fantasies about herself and the child—before, during, and after the child's birth. In pathological situations, when the infant's pain is severe, for its own survival the infant distorts reality, and the survival of the attachment then requires a lie. "I am bad" is the ordinary conscious form of what later becomes an unconscious lie. Reiner believes this process underlies the development of a pathological, grandiose conscience rather than a mature conscience. These flexible ego boundaries occur naturally in childhood but also in creativity and in psychoanalysis. Bion saw parts of these processes as aspects of the container-contained.

As analysts, we are often deeply invested in our work, and over time we become lovingly related with our patients—these human beings whom it is our privilege to know decidedly differently, and in some ways more intimately, than we know anyone in our nonprofessional lives. Simultaneously, the transference-countertransference affectively captures both members of the analytic dyad. We undertake very careful work first in deciding how and when to speak, and then in how to phrase each thought and feeling that we ultimately choose to voice. The treatment

[7] Tausk, V. (1919). On the origin of the "influencing machine" in schizophrenia. In *Sexuality, War, and Schizophrenia: Collected Psychoanalytic Papers,* ed. P. Roazen. New Brunswick, NJ: Transaction Publishers, p. 215.

[8] See, for example: Winnicott, D. W. (1965). *The Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development.* London: Hogarth/Inst. of Psychoanalysis.

frame functions as an appropriate restraint to help protect us from too much action.

As Loewald put it:

> In our work it can be truly said that in our best moments of dispassionate and objective analyzing we love our object, the patient, more than at any other time, and are compassionate with his whole being . . . . It is impossible to love the truth of psychic reality, to be moved by this love as Freud was in his lifework, and not to love and care for the object whose truth we want to discover . . . . Our object, being what it is, is the other in ourselves and ourself in the other. To discover truth about the patient is always discovering it with him and for him as well as for ourselves and about ourselves.[9]

These moments of love and creative growth between two human beings fuse self-and-other boundaries and are often central to new understandings and growth. Freud studied many aspects of these states of love, including their instability, hiddeness, their stubborn and controlling oppositional power, boundary-dissolving processes between ego and object, fusional aspects ("you and I are one"), projections and their representations, and the potential to "consume" the love object. Many factors come into play, such as infantile love objects and associated unconscious fantasies, narcissistic views of the self, and a sense of detachment from reality. The loving state can engender a sense of limitlessness and a feeling of bonded oneness with the universe, an awe equal to what is described in relation to the oceanic feeling.[10]

In psychoanalytic work, Freud's idea of an individual's being taken over by its love object as the result of a failure of ego boundaries can regularly be seen in moments of patient–analyst fusion and empathy as the analytic hour ends, and in what is experienced as a sudden mutual understanding. These may be followed shortly, if temporarily, by behaviors on the patient's part that appear to the analyst to be defensive and distancing. These maneuvers may include arriving late to sessions, or

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[9] Loewald, H. (1970). Psychoanalytic theory and the psychoanalytic process. In *Papers on Psychoanalysis.* New Haven, CT/London: Yale Univ. Press, 1980, p. 297.

[10] Freud, S. (1930). *Civilization and Its Discontents. S. E.,* 21.

the expression of angry and critical thoughts about the analyst or their mutual analytic work. Such occasions have utility, I believe, in facilitating separation experiences that are necessary to the internalization of new knowledge, as well as the internalization process that helps the ego define what belongs to the self.[11]

Such processes—in which two individuals find themselves fused in shared thoughts, feelings, and intentions, or observe that they are momentarily thinking the same thoughts—are a regular occurrence during experiences of creation, discovery, falling in love, and sometimes in psychoanalysis. This may occur in analysis when an interpretation appears to be formed spontaneously, coming as a surprise to both participants. What the analyst communicates as an interpretation may then be followed by the patient saying, "You know, I was just thinking almost exactly the same thing, and I think that what you said and what I was thinking are really true."

Important moments such as these in the analytic encounter have been noted and named differently within the psychoanalytic literature. From an emotional, experiential point of view, they may be examples of what Strachey[12] (and, more fully and differently, Loewald[13]) called the therapeutic action of psychoanalysis. Similarly, this may be related to what both Reiner and Bion attempt to describe in searching for a better understanding of the container-contained function. This function, they believe, is involved in creative acts, in some kinds of spiritual experience, and in human growth in analytic treatment.

Our psychoanalytic science has acquired multiple voices, new and different areas of exploration, and distinctive spokesmen and spokeswomen. The confluence of such voices occurs regularly. In this book, Reiner functions as just such an integrative voice. She reopens questions about the early roots of conscience and curiosity about how such forces influence human development and functioning. Opening up our disci-

[11] Schwartz, D. (1986). On caring and its troubles. Paper presented at the Israel Psychoanalytic Society, Hebrew University of Jerusalem.

[12] Strachey, J. (1934). The nature of the therapeutic action of psychoanalysis. *Int. J. Psychoanal.*, 15:127-159.

