

A RECONSIDERATION OF FREUD'S ESSAYS ON SEXUALITY AND THEIR CLINICAL IMPLICATIONS

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This paper considers some of the concisely presented material of the second of Freud's Three Essays on the Theory of Sexuality (1905a), on "Infantile Sexuality." The author puts forward the view that infantile sexuality may be thought of not simply as an immature stage that must be passed through, but also as a pool of psychic experiences upon which mature personality organization can continually draw, in dynamic oscillation among different mental positions. The link between infantile sexuality and the structuring of the psychic apparatus, discussed in the first and third of the Three Essays ("The Sexual Aberrations" and "The Transformations of Puberty"), raises questions that are still open to further research.

Keywords: Infantile sexuality, perversions, psychosexuality, psychic configurations, lust, Freud.

INTRODUCTION

Freud and Abraham's correspondence (Falzeder 2002) contains several comments on the impact on the scientific community of the publication of Freud's *Three Essays on the Theory of Sexuality* (1905a). In a letter dated November 12, 1908, Freud writes that he believes the opposition encountered to the concept of infantile sexuality is confirmation that

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the work represents “an achievement of similar value to that of the *Interpretation of Dreams*” (Falzeder 2002, p. 66). In his reply (November 23, 1908), Abraham states that the work contains “so many ideas that still require detailed elaboration,” and is condensed to the extent that “much is hidden in every sentence” (p. 67).

Together with *The Interpretation of Dreams* (1900), the *Three Essays* were enriched and refined by Freud in subsequent editions more than any of his other works, while preserving the original structure. These two works together represent the turning point that marks the beginnings of psychoanalysis, and yet *Three Essays* is relatively rarely cited. When references are made to it, they focus predominantly on aspects of bisexuality and gender identity, the part most conditioned by the social and cultural context of its time.

The aim of this paper is to revisit the *Three Essays* in an attempt to capture the implicit density that Abraham alludes to, and to render some of the numerous intuitions within the work more explicit. I will also focus on several of Freud’s observations on psychosexuality, which were less easy to accept on the basis of the psychoanalytic knowledge of the time, and which Freud and other authors subsequently elaborated.

In a 1910 addition, for example, Freud reflects on the popular term for the sexual drive: “The only appropriate word in the German language, ‘*Lust*,’ is unfortunately ambiguous and is used to denote the experience both of a need and of a gratification. Unlike the English ‘*lust*,’ it can mean either ‘*desire*’ or ‘*pleasure*’” (p. 135). Rereading the *Three Essays* can represent a *Lust*, seen as the desire to clarify its condensed content and as the satisfaction attained in more deeply understanding the infantile sexuality root.

I shall begin with a reconstruction of the historical, cultural, and mental context in which the *Three Essays* were written.

1905: FREUD RETURNS FROM HIS “VOYAGE OF THE *BEAGLE*”

Jones (1955) writes: “1905 was one of the peaks of Freud’s productivity, which, as he once half jocularly remarked, occurred every seven years. In it appeared four papers and two books, one of the latter being of

outstanding importance" (p. 12).¹ *Three Essays* marks the culmination of an intellectual period that genius must pass through solitarily, collecting observations and formulating innovative theories, thus reaching beyond the realm of the already known. For Freud it is a Darwinian "Voyage of the *Beagle*" in which he is drawn to and fascinated by his observation of the psychic phenomena emerging from the analyses of his patients and his own self-analysis. He writes:

For more than ten years after my separation from Breuer I had no followers. I was completely isolated. In Vienna I was shunned; abroad no notice was taken of me. My *Interpretation of Dreams*, published in 1900, was scarcely reviewed in the technical journals. [1925, p. 47]

The period in question is 1894–1904; the statement expresses Freud's feeling of creative independence from his surrounding environment, rather than being an account of the events of those years (which included his period of correspondence with, and subsequent break with, Fliess [1897–1902], as well as the foundation of the "Psychological Wednesday Society" in 1902). At this time, Freud ventures into the unexplored territory of psychic reality, leaving behind his compilational and experimental work in neurology.

It will be recalled that in 1886, on his return from Paris and his stay at La Salpêtrière with Charcot, Freud accepted from pediatrician Max Kassowitz the post of director of the new department of neurology at the Institute for Children's Diseases. He worked there for many years, during which he wrote nine pieces of work, gained expertise, and became well-known for his contributions on cerebral paralysis in children (e.g., Freud and Rie 1891).²

¹ The other book was *Jokes and Their Relation to the Unconscious* (1905b), written at the same time as *Three Essays*. Freud kept the manuscripts of the two books on two tables near one another and alternated working on them. In the same period, after four years of wavering, he decided to publish the clinical case of Dora ("Fragment of an Analysis of a Case of Hysteria," 1905c), which he had first written in 1901, immediately after the end of the treatment.

² Freud wrote his first book during this period, *On Aphasia* (1891), in which, in place of localization theory, he suggested a functional approach.

Under the emotional impulse of his father's death in 1896, Freud begins his self-analysis, and he abandons the theory of infantile sexual trauma in 1897. Despite the fact that he writes to Fliess on October 11, 1899, that "A theory of sexuality might well be the dream book's immediate successor" (Freud quoted by Strachey; see Freud 1905a, p. 129), he will wait eight more years before fully addressing the subject again.

The publication of *Three Essays* causes an outrage. Jones (1955) writes:

The book certainly brought down on him more odium than any other of his writings. *The Interpretation of Dreams* had been hailed as fantastic and ridiculous, but the *Three Essays* were shockingly wicked. Freud was a man with an evil and obscene mind. [p. 13]

Instead of backing down, Freud devotes himself to attentively re-editing the text, well aware that he has made a valuable discovery.

The six reeditions of the *Three Essays* accompany the development of Freud's thought; they represent a constant throughout his work, and document how his thought branches out from the stable base of infantile sexuality. In the 1914 (third) edition, Freud makes important additions and feels the need to stress that these are "based upon psychoanalytic research" and are "independent of the findings of biology" (1905a, p. 130):

I have carefully avoided introducing any preconceptions, whether derived from general sexual biology or from that of particular animal species, into this study—a study which is concerned with the sexual functions of human beings and which is made possible through the technique of psycho-analysis. Indeed, my aim has rather been to discover how far psychological investigation can throw light upon the biology of the sexual life of man. [p. 130]

In the 1920 (fourth) edition, he recognizes a growing acceptance of psychoanalysis—barring the theory of sexuality—in broad scientific circles. He argues for the observational basis of psychoanalytic practice, from which he draws the elements underlying his theory:

My recollections, as well as a constant re-examination of the material, assure me that this part of the theory is based upon

equally careful and impartial observation. There is, moreover, no difficulty in finding an explanation of this discrepancy in the general acceptance of my views. In the first place, the beginnings of human sexual life which are here described can only be confirmed by investigators who have enough patience and technical skill to trace back an analysis to the first years of a patient's childhood. And there is often no possibility of doing this, since medical treatment demands that an illness should, at least in appearance, be dealt with more rapidly. [Freud 1905a, p. 132]

This is Freud speaking in Darwinian mode, drawing material for his theories from accurate and impartial analytic observation. The year is 1920, and Freud publishes *Beyond the Pleasure Principle*, in which he reformulates the drive theory around Eros and Thanatos. In 1921, he writes *The Ego and the Id* and makes no alterations in the 1922 edition. He adds further additional notes to the sixth edition of the *Three Essays* in 1924, as if reaching the conclusion of thirty years of turbulent and impassioned research. The work represents a fundamental heuristic breakthrough and a solid base for subsequent innovative developments.

With this historical account as background, I would like to shift our attention to two points that led me to further reflection when attentively rereading the *Three Essays*. First, the centrality of sexuality in analytic theory is founded upon a careful study of infantile sexuality, which involves the whole of the child's life: somatic, relational, narcissistic, and object relational. Second, the link between infantile and adult sexuality can be seen as a bridge that must continuously be crossed, backward and forward, from one end to the other, and not merely as a developmental phase that has been disrupted in some pathological situations, producing points of fixation that then need to be dissolved (Ferruta 2010).

THE CENTRALITY OF SEXUALITY TO PSYCHIC FUNCTIONING AS DESCRIBED IN THE *THREE ESSAYS*

The second essay, "Infantile Sexuality" (1905a), gives a detailed account of the presence of sexuality from the beginning of psychic life, in all its manifestations—whether autoerotic, narcissistic, or object relational. The clinical experience Freud had accumulated with neurotic patients

in analysis had enabled him to understand the sexual basis of psychic functioning so profoundly and radically that his conclusions inevitably caused astonishment.

Freud's departure from the sexual seduction theory is fully demonstrated in his description of the physiology of the healthy child's psychic functioning: sexuality lies at the heart of psychic functioning, independently of traumatic, seductive, or abusive events. There is a risk that episodes of sexual abuse, with the imposing and painful nature of trauma, may prevent us from fully perceiving the centrality of infantile sexual experience in normal psychic development, instead seeing it solely as the outcome of the traumatic event.

Freud ventures to describe an account of the functioning of a healthy child, thus anticipating the infant observation that came to the fore many years later (Bick 1964; Bowlby 1969; Fonagy 1999). The richness of Freud's detailed and pertinent descriptions of childhood sexuality is what I find most striking in the second essay—a testimony to his extraordinary skills of observation and acute curiosity. With a researcher's attentiveness and passion, he meticulously describes the manifestations of infantile sexuality, beginning with those of the newborn child. He describes the central role of sexuality in psychic functioning, showing how the condensation of its various levels and meanings can be articulated in greater detail in all its different aspects, as is the case with the observations he discusses in *The Interpretation of Dreams* (1900).

I would like to begin with the most classic example of infantile psychosexuality: *sucking for delight*. I will cite each of the six aspects of Freud's description, which exemplifies the study of the functioning of psychic life, beginning with the subject's psychosexual experience.

Freud describes this phenomenon of sucking for delight as a manifestation of psychic life: (1) *a process in search of pleasure* whose aim is not that of ingesting food:

Thumb-sucking appears already in early infancy and may continue into maturity, or even persist all through life. It consists on the rhythmic repetition of a sucking contact by the mouth (or lips). There is no question of the purpose of this procedure being the taking in of nourishment. A portion of the lip itself, the tongue, or any other part of the skin within reach—even the

big toe—may be taken as the object upon which this sucking is carried out. [1905a, pp. 178-179]

He goes on to highlight its (2) *relational nature* as a “grasping instinct,” relating to a part of the infant’s body or that of a caregiver:

In this connection a grasping-instinct may appear and may manifest itself as a simultaneous rhythmic tugging at the lobes of the ears or a catching hold of some part of another person (as a rule the ear) for the same purpose. Sensual sucking involves a complete absorption of the attention and leads either to sleep or even to a motor reaction in the nature of an orgasm. It is not infrequently combined with rubbing some sensitive part of the body such as the breast or the external genitalia. Many children proceed by this path from sucking to masturbation. [p. 179]

In support of the (3) *sexual nature of this process*, Freud provides the example of analytic experience:

What is the general characteristic which enables us to recognize the sexual manifestations of children? The concatenation of phenomena into which we have been given insight by psychoanalytic investigation justifies us, in my opinion, in regarding thumb-sucking as a sexual manifestation and in choosing it for our study of the essential features of infantile sexual activity. [1905a, pp. 179-180]

We may therefore conclude that the clinical practice of psychoanalysis was Freud’s main source in his discovery of infantile sexuality. His own self-analysis and accounts given by patients enabled him to describe (4) *the many forms of sexual pleasure connected not only to erotogenic zones but to the whole body*, as shown by the displacement of pleasure in the symptomatology of hysteria:

There are predestined erotogenic zones, as is shown by the example of sucking. The same example, however, also shows us that any other part of the skin or mucous membrane can take over the functions of an erotogenic zone, and must therefore have some aptitude in that direction. Thus the quality of the stimulus has more to do with producing the pleasurable feeling than the nature of the part of the body concerned. [p. 182]

Sexual pressure may be released through (5) *the relationship with an object (thus autoerotic), but not only so*:

It must, however, be admitted that infantile sexual life, in spite of the preponderating dominance of erotogenic zones, exhibits components which from the very first involve other people as sexual objects. Such are the instincts of scopophilia, exhibitionism and cruelty, which appear in a sense independently of erotogenic zones; these instincts do not enter into intimate relations with genital life until later, but are already to be observed in childhood as independent impulses, distinct in the first instance from erotogenic sexual activity. [1905a, pp. 190-191]

Lastly, Freud addresses (6) *affection* as a characteristic present in children during the latency period, when they are removed from the very roots of the sexual drive:

Their sexual aims have become mitigated and they now represent what may be described as the “affectionate current” of sexual life. Only psycho-analytic investigation can show that behind this affection, admiration and respect there lie concealed the old sexual longings of the infantile component instincts which have now become unserviceable. [p. 199]

THE CENTRALITY OF INFANTILE SEXUALITY IN THE PSYCHOANALYTIC THEORY OF THE MIND

Through his work with patients and his self-analysis, Freud is able to “see” the origins and development of sexual life in experiences of pleasure during the initial stages of autoerotic and relational development. He finds traces of the infantile in the neurotic.³ With his psychoanalytic sessions providing a foundation, a window onto the psychosexual world, Freud recognizes the existence of internal as well as external causes (adult seduction) of sexual excitation:

³ Guignard (1996) conceives the infantile as a dimension of psychic development that is both imaginative and omnipresent, rather than as a primitive stage that must be overcome and then left behind. André (2011) views infantile sexuality as “another” kind of sexuality, one that ignores time.

The reappearance of sexual activity is determined by internal causes and external contingencies, both of which can be guessed in cases of neurotic illness from the form taken by their symptoms and can be discovered with certainty by psycho-analytic investigation. I shall have to speak presently of the internal causes; great and lasting importance attaches at this period to the accidental *external* contingencies. In the foreground we find the effects of seduction, which treats a child as a sexual object prematurely and teaches him, in highly emotional circumstances, how to obtain satisfaction from his genital zones, a satisfaction which he is then usually obliged to repeat again and again by masturbation Obviously seduction is not required in order to arouse a child's sexual life; that can also come about spontaneously from internal causes. [pp. 189-190, italics in original]

Freud points out that external causes could potentially hinder the identification of internal causes, which constitute the richness of the child's, adolescent's, and adult's sexual experience—an experience that is ongoing and that stimulates imaginative processing.

All experience has a sexual nature: "It may well be that nothing of considerable importance can occur in the organism without contributing some component to the excitation of the sexual instinct" (1905a, p. 204). Freud's organic and coherent description includes numerous references to analytic experience that enabled him to form his picture of infantile sexuality: "The assumption of the existence of pregenital organizations of sexual life is based on the analysis of the neuroses, and without a knowledge of them can scarcely be appreciated" (p. 198).

Thus Freud developed his theory of infantile sexuality by drawing from his own self-analysis and the infantile in his neurotic patients, in order to gain insight into a then-unknown world. He could also rely on his direct observation of children:

The direct observation of children has the disadvantage of working upon data which are easily misunderstandable; psycho-analysis is made difficult by the fact that it can only reach its data, as well as its conclusion, after long *détours*. But by cooperation the two methods can attain a satisfactory degree of certainty in their findings. [p. 200]

In addition to his personal experience, Freud directly observed children on numerous occasions; he worked alongside pediatrician Max Kassowitz for many years, as previously noted. It was, however, analytic work alone that allowed Freud to come into contact with the child's psychic life, with sexuality providing the base for imaginative development.

The second of the *Three Essays*, I would argue, shifts our attention back to the centrality of infantile sexuality in psychic development. The rich, detailed description of infantile sexuality portrays it as an experiential base fundamental in the construction of psychic life, rather than simply an early stage of development that must be passed through. Infantile sexuality flows through all relationships, providing them with a sensorial base and relational meaning. The link between sexuality and object relations is inescapable, since sexual experience acts as a go-between in the dynamic experience of self and other.⁴

It may be useful to think of adult patients as subjects in whom the heritage of infantile sexuality has remained active, and to think of child patients as immersed in an intense world of polymorphous and perverse sexual experience. Rereading the *Three Essays* can provide an opportunity to reflect upon the risk in analysis of adultifying the child's world and infantilizing the adult's.⁵ Such a reconsideration restores attention to infantile sexuality as a permanent dimension of the psyche, in the sense of Guignard's (1996) meaning of *infantile*, Green's (1997)⁶ *chains*

⁴ Gaddini (1989, 1992) observes that the mind is everywhere within the body, in experiences that take on mental meaning.

⁵ Green (1995) observes that for the subject to give importance to sexual experience means exposing himself to excessive frustrations. Without the subject being rooted in the experience of infantile sexuality, however, the analytic relationship is drained and threatening: "We think of patients as babies" (p. 874).

⁶ "It would thus be a question less of defining sexuality through a single centre—whatever that may be—or of relating one set of material to another . . . [than] that of specifying at every moment which link of the chain confronts the analyst, and how the elaboration of that link and its dynamic, topographical and economic possibilities, its binding and unbinding processes compel it to be transformed . . . Focusing on this process is of course inseparable from considering its relation to the antithetical, destructive process (*the disobjectalising function*) in the ego, the super-ego, which—however—is not only aggressive or sadistic. Freud's Eros would cease to be a mythological entity; it would be conceivable in a truly process-oriented way, bringing into play the various formations of the psyche" (Green 1997, pp. 219-220).

of *Eros*, or Ferro's (1999) *matings between minds*.⁷ Infantile sexuality can be thought of as a nodal point between sexuality and object relations. It is not merely a developmental stage on the path to adulthood, nor is it simply a mechanism of fixation; it is also a state of mind that coexists, in oscillation, with other states of mind.

In Civitarese's (2008) excellent reading of Bion's (1977) *Caesura*, the author suggests we go beyond the splitting that results from moving from one mental state to another, and instead capture the link, the synapse, the spatio-temporal flow of phenomena, so as to join together what is or appears to be separated (Corrao 1981).

The *Three Essays* encourage us to reflect on the ways in which the experience of infantile sexuality can be richly constructive and can contribute to the psyche. In clinical work, I have observed that patients with narcissistic pathologies have often severed ties with infantile sexual experience, the sort of experience that allows them to link pleasure to the recognition of the other. Instead, these patients bring arid relational patterns to the consulting room. The image of a branching tree, which many authors reference,⁸ aptly describes the outline left by infantile sexuality during the development of the adult psyche.

THE LINK BETWEEN INFANTILE SEXUALITY AND THE STRUCTURING OF THE PSYCHIC APPARATUS

The first and third essays ("The Sexual Aberrations" and "The Transformations of Puberty") are chiefly concerned with exploring the link between infantile sexuality and the development and structuring of the psychic apparatus, posing many questions that are still open to research.

We can integrate a developmental view, from the infantile to the adult, if we think of the functioning of the psychic apparatus as oscil-

⁷ "In these terms, in the consulting room 'we are constantly having sex and nothing but sex'—in the sense of course that we relate to each other, and that this relationship is sex, even if it follows from the necessary rules of abstinence that we have 'chaste sex.' However, it is certainly not chaste with regard to the emotions activated and experienced, and to the fantasizing also in sexual terms, of the continuous matings between minds—the sexuality of the vicissitudes of $\delta \text{ } \varphi$ and $\beta \rightarrow \alpha$ " (Ferro 1999, p. 48).

⁸ See Green (1997), Bollas (1995), and Ogden (2007).

lating between different configurations. These configurations may at times be more typical of an infantile structuring that is capable of transitory splitting; alternatively, they may be structured and organized in a more complex manner. Both coexist in mutual enrichment within the same dynamically alive subject.

There are analogies with what happens in the alternating functions of sleep and wakefulness, which the psychic activity of dreaming must cross—retrieving, expressing, and experiencing transitory operations to be integrated with the rest of the personality. Along the lines of Bionian thought, Ogden (2004) sees the dream not as a container of thoughts that require deciphering, but as an activity that makes certain psychic experiences thinkable.

In “The Sexual Aberrations” and “The Transformations of Puberty,” Freud underlines that the presence of infantile sexuality in the psychic functioning of the adult and the adolescent is not solely a pathological phenomenon, but a permanent dimension as well. Subsequent advancements in psychoanalysis, particularly by Winnicott (1971) and Bion (1970), encourage the construction of bridges that are to be continuously crossed, enabling oscillations between the two mental positions of adult and infantile sexuality—with neither being lost, but rather the two mutually enriching each other.

The first essay, “The Sexual Aberrations,” addressing deviations of the sexual object and the sexual aim, casts light upon infantile sexuality, which in turn sheds light upon the essay itself. Freud’s meticulous description of the different forms of sexual perversion is broken down into the various components that make up the child’s sexual experience. Freud retraces all sexual manifestations to a continuum present in the psychosexual potential of all human beings, later to develop in certain predominant directions depending on constitutional factors and relational encounters. Freud’s open-mindedness is unrivalled:

The conclusion now presents itself to us that there is indeed something innate lying behind the perversions but that it is something innate in *everyone*, though as a disposition it may vary in its intensity and may be increased by the influences of actual life. [1905a, p. 170, italics in original]

No healthy person, it appears, can fail to make some addition that might be called perverse to the normal sexual aim; and the universality of this finding is in itself enough to show how inappropriate it is to use the word perversion as a term of reproach. [p. 160]

In this regard, we can learn from Freud's explanation of the meaning of the different areas of the body that are chosen as the sexual object: "Certain regions of the body, such as the mucous membrane of the mouth and anus, which are constantly appearing in these practices, seem, as it were, to be claiming that they should themselves be regarded and treated as genitals" (pp. 151-152).

In addressing deviations relating to a sexual object that has been chosen in a homoerotic way, Freud reminds the reader that certain cultures show an appreciation of homosexual and bisexual individuals, who are considered to be the bearers of a particular quality. Some cultures appreciate both permanent and transitory manifestations of homosexuality as parts of a connected series. "Nevertheless, though the distinctions cannot be disputed, it is impossible to overlook the existence of numerous intermediate examples of every type, so that we are driven to conclude that we are dealing with a connected series" (p. 137), he writes. Freud particularly rejects both genetic and environmental hypotheses, and in arguing for a fundamental bisexuality in every human subject, he uses strong words that often seem forgotten today.

Freud's limits in addressing bisexuality, as we well know, lie in his consideration of his female side as forged in the image and likeness of its masculine counterpart, on the basis of his self-analysis; this was something that Freud left to future generations of psychoanalysts to examine in greater depth (Chasseguet-Smirgel 1986; McDougall 1978, 1995).

In a sense, the first essay is in mutual *après-coup* with the second: the analysis of perversions widens our perspective on infantile sexuality. This, in turn, abolishes prejudice toward any sexual behavior that deviates from the predominant one—behavior that is often part of healthy psychic functioning. Freud confirms this in the concluding summary of the *Three Essays*, as follows.

In view of what was now seen to be the wide dissemination of tendencies to perversion we were driven to the conclusion that a disposition to perversions is an original and universal disposition of the human sexual instinct and that normal sexual behaviour is developed out of it as a result of organic changes and psychical inhibitions occurring in the course of maturation. [p. 230]

The third essay ("The Transformations of Puberty") has the most arduous task in linking the experience of infantile sexuality to the structure of psychism as a whole. The theory of genital primacy appears inadequate:

The starting-point and the final aim of the process which I have described are clearly visible. The intermediate steps are still in many ways obscure to us. We shall have to leave more than one of them as an unsolved riddle. [1905a, p. 207]

Significantly, the additional notes accompanying the sixth edition of 1924 refer to "The Economic Problem of Masochism" (1924), *Beyond the Pleasure Principle* (1920), and *The Ego and the Id* (1922). It is in these texts that Freud develops the drive theory of Eros and Thanatos as vicissitudes aimed at moving closer to or away from the object, as well as his theory of the structuring of the psychic apparatus into dynamically communicating agencies, which continuously carry out constructive and deconstructive activity.

In the third essay, the theory of genital primacy is presented and then continually questioned in favor of an implicit awareness of a necessary and continuous restructuring of psychic functioning, with regard to the experience of encountering the object—as though Freud were looking for a clearer description of the link between infantile sexuality and adult plural sexual manifestations:

It will be noticed that in the course of our enquiry we began by exaggerating the distinction between infantile and mature sexual life, and that we are now setting this right. Not only the deviations from normal sexual life but its normal form as well are determined by the infantile manifestations of sexuality. [p. 211]

The enigma posed by *Lust*—the tension that, unlike hunger, is not quenched upon satisfaction—remains unresolved, thus indicating a direction for valuable advancements in the area of the relational: “We remain in complete ignorance both of the origin and of the nature of the sexual tension which arises simultaneously with the pleasure when erotogenic zones are satisfied” (p. 211).

CLINICAL CASE: AN ANALYSIS OF THE LINK BETWEEN INFANTILE AND ADULT SEXUALITY

Over one hundred years after the publication of *Three Essays on the Theory of Sexuality*, we can attempt to identify links between the partial satisfaction of an instinct and sexuality as an active component of the object relations present in psychic functioning. The psychic apparatus—conceived according to the second topography as a dynamic system made up of different agencies that are continuously modified as other objects are encountered—is a useful tool with which to describe the subject’s continuous psychic activity of deconstructing and constructing his relational set-up, his oscillation between different states of mind.

The opportunity to clinically reflect on the link between adult and infantile sexuality arises in regard to a case that presents a psychopathological organization of symptoms, one that is recurrent today: a variant of pedophilia. The case at hand relates to an area of psychic functioning in which antisocial behavior, perversion, and psychic suffering, both present and past, are intertwined.

Mr. D is a mature, married man with a fetish for children’s feet, which leads him to access related material on the Internet. His foot fetish is a very secretive and circumscribed area of an otherwise untarnished and fulfilling life; it is as incomprehensible to him as it is to those who know him. He has never spoken of it to anyone except his analyst.

During treatment, complexities emerge concerning the relationship between adult and infant sexuality and between object relations and masturbatory withdrawal. Progression from infantile to adult aspects, and from narcissistic to object relational ones, has not been linear; in-

stead, multiple oscillating movements continuously reorganize the patient's psychic functioning.

Mr. D comes to our sessions and appears to collaborate, but I can feel in the countertransference that he would prefer to be rid of me, and to go back to his own independent masturbation as soon as he has fulfilled the obligation of coming to the sessions (something imposed by his family). He has unconsciously put our sessions on the same level as one of the many work-related engagements that he dutifully carries out, but in which his libidinal subjectivity is absent.

The fragment of polymorphous and perverse infantile sexuality that Mr. D retains reveals its revitalizing nature by allowing him to access an intense sensoriality that had become arid in his domestic and professional life, where performative behavior has distanced him from his emotions.

The patient's accounts reveal the importance he attaches to the olfactory aspect of feet and shoes, which emanate an intense smell capable of awakening the dormant senses of an aseptic marriage. Mr. D's subjectivity thus relies on feet and shoes to access the source of infantile sexuality embedded in his bodily functioning, made unreachable by his subjectivity distancing itself with early pseudomaturations.

The mechanism of denial, a central element in the traditional interpretation of the female foot fetish as a defense against castration anxiety, manifests in fantasies of the subject prostrating himself before a child so as to adoringly smell its feet. The difference between adults and children is thus inverted, and it is the child with a little penis-foot who retains power and strength, like a little emperor.

Mr. D minimizes his dependence on an object necessary to fulfill his libidinal satisfaction, concentrating on a peripheral part of the body, the foot, and confining it to unlimited access through Internet websites.

The patient has always avoided any head-on confrontations with his father, precisely as he has been doing in the transference. Having performed his duties during sessions, he devotes himself to business, where he has no need to prove himself to other people in positions of superiority.

The behavioral maturation that the subject has acquired through life accomplishments proves sterile and lifeless. The foot perversion rep-

resents his search for pockets of sensorial experience to draw upon in order to vivify a lifeless psychic existence—a resuscitation of sorts, in pursuit of the source of sexual life.

Mr. D's case illustrates the complex psychic structure of a subject whose adequate adult organization has been alienated and distanced from the polymorphous and perverse area of infantile sexuality. The subject is thus split off from infantile sexuality, which is put to one side and then surreptitiously sought. There are many obstacles, however, hindering retrieval of the polymorphous and perverse aspects of infantile sexuality, which in his first essay Freud sees as an expression of normal and necessary psychic life. Denial and surreptitious behavior are the patient's way of trying to get around these obstacles (recognition of generational difference and dependence on the object).

During the course of the analysis, Mr. D and I encounter the polymorphous aspects of infantile sexuality, rooted in an extended sensoriality but kept fenced in—kept, as it were, in an undercover *kinderheim*, a children's home, where they are experienced as a threat to the adult personality, rather than as a potential form of life-giving nourishment for both the child and adult parts of the personality organization.

The subject's oscillation between these two mental configurations, those of the child and the adult, is a useful exercise in order to productively draw on the sensorial and imaginative elements that belong to his psychic life and master them, rather than splitting them off and acting them out. The main difficulty in the analysis arose in countertransference, specifically in mastering the force with which I found myself encouraged, as the analyst, to block this oscillation, and to place myself in either one or the other of the positions that Mr. D was adopting. Thus I was either attempting to strengthen the more structured aspects of his personality so as to prevent it from collapsing, or reanimating the less structured aspects closer to the origins of the psyche-soma (Gaddini 1989, 1992)—increasing his isolation and splitting, and running the risk of his evacuation in perverse acting out.

Rereading Freud's *Three Essays* has spurred thoughts on the richness of infantile sexuality, particularly on the possibility that such a wide and rich sensorial and imaginative experience may not be lost, but may coexist with the more mature organization of the psychic apparatus,

without necessarily undermining its functioning. The oscillating function of the analyst–patient relationship requires the capacity for dynamic psychic movement between various positions of a mind acting as mobile container, performing a holding function that can guarantee continuity of being over time while transforming content into new thoughts, according to Winnicott's (1971, 1988) and Bion's (1970, 1977) conceptualizations, redefined by Ogden (2004).

PROVISIONAL CONCLUSIONS

The clinical case I have briefly presented leads me to believe that the link between pleasure and relationships is a very complex one, and one whose roots lie in the richness of infantile sexuality, which cannot simply be considered an immature stage to be passed through, but rather as a reserve of experiences to draw upon, which resonate and oscillate with the more mature and complex structures of the psychic apparatus. The partial opposition between infantile and adult levels is necessary to boost mental functioning, which flourishes and takes shape in the attempt to deal with absence, only to withdraw once again from the object investment that this absence signifies.

An oscillating model is workable in analysis as well as in everyday life. Winnicott's (1971) transitional phenomena and Bion's (1970) waking dream thought provide a conceptual apparatus that enables continuous movement between different experiences of psychic functioning, permitting the expansion, enrichment, and consolidation of the mental container, which is required to cope with the absence of the breast, penis, or the not-me object, intrinsically connoted by the experience of pleasure.

As for the relationship between sexuality and object relations, this has required considerable development in post-Freudian psychoanalysis, in order not to lose either of the two components and to identify the intermediate steps that, in the third essay, Freud says he hopes would be discovered. Many authors in various ways have focused their analytic dialogue on psychosexuality (e.g., Bollas 1995, 1999; Ferro 1999, 2009; Fonagy 1999, 2008; Green 1995, 1997, 2002; McDougall 1978, 1995). These authors see psychosexuality as a privileged terrain for the development of the ability to think.

I believe that all these elaborations are needed to examine this *Lust* in a sensually vital and creatively structured way—to address this enigma that indissolubly unites desire and gratification, pleasure and relationships.

REFERENCES

- ANDRÉ, J. (2011). *Les 100 mots de la Psychanalyse*. Paris: Presses Universitaires de France.
- BICK, E. (1964). Notes on infant observation in psycho-analytic training. *Int. J. Psychoanal.*, 45:558-566.
- BION, W. R. (1970). *Attention and Interpretation*. New York: Aronson.
- (1977). Caesura. In *Two Papers: The Grid and Caesura*. London: Karnac, 1989.
- BOLLAS, C. (1995). *Cracking up*. London: Routledge.
- (1999). *Hysteria*. New York: Routledge.
- BOWLBY, J. (1969). *Attachment and Loss, Vol. 1: Attachment*. London: Hogarth/Inst. of Psychoanalysis.
- CHASSEGUET-SMIRGEL, J. (1986). *Sexuality and Mind*. New York: New York Univ. Press.
- CIVITARESE, G. (2008). "Caesura" as Bion's discourse on method. *Int. J. Psychoanal.*, 89:1123-1143.
- CORRAO, F. (1981). Presentazione: Bion, W. R. In *Il cambiamento catastrofico. La griglia/Cesura/Seminari Brasiliani/Intervista*. Torino, Italy: Loescher.
- FALZEDER, E. (2002). *The Complete Correspondence of Sigmund Freud and Karl Abraham, 1907-1925*. London: Karnac.
- FERRO, A. (1999). *Psychoanalysis as Therapy and Storytelling*. London: Routledge, 2005.
- (2009). Transformations in dreaming and characters in the psychoanalytic field. *Int. J. Psychoanal.*, 90:209-230.
- FERRUTA, A. (2010). Freud's three essays on the theory of sexuality revised. *Psychoanal. in Europe, European Ps. Federation, Bull.* 64:50-62.
- FONAGY, P. (1999). Points of contact and divergence between psychoanalytic and attachment theories: is psychoanalytic theory truly different? *Psychoanal. Inquiry*, 19:448-480.
- (2008). Implications for psychoanalytic technique—a genuinely developmental theory of sexual enjoyment and its implications for psychoanalytic technique. *J. Amer. Psychoanal. Assn.*, 56:11-36.
- FREUD, S. (1891). *On Aphasia: A Critical Study*. London: Imago Publishing, 1953.
- (1900). *The Interpretation of Dreams*. S. E., 4/5.
- (1905a). *Three Essays on the Theory of Sexuality*. S. E., 7.
- (1905b). *Jokes and Their Relation to the Unconscious*. S. E., 8.
- (1905c). Fragment of an analysis of a case of hysteria. S. E., 7.

-
- (1920). *Beyond the Pleasure Principle*. *S. E.*, 18.
- (1922). *The Ego and the Id*. *S. E.*, 19.
- (1924). The economic problem of masochism. *S. E.*, 19.
- (1925). An autobiographical study. *S. E.*, 20.
- FREUD, S. & RIE, O. (1891). *Klinische Studie über die halbseitige Cerebrallähmung der Kinder*. Vienna, Austria: Moritz Perles.
- GADDINI, E. (1989). *Scritti*. Milano, Italy: Raffaello Cortina Editore.
- (1992). *A Psychoanalytic Theory of Infantile Experience: Conceptual and Clinical Reflections*. London: Routledge.
- GREEN, A. (1995). Has sexuality anything to do with psychoanalysis? *Int. J. Psychoanal.*, 76:871-883.
- (1997). *The Chains of Eros*. London: Karnac, 2002.
- (2002). *Key Ideas for a Contemporary Psychoanalysis: Misrecognition and Recognition of the Unconscious*. London: Routledge, 2005.
- GUIGNARD, F. (1996). *Au vif de l'infantile*. Lausanne, Switzerland: Delachaux et Niestlé.
- JONES, E. (1955). *Sigmund Freud: Life and Work, Vol. 2—Years of Maturity, 1901–1919*. London: Hogarth.
- MCDUGALL, J. (1978). *Plaidoyer pour une certaine anormalité*. Paris: Gallimard.
- (1995). *The Many Faces of Eros*. London: Free Association Books.
- OGDEN, T. H. (2004). On holding and containing, being and dreaming. *Int. J. Psychoanal.*, 85:1349-1364.
- (2007). Reading Harold Searles. *Int. J. Psychoanal.*, 88:353-369.
- WINNICOTT, D. W. (1971). *Playing and Reality*. London: Tavistock.
- (1988). *Human Nature*. London: Free Associations Books.