[13] Loewald, H. (1957). On the therapeutic action of psychoanalysis. In *Papers On Psychoanalysis*. New Haven, CT/London: Yale Univ. Press, 1980.

pline and stimulating ongoing curiosity is no small achievement. The experience of awe in response to the surprising fit found among various aspects of psychoanalytic thought and experience is part of the reward of such work.

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SEARCHING FOR MERCY STREET: MY JOURNEY BACK TO MY
    MOTHER, ANNE SEXTON. By Linda Gray Sexton. Berkeley, CA:
    Counterpoint Press, 2011 (new edition). 340 pp. (Previously pub-
    lished by Little, Brown and Company, New York, in 1994.)

HALF IN LOVE: SURVIVING THE LEGACY OF SUICIDE. By Linda
    Gray Sexton. Berkeley, CA: Counterpoint Press, 2011. 320 pp.

Linda Gray Sexton, author of four novels, two memoirs, and numerous
pieces of nonfiction, writes in the voice of a survivor. First, she weath-
ered a harrowing childhood in the home of her physically, sexually, and
emotionally abusive mother, the poet Anne Sexton. Then she fought her
way back to health after three suicide attempts and a battle with bipolar
disorder that cost her her marriage and threatened her relationships
with two teenage sons.

In a frank and lively style, with a healthy dose of self-reflection, Linda
Sexton narrates this complex history. She searches for the historical roots
of her present suffering while accepting responsibility for its impact on
the lives of others. With a focus on trauma, depression, transmission,
repetition, and recovery, she speaks of matters that psychoanalysis can
help us understand. But beyond that, she also displays a keen sense of
how psychoanalysis produces change.

Linda's first memoir, *Searching for Mercy Street: My Journey Back to My
Mother, Anne Sexton,* sketches her life as the daughter of a narcissistic,
bipolar, and very famous mother and a caring though also sometimes
violent father. Anne Sexton had her first mental breakdown when Linda
was a toddler, and Linda's care was assigned to an abusive relative whose
punishments included beating her for sucking her thumb. When she
returned home, she was found by her mother hiding in the garage at

the age of two because she was afraid to cross the lawn to a neighbor's nursery school, and also too afraid to ask her mother to accompany her.

In later years, Linda and her sister would come home from school to find their mother absorbed in a poem or lying in bed, depressed. Linda recalls being slapped for asking for lunch and never daring to invite friends over for fear of what they would see in her home. To be her mother's oldest daughter involved constant vigilance, from calling the police during her parents' violent arguments to traveling to readings to ensure that her mother got home safely if she passed out. A daughter's duty was to rub her mother's back, keep her mother safe, and worry when her mother was out of sight. Most disturbing to Linda were her mother's morning visits to her bed for snuggle sessions that included masturbating against her adolescent daughter's developing body.

As painful as these memories are, the writer of *Searching for Mercy Street* also tells the story of being the confidante and protégé of a remarkably talented, enthusiastic, and prolific poet. Linda and her mother held writing workshops at the kitchen table, where they sipped sugary tea while reading their poems aloud, listening for the sounds that seemed most right. Her mother's poet friends regularly visited and conversed with Linda, even including her in exciting late-night toboggan rides and living room jam sessions of her mother's poetry/band, "Anne Sexton and Her Kind." At times, sharing her writing and social life with her bigger-than-life mother felt like being in a delicious romance.

When Linda entered therapy in her teens, she struggled to assert her own identity while still remaining connected to her needy but very loving mother. Once she took her first steps on a long, difficult road toward finding her own identity, her mother deteriorated, increasingly dependent on alcohol and prescription medications. After Anne's 1974 death by suicide when Linda was a senior at Harvard University, she learned that the role of being her mother's daughter now required acting as her mother's literary executor. Her duties led her to edit her mother's letters, manage her collected works, and ensure the placement of her mother's writings.

If *Searching for Mercy Street* summons our empathy for a daughter trying to come to terms with her mother's life, *Half in Love: Surviving the Legacy of Suicide* seeks to understand her mother's death—not by

thinking about it, but by imitating it. Linda asks us to understand how a woman who has written a popular memoir about her mother's abusive patterns might abdicate her own maternal responsibilities by attempting to take her own life not once, but three times. Her story takes us into the realm of mental illness and suicide as ways of remaining connected to her dead mother, but also as biological and emotional realities that pass from generation to generation.

More than thirty-five years after her mother's death, Linda tells a story of anguish so severe that she was able to kiss her sons good night, run a bath, ingest an entire bottle of pills, and wait to die. A few months after she failed in this suicide attempt and promised her sons she would never again try to kill herself, she repeats the same scenario.

As she struggles with depression and migraine headaches so painful that she cannot get out of bed for days, her husband leaves her for a younger woman, and her sons become increasingly preoccupied with their own activities. Her life feels meaningless, and she grows to understand her mother's illness from the inside.

Linda explores mental illness and suicide in an honest and self-searching style in these pages. She narrates her despair in vivid images of being locked in a vise of self-hatred and anguish. She tells us that every day she thought about suicide

> . . . sometimes seriously, and other times desultorily. I was fragile and felt that I could snap, like a thin stem of a wineglass, at the slightest provocation. I began to stumble around in the deepest tunnel of depression, riding on that familiar conveyor belt in the dark. [p. 181]

Repeated attempts to connect with her husband are profoundly moving but ultimately fruitless. Having lost his trust after trying to kill herself the first time, her efforts to regain it following subsequent attempts are greeted only by his stony responses. Everywhere she turns there are ultimatums and labels: she is borderline, manic depressive, selfish, thoughtless, irresponsible. Even when she seeks outside help, the therapist makes her sign an agreement that if she harms herself again she cannot continue treatment.

Nonetheless, mostly spurred on by love for her children, Linda struggles to find her way back to a normal life. She cooks for her sons,

attends daily sessions with a wonderful new female therapist, attends to her beloved Dalmatians, takes a turn selling real estate, and even signs up for an online dating service. After many attempts, she meets a man who seems to understand her, a man who embraces her in a bear hug of acceptance and whom she eventually marries. Buoyed by his love and her therapist's unwavering support, she pushes against the depression and self-doubt that led her into a downward spiral. Her relationship with a gifted analyst teaches her to respect herself, her boundaries, and her talents while being a loving presence for her children and friends.

As a writer, Linda is in prose what her mother was in poetry. She tells it straight, without reserve or self-consciousness. Her images are vivid. Depression "gnawed like a wolf in a trap" (p. 3) and was "a country with no borders" (p. 67). Her mother, as lovely as she was difficult, spoke with a "deep whisky gravel" (p. 63) in her voice and danced around the house to classical music clad in her after-bath towel.

Linda does not seek her reader's approval but offers a hand of connection to fellow travelers in depression. Like her mother's adamant plea for living at the end of her Pulitzer-prizewinning volume,[1] Linda chooses life in these pages. She finds a way to live fully by attaching herself to people capable of much more supportive relationships than she herself knew in early adulthood. And yet she also finds herself empathizing with her mother, as she finally understands her mother's pain.

If *Searching for Mercy Street* opened a drawer to family secrets that might otherwise have remained unsaid, *Half in Love* explores how these terrible things happened in the first place, and how they might be prevented in future generations. Linda Gray Sexton's probing voice offers a way of understanding suicidal inclination that recognizes it as a course undesirable to pursue, yet finds its existence utterly understandable. She suggests that the best way she has found to free herself from her mother's story is by telling her own. But she also highlights the value of the empathic, nonjudgmental professional help that supported her painful journey.

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[1] Sexton, A. (1966). *Live or Die.* Boston, MA: Houghton Mifflin.

ABSTRACTS

CANADIAN JOURNAL OF PSYCHOANALYSIS

Abstracted by Bill Butler

Volume 17, Number 1 – 2009

The Work of René Roussillon: An Overview of His Major Concepts.
By Diane Casoni, Martin Gauthier, Louis Brunet, and Jean-Pierre Bienvenu, pp. 108-130.

The authors provide an overview of the work of René Roussillon. They describe Roussillon as part of the second generation of French analysts who have integrated and developed the ideas of Winnicott. Roussillon is also known for his expansion of Milner's concept of the "pliable medium" and for his thinking regarding the "implications of Freud's 1920 metapsychological turning point" (p. 108).

In regard to this turning point, Roussillon, according to the authors, believes that one of the main aspects of the change involves the principle of repetition replacing the pleasure principle as the "foremost organizing principle of psychic development" (p. 110). In this model, the pleasure principle acts in a secondary phase involving linking and the "subjectivation of experience" via primary symbolization (p. 110). Thus, in the first phase, we are dealing with "non-symbolized material that is not bound by the pleasure principle" (p. 110). Therefore, the "revised unconscious, the id, contains both symbolized and non-symbolized material" (p. 110).

This is in contrast, according to Roussillon, to the earlier theory in which all that was unconscious constituted a desire related to an unconscious representation. For Roussillon, the clinical implication of this change is that the "aim of the psychoanalytic process changes since it cannot be restricted to the analysis of content that is represented" (p.

110). The aim also becomes "the creation of the necessary conditions for linking and symbolization to occur" where that has not been possible before (p. 111).

The authors point out that Roussillon elaborates on Winnicott's theory regarding the creation of the object, describing how adequate responses of the external object to drive derivatives and anxiety are necessary for the development of symbolization of the object and of the symbolizing process itself. Failure of this function leads to the use of evacuation and the experience of trauma. As others have described, such primary trauma "is experienced as a boundlessness and often a timelessness," "a feeling of being lost and of not understanding what is happening to oneself" (p. 114). The individual is "overwhelmed with fright to the point where her identity is profoundly shaken" (p. 114). Roussillon uses the countertransference not only as an interpreter, but also as a "real" object that is reflective and able to apprehend the "transference by reversal" in which the analysand tries "to get the analyst to feel what she herself has been unable to represent, even unconsciously" (p. 115).