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WINNICOTT AND LACAN: A MISSED ENCOUNTER?

BY ALAIN VANIER

Winnicott was able to say that Lacan's paper on the mirror stage "had certainly influenced" him, while Lacan argued that he found his object a in Winnicott's transitional object. By following the development of their personal relations, as well as of their theoretical discussions, it is possible to argue that this was a missed encounter—yet a happily missed one, since the misunderstandings of their theoretical exchanges allowed each of them to clarify concepts otherwise difficult to discern.

Keywords: Hallucination, Lacan, *object a*, transitional object, analyst's position, reality, self, mirror stage, Winnicott.

INTRODUCTION

Beginning with the most important of Lacan's references to Winnicott and Winnicott's references to Lacan that we find in the documents available to us today, as well as with the notions that mutually inspired their work, I would like to examine the ways in which key concepts circulate among psychoanalysts.

Psychoanalysts share the common object of an experience that by definition cannot be shared. A carpenter is able to present his work at the end of his apprenticeship or in the course of his practice, as used to be the case with journeymen; in psychoanalysis this is impossible. This

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situation is not without consequences for the manner in which psychoanalytic theory is constructed and transmitted.

On February 3, 1975, speaking at the Institut Français in London, Jacques Lacan presented the current focus of his work: the Borromean knot. The Borromean knot consists of three circles linked in such a way that cutting any one of them leads to the separation of all three. Lacan's use of the knot in the 1970s marked a modification in his conception of the relationships between the three registers that, according to him, define the human reality: the Real, the Symbolic, and the Imaginary. During the first period of Lacan's teaching, the Imaginary register was devalued as the site of narcissistic illusion, in favor of the primacy of the Symbolic. The analytic cure is considered an enterprise of symbolization. With the introduction of the Borromean knot, the three registers become equivalent, since breaking any one of them leads to the unraveling of the entire knot. This newer approach has many clinical and theoretical consequences that are developed during the last period of Lacan's teaching.

At the same presentation, Lacan tried also to argue that what he called the *objet a* was what Winnicott described as the *transitional object*, and added "I have been fortunate enough to know Winnicott" (Lacan 2005, p. 301). (Winnicott had died in 1971.)

But how should we understand this equivalence when the object *a* is by definition not an object of the world, not an empirical object, while the transitional object can by all means be observed? Likewise, how should we understand what Lacan means by "fortunate"? The references to Winnicott in Lacan's work are numerous and, as is usual with Lacan, both productive and unfaithful, since many of Winnicott's ideas are hijacked for Lacan's own purposes.

Regarding Winnicott's references to Lacan, I know of one, but it is no less unfaithful. Such is usually the case with psychoanalytic research, and this is what I would like to focus on in this text.

The junctures between Lacan and Winnicott cluster around three main themes. First, there is the question of the *object*; second, of the *mirror stage*; and, finally, we have the *self*. Always hovering in the background is the problem of the position of the analyst in the psychoanalytic process.

REALITIES OF THE OBJECT: CULTURAL DIFFERENCES?

In his seminar on “The Object Relation,” on November 28, 1956, Lacan referred to Winnicott’s article “Transitional Objects and Transitional Phenomena,” published in its first version in 1953 (Winnicott had presented it in 1951 at the British Psychoanalytical Society), commenting in particular on the section called “Illusion-Disillusionment.” Lacan underscored the oscillation of illusion-disillusionment observed between mother and child, and also insisted on the function of transitional objects. Of the latter, Lacan noted that it is impossible to say “on which side they are situated in the dialectic reduced, and incarnated, between hallucination and the real object” (1956–1957, p. 35). In his understanding at this time, these objects were therefore imaginary.

We recall that the notion of the imaginary was introduced by Lacan in 1953 to designate the relationship to the image of a fellow human being, as well as to one’s own body, as seen in the mirror stage. The ego is constituted in the register of narcissism through a series of imaginary identifications with the specular image, where it originally grasps itself as an *alter ego*. Yet the Imaginary alone does not suffice to account for the subject’s structure or his relationship to the other (Vanier 2000). The transitional object belongs to reality—which for Lacan is primarily imaginary—but it is not real.

Lacan’s reference to Winnicott, however, served primarily to introduce what was at the time his main preoccupation, namely, *object-lack*. His emphasis on the function of lack—rather than on the object’s consistency—paved the way for the notion of the object *a*, which would appear in the following years. Before all else, Lacan’s position was based on his reminder that, for Freud, the object was fundamentally a lost object. What Lacan was therefore interested in was the fact that it was impossible to establish “any genesis of reality based on whether the baby has, or does not have, the breast” (1956–1957, p. 125). The frustration of the child’s *jouissance* might trigger a second burst of desire, but it cannot lead to the constitution of an object.

Jouissance, we might remind ourselves, is a term suggested by Lacan to denote the satisfaction of enjoying the desired object. The problem is that this satisfaction, which must be understood as complete, requires an object that has been expressly fundamentally forbidden, and even impossible to attain, from the very start. All the later objects of desire will be the substitutes of this first object and can therefore be satisfying only in part. Hence we must distinguish between satisfaction and *jouissance*. On the one hand, *jouissance* appears to be incompatible with the pleasure principle; indeed, it resembles an increase in tension rather than its return to the lowest possible level. There is a part of *jouissance* that is linked to sexuality, but also a *jouissance* connected to pain and to what is beyond the pleasure principle and can be understood in relation to the death drive (Vanier 2000).

When discussing the transitional object, therefore, Lacan does not speak in terms of reality or unreality; in his view, transitional objects are half real, half unreal. We can already see that what Lacan emphasized was not exactly what Winnicott wanted to get across; the axis of the Winnicottian elaboration had already been shifted.

Lacan pointed out the following passage in Winnicott's article:

The transitional phenomena are allowable to the infant because of the parents' intuitive recognition of the strain inherent in object perception, and we do not challenge the infant in regard to subjectivity, or objectivity, just here where there is a transitional object. [Winnicott 1971, pp. 13-14]

Winnicott then goes on to say:

Should an adult make claims on us for our acceptance of the objectivity of his subjective phenomena, we discern, or diagnose, madness. If, however, the adult can manage to enjoy the personal intermediate area without making claims, then we can acknowledge our own corresponding intermediate areas, and are pleased to find examples of overlapping, that is to say, common experience between members of a group in art or religion, or philosophy. [p. 14]

Lacan's comment on this was the following:

In short, the world of the British Isles gives each and everyone the right to be mad, provided that everyone is mad all alone. Madness, in such conditions, begins if someone tries to force his, or her, private madness on all the surrounding subjects, and have everybody exist in the kind of nomad existence characteristic of the transitional object. Mr. Winnicott is not wrong—life is very much found in the middle of all this. How could the rest be organized if such were not the case? [Lacan 1956–1957, p. 127]

Freud also thought that the unconscious had no means of distinguishing between fact and fiction. In looking at these academic debates and circulating concepts, we must keep in mind their cultural context. As for Lacan, questioning the common reality is something of a given. There is no other reality than the one we apprehend, and we are able to see the world only through the window frame of fantasy.

For Lacan, this is a way to draw further consequences from the Freudian discourse. But it is certainly also a position more easily understood in the French context than in the Anglo-Saxon world, where the dominance of the empirical approach commands a minimal agreement on what we can call reality. This is why Lacan frequently refers to philosopher George Berkeley, who also belongs to this world, but where in a sense all reference to reality can be subverted and put down to a purely subjective apprehension.

Would Winnicott's remark on the possibility of private madness, or the madness of a group, be quite conceivable in the French Catholic world, where in the end a single instance, be it Church or State, presides over a certain relationship to the dominant mode of thinking? Similarly, Winnicott's delineation of the intermediate space is for Lacan a third element between the subject and the Other, although this third element is also the basis of distinguishing one from the other. In the Lacanian perspective, the idea is not to imagine all this as existing in the outer world, not to view it as something we could all agree on. Rather, for Lacan, these three terms (imaginary, symbolic, and real) govern the very relationship one has to the world.

The first window frame of fantasy comes from the experience of the mirror, where the baby identifies with the image of its body. Lacan even

says that man *corporifies* his world—that is to say, he builds his world in the image of his body. This is perhaps going from one theory of psychoanalysis to another, as one moves between two works of translation, in the way this process was understood by philosopher Walter Benjamin. It is not so much to transcribe faithfully, word for word, the concepts produced by one author in the language of another, but to rotate his theoretical system around a certain central point, allowing for its translation into the other theory.

I would say that a good way to *think Lacan and Winnicott together* is to make their theories pivot around this nonsymbolizable element, which both of them—each in his own way—identify as central to the analytic experience. Psychoanalysts, Lacan might say, deal with a type of knowledge that they cannot really discuss with each other.

WINNICOTT'S TRANSITIONAL OBJECT AND LACAN'S OBJECT A

The transitional object is a clinical discovery made by Winnicott. Lacan entrusted Victor Smirnoff and Robert Lefort with the translation of Winnicott's article on transitional objects (1953), which then appeared in 1959 in *La Psychanalyse*. In a letter to Smirnoff, Winnicott (1987, pp. 120-124) made a number of highly illuminating comments on the article. I will quote one of these, in which he explains the use of the phrase *resting place of illusion*, noting that "this is certainly rather a curious way of putting things" (p. 123). And indeed it is, because *resting place* can also mean *the grave*. In the intermediate space, he explains, we are at rest because we are no longer required to distinguish fact from fantasy. Here the meaning is similar: a tertiary space between mother and child, between the Other and the subject. But with his notion of paradox, Winnicott gives the tertiary dimension a truly original importance and meaning. Although in a different way, Lacan, too, does not reduce to simply a third element that which transforms the original tie between the subject and the Other.

The transitional object, which Lacan initially situates in the imaginary register, cannot be reduced to something simply imaginary because

it is a tertiary object, existing between the mother and the child and objecting to the dual relationship. Here we should note that Winnicott, too, insists on this intermediate area, on the fact that we are dealing with a *not-me object*, which at the same time does not belong to the other. We are indeed speaking of what Winnicott himself calls a paradox. A paradox in Winnicott's sense is not simply a formulation that goes against common sense but, in terms of logic, it is an utterance that can be assigned a truth value without this leading to a contradiction. Besides, isn't psychoanalysis fundamentally paradoxical, given that it consists in each subject disentangling himself from the general opinion?

However, Winnicott gives it another value, a fundamental and conceptual one, when he makes a distinction between the *essential paradox* and the *second paradox*. The essential paradox is that of the transitional object, which Winnicott elaborates:

It is now generally recognized, I believe, that what I am referring to in this part of my work is not the cloth or the teddy bear that the baby uses—not so much the object use as the use of the object. I am drawing attention to the *paradox* involved in the use by the infant of what I have called the transitional object. My contribution is to ask for a paradox to be accepted and tolerated and respected, and for it not to be resolved. [1971, pp. xi-xii, italics in original]

What is paradoxical about this object is that it belongs to both mother and child, and at the same time to neither one of them. It is not so much that it belongs to one *and* to the other, but rather that at the same time it belongs to both of them and does not belong to either one. In this sense, it acts as an intermediary, but its specific function escapes observation.

The observable separation between two individuals does not correspond to what the analyst can invest, because obviously there is an intermediary here that is not simply a mediating object, insofar as it cannot be situated on the same level for both individuals involved. It cannot be reduced to a third object because it does not exist in the same register for both protagonists, who occupy radically asymmetrical positions. As

for the *second paradox*, it concerns the experience of an infant or a small child who is alone in the presence of the mother.

Winnicott speaks of other paradoxes—for example, that the object is both found and created; the philosophical, almost Kantian echoes of this formulation are quite surprising. On this level, Winnicott remains careful, suggesting that a philosopher could perhaps say something more about this, but that he himself prefers to keep his distance. (He also describes the complete bafflement of a philosopher to whom he supposedly presented the ideas he had derived from his experience.) It is nevertheless useful to note that the first paradox concerns the object, while the second concerns the subject. In the case of the second, Winnicott concludes that there is a development from *I am* to *I am alone*.

As Winnicott's preferred mode of conceptualization, paradox also reflects the paradoxes that psychoanalysis introduces into everyday, common language, paradoxes that "we should accept" (Winnicott 1971, p. 150). In this way, the transitional object demonstrates the existence of a certain space, where its most important aspect is that of being hidden, its inaccessibility to observation. The transitional area is fundamental and the object functions here as a screen, just as it does in the process of separation, since this operation, which is its ultimate purpose, has already taken place. Its stumbling points, which language can grasp only with difficulty, are also evident in the jump Winnicott makes when, in pursuing psychoanalysis, he breaks away from strict empirical observation.

To return to the question of the transitional object, can't we say that the object covers over a hollowed-out space¹—not me, not other—that will necessarily come into being? That it is not a lost object, but rather that the purpose of the transitional object is ultimately *to be lost*:

Its fate is to be gradually allowed to be decathected, so that in the course of years it becomes not so much forgotten as relegated to limbo. By this I mean that in health the transitional ob-

¹ We can understand this as something of the order of a hole. In this way, the holes of the body, so very important from the point of view of the drive, do not appear clearly in the mirror image, which endows the body with continuity and unity.

ject does not “go inside” nor does the feeling about it necessarily undergo repression. It is not forgotten and it is not mourned. It loses meaning. [Winnicott 1971, p. 5]

Furthermore, “an infant’s transitional object ordinarily becomes gradually decathected, especially as cultural interests develop” (1971, p. 14). Hence all the little dramas that occur when the transitional object is misplaced—something that mothers spend so much time trying to prevent. The transitional object is more the commemoration of an initial lack: “It is true that the piece of blanket (or whatever it is) is symbolical of some part-object, such as the breast” (p. 6).

The problem of weaning should be discussed in more detail. The loss of the breast does not coincide with weaning; the breast is always already absent, for it is, like the primordial mother, a presence against the background of absence. This is what I think Winnicott means when he says that “the mother’s main task (besides providing opportunity for illusion) is disillusionment” (1971, p. 13). This is because the mother is “a subjective phenomenon” that “develops in the baby” (p. 10), and it sometimes happens that the mother is missing from her place. The mother’s adaptation decreases as the infant becomes more and more able to tolerate frustration—that is to say, to bear the lack of the object.

It seems to me that what makes something into an object, what distinguishes it from the continuity of the world around it, is that it is a presence against the background of absence and that it can be missing from its place: this is what separates it from other objects and what gives it its particularity. We might say that this object gives lack the meaning of loss.

We should note that Winnicott stresses that what interests him is not so much the object as such, but rather the use one makes of it—“the use of an object” (1969), as he puts it. In a legal sense, the English *use* can very well be translated by the French *jouissance*, which suggests enjoyment. The enjoyment (*jouissance*) of a property also means that one can make use of it, and hence the notion of *usufruct*. Winnicott also distinguishes between *object relating* and *object usage*. In fact, the transitional object is not the first object; we could say that it is a commemoration of an object that the child has already lost—of the first object of satisfaction.

Lacan at first identified the transitional object with the *fort da* spool (Freud 1920); that is to say, he did not link it directly to weaning (which at any rate he thought was traumatic only for the mother). He next identified the transitional object with the thumb—the first object of *jouissance* that is not the breast—an object not permanently present but still within reach. The subject initially functions on the level of this transitional object, which fully commands it, and in this sense the object is neither real nor illusory.

In its way, Lacan's object *a* is also inscribed in this dimension and originates from the partial object; it is bound to *jouissance*, to a fixation that the subject will search for following the traces of these first satisfactions.

Let us also note that Winnicott does not say that the child is *attached* to the object—as his statement was translated into French—but rather that he is “addicted” to it, that the mother expects the child to become “addicted to such objects” (1971, p. 1). Notably, the object of addiction is bound to a *jouissance*. It is not an additional part object, not a Kleinian object, and not a fetish. Winnicott gives less space to the object-fetish as deriving from the transitional object in the later version of “Use of an Object” (1969), published in *Playing and Reality* (1971).

Against this background, it seems more precise to say that Lacan found his object *a* in Winnicott's transitional object, rather than that “object *a* is the transitional object.” Lacan at first forged *a* with the initial of the small other (*autre*); it exists in the imaginary register. But it was also originally situated as an object of the mother, of what appears (as a fantasy) when the primal mother is dislodged from her place by the articulation of a demand, due to the inadequacy of her response. For Lacan, the first mother is symbolic. In the beginning, the child is in fact cast into the real, from which certain forms separate themselves as alternations between presence and absence: in this way, the mother is one of these privileged forms of the real, and she appears when the internal tension, the malaise of hunger, increases. But she is not real; she is a presence against the background of absence, something we could describe as *protosymbolic*. This also applies to light and the alternation

between day and night, etc. These forms of the real are offerings made to the symbolic.

Slowly, what the mother gives acquires a symbolic value. The objects circulating between mother and child—primarily the breast—become more than simply objects satisfying a need: they become proofs of love. These gifts are an answer to the child's demand, even though they are never totally satisfying because they are never exactly the return of the first satisfaction. The objects become symbolic and the mother becomes real, dispersed in these partial objects, with the power to give or not to give. This is why, for Lacan, omnipotence initially belongs to the Other. We can compare this conception with Winnicott's movement of illusion-disillusionment.

If, together with Lacan, we set aside developmental chronology in favor of the logic of the subject, we can see in this relationship to the *objet a* a parallel to the necessary work of disillusion that Winnicott assigns to the mother. Lacan's object no longer belongs to the mother. Part objects are experienced by the child as belonging to himself. Thus, for the infant at the breast, the cut passes between the body of the Other—the mother—and the breast. This object will not appear in the mirror; in its place will be the hole that is the mouth (Vanier 2000). There is a line between the breast and the mother's body, between the object and the mother; the child always loses something of himself.

For Lacan, the child loses something of himself in weaning. This does not strictly mean that the child experienced the object as his own, but that, through deferred action,² he will experience it as something he has lost. The objects will not be found in the mirror image, from which they are absent; they will be found in the other, provoking powerful erotic feelings, and hence the importance of women's breasts in human sexuality. For Lacan, the object is always taken from the subject. The breast and also the feces are elements that can symbolize the lost object—in the case of the breast, something that has been superimposed onto the body, and this loss will be connected to castration. Having

² *Nachträglichkeit* is translated in French as *après-coup* and in English as *deferred action* or *afterwardsness*.

fallen, the object belongs, contrary to the transitional object, neither to one nor to the other.

The small *a*, then, is not the other nor the Other, nor is it the phallus, unless in fantasy: it is captured in a metonymic chain of which the phallus is the horizon. It is not, *stricto sensu*, a Kleinian partial object. It is designated as the object's cause of desire and "receives [its function] from the symbolic" (Lacan 1977, p. 571). This means that the object is not only imaginary; it is absent from the mirror image and instead separates itself, finding its place in the symbolic register as the cause of desire rather than its object. It is described as an "index raised toward an absence" (p. 571). It is what the libido, subtracted from the narcissistic image, invests. Yet it is not itself symbolic; it is not reducible to a signifier, the object nonsymbolizable.

Another way of saying this is that the small *a* represents the remainder of the symbolizing operation, what escapes the capture of language. In this way, it causes desire while not being its object. Although it is not an empirical object, it can be viewed as an object of logical consistency, episodically incarnated in partial objects to which it cannot be reduced.

The object *a* is an object that the subject cannot know. As a virtual entity, it manages access to the Real while at the same time acting as its screen. To say that the object *a* is the cause of desire is to spell out its relationship to castration, the source of castration being language, which makes the absence of the penis in the mother into a lack. The object *a*, therefore, becomes an essential support of the subject as the subject of fantasy.

[The object *a*] may come to symbolize this central lack expressed in the phenomenon of castration, and insofar as it is an *objet a* reduced, of its nature, to a punctiform, evanescent function, it leaves the subject in ignorance as to what there is beyond the appearance. [Lacan 1964, p. 77]

These facets of the object *a*—the object as imaginary, then symbolic, then real—here only sketched out, span the course of Lacan's teaching; they are the moments of the cure, moments that the development of Lacan's teaching espouses, drawing them into its own movement. One

could draw a parallel between the movement of Freud's work and the evolution of what Lacan calls his teaching, since it is mainly oral. The movement of Freud's work can be understood as the apprehension of an object through its multiple noncontradictory facets, an object that cannot be completely articulated: the object of psychoanalysis.

This is why the second topography does not invalidate the first, as Freud very well shows, and why the refutability of psychoanalytic theory—and Freud never stops refuting himself—is of a particular kind, since it identifies only a single aspect of this object at a time. We could show the same to be true for Lacan: similarly to Freud—and indeed, I think, similarly to any analyst (it is also true of Winnicott)—we see a progressively rigorous clarification of the analytic thing. It could be understood that such movement has no limit, other than the impossibility of saying all. We recall what Lacan says about truth: namely, that it can only be half-said since it can never be completely articulated.

It is possible to contrast Winnicott's and Lacan's objects. One is an object arrived at through observation, an empirical object, to which Winnicott nevertheless gives a paradigmatic value; the other is an object deduced and constructed within a structural perspective, from what analytic practice allows us to read in the relationship of the subject to his object(s). But Winnicott does not content himself with observing the child and his toys: he gives to what he sees with the value of a precursor in the constitution of a transitional area, an empty space in which certain of the subject's subsequent experiences will be lodged. He emphasizes the object's contingency because what is most important is the paradox that the object creates. In this way, he breaks away from a strictly empirical approach: the object's value is in no way determined by what one can see—a part of a sheet or blanket.

For Lacan, the object is not an object of the world. It cannot be seen as such, but it takes on the shape of various imaginary objects, which are observable and at a given moment may have a specific function for the subject. This is why it is possible to consider Lacan's approach to the transitional object as an interpretation. From the first year of his teaching, he proposed reading Freud according to Freud's method. To read in this way is to interpret; indeed, reading a text, Lacan would say,

is like doing an analysis. And it seems to me that these two approaches to the object can illuminate each other very well.

HALLUCINATION AND REALITY

Lacan observed that another Winnicott article, "Primitive Emotional Development" (1945), dealt with the "use of regression in analytical therapy" (Lacan 1957-1958, p. 216). Lacan here again discussed a fundamental point: how can we speak of the emergence of reality from a situation in which nothing allows the infant to distinguish the hallucinatory satisfaction of desire from reality itself? Since the mother is supposed to represent the object at just the right moment, a hallucination cannot be distinguished from the fulfillment of a wish.

Lacan is basically asking how we can understand "the fundamental homogeneity between psychosis and a normal relationship to the world" (1957-1958, p. 216). The fantasy constructed by the infant is indistinguishable from the fantasy world consciously available to the subject, a world that gives balance to his reality and that, as an adult, he now experiences consciously.

Herein lies a paradox, since the question is of knowing how the disillusionment brought on by the mother will continue as part of the world of fantasy and imagination. "The fundamental discordance of hallucinatory satisfaction and need in respect to what the mother brings the child" (p. 217) represents a yawning void, according to Lacan, enabling the first recognition of the object, marked by disappointment.

Lacan concluded that from this perspective, which considers the primary process as having to be completely satisfied by the hallucination, all the fantasmatic aspects of human thought, including freewheeling speculation as well as political and religious convictions, are placed in the same register. "All speculative thought is completely assimilated to fantasy life" (p. 217). For Lacan, this is

. . . a point of view which is perfectly in line with English humor and with a certain perspective of mutual respect, tolerance and also of a certain reserve. There are things which we speak of only in parentheses or which in the company of well-bred people we don't mention at all. They are nevertheless things which have

their importance, since they are part of the interior monologue that can in no way be reduced to mere "wishful thinking." [pp. 217-218]

We have here an important question that highlights the differences in Lacan's and Winnicott's respective manners of theorizing.

In the 1960s, Lacan spoke of Winnicott as the one whom he appreciated and liked the most of all Anglo-American psychoanalysts. He went so far as to say that he found the *objet a* in the transitional object—although, as I have pointed out, the *objet a* is not the transitional object; it is at most one of its incarnations. Winnicott himself would say that he did not comprehend anything about the way Lacan understood his writing. We could say the same when looking at Winnicott's use of Lacan's concept of the mirror stage.

On February 11, 1960, Winnicott wrote Lacan a letter to thank him for the French publication of his article on transitional objects. This letter is also of political and historical interest, in terms of the psychoanalytic movement, since it carried the seeds of later strife. Lacan had asked Winnicott if he (Lacan) could give a talk in London, and it appears that Winnicott was hesitant to reply. He explained to Lacan that the British Psychoanalytical Society had to first invite a member of the Société Psychanalytique de Paris to give an initial lecture, and after that they could invite Lacan.

We should remember that previously, in 1953, some analysts—later followed by Lacan—had resigned from the Société Psychanalytique de Paris, of which Lacan was at that time president. They then formed the Société Française de Psychanalyse, which did not belong to the International Psychoanalytical Association. We should also add that Winnicott himself later came up against the British Society's own difficulties; however, the latter would manage to preserve its unity.

Lacan did not respond to Winnicott's reply until August, and then only to say that he had been carrying the letter around in his pocket since February. Winnicott then began to speak about his difficulty in understanding Lacan's article that had appeared in *La Psychanalyse*—"Ernest Jones, in Memoriam: On His Theory of Symbolism"—together with the translation of Winnicott's article on transitional objects. Lacan

mentioned the coming publication of "The Rules of the Cure and the Lures of Its Power,"³ in which he once again referred to Winnicott's article. Lacan affirmed in his letter that he felt supported and in agreement with Winnicott's research in terms of both content and style. For Lacan, the transitional object indicated the place where, very early on, we find the mark of distinction between desire and need.

In the course of these years, Lacan encouraged some of his students to work with Winnicott. Both Ginette Rimbault and Maud Mannoni traveled to London. Winnicott then induced Mannoni to go to Kingsley Hall and meet with Ronald Laing, and this meeting was one of the origins of the Bonneuil School.⁴

In October 1967, Mannoni and Rimbault organized a colloquium today known as *Enfance Aliénée*. In the meantime, the *Société Française de Psychanalyse* was dissolved, and the *École freudienne de Paris* was founded in 1964. Winnicott, who was then the president—for the second time around—of the British Society, was hesitant to come to Paris for this meeting and finally decided against it, instead sending a text ("The Aetiology of Infantile Schizophrenia in Terms of Adaptive Failure" [1967a]), which was translated and read by Octave Mannoni. He also sent Ronald Laing and David Cooper to represent him. Lacan closed the conference with a reference to the transitional object, arguing that the most important point was that the child should not serve as a transitional object for the mother.

WINNICOTT'S SELF AND LACAN'S POSITION OF THE ANALYST

As much as Lacan celebrated the transitional object, he had great difficulty with the notion of the *self*. In his seminar of November 1967, he

³ The paper given by Lacan during the International Psychoanalytic Conference at Royaumont, July 10–12, 1958, is better known under the title used in *Écrits* (Lacan 1977): "The Direction of the Treatment and the Principles of Its Powers."

⁴ Maud Mannoni, who underwent supervision with Winnicott, founded the Experimental School in Bonneuil-sur-Marne in 1969 to treat children with severe psychological problems. She had been inspired by the Anglo-Saxon anti-psychiatric movement but did not subscribe to its theory. The institution's approach is purely psychoanalytic.

mentioned Winnicott's 1960 article "Counter-Transference." This rather peculiar text had been written for a conference organized in 1959 by the medical section of the British Psychological Society, where Winnicott entered into a discussion with a Jungian psychoanalyst. After having reaffirmed the importance of the transitional object, Lacan criticized the notion of *self*, his criticism having to do with the distinction between *true self* and *false self*. He pointed out that Winnicott tried to deal with the question of truth, and that in the course of this inquiry the analyst became a kind of "truth-standard."

Later, Winnicott argued that the analyst was supposed to respond to all the patient's needs. For Lacan, this was tantamount to abandoning the analytic act *per se*. We can see here that the disagreement revolves around the position of the analyst in the psychoanalytic cure. Winnicott later changed his mind on this matter slightly, as evidenced by his 1969 article on "The Use of an Object," in which he argued that analysis can work only if the patient is able "*to place the analyst outside the area of subjective phenomena*" (p. 711, italics in original)—that is to say, "to use the analyst," i.e., to use him as an object—which is not far from Lacan's own position, with the exception that the analyst is an object that operates in the cure but also an object one cannot enjoy. "Use" is one of the meanings of *jouissance*; however, the latter cannot be reduced to the former since *jouissance* exists beyond desire and beyond the pleasure principle.

It should also be noted that in his 1960 text "Counter-Transference," Winnicott distinguished this position of the analyst in relation to the patient's regression to neediness, on the one hand, from the position he found suitable in his work with neurotics, on the other. The question arises of finding a suitable position for the analyst when treating what Winnicott called "borderline cases," of which he very clearly stated:

I am now, therefore, speaking from a different position, and the change comes from the fact that I now refer to the management and treatment of borderline cases for which the word psychotic is more appropriate than the word neurotic. [Winnicott 1960, p. 161]

Nevertheless, Lacan insisted that in his opinion, Winnicott, when talking about the *self*, was trying to grasp something beyond the ego—

namely, the subject. He emphasized Winnicott's opening sentence in this article: a word like *self* "naturally knows more than we do"; it "uses and commands us" (Winnicott 1960, p. 157), which indeed could suggest the notion of the subject. Here again, we should go back to Winnicott's later work on the self and the body in terms of personalization-depersonalization.

The Mirror

More simply, in his work on the mirror, Winnicott gave the mother's face a very important function, one that foreshadowed later psychological studies on the mother's facial expressions. For Winnicott (1971), "the mother's role [is that of] giving back to the baby the baby's own self" (p. 117). Here again, we can see that the *self* is something other than the ego.

In a letter that Winnicott sent to Lacan in 1960, he wrote about his interest in Lacan's work, but also about the limits he felt in trying to understand it. Indeed, he said that he did not understand it very much at all. Nevertheless, in "Mirror-Role of Mother and Family in Child Development" (1967b), he explicitly mentioned Lacan's well-known article on the mirror stage. We might wonder whether Winnicott had heard Lacan present his 1951 paper "Some Reflections on the Ego" at the British Psychoanalytical Society on May 2 of that year.

I will not discuss at length the extent to which Winnicott, by his own admission, had been influenced by Lacan's article and his use of it when trying to situate the mirror stage on the trajectory of child development—something that Lacan himself gave up trying to do. To bring together what has previously been mentioned in bits and pieces taken from the entire body of Lacan's work, let us recall that Lacan introduced the mirror stage in 1936, basing himself on observations made by "scientific psychology," which studied differences in the behavior of nonhuman higher mammals and that of human children when faced with a mirror. A child of between six months and eighteen months of age will acknowledge that he is indeed looking at an image and, more important, he will assume it as his own by identifying with it. However,

as this is still a time of neurophysiological immaturity, the assumption of the image is an anticipation of one's bodily unity. This identification will found the ego, but it will also determine it as that of the other, thus situating the other as one's alter ego. It is therefore a site of primal and fundamental alienation because the image is external and distinct from the site of perception and motricity. The paradoxical thing is that the ego, an imaginary and fundamentally narcissistic agency, constitutes itself precisely in this place.

In later reformulations of the mirror stage, Lacan abandons the developmental aspect to establish the mirror stage as a structural moment. We can therefore understand it as follows: we imagine a mother carrying a baby and facing a mirror, a mother under whose gaze the baby finds himself. The baby then turns back to the mother and it is at this moment that he understands, from his mother's gaze, that he represents something for her (though something that appears veiled)—that this image is assigned to him by a nomination coming from the Other (the mother). The alienation is therefore double: both an alienation from the image and also a symbolic alienation—the effect of nomination—because it is only assumed through the mediation of the Other. In this way, as the baby turns back again to face the mirror and the image, is no longer the same image because it is now inscribed under the meaning of the Other's nomination.

From now on, the child sees himself through the eyes of the Other. And the reproduction of this mirage in everyday life—in primitive transference, in trying to be loved by the other—will be one of the vectors of the subject's life. However, as we see in the myth of Narcissus, who eventually drowns as he tries to reach his reflection, the mirror stage simultaneously introduces a mortal tension—through an image to which the subject is subjected and for which he is loved. For Lacan, the mirror stage is the basis of interhuman aggressivity. The ego is therefore a site of fundamental misrecognition because the alienation that engenders it is not recognized (Vanier 2000).

Winnicott does refer to Lacan's early work and specifically to his 1949 article, which still maintains a developmental perspective—different from what Lacan later theorized as the generalized form of the

mirror stage.⁵ He attempts to make a connection between the mirror and the mother's face, which, as he points out, "Lacan does not think" (Winnicott 1971, p. 110). The question is of introducing a kind of precursor to the mirror stage proper, a moment in which the child has not yet separated the environment from himself. Looking at the mother's face, "the baby sees . . . himself or herself" (p. 111). However, this means that the psychotherapist's function can now be understood as a "complex derivative of the face that reflects what is there to be seen" and as a "task of reflecting what the patient brings" (p. 116).

On the contrary, for Lacan (1949), "psychoanalysis alone recognizes the knot of imaginary servitude that love must always untie anew or sever" (p. 80). To somehow break the link that subjects one to the narcissistic image is what psychoanalysis offers to accomplish by means of transference (love).

DEVELOPMENT, STRUCTURE, AND TIME

This is without doubt one of their major differences: Winnicott's perspective was developmental, while Lacan sought to liberate himself from this approach. In the latter's view, Freudian time is not chronological, and it is only a matter of convenience that the constitution of the subject can be traced along the development of the body (a postulate that founded the discipline of developmental psychology). Freudian time, since the prepsychoanalytic formulation of trauma theory, is instead characterized by the dimension of afterwardsness (*après-coup*), and is thus marked by incessant movements of anticipation and retroaction, which contradict the temporal linearity of a chronological approach.

In the first Freudian theory of trauma, the relationship to time is subverted. For Freud, trauma indeed involves two distinct moments. The scene of seduction where a prepubescent child is seduced by an adult provokes neither sexual excitement nor repression. After puberty, another and seemingly very different event, which through some of its fea-

⁵ "He [Lacan] refers to the use of the mirror in each individual's ego development" (Winnicott 1971, p. 111).

tures can nonetheless be brought into association with the former scene, triggers an influx of internal stimuli connected to the memory of the scene of seduction and brings about its repression. This means that we cannot talk about trauma until the second time retroactively provokes the traumatic dimension of the first event. It is therefore impossible to say which event really comes first. The second time can equally well be thought of as the first, since it retroactively gives value to the first event; yet the first event necessarily precedes it.