For Roussillon, secondary symbolization involves the connection of thing-representations to word-representations. The authors point out that "for most analysts," this reflects Freud's idea that "a current event is unconsciously associated to an earlier one experienced before its sexual nature could be understood by the individual" (p. 118). This is a *secondary trauma* that, while confusing and distressing, can still be represented through the use of words and fantasy. It deals with what is repressed.

The authors detail how Roussillon also uses and expands on Milner's concept of the *pliable medium* in regard to the creation of the object. Driven by the fundamental forces of creativity and destructivity, the infant/analysand uses the other as pliable medium, a form or material that is indestructible, extremely sensitive, infinitely transformable, unconditionally available, and alive to the subject.

Using Winnicott's ideas regarding creativity and destructivity, Roussillon describes "two major steps in the development of the infant's psyche": the found/created process and the destroyed/found process (p. 121). The authors describe how, in the destroyed/found process, the object is used as a pliable medium in the development of the ability

to symbolize. If the object is not open to such "destructive" use or is not able to survive such destruction, then primary trauma is the result.

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Reading and Writing in the Library of the Mind. By James Herzog, pp. 86-94.

In this short paper, Herzog introduces us to Ezra, a 17-year-old returning to analysis after a several-year hiatus. In providing the "back story" of Ezra's first analysis with him, which began at age nine, Herzog addresses the question of whether child analysis is the treatment of choice for "severe psychopathologies" (p. 87). He also shows how "what cannot be contained and titrated between the parents is delegated to the psyche of the child, where it resides as a space-occupying lesion" (p. 93). Herzog also proposes that this case shows that the analysis of children and adults might best be "conducted in segments that are developmentally dictated" (p. 94).

First, Herzog describes how Ezra returns to analysis. Ezra calls "911 in a panic, telling the confused operator that his name is Paul Lorenz" (p. 86). He gives his address as Bergasse 17 and tells her he is the Rat Man. Ezra is referred back to Herzog, who is told that the patient has postponed attending university because he finds it impossible to read. He also finds himself whipping and choking his girlfriends, who seem to like it. He has also begun to paddle himself on the buttocks with the paddle his father used to use on him.

Herzog's response reflects his analytic attitude. He writes:

What a triumph. I think that Ezra has returned. Has his earlier psychosis returned, or has our quite grueling but seemingly successful analytic work enlarged his observing ego to the point where we can examine his concerns in a helpful fashion? [p. 86]

Herzog seems open to, and enthusiastic about, either possibility. He is ready to be used in whatever way Ezra needs him.

Herzog goes on to describe the earlier analytic work with Ezra in detail. Ezra's parents described a severely troubled childhood marked

by Ezra's hitting others and Ezra's father spanking him in response. This became a point of contention between the parents. Ezra was removed from school, diagnosed as bipolar, put on an antipsychotic medication, and eventually placed in a residential school. Various attempts at cognitive behavior therapy and pharmacotherapy have little success. At this point, at the age of nine, Ezra is referred to Herzog.

In the first session, Ezra remains standing and then pushes all of the books on a shelf onto the floor. Herzog responds: "I have been told you are a reader." As Herzog goes to pick up the books, he asks Ezra if he will help. Ezra responds, "Aren't you going to spank me?" Herzog writes: "So we had begun. What was this dance?" He wants to learn more.

Ezra continues to knock off books, but in diminishing numbers, until one day, six months into the analysis, Ezra stops overturning books and begins reading. This leads to Ezra asking Herzog to read Foucault's *Discipline and Punish: The Birth of the Prison* to him.

Soon, Ezra's father comes to see Herzog. He brings a paddle, the same as the one he uses at home, for Herzog to use on Ezra. Ezra's father sounds psychotic. He says to Herzog: "You might want to call me Paul Lorenz. I know that you and I are on the same page, Captain Novack" (p. 90). Herzog realizes that Ezra's father is speaking to him "as the Rat Man who had addressed Freud in a deeply conflicted moment when he conflated his analyst and the cruel Czech captain who had originally described the rat torture" (p. 90). After the session, Herzog was "somewhat shaken," but he also thought that he "understood something new," and that "Ezra was dealing with his father's mental status as well as with his paddle" (p. 90).

The reading aloud in the session becomes Ezra's dictating and discussing with Herzog his creation myth, a story about "the meaning of the familial psychosis which had become the text of Ezra's disorder" (p. 91). This story leads to Herzog and Ezra exploring the confusions and bisexual identifications that both Ezra and his father experience. Despite the in-session progress, Herzog worries about what is going on at home for Ezra and invites Ezra's father to come in again. The upshot of this visit, with Ezra present, is that the father requests a referral for himself.

The in-session work progresses, with sadomasochism, gender, and the dyadic and triadic relations with the parents all coming up for analysis. Herzog notes that it was "no wonder" that Ezra was

> . . . diagnosed as operating outside the usual boundaries of reality. His realities were intense, overwhelming, irresistible, and initially unrepresentable. We needed to repair together to the library of his mind and we needed to find a way to read an as yet unwritten text together. [p. 93]

This "reading" of the whole story seems to be what had not happened for Ezra before his work with Herzog.

In Ezra's second analysis, the work focused on the transference neurosis and the parental relationship. Ezra had not relapsed into psychosis. Ezra's parents had split up and Ezra's father took a male lover. Ezra seemed to be representing his parents' relationship in his sadomasochistic relations, and the "spankings" took on a new meaning in light of father's homosexuality. What initially could not be contained between the parents and resulted in the "lesion" in Ezra's psyche could now be contained, represented, and worked on in the analytic relationship.

Comment on Herzog's "Library of the Mind." By Oscar Grossman, pp. 95-105.

Grossman provides commentary on Herzog's article. He notes the liveliness that Ezra displays in overturning books. He wonders if this might be a defense against some type of deadness, as Winnicott describes. Alternatively, he wonders if overturning books might reflect an infantile frustration with or confusion with words, or a command to Herzog to forget what he knows and listen, which he did. Grossman notes that so many things can be extrapolated even "in [the] first session!" (p. 97).

Grossman goes on to hypothesize that Ezra's sexual and gender confusions can be thought of in part as Ezra saying that:

> Father thinks he is a woman too and wants to be used. He gets excited by me and intercedes between Mother and me and wants

to use me. He gets excited by using the paddle. This paddle or penis seems to want to find its way to my anus. What will you do, Dr. Herzog, if I frustrate you? What will you do, now that there is a paddle around and Father encourages you to use it? [p. 99]

Grossman notes how "liberating and containing it is for Ezra to find out that Dr. Herzog can have a paddle and not need to use Ezra the way Father did!" (p. 99).

In this atmosphere of containment, Grossman sees Ezra as demonstrating, through his creation story, how he tried to get inside his mother, "mouth to breast" (p. 99). This does not work, and Ezra's father enters the scene and tries to make the "anus the new mouth, make penis the new breast" (p. 99). Ezra rejects this confusion and continues to try to engage his mother by hitting her. This leads to father's sexualized hitting of Ezra. This cycle is interrupted in the transference.

Grossman concludes with the presentation of a case of his own involving Herzog's concept of father hunger. He then ties this to Herzog's ideas regarding the importance to the child of the father–mother relation.

Fathers and Play. By James Herzog, pp. 106-112.

In this brief paper, Herzog presents the case of Ray, a 44-year-old married man who came to analysis to talk about "his father and his fathering" (p. 106). Herzog uses this case to illustrate his psychoanalytic understanding of "father–child play and father-and-mother-together-with-child play and the importance of this understanding in the clinical situation" (p. 106).

At the start of the analysis, Ray opines that his anger during limit setting with his son gets in the way of his ability to play with him. In his first analysis, a "deadly serious" analysis, murderous feelings toward his father were worked on, but the patient realizes that neither he nor his analyst were able to play in the analysis (p. 107). Herzog is able to find some playfulness in the transference, and the analysis takes off. Patient and analyst explore issues related to the patient's father, touching, sexuality, and the state of the patient's marriage.

In the third year of the analysis, the patient brings in his seven-year-old son in a seemingly unplanned fashion. The patient is struck by how natural Herzog is able to be with the boy. This leads to an exploration of the patient's tension when with his son. The analytic couple eventually understands that this tension is related to the patient's identification with an overly aggressive father, an identification that was not mitigated by his mother, who—like the patient and his siblings—lived in terror of the father. The patient is then able to see how his own impaired marital relationship contributes to his difficulties in being a father.

In summarizing, Herzog draws on his previous research, carried out with his wife Eleanor, regarding parent-with-child play styles. They found that fathers tend to engage children in play that increases the intensity and activity level while decreasing organization. In contrast, mothers tend to match the child's intensity, activity level, and degree of organization. Herzog proposes that, in order for these two different but necessary developmental experiences to work in concert and promote growth, the mother needs to be approving of the way that the father plays with the child, and the couple needs to have a certain level of quality in their relationship. In this way, the experience of being matched by mother and matching with father work together to promote development.

This was the type of developmental experience that had been missing for Ray and that was recoverable—first in the analysis with Herzog, and then with his wife and children. Herzog finishes by noting that these ideas may be a viable model of therapeutic action in analysis.

Comment on Herzog's "Fathers and Play." By Martin Gauthier, pp. 113-118.

Gauthier provides a cogent commentary on Herzog's "Fathers and Play." He asks how the father helps us become potent without being murderous. This involves how the father is taken in, in our state of *father-hunger,* a concept developed by Herzog. Gauthier notes how "Freud opened the way to these questions" in *Totem and Taboo: Some Points of Agreement between the Mental Lives of Savages and Neurotics* (1912–1913, *S. E.,* 13), where he describes ego and superego internalizations (Gauthier, p. 114). As Gauthier states, based on Herzog's work, such internalizations

are even more complex, also involving a father-and-mother-together hunger.