Thus, the psychic event never coincides with itself, especially in psychoanalysis, since the first event is fantasmatic and there is no reality index in the unconscious that can distinguish fantasy from reality. Temporal organization therefore becomes particularly complex (Vanier 2002).

Lacan emphasizes the notion of afterwardsness in Freud's work, almost making it into a concept. He also refers to it as retroaction, with anticipation as its correlative. This movement of temporal regulation works on the entire signifying chain; for Lacan, the successive stages are not chronological but logical. He considers the psychogenic approach simply heuristic in that it provides a representation of certain things, which to his mind do not advance developmentally at all.

Winnicott, who is a child analyst and a pediatrician by training, seems attached to this chronological model. In many of his texts, it could nevertheless be shown that some of the numerous paradoxes he talks about are also related to this temporal dimension, if only with regard to the transitional object. In this way, the transitional object, which in Winnicott's work may appear as something of a developmental moment, takes on a different value in Lacan's reading as the object *a*, being no longer developmental but structural.

This dimension is not absent from Winnicott's thinking, especially when he opposes the time of psychoanalysis to the time of development (Winnicott 1957), and when he makes a distinction between the notions of *deep* and *early*. Direct observation follows the chronological movement of time—earlier and earlier—while analysis can go deeper and deeper. On some level, Winnicott is saying that deeper and deeper does of course imply earlier and earlier, but only to a certain extent.

In direct observation, particularly in developmental psychology, the relationship to time is not the same as in psychoanalysis (Winnicott 1957, p. 110). This is why Lacan instead proposes the concept of history as an analytic activity of the subject undertaken from the place in which he finds himself at that particular moment, a retroactive movement of speaking about the past, which in any case ultimately eludes us.

TO CONCLUDE

If the patent disagreement between Lacan and Winnicott concerning the self is a counterfoil to the manifest agreement regarding the transitional object, it is appropriate to point out that the questions of subject and object, of reality and the “real” and of the position of the analyst, along with the question of *jouissance* (in Lacanian terms) were at the very heart of these interesting discussions. To conclude, we might imagine Lacan’s astonishment (and ironic reaction) when he learned that his famous Rome discourse, “Rapport de Rome,” entitled “Fonction et champ de la parole et du langage en psychanalyse,” was initially translated into English as “The Language of the Self” (Lacan 1956).

The encounter between Winnicott and Lacan was, as Lacan considered all encounters to be, a missed one. A misunderstanding, to be sure, but a fruitful one. A misunderstanding may be said to be constitutive of all relations of speech, but also of the way in which psychoanalysis is transmitted: the important thing is to set it to work. Lacan eventually concluded that psychoanalysis could not be transmitted at all, and that each analyst was obliged to invent it anew.

We are dealing here with two analysts who both tried to define in the best possible way “the analytic thing,” while refusing to turn their own advances into dogma. Lacan certainly did speak of his teaching—but we should keep in mind that the etymology of the French word *enseigner* (“to teach”) comes from the Latin *insignire*, originally “to indicate,” and that the French *enseignement* originally meant “a lesson derived from one’s own experience.” Lacan’s teaching—and the crux of what he was able to transmit—was oral teaching, in the style of the Greek philosophers, and especially in the style of the person whom Lacan took as his own model and whose Paris lectures he had attended: Alexandre Kojève.

If we follow this teaching, and if we manage to distance ourselves from the various attempts to convey it in the form of a system, we will see that its shape—its preciousness, the particularity of Lacan's writing and speech, his style—was due to Lacan's wish to do justice to the unconscious. We will also see that it was driven by an ongoing movement of research that can never be reduced to a system. His entire teaching is but a constant movement of displacement, of correcting and refuting his own previous advancements. As soon as a proposition would be taken up somewhat systematically by his pupils, eager to turn it into dogma, Lacan would subvert it. His effort was to indicate what he thought was the most fundamental element of his teaching, and what at the same time escapes all possibility of full articulation: the object of psychoanalysis.

Lacan says that the object *a* is his only discovery; otherwise, he is only a reader and follower of Freud. The fact that he finds this object in Freud's "Mourning and Melancholia" (1917) and "Three Essays on the Theory of Sexuality" (1905), and in Winnicott's transitional object (1953), tells us enough about the importance the latter author had for him.

This was certainly not the case in the other direction. The use Winnicott makes of Lacan's concept of the mirror stage is an interpretation, which, although not moving as far away from it as it might seem, substantially rearticulates his argument, since from very early on Lacan suggests that we think of the mirror stage not as a developmental but as a structural moment, allowing us to account for the phenomena connected to the subject's narcissism.

For his part, Winnicott was no more dogmatic than Lacan, although some commentators have considered his *Playing and Reality* (1971) as an attempt to begin a project of systematic exposition, similar to what he attempted to do in *Human Nature* (1988). But although the failure to complete these projects can be put down to a lack of time, one cannot help thinking that it also has to do with the inherent impossibility of psychoanalytic theory itself.

The constant modifications to which Lacan subjects his theoretical propositions can easily be shown, and similar instability characterizes the notions brought forward by Winnicott, also reworked until the very end. Each of them used the work of the other, reinventing it, in order to try

and grasp something that is at the very heart of the analytic experience and that theory always necessarily fails to articulate.

REFERENCES

- FREUD, S. (1905). *Three Essays on the Theory of Sexuality*. S. E., 7.
 ——— (1917). Mourning and melancholia. S. E., 14.
 ——— (1920). *Beyond the Pleasure Principle*. S. E., 18.
 LACAN, J. (1949). The mirror stage as formative of the *I* function. In *Écrits*, trans. B. Fink. New York/London: Norton, 2006.
 ——— (1951). Some reflections on the ego. *Int. J. Psychoanal.*, 34:11-17.
 ——— (1953). Le symbolique, l'imaginaire et le réel. In *Des Noms-du-Père*. Paris: Seuil, 2005.
 ——— (1956). *The Language of the Self: The Function of Language in Psychoanalysis*, trans. A. Wilden. Baltimore, MD: Johns Hopkins Univ. Press, 1968.
 ——— (1956-1957). La relation d'objet. In *Le Séminaire, Livre IV*, ed. J.-A. Miller. Paris: Seuil, 1994.
 ——— (1957-1958). Les Formations de l'Inconscient. In *Le Séminaire, Livre V*, ed. J.-A. Miller. Paris: Seuil, 1998.
 ——— (1964). Les quatre concepts fondamentaux de la psychanalyse. In *Le Séminaire, Livre XI*, ed. J.-A. Miller. Paris: Seuil, 1973.
 ——— (1977). *Écrits*, trans. B. Fink. New York/London: Norton, 2006.
 ——— (2005). At the *Institut Français* in London (3 February 1975). *J. Lacanian Studies*, 3:295-303.
 VANIER, A. (2000). *Lacan*, trans. S. Fairfield. New York: Other Press.
 ——— (2002). Ce qui ne cesse pas de ne pas commencer. D'un commencement sans origine. In *Cliniques méditerranéennes*, n. 66. Toulouse, France: Érès.
 WINNICOTT, D. W. (1945). Primitive emotional development. *Int. J. Psychoanal.*, 26:137-143.
 ——— (1953). Transitional objects and transitional phenomena. In *Through Paediatrics to Psycho-Analysis*. London: Karnac, 1992.
 ——— (1957). On the contribution of direct child observation to psychoanalysis. In *The Maturational Processes and the Facilitating Environment*. Madison, CT: Int. Univ. Press, 1965.
 ——— (1960). Counter-Transference. In *The Maturational Processes and the Facilitating Environment*. Madison, CT: Int. Univ. Press, 1965, pp. 158-165.
 ——— (1967a). The aetiology of infantile schizophrenia in terms of adaptive failure. In *Thinking about Children*, ed. R. Shepherd, J. Johns & H. T. Robinson. London: Karnac, 1996, pp. 218-223.
 ——— (1967b). The mirror-role of mother and family in child development. In *Playing and Reality*. London: Tavistock, 1971, pp. 111-118.
 ——— (1969). The use of an object. *Int. J. Psychoanal.*, 50:711-716.
 ——— (1971). *Playing and Reality*. London: Tavistock.

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- (1987). *The Spontaneous Gesture: Selected Letters*. Cambridge, MA: Harvard Univ. Press.
- (1988). *Human Nature*. New York: Brunner/Mazel.

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AFFECT AS A MARKER OF THE PSYCHIC SURFACE

BY ANDREW C. LOTTERMAN

The author reviews the literature on identifying affect as a technical tool, on the nature of affect in general, and on the relationship between affect and repression. How affect comes to light in the clinical setting is discussed, as well as how it and defenses against it can be worked with to deepen the psychoanalytic process. Two extended clinical examples and many shorter vignettes illustrate the usefulness of following the patient's affect in the psychoanalytic setting.

Keywords: Affect, emotion, workable surface, analytic technique, nonverbal, fantasy, listening, analytic process, self, repression, consciousness, ego.

INTRODUCTION

Affect is an appraisal system that registers biological and interpersonal meanings to the self and to others. It is a rapid-response form of consciousness that depends on the quality of emotional tone, rather than on ideas or concepts formulated for communication of meaning. Because of this, the repression of affect is often less effective in protecting the ego than is the repression of ideas and fantasies. The telltale behavioral signs of affect can sometimes signal the state of the self more reliably than do fantasy themes. Affect is a pointer to the *workable psychic surface*, that is, to material on the verge of consciousness.

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LISTENING FOR AFFECT

As a psychoanalytic candidate, I faced a particular difficulty: it was not clear to me what part of the patient's story to focus on. The patient's material contained wishes, fantasies, unconscious themes, conflicts, defenses, memories, comments about me, and dreams, among other things. I was not sure what among the flurry of material I should be listening for, or what I should be asking about or commenting on. Most of the textbooks I read advised that I direct my attention to unconscious fantasies, particularly those stemming from unconscious conflict. By interpreting unconscious conflict and the defenses connected to it, I would, in theory, help clear away the patient's inhibitions and liberate health-promoting potentials and behavior.

But this advice was only partially helpful. I could find psychological conflict and themes in an overwhelming amount of material—in the present, in the past, in fantasies about the future—and conflict could be located within the transference and outside of it. Beyond that, what I perceived to be an unconscious fantasy or theme might have little relation to what was urgently on the patient's mind at the moment. While I might think that oedipal rivalry was staring me in the face, the patient might be preoccupied with what he saw as simply a fight with his sister. My sense of the main unconscious theme sometimes seemed to have little to do with what was immediately on the patient's mind.

The problem was not simply a matter of observing what was on the surface and looking one step below. It was also a matter of identifying *which* theme and *which* surface to zero in on. In any one session, in the patient's behavior and in reported fantasies and dreams, I might recognize two, three, four, or more themes. How did I know which was the most relevant to pick up on?

I tried as best I could to follow classical principles, such as "interpret defense before content," but often there were multiple contents, each with its own defenses, none of which seemed more important than another. If I wanted to emphasize transference phenomena more than others, again, I found it hard to decide which of many possible transference fantasies, conflicts, and themes to address. A good general knowl-

edge of psychodynamics and development did not make this particular technical dilemma any less difficult.

It was not until a supervisor suggested that I read Fenichel (1941), and explained this author's method of listening for affect, that things became more clear. While this was not a panacea for my clinical conundrum, Fenichel's method of listening for the *dominant affective theme* helped enormously. He emphasized that, amid the rush of material, the *main affect* lay at the core of what was on the patient's mind. It was in the main affect that what was alive in the patient's material could be found.¹ Frequently, it was also the main affect that pointed to what lay one step below the surface.

The main affect seemed to be a psychological center around which other elements of the material were organized, like a force field. If I could identify the main affect, the rest of the material often seemed to settle into place in relation to it: fantasies, transference, resistances, defenses, nonverbal behavior, countertransference, and so on. Focusing on the main affect did not appear to result in undervaluing other material, but instead seemed to lead to even deeper connections.

As I thought about this, I wondered whether my finding this particularly helpful might be idiosyncratic to me. Did most other clinicians put the main affect at the center of their work? Clearly, my supervisor and Fenichel did, but was this standard practice?

When I reviewed the literature, I was surprised to find relatively little about the criteria for making interpretations. The classical and most well-known texts on technique, from Freud onward, were often not specific about the relative importance of various elements to listen for: unconscious fantasies, conscious fantasies, transference, impulses, instincts, conflicts, and so on. Moreover, there was little said about how to recognize points of intervention in the clinical setting. Even those writers who mentioned the importance of listening for affect discussed

¹ Fenichel wrote, "For we must operate at that point where the affect is actually situated at the moment; it must be added that the patient does not know this point, and we must first seek out the places where the affect is situated" (1941, p. 45). He added, "In addition to the dynamics, the economics of interpretation must also be discussed. We must work not only at the point of actual instinctual conflicts, but at the point of the *most important* current instinctual conflicts. It is the point of the most important conflicts *at the moment*" (p. 47, italics in original).

it only fleetingly; Glover (1955) devoted a mere few sentences to it. Greenson (1967) mentioned it twice, each time in a sentence or two. Even Fenichel (1941) explicitly referred to the role of listening for affect in only a handful of sentences.

CLINICAL VIGNETTE: MS. A

Ms. A, a woman of about twenty-five, came to a session saying that she was happy to be there, but seemed quite keyed up. In passing, she mentioned that she was “bugged” by my not being able to reschedule an appointment she had missed the week before. Then she began to talk about her job, where she felt overlooked. Soon after, Ms. A spoke about a friend who had not taken her seriously.

Next she reported a dream. In this dream, she had sex with her boyfriend, and this account eventually led to a discussion of her younger brother with whom she had recently been arguing. She believed she had treated him as a scapegoat for her frustrations when she was a little girl. She felt guilty about this, and it was as though the guilt “cut my skin.” The memory of her mistreatment of her brother led to a rather familiar set of observations: she was doing better at work and socially, but she had doubts about her attractiveness and femininity. She seemed to have a need to undermine herself, professionally and romantically. At work, someone joked that a colleague had big breasts, and the patient used this incident to ruminate about her own body and its inadequacy.

“I don’t feel like a complete woman,” Ms. A said. “I have big shoulders. Maybe I’m too masculine and not a real woman.” She went on, “My vagina doesn’t really feel feminine either.” Then she said, as if her meaning were clear, “Maybe my anger and envy castrate my femininity.” She commented, “I have been feeling sexy, though, with my boyfriend—maybe that’s a step in the right direction.”

After I asked her about some of the details of her dream and her feelings, Ms. A went on to say that she was very afraid of falling in love with her boyfriend. “I think I have separation anxiety,” she said, “I’m afraid I’ll be too attached and then abandoned. I think I got this fear from my mother.”

There was nothing in these wide-ranging comments that did not touch on some important aspect of Ms. A’s psychology. She did indeed

have significant sexual conflicts and problems. She did doubt her worth and femininity, and her conflicts with her brother (which often stood in for her feelings about her father) were an important area to look into. But where to start? What was the most important aspect of this story—was it her fears of social and romantic inadequacy? Was it her worries about her body and her sexuality? Was it her anger, which she unconsciously felt led to counterattack and thus to her sense of vulnerability? Was it that her fear of being belittled and injured led to a defensive aggression about which she then felt guilty?

Or were none of these the central theme? What about the session that had not been rescheduled? That was the first thing she mentioned; where did that detail fit into all of this?

My general understanding of Ms. A's psychodynamics, her childhood development, and her psychopathology did little to help me sort out what specifically to address in the moment. It was, instead, the concept of the *main affect* that helped me sift through this complex material.

As I listened to Ms. A over the first fifteen minutes of the session, it occurred to me that this very intelligent and verbally adept woman often talked about sexual themes with ease and facility. What was much more difficult for her was to talk simply and directly to me about feeling sad or hurt. Moreover, her complex account of her sexual self-image felt facile; I did not feel drawn into personal and intimate contact with an alive, authentic, and honest self.

I remembered next that several sessions earlier, Ms. A had been very disappointed that she would have to miss a second session because of a holiday. I wondered if her saying she was "bugged" about the rescheduling problem could be tied to the main affect of feeling sad and hurt about the missed visits. Perhaps the rest of her story was a defense against simple but powerful feelings of disappointment and sorrow.

I said, "You say you're happy to be here today. But you have been upset with me—for example, by my not rescheduling one of our meetings, and our missing another because of the holiday. It sounds like you feel let down, hurt, and angry."

The patient virtually exploded with feeling: "Why the hell *didn't* you reschedule? You knew we were going to miss another session because of the holiday! Are you trying to make me mad at you? It's so unprofes-

sional." A bit later she was able to say, "I do feel very let down. If I really let myself feel it, there is a danger of feeling really low and sluggish, like I've been abandoned. I feel like you didn't care about my needs. I was furious at you. Go to hell!"

When I focused my thinking on the patient's main affect, it seemed to open the door to more feeling in this particular session, but it also opened the door to a more general discussion of Ms. A's intolerance of sadness, her tendency to manipulate others (so as to avoid loss in relationships), and her hypomanic and cynically defensive style. In this case, attention to the main affect helped me decide *which emotional content* to interpret defenses against, and *which aspect of the transference* to pick up on.

Whereas in my earlier work, I had taken up emotions and defenses against them as they presented themselves to me sequentially in time, I now began to listen in the early part of the session for the main affect before doing anything else. I listened and organized my thinking about the patient's behavior, speech, verbal tone, and body language in terms of how these either expressed a dominant emotional state or helped defend against it.

WHAT IS AFFECT?

While it was neglected for a long time in psychology, psychiatry, and neuroscience, in the last fifty years affect has been revived as a topic of intense interest. Ekman underscored the appraisal function of affects: "Emotions are viewed as having evolved through their adaptive value in dealing with fundamental life tasks" (1992, p. 169). He wrote, "Often, the appraisal is not only quick but it happens without awareness" (Ekman 1977, pp. 58-59). Recent neurobiological research has also highlighted the appraisal function of affects. Liotti and Panskepp (2004), Damasio (1994), LeDoux and Phelps (2004), and Olds (2003) have all emphasized the appraisal function of affects in both humans and animals.

Emotions reflect our level of success or failure in achieving our personal goals; to put it differently, emotions are a barometer of the existential status of the self. This existential appraisal gives rise to cognitions, fantasies, and complex interpersonal experiences, and these, too, evoke emotional responses.

Emotions expedite adaptation. Primitive affects (such as fear and rage), similarly to those found in nonhuman animals, are part of innate survival patterns. We know that many animals are born with prewired behavioral reflexes linked to affect displays. These affects function both to activate individual behavior and to communicate to the group (Bowlby 1969; Izard 1977).

While these primitive reflexes live on in humans, affects also serve more sophisticated functions. It appears that the primitive human affect system has been recruited to serve as a signal (to the self and to others) not only of physical needs and dangers, but also of the state of the self in its interpersonal and social world. Emotions such as joy, sadness, pride, and so on are markers of the self's position in its struggle toward various goals. The ego/self seems to use affects plastically (just as it reproduces visual and acoustic images for representational thinking) to create an idiom of easy-to-recognize meanings.²

To summarize, then, affects serve a variety of functions in humans: (1) they are part of a body-based sensory idiom that communicates the state of the self to the self; (2) they communicate the state of the self to others via nonverbal cues; (3) they serve as motivators of behavior— affects such as joy and pride are sought after, and affects such as fear and guilt are avoided; (4) they reinforce repression when unconscious thoughts and feelings generate anxiety, shame, and guilt; (5) they are a means of influencing the self states and behaviors of others (e.g., through the induction of guilt); and (6) they can be the stuff of shared personal experience that creates a feeling of intimacy and intersubjective communion (Emde 1983; Stern 1985).

² In using the terms *ego* and *self*, I am aware that the boundary between these two concepts is unclear in psychoanalytic theorizing, a discussion of which would be well beyond the reach of this paper. Roughly speaking, I will use *ego* to refer to the operative aspects of the *I*—for example, its functions and defenses (including perception, reality testing, etc.). Its main task is to regulate the relationship between the drives and external reality. The ego in this respect is the central processing unit of the mind as a mental apparatus, and its functions are impersonal. Conversely, I will use the term *self* to refer to the *I*'s personal dimension—its status as a center of initiative, of goal setting and ambitions, and of experience as a personal entity, with a particular character, temperament, and history. Its main task is to experience and create meanings in relation to the personal *I*.

THE CENTRALITY OF AFFECT IN PSYCHOANALYTIC THEORY AND TECHNIQUE

In order to understand why affect is such a crucial barometer in clinical work, I will briefly review the place of affect in psychoanalytic theory and technique. Freud developed at least three identifiable views concerning affect. The first is represented by *Studies on Hysteria* (Breuer and Freud 1895), “The Neuro-Psychoses of Defence” (1894), and “Project for a Scientific Psychology” (1895). In these early works, he speculated that bottled-up emotion led to the production of symptoms. It was the job of the psychoanalyst to help the patient abreact these strangulated affects, thereby offering a valve through which excess affective pressure could be released. Defenses against affect led to symptoms and psychopathology. In essence, pathogenic affects were reactions by the ego to traumatic external events and to their internal representations (ideas).

In his second phase, Freud (1900, 1905, 1915a, 1915b) understood affect to be an indirect expression of a new theoretical entity: *instinct*. Affects were now understood to spring from largely internal sources, such as wishes, drives, or instincts, rather than from the ego’s response to experiences of external trauma.

In a third phase, Freud (1926) came to believe that affects—of which anxiety was seen as the prototype—were not only or even primarily transformations of drive energy. Instead, they represented a reaction of the ego to its condition in the external social world (a view similar to that of his first phase), and now also to conditions in the internal psychic world. To say this in different words, affects were seen as reactions to fantasied life conditions: helplessness, fear of castration, fear of abandonment and loss of love, union with a loved one, triumph, and so on. In this model, an affect is a response by a purposive, sentient agent—the ego or the self—signaling the ego’s appraisal of the biological and interpersonal significance of physical, biological, and social events.³

Since Freud, writers have approached affect in different ways. Despite the fact that her metapsychology was grounded in instinct theory,

³ Please see footnote 2, previous page.

Klein (1975a, 1975b), for example, focused on the importance of the *psychological* relationship of the ego or self to the object. She emphasized the relational meanings associated with certain affects: love, hate, envy, guilt, and gratitude. Klein did not believe (as the early Freud sometimes seemed to) that the ego was interested in the object solely for the purpose of drive gratification. Her theory of motivation and object relations was based on the self's appraisals of its personal relationships and the affects that resulted. She described a wide palette of qualitatively different affects that had relational meaning: fear, hate, mistrust, scorn, triumph, sadness, shame, guilt, envy, love, longing, gratitude, and so on.

Fairbairn (1941, 1946) followed Klein's lead in emphasizing the importance of object relations. He stressed the role of personal psychological meanings in motivation. Similarly, Winnicott (1960, 1963) stressed the importance of personal object relations rather than instinct alone or its expression in the body. The view that affect is a barometer of the self's existential state is implicit in the object relations theory developed by Fairbairn and later elaborated by Winnicott.

Bowlby (1969) was explicit in his view that emotions consist of appraisals:

Affects, feelings and emotions are phases of an individual's intuitive *appraisal* either of his own organismic states and urges to act, or of the succession of environmental situations in which he finds himself They commonly provide him with a monitoring service regarding his own states, urges and situations. At the same time, because they are usually accompanied by distinctive facial expression, bodily postures, and incipient movements, they usually provide valuable information to his companions. [pp. 104-105, italics added]

Kernberg (1990) emphasized that affect has an appraisal function: "The subjective quality of felt appraisal is the core characteristic of each affect" (p. 118). Similarly, Emde (1983) wrote about the affective self and the affective core of human experience. It is this core, defined by motivations and emotions, that enables us to understand the personal experience of others and to forge an interpersonal communion with them. Sandler (1972, 1985; Sandler and Sandler 1978) suggested that affect should be viewed as the central motivator in psychoanalytic theory,

rather than instinct; he saw affect as both a basic motivator and as a signal of the state of the self.

Since 1895, affect has been discussed as an important element of psychoanalytic technique. Originally, Freud thought it was the pressure of the energy of “strangulated” affects that caused symptoms, and that once the affects became conscious, this pressure would subside and the reason symptoms existed would disappear.⁴ Even after the introduction of ego psychology and the emphasis on the interpretation of unconscious resistance, the mobilization of affects was seen as an essential element of psychoanalytic technique. An affective reaction was used as an indicator that an interpretation had effectively hit home and was not just an intellectual experience (Brierley 1937). Fenichel’s monograph (1941), which emphasized the role of affect as a compass in clinical work, stands out for many analysts as the definitive description of classical psychoanalytic technique (Gill 1982; Levy and Inderbitzin 1991).

Among current writers, Kernberg (1988) is one of those who place the most weight on Fenichel’s emphasis on the dominant affective theme. He writes:

I have proposed (1983) that the economic criterion for interpretation is best formulated as the need to select for interpretation the material linked to the patient’s dominant affect disposition within any psychoanalytic session or segment thereof In practice, my approach requires, at the start of each session, a willingness to wait to intervene until the patient’s verbal communications, nonverbal behavior, the overall emotional atmosphere, and the analyst’s countertransference guide me to the affectively dominant theme. [p. 482]

While some of the most authoritative writers in the field acknowledge Fenichel’s work as seminal, a great many respected analytic thinkers do not even mention the importance of the dominant affective theme in technique—including, for example, the following authors: Jones (1923), Stekel (1940), Reich (1945), Reik (1948), Sharpe (1950),

⁴ Breuer and Freud (1895) wrote: “The psychotherapeutic procedure . . . brings to an end the operative force of the idea which was not abreacted in the first instance, by allowing its strangulated affect to find a way out through speech” (p. 17).

Brenner (1955), Nunberg, (1955, 1965), Waelder (1964), Rapaport (1967), Menninger and Holzman (1973), Wallerstein (1975), Bergmann and Hartman (1976), Loewald (1980), and Arlow (1993). And, as noted above, even those who do emphasize the importance of affect mention it only fleetingly. It is puzzling that insight about the role of affect in psychoanalytic technique, so crucial for many analysts, is not more universally acknowledged.

Even when we accept the importance of affect in general in psychoanalysis, we are left with a crucial question: why should affect be such a unique signal about what is happening with the patient? While Fenichel (1941) and Kernberg (1988, 1990), for example, are clear in their prescriptions for technique, only in passing do they address the question of why the main affect is such an important signal in guiding technique. I will focus on this question later in this paper.

AFFECT AND THE PSYCHIC SURFACE

One of our most basic tasks as psychoanalysts is to identify what in the patient's material is useful to explore and interpret. This can be a challenge for the beginner and the experienced clinician alike. Paniagua (1991) wrote extensively about the *psychic surface*—that part of the unconscious at or just below the surface of awareness that can be usefully worked with. He distinguishes among the *patient's surface* (what the patient is aware of), the *clinical surface* (observables such as behavior, facial expression, tone, and conscious report), the *analyst's surface* (what the analyst is aware of in the patient and in himself), and the *workable surface*.

The workable surface is material that, when explored, leads to a deepening of analytic work (Gray 1986; Levy and Inderbitzin 1990). The workable surface is the patient's material to which it is most helpful to selectively attend. When listening for the workable surface, Paniagua (1985) pays attention to what he calls *nodal points*, including thematic changes in material, omissions, silences, parapraxes, changes in feeling tone, questions directed to the analyst, acting in, and so on.

As analysts, each of us has individualized habits and preferences about the parts of the patient's material to which we pay attention. I believe that listening for affect is particularly useful in locating the work-

able surface. When a patient comes to the office, he is living at the crossroads of a variety of mental currents; some relate to his body experience, some to his emotions, and some to his cognition and fantasies. Each of these experiences registers with him in light of his motivations and ambitions: to survive, to feel safe, to feel pleasure, to feel valuable, to make a contribution to others, and so on. The patient's dominant affective response is a marker of how all these intersecting mental currents add up for him at the present moment. The dominant affect is thus a snapshot of the patient's current motivations and how he is doing in reaching his most important goals.

AFFECT AND REPRESSION

Clinically, how and why is affect such a useful marker of the status of the self? Affects are comprised of certain internal, physiological processes: characteristic subjective emotional experiences and characteristic muscular changes, most prominently in the muscles of the face and in bodily posture. Changes in facial expression communicate affects to others, thus facilitating a group response. They constitute a preverbal form of messaging.

Darwin (1872) wrote: "The movements of expression [in the face and body] . . . give vividness and energy to our spoken words. They reveal the thoughts and intentions of others more truly than do words, which may be falsified" (p. 359). Anna Freud (1936) commented:

It is . . . a fact of peculiar importance in child analysis that, in observing the affective processes, we are largely independent of the child's voluntary co-operation and his truthfulness or untruthfulness in what he tells us. His affects betray themselves against his will. [p. 39]

As Darwin observed, verbal ideas or concepts contained in thoughts and fantasies, and conceptual appraisals about the self and its situation, can be easily disguised or falsified. They can be fragmented into disconnected components, or portions of them can be deleted or transposed via displacement or condensation. These are the basic tools used by repression. Once this breaking-up process is complete, the original fantasy is unrecognizable and elicits little ego reaction. The remaining

fragments, even if conscious, have little emotional impact on the self. A patient may report a “fleeting thought” that “seems to come from nowhere” in which his wife has had a horrible accident, for example, but he may feel little emotion beyond puzzlement.

Ideas and fantasies are built up from signs and symbols. These signs and symbols are used to create an imaginary theater that links past, present, and future. They are abstracted from what is real and concrete, and because they are used to express complex concepts, they must be more pliable than affect responses that are immediate and concrete. Being more of the “as-if” type, they are subject to more plastic transformation—and also to more distortion—than affects are.

This process of transformation is not so easy with affects. Unlike fantasies, affects are not representations. Instead, affects are immediate and automatic feeling tones that signal experiences of organismic significance. Affects, like fantasies, may be disguised by various mechanisms: denial, blunting, replacement with another affect (e.g., its opposite), displacement of the object of the affect, etc. But this censoring process is less effective with affect than with fantasies. When an affect is strong, even if it successfully evades conscious awareness, it often pokes through in the form of an unexplained mood. And—especially important for the psychoanalytic process—it leaves telltale traces in the patient’s behavior, bearing, and facial expression. The recognition of emotion based on nonverbal signs has become a well-established area of research (Bonanno et al. 2002; Ekman 1977, 1992; Izard 1971, 1972, 1977; Tomkins 1972, 2008).

Here is an example: a man came to my office and reported, without emotion, that his adult daughter had neither visited him nor called on his birthday. He went on to talk about his work and how busy he was. Soon a tear appeared in his right eye. When I brought attention to it, at first he denied having any ideas about what this might mean. Later, after I made a link between crying and sadness, he was able to acknowledge his disappointment and sadness. At this point, his face, his voice, and his subjective experience converged in an experience of sadness.

More than conscious report, often more even than unconscious fantasy, affect is a reliable marker of the immediate, living state of the self. A patient may hide his true self from the analyst and even from his own

awareness. But he cannot fail to reveal his true self in his facial expression, the tone of his voice, and his mood. Winnicott (1960, 1963) spoke of the spontaneous gesture as the authentic expression of the true self; affect is at the core of that spontaneous expression.

Often, affect signals material that is close to the surface of awareness. If the ego/self were not engaged with this material, if it were not already attending to it (even if dimly), it would not evoke an affect. Exploring affects, therefore, can lead to deeper emotions, ideas, and fantasies that are “on the doorstep” of the conscious ego. An affect can represent the reaction of the ego to an unconscious idea, an unconscious fantasy, or to another (perhaps unconscious) affect. Or an affect may be a component part of an unconscious idea or fantasy (e.g., a fantasy may contain an affect, such as triumph or hatred). When fantasies consisting of visual images or verbal concepts are repressed, the affect connected to them may be all that remains in awareness; exploring these affects can often lead to the associated unconscious fantasies. In this case, affects represent a telltale remnant of the fantasies that have been repressed.

Some unconscious emotions, ideas, and fantasies are too painful for the ego to bear. When this is so, they remain unconscious. As they try to enter awareness, the ego may react with anxiety, disgust, or guilt. In this case, affect serves a defensive function: it sets repression in motion. When the ego is able by degrees to bear these emotions, then the unconscious material gradually ceases to be warded off and can enter awareness.

Glover (1955) commented that some patients associate equally to all material, whether important or not important. Focusing on the patient’s affects can help protect the psychoanalytic process from lapsing into intellectualized “insights,” reconstructions that are not mutative, abundant but nonconsequential memories, and obliging reports of psychic material that do not move the process deeper. These are the “trees” that Fenichel (1941) warned against because they may obscure the “forest” marked by affect.

In some cases, affect is a more sensitive marker of the current state of the self than a fragment of fantasy inferred by the analyst. Here is an example: a patient spoke of her rage at her father. She called him an “ass.” As the session went on, the words *bathroom*, *smelly*, and *odor* ap-

peared several times. It seemed that the patient had a fantasy of her father as a piece of shit. The analyst might have concluded that an anal-sadistic fantasy was present and might have provided an interpretation of this at this point. But after a time, the analyst noticed that the patient spoke in a sad, forlorn way, and, following an exploration of this emotion, it turned out that the angry, devaluing images were a defensive layer covering the patient's deep sorrow about never having made an emotional connection with her father.

Of course, this is not to say that exploring fantasies is not essential to psychoanalysis. Clarifying and interpreting fantasies is a crucial part of clinical work. Unconscious fantasy may have a particularly important role in generating psychological symptoms. But exploring a fantasy can proceed in one of two directions: it can (1) productively lead to other details of the fantasy and its affects that are ready to enter consciousness; or it can (2) lead to a dead end of association because the fantasy and its associated affects are not bearable to the ego and elicit too much resistance. Trying to push the patient to grasp the meaning of the fantasy will not be successful against these resistances, and so, in such situations, the fantasy is not a marker of the workable surface. Here the fantasy leads to an ego reaction of fear, disgust, or guilt that sets repression in motion. In this situation, the affect in the session can sometimes be used to uncover the particulars of the defense against the fantasy.

It is the defense against the unbearable affective reaction to the fantasy that constitutes repression. Once this defense is worked through, the fantasy may enter awareness. Freud (1915b) wrote, "We know too that to suppress the development of an affect is the true aim of repression, and that its work is incomplete if this aim is not achieved" (p. 178). Since repression is set in motion by defenses against affect, focusing on affect is more likely to restore the idea than focusing on the idea is to restore the affect.

It should be acknowledged that affects, too, can lead to associative dead ends. By means of reversal (from hate to love, for example), repression (the absence of emotion), denial (the exclusion of outer or inner reality so that an emotion is not evoked), or negation ("I do not feel angry"), emotion, too, may be disguised. But much emotion remains linked to automatic display systems, and the telltale signs of emotions

are often difficult to erase by common defenses. Facial expression, posture, tone of voice, flushed skin, and dilated pupils all betray affect, even when its ideational components are excluded from consciousness.