Gauthier describes the internalization by Herzog's patient Ray of aspects of Herzog that were not present or accessible in his father or previous analyst. For Gauthier, this raises the question, and tension, of being clinically playful, working with enactments, as a way to open up triadic space in the analytic dyad, with the hope of promoting a new internalization while at the same time being aware of the danger of repeating past failures. Gauthier connects this to ideas about play and the ability to engage in fantasy in a Winnicottian sense, in which the object is used, "eaten," and survives. Gauthier notes the problems in this area for Ray.

Gauthier goes on to detail how the father not only helps with separation from mother, but also provides a path back to mother via the ability to play with the primal scene, father and mother together. He notes that in Herzog's work, concrete triadic relationships are important as a step toward the development of "symbolic elaboration" (p. 117).

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Teaching at the Frontiers. By Brian M. Robertson, pp. 255-279.

In this article, Robertson describes his experience teaching a monthly "after-hours" seminar on psychoanalysis to psychiatry residents as part of an outreach effort to an academic psychiatry department. In part, the motivation to initiate this project stems from the author's belief that "the continued growth of psychoanalysis" requires that we "find the means to convey the value of psychoanalytic concepts" to non-analyst colleagues and the general public (p. 256). The author also reviews the limited literature on teaching psychoanalytic concepts to non-analytic audiences.

This project began with the author and three colleagues suggesting a monthly study group to several interested residents. The residents responded enthusiastically. The teachers decided to use an informal format—wine and cheese followed by presentations and discussion—in order to "flatten the usual teacher–student hierarchy as much as pos-

sible" (p. 266). Also, the seminars were held at the local psychoanalytic institute, and the residents were allowed to set the curriculum. These two aspects of the seminar were employed to help further differentiate this seminar from the usual teaching in the academic department.

Based in part on the author's past experience in presenting psychoanalytic concepts to non-analytic audiences, the teachers used detailed audio- and videotaped presentations of clinical material from their own analytic and psychotherapeutic practices. In this way, psychoanalytic concepts were presented and explained using concrete examples of relevance to the everyday work of the residents. The residents requested and were provided with relevant readings regarding the concepts discussed.

The use of an informal format with detailed clinical material encouraged questioning and debate, which led to a deeper understanding and appreciation of psychoanalytic ideas. The open and honest attitude of the teachers seems to have also played a pivotal role in the success of the seminars. As the author states, the residents

> . . . were able to learn that certainty is hard won in analytic therapy, and much is obscure, even in a therapy conducted by a senior psychoanalyst. Mistakes are made, opportunities are missed, countertransference is omnipresent, and therapeutic triumphs, if they occur at all, take place in small increments over time. They also learn that everybody can benefit from supervision, and what is obscure to the patient and therapist is often obvious to the observers. [p. 270]

In conclusion, Robertson discusses his experience with this seminar group in terms of some recent writings on professional education in the academic educational literature, and in terms of his review of the psychoanalytic literature on teaching analytic concepts to non-analysts. He notes the importance of "wise-action" in professional practice, and that knowledge of the patient's and one's own motivations in an interaction are of great value in any type of clinical encounter. He also points out that engaging students on a personal level, as they have done, is a strategy emphasized by most analysts who have written about teaching psychoanalytic concepts to non-analytic students.

Jean Laplanche in Rational Perspective: Translation as a Basic Anthropological Situation in Psychoanalysis. By Hélène Tessier, pp. 280-297.

Tessier introduces the reader to Jean Laplanche's theory of generalized seduction. This theory, Tessier proposes, stands in opposition to all other psychoanalytic theories, including Freud's later views. The difference between Laplanche's theory and others is his focus on the sexual unconscious as originating from the "concrete history of an individual" instead of having "an endogenous or hereditary origin" (p. 285).

Laplanche describes what he calls the "fundamental anthropological situation" (p. 288) as the critical historical experience that leads to development of the sexual unconscious. This "situation" involves the child being dependent for survival and in intimate contact with an adult who already has a sexual unconscious. In this situation, the child receives "messages" from the sexual unconscious of the adult. These messages, unknown and not symbolized by the adult, are not symbolizable by the child. The child tries to translate these enigmatic messages as s/he translates other messages that go on to form the ego.

However, the enigmatic messages cannot be fully translated. What remains, what cannot be translated, is repressed and forms the unconscious, an "alien" thing within the self, alien because it comes from the other. The child experiences this as a seduction based on the question the enigma raises—"What does the other want from me?"—and based on the experience of the excitation linked to this enigmatic message from the adult.

In the latter part of this paper, the author touches briefly on the link between Laplanche's theory and clinical practice, as well as on the differences between Laplanche's theory and the intersubjective and interpersonal schools. Despite the importance of the historical other in Laplanche's theory, Tessier points out that it is not a two-person psychology because of the problem of the subjectivity—or lack thereof, actually—in the pre-primary-repression child. Also, neither the relational nor the intersubjective school emphasizes the sexual unconscious as Laplanche does.

In closing, Tessier enumerates six reasons why she favors Laplanche's theory over others that she understands as normative psychologies that promote "a dogmatic stance" that goes against the analytic ideals of "deepening human subjectivity" (p. 295) and increasing autonomy.

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Repetition: Between Presence and Meaning. By Dominique Scarfone, pp. 70-86.

In this paper, Scarfone explores *repetition* in relationship to the concepts of remembering, binding, transference, and time. Based on his exploration of these ideas, he details how they inform an understanding of the analytic process as incorporating a "preliminary stratum" that deals with meaning, and a layer beyond meaning involving "presence" (p. 70).

Scarfone begins by reviewing Freud's definition of remembering as "reproduction in the psychical field" and his definition of repetition as what "stands outside of psychical elaboration" (p. 71). Scarfone proposes, therefore, that any action, according to Freud, "is always already a repetition, for the single reason it rests outside the psychical field" (p. 71). However, Scarfone goes on to state that, for Freud, remembering as a dynamic process always involves overcoming repression; thus it is not just a "banal act of recalling." "If remembering means reproduction in the psychical field," then remembering is a form of repetition, as Loewald states, Scarfone notes (p. 72).

Scarfone argues, then, that repetition is ubiquitous in analysis and that the important question to ask is "under what form" are we encountering repetition (p. 72). Remembering is the type of repetition we favor because it involves contact via language and delay (time). Also, any action or speech, no matter how well thought, will always contain a bit of repetition.

Interestingly, Scarfone notes that both character and culture can be thought of as "a set of repetitive features" (p. 73). Repetition, then, "constitutes the basic level of mental functioning," while remembering must be located at the apex of mental activity, as a "fragile, pulsating, discon-

tinuous, almost evanescent feature" (p. 73). Remembering involves the "momentary possession or repossession of one's thoughts and feelings" and the "complete reshuffling of one's psyche" through the process of *Nachträglichkeit* or *après-coup* (p. 73). It is a *re-membering,* a "restoration," in contrast to repetition—which, Scarfone states, can be thought of as a *dismembering,* "reflecting disorganization" (p. 73).

Scarfone details how the specific Freudian meaning of remembering suggests another way that remembering reconstitutes the mind. If remembering were simply recall, the filling in of blanks, then a "reader external to the text" is needed, a reader who interprets the new text and chooses one interpretation over another. This then leads to the need for another level of functioning, ad infinitum. Scarfone points out that in the Freudian sense of remembering, "the subject is, so to speak, the remembered itself" (p. 74). As Scarfone puts it, "to remember is to be able to say I again" (p. 74).

Repetition, according to the author, can also be thought of as unbinding. This is in contrast to the binding of excitation that occurs in remembering. Repetition as a type of unbinding—as Freud and others have pointed out—is a necessary part of the analytic process. This repetition as unbinding occurs in analysis by way of our work of "dissolving the ready-made psychic constructions that the analysand brings to analysis" (p. 74). Repetition "steps in" as an attempt to re-bind the "economic turmoil" caused by the work of dissolution (p. 74).

The analytic work then continues beyond this containment via re-membering. Remembering introduces delay and speech, which lead to mourning and symbolization, allowing for freer thinking and feeling. Scarfone notes that this reflects Freud's idea that "the most vital role of the psyche is to bind the quantity of excitation" (p. 74). Scarfone states that if we do not appreciate repetition as an intrinsic part of analysis, its instantiation can lead to either "despair or activism"; this is often then followed by "the systematic abandonment of the analytic method" by the analyst (p. 75).

In discussing repetition, the author, drawing upon the work of de M'Uzan, notes that at the level of experience we are always talking about "repetition of the same," not "repetition of the identical." This is due to the presence of the observer and the different time frames of two dif-

ferent events. Scarfone states that "the identical is essentially a concep-
tual tool that helps us in thinking about the degrees of resemblance" (p.
75). He goes on to clarify that, clinically, while we may despair at what
seems to be a process of going in circles, repeating the identical, if we
are able to be receptive, we will hear small changes that "may take us a
long way" toward remembering (p. 76). Scarfone further elaborates that,
while we cannot observe repetition of the identical, we see it reflected in
Marty and de M'Uzan's idea of *operative thinking*, Lacan's theory of the
Real, and in mass psychology.