CLINICAL EXAMPLE: MS. B

Ms. B was a 25-year-old woman who had a schizoid character structure and was emotionally isolated. She had lost her job as an accountant at a prestigious accounting firm after a corporate merger. Her lack of social contact usually protected her from intense rage about feeling abandoned, disrespected, and demeaned.

One day, Ms. B came to an analytic session and related the following:

The job—it seems My feelings are The change seems more real now; I can feel it I don't know about—I'm supposed to finish up some of the projects on my accounts, but . . . I got a call from a client. I thought the senior vice president would say something to me, but he . . . didn't acknowledge—I don't know. I am tempted to feel like they're all idiots. I don't feel anything toward my colleagues now. I even forget their names! I just feel a kind of numbness. The politics of the company are so Accounting is so structured; there are ways of doing things that are either right or wrong. There are methods, rules. That feeling of structure is why it has been so comfortable. I'll be getting a new job at a tax preparation firm. My sister works for the state, and she helped me get an interview. I'll be doing something practical, some administrative job. I don't think it will feel the same, though—but maybe that's just a wish. I feel like such a loser. I feel like I'll never be appreciated the way I'd like Even if they asked me to stay and I got promoted, it probably wouldn't be enough to make me feel appreciated. Maybe one day I'll get into real estate or something and become rich and famous. But even that might not help. I'd have to worry that people would try to sabotage my success, like C did at my firm. My need to be appreciated is so strong.

At this point, the analyst did not have a clear sense of what was most emotionally alive for the patient. The data of the session did not seem

to fit together clearly. Were he to try to identify meaningful narrative themes, he could have settled on at least three:

- The patient felt rejected and hurt by her lack of recognition at work. This blow to her self-esteem left her feeling unimportant and small. Were she to become rich or famous, she might feel more valuable, but because she would experience this as a narcissistic triumph over her competitors, her feelings would be infiltrated by aggression and by fears of counterattack from competitors.
- The patient felt that she had fallen to pieces; she felt disorganized in her thinking and in her sense of identity. This came through in the disjointed sentence fragments at the beginning of the session and in her stated attachment to dependable accounting principles, which were so different from her chaotic inner experience. Perhaps the feeling of fragmentation had to do with feeling unrecognized (because of the unavailability of an accepting selfobject). Or the patient's feeling of rejection led to unbearable rage, which was defended against by splitting and projective identification, resulting in ego weakness and a feeling of fragmentation.
- The separation from work and loss of emotional attachments there left the patient feeling a deep sense of loss. Because sadness and loss were difficult for her to bear, she mounted defenses against them (e.g., denial, splitting, projective identification, dispersal of affect, and schizoid withdrawal). As a result, she felt disorganized and had a sense of futility.

While all three themes are related, each has its own distinct accent. Feeling hurt and worthless is not exactly the same as the feeling of falling into pieces, or of grief over the loss of a relationship. At this point, it was not clear which of these themes (or perhaps another) was at the center of Ms. B's experience. If one simply followed the narrative (fantasy) themes, any of the above three story lines would be plausible.

Let us return to the clinical material. The analyst continued to listen, and after a time the patient reported an affect.

Ms. B: I feel so unsettled. I think that it's because I feel so anxious when I'm around people. I feel afraid. It's constant.

Dr. D: [Noting an emotion, the analyst homed in.] Tell me what it's like to feel afraid.

Ms. B: It's a pent-up horror. It's like someone buried me in a box. When I am dug up, my panic bursts out . . . I feel I will burst. I will shatter into little fragments . . . It's like I will be annihilated. I will disintegrate into tiny particles. Then I'll vaporize. [The patient then repeated that accounting had given her a feeling of security because everything fit together so predictably.] Accounting rules are constant and predictable. People aren't like that—people are fickle, unstable, and cruel. They're idiots. They're moronic. I can't stand it! I don't know why when I'm excluded, I feel so hurt. I feel demolished.

[The analyst noticed that the patient's vague way of speaking had changed. Now she spoke with focus. The patient's affect was prominent and clear: she was angry.]

Ms. B: [The patient then related an incident.] I went to my gym and there was a new trainer. He was cute and friendly. I didn't really come on to him, but I talked to him more than I would usually do. I guess I felt I was reaching out. Then suddenly I had the thought that "he's disgusted by me." I quickly shut down. I was furious! I felt outrage—righteous outrage.

Dr. D: The righteous outrage—let's try to understand that better. Tell me as much as you can about what it felt like.

Ms. B: I felt left behind like an outsider. My parents used to leave me in the apartment with my grandmother, who was so rough and stern. I remember my father walking out the door, down the street. I felt so alone, so unwanted. When the trainer seemed friendly, in the back of my mind I thought, "You'll let me down like everyone else, you bastard." I have this secret wish . . . as if I'm a little girl orphaned in a war. There are hundreds of victims. There's a rush of hope when a rescue worker comes: "Notice me! Save me! Take me home to your family! Please!" When I

got angry at the trainer, the thought came to me: "He's an ignorant jock." Somehow, denigrating him brought my craving and anger under control . . . You can't rely on people. I don't know—maybe my cravings are too intense.

The analyst considered which of the three themes described earlier was most alive. The patient had spoken of fear, which when explored led to a metaphor/fantasy about being buried alive and her consequent panic. This led to another fantasy: that she was in fragments. As she went on, anger appeared: "People are . . . idiots . . . moronic." Exploring this led her to remember the incident at the gym and associated feelings of rejection, shame, and outrage. As the sequence of fantasy-affect-memory-affect-fantasy, etc., unfolded, the analytic process deepened. B felt abandoned by her trainer, and this she felt deeply, in clear contrast to her vague and diffuse monologue at the beginning of the session.

This in turn led to another memory, one of being left behind by her parents, again felt with deep emotion. Finally, Ms. B acknowledged a fantasy in which she longed to be chosen by new parents. Insightfully, she observed that by denigrating others, she could bring her anger and painful longings under control. Reaching a new level of self-reflection, she could see for the first time that hunger for contact lay beneath her hurt, rage, and demoralization.

Thus, an exploration of Ms. B's affect advanced and deepened the psychoanalytic process. All the disparate self states described by the patient seemed connected by the thread of affect. Fear turned out to be connected to feeling abandoned, which in turn was connected to rage. Beneath the patient's fear and rage lay a vulnerable yearning to be wanted and loved, not previously expressed in the analysis. Simply asking about her affects had led to all the major stepping stones we associate with a deepening of the psychoanalytic process: fantasies, memories, wishes, and self-observations, in a deepening spiral.

In this encounter, the analyst basically did one thing: he asked the patient to clarify her emotions of fear and indignation. In response, not only did she produce more emotions, fantasies, and memories, but she also made a new observation about her use of devaluation as a defense,

and she reached a significant new insight about the intensity of her wish to make human contact.

WORKING WITH AFFECTS IN THE PSYCHOANALYTIC SETTING

Briefly, how do we go about identifying the dominant affect in a particular psychoanalytic session? Sometimes, patients are aware of their emotions and report them straightforwardly to the analyst, even if they do not understand the full significance of what they mean or what fantasies they are connected to. Thus, the dominant affect in a session may also be the manifest affect.

As with fantasies, if the patient is conscious of an affect, there is often little need to intervene; he proceeds to describe the affect or fantasy with little resistance, and the material gradually deepens on its own. Patients will report feeling happy, guilty, sad, envious, and so on, and our task is simply to listen. The usual psychoanalytic framework is enough to support the deepening process. Asking about the details of these emotions can intensify this process, and can lead to connected fantasies, memories, self states, dreams, and body experiences, which in turn lead to deeper emotional retrieval and understanding.

It is when the patient's affect is not fully conscious that more specific intervention can be helpful. How does one identify affects that are not conscious? As discussed earlier, when a patient is not aware of having a particular emotion, it is nevertheless frequently betrayed by nonverbal and nonconceptual facial signals, such as frowning (disapproval), grimacing (pain), crying (sadness), smiling (pleasure), upturned eyebrows (anxiety), down-turned eyebrows and smiling (sadism), and so on. Bodily posture and tone of voice reveal these hidden emotions as well. Interpretation of these emotional states, or of resistances to experiencing them, will often lead to the beginning of awareness.

If the analyst senses that an emotion is not being fully experienced, he can ask the patient to describe the quality of that emotion in as much detail as possible. Often however, patients have a hard time putting their emotions into words. Some may respond to questions about what their emotions feel like with bewilderment: "What do you mean, 'what does

my irritation feel like'? I don't know how to describe it. How do you describe an emotion?" Trying to describe the *quality* of an emotion can be a challenge; it is not unlike trying to describe what an apple tastes like. The patient may at first feel a bit tongue-tied. But as difficult as it may be to describe the quality of an affect in words, the effort to do so often yields extremely useful results.

A patient talked about feeling joy, and I asked him to describe it. "It's like floating. It's like I'm a balloon, drifting upward," he said. "It's like I'm lifted up."

Another patient said that she felt angry. I tried to clarify this experience: "What is it like for you to feel angry? Tell me in as much detail as you can." She replied:

It's like a fire in my body. It's like wanting to shove somebody, to lash out . . . a desire to annihilate what is blocking me . . . I'd crush my enemy to bits. It makes me feel cruel, like a monster. My whole life is driven by rage. I can see I have so much rage, nothing but rage! After a while, though, I just feel depleted . . . powerless and crippled. I end up feeling stuck. Then I feel helpless.

As in this situation, a patient's first response to questions about the quality of an affect is sometimes the report of a bodily experience: e.g., a feeling of heat or pressure. These bodily experiences can be the concrete and sensory condensations of more abstract experiences of affect. They are in effect a language that uses the body as a vehicle of expression. In this language, anger may be associated with heat ("hot under the collar") and pressure ("I'm going to explode like a bomb!"). Sadness is often associated with a weighed-down feeling ("I have a heavy heart"). Shame may be associated with a burning sensation in the face. These bodily experiences are often connected to metaphors, fantasies, and memories.

If we explore the concrete details of these bodily experiences, we see that they are associatively tied to other mental phenomena—ideas, propositions, narratives, fantasies, metaphors, similes, and meanings. The attempt to describe affects may provide new information by means of metaphor. For example, a patient depicted the happy feeling he had

when he finished his final exams: "I was a kite soaring into the clouds on a sunny day." This metaphor communicated the experience of movement, expansion, and freedom once the burden of constant study had lifted.

Affect descriptions may lead to associated fantasies ("I felt very ashamed and inadequate, and that no one would want to be close to me") or memories ("I felt a sense of doom It occurs to me that this is *just how I felt* when I had bad dreams as a child").

Another patient, Mr. E, described his anger: "I was full of hate. It was like a gathering storm." He went on: "It happens when I feel dismissed and erased. It was like I wanted to crack my boss's head with a bat and beat him until he was just a bloody pulp." The patient laughed at this point. Dr. C asked what was funny. The patient replied, "I guess I enjoy the image." Dr. C followed up: "What's the enjoyment like?" Mr. E said, "I feel like I am in charge of everything. I'm the one in control for once. Finally, I'm the one calling the shots." It is characteristic that descriptions of emotions and/or bodily states connected to them lead to fantasies, often very graphic ones.

When asked to describe an emotion, some patients choose to give an account of the reason for their emotion rather than describe its quality. While this provides some information, it is often a resistance to exploring the subjective experience of the emotion itself in greater depth. For example, when I asked what her sadness felt like, a patient replied, "I felt sad because my boyfriend didn't call me when he said he would." This response consists of *ideas about* the emotion and, as such, it is a resistance to experiencing the emotion in more depth. When this happens, the analyst can turn the patient's attention back to *how it felt* to have this emotion, rather than focusing on why this emotion occurred.

Sometimes patients try to convey the experience of an affect by describing an action that the affect inspires. With affection, for example: "I wanted to hug him"; or with shame: "I wanted to run and hide"; or anger: "I wanted to stamp on his head."

Affects sometimes reveal themselves by their conspicuous absence. The analyst, Dr. G, was late for a session. The patient, Ms. W, was usually very sensitive to disappointments such as cancellations, lateness, and so

on. Yet she said nothing. She rather animatedly discussed work issues and said that things seemed to be going very well.

Dr. G inferred from past experience and the current context (his lateness) that it was likely that Ms. W felt hurt and angry, and was either consciously withholding this emotion or was not yet conscious of it. When he drew her attention to her having had to wait, her disappointment emerged. This process of putting oneself in the patient's shoes in terms of past history, character, current life situation, the state of the relationship with the analyst, and the nature of the patient's defenses is commonly referred to as *trial identification* and is one method of reaching empathic understanding.

Trial identification is a complex task, not unlike the effort an actor makes to learn about a character whom he will portray. The actor researches his character to learn as much about him as possible, so that he can more accurately imagine how he will feel and how he will act in certain life situations. The analyst creates the same kind of inner portrait of his patient and then imagines what the patient's likely affective experience may be. Sometimes the patient seems not to feel what the analyst expects him to, and the absence of this feeling then stands out in the analyst's mind. This absence may signal either the analyst's misunderstanding of the patient or the patient's defense against the expected affect.

Countertransference is another fertile source of information about the patient's emotional state. This subject has been dealt with extensively in the literature and I will not recapitulate those discussions here. The analyst can feel emotions that correspond to those of the patient, *concordant countertransference*, or those that complement what the patient feels, *complementary countertransference* (Racker 1968). A patient may behave in a manner that creates a predictable response in the analyst, and the analyst in turn may use various theatrical tools (the creation of a dramatic plot, props, timing, etc.) to elicit these characteristic emotional reactions (Lotterman 1990).

I once worked with a 19-year-old woman, Ms. H, who felt "stuck" in her treatment. She had no fantasies, no dreams, no body states, and, according to her, no notable emotions to report. She said she felt "reg-

ular.” She seemed a bit lost and a bit sad, although she said nothing manifest to confirm either state.

I interpreted her wish to keep me at a distance, and Ms. H rather dully admitted that this might be so. She began her treatment in a great deal of pain, which she handled by being belligerent and defiantly independent. She came across as a no-nonsense “tough girl” who could take care of herself, thank you. Now she appeared adrift.

I found myself wanting to take care of Ms. H. As she lay there on the couch, I felt close to her and sympathetic to her pain. I felt as though she were trying to make contact with me, but somehow she could not bridge the gap between us. Assuming that my feelings reflected her own affect, I wondered how I could interpret that she longed for me in a way that would make sense to her. But if I articulated this idea to her in those terms, it might appear to come out of left field. How could I get it across?

Part of the problem was that this woman had never really learned a workable language for expressing need and longing. Nevertheless, like a little girl, she wanted me to soothe her. I said that, early on, children need to be taken care of and comforted, and these needs take a very concrete form—like wanting to be held by their mothers or wanting to cuddle a pet. If she had had similar wishes, I imagined that she would now have a hard time allowing them into awareness and telling me about them. It might feel so strange and so foreign that she would not know what to say or even how to think about the situation.

Ms. H brightened up a bit at this point, and said that it was very interesting that I should mention that. As a child, she had refused to have anything to do with the family’s cat; she had never allowed herself to get close to it. Her sister, though, cuddled and played with the cat all the time. It was as if the patient had had a brain operation and the brain centers for those longings had been removed. Would those feelings ever come back?

In this woman’s case, it was my countertransference affect that contained and preserved the emotions the patient could not bear. They were the compass that pointed to Ms. H’s genuine feelings.

While asking about the details of felt emotions is helpful with all patients, it may be a particularly important part of the work with ob-

sessional or schizoid patients, who characteristically avoid awareness of emotions. A great deal of time may need to be spent on the isolation of affect in obsessional patients and the muting of emotion by dispersal and withdrawal in schizoid patients.

In my work, I proceed much as Fenichel (1941) recommended, paying preferential attention to resistance and transference. If an affect is related to transference, I will strongly consider exploring it. However, like Kernberg (1988, 1990), if there is an affect that dominates the patient's attention, even if it does not appear to be related to the transference, I will nevertheless ask about it. When intervening, I try to direct my interpretations only one step beyond what the patient is conscious of. And if there seems to be a resistance to speaking freely about something—whether an affect, a fantasy, or a specific behavior—I address this first of all.

We should keep in mind that understanding affects in greater detail is useful not only in locating the workable psychic surface. The exercise of bearing painful affects also strengthens the ego's functioning and coherence. The ego is called upon to mobilize its strengths in order to tolerate the pain and anxiety of disturbing emotions, and as a result, the ego's mastery and confidence in its own power increase. The ego's ability to become conscious of pathogenic fantasies increases in parallel with an increase in the ability to tolerate shame, guilt, and anxiety. Parts of the self that have been disavowed because they are connected with unacceptable affects can now return to awareness and can resume functioning, restoring the lost vitality of self experience. Earlier repression of these aspects of the self deprived it of a sense of aliveness and spontaneity.

And when an affect becomes bearable, emotions and fantasies are reconnected to the entire personality, reinforcing the experience of wholeness. In this process, painful, disavowed affects are mitigated by an awareness that these feelings do not define the entire personality.

CONCLUSION

Despite the fact that some authors have endorsed Fenichel's (1941) recommendation to follow affect as a signpost to what is alive in the patient's material, the particular usefulness of affect as a means of locating

the psychic surface is not widely acknowledged. Even those who endorse this role for affect have written little about it.

I have made the case that affect is an especially good marker of the workable psychic surface. Affect is part of a very early signaling system that alerts the individual and others about the status of the self. It is a rapid response and a largely automatic reaction that is only partially controlled by the ego and its defenses.

By comparison, ideas and fantasies are less firmly anchored in automatic sensorimotor responses, and are more susceptible to motivated distortions such as deletions, displacements, and condensations. Ideas and fantasies can be transformed by these defenses so that they become unrecognizable, and thus evoke little or no emotional reaction from the self. Fantasy fragments, whether conscious or unconscious, even if deciphered by the analyst, may not actively engage the self. Affects, however, by their very presence mark the fact that a certain mental element has become significant to the self; therefore, affect can be a particularly consistent and helpful barometer of what is currently on the patient's mind.

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REFERENCES

- ARLOW, J. (1993). *Psychoanalysis: Clinical Theory and Practice*. New York: Int. Univ. Press.
- BERGMANN, M. S. & HARTMAN, F. R. (1976). *The Evolution of Psychoanalytic Technique*. New York: Basic Books.
- BONANNO, G., KELTNER, D., NOLL, J., PUTNAM, F., TRICKETT, P., LEJEUNE, J. & ANDERSON, C. (2002). When the face reveals what words do not: facial expressions of emotion, smiling, and the willingness to disclose childhood sexual abuse. *J. Personality & Social Psychol.*, 83:94-110.
- BOWLBY, J. (1969). *Attachment and Loss, Vol. 1*. New York: Basic Books.
- BRENNER, C. (1955). *An Elementary Textbook of Psychoanalysis*. New York: Int. Univ. Press.
- BREUER, J. & FREUD, S. (1895). *Studies on Hysteria*. S. E., 2.
- BRIERLEY, M. (1937). Affects in theory and practice. *Int. J. Psychoanal.*, 18:256-268.
- DAMASIO, A. (1994). *Descartes' Error: Emotion, Reason, and the Human Brain*. New York: Putnam.

- DARWIN, C. (1872). *The Expression of Emotion in Man and Animals*. New York: Oxford Univ. Press, 1998.
- EKMAN, P. (1977). Biological and cultural contributions to body and facial movement. In *Anthropology of the Body*, ed. J. Backing. London: Academic Press, pp. 34-84.
- (1992). An argument for basic emotions. *Cognition & Emotion*, 6(3/4):169-200.
- EMDE, R. (1983). The prerepresentational self and its affective core. *Psychoanal. Study Child*, 38:165-192.
- FAIRBAIRN, W. R. D. (1941). A revised psychopathology of the psychoses and psychoneuroses. In *An Object Relations Theory of the Personality*. New York: Basic Books, 1952, pp. 28-57.
- (1946). Object relations and dynamic structure. In *An Object Relations Theory of the Personality*. New York: Basic Books, 1952, pp. 137-151.
- FENICHEL, O. (1941). *Problems of Psychoanalytic Technique*. New York: Psychoanal. Q., 1969.
- FREUD, A. (1936). *The Ego and the Mechanisms of Defense*. Madison, CT: Int. Univ. Press, 1988.
- FREUD, S. (1894). The neuro-psychoses of defence. *S. E.*, 3.
- (1895). Project for a scientific psychology. *S. E.*, 1.
- (1900). *The Interpretation of Dreams*. *S. E.*, 4/5.
- (1905). *Three Essays on the Theory of Sexuality*. *S. E.*, 7.
- (1915a). Instincts and their vicissitudes. *S. E.*, 14.
- (1915b). The unconscious. *S. E.*, 14.
- (1926). *Inhibitions, Symptoms and Anxiety*. *S. E.*, 20.
- GILL, M. (1982). *The Analysis of the Transference*. Madison, CT: Int. Univ. Press.
- GLOVER, E. (1955). *The Technique of Psychoanalysis*. New York: Int. Univ. Press.
- GRAY, P. (1986). On helping analysands observe intrapsychic activity. In *Psychoanalysis: The Science of Mental Conflict*, ed. A. D. Richards & M. S. Willick. Hillsdale, NJ: Analytic Press.
- GREENSON, R. (1967). *The Technique and Practice of Psychoanalysis*. New York: Int. Univ. Press.
- IZARD, C. (1971). *The Face of Emotion*. New York: Meredith.
- (1972). Patterns of emotion: a new analysis of anxiety and depression. In *The Emotions and Their Neurophysiological Substrates*. New York: Academic Press, pp. 1-25.
- (1977). *Human Emotions*. New York: Plenum.
- JONES, E. (1923). *Essays in Applied Psycho-Analysis*. London/Vienna, Austria: Int. Psychoanal. Press.
- KERNBERG, O. (1988). Object relations theory in clinical practice. *Psychoanal. Q.*, 17:481-504.
- (1990). New perspectives in psychoanalytic affect theory. In *Emotion: Theory, Research, and Experience*, Vol. 5, ed. R. Plutchick & H. Kellerman. San Diego, CA: Academic Press, pp. 115-131.

- KLEIN, M. (1975). *Love, Guilt, and Reparation and Other Works, 1921-1945*. New York: Delta Publishing.
- (1975). *Envy and Gratitude and Other Works, 1946-1963*. New York: Delta Publishing.
- LEDoux, J. & PHELPS, E. (2004). Emotional networks in the brain. In *Handbook of Emotions*, ed. M. Lewis & J. M. Haviland-Jones. New York: Guilford, pp. 157-172.
- LEVY, S. & Inderbitzin, L. (1990). The analytic surface and the theory of technique. *J. Amer. Psychoanal. Assn.*, 38:371-391.
- (1991). Interpretation. In *The Technique and Practice of Psychoanalysis, Vol. 2*, ed. A. Sugarman, R. A. Nemiroff & D. P. Greenson. Madison, CT: Int. Univ. Press.
- LIOTTI, M. & PANKSEPP, J. (2004). Imaging human emotions and affective feelings: implications for biological psychiatry. In *Textbook of Biological Psychiatry*, ed. J. Panksepp. Hoboken, NJ: John Wiley & Sons, pp. 33-74.
- LOEWALD, H. (1980). *Papers on Psychoanalysis*. New Haven, CT: Yale Univ. Press.
- LOTTERMAN, A. (1990). Emotional induction: communication via the counter-transference. *J. Amer. Acad. Psychoanal.*, 18:587-612.
- MENNINGER, K. & HOLZMAN, P. (1973). *Theory of Psychoanalytic Technique*. New York: Basic Books.
- NUNBERG, H. (1955). *Principles of Psychoanalysis: Their Application to the Neuroses*. New York: Int. Univ. Press.
- (1965). *The Practice and Theory of Psychoanalysis, Vol. II*. New York: Int. Univ. Press.
- OLDS, D. (2003). Affect as a sign system. *Neuro-Psychoanal.*, 5:81-95.
- PANIAGUA, C. (1985). A methodological approach to surface material. *Int. J. Psychoanal.*, 12:311-325.
- (1991). Patient's surface, clinical surface, and workable surface. *J. Amer. Psychoanal. Assn.*, 39:669-685.
- RACKER, H. (1968). *Transference and Countertransference*. New York: Int. Univ. Press.
- RAPAPORT, D. (1967). *The Collected Papers of David Rapaport*, ed. M. Gill. New York: Basic Books.
- REICH, W. (1945). *Character Analysis*. New York: Simon & Schuster.
- REIK, T. (1948). *Listening with the Third Ear*. New York: Farrar, Straus.
- SANDLER, J. (1972). The role of affects in psychoanalytic theory. In *Physiology, Emotion, and Psychosomatic Illness*, ed. R. Porter & J. Knight. Amsterdam, Holland/New York: Associated Scientific Publishers.
- (1985). Towards a reconsideration of the psychoanalytic theory of motivation. *Bull. Anna Freud Clin.*, 8:223-244.
- SANDLER, J. & SANDLER, A.-M. (1978). On the development of object relations and affects. *Int. J. Psychoanal.*, 59:285-296.
- SHARPE, E. F. (1950). In *Collected Papers on Psychoanalysis*, ed. M. Brierley. London: Hogarth/Inst. for Psychoanalysis.
- STEKEL, W. (1940). *Technique of Analytical Psychotherapy*. New York: Norton.

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- STERN, D. (1985). *The Interpersonal World of the Infant: A View from Psychoanalysis and Developmental Psychology*. New York: Basic Books.
- TOMKINS, S. (1972). Affect theory. In *Emotions in the Human Face*, ed. P. Ekman. Cambridge, UK: Cambridge Univ. Press, pp. 353-395.
- (2008). *Affect, Imagery, Consciousness: The Complete Edition, Vol. 1-4*. New York: Springer.
- WAELDER, R. (1964). *Basic Theory of Psychoanalysis*. New York: Int. Univ. Press.
- WALLERSTEIN, R. (1975). *Psychotherapy and Psychoanalysis*. New York: Int. Univ. Press.
- WINNICOTT, D. W. (1960). The theory of the parent-infant relationship. *Int. J. Psychoanal.*, 41:585-595.
- (1963). The capacity for concern. *Bull. Menninger Clin.*, 27:167-176.

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ON A SOMA-PSYCHOTIC PART OF THE PERSONALITY: A CLINICAL AND THEORETICAL APPROACH TO THE SOMATIC

BY GRIGORIS VASLAMATZIS AND GEORGE CHATZISTAVRAKIS

Inspired by Bion, the concept of a soma-psychotic part of the personality is suggested. The authors present four clinical vignettes to illustrate certain clinical phenomena in which the body played a key role in the patient's personal history, during the analytic process, or both. Certain aspects of analytic technique with these severely disturbed patients are briefly referred to, including the analyst's reverie and transformational capacity, and some observations made in these cases lead to tentative generalizations on mental functioning and psychosomatic unity. A theoretical model is constructed to contain both data and conclusions, and to offer a solution for the integration of the somatic in psychoanalytic theory.

Keywords: Bion, body–mind relationship, psychosomatics, alpha function, dream work, soma-psychotic, somatization, reverie, beta elements.

INTRODUCTION

In this paper, I will use a methodology that I believe allows for a distinction among the levels of identification, conceptualization, and theo-

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retical containment of psychoanalytic observations.¹ At the basis of this method lies a clinical phenomenon (e.g., transference, unconscious feeling, reverie) taken as a nonsaturated fact, in the sense that this is a first conception of the phenomenon, which also remains open to a new experience or to an alternative understanding. Conclusions (generalizations) are then developed as a first stage of processing, and the method is completed with the transformation of the latter into a theoretical model.

As shown by Wilfred Bion (1962a), psychoanalytic theory is itself a form of transformation of the real analytic experience. For this reason, analysts of different approaches give varying interpretations of the same material. I would like to stress Freud's argument that, already in describing the phenomena, the analyst is superimposing ideas that he/she has internalized. Freud (1915) acknowledges, however, that this is followed by classification, association, and processing of the material.

In this methodology, I would agree that observations on the interaction of transference and countertransference, and on the development of empathy, on interpretation and other interventions by the analyst, are all integral parts of the description of the analytic process. These provide an additional dimension, perhaps even a critical one for the completeness of a psychoanalytic model of the psycho-soma.

I will proceed to explore the analytic process in one analytic case and discuss issues of technique in relation to pioneering work on this topic by analysts such as McDougall (1989), Aisenstein (2006), and Taylor (1987), among others. What I suggest for discussion is a model including the different pathologies, on the one hand, and the different theoretical-technical proposals with regard to the primary psychosomatic (physical) organization, on the other. This model is influenced by Bion's work on the origins of thought and of psychic reality (1962b, 1967).

Bion reminds us of what Freud wrote—already in 1911—on the beginnings of thinking, the transition from the body to the mental realm:

¹ For uniformity of style, we will use the first-person singular rather than plural throughout the text. The case of Ms. B, which we will use as a model to elaborate on technical issues, belongs to the second author of this paper, while Ms. A, Ms. C, and Ms. D are the first author's.

Restraint upon motor discharge (upon action), which then became necessary, was provided by means of the process of thinking, which was developed from the presentation of ideas Thinking was originally unconscious, in so far as it went beyond mere ideational presentations and was directed to the relations between impressions of objects. [1911, p. 215]

Taking this line of reasoning a little further, Bion suggests that there is a personality function, which he calls *alpha function*, that operates on sensory data and protoemotions (what he calls *beta elements*, which are not representational contents, nor are they recorded in verbal memory). The alpha function transforms the beta elements into alpha elements, i.e., mental elements in the form of pictograms, according to Ferro (2002) and Rocha Barros (2000). This transformation enables alpha elements to be used as thinking and to become dreams or elements of everyday reverie, or to be stored as memories. Alpha elements can be linked together to construct representations of a higher order, while beta elements are suitable only for evacuation. Alpha function develops upon the absence of the maternal breast and tolerance of absence and frustration.

I will represent this as *Soma* → *Psyche*. Representation and the “mental” emerge out of concrete and sensory experience. Many factors (internal and external) are involved in this process: either facilitating (maternal reverie) or impeding (inability to tolerate frustration, excessive aggressiveness or envy, lack of reverie). In psychotic patients, the process of mentalization becomes partially or totally impeded. The alpha function is not developed and alpha elements are not fabricated. Then we have *Soma* → *Psychotic Personality*. The psychotic personality hates reality and attacks the links between subject and object, as well as the links between sensory experience and its representation (Bion 1959).

In this part of the personality, the use of projective identification prevails in order to discharge the beta elements that cannot be linked together, so as to create representations and dreams. Besides evacuation, some thoughts in their most primitive expression, in the form of pictograms, are destroyed. There is a destruction of the image, a blotting out, a process of radical suppression, an abolition that causes wounds in the mind (Green 1998). It is a hemorrhage of mental contents and

functions. The psychotic part of the personality prevails over the nonpsychotic, and the discharges (attacks) aim at destroying both object and self. The psychotic patient lives “not in a world of dreams . . . but in a world of bizarre objects” (Grinberg, Sol, and Tabak de Bianchedi 1993, p. 28).

For the patients I describe in this text, the existence of a third component of personality might be possible (I am using an idea of Bion’s in a different way): *Soma* → *Soma-Psychotic*. According to this view, the psychotic organization extends over both the mental and the somatic; it is an interdependent process. We can formulate the hypothesis that, contrary to those cases in which the psychotic part prevails over the nonpsychotic, the outcome of the relationship between the soma-psychotic and the nonpsychotic parts of the personality is often quite different. In my opinion, this relates to the existence of a sort of discharge gate leading to the body.

As Scalzone and Zontini (2001) pointed out, the term *soma-psychotic* indicates the failure of mental functions. I would add that this failure is followed by a tendency to resort to soma. The “hemorrhage” is contained by the body and is not diffused in the external world of objects. Thus, psychic disorganization is prevented, but at the cost of object-related cathexes.

THE SUBJECTS OF OBSERVATION

My observations were drawn from psychoanalytic therapies and from treatments of patients with severe psychopathology in a clinical psychodynamic setting (as described in Vaslamatzis et al. 2004). In this second setting, we treat patients who, although frequently seen in psychiatric services, seldom ask for analysis. The psychoanalytic observations in these cases derive from supervision provided by psychoanalysts in various types of therapies, such as individual psychotherapy, group psychotherapy, and art therapy.

The Case of Ms. A (from the Department of Personality Disorders)

An 18-year-old patient, Ms. A, in her last session in a psychiatric clinic, describes a dream to her treating psychiatrist:

Yesterday I had a dream: I was at my mother's family house. Someone was beating me, cutting me, calling me names, making a physical and mental wreck of me. But two young girls came along and killed my aggressor. Then I saw it was my mother. I was one of the two young girls and was pregnant, and because I had nothing to eat, I roasted and ate my mother.

But is this actually a dream? Is there any dream work in progress, or may we consider these dream thoughts to be concrete thoughts related to an ego failure to symbolize? In this case, what we probably have is a collection of unprocessed beta elements, according to Bion, which the patient's self-in-sleep is trying to contain. Following López-Corvo (2006), I argue that Ms. A is probably dreaming in order to "evacuate internal threatening objects" (p. 210), rather than to transform and metabolize them.

Bion described the way in which some raw sensory data and experiences, whether originating from internal or external sources, when not sufficiently transformed, cannot find a place in the mind. As mentioned, he called these protomental phenomena *beta elements*, distinguishing them from *alpha elements*, which, he posited, are the building blocks of the mind (unconscious fantasies, dreams, etc.). The transformation of beta elements into alpha elements takes place through alpha function, which is developed gradually in the newborn infant in interaction with the mother's capacity to contain and process this material—i.e., her own alpha function (Bion 1962a). In Ms. A's dream, the dream thoughts (the contained) almost overwhelm the capacity for dreaming (the container) and nearly destroy it (Ogden 2003).

The concrete thoughts of Ms. A the dreamer lie somewhere in between the dream process (which represents symbolic function) and the *beta element screen*. These are disturbing psychic events that appear to be dreams, but are not, and do not warrant the name *dream* (Bion 1962a; Ogden 2004) because they are dreamlike, imagistic, concrete, disturbing experiences about which neither the patient nor the therapist have genuine associations. The patient does not feel that this dream is life-promoting, nor can he/she easily distinguish between fantasy and reality, or even between sleep and wakefulness (Schneider 2010).

Ms. A is not overtly psychotic, but she can hardly distinguish dreaming from reality and cannot face her mother when she is in this mental state. She does not talk to her mother and avoids all contact with her because she is afraid of the confusion caused in her by the mother's physical presence, which prevents her from maintaining control of reality.

The unprocessed experiences appearing in the dream have a strong somatic character (to repeat: beating, cutting, pregnancy, hunger, eating) and could be accounted for by "memories" of preconceptual violent experiences, i.e., archaic physical traumas. We might call it the *protomental dream screen*, which represents the engraving of the nascent body ego (Lehtonen et al. 2006) or of the traumatic organization (Brown 2006).

As a final observation on Ms. A's dream, I would like to stress that the termination of the psychotherapeutic relationship during hospitalization is equated to a lack of food, as reflected in the feeling of hunger and the cannibalistic thoughts. It represents the repetition of archaic traumatic experiences of an empty breast.

The patient's history includes the following: at the age of three and a half, she developed psychogenic alopecia following the birth of her sister. At five, she vomited every morning and refused to eat for a whole year. At fourteen, after the death of her maternal grandmother (of whom she was very fond), she plunged into a long period of "an inability to experience feelings." We might call this *essential depression*, according to Marty (1966) and Aisenstein (2008), or *protodepression of adolescents* (Ferrari 2004). This may gradually evolve into pathological behavior (e.g., drug abuse, self-mutilation, piercing, provocative public behavior), with frequent periods of weight loss or eventually somatizations.

The Case of Ms. B (in an Analytic Setting)

Ms. B is a 40-year-old, married woman, a judge by profession, and the mother of a 5-year-old boy. She starts analysis at three times per week, her complaint being violent anger outbursts against those close to her, accompanied by persistent sadomasochistic fantasies. She goes through periods of complete inertia during which she finds herself unable to cope and remains in bed for hours on end. This inertia is followed by periods of excessive, hypomanic-like activity, during which she

drives around in her car incessantly, to the extent that the vehicle has undergone a certain amount of damage due to her impulsive behavior. She takes on all the duties and obligations of her family, and she sleeps very little.

Ms. B is haunted by a strong fear of death, both her parents' and her own. Sometimes she has panic attacks, thinking that she has cancer. She recalls that she has always suffered from one physical ailment or another: colds, tonsillitis, sprains, injuries, bulimic episodes, diabetes mellitus (after her pregnancy), migraines, allergies, fainting spells, and pains in the abdomen and intestines.

The patient's world as it emerges during the analysis seems contradictory and fragmented, and the relationships she forms with others could be described as narcissistic and as part-object relations. She appears to find it difficult to go through a mourning process and to experience the psychic pain connected with the processing of the depressive position. In fact, she cannot bear to accept loss, lack, or separation.

In line with her history, Ms. B continues to suffer frequently from physical ailments, experiencing daily a host of "petit mals" (her expression), while at the same time being deeply cynical and pessimistic. Metaphorically, she "wears dark glasses" (again, her own words)—courting the negative, death, and disorder, and is sarcastic in the face of every positive value. She feels like a terrorist, as though she were carrying a bomb that is about to explode and sabotage the system.

Almost two years after beginning her analysis, Ms. B is feeling physically better, is acting out less, and the extreme fluctuations in her behavior are less pronounced. She is, however, reluctant to attribute this progress to psychoanalysis. Ms. B finds it difficult to talk in an open, direct manner about what she feels, thinks, or fantasizes in relation to her analyst; it is as if she must omnipotently control their relationship continuously. Thus, at one moment she idealizes him, at another she devaluates him, and she consistently relates to him in a narcissistic way so as to persistently deny their distinctness and separateness, and to avoid at all costs feeling dependent on him.

During this period of time, the analyst goes to a congress abroad, and it happens that he has to be absent for longer than anticipated due to a health problem. When he meets Ms. B again, some time after the

agreed-upon appointment date for their next session, things are very different: two of her close friends and colleagues have become terminally ill with different types of cancer, and the terrifying attack on the Twin Towers in New York has just taken place. Ms. B finds herself especially stressed out and irritable; she is prone to getting into arguments with others, but she is reluctant to connect these feelings with the analyst's absence, tending to rationalize and justify them in order to diminish their importance. She complains of acute pains in the abdomen and intestines, pains that do not allow her to get any sleep.

After the Christmas and New Year's break, Ms. B returns to the analysis and tells the analyst that her physical pain became intolerable during the holidays. She also says that she has had a fever and blood in her stool. Although she was afraid of a cancer being discovered in her bowel, she forced herself to undergo medical tests, which revealed an inflammatory intestinal illness (Crohn's disease), for which she has been prescribed a strict diet and anti-inflammatory treatment.

Following the diagnosis of her illness, Ms. B becomes less narcissistic and turns more to her analyst for support. She is weaker and frightened, but also more at ease with herself; she recognizes that she needs him and endeavors to consider his interpretations. He, for his part, feels rather responsible for the state she is in, and has the feeling that he is unintentionally doing her more harm than good. He begins to doubt his therapeutic skills and whether he can really help her, beset by feelings of weakness, insufficiency, and guilt. He realizes that, while he was experiencing his own health problems and even after those were treated, his analytic function was suspended, as Ms. B's material—especially after the discovery of her illness—touches upon his own fear of death, his own narcissistic needs. He understands that Ms. B's "dark glasses" have become his, too, and that to get over this impasse, he must seek support and sustenance from his cherished good objects and especially from his clinical supervision.

In the analysis, Ms. B focuses on her relationship with her mother, who also suffered from an intestinal ailment. Shortly before Ms. B was born, her mother lost her much-beloved father, the patient's grandfather, and she seems to have been thrown into heavy mourning. For many

years, she wore black and may also have been taking medication during this period.

When Ms. B was three years old, her mother presented with severe pain in the abdomen and intestinal bleeding that almost killed her. She was finally diagnosed with precancerous polyps in the large bowel, which were surgically removed, and she returned home after a long absence. Ms. B remembers very clearly running up to her, longing to put her arms around her and give her a big hug. In so doing she pressed against the incision in her mother's abdomen. Her mother moaned in pain and slapped her. Then, in tears, the mother tried to hug her, but Ms. B obstinately withdrew. Ms. B's very dependent and extremely sadomasochistic relationship with her mother came to the fore.

One evening, as the analyst leaves his office after a session with Ms. B, the idea that Ms. B might be a member of a well-known local terrorist organization suddenly and unexpectedly crosses his mind. There are rumors these days about imminent arrests of members of this particular organization. He experiences a feeling of being threatened and is somewhat taken aback by this fantasy, but he also has the feeling that his analytic communication with Ms. B has been restored.

A little later, Ms. B relates a transference dream:

I belong to a revolutionary organization located in a hide-out somewhere in Athens. I'm given the assignment to kill an enemy. I get into a large vehicle, a container, and I approach the driver from behind and strangle him without seeing his face, feeling a savage joy as I do this. Then I think of turning myself in. Punishment doesn't scare me; I will miss our sessions, but I don't care—nothing matters anyway.

Ms. B recognizes that the driver is the analyst and that the vehicle symbolizes his therapeutic function as containment.

This and other, similar material brought by Ms. B to the sessions during this period show that the analyst's protracted and uncontrolled absence, at a moment when the patient was beginning to consider her analytic relationship more seriously, caused her intense feelings of frustration, anger, and envy. There seems to be a revival of her primary, traumatic, and very deprived relationship with her mother. As a result of her

attack on the therapist, she feels a strong, persecutory guilt. At the same time, the loss of her two friends to terminal cancer makes her desperate: good objects, internal and external, disappear and death seems to prevail. It is as if her worst fear has been confirmed: the object on which she depends is destroyed due to her own destructiveness, and there is no hope for reparation.

Psychic pain seems to overcome the patient's powers of symbolization, and other channels must be used—mainly somatic (physical) ones. The conflict between life and death is acted out in her body; she experiences suffering in the gastrointestinal tract, a direct reference to her mother's illness and to a part of the body involving nutrition and feeding—the receptacle of maternal milk, but also of the analyst's words. (At times, when Ms. B worked well in the analysis and was left with a feeling of satisfaction with herself and the analyst's interpretations, she came to the following session with ulcers in her mouth.)

It is as though a destructive somatic, internal object relationship were activated, one that refers to the primary relationship with her mother and is being repeated with the analyst. The analyst realizes that he is experiencing almost the same feelings that Ms. B experienced in her relationship with her mother, and tries to contain her instead of repelling her, to be alive and to survive analytically—making her feel that her destructiveness is not omnipotent—in order for her to reestablish the good object internally, in a stable and permanent manner. Six years later, as the analysis continues, Ms. B's inflammatory disease is in full remission; there are no laboratory findings of active illness.

To summarize, a somatic symptom—that is, a somatic, concrete expression of a nonsymbolic system activation, according to Solano (2010), an acting in the body—can manage to attract the attention and interest of the symbolic systems of both the patient and the analyst. In order for the symptom to acquire a symbolic and therefore a developmental value, it is crucial that the analyst's containment function and capability for reverie (Ogden 1994; Vaslamatzis 1999) are equal to the task. In the present case, the analyst's feelings and fantasies seemed to point to a restored alpha function, after the initiation of supervision and his own psychic working through.

The material and dreams that Ms. B brought to the sessions following the onset of her illness and the intensification of her transference to the analyst are proof of her satisfactory effort to contain and understand her anxieties. Her symbolic processing of her illness calls to mind Ferrari's (2004) vertical axis, which refers to the subject's mind-body relationship, "a body emanating sensations, a living body, or corporeality" (p. 53). By contrast, the horizontal axis has to do with interpersonal relations, with the most important interlocutor being the analyst in the transference.

The Case of Ms. C (in an Analytic Setting)

In the first years of her analysis, Ms. C is unable to take in anything I say about her psoriasis, although when she first came for treatment, this psychosomatic condition was relatively active. She responds to my comments with anger, rejecting as "nonsense" my attempts to connect her physical condition to her feelings. My understanding is that she looks upon what I have to say as threatening—not to say intrusive—to her narcissistic equilibrium, and I decide to let things lie. The dermatitis may be all too evident on the body, but not in the mental domain.

From the initial interviews, I learned that Ms. C's first outbreak of psoriasis occurred at the age of six. Later in her analysis, she says that the most severe flare-up occurred one and a half years before she started her analysis. At that time, she was working in another town when she was confronted with an emotional conflict shortly before finishing her formal studies. She broke off her relationship with a young man in Athens and started to date a work colleague, a man ten years older than she, whom she now considers "mad." She experienced this particular affair with great excitement. On one occasion, after having sex with him, Ms. C fell into a state of confusion, and while driving home had an accident and suffered extensive injury to her shinbone; she was hospitalized for a few days. As the healing process began, psoriatic flares appeared on the same part of her body. At that time, Ms. C was feeling confused, guilty, and emotionally depressed; she abandoned her plans for post-graduate studies in the United States and returned to Athens, where she resumed her relationship with her ex-boyfriend.

This case illustrates that, when physical sensations are extremely intense and threaten to overwhelm psychosomatic unity, the split between body and psyche offers a defensive solution.

In the course of Ms. C's analysis, I began to think that her short periods of anger and paranoid anxiety—and even those of idealization and identification with me—were expressions of a splitting of her emotional world, underlying a prodromal phase of the psoriatic flare-ups. If split-off elements are contained by the other (as external and internal object), and if a certain relief and processing are achieved, then there is a possibility that the body will not be affected. In Ms. C, the attacks seemed to represent a search for someone to mitigate them, to contain and metabolize them, rather than to destroy the other.

Ms. C's analysis went on for seven years. From the fourth year onward, the dermatologic disorder subsided completely, and at termination she had satisfactorily developed her intellectual and emotional potential in both her professional and interpersonal contexts.

The Case of Ms. D (from the Department of Personality Disorders)

A 26-year-old teacher, Ms. D, had been hospitalized twice before she was referred to us. Her changing and intense symptomatology (among which psychotic and depersonalization symptoms prevailed) had led her therapists to prescribe several treatments of many psychopharmacological types. Her symptoms invariably worsened when she was attaining something valuable, such as a master's degree, a friendship, or even a good therapeutic relationship.

Speaking in a false tone of voice, Ms. D said that, following the suggestion of her psychiatrist, she was consulting us for psychotherapy. She added menacingly that she could not take it any longer; she wanted to do "evil things." Furthermore, she suffered from "urine leaks." I suggested hospitalization in order to investigate, among other things, why she needed so much medication of various types, and, in addition to this, the possibility of psychotherapy.

During her hospital stay, Ms. D suffered from—among other symptoms—metrorrhagia, lumbar pain accompanied by unsteadiness when walking, headaches that kept her in bed on weekends during her leaves,

angry outbreaks against her fellow patients and nurses, and self-mutilations on her arms.

Toward the end of her hospitalization, Ms. D agreed to undergo psychotherapy, which would take place in an adjacent building outside the hospital grounds. But before starting out for her first appointment there, she complained to the staff of dizziness and nausea, and ten minutes after leaving, she called the hospital to say she had lost her way. She said she had fallen down because she was feeling extremely weak, and some construction workers had assisted her. At this moment her mother arrived and helped her reach the building. Due to this little incident, she arrived for her therapy appointment only ten minutes before the end of the session.

Here we can see that the suffering body occupies the forefront. Is it a “masochistic” cathexis of the body, due to failures in primary masochism, as postulated by Aisenstein (2008)? For Aisenstein, following Freud, primary masochism refers to the normal experience of the pleasure-pain mixture, where the infant’s anticipation of the feeding experience and oral satisfaction creates an increase in painful tension and excitation. If the mother—by oversatisfying the infant, not tolerating his/her crying, and by obstructing differentiation—does not allow the above experience to evolve, pain is disconnected from pleasure. This could lead to a permanent feeling of pain and a constant sense of illness, or to self-destructiveness and an inability to experience feelings of genuine self-fulfillment. Failures in primary masochism, according to Aisenstein, “often lead to borderline personalities who are disruptive and want what they want immediately; they cannot wait or experience desire” (2012).

This is a plausible interpretation. I also assume that Ms. D’s obvious pathology with respect to the treatment frame reflects a severely traumatic, archaic mother–infant relationship, and especially an inability to achieve containment.

With regard to the therapeutic process, we cannot overlook the problem of containment of the soma. It would be insufficient simply to state that the subject has been overwhelmed by aggressiveness against the body, or that the body merely reproduces trauma that is medically rationalized. The “German school” of psychosomatic disorders has come

up with interesting solutions to these issues based on long-term psychotherapeutic hospitalization (Beutel et al. 2008).

WHAT CAN BE DERIVED FROM THESE OBSERVATIONS?

I will briefly underline some of my conclusions. On the diagnostic level, we might speak of co-morbidity of borderline personalities and “psychosomatic” disorders, in the broader sense of the term. We might also speak of dysregulation in both the mental and the physical functions, as I have previously shown in relation to patients suffering from brittle diabetes (Ginieri-Coccossis and Vaslamatzis 2008).

Somatization is not identical with physical illness. In the former, it is argued that, to a greater or lesser degree, a representation of the body exists, while in the latter the disorder is created in the body as a “Concrete Original Object” (Ferrari 2004). Often, however, the boundaries are not clear and we are faced with co-occurrences. Indeed, which of these categories best describes the self-mutilations of a borderline patient, an anorexic crisis, or even Munchausen syndrome? In the latter, the body is the recipient of attacks from the subject itself, in order that the subject may become a “medical” patient.

Focusing on the mental functioning of the patients presented, I note that they have the following commonalities:

- An incapability to engage in a dreaming process (failure in the symbolic function and, generally, in the creation of representations) and a counterinclination for acting out and acting in the body (somatic discharge).
- A difficulty in experiencing mental pain (related to loss and separation) and a tendency toward suffering from physical pain, through somatic ailments or symptoms. The absence of the other (the analyst) may function as the loss of the psychobiological-regulatory object (Taylor 1987).
- The defective processing of emotions and sensations and an inability to achieve containment. We might argue that in these patients (see especially Ms. A and Ms. D), “representations are saturated with physicality or emotion”

(Ferrari 2004, p. 49). As a consequence, containment and processing are prevented, but persist as the patients' "demands" in searching for an analyst.

- The predominance of the body over mentalization. Mental processes are short-circuited, so that sensorimotor, emotional experiences are expressed through the body.

Generally speaking, the discharge of inner stimuli through somatic/physiological functions occurs simultaneously with primitive mental defenses (projective identification, splitting, narcissistic defenses, foreclosure, and/or total splitting between psyche and soma).

DISCUSSION AND CONCLUSIONS

First of all, I believe that the discharge of a dysregulating process to the soma often implies the shadow of an archaic trauma. This preconceptual trauma leads to an overflowing of beta elements (exceeding the ability to transform them into alpha elements). At a time when the infant's processing capacity is minimal—and sometimes even in combination with an impairment in the maternal containing function—this particular kind of "madness" takes shape. This involves both physiology (psychosomatic diseases, somatizations, the body becoming "delusional") and mental functioning (inadequate development of symbolic function, alexithymia, operational thinking, splitting, diffusion of identity, etc.). The psychotic function involves the body itself in the sense that the body is "getting mad": instead of silently containing its functions, it opens up "holes" where there are not supposed to be any; it bleeds or creates useless or even dangerous elements.

All this is observed in conditions like inflammatory bowel disease, psoriasis, asthma, brittle diabetes, chronic pain, and so on. At the same time, mental functions are involved. Here, too, internal cysts, "foreign bodies," and "black holes" (as the structural void is termed by Grotstein [1990]) are generated. All these are notions used to depict the archaic (Tutte 2004)—namely, very early and unprocessed experiences, which are registered as traumatic and as representational deficits. They cause a kind of mental bleeding in the sense of a loss of mental material due to forceful projective identification.

I agree with Mitrani's (1995) formulation that severe early traumas (e.g., separation, maternal intrusion, existential anxieties, nameless terror) cause somato-sensual excitation and are somatically recorded. They are presented (not *re*-presented) as body memories through the autonomic nervous system, the visceral organs, and the musculature. These body memories remain unmentalized and immutable, encapsulated and isolated, and find aberrant modes of expression such as somatization, somatic symptoms, or physiological anomalies of organ systems.

The Paris Psychosomatic School, highlighting the economic perspective, emphasizes that in these cases, the totality of instinctual excitations is enhanced and the psychic/mental apparatus is overloaded, resulting in somatization. Aisenstein (2006) and Aisenstein and Smadja (2010) argue that, while in psychotic pathology a splitting and destruction of the perception of external reality prevail, in psychosomatosi (a term having more or less the same meaning as the soma-psychotic part), we have a very early splitting and destruction of the endosomatic perceptions, clinically silent. In most severe cases, such as those involving autoimmune diseases or cancer, this initial splitting is correlated with a state of radical unbinding and defusion between the life and the death drives, which modifies the whole psychosomatic equilibrium of the subject, a self-destructive motion of the death instinct (Smadja 2011). These processes generally develop in nonneurotic patients characterized by a dimension of severe narcissistic loss due to deep and early psychic traumas.

In similar terms, we could think of Bion's (1962a) reversal of alpha function and the production of a beta screen, an impenetrable contact barrier composed of beta elements, which cuts the subject off from his very painful internal as well as his external reality. According to McDougall (1989), there is a total split between psyche and soma, and the emotional experience is excluded—foreclosed from the psyche, totally removed from it, and expressed through the body, where it is banished.

Following this line of thought, the question becomes: why, in these patients, is there concurrent or alternating physical and mental dysregulation? There is no easy answer to this question.

Starting with the fact that the newborn's body is the basic part of the first archaic links developed between mother and infant, Ferrari (2004), returning implicitly to the theory of primary narcissism, integrates the

body with the environment. He thus puts forward the dual perception of the vertical and horizontal elaborative axes mentioned earlier. Observing that in several severe psychopathologies, the patient uses his/her body in a way that turns it into a mere object, Ferrari concludes that “the body, the Concrete Original Object, is the main object of the mind and its primary reality” (2004, p. 17).

For Lombardi (2002), another author who focuses on the body-mind link and who is influenced by Ferrari, the body is “the first source, differing from person to person, from which mental phenomena are generated, and against which they are constantly measured” (p. 363). The psyche develops as the internal, physiological, corporeal stimuli are organized and contained. We may assume that some delicate balance is disrupted and dysregulation occurs at the moment of the “intermediate domain,” in between the bodily sensations and excitations and the promontal function.

Considering these issues from another perspective, that of Bucci's *multiple code theory* as presented by Solano (2010), we could describe the condition of each of the patients discussed in this paper, before the onset of illness, as a *disconnection between the subsymbolic and symbolic systems*. A potent psychic defensive maneuver causes an active blockage of the connections with symbolic systems, so that the various daily incidents inducing a subsymbolic activation cannot generate conscious, distinctive feelings and thoughts about these incidents. Thus, “enactments of subsymbolic activation fall short of finding symbolic connections that would entail the possibility of restoring meaning through these enactments” (Solano 2010, p. 1459).

This active disconnection leads us to a defense mechanism of severe dissociation between psyche and soma, that of disaffectation (McDougall 1989), to attacks on linking (Bion 1959), to foreclosed experience (Schneider 2007), or even to disobjectalization, to the work of the negative (Green 1999). In some patients, this disconnection is essentially deficit based, while in others it is more defensively based (Solano 2010). At any rate, what finally emerges in the clinical picture is a multitude of qualitatively different kinds of mental experiences and levels of symbolic elaboration that go beyond the simplified implicit/explicit (unmentalized versus mentalized) dichotomy (Lecours 2007).

Green's work on the dead mother syndrome (1986) and its discussion by Gurevich (2008) are also relevant to my observations and hypotheses. In a previous paper, I extensively discussed the incomprehensible, the lack of meaning, and the deadness of the analytic relationship (Vaslamatzis 2008). Gurevich's suggestion, in particular, about a negative developmental course leading to the inability to construct the transitional domain, complements my own suggestions. If the intermediate domain is damaged, archaic anxieties are spread over the psychosomatic level, without the ability to be represented. Perhaps this course determines the soma-psychotic outcome.

Let me note here that these ideas echo—although from a radically different theoretical foundation—Taylor's (1987) proposal on the role of withdrawal of self-objects as a *psychobiological regulating function*, which leads to dysregulation on both biological and psychological levels.

Allowing for differences among the various analytic languages used, I believe that Bion's formulations provide an advanced, abstract conception of the basic somatic and psychic functions, their interpenetrations and relationship. If we take as given the archaic splitting of the psychic organization and the developmental vicissitudes occurring before its structure is finalized, I propose the existence of a *soma-psychotic part of the personality*. This is a concept that adequately represents and contains the psychoanalytic research findings on the relationship between somatic and psychic functions, particularly in patients with a relatively serious somatic and psychic dysregulation.

My experience has shown me that the alpha function is not totally absent in these patients, contrary to what happens with the psychotic personality. That explains, in my view, why it is not rare to witness alternating creative and noncreative periods in analytic therapies with these patients. Something similar occurs in the analyst. The maintaining of his/her reverie function and capacity for transformational elaboration, despite the difficulties, is essential to the creative outcome of the analytic process. Similarly, Bichi (2008), in speaking of patients with serious traumas, emphasizes the alternation during the analysis between "remembering and interpretation . . . and the representational void and construction" (p. 541).

In conclusion, this paper proposes the theoretical inclusion of the psychopathology of certain patients with physical symptoms and corresponding analytic phenomena in the concept of a way of functioning at the borderline between the somatic and the psychic (i.e., representation). A traumatic experience in this initial stage leads to a dysregulation and consequently to a soma-psychotic part of the personality, which is activated in a crisis.

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REFERENCES

- AISENSTEIN, M. (2006). The indissociable unity of psyche and soma: a view from the Paris Psychosomatic School. *Int. J. Psychoanal.*, 87:667-680.
- (2008). Beyond the dualism of psyche and soma. *J. Amer. Acad. Psychoanal.*, 36:103-124.
- (2012). Personal communication.
- AISENSTEIN, M. & SMADJA, C. (2010). Conceptual framework from the Paris Psychosomatic School: a clinical psychoanalytic approach to oncology. *Int. J. Psychoanal.*, 91:621-640.
- BEUTEL, M., MICHAL, M. & SUBIC-WRANA, C. (2008). Psychoanalytically oriented inpatient psychotherapy of somatoform disorders. *J. Amer. Acad. Psychoanal.*, 36:125-142.
- BICHI, E. (2008). A case history: from traumatic repetition towards psychic representability, trans. P. Slotkin. *Int. J. Psychoanal.*, 89:541-560.
- BION, W. R. (1959). Attacks on linking. *Int. J. Psychoanal.*, 40:308-315.
- (1962a). *Learning from Experience*. London: Karnac.
- (1962b). A theory of thinking. *Int. J. Psychoanal.*, 43:306-310.
- (1967). *Second Thoughts*. London: Karnac.
- BROWN, L. J. (2006). Julie's museum: the evolution of thinking, dreaming, and historicization in the treatment of traumatized patients. *Int. J. Psychoanal.*, 87:1569-1586.
- FERRARI, A. (2004). *From the Eclipse of the Body to the Dawn of Thought*. London: Free Association Books.
- FERRO, A. (2002a). *In the Analyst's Consulting Room*. East Sussex, UK: Brunner-Routledge.
- (2002b). Narrative derivatives of alpha elements: clinical implications. *Int. Forum Psychoanal.*, 11:184-187.
- FREUD, S. (1911). Formulations on the two principles of mental functioning. *S. E.*, 12.
- (1915). Instincts and their vicissitudes. *S. E.*, 14.

- GINIERI-COCCOSSIS, M. & VASLAMATZIS, G. (2008). Dysregulation and containment in the psychoanalytic psychotherapy of a poorly controlled diabetic patient. *J. Amer. Acad. Psychoanal.*, 36:33-48.
- GREEN, A. (1986). The dead mother. In *On Private Madness*. London: Hogarth.
- (1998). The primordial mind and the work of the negative. *Int. J. Psychoanal.*, 79:649-665.
- (1999). *The Work of the Negative*. London: Free Association Books.
- GRINBERG, L., SOL, D. & TABAK DE BIANCHEDI, E. (1993). *New Introduction to the Work of Bion*. Northvale, NJ: Jason Aronson.
- GROTSTEIN, J. (1990). Nothingness, meaninglessness, chaos, and the "black hole," II—the black hole. *Contemp. Psychoanal.*, 26:377-407.
- GUREVICH, H. (2008). The language of absence. *Int. J. Psychoanal.*, 89:561-578.
- LECOURS, S. (2007). Supportive interventions and nonsymbolic mental functioning. *Int. J. Psychoanal.*, 88:895-916.
- LEHTONEN, J., PARTANEN, J., PURHONEN, M., VALKONEN-KORHONEN, M., KONONEN, M., SAARIKOSKI, S. & LAUNIALA, K. (2006). Nascent body ego: metapsychological and neurophysiological aspects. *Int. J. Psychoanal.*, 87:1335-1354.
- LOMBARDI, R. (2002). Primitive mental states and the body: a personal view—Armando Ferrari's concrete original object. *Int. J. Psychoanal.*, 83:363-381.
- LÓPEZ-CORVO, R. E. (2006). *Wild Thoughts Searching for a Thinker*. London: Karnac.
- MARTY, P. (1966). La dépression essentielle. *Revue Française de Psychanalyse*, 32:595-598.
- MCDUGALL, J. (1989). *Theatres of the Body*. London: Free Association Books.
- MITRANI, J. L. (1995). Toward an understanding of unmentalized experience. *Psychoanal. Q.*, 64:68-112.
- OGDEN, T. H. (1994). *Subjects of Analysis*. Northvale, NJ: Jason Aronson.
- (2003). On not being able to dream. *Int. J. Psychoanal.*, 84:17-30.
- (2004). This art of psychoanalysis: dreaming undreamt dreams and interrupted cries. *Int. J. Psychoanal.*, 85:857-877.
- ROCHA BARROS, E. M. (2000). Affect and pictographic image: the constitution of meaning in mental life. *Int. J. Psychoanal.*, 81:1087-1099.
- SCALZONE, F. & ZONTINI, G. (2001). The dream's navel between chaos and thought. *Int. J. Psychoanal.*, 82:263-282.
- SCHNEIDER, J. A. (2007). Panic as a form of foreclosed experience. *Psychoanal. Q.*, 76:1293-1316.
- (2010). From Freud's dream-work to Bion's work of dreaming: the changing conception of dreaming in psychoanalytic theory. *Int. J. Psychoanal.*, 91:521-540.
- SMADJA, C. (2011). Psychoanalytic psychosomatics. *Int. J. Psychoanal.*, 91:221-230.
- SOLANO, L. (2010). Some thoughts between body and mind in the light of Wilma Bucci's multiple code theory. *Int. J. Psychoanal.*, 91:1445-1464.
- TAYLOR, G. (1987). *Psychosomatic Medicine and Contemporary Psychoanalysis*. Madison, CT: Int. Univ. Press.

- TUTTE, J. C. (2004). The concept of psychical trauma. *Int. J. Psychoanal.*, 85:897-921.
- VASLAMATZIS, G. (1999). On the therapist's reverie and containing function. *Psychoanal. Q.*, 68:431-440.
- (2008). Keeping the analytic relationship alive: a clinical exploration into incoherence and lethargy. *Scandinavian Psychoanal. Rev.*, 30:106-112.
- VASLAMATZIS, G., COCCOSSIS, M., ZERVIS, C., PANAGIOTOPOULOU, V. & CHATZIANDREOU, M. (2004). A psychoanalytically oriented combined treatment approach for severely disturbed borderline patients. *Bull. Menninger Clin.*, 68:337-349.

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THE PSYCHOBIOGRAPHER'S AUTHORITY: QUESTIONS OF INTERPRETIVE SCOPE AND LOGIC

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Two charges are often raised against psychobiographers' authority (as well as popularized analytic case formulations): reductionism and causal overreach. The first pertains to interpretations that rely exclusively on analytic concepts but ignore the essential contributions made by neighboring disciplines, such as history, to the elucidation of lives lived elsewhere or in the past. The second charge is sometimes stimulated by exaggerated interpretive claims, but often reflects the critic's misunderstanding of the logical structure of genetic explanations. Three case studies illustrate reductionism as well as safeguards against it. They also support a critical discussion of the alleged logical defect.

Keywords: Psychobiography, reductionism, Freud, artists, language, Mozart, creativity, history, musicians, social milieu, retroduction, literature, logic.

Even in the days when psychoanalytic ideas enjoyed the greatest respect in our cities and suburbs, not to mention our universities, the general public regarded their application to the biographies of renowned historical figures with skepticism. Robert Coles, a psychiatrist and social researcher, writing in the *New York Review of Books*, could count on readers' approval when he lamented the brashness with which some authors transmuted the mysteries of creativity and leadership into simple, undiscriminating formulas, as though revealing secrets of the human soul (Coles 1973a, 1973b).

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Similar expressions of dissatisfaction have been voiced in the psychoanalytic literature. For instance, Mack acknowledged the “tawdry reputation” of this genre (1980, p. 546). Roland (1971–1972), Sander (2001), Viederman (1992), and Young (1988) offered related critiques.

In this article, I address two closely related aspects of a common challenge to the psychobiographer’s authority. To some extent, these also afflict the public’s more general assessment of psychoanalytic ideas and formulations. The first of these pertains to the scope of interpretations; this is the charge of reductionism. It arises when writers set out to make the most of the explanatory power of psychoanalysis, but end up ignoring the indispensable contributions of neighboring disciplines—for instance, history—to the understanding of lives. Mack (1980) declared that:

The principal methodological problem for analytically oriented biography remains how to weave together the data of historical and cultural context . . . and the later unfolding of adolescent and adult development—with the available information about childhood, which is likely to be fragmentary at best. [p. 553]

The complexities involved in integrating psychology and culture into a nonreductionist psychobiography were clearly discussed by Izenberg (2003) in a study of Wassily Kandinsky, the Russian painter and art theorist. In addition to a case illustrating this hazard, I present some methodological safeguards against it and illustrate these with two other psychobiographical studies.

The second challenge to the psychobiographer’s authority aggravates the first. It, too, afflicts not only psychobiographical studies, but also other formulations—for instance, clinical ones. It stems from some critics’ misunderstanding of the logical structure of causal explanations in these disciplines. More careful expositions by analytic authors and popularizers should forestall misguided objections.

THE PROBLEM OF REDUCTIONISM

Coles’s examples are instructive concerning certain psychobiographical strategies and critical responses to these. In reviewing *In Search of Nixon* by Bruce Mazlish (1972) and *The Revolutionary Personality: Lenin, Trotsky,*

Gandhi by E. Victor Wolfenstein (1967), Coles (1973b) found both authors agreeing that "reductionism is offensive." Yet "Nixon is called 'oral' and 'anal' at various points, as are Lenin, Trotsky, and Gandhi. Ambivalences are discussed, problems with mothers and fathers described at length" (Coles 1973b, p. 27). These authors violated not only good taste and humanistic values, Coles wrote, but also the standards of their own profession. Only Erikson was praised for his discreet configurational portrayals.

Readers of these reviews may have wondered whether Coles considered the mere mention of psychosexual and psychodynamic terms "reductionist." In the present article, I will not apply the term to any concepts as such, but to the relation between concepts and that which they are intended to conceptualize.

As an illustration, consider Wolfenstein's (1967) study in greater detail. He analyzed the lives of three revolutionary leaders so as to synthesize a general type; this "general hypothesis" could later be "operationalized" and its validity tested on another group of leaders (p. vii).

This ambitious endeavor and the procedure on which it relied are beset by the following problem. In order to isolate factors common to the lives of these and other revolutionary leaders in the annals of history, one must dig deep—down to the lowest common denominator, that is, to the conceptual level of elementary traits and other dispositional units. This involves a process of abstraction by which the specific political situations these leaders actually faced, as well as their larger contexts, are sifted out or stripped of their particulars, leaving only a timeless *type*.

This abstractive procedure was in keeping with the scientism of the early postwar decades. When pre- or postdictions were attempted, as was often done, they foundered or proved to be too vague. This was so because the indices of particularity had been ablated, as though all leaders conforming to this type could be expected to act identically or similarly when placed in each other's historical situations.

Such abstractions run counter to the common psychoanalytic view that individuals think, feel, and act in response to the meanings particular situations hold for them, that is, to the dynamic challenges and opportunities with which these confront them—instinctually, defensively, adaptively, and morally. In the analytic view, the external reality in which

the leader acts is not an indifferent template on which he blindly stamps invariant subjective designs.

Rather, the meaning a given situation holds for (or is given by) the individual evokes certain latent dispositions rooted in his or her life history. This, after all, is what we mean by *dynamic*. The pathway leads from an actual situation to the inner world of dispositions and back to the level of action in the real world. The tension between these two views—the typological and the dynamic—defines a reductionist relationship between concepts and that which is to be conceptualized. As a practical implication, few observers would expect Gandhi and Lenin to have changed places with any degree of interest or success.

Wolfenstein (1967) was, of course, aware of this limitation of his method. He wrote:

My interest has been quite exclusively in the motivations of the subjects As a result I have been forced to forego any systematic analysis of the men's cognitive characteristics and of the more broad-scale social, psychological, and sociological aspects of revolutionary behavior. [p. 302]

What I have sketched is the analyst's traditional working model in the clinical situation. However, analysts, too, sometimes neglect historical and cultural realities when interpreting biographies. Indeed, such instances of neglect and the outcries against them, both from within and outside of psychoanalysis, have dogged the field from the first. Sadger's "pathography" of the Swiss poet and novelist Conrad Ferdinand Meyer, presented to the Vienna Psychoanalytic Society in 1907, provoked a storm of indignation from his colleagues (Nunberg and Federn 1962, p. 255), and soon thereafter Freud's monograph on Leonardo da Vinci, intended as a corrective illustration of methodological discipline, was equally subjected to criticism by Renaissance historians for giving short shrift to the norms of the artist's time (Freud 1910; Schapiro 1956). However, such aberrations do not lay bare an inherent vulnerability of psychobiographical projects. Rather, they should be understood as symptoms of theoretical exuberance in what Kris (1952) called the "heroic age" of psychoanalysis, when the infant discipline flexed its interpretive muscle (p. 17).

In part, the perils of reductionism are due to the unsettled and poorly articulated role of external reality in psychoanalytic theory. Differences among analytic schools and orientations—for example, between self psychologists and those who privilege the creation of coherent narratives—illustrate this complex issue (Oliner 1996). To take another illustration, objective reality seems often to be viewed one-sidedly as restrictive and even punitive (Loewald 1952). Therefore, a theoretically consistent integration of dynamic factors and external reality—whether historical or contemporary—is hard to achieve.

Given these wide-ranging complexities and the discouraging effect they have had on psychobiographical studies inside the analytic profession, it seems worth exploring the methodological dos and don'ts in greater detail than has been done so far.¹

The Lure of Words

Creative individuals have always attracted psychobiographers, especially if their own words have come down to us through the ages. Freud himself was undoubtedly captivated by Leonardo's childhood memory/fantasy conveyed in a single sentence.²

The psychoanalytic biographer regards the subject's words, especially if they are unrehearsed and unguarded, as they often are in personal letters, diaries, and recorded conversations, as offering a clear window into the artist's inner life. The source of this belief lies, of course, in the analyst's clinical practice, where the analysand's words are treated as a reality that cannot be effectively challenged by recourse to extraneous material or other facts. Indeed, the patient's words define the meaning

¹ I will not discuss a related genre: the interpretation of artists' personalities in the light of their creations and vice versa. This, too, is a perilous undertaking. Not only literary critics and historians raise alarms about this practice (Knights 1973), but so do analysts. Bergmann takes issue with Bonaparte for basing her psychobiography of Edgar Allan Poe on his works as though they were dreams or associations (Bergmann quoted in Gedo 1972; Bonaparte 1949). Indeed, not only do art works and dreams differ regarding their elaboration of unconscious trends and their structural-topographic status, but both life and works of art must be understood in their time and place.

² "It seems that I was always destined to be so deeply concerned with vultures; for I recall as one of my very earliest memories that while I was in my cradle a vulture came down to me, and opened my mouth with its tail, and struck me many times with its tail against my lips" (da Vinci cited by Freud 1910, p. 82).

those facts hold for him or her, including even the words of others in his or her life.

Although psychoanalysis never discounts the impact of reality on development, it is through the imprint it leaves on the individual that we reconstruct it—whether that imprint is found in meanings or other dimensions of development. The meanings and their development are tracked through the evolving conversation between patient and analyst. In this extended dialogue it becomes evident to both participants that the same words, for instance, “I want to make something of myself,” mean different things at the start and end of a successful treatment. Nonverbal developments are tracked through other channels.

The successful outcome of a treatment depends at least in part on a dialogic process through which generally accepted public meanings are replaced by the patient’s personal, life-historically evolved ones that they previously camouflaged. The process begins as the patient tenders a complaint, for instance: “I am thirty-seven years old, still unmarried, and seem unable to form a lasting close relationship.” Initially, the analyst is bound to accept this statement at face value as though these words carried the generally accepted public meanings associated with a longing for closeness and with age norms. Even though the analyst knows that the private meaning of these and other words, lying at the root of the patient’s suffering, are opaque to him or her, he accepts the statement because without this acceptance, the exploratory process that will eventually clarify the individualized meanings would be stalled before it is launched.

What matters, therefore, is not the initial, tentative acceptance of public meanings, but their ready submission and susceptibility to more or less radical revision and individualized specification in the course of an extended and laborious conversation. For this is the heart of the analytic process.³

Wittgenstein (1953) refers to the process by which speakers build up a shared mode of communication through the interplay of action and

³ Critics of psychoanalysis who believe it is blind to divergent cultural values and meanings will surely take comfort from the fact that, even within one and the same cultural or subcultural group, the individualized exploration of values, perceptions, and beliefs is an integral part of good practice.

language as a *language-game*. That is, the meaning of a word or sentence is bound to the way in which it is used in a particular context. In an analytic treatment, the analyst advances a specific version of this process by means of his characteristic kind of listening and responding.

Difficulties arise, however, when vivid words attract the analytic biographer to lives lived elsewhere or long ago. It is often said that these difficulties stem from the lack of the subject's free associations. This must not be taken to mean a simple shortage of self-disclosing utterances. As my first case will illustrate, there are psychobiographical subjects whose voluminous self-revelations convey an intimate picture of their personalities. Rather, what is missing from psychobiographical explorations is the subject's verbal and nonverbal corrective influence on the interpreter's assumptions—assumptions that often reflect more on the interpreter's than the subject's place and time. When the subject's words, actions, beliefs, feelings, or ideas are abstracted from their time and place of origin, then their meanings in the subject's life cannot be grasped.

In this situation, the allure of words can lead into the trap of reductionism if the analytic interpreter slides into what Reed (1985) calls "the language expressing theory," as opposed to "the language of the clinical process" (p. 235). Not only the discourse but also the tone is apt to change. The clinical process, involving the disambiguation of manifest contents and the retrieval of the history of latent meanings in the patient's life, necessarily takes place in a mode and in a mood of tentativeness. By contrast, the pursuit of theory involves the subsumption of many dyadic explorations and discoveries under a few general conceptual headings.

Psychobiographers who are limited by a lack of dyadic and historical-cultural engagement with their subjects may then resort to the fixed meaning codes familiar from the language of theory—even though they are attempting to elucidate an individual life rather than pursuing a theoretical project. The tentative, fluid meaning relations familiar from the clinical situation become frozen and often take on a definitive, perhaps even sententious quality. When the focus is on public personages—artists or political figures—such formulations may serve the aims of idealization or condemnation, and—for aesthetic or partisan reasons—they

often stimulate not only vigorous dissent, but also disparagement of the interpreter's authority.

To the need for time-and-place specifications, we must add the importance of the "inner" context. Mack (1980) illustrates this by reference to the diary of Anaïs Nin. The entries in a diary (or in any other document) cannot be adequately appreciated unless one grasps the context of the writer's conscious and unconscious intentions in keeping the diary—a context that may change dramatically from one life stage to the next. For a discussion of additional examples of inner context in keeping diaries, see Wiener and Rosenwald (1993).

The Sad Tale of Mozart

Among creative geniuses of the past, none is better known to us through his and others' words than Mozart. He and members of his family, especially Leopold Mozart, his father, left us a voluminous correspondence (Anderson 1985). Mozart himself wrote freely and at length about his daily life, his triumphs and frustrations as well as about the people he met and his evaluation of them. One comes away with the sense that, aside from his unequalled gifts, he was a man like others we know. In part because of these generous self-revelations, there are more biographies about Mozart than about any other composer.

An even more important reason for psychobiographers' interest in him is that in the more than two hundred years since his death in 1791 at the age of thirty-five, the narrative of his childhood has been passed down to us in minute and lurid detail. We have come to know him as the child of a meddlesome, overcontrolling, guilt-slinging father, who exploited his extraordinary gifts financially and sought to promote his own fame at his son's expense. Excerpts of two letters written by Leopold Mozart exemplify the contents and tone that have continued to sustain psychobiographers' fascination with this father-son relationship.

For example, when Mozart was twenty-one years old and traveling to several German cities with his mother in search of an appointment at a princely court, he received his father's letter of September 28, 1777, containing this passage:

I only beseech you, dear Wolfgang, not to indulge in excesses; you have been accustomed to an orderly life from your youth,

and you must avoid heating drinks, as you know that you are likely to get hot and that you prefer cold drinks to warm ones Strong wines and too much wine drinking are therefore bad for you. Imagine yourself in what unhappiness and distress you would place your beloved mother in a far distant country. I would never hope to receive such an announcement. [Anderson 1985, p. 280]

A few months later, having arrived in Mannheim, where he would stay for several months, Mozart, now twenty-two years old, met the family of a young concert singer and fell in love with her. Leopold thought the match unsuitable, and on February 5, 1778, he wrote:

One slides without notice into this type of situation and then doesn't know how to get out One needs to use the greatest reserve and good sense where [women] are concerned, since Nature herself is our enemy; and whoever does not summon all his reason to maintain the necessary reserve, will exert it in vain later on when he tries to disentangle himself from the labyrinth, a misfortune, which most often ends in death I do not want to reproach you. I know that you love me, not only as your father, but also as your most certain and surest friend, that you understand and realize that our happiness and unhappiness, indeed, my long life or conversely my hastening death are, aside from God, so to say, in your hands Live like a good Catholic. Love and fear God. Pray with devotion and trust to him with full inner passion, and lead so Christian a life that, if I should never see you again, my hour of death may not be full of anguish. [Anderson 1985, p. 465]

Reading these moralistic and controlling exhortations, a modern reader is bound to fear for the future of the son. What damage such micromanagement must have caused his adult autonomy!

These apprehensions appear justified by two other representations: Mozart's notorious immaturity and the account of the lonely hearse carrying his body to a pauper's grave. I will return to the first of these portrayals later. As to the second, it epitomizes the story of the composer's eventual rejection, abandonment, and decline. Braunbehrens (1991) summarizes the story as follows.

Viennese society, and above all [Emperor] Joseph II, were to blame for Mozart's lack of recognition, slow demise, and interment in a pauper's grave, for his cruel abandonment by a society that did not acknowledge his genius and even prevented him from earning a living. [p. 165]

Peter Porter (1983) believes that a collective anachronistic sense of guilt fuels our unending preoccupation with Mozart's life: We are in his infinite debt, and we wish, irrationally, that we could have assured him the career he deserved.⁴ We seek to free ourselves from this burden with "paean of sentimentality" and by blaming all of Mozart's troubles on Leopold (Porter, p. 53).

Psychology serves us well in tracking the consequences of parental oppression. The most ambitious and insightful psychobiography of Mozart is undoubtedly that by Maynard Solomon (1995), who had earlier given us a psychoanalytic account of Beethoven's life, shedding light on many persistent obscurities (Solomon 1977). In a compelling early chapter, Solomon argues that Leopold Mozart's own failure, in his youth, to fulfill the expectations of his parents—namely, that he enter the priesthood—troubled his conscience deeply and spurred him on to repair the damage symbolically by casting his son as the sinner and himself as the exponent of righteousness. Solomon (1995) argues that Leopold misused his son as an instrument of atonement. He

. . . tried to control him as his mother [had] tried to control him Later on, like his mother, he refused to approve his son's marriage and, at the end, effectively disinherited him [as his own mother had done to Leopold]. [p. 211]

This externalization-undoing thesis is illustrated by Solomon's discussion of Mozart's low mood and creative doldrums during a period of a few months in 1790. He writes:

⁴ This is not astonishing if we recall the rumor of the envious Antonio Salieri as Mozart's murderer. The Mozart story has the makings of a Christian allegory: a child accomplishes marvelous deeds and enriches the world immeasurably, but is abandoned by that world and betrayed into an untimely death—a Christian allegory with the difference that here the son's undoing is directly or indirectly the father's fault.

Desolated at being sundered from his father [and] guilt-ridden at having rejected him . . . Mozart had belatedly succeeded in fulfilling his father's worst forecasts [by showing himself to be] irresponsible, negligent, wasteful, mendacious, unproductive, morally delinquent, incapable of properly managing either his household or his business affairs . . . wasting his money, his body, and his creative powers. [Solomon 1995, p. 465]

In short, according to Solomon's narrative, what Leopold had done, he had done too well—which means badly! Instead of undoing his own felt failures by producing a son of whom he could be proud, he ended up disappointed in the result. Mozart had accepted the role of sinner and, as a consequence, brought about his own moral and professional ruin.

A historian-biographer might confront this psychobiographical narrative with the following considerations. At the time of this dry spell, the composer was under various pressures—about his job security at court under the new, unsympathetic Emperor Leopold II; the dwindling of commissions as the continuing war against Turkey imposed a measure of austerity on potential sponsors; the absence of his wife from Vienna at a spa and the costly treatments of her illness, about which he was deeply troubled; and last but not least his worries about his own failing health and his severe rheumatic pains a year before he succumbed to this illness.

The pressure those worries put on Mozart at the time of his diminished creative output do not and cannot refute the repetition-undoing hypothesis, but they lessen the evidential value of Mozart's dry spell for his acceptance of the sinner's role. This illustrates how abstracting words and deeds from the there-and-then context may obscure the actual meaning that these deeds and words had for the subject. In a later section, I will discuss the relationship between historical and psychological insights. Before doing so, I will show in the next few pages that close attention to the historical context does not only transform the answers to a psychobiographical question; it may even moot the question as stated entirely and raise new ones.

The Question Transformed. Having summarized the widely accepted account of Mozart's comprehensive decline and fall, Braunbehrens

(1991) concludes it with the startling turn-about phrase: “every word of which is demonstrably false” (p. 165). Recent historical research makes clear that, at the time of his death, Mozart, far from being abandoned by the public, was in fact regarded as the world’s greatest composer; his death was universally mourned throughout Europe; he was never a pauper, merely a spendthrift (Moore 1989); and there were no paupers’ graves in Vienna at this time. By 1791, Mozart’s large debts were discharged; he had substantial commissions and other lucrative prospects.

With this change in the historical record, a psychologist might now ask a different question: what were Mozart’s sources of strength allowing him to reach the pinnacle of success despite an oppressive childhood?

Although creative artists sometimes incorporate the traces of painful childhood experiences in their works, it is not clear that such accomplishments help them control the adult residuals of past suffering (Shengold 2000). As I will show later, it is even more difficult to confirm the reasonable hypothesis that such suffering engenders or strengthens the artist’s creative inclinations or skills.

However, as a general topic, the phenomenon of resilience has occupied researchers for years (Heller et al. 1999; Masten and Wright 2010). To answer it in any particular case, one must comprehend the pathogenic influence as fully as possible. Here again, close historical study will help to focus interpretation.

New Individuals for a New Age. The Mozarts, father and son, lived in a period of vast social transformation. During the reigns of the Empress Maria Theresa (1740–1780) and of her son, the Emperor Joseph II (1780–1790), the privileges of the aristocracy were curtailed, and the Church became increasingly subject to the court’s regulation. A rising bourgeoisie gained status and wealth. The fate of individuals was no longer so firmly determined by their estate at birth, but depended more and more on their own talents and enterprise.

This transformation of society required adjustments in the raising and schooling of children, with a view to producing new personal dispositions, values, and manners. What is more, adults, too, had to retune and refine their ways. The pressures and difficulty of such readjustments lent parent–child relationships a special emotional intensity (Schlumbohm 1983). New media of socialization gained currency. Hundreds of

periodicals modeled on the English "moral weeklies," such as the *Tatler* and the *Spectator*, were published, in which questions of proper conduct were discussed. For the first time, children's books and children's theaters appeared, promoting obvious pedagogic causes (Mairbäurl 1983).

The need for prudence confronted musicians with particular urgency. In the previous generation, the age of J. S. Bach (1685–1750), they had been employed by the Church or by royal and aristocratic courts, where they occupied the rank of servants.⁵ Not until the early nineteenth century were musicians acknowledged as independent creative or performing artists. But now many aristocrats whose wealth had been trimmed by the "revolutionary" emperor's (Padover 1967) new tax code and legal reforms were forced to dismiss their house orchestras and in-house composers. These musicians flooded the market and entered into competition for the creative, performing, and pedagogic positions opening in the cities.

These new opportunities appeared as the social function of music changed. Members of the new bourgeoisie, sensing occasions for self-expression and self-advancement in public, commissioned compositions for their house concerts, to be performed by themselves, their well-educated nubile daughters, or by hired musicians. This created a rising demand for ever-new compositions and for performers to present them. Also, amateur musicians, eager to perform, needed sheet music and instrumental instruction. Both Leopold and Wolfgang Mozart earned significant income from these sources.

Given these linked developments, musicians' career success depended not only on talent, but also on social skills and business sense. Livelihoods were not assured, and poverty was all too common (Hochedlinger and Tantner 2005).

Whether by temperament or, as some have argued, out of rebelliousness against paternal authority—I shall return to these alternatives—Mozart was not always on his best behavior around those persons on whom his career and earnings depended. Not only did he write operas that were unflattering to the aristocracy (with a consequent drop in commis-

⁵ Haydn, for example, wore a servant's livery all the years of his employment by Prince Esterhazy, and Mozart complained about his humiliating treatment by his Salzburg employer, the Archbishop Colloredo.

sions from this estate), but at times he also indulged what Schroeder (1999) called his “carnavalesque” (pp. 126-140) vein⁶—his fondness for unconventionality, intemperance, pranks, obscenity, and a candid disdain for official authority, all of which is commonly described as Mozart’s immaturity—and demonstrated precarious management of his affairs. In this way, he often risked the esteem he enjoyed as well as his career itself (Schroeder 1999).⁷

Leopold, himself an exemplar of the older musical culture, was accustomed to making a meager but secure living as an employee of the archbishop of Salzburg, and was convinced that a musician needed a steady, salaried job to survive. When his gifted but socially rough-hewn and susceptible son abandoned his employ by the archbishop, moved to Vienna, and waded into the treacherous waters of the freelancer’s life, this struck Leopold as an utterly reckless move. These pressing social and personal concerns may modify our assessment of this father–son relationship and once more raise the question of whether and how the psychobiographer can integrate considerations of social history with psychodynamic ones.

The New Economics. To these challenges another must be added. The charge of exploitation was raised against Leopold because, on several occasions, he admonished his son to keep his parents’ and sister’s material welfare in mind when he appeared to waste opportunities to establish himself in his society. At other times, Leopold dissuaded him from accepting employment offers that did not additionally include similar offers to himself. Matthew Head (1999) speaks of Leopold’s “rapture” over the convertibility of Mozart’s “notes into gold” (p. 79). Such tactics and attitudes may naturally suggest that the father placed his own interests before his son’s and blocked rather than nurtured his career.

However, this charge, too, must be weighed in the context of certain further economic realities of the era and of the Mozart family. Although the welfare reforms initiated by Joseph II protected many groups in society—including the poor and members of minorities—with old-age pensions, these did not cover freelance artists and musicians. Even the few

⁶ The term is taken from Bakhtin’s writings (Dentith 1995).

⁷ A contemporary painting of a meeting of Mozart’s Masonic Lodge shows Lodge brothers seemingly recoiling from one of his utterances (Landon 1989).

lucky exceptions to this rule received only the scantiest allowances, and many ended in the poorhouse. The archbishop of Salzburg in particular, practicing austerity at his court, habitually underpaid musicians. In addition, if he employed two members of one and the same family—before Mozart moved to Vienna, he, too, was employed by the archbishop—he adjusted their incomes downward because it was the family, not the individual, who was widely regarded as the economic unit at the time. This is pertinent to Leopold's demands on his son.

A further normative consideration comes into play here. When Mozart was still a child, Leopold wrote to a friend and confidant that he regarded his son as a "miracle which God has allowed to see the light in Salzburg," and that it was his "duty to convince the world of this miracle" (Anderson 1985, p. 89). He put his own career on hold and took his son on the road. Mozart was away from home for eight and one-half of his first sixteen years of life. To make this possible, Leopold took leaves of absence from his job for long stretches and incurred formidable debts. As a result of the austerities and sacrifices he took upon himself, he was so poor that, when Nannerl, Mozart's older sister, wanted to marry, he could not afford a proper wedding. Given these social and economic conditions and familial circumstances, Leopold's reliance on his son's support, now that the latter had come into his own, was well within the norms.

These norms and the family's predicament complicate our interpretation. What Leopold asked of his son seems less idiosyncratic or arbitrary. Yet Head's (1999) observation, quoted earlier, is apt. There are indeed passages in Leopold's letters conveying a distinct libidinal satisfaction over his 10-year-old son's earning potential.

Perhaps Leopold's unabashed celebratory tone was intended to justify the pair's long absence from Salzburg with the argument that gifts and accomplishments that could command such improbable honoraria must not be withheld from the rest of the world. Even so, the accumulation of wealth could surely provide satisfactions for other than purely economic needs in the eighteenth century, as it does in ours. What, then, were the psychological uses Leopold might have made of these rightful demands, and what were their dynamic implications within his relationship with Mozart?

Social Norms and Individual Dynamics

Our review of the social-historical, cultural, and political-economic developments in late-eighteenth-century Austria and of the Mozart family's financial circumstances mitigates the impression of Leopold's potentially destructive influence on his son's development. However, it fails to extinguish it entirely because that impression was derived not only from the contents of his letters—seemingly arbitrary, over-particular counsel and self-serving demands—but also from their tone—priggish, intimidating, and guilt-inducing.

Style as Evidence of Character. It would seem as though no historical review could moderate our evaluation of this tone, which is, furthermore, in line with other information we have about Leopold. There is no doubt that he was a brittle, anxious man, easily upset when anything did not go his way. He lost many a night's sleep over matters of little consequence and had to be calmed down. According to some commentators, he was the least stable member of the family. His wife and children did what they could to protect him. It would appear, therefore, that the father's anxious, obsessive despotism was in full display at home as well as in these letters. To appreciate how the son reacted to them, we must consider a further historical development.

Not only books, "moral weeklies," and theater, but also the personal letter gained a new prominence in this self-consciously educational age—this *pedagogic century*, as a German educator called it at the time. In past centuries, letters had served mainly diplomatic and commercial purposes. But now in almost every European country, they became a channel for setting and spreading standards of desirable conduct and good taste. They were also the means of cultivating family relations, courtship, and friendship. Finally, they became the means of polishing the standards of the national language (Blackall 1978). This is also the century in which the epistolary novel became popular as a literary genre.⁸

Leopold Mozart was an ardent admirer of Christian Fürchtegott Gellert, a popular German author and the most illustrious pedagogue of

⁸ One thinks of Richardson's *Pamela* (1740), Rousseau's *Julie, or, the New Heloise* (1761), Goethe's *Sorrows of Young Werther* (1774), and Choderlos de Laclos's *Dangerous Liaisons* (1782).

style for the personal letter, and offered him eloquent homage. Gellert had published not only a manual on style but also model letters of his own, one of them to his son, which was as importunate and legislative as anything from Leopold's hand (Gellert 1769). He, too, burdened his son with accountability for his own serenity in the hour of death.

In the preface to the second edition of *A Treatise on the Fundamental Principles of Violin Playing* (1770), Leopold Mozart wrote that he planned to write an epistolary biography of his genius son that would simultaneously serve up models of parenting and letter writing. He hoped the public reception of this work would also compensate him in terms of income and fame for the career sacrifices he had made for his son. One can be certain that Mozart knew of his father's double purpose in writing his letters—one might say: of his father's inner context—and that he, therefore, took them less personally than he might have done otherwise—as a sort of stage whisper, ostensibly addressed to himself on stage, but actually meant to be heard in the gallery. In any case, an eighteenth-century Viennese reader of these letters would have approved of the values and practicalities they urged upon the addressee as well as of the elegant style.

This raises once more the long-deferred question of how general norms and individual dynamics are to be integrated. How do history and psychology divide the labor between them? One might suppose that historical study presents us with an array of the means and forms a culture makes available for the satisfaction of expressive and communicative needs, and that psychological study reveals and explains the needs determining an individual's choice from among these resources.⁹ But this distinction cannot be reconciled with psychoanalytic conceptions because—as we have seen in Leopold's use of the letter—the available means often shape the needs and appetites. In the case of creative people, needs can even transform the available means and redirect his-

⁹ For instance, Beres (1959) wrote: "The biography of an artist must consider his relation to his social milieu, and this would include his conscious use of the symbols presented to him by his environment. One must distinguish between the conventional use of symbols and their specific individual significance. As Gombrich points out, art can only become articulate through the symbols presented to the artist by his age" (p. 33).

tory from its accustomed course into new pathways.¹⁰ Furthermore, the use people make of the available forms and norms is determined by a constellation of dynamic forces.

An example makes this clear. In every age, a parent's conveyance of normative practical and moral standards is styled by dynamic life-historical factors, such as his or her unconscious fantasies and ambitions as well as narcissistic and identificatory tensions, among others. It matters whether the rules of desirable conduct are conveyed patiently or irritably, tolerantly or condescendingly, supportively or seductively. The instinctual, defensive, and moral load of the dynamic style blending with consensual norms constitutes the actual meaning for the child of what is being communicated. It is this blend and not only the style that usually determines the long-term consequences of child rearing, and, eventually, at least in some instances, confronts a therapist with a clinical problem or, still more rarely, a psychobiographer with an interpretive puzzle.

As just mentioned, the distinction between norms and style is not categorical since the dynamic component of a personal transaction is not confined to its rhetorical style; rather, style selects, emphasizes, or neglects aspects of reality in conformance with its own imperatives. An obsessional parent will not only convey guidance in obsessional fashion; the norms and values themselves will be selected and configured accordingly. To put this concretely, we can only speculate what form Leopold's influence on Mozart would have taken if he had lived in Vienna rather than in Salzburg and had had no occasion to write him letters.

If it is the dynamic aspect of parenting, including the contents and form of transactions, that is decisive for the child's development, then we might conclude that, given the overall realistic contents of Leopold's interventions, it must have been, if anything, his anxious, importunate style that drove Mozart to rebellion and to his risky, "carnavalesque" approach to life. However, this may be an erroneous conclusion as well, since it rests on the assumption that what holds for most people also holds for creative geniuses.

Mozart was after all not the only creative person to have led a free-wheeling life. The artist, seized and sometimes pummeled by powerful

¹⁰ This was certainly true of Mozart's works. Erikson's *Young Man Luther* (1962) illustrates this as well.

urges, is a recurrent image in history. Even among less shining artists, a penchant for unconventionality is common (Gusman, unpublished; Segal, unpublished). While it is of interest that creative individuals often combine their readiness to surmount the traditions of genre and discipline with a disdain for social norms and customs, there is no warrant to suppose an underlying rebellion against paternal authority in each of these cases.

Meaning and Coping. The usefulness of historical study can now be articulated as follows. It protects the psychobiographer against making extravagant, simplistic, and/or decontextualized interpretations. What counts as a biographical phenomenon in need of psychological decipherment can and must be differentiated from the normative peculiarities of another age or culture. But to differentiate does not mean to isolate! It means that the individual's actions can be shown to be dynamically significant within the alien context. This makes for a more sharply circumscribed interpretive problem. (The third case study will illustrate this.)

In the case of Mozart, this means that the better we understand the father's transactions in his time, the better we can understand his son's reaction to them. Even if Leopold was in the grip of his guilt feelings and his restitution fantasy, the very appropriateness of the advice he urged on Mozart may have diminished the stakes of either accepting or rejecting it. Mozart could follow it without feeling ensnared in the irrationality of Leopold's projective identification, and he could reject it without playing the role of unrepentant sinner. That is, when Mozart chose to act pragmatically, did he do so because he recognized the choice as prudent or because he submitted to his fathers' guilt induction? And when he acted imprudently, did he do so out of defiance or out of competing motives? No simple answers are available.

These uncertainties, in turn, raise another question: should the psychobiographer's interpretation of Mozart's penchant for the "carnavalesque" emphasize rebelliousness, short-sightedness, hedonism, or the struggle for creative freedom, given that each of these may play a part in it?¹¹

¹¹ Freud (1928) warned: "Before the problem of the creative artist, analysis must, alas, lay down its arms" (p. 177).

It is noteworthy that most Mozart psychobiographies are written from Leopold's perspective, not Mozart's. The implicit assumption is that Leopold's overbearing approach succeeded in overwhelming his son, and that Leopold's unconscious impulses, conflicts, and restitution fantasies mapped themselves fully onto Mozart's inner life. Perhaps this assumption goes unquestioned insofar as Mozart's victimhood is a foregone conclusion in the Mozart story. He is commonly seen as a tablet on which his father inscribed himself without hindrance—rather than as a separate individual, shaped by others, but having developed a relatively autonomous set of desires, capacities, and sensitivities, all of which come into play as he interacts with others.

The fact is, however, that Mozart was not brought down either by Leopold's portrayal of him or by his own internalization of this portrayal. This reminds one that any personal transaction has a "transmitter" or "seller" as well as a "receiver" or "buyer." One must, therefore, devote the same attention to Mozart's coping strategies and defensive resources as to Leopold's neurotic conflicts and preoccupations.

Little has been written about these strategies and resources. Therefore, we must speculate by analogy and extrapolation. There is copious evidence that Mozart took his father's advice seriously even when he flouted it. Especially in his early years, he often asked Leopold for help and advice with compositional projects. Later, too, he made use of what Leopold had shown or modeled for him. For example, Mozart moved with grace and self-assurance in the salons of Viennese society, as he had witnessed his father do during their extensive travels to European courts, and, far from playing the fool at all times, he cultivated sponsors adeptly.

Even in later years, he often reported more about his plans and projects to his father than he was asked for—even though he could have guessed that they were apt to be deplored. He may have done so to atone for his misdeeds by inviting a punitive reaction. But there is no other evidence for such tendencies. Just as likely, he wanted an orienting standard when he felt uneasy about particular commitments he was about to make. He revered and admired his father, sought his blessings for his undertakings, and felt deeply hurt when it was withheld. Yet there were also occasions when Mozart put his father's inquiries off with lies

and evasions—partly to protect Leopold against distress, partly to protect himself against reproaches.

The fact that Leopold's influence did not overwhelm or paralyze Mozart does not mean that his effect was only superficial. Nothing illustrates better how difficult it is to define its nature and extent than Mozart's operas. The difficulties a psychobiographer faces when sorting out the connection between Leopold's influence on his son and the latter's unconventional and "carnavalesque" inclinations stems from the fact that these inclinations can also be found in the libretti and music of his works, helping to constitute their originality and artistic worth. They changed the face of opera forever. To complicate matters, these libretti were created within the climate of the European Enlightenment and infused with its spirit and its sometimes revolutionary stand against traditional political and moral authority. Traditional *opera buffa* was guided into new paths.

The operatic genre has its own history; Mozart helped set its course, but he was not alone in doing so (Hunter and Webster 1997). Therefore, his innovations must neither be attributed solely to his personality makeup nor completely separated from it. Although his operas still frequently revolved around the affairs of the nobility, as had been common in the transition from the earlier *opera seria* and *buffa*, they were innovative in blowing the whistle on the aristocracy's misdoings and in introducing the concerns and emotions of ordinary people into a genre whose libretti had until then been populated exclusively with stock comical, mythological, or historical figures. In addition, Mozart found ways to sublimate his fondness for the "carnavalesque" by integrating moments of derision, masquerade, gender confusion, and impersonation into the plots, as well as a good deal of sheer charming tomfoolery.

This style was not confined to his operas, but extended into his daily life as well. Where, then, to draw the line between rebellion and creativity, art history and personal agenda, and where between all of these and a wider cultural and political upheaval? The traditional and unsailable answer to this question is that these forces do not exclude each other. Thus, while we know that Leopold did not bring his son to ruin—there was, after all, no ruin!—we cannot say with any confidence what negative or positive impact he may otherwise have had.

Although many questions about the relationship between these men cannot be answered without further research, the point of methodological interest is clear enough. The interpretation of an odd or problematic pattern of action or interaction involves two phases: (a) not until the individual oddity is distilled out of the alien, sometimes odd-appearing general historical and cultural context can the focal psychobiographical phenomenon be delineated and identified, and (b) only then can it be reinserted in that general context and understood in relation to it. The following second and third, briefer psychobiographical studies focus respectively on these two phases.

Solomon's (1995) psychobiography of Mozart, from which I have taken some excerpts, is by far the most brilliant among all of them. Other works in this body of scholarship display more striking examples of reductionist interpretation. They demonstrate that biographers often reach for their analytic tools to answer questions that would not puzzle a historian.

The Safeguards of Collaboration: Sir Henry Clinton's Troubles

The second study illustrates how one may avoid a disciplinary trespass, that is, mistaking normative historical or cultural distinctions for subjective, dynamic ones. This concerns the first of the two psychobiographical phases just laid out—extracting the psychological incongruity out of the anomalous historical context.

There is more than one way to avoid such category mistakes. The first is to pledge psychobiographers to the rule “don't call us; we'll call you!” The psychologist waits upon the historian and takes up those questions that the historian cannot answer. This is illustrated in an article by Frederick Wyatt, a psychoanalytically oriented psychologist, and William B. Willcox, a historian of the American War of Independence (Wyatt and Willcox 1959). When Willcox explored why and how the British “frittered away [their initial] military advantage” (p. 4), he discovered that prolonged, many-sided altercations among the naval and army officers gradually led to a breakdown of command.

Sir Henry Clinton, the commander-in-chief of the British army, was at odds with many of the ministers in London, his subordinates in the field, and his peers in the Royal Navy. Joint-service campaigns were held

up because Clinton dug in his heels and refused to compromise on a unified campaign plan. Other oddities in his conduct drew the historian's attention as well.

Prominent among these was the fact that, in the early years of the war, when Clinton was second in command, he often proposed brilliant and bold strategies to his superiors that were, however, rarely adopted. Yet when he became commander-in-chief, he devised equally good, though more prudent, plans and yet again rarely executed these, preferring instead to lead his forces in overly cautious defensive maneuvers. He often considered resigning his command but did not do so until 1782, after which he was blamed for the British defeat. He spent many years and great energy trying to exonerate himself.

The historian's initial explanations of the wrangling and the paradoxical strategizing in terms of "difficult colleagues" and Clinton's "prickly temperament" (Wyatt and Willcox 1959, p. 5) remained unsatisfying. Closer scrutiny showed that Clinton's strategies were rejected, despite their brilliance, because he invariably offered them in an uncharacteristically tactless fashion. When he was offered the chief command, he vacillated between accepting it and resigning altogether. The most spectacular oddity was that Clinton, who was in all ways a conscientious and forthright person, distorted the historical record of a campaign in 1781 when he described it after his retirement. He invented an order he never received and created the illusion that he had obeyed it.

The historian, realizing that common sense alone could not account for all these inconsistencies, called upon the psychologist, who, after acquainting himself with the relevant material, concluded that Clinton was a man who yearned for authority but felt unworthy of accepting it when it was in his reach. In a word, he felt guilty about exercising it, as though it were not legitimately his. He belonged to the type that Freud (1916) called "wrecked by success" (p. 328). This was consistent with the tendency toward self-defeat and self-restriction that so often interfered with Clinton's ambitions, as illustrated, for instance, by his tactlessness.

The collaborators' *modus operandi* illustrates how far the historian went in conceptualizing his material before he consulted the psychologist. Or, to put this strategy more schematically, not until the explanatory power of historically attuned common sense was exhausted ("difficult

colleagues,” “prickly temperament”) did the authors reach for the analyst’s concepts. This step was signaled when the historian acknowledged that he faced a genuine problem beyond his disciplinary competence.

The authors remarked that the general outlines of people’s feelings about authority are laid down in childhood, in relation to the paternal power on which they depend. If the child’s feelings for his father “were more than commonly ambivalent—more charged with hostility and awe, and consequently with anxiety and guilt—he may be both eager and extremely reluctant to assume the paternal role of authority and power” (Wyatt and Willcox 1959, p. 18).

Since the authors lacked information about Clinton’s childhood—indeed, very little is known even about his adult years before the American war—they made no strong claims for this early source. Yet this moderation by no means diminished the value of the disposition they attributed to Clinton. The authors’ method was that of *retroduction* (Hanson 1958): an antecedent known to be causal for an observed outcome is hypothesized, and the hypothesis is tested by seeking—and discovering—other known effects of this same antecedent. In Clinton’s case, the postulated authority conflict accounts for several documented oddities in his professional and private life. Psychobiographers should take note of this form of logic because it frees them to attempt interpretations even when no developmental information is available.

In one sense, these two authors obtained greater confidence in their findings than will be easily available to other biographers—precisely because there were two of them. They kept a log of their numerous conferences during which the historian could tender puzzling material to the psychologist. For example, on the basis of his familiarity with this era, Willcox found that Clinton’s “grief [over his wife’s death] was more devastating than the mores of his circle condoned and may well have been more than . . . normal” (Wyatt and Willcox 1959, p. 5). The psychologist would offer explanations that the historian could challenge if they contradicted historical evidence or accept if they agreed with it. In this fashion, they proceeded by successive approximations to their final formulation.

The procedure of forwarding circumscribed problems from the historian to the psychoanalyst avoids reductionism in two ways: (a) the psy-

chologist does not presume on the historian's or biographer's interpretations, but rather supplements or transforms them, and (b) he is kept from attempting too much and gaining too little.

Yet this same collaborative "don't-call-us-we'll-call-you" model suffers from a serious defect. While it protects the psychologist against over-interpretation, it does not insure the historian against underinterpretation. This is so because, as clinicians will readily recognize, observation and interpretation do not occur consecutively. The forwarded material may foreshorten or bias the psychologist's view if historical facts relevant to an interpretation are withheld because they escaped the historian's notice. Bergmann concludes that "creative hypotheses can develop only in the process of the detailed search for primary data; this part of the work therefore cannot be delegated to historians" (Bergmann quoted in Gedo 1972, p. 646).¹²

Keeping this limitation of the collaborative model in mind, we must nevertheless grant that limiting psychobiographical studies to circumscribed problems may be the better part of valor. Bergmann's (quoted in Gedo 1972) view is in line with this self-restriction:

It may not as yet be possible to write a full-length analytic biography; it may be necessary to restrict ourselves to partial efforts highlighting what general biographers have ignored or failed to understand, to undo denials and idealization, and to correct distortions, aided by freedom from unconscious reactions to our subjects. [p. 641]

This brings us to a practical question: will scholars who combine adeptness in psychoanalysis with expertise in history or literary criticism be drawn to biography? Clearly, some are, as the last case study demonstrates. Kligerman (quoted in Gedo 1972) expressed the further hope that interdisciplinary sophistication would be enhanced as more non-

¹² An illustration makes this foreshortening clear: Stephen Greenblatt (2004) noted that in several of Shakespeare's plays commoners are astonished to discover their royal descent. He related this recurrent theme to Shakespeare's father's persistent but unsuccessful quest for the status of *armiger*—one entitled to a coat of arms. However, since the discussion does not concern a recurrent daydream, but rather an illustrious corpus of dramatic works, a psychoanalytic interpreter would point out that canny playwrights have appealed to audiences' family romance fantasies since ancient times.

medical candidates are admitted to psychoanalytic training. Whether this has happened in the years since then is hard to determine since the number of psychobiographical publications by analysts is relatively small in comparison with that by humanist scholars, who often lack a thorough grasp of psychodynamics.

Problems as Warrants. How is the designated problem selected? The Wyatt and Willcox study (1959) exemplifies the process schematically. By passing along only those oddities he could not make sense of within the compass of a historical context he knew very well, Willcox presented the psychologist only with “purely” psychological puzzles. Although this *modus operandi* prepares the ground for a nonreductionist interpretation, it would be imprecise to claim that the forwarding of problems from historian to psychologist separates actions and interactions into those components that can be explained by reference to general norms and those that cannot.

As discussed earlier, social norms always allow for individual variation and, therefore, readily accommodate many dynamic, life-historically shaped choices without raising a historian’s eyebrows. The difference between the two disciplinary domains cannot be characterized without reference to irrational trends. More precisely, the “designated problem method,” as illustrated by the Clinton study, peels away the historical and cultural camouflage and lays bare the psychological oddity.

What qualifies as a psychobiographical problem or oddity? An exhaustive enumeration of possibilities is impossible, but it should be stressed that it is the interpreter, not the subject, who faces the problem. This might consist of a puzzling, conspicuous emphasis on or avoidance and curtailment of certain personal transactions or feeling states, recurrent patterns of (self-)injurious action, paradoxical strengths or achievements in one domain of experience and behavior side by side with deficiencies or failures in related ones, and so forth.

Psychologists may balk at enforced deference to other scholars since, in their daily clinical work, they define their own tasks. Yet, the dependence of analytic psychobiographers on the presentation of scholarly problems by others does not estrange their genre from the analyst’s professional culture; on the contrary, it brings it closer. Solving problems is, after all, the bread and butter of the analyst. Patients want help in

dealing with problems, and the analyst does his or her best to supply this. One does not analyze individuals because one can, but because one is asked to do so.

This problem-centeredness is integral to the analyst's craft—even at the level of clinical intervention. As Arlow (1995) shows, deviations from it are unlikely to be helpful to the patient. They are derived from a misapprehension of Freud's technical papers:

The model created . . . by [Freud's] technical dicta suggests an experimental situation. The patient becomes the instrument through which the analyst can . . . look at what is going on in the depths of the patient's mind . . . past what is apparent to the naked eye (consciousness). [p. 221]

According to Arlow, other metaphors involve

. . . digging below the surface to find hidden treasures Whether intended or not, these technical dicta have served to create a state of mind . . . that predisposes one to overlook the connecting links between thoughts, the shifts in mode of presentation, and *the intrusion of the unusual, the bizarre, and the unexpected*. It interferes with a proper application of the methodology of psychoanalysis so that interpretation becomes either arbitrary or irrelevant. [pp. 221-222, italics added]

Arlow's lesson can be applied to psychobiography. In the earliest attempts to explore this genre, the need for defined problems—obscurities, internal contradictions, exaggerations, paradoxes—as impetus to an investigation was not well understood. The analysts who rejected Sadger's paper in 1907 (Nunberg and Federn 1962) seemed not to realize that his study's failure resulted from the lack of an initial biographical problem. This is why his analyses offered only translations of selected patterns in the lives of his subjects into psychoanalytic terms. Freud may have come close to recognizing that the formulation of a presenting problem is essential for success when he lamented the "sterile topics" to which Sadger directed his energy, and when he declared that there "is altogether *no need* to write such pathographies" (Nunberg and Federn 1962, p. 257, italics added). This was indeed Arlow's lesson *avant la lettre*.

Whether Freud had the need for psychobiographical problems clearly in mind at the time is not known. However, by the time he offered his monograph on Leonardo (Freud 1910), he clearly met this requirement. His monograph was intended to explain certain inconsistencies in Leonardo's life—his “notorious inability to finish his works . . . a forerunner of his subsequent withdrawal from painting” (pp. 67-68), the contradiction between, on one hand, his well-known “quiet peaceableness and his avoidance of all antagonism and controversy,” and on the other, his devising of the “cruellest offensive weapons” as Borgia's chief military engineer (p. 69), as well as other inconsistencies. As we have seen, the shortcomings of the monograph did not stem from a lack of genuine psychobiographical questions, but from insufficient attention to historical and cultural particulars when answering these.¹³

The Autonomous Interpreter: Willa Cather's Lapse

The last case study to be presented may reassure the analytic psychologist who wishes to preserve his or her autonomy. It is certainly possible for a single scholar who masters more than one domain to address a psychobiographical problem by him- or herself. When undertaking the second phase of psychobiography—reinserting the individual psychodynamic phenomenon in its original context and seeking to understand it in relation to that context—the single scholar may even be at an advantage.

Leon Edel (1959), the literary critic and biographer, demonstrates this in his essay on Willa Cather's 1925 novel *The Professor's House*, a work widely regarded as a failure immediately after its publication, when a *New York Times* reviewer called it a catastrophe (1925, p. 8). The novel draws the reader in at the start with the story of a well-established professor at a midwestern university who has won a prize for his historical scholarship, but does not seem to derive much pleasure from life. Instead, he feels alienated from his philistine society and even from his family. His heart belongs to a past ruled by finer values. As the rest of his family gets ready to move into a new house, he hangs back and retreats into an ac-

¹³ Alan Elms (1988) published a psychobiographical essay on the question of why Freud violated the very precepts he set forth in this paper.

customed shelter—his attic study, shared with a part-time seamstress and her dressmaker's dummies.

The author then shifts to a second, seemingly unrelated story about one of the professor's former students, who has discovered some archeological artifacts in the American Southwest but is eventually betrayed by a friend who sells them without his consent. "But we cannot find that [the protagonist of this second story] is in any way a vital part of the story," writes Ford (1925), the reviewer for the *Los Angeles Times*. The novel then resumes the original thread. In the end, "few readers will feel satisfied" (p. 28). The author occasionally muses cursorily about life in a materialistic society.

At the time of its publication, the overall critical failure of the novel was all the more deeply regretted because it manifested Cather's "exquisite sensibility," wrote a reviewer for the *Manchester Guardian* (1925, p. 7), and because the portrayal of the professor and his family was begun with so much "sincerity, vitality, even profundity" (Ford 1925, p. 28). Furthermore, serious readers had come to rely on Willa Cather as "one of the soundest and most illuminating of contemporary American novelists" to provide insights into "American life in the middle west and what it did to the human soul" (*Manchester Guardian* 1925, p. 7).

Edel (1959) asks why this project, so well begun, went astray. In particular, he faulted the work for a question it raises but does not answer: why is the professor, in the bloom of life and outwardly successful in the middle of his thriving family, so alienated and withdrawn from the world? Edel turns to E. K. Brown, a literary critic, who illuminates the underlying, unifying theme: the professor is preparing himself for death. Yet nothing in the narrative tells us why!

To explore this question, Edel turns his attention to the novel's stock of symbols and their psychosexual significance. The professor's attic retreat is filled with literary symbols promising exclusive access to a maternal figure who will protect him against real life in a disappointing world. This theme is continued in the second, seemingly unconnected story about the former student's archeological findings. In this intervening story, the symbols point to a disappointing, deserting mother. Engagement in the world means a demand for continuous uncertain

growth, and retreat means stagnation and death. Why does the professor cling so to a wish for the infant's safety—even at the risk of death?

Edel now faces the choice of how to proceed from the translation of literary items—caves, curves, softness—into psychoanalytic symbols for womb, breasts, and other feminine/maternal themes. Rather than reconstruct Cather's personality from her literary text—a hazardous undertaking in any case—he seeks a biographical answer to the focal literary-psychological question. This allows him to identify what he regards as Cather's active emotional concerns at the time of the novel's composition.

Edel describes her childhood as marked by several uprootings and dislocations, a crowded home, and an aloof mother. Even in her early years, Cather sought shelter and relief from loneliness outside her family. At age twenty-six, she moved to Pittsburgh and struck up a close relationship with Isabel McClung, who offered her a home and sponsorship. At last she had found a shelter from a world whose materialistic trends she deplored. As described, the physical details of the McClung house show a striking resemblance to the professor's house, including dressmakers' dummies.

But Cather's newly found contentment came to an end when, after fifteen years of the most intimate association, McClung married. Cather felt abandoned and betrayed. The lost past became a central theme in several of her works.

The parallels between Cather's life and work led to new answers. As Edel set out to understand the failure of this work, his trifocal exploration—as literary critic, psychological interpreter, and biographer—helped him. What is known of Cather's childhood—the rootlessness and the crowd of siblings vying for the attention of an overextended mother—suggests what the loss of exclusive access to Isabel McClung might have meant to her. The scenic and thematic links between the novel and the recent rupture in her private life clarify the lapse in the novelist's craftsmanship. We need no longer read the novel exclusively as a complaint against contemporary decadence; in addition, we can now see it as a wounded cry on Cather's own behalf. Her loss of distance from her protagonist explains the character's searing depression as well as her failure to provide a motivation for it. In a word, she was overidentified

with the professor, too close to him to treat him with the writer's customary objectivity.

Edel was a near-contemporary of Cather's and required no great effort to adapt himself to the culture of her time. The methodological lesson he taught us is not only to address one defined problem at a time (phase one), but to strive for an understanding of Cather's frustrated or inhibited dependency needs in relation to her contemporary social and cultural context and to the task she had set herself within this context (phase two). Although Edel made an ingenious interpretive move, the problem he addressed was limited in scope.¹⁴ Had he attempted to construct a comprehensive psychological portrait of the author from this work, he might not have fared so well.

This returns us to our initial definition of reductionism: it is not the use of psychological concepts as such, but rather the relationship between these concepts and that which they are intended to conceptualize that must be kept in bounds.

LOGIC AND DOUBT

A common challenge to the psychobiographer's authority concerns not only the scope, but also the logic of interpretation. Although, taken together, our three illustrations demonstrate increasingly effective protection against the lure of words—the tendency to draw texts from another time and place into our own and to treat them in isolation from the living context—it is unlikely that such safeguards will keep critics at bay who levy charges of arbitrariness against psychobiography. Quite often these objections have a quasi-philosophical undertone that reflects a misunderstanding of the nature of such claims.

What Do Psychobiographers Claim?

It is likely that, had Freud carefully attended to all the artistic and social peculiarities of Leonardo's era to which Schapiro (1956) later

¹⁴ Literary-biographical problems are not limited to narrative failures; equally interesting are single works of enduring fame by authors who left no others of comparable renown, such as *Gargantua and Pantagruel* (François Rabelais), *Jane Eyre* (Charlotte Brontë), *Call it Sleep* (Henry Roth), and *Invisible Man* (Ralph Ellison). I thank Dr. Albert C. Cain for pointing this out to me.

drew our attention, critics such as the historian Stannard (1980) would still have rejected the analysis. In his full-bore assault on Freud's Leonardo monograph, Stannard dismisses the alleged relationships between the various reconstructed events in Leonardo's childhood and his adult creative work and personal life—not only because these reconstructions have since been challenged on a factual basis by historical research, but also because there is no scientific proof for any such claims.

For example, not only did Leonardo's mother not live away from his father, but even if she had, Stannard (1980) argues, "the most large-scale and sophisticated modern studies of the genesis of homosexuality provide no support for . . . the Freudian warm-mother/distant-father hypothesis" (pp. 15-16). Accordingly, Stannard spurns all these claims as nothing but products of Freud's ingenious imagination.

To put the matter in general terms, Stannard dismisses this claim as well as many others because it does not name a known *sufficient* cause. One speaks of a sufficient cause when its occurrence is certain to be followed by the effect. Presumably Stannard would accept Freud's alleged linkage only if it had been established that whenever a mother is warmly, even intrusively, affectionate and lives alone, the son will predictably develop some form of homosexuality.

A similar critique is brought by Jacques Barzun (1974). He points out that Goethe, who experienced difficulties in finishing his work, similar to Leonardo's, had grown up in a home with both parents! Barzun treats the proposed cause not as sufficient, but as *necessary*. One speaks of a necessary cause when any occurrence of the specified outcome is certain to be preceded by that cause. It appears that Barzun could accept the alleged claim only if it were established that whenever adults have a tendency to procrastinate, they are sure to have grown up in a single-parent household.

The evaluative criteria Stannard (1980) and Barzun (1974) apply to Freud's analysis are well known to us from the classic physical sciences, where the full explanation of a process requires its subdivision into a series of constituent subprocesses, within each of which the explained event is—ideally—a sufficient cause of the next.¹⁵

¹⁵ A note on the "large-scale and sophisticated modern studies" that fail to support

If we grant these critics' assumption that Freud proposed direct causal connections between events and conditions in Leonardo's childhood and traits exhibited in later years—an assumption shortly to be questioned—we may ask whether it is appropriate to impose this logical model on a biographical explanation.

When so examined, the model appears problematic. Historians typically make similar "unscientific" claims. For example, a historian may declare that the assassination of the Archduke Franz Ferdinand of Austria on June 28, 1914, triggered the start of World War I exactly a month later. Or, to cite one of Frankel's examples, a historian may declare that the English Corn Laws were repealed in 1846 because the price of bread had risen very high (Frankel 1959). What sorts of causal claims are these?

To repeat the definitions, an earlier event is said to be a sufficient cause of a later one if the earlier one is certain to be followed by the later one, and an earlier event is said to be a necessary cause if the later one is certain to have been preceded by the earlier one. To put this schematically, if X is the earlier and Y is the later event, then X is a sufficient cause if, when X is true, then Y must be true; it is a necessary cause if, when Y is true, then X must be true.¹⁶ It can be seen now that neither of these two historical explanations involves either sufficient or necessary causes: given the assassination or the high price of bread, the war and the repeal were not inevitable; similarly, wars have broken out and laws have been repealed for other reasons than the cited ones. Rather, these causal accounts involve what logicians refer to as INUS conditions.

Mackey (1965), who introduced this term, illustrated it with the example of a house that has caught fire. Experts attribute this to an electric short circuit. By itself, a short circuit is not a sufficient cause; it needs the nearby presence of inflammable materials as well as the absence of an

what Stannard (1980) reads Freud as claiming: important as such studies are for the development of psychological theory, their results are usually in the form of probability statistics. These can never be used to predict outcomes in an individual case. By the same token, the failure of such studies to show a significant correlation does not imply that the claimed relationship can never occur—only that no *regular* connection between these terms has as yet been empirically established.

¹⁶ This simple statement will suffice for our purposes; the full complexity of the philosophy of causation need not concern us here.

effective sprinkler system, and so on. However, the short circuit is an indispensable (“nonredundant”) part of a configuration of factors, which, taken together, are a sufficient cause—sufficient, but not necessary since house fires can be caused by other such bundled factors (for instance, by an arsonist equipped with matches and gasoline). The term INUS is an acronym; it designates an *I*nsufficient but *N*onredundant component of an *U*nnecessary but *S*ufficient condition (Mackey 1965).

This logical structure is typical not only of historical explanations, but also of many genetic explanations in psychoanalytic case studies and, with a qualification to be discussed later, of explanatory accounts given in psychobiographies.

The causal conditions cited in the Leonardo da Vinci monograph (Freud 1910) and in the essay on Willa Cather’s novel (Edel 1959) rest on the same logical structure; only in combination with other dispositions could they have caused the adult phenomena under consideration in these works.¹⁷ To be sure, it is rarely possible in histories or biographies or, for that matter, in clinical case formulations, to specify all the bundled components of such an unnecessary but sufficient cause and thereby to predict outcomes. Nevertheless, this is the logic in these domains of inquiry.

Prediction is impractical for another reason as well. Historical explanations are often formulated in terms of chains of events. Certain conditions motivated an agent to act so as to alter them, and the new conditions provided a reason for yet other agents to act, creating other conditions, etc. These linkages are as incalculable as the precise path taken by a brittle object rolling down a hillside and encountering various obstacles. The analogy holds because the object’s collisions with each of these obstacles will change its shape and direction to a greater or lesser degree, and because the long-range, cumulative consequences of these successive interactions and transformations are predictable only in principle, not in common practice.

¹⁷ It is fair to ask why a historian or biographer singles out a particular one of several bundled components. Why the assassination? Why the lonely, eroticizing mother? Frankel (1959) suggests that this selection is determined by the scholar’s larger theoretical, ethical, or political commitments.

To this must be added that, in historical and biographical studies, the "brittle object" is a human agent and the "terrain" through which the agent passes consists of various cultural and situational contexts that are themselves subject to unpredictable changes. In short, the explanatory power of history and biography would be paralyzed if these disciplines were held to the logical criteria of the physical and natural sciences. Many historians have, therefore, rejected the conception of historical explanations as based on universal covering laws. While some have turned to narratological conceptions, others argue that one can speak of explanations without resorting to covering laws (Ankersmit and Kellner 1995; Day 2008; Dray 1964; Hempel 1942; Scriven 1962).

It is surely impressive that despite the elusiveness of general laws in social science, and despite the prevalence of a different sort of practice in historical scholarship, some critics of psychobiography and psychoanalysis hold these endeavors to a different standard. This is all the more astonishing when these critics—for instance, Stannard (1980) and Barzun (1974)—are themselves historians familiar with the practices of their own discipline.

The Logic of Psychobiography

The discussion in the previous section provisionally granted the assumption that psychobiographers seek to forge direct causal connections between childhood conditions and adult traits. But is this assumption justified? Did Freud (1910) argue for a direct causal link between Leonardo's childhood circumstances and his adult traits? Did Wyatt and Willcox (1959) and Edel (1959) claim such connections for their subjects? In fact, none of these studies conforms to the critics' stereotype.

It should be clear from the review of Edel's study that he did not introduce the biographical material pertaining to Willa Cather's early childhood in order to supply the cause of the novel's composition or of its narrative defects. Rather, he drew on it to suggest a more precise characterization of Cather's likely emotional disposition at the time she wrote the book and failed to account for a central aspect of the story. The childhood material suggests how devastating Isabel McClung's "betrayal" was for Cather or, to put the point more simply, what the adult

event might have meant to her. Edel's concern here is with a life-historically shaped reaction to a current event.¹⁸ What we know about the novelist's childhood helps us appreciate her mood and her sorrowful preoccupation with a vanished happy past. We can imagine that, steeped in her own bitterness and dejection, she might have felt impelled to give it immediate expression, but perhaps without recognizing the need to account for it in the narrative.

Wyatt and Willcox (1959) equally proposed a current conflict accounting for various incongruities in General Clinton's behavior—a single disposition to clarify them all at once; the authors made barely any mention of the general's childhood but merely conjectured a possible childhood origin. To the extent that they provided the reader with an understanding of the problematic behaviors, they did so by linking them to a current disposition, not by deriving them from childhood events.

As for Freud, he, too, began his monograph with the enumeration of several contradictions in Leonardo's adulthood that made him into something of an enigma even to his admiring contemporaries. Only then did Freud propose a central conflict—a struggle against erotic impulses and other forms of self-assertion. In looking for a likely source of this inhibition in the sparse record of the artist's early life, he pointed to the avian memory/fantasy as plausibly a manifestation of the psychological climate in the artist's childhood.

In each case, the psychobiographer proposed a psychological disposition—a conflict or emotional state—to explain an otherwise unexplained pattern of behavior. The psychoanalytic method, whether applied to patients or biographical subjects, exhibits the same logical structure. It proceeds from problematic surface phenomena to underlying states, and only gradually and with detours—in many cases, tentatively—to the childhood sources of this underlying state.

There is no need to discuss here how such linkages are constructed in each case. The main point is that Freud, Wyatt and Willcox, and Edel did not hazard grand, direct leaps from causes in childhood to effects in adulthood. Rather, they worked backward, intent on capturing the

¹⁸ Sherwood (1969) makes a similar point about psychoanalytic treatment: the aim is not to explain particular symptoms and traits one by one, but to array them meaningfully in a life history.

agent's disposition at the time of the perplexing action, and only then speculating how the disposition might have been shaped by the prior life history and by contemporary conditions.

To extend a conclusion reached earlier, the psychobiographer who distinguishes childhood conditions, mediating dispositions, and overt (patterns of) action does not draw direct connections between these categories, but offers open-ended linkages—open-ended in both directions. That is, there is more than one path leading to a given disposition, and not everyone with this disposition will exhibit the same behavior. To put it bluntly, the hypothesized disposition as well as its hypothesized source in childhood is an INUS condition.

How does the psychobiographer support claims of such linkages? The analogy of an object's descent from a hill suggests a form of argumentation shared with other "genetic" sciences, such as embryology, biology, geology, and paleontology (Gallie 1959). Rather than identify causes that allow one to predict remote outcomes, scholars in these fields contribute to our understanding by emphasizing "either a continuity in direction of development or else a persistence of certain elements within a particular succession of events" (p. 388). So much can be said for all these "genetic" fields. What makes history and biography special cases of genetic sciences is that they deal with human actions. The persistent element invoked in explaining an action may be a lifelong disposition that has manifested itself on other occasions. It is the multiple manifestations of Leonardo's inhibition, Clinton's authority-conflict, and Cather's flight from loneliness that lend support to the respective psychobiographical interpretations.

When the supplied motive is rational even though discreditable, readers readily accept the explanation as plausible. However, the more challenging cases that come to the analytic interpreter's attention often involve motives and ideas that are disclaimed by the agent and so remain obscure. When primitive drives or irrational ideas appear to motivate an action, the interpretation is harder for the public to accept, especially in a culture that, despite taking pride in its individualistic ideals, commonly values voluntary conformity and the rule of common sense more than expressions of subjectivity. Indeed, it may be chiefly this valuation that powers many rejections of psychobiography rather than methodological

reservations. We do not like to hear bad news about people we admire or complex explanations tending to dampen the moral opprobrium of those we despise.

A Limit of Conviction

I will conclude by pointing to a source of legitimate and irresolvable doubt that further mandates psychobiographical modesty. Even though a proper articulation of the logical structure can keep a psychobiography from being subjected to irrelevant evaluative standards and consequently found wanting, a remnant of legitimate doubt and uncertainty must remain. This reservation is akin to the caution with which experienced clinicians rightly react to certain formulations offered at case conferences after one or more evaluative sessions with a new patient. These formulations—concerning the patient's dynamics, suitability for treatment, and the like—are inevitably presumptuous. Only the accomplished therapeutic process can fully legitimate such accounts.

Famously, the analytic treatment is not constituted as a process of smoothly cooperative construction by the analytic dyad, but rather requires, among other things, the resolution of ambiguities, the analysis of resistance and transference, the uncovering of false leads, the filling in of life history gaps, and the working through of changes and insights. A patient's initial account of his or her situation is transformed, developed, and completed during the treatment through a series of analytic interventions. These necessary efforts are not regarded as simply a hindrance, but as essential to the understanding of patients' lives. One may, therefore, say that the final narrative "summarizes and justifies what the analyst requires in order to do the kind of psychoanalytic work that is being done" (Schafer 1980, p. 53). It is this work—the physical analogy of force times distance is apt—this effortful engagement, eliciting resistance and/or new associative material and other developments, that supplies the analyst with conviction concerning causal connections and authenticates the truth of the narrative it engenders. I have discussed this in greater detail elsewhere (Rosenwald 1992).

In the case of psychobiography, this work cannot be undertaken; the interpreter's labors come to an end at the point where the analyst's

usually begin. The difference between a psychoanalytic and a psychobiographical life narrative is analogous to the difference between the first-hand observation of an object's movement in space and the filmed record of such a movement. In the former case, the observer obtains information about the object's direction and speed from the proprioceptive feedback supplied by eye and head movements—the work required—when tracking the motion. In the case of a filmed movement, the camera has anticipated the work of tracking so that this feedback information and the full quasi-muscular conviction of the reality of movement are unavailable. Just so, the psychobiographer rarely obtains either direct corroboration or corrective reaction from the psychobiographical subject. This leaves the psychobiographer alone in charge of work that, in a therapeutic exploration, is shared.

This consideration places our earlier discussion of causal explanation in a new light. The psychobiographer borrows his or her interpretive insights from the accumulated stock of clinical experience. He or she turns causal connections uncovered during decades of actual treatments into virtual ones. That is, the relations between childhood conditions or events and adult phenomena documented in biographies are analogized to those between similar conditions and phenomena constructed in clinical treatments. As a consequence, the psychobiographer's conviction about these virtual causes is bound to be weaker than the analyst's. The proposed connections derive their plausibility from their clinical models.

This tentativeness is no cause for disparagement or discouragement. Psychobiographical and clinical interpretations serve different purposes. The practicing analyst undertakes to provide the patient with relief from suffering and the possibility of a richer life, while the psychobiographer hopes to help an audience make sense of a problematic biographical text.

Given these and other limitations, psychobiographical interpretations will be more easily accepted by a lay readership if they are not phrased in sensational terms, as sometimes happened in the early days of psychoanalysis. For instance, Coles (1973a) chided Freud—not without reason—for having asserted that

Only a man who had had Leonardo's childhood experiences could have painted the Mona Lisa and the St. Anne, have secured so melancholy a fate for his works and have embarked on such an astonishing career as a natural scientist, as if the key to all his achievements and misfortunes lay hidden in the childhood phantasy of the vulture. [Freud 1910, p. 136]

As shown earlier in this article, Freud's argument and exposition were actually more cautious than this somewhat hyperbolic passage suggests, as though Freud had mistaken his interpretation for something it was not. This, too, must be seen in historical perspective: extravagant claims are a traditional privilege of conquistadors!

Finally, historical context also plays a role in the rhetoric of psychobiographical formulations because, among other things, they are likely to serve up the irrational and primitive in human development and functioning. Such revelations tend to elicit a lay audience's disbelief and dismay. For this reason, the psychobiographer will fare better if the audience is helped to appreciate the insufficiency of the historian's explanatory resources. Only when the readership shares the historian's perplexity, and perhaps not even then, will it be ready to learn how the hermeneutics of psychoanalysis, refined over more than a century, can be tapped to restore pieces, large or small, that have been missing from the picture. Such explanations cannot fail to enhance the audience's psychological sophistication; they expand its common sense rather than bow to it.

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REFERENCES

- ANDERSON, E., ed. (1985). *The Letters of Mozart and His Family*, London: Macmillan.
- ANKERSMIT, F. R. & KELLNER, H. (1995). *A New Philosophy of History*. Chicago, IL: Univ. of Chicago Press.
- ARLOW, J. A. (1995). Stilted listening: psychoanalysis as discourse. *Psychoanal Q.*, 64:215-233.
- BARZUN, J. (1974). *Clio and the Doctors: Psycho-History, Quanto-History, and History*. Chicago, IL: Univ. of Chicago Press.

- BERES, D. (1959). The contribution of psycho-analysis to the biography of the artist—a commentary on methodology. *Int. J. Psychoanal.*, 40:26-37.
- BLACKALL, E. A., (1978). *The Emergence of German as a Literary Language, 1700–1775*. Ithaca, NY: Cornell Univ. Press.
- BONAPARTE, M. (1949). *The Life and Works of Edgar Allan Poe: A Psycho-Analytic Interpretation*, trans. J. Rodker. London: Imago.
- BRAUNBEHRENS, V. (1991). *Mozart in Vienna, 1781–1791*, trans. T. Bell. New York: Harper Perennial.
- BRONTË, C. (1847). *Jane Eyre*. New York: Random House, 1943.
- CHODERLOS DE LACLOS, P.-A.-F. (1782). *Dangerous Liaisons*, trans. H. Constantine. London: Penguin Books, 2007.
- COLES, R. (1973a). Shrinking History—Part One. *The New York Review of Books*, 20 (Feb. 22):15-21.
- (1973b). Shrinking History—Part Two. *New York Review of Books*, 20 (Mar. 7):25-29.
- DAY, M. (2008). *The Philosophy of History*. New York: Continuum Int. Publishing Group.
- DENTITH, S. (1995). *Bakhtinian Thought: An Introductory Reader*. New York: Routledge.
- DRAY, W. H. (1964). *Philosophy of History*. Englewood Cliffs, NJ: Prentice-Hall.
- EDEL, L. (1959). *Literary Biography*. Garden City, NY: Doubleday.
- ELLISON, R. (1947). *Invisible Man*. New York: Random House, 1995.
- ELMS, A. C. (1988). Freud as Leonardo: why the first psychobiography went wrong. In *Psychobiography and Life Narratives*, ed. D. P. Mcadams & R. L. Ochberg. Durham, NC: Duke Univ. Press, pp. 19-40.
- ERIKSON, E. H. (1962). *Young Man Luther: A Study in Psychoanalysis and History*. New York: Norton.
- FORD, L. C. (1925). The *Times* literary page—books and their makers: new novel by Willa Cather, *The Professor's House*. *Los Angeles Times*, Sept. 20, p. 28.
- FRANKEL, C. (1959). Explanation and interpretation in history. In *Theories of History: Readings from Classical and Contemporary Sources*, ed. P. L. Gardiner. Glencoe, IL: Free Press, pp. 408-427.
- FREUD, S. (1910). *Leonardo da Vinci and a Memory of His Childhood*. *S. E.*, 11.
- (1916). Some character-types met with in psycho-analytic work. *S. E.*, 14.
- (1928). Dostoevsky and parricide. *S. E.*, 21.
- GALLIE, W. B. (1959). Explanation in history and the genetic sciences. In *Theories of History: Readings from Classical and Contemporary Sources*, ed. P. L. Gardiner. Glencoe, IL: Free Press, pp. 386-402.
- GEDO, J. E. (1972). The methodology of psychoanalytic biography. *J. Amer. Psychoanal. Assn.*, 20:638-649.
- GELLERT, C. F. (1769). Lehren eines Vaters für seinen Sohn, den er auf die Akademie schickt. [A father's precepts for his son whom he sends to the academy.] In *Gesammelte Schriften*, 5, ed. W. Jung, J. F. Reynolds & B. Witte. Berlin: de Gruyter, 1994, pp. 299-311.

- GOETHE, J. W. (1774). *Sorrows of Young Werther*, trans. M. Hulce. London: Penguin Books, 1989.
- GREENBLATT, S. (2004). *Will in the World: How Shakespeare Became Shakespeare*. New York: Norton.
- GUSMAN, L. J. (unpublished). Some personality differences between creative and acceptive artists. Doctoral dissertation, Univ. of Michigan, 1969.
- HANSON, N. R. (1958). *Patterns of Discovery: An Inquiry into the Conceptual Foundations of Science*. Cambridge, UK: Cambridge Univ. Press.
- HEAD, M. (1999). Myths of a sinful father. *Music & Letters*, 80:74-85.
- HELLER, S. S., LARRIEU, J. A., D'IMPERIO, R. & BORIS, N. W. (1999). Research on resilience to child maltreatment: empirical considerations. *Child Abuse & Neglect*, 23:321-338.
- HEMPEL, C. G. (1942). The function of general laws in history. *J. Phil.*, 39:35-48.
- HOCHEDLINGER, M. & TANTNER, A. (2005). "—der grösste Teil der Untertanen lebt elend und mühselig": die Berichte des Hofkriegsrates zur sozialen und wirtschaftlichen Lage der Habsburgermonarchie, 1770–1771. [—"The Majority of Subjects Live a Miserable, Hardscrabble Life": Reports of the Imperial War Council Concerning the Social and Economic Situation of the Habsburg Monarchy, 1770–1771.] Innsbruck, Austria: Studienverlag.
- HUNTER, M. & WEBSTER, J. (1997). *Opera Buffa in Mozart's Vienna*. Cambridge, UK: Cambridge Univ. Press.
- IZENBERG, G. N. (2003). Intellectual-cultural history and psychobiography: the case of Kandinsky. *Ann. Psychoanal.*, 31:21-33.
- KNIGHTS, L. C. (1973). *How Many Children Had Lady Macbeth? An Essay in the Theory and Practice of Shakespeare Criticism*. New York: Haskell House.
- KRIS, E. (1952). *Psychoanalytic Explorations in Art*. New York: Int. Univ. Press.
- LANDON, H. C. R. (1989). *Mozart: The Golden Years, 1781–1791*. London: Thames & Hudson Ltd.
- LOEWALD, H. W. (1952). The problem of defense and the neurotic interpretation of reality. In *Papers on Psychoanalysis*. New Haven, CT: Yale Univ. Press, 1980, pp. 21-32.
- MACK, J. E. (1980). Psychoanalysis and biography: aspects of a developing affinity. *J. Amer. Psychoanal. Assn.*, 28:543-562.
- MACKEY, J. L. (1965). Causes and conditions. *Amer. Phil. Q.*, 2:245-264.
- MAIRBÄURL, G. (1983). *Die Familie als Werkstatt der Erziehung: Rollenbilder des Kindertheaters und soziale Realität im späten 18. Jahrhundert*. [The Family as Educational Workshop: Role Images in Children's Theater and Social Reality in the Late Eighteenth Century.] Munich, Germany: R. Oldenbourg.
- Manchester Guardian* (1925). New novels: Miss Cather's new novel. [A review of the novel, authored by "HBC."] Nov. 13, p. 7.
- MASTEN, A. S. & WRIGHT, M. O. (2010). Resilience over the lifespan: developmental perspectives on resistance, recovery, and transformation. In *Handbook of Adult Resilience*, ed. J. W. Reich, A. J. Zautra & J. S. Hall. New York: Guilford, pp. 213-237.

- MAZLISH, B. (1972). *In Search of Nixon: A Psychohistorical Inquiry*. New York: Basic Books.
- MOORE, J. (1989). Mozart in the market-place. *J. Royal Musical Assn.*, 114:18-42.
- MOZART, L. (1770). *A Treatise on the Fundamental Principles of Violin Playing*, trans. E. Knocker. Oxford, UK/New York: Oxford Univ. Press, 1948.
- New York Times* (1925). Willa Cather's "Professor's House" Among New Novels. [An anonymous review of the novel.] Sept. 6, p. 8.
- NUNBERG, H. & FEDERN, E. (1962). *Minutes of the Vienna Psychoanalytic Society, I*. New York: Int. Univ. Press.
- OLINER, M. M. (1996). External reality: the elusive dimension of psychoanalysis. *Psychoanal. Q.*, 65:267-300.
- PADOVER, S. K. (1967). *The Revolutionary Emperor, Joseph II of Austria*. Hamden, CT: Archon Books.
- PORTER, P. (1983). The mystery and the music. *Encounter*, 60(June):53-58.
- RABELAIS, F. (c. 1532). *Gargantua and Pantagruel*, trans. B. Raffel. New York: Norton, 1991.
- REED, G. S. (1985). Psychoanalysis, psychoanalysis appropriated, psychoanalysis applied. *Psychoanal. Q.*, 54:234-269.
- RICHARDSON, S. (1740). *Pamela, or Virtue Rewarded*. Oxford, UK: Oxford Univ. Press, 2001.
- ROLAND, A. (1971-1972). Psychoanalysis and history: a quest for integration. *Psychoanal. Rev.*, 58:631-639.
- ROSENWALD, G. C. (1992). Reflections on narrative self-understanding. In *Storied Lives*, ed. G. C. Rosenwald & R. L. Ochberg. New Haven, CT: Yale Univ. Press, pp. 265-289.
- ROTH, H. (1934). *Call It Sleep*. New York: Picador/Farrar, Straus & Giroux, 2005.
- ROUSSEAU, J.-J. (1761). *Julie, or the New Heloise*, trans. P. Stewart & J. Vaché. Hanover, NH: Univ. Press of New England, 1997.
- SANDER, F. (2001). Psychoanalysis, drama, and the family. *Ann. Psychoanal.*, 29:279-299.
- SCHAFER, R. (1980). Narration in the psychoanalytic dialogue. In *On Narrative*, ed. W. J. T. Mitchell. Chicago, IL: Univ. of Chicago Press, pp. 29-53.
- SCHAPIRO, M. (1956). Leonardo and Freud: an art-historical study. *J. History Ideas*, 17:147-178.
- SCHLUMBOHM, J. (1983). *Kinderstuben: Wie Kinder zu Bauern, Bürgern, Aristokraten wurden, 1700-1850*. [Upbringing: How children became peasants, bourgeois, aristocrats, 1700-1850.] Munich, Germany: Deutscher Taschenbuch Verlag.
- SCHROEDER, D. (1999). *Mozart in Revolt: Strategies of Resistance, Mischief, and Deception*. New Haven, CT: Yale Univ. Press.
- SCRIVEN, M. (1962). Explanations, predictions, and laws. In *Minnesota Studies in the Philosophy of Science, Vol. 3*, ed. H. Feigl & G. Maxwell. Minneapolis, MN: Univ. of Minnesota Press.

- SEGAL, S. J. (unpublished). The role of personality factors in vocational choice: a study of accountants and creative writers. Doctoral dissertation, Univ. of Michigan, 1954.
- SHENGOLD, L. (2000). *Is There Life without Mother? Psychoanalysis, Biography, Creativity*. Hillsdale, NJ: Analytic Press.
- SHERWOOD, M. (1969). *The Logic of Explanation in Psychoanalysis*. New York: Academic Press.
- SOLOMON, M. (1977). *Beethoven*. New York: Schirmer Books.
- (1995). *Mozart: A Life*. New York: HarperCollins.
- STANNARD, D. (1980). *Shrinking History*. New York: Oxford Univ. Press.
- VEDERMAN, M. (1992). Introspection in biography: the biographer's quest for self-awareness. *J. Amer. Psychoanal. Assn.*, 40:286-295.
- WIENER, W. J. & ROSENWALD, G. C. (1993). A moment's monument. In *The Narrative Study of Lives, Vol. 1*, ed. R. Josselson & A. Lieblich. Thousand Oaks, CA: Sage Publications, pp. 30-58.
- WITTGENSTEIN, L. (1953). *Philosophical Investigations*. Oxford, UK: Blackwell.
- WOLFENSTEIN, E. V. (1967). *The Revolutionary Personality: Lenin, Trotsky, Gandhi*. Princeton, NJ: Princeton Univ. Press.
- WYATT, F. & WILLCOX, W. B. (1959). Sir Henry Clinton: a psychological exploration in history. *William & Mary Quarterly*, 16:4-26.
- YOUNG, R. M. (1988). Biography. *Free Associations*, 1:108-130.

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"I HAD TWENTY-FIVE PIERCINGS AND PINK HAIR WHEN . . .": ADOLESCENCE, TRANSITIONAL HYSTERIA, AND THE PROCESS OF SUBJECTIVIZATION

BY PATRIZIO CAMPANILE

The author discusses adolescent and preadolescent development as a transformative experience. The role of the ego ideal in this process, as distinct from the ideal of the ego, is highlighted, and idealization, narcissism, and symbolization are also discussed. Changing representations contribute to what the author describes as a process of subjectivization. An illustrative clinical vignette is presented: that of a 12-year-old girl who developed neurological symptomatology during a crucial period of psychosexual transformation, and whose symptoms rapidly receded after only a few psychoanalytically oriented treatment sessions. The author emphasizes his view of preadolescence as an important passage for the individual's knowledge of the plurality that characterizes him, noting that the recognition of one's own internal multiplicity is characteristic of the psychoanalytic process.

Keywords: Adolescence, hysteria, subjectivization, ego ideal, hospitalization, puberty, identity, idealization, subjectivation, symbolization, narcissism, psychosexuality, preadolescence.

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Translation by Gina Atkinson.

I had twenty-five piercings and pink hair when, at sixteen years of age, I lived for a while in London. I liked to go to the National Gallery. I would take a book with me and sit reading it, pretending this was my home. Every now and then I lifted my gaze; I observed passersby with curiosity and my gaze would linger on a painting. Then I would often feel emotionally touched. It happened to Garcia Lorca, too, when he was a child. When I was a little girl, if my father caught me feeling touched, he would tell me not to be stupid, and when he found me lying on the couch, immersed in my reading, he dragged me behind something and told me to stop lying around doing nothing.

These are the thoughts communicated to me by one of my patients, a young woman. She referred to a time when the ability to put physical distance between her family members and herself had been indispensable in order for her to overcome anorexia. Now, after many years, she knows that those paternal prohibitions and those hateful ways of her father represented the only possible way he had to defend himself against emotions that were too strong. At that time he was simply terribly threatened.

Anorexic, she pretended to eat, and in any case would immediately go to the bathroom to vomit; then she would rush to do exercises while listening to the radio. She was curious, as she is now, and everything interested her.

When she prepared the table, she set out knives and other eating utensils for each person. To her father she gave those that seemed “the most ferocious,” and even now she asks herself how the others, her family members, could have failed to understand that she was trying to communicate something. Her situation was a kind of hell—and “hell,” she says, “is not being able to appeal to any justice, to have to submit to the will of another.” This “other” was at that time her father, first and foremost, but she had the same experience of oppression in relation to her pubescent body, because of its transformation and its being the location of uncontrollable phenomena. Essentially *given*, both in the sense of being received from others—the parents—and subject to biological and naturally mapped-out rhythms, the body constituted the concrete marker of separateness, heredity, and generational difference.

She thus tried, rebelliously, to dominate it with anorexia—to the point of risking her life.

This is an extreme case, but it highlights some central elements of the process and dynamics that characterize this phase of development, and that permit an individual to find his own place in the adult world; it is the process that we usually call *adolescence*.

The pubescent transformation, in particular, requires a task of *retranscription*¹ of preexisting representations. The contents of childhood experiences (all of them, but especially those related to one's own body and to contacts with the parents' bodies), and the affects connected to them, acquire new meanings and produce new emotions on the basis of subsequent experiences—especially in this developmental phase, precisely and in the light of pubescent transformation. The task of redefining and creating new self-representations is also required, as well as the integration of new possibilities for realizing sexual desires and aggressive ones, made possible by growing up. It requires, ultimately, finding a new balance between narcissistic investments and object ones (that is, between what pertains to the values the subject assigns to itself and seeks for itself, and those that are given to the other), and thus in object relations, particularly those with the parents.

¹ In Freud's letter #112 to Fliess, dated December 6, 1896, we find a significant step in regard to the developmental passage with which we are concerned here. After having stated that “the material present in the form of memory-traces . . . [is] subjected from time to time to a rearrangement in accordance with fresh circumstances—to a retranscription” (Masson 1985, p. 207), Freud continues: “The successive registrations represent the psychic achievement of successive epochs of life. At the boundary between two such epochs a translation of the psychic material must take place. I explain the peculiarities of the psychoneuroses by supposing that this translation has not taken place in the case of some of the material, which has certain consequences. For we hold firmly to a belief in a tendency toward quantitative adjustment. Every later transcript inhibits its predecessor and drains the excitatory process from it. If a later transcript is lacking, the excitation is dealt with in accordance with the psychological laws in force in the earlier psychic period and along the paths open at that time. Thus an anachronism persists: in a particular province, *fueros* are still in force; we are in the presence of ‘survivals’” (p. 208). (Note: According to Masson, a *fuero* was an ancient Spanish law still in effect in some particular city or province, guaranteeing that region's immemorial privileges.)

It is a process that is activated once such a transformation becomes desired and awaited,² and continues until this transformation can be fully integrated into the self-representation. At the moment of puberty, the sexualized body begins to almost coincide with the ego ideal,³ just as subsequently, at the moment of falling in love, it will be one's love object that coincides with that ideal (see Freud 1914, p. 100), shifting the relative predominance of investments from narcissistic ones to those pertaining to objects: "We can say that the one man has set up an ideal in himself by which he measures his actual ego" (Freud 1914, p. 93, *italics in original*). Thanks to this experience, the subject imagines being able to renew the experience of narcissistic fullness that he had enjoyed in infancy.

The ideal, then, constitutes the "promise" of a state of well-being that can be achieved in the future, but it is also a way to return to a satisfaction that was either experienced or fantasized in the past, and thus to a circumstance strongly desired by the ego.⁴ However, the more this state represents to the individual "every perfection that is of value" and is the "substitute for the lost narcissism of his childhood in which he was his own ideal" (Freud 1914, p. 94), the more it depends on his reaching every possible state of well-being, and the more it can become dangerous and the source of anxiety: there is a fine line between idealization and a state of persecution. In fact, the ego is exposed to a power located elsewhere (in the other, in the body, or in whatever object is present), which can gratify the ego but can also dominate it and threaten it.

The entire process of adolescence is marked by possible oscillations (the preoedipal horizon and the oedipal one, the predominance of the narcissistic dimension and the object one, homosexual and/or heterosexual investments), but I consider oscillations between the relative weight of the *ego ideal* and the *ideal ego* to be of particular importance. Keeping this distinction in mind justifies what can appear to be a con-

² This waiting, charged with expectations, is well illustrated by the behavior of a 12-year-old girl: many of her girlfriends had already experienced menarche, and she, desirous of this, began to wear a sanitary pad all the time . . . just in case . . .

³ I will use the term *ego ideal* to mean the *ideal of the ego*, distinguishing it, as I will explain in what follows, from the *ideal ego*.

⁴ This is an ego state rather than a material reality that must or can be recovered—an aspect of the ideal/idealized polarity rather than a period of life.

tradition: why and how the pubertal transformation can be so eagerly awaited, but also so threatening. I maintain that the pubertal transformation and the sexualized body almost reach the point of coinciding with the ego ideal,⁵ but particular difficulties can emerge in cases in which what is awaited (and thus desired, but also potentially feared) does not take shape as an ego ideal, but rather as an *ideal ego*.

I find it useful, as some other authors do (e.g., Lagache 1961, p. 227; Lagache 1993; and Nunberg 1932), to distinguish the two concepts by thinking of them as two extreme poles of a continuum, where at one end (the ideal ego) fantasies of a return to a lost, fantasized state and the idealization of the other predominate, and at the other end (the ego ideal) a projection into the future and toward reality is dominant (and so there is a lesser degree of idealization). The ego ideal can be thought of as a construct that attempts to reconcile requests coming from the outside (and because of this we consider it to have a relationship with the superego) with a yearning to recover primary narcissism (and so we speak of the ideal ego when this second polarity is predominant).

Because of their specific attributes, and in particular the characteristic prevalence of the narcissistic investment over the object one, I distinguish this moment—calling it *first adolescence* or *preadolescence*—from *actual adolescence*, characterized instead by the prevalence of the object component.⁶

It is important to point out that the narcissistic dimension and the object one can be separated only artificially, while in fact they must always be thought of as a *complementary series*. But the distinction is relevant, especially from a clinical point of view. In fact, when I encounter a young patient, I find it useful to determine whether the tensions relative to one register or the other are prevalent for him. Thus the distinction is not made on a chronological basis, but essentially on a metapsychological one, according to the dominant tensions at a given moment. It is

⁵ I use the word *almost* since the pubertal transformation coincides in large measure with changes that occur on the cognitive level, even if the adolescent in question typically does not attribute the same importance to them. In every case, these two kinds of processes are interwoven and mutually influence each other.

⁶ This distinction is commonly made, but I propose that we think here in terms of the balance and relative weight of narcissistic elements versus object-related ones, rather than referring to other psychological or chronological criteria.

a distinction, that is, based in particular on a type of object relationship that can sometimes be substituted for the real pursuit of a complementary other, while in fact it hides a defensive maneuver aimed at obtaining a narcissistic replenishment or reflection. If psychic energy is primarily tied to narcissistic needs, only with difficulty can it be utilized in an encounter with the other, and a sexual relationship can then be only an “as-if” one. The possibility of integrating the pubescent transformation into the self-image, with a rebalancing of investments in favor of object ones, is in fact the precondition of a genital encounter with the other on the part of an individual who is capable of feeling himself separate and distinct but at the same time insufficient unto himself. In contrast, the difficulties of those who resist preadolescence, eventually developing symptomatology that reveals an opposition to development, indicate an attempt to avoid renouncing the pregenital relationship with the parents (which for them must constitute an indispensable ideal) in favor of the body’s genital investment (which implies a reopening of oedipal conflict or, for some, entering into such conflict).

Puberty, as a psychosomatic phenomenon, can in fact exist in a non-integrated way, while it is precisely such integration that defines the specific task of preadolescence. That is, the bodily transformation finds a *presentation* (*Vertretung*) at the psychic level, at least, but a further task is required in order for its *representation* (*Vorstellung*) to be formed. It is a task that, as we know, does not always remain anchored to *psychic actions* (Freud 1914, pp. 76-77), and it is then that the stage is set for acting out: concrete action on the body can substitute for, and in fact also impede, psychic action.⁷ This is also a psychic task of cognitive-affective integration that forms a part of what I will describe in what follows as a *process of subjectivization*.

Because the processes of representation and symbolization are particularly crucial, it is very important to observe the phenomena occurring in the course of this developmental process, which can be defined

⁷ One can distinguish among various types of action, with the need to add to psychic action and the *action on the body* the action in the body (*conversion*—in his letter to Fliess cited in footnote 1 [Masson 1985, p. 239], Freud defines the hysterical attack as an action) and action in the relationship with the other.

as being of a hysterical nature, particularly when these occur in the pubescent period.⁸ Here we can draw on the *psychoanalytic theory of hysteria* that, on the one hand, is a theory of psychosomatic unity and a way to conceive of it (Campanile and Semi 2004), and on the other hand, is a theory of the processes of symbolization, of their origin, their construction and deconstruction, their relationship with the body (Campanile and Semi 1999), and thus with the drive (Campanile 2000a), and ultimately with desire.⁹

In this paper, I am particularly interested in this topic and will attempt to present some observations on a theoretical level and put forward some technical indications.

I will take as my starting point the story of a young girl of a little more than twelve. It is a very different story from the one I alluded to earlier, but I think that my remarks up to this point and my elaborations in this context can also be useful for a better understanding of situations like the previous one.¹⁰ The reflections I presented at that time were developed around some clinical examples that illustrated the vicissitudes in which some preadolescents had found themselves, and the results of an opportune intervention that directly linked the disturbances they presented—of a hysterical type—with psychic events connected to pubescent development.

I wish to highlight two elements in alluding to this case: the importance of manifest symptoms at the moment in which I met the patient, and, conversely, their susceptibility to rapid resolution. With this patient, in fact, I had only a few meetings, in the course of which her symptomatology rapidly receded. What I want to call attention to is precisely the mobility of her symptoms and their possible link to psychosexual development. In fact, I consider the concomitance of three elements to be highly significant: psychological intervention, the disappearance

⁸ "Every adolescent individual," said Freud, "has memory-traces which can only be understood with the emergence of sexual feelings of his own; and accordingly every adolescent must carry the germ of hysteria within him" (1895, p. 356).

⁹ "Hysteria's placement in this hypnoid area between conscious and unconscious, and between mind and body, locates it in a privileged position for observing the process of the birth of thought" (Riolo 1987, p. 405; translation by Gina Atkinson).

¹⁰ I have addressed these themes in two previous articles (Campanile 2000b, 2003).

of symptoms,¹¹ and the appearance of menarche. We are dealing with a situation, then, that essentially serves to raise questions for us.

Over the course of several months, usually while the girl was at school, there were numerous blackout episodes. Before that time she had consistently done well; she was a very good and diligent student. Her parents had observed a marked development of activity in her studying, in sports and in other extracurricular pursuits (which made me think of Deutsch's [1944] observations on the prepubertal period). Then one day she gave the appearance of what to everyone seemed to be an actual epileptic grand mal event, with bodily stiffening, jerks, and drooling. To ascertain the nature of what was happening, she was hospitalized under the care of neurologists.

During her hospitalization, the situation gradually became more complicated, until she reached a state of wasting away and general confusion. In the course of a few days, in fact, tremors began to accompany the blackouts, and she began to refuse all food, causing her to be nourished with an intravenous drip for a couple of weeks. On top of the initial symptomatology, a partial paralysis appeared, with serious impediment of her gait, and loss of sensitivity and balance. Naturally, everyone's worry increased, and the girl was subjected to ever more invasive and painful tests, with her caretakers fearing the worst, but at the same time they could not identify any organic cause for the new symptoms. To all these tests the patient has offered no resistance, remaining passive and even surprisingly compliant; only in rare moments does she exhibit anger and uncontrolled aggression.

When I meet with her, after more than two months of recovery, the partial paralysis persists. She has been discharged from the hospital but, because of persistent symptoms, she has not yet resumed her usual activities. She moves about with difficulty, swaying considerably. Her walking proceeds in a zigzag pattern for several yards; she is unable to follow a direct path. She is smiling but her voice and mannerisms contrast with the countenance of a young woman, making her seem much more like

¹¹ Underlining the disappearance of symptoms here is justified solely by an emphasis in this paper on the characteristics of the developmental process that was then in progress, even though one cannot predict anything about the patient's subsequent development from that phenomenon.

a little girl. She displays the immobility of her paralyzed right arm with indifference. Meetings with her are not easy since she skips over everything—it is all minimized. From time to time she appears to black out and her body stiffens.

Among the things she mentions with indifference in our first meeting, there is one subject that the girl consents to dwell on: a more or less total episode of amnesia in regard to two days of her hospitalization, related by everyone to the lumbar puncture that she had to undergo just before the amnesia occurred. Differently from others, she admits to having a hypothesis about this that she kept to herself. She links this experience to another episode: a woman who shared her hospital room gave her a stuffed koala bear as a gift; it was the preferred toy of her own son when he was a child. Now grown up, the son went to visit his mother, and it was there that the patient met him. Now she always has the koala with her. She recounts what happened to her when the woman gave it to her: all of a sudden, the image of the woman's face appeared to her to be enormous and threatening.

The girl agrees, though with some difficulty, to think more about this phenomenon and to utilize it as though it were a sort of dream. At a subsequent meeting, she brings in the koala bear to show it to me and gladly revisits the fantasies and desires that we talked about in our first meeting, and that she has felt in relation to the young man, who said—she admits while laughing, slightly flirtatiously—that she was his girlfriend.

Starting from the “dream,” I explore with the patient the possibility of a web of sexual desire and the necessity of feminine identification (to be able to think of herself as desiring new affective and sexual connections, and ready to actualize them), but also of a fear of rejection on the part of the internalized maternal figure, who begins to assume archaic connotations that are hostile toward growth and development, thus highlighting elements of a possible conflict. My communication was a simple one: I said that finding herself among women (she had recovered on an adult ward) had highlighted the new flavor that, in her eyes, her desire for that boy must have had. I recalled the fact that her first symptoms occurred in class, where she perhaps emotionally experienced connections to her peers; I theorized that, probably, she fears that this

new way of being might not be accepted by her parents and particularly not by her mother. The climate of our meeting changes rapidly, but after this meeting, the general situation changes as well: the paralysis disappears, as does the disturbance in her gait.

In our second meeting two weeks later, she speaks to me about this; she walks down the hall in a direct line and immediately tells me that the hemiparesis has disappeared. Some days after our first meeting, she says, her symptoms gradually diminished until, on the day prior to this second meeting, the numbness of her arm and her inability to move it also vanished.

"The improvement," she says, "began with my feet, then it extended up to my legs, and then"—she points to her lower abdomen—"and then to my arm." She is happy. She adds that "so what happened can be linked to developing . . . and . . . to something that happened or something that didn't happen."

Accompanying the patient to her third meeting with me, the mother tells me that her daughter, during our previous meeting, had not told me that she had experienced menarche. It occurred one morning, and after that the last components of her symptoms disappeared.

The enigmatic and ambiguous phrase, "something that happened or something that didn't happen," which alludes to sexual fantasies in relation to the boy whom she liked and to their possible outcome (the koala-child), in my opinion indicates the achievement of metaphorization (that is, an amplification of meanings on the symbolic level) and of communication that was impossible earlier: a new ability to recognize her desires and emotions, and to see them recognized by others (in this case by me).

On the basis of what I have learned in experiences of this type, I will propose some technical implications.

Our meetings with young preadolescents are in general not easy. Silences are often prolonged, and the possibility that one may not succeed in establishing contact can never be excluded. I believe that this difficulty is closely connected to the need to safeguard one's own subjectivity as it is being formed, and to the reserve that, during this period, characterizes an observation of the self and of the body as it undergoes a transformation. At the same time, there is a strong need to know, to con-

nect, to *draw links*, and to find confirmation. But equal to the strength of these needs and to the difficulty of their expression is the inadequacy of their representational wholeness.

In my opinion, it is necessary to be ready to anticipate and interpret that which is often in the preconscious but which, even if helped to become conscious, cannot be expressed—spoken—even though it may be intimately known. The intervention must aim, then, at increasing awareness while respecting the self-restraint and the communicative style of each individual, I think. But it must also be timely and sufficiently explicit to symbolize the adult possibility of speaking. Thus, the approach must be meaningfully active and aimed at maximizing the therapeutic potentialities of the encounter.

With the term *active*, I am referring to a modality of consultation that need not be placed solely on the pole of listening and eventually of diagnostic investigation, but that makes *early* use—thanks to a theoretical organization of the disturbances involved (I will address this point shortly)—of the liberal communications made by the boy or girl in the meeting, producing connections and formulations of meaning that are capable, though provisionally so, of providing reasons for the events, symptoms, and feelings at play. This method of intervention utilizes the preconscious meanings of received communications and, when possible and in moderation, their symbolic elements (in this clinical example, the transformation of the image of the woman and the koala).

Those hysterical symptoms¹² were an *attempt to effect the transition* toward a self-representation that anticipates integration of the sexualized body; that is, if continuity and discontinuity, and thus the area of symbolization, are meaningfully put to the test in this moment of development, the hysterical symptom can represent the best possible attempt, at a given point, to symbolize what is taking place. This is a necessary attempt, but

¹² I am referring to paralysis, numbness, and amnesia. As far as the epileptic grand mal episode and the blackouts that had preceded it (and that had an electroencephalographic confirmation), I find it useful to hypothesize that the particular emotional situation that this girl was experiencing in class, in contact with her peers, could have created a land of "activation" for the breaking out of these symptoms. In all cases, independent of this particular situation, these symptoms lend themselves very well, once they have occurred, to representing for the individual the set of events that escape his control and that concerned him in that moment of his life.

at the same time a failed one, like every hysterical symptom—an attempt that can hint at new solutions, but that can also become entrenched if better ones are not found or furnished.

In these cases, something Anna Freud pointed out regarding the aim of the therapeutic intervention during the developmental phase assumes special significance: that is, that the intervention must try to promote a resumption of the developmental process, and equally central is the objective of highlighting for the subject the internal space and its maintenance. Certainly, this means to enlarge that space, but also to preserve it. To enlarge internal space includes the creation of connections and formulations of meaning, preserving it while respecting the reserve toward adults that is so characteristic of young people of this age, and—as far as worries are concerned—toward peers also, inasmuch as the internal space expresses the formation of a foundational layer of individuality and subjectivity. The experience of knowledge that results, with the freedom and ambiguity for which an intervention of this type paves the way, contributes to the construction of a feeling of identity.

The rapid disappearance of symptoms poses some questions, at any rate. On one hand, I think of the role that suggestion could have had, but also of the developmental stimulus that can form the seductive aspect that *speaking* about sexuality carries, on the part of an adult to a young person.¹³ It remains to be understood, however, how these elements (suggestion and seduction) can in such cases open up a developmental outlet, and how they can impact important and tenacious symptomatologies. One might assume that the processes of repression followed by conversion, though necessary on a defensive level, might not have been so established as to impede the mobility of contents and affects. The effectiveness of the intervention could thus be understood in the light of something Freud underlined: “Becoming conscious is no mere act of perception, but is probably also a hypercathexis, a further advance in the psychical organization” (Freud 1915, p. 194). And the

¹³ This condition characterizes inner life: it has to do with a sexualized other, and so in itself is inevitably and perpetually seductive. This is the condition that Laplanche (1997) defines as the *basic anthropological situation* within his *general theory of seduction*. It is not only an *enigmatic message* in this case, however, but also an explicit recognition and mirroring.

energy that this overinvestment implies always derives from the same drive-related source.

The extraordinary investment of the bodily ego that takes place in this developmental phase makes the body—evidently due to its being directly involved, and its particular adaptability to this goal—a privileged place for the expression of conflict. Also extraordinary is the possible effectiveness of the psychoanalytic intervention—once again, in the double sense of being both momentous and unique.

Certainly, one cannot predict the result in the case that I briefly described had there been no intervention, or one conducted according to other modalities, but one can state that it is possible in this situation to observe a form of necessary and transitory hysteria. Necessary because it has permitted, even though in an obviously unsatisfactory way, the search for a personal expression of the unconscious conflicts that pressed to obtain a new solution, given that the childhood one had by that point become unsatisfactory. Transitory, and so I define it as *transitional hysteria*, both in the sense that it constitutes a different and failed passage, though always a passage, and in the sense that, temporally, this attempt at a solution can last for only a limited time period. This brings us back precisely to the delicacy of the intervention's timing: in encounters with preadolescents, everything plays out quickly and around the symbolic meaning of the encounter.

For these reasons, the experience to which the concept of preadolescence refers can be thought of as an important passage for the prospect of the individual's knowledge of the plurality that characterizes him. The body as given, both because it is subject to biological rhythms and because it was created by the parents and from them, we could say, stands by over the course of development until it can be fully assumed as an object of one's own responsibility, and only then can it be perceived—as demonstrated by the event with the anorexic patient to whom I alluded earlier—with a sense of extraneousness and threat from the ego in its role as a presence, and as evidence of an intolerable other.

It is the same experience sometimes described in looking at dreams.

For example, a patient of mine—as much as she detests the transformation of her body during puberty—hates her dreams, once they begin to appear in the course of analysis. The pubescent transformation, which

she had long denied (with multiple consequences), can be blocked in various ways or can be kept hidden, but it is inevitable: as concealed and disguised as this transformation might be, the other continues to think of you as what you are, and you can be no one other than that. The situation with dreams is totally different: it is enough not to tell them, but instead to forget them. The other will continue to presume their existence, and sometimes you can also tell him that the dream existed and has been forgotten, but the dream is yours and cannot be other than that if you do not share it.

Why this opposition? And what do these two objects of such resolute hostility have in common?

This young woman said that she didn't intend to tell me her dreams; otherwise, who knew to what lengths I would push myself with my interpretations: "You might interpret things that are neither in heaven or on earth." She detests dreams, she says, just as she detests jokes: she does not understand them and, for the most part, the jokes people laugh at have a sexual component.

In this case, being a knowing subject and the potential object of desire at the same time made the pubescent body a dangerous encumbrance. The "hysterical solution" was the path chosen in order to regulate the distance at which to keep the other, dangerous as the eventual subject of a desire that could involve the patient herself. The other was dangerous, too, at the same time, as the possible object of a desire of hers, and there is nothing worse—as a power that the other can exert over us—than our own desire.

Dream and body, with respect to the ego, are expressions of an "other" that is primarily extraneous to the subject, even though they are so intimately a part of his being an individual. Dream and body impose themselves on the subject; they can pull on him, limit him, obligate him.

This, then, is what the dream and the body have in common, and it is for this reason that they were equally hated by my patient.

Dream and body are dangers, but also fundamental opportunities, because in them the individual can come to know the articulated and complex way in which he is made and then proceed in the *process of subjectivization*. With this term, I am referring to something different

from recognizing and representing what one feels, even though these psychic activities are preconditions for it and its point of departure. Innumerable in the course of every individual's lifetime are the occasions on which they are at work, even if in particular circumstances it is the analysis that is called upon to promote, or even to set in motion, this activity of symbolization. This is an *activity of subjectivation* that can be described and understood psychoanalytically in various ways—for example, from the point of view of the work of the individual's psychic apparatus, and/or from a point of view that emphasizes the relationship (and thus the dynamic subject/object).

Characteristic of psychoanalysis, however, is its way of thinking of the individual *subject* as the result of a *process of recognition of the multiplicity and relativity of the subjects that each individual has within himself*. I call this the *process of subjectivization*. The concept of subjectivization can be considered implicit in the conceptualization of the psychic apparatus developed by psychoanalysis, and, in tandem with the latter, this concept must be constantly articulated, in my belief.¹⁴

The study of the peculiarities of this process (possibilities and limits, as well as the articulations that characterize it) constitutes, I think, a specific conceptual and useful instrument for considering work with adolescents from both theoretical and clinical points of view, and perhaps also to define the statute and the specific task of psychoanalytic work in general.

The result of this process is the formation of a particular type of individual, aware of being inhabited by an unconscious, of being subjected to integrating tensions and disintegrating tensions, of being subjected

¹⁴ “Freudian psychoanalytic metapsychology, in its totality, is a monument to the capacity of the conscious mind to represent for itself that which it will never be able to directly perceive: the enigma of the body from which the ego itself has its origins, the enigma of the id, the secrets of the unconscious in the systematic meaning of the term. Enigmas and secrets that constitute not only a theoretical puzzle, but a puzzle that every individual must find the way to know and recognize within himself, in the terms most congenial to him, if he wants to somehow make a subject of himself. Well then, perhaps it is not by chance that the so-called crisis of metapsychology is contemporaneous with the crisis of the Western individual” (Semi 1993, p. 582, italics in original; translation by Gina Atkinson).

to the body and thus to the drive¹⁵ and to the other whom he comes from, and with whom, via identification, his being is intertwined. A *subject*, then, in the double sense of an author and of one who is subjugated, subjected to forces and mechanisms that he can learn to see and recognize; this *process of subjectivization* is the route that leads to a certain manner of being—that leads the individual, that is, to recognize himself as a *subject*.¹⁶

This assumption of awareness of the possibilities and limits of one's own psychic actions¹⁷ brings about an *effect* of self-knowledge that forms a fundamental element of identity (Campanile 2003, p. 94): an identity-forming effect, structuring of the sense of identity, that in a special way can have the analytic action that separates, distinguishes, and takes apart what appears as unified, mixed, and confused.

Emphasizing that this is an *effect* is, on the one hand, an attempt to avoid the risk of making the *subject* into a metaphysical entity, a "substance"; and on the other hand, it refers fundamentally and exclusively to a *practice*. In fact, there is a certain paradoxical nature to the so-called process of subjectivization, in that it describes a practice capable of producing an effect that, in the same moment it is achieved, sets aside the very existence of a subject as a substance and thus as a stable and constant fact. This is also what happens when one thinks of *identity* from a psychoanalytic point of view: it, too, is only an inevitably uncertain *effect*, even though a recursive one.

In specific circumstances, very probably ascribable to *moments of passage*—moments, that is, in which a modification of his state occurs,¹⁸ and

¹⁵ The concept of *drive* accurately describes the condition in which the ego finds itself: being exposed to a force that determines it ("The original subject remains the drive"—Cahn