   Regarding the transference, Scarfone draws on the work of Pontalis,
describing how "interpretable transference usually relates to repetition
of the same, while repetition in action is closer to repetition of the iden-
tical" (p. 78). Scarfone notes that Laplanche details a similar idea in
terms of his "filled-in" and "hollowed-out" transferences. The filled-in
transference refers to material that can be traced back to a represented
past with connecting points to the present that can be uncovered in
analysis. This process often precedes work on the hollowed-out trans-
ference, which involves material that "could not be elicited by previous
knowledge, neither by the patient nor the analyst" (p. 79). This is a
"form of transference by which the analysand unknowingly deposits" in
the analysis "his actualized relationship to the enigma of his infancy" (p.
79). Quoting Laplanche, Scarfone states that this deposit is made into
the analyst's "refusal to know—a refusal to 'bind' the analysand in the
chains of the analyst's preconceptions" (p. 79). Thus, the "unforeseen" is
reached "by operating within a thoroughly analytic framework" (p. 79).

   Next, Scarfone connects repetition in the transference to an idea
contained in Winnicott's paper entitled "Fear of Breakdown" (1974, *Int.
Rev. Psychoanal.,* 1:103-107), which has to do with repetition in the trans-
ference that occurs for the first time, something that was never experi-
enced because "time itself" is entering the scene "for the first time" (p.
80). As Scarfone puts it, "while repetition, when looked at from a third-
person point of view, seems to bring back something 'from the past,' this
is not accurate." From the point of view of both analyst and analysand,
repetition is actually bringing in something "*not yet belonging to the past*"
because it was "*not yet marked by time*" (p. 80, italics in original).

Drawing on Freud's thoughts as expressed in "Remembering, Repeating and Working-Through" (1914, *S. E.,* 12), Scarfone states that what we are really doing in analysis is "*instituting the category of the past*" by "inserting chronological time into the 'actuality' of repetition" (p. 81, italics in original). What appears to be the past is actually not, due to the timeless nature of the unconscious. Facts "do not emerge from the past" but are "brought into *presence* out of timelessness" (p. 81, italics in original).

Scarfone takes pains to emphasize that, in talking about bringing "facts" into "presence," he is not advocating a "here-and-now" technique in which what matters most is the so-called real relationship between analysand and analyst. On the contrary, he is emphasizing the importance of analytic work in which "psychic elaboration has retroactive effects on what the past will bear, and in turn, the creation and nurturing of the past has a stabilizing effect on the functioning of the psyche as a whole" (p. 82).

Scarfone also links the ideas of *presence* and *repetition* to a theme in Freud's writing in which he moved beyond a sole focus on meaning and representation to explore the implications of repetition. Scarfone understands this as a repetition of Freud's own concern with "what lies beyond" (p. 83). This is apparent in Freud's thoughts about "something that makes an impression by way of its constant structure," as well as in his ideas regarding the "navel" of the dream and the "actual" neurosis. These concepts hint at repetition as linked to resistance. They entail both a hindrance and a pivot point around which analysis necessarily moves in order to engage "what lies beyond" in each of us.

Envy and Its Relation to Destructiveness. By Elie Debbane, pp. 108-124.

In this paper, Debbane reviews the development of the psychoanalytic understanding of envy. He begins with Freud—who, he notes, mentions envy only in relation to penis envy. However, Freud sets the stage for later developments in our understanding of envy, as he sees it as a "strongly libidinally invested feeling imbued with destructive elements" (p. 109). Debbane describes the role of envy in Freud's developing

theory: both envy of the analyst in the negative therapeutic reaction, and penis envy as "bedrock" in women.

The author notes that Klein saw envy as developing much earlier in life than Freud did; she described oral and anal sadistic envy related to the primal scene. Debbane details Klein's further development of her theory in terms of an innate or primary envy related to the death instinct and to attacks on the link between the good breast and the ego. The breast is experienced "as part of an impinging external world" that is rejected, in part out of envy of all that it possesses (p. 114).

Debbane goes on to detail how various authors have wrestled with the idea of innate envy because it implies self-object differentiation of some sort before birth. The author also outlines the relationship of envy to the death instinct and to Klein's paranoid-schizoid and depressive positions. Finally, Debbane explores the work of Klein, Bion, Spillius, and Britton as it relates to the idea of "normal" envy.

Envy and the Aesthetic Conflict. By Marianne Robinson, pp. 132-140.

In this short paper, Robinson discusses aspects of "aesthetic conflict" as they relate to "envy in terms of space, time, and the emotional temperature aroused" (p. 132). Drawing on the work of Meltzer, the author describes aesthetic conflict as a conflict between the infant's desire to know the interior of the ordinary, beautiful mother and the unknowable nature of this interior. Passionate feelings of love and hate are activated, and there is a struggle between "aesthetic capacity" and "the forces of concreteness, cynicism and perversion" (p. 133). "Thus beauty and violence are intricately related" (pp. 133-134).

The author describes how various defenses are used to deal with the "painful uncertainty" regarding "the congruence between the external form of the object and its enigmatic interior" (p. 135). From the perspective of aesthetic conflict, destructive envy targets independent, creative thought, rather than the "internal riches of the object" (p. 135). Being able to use aesthetic conflict in a positive way is conceptualized as the integration of "love, hate and knowledge, and the impulse to know the inside of our object and ourselves," in Bionian terms (p. 136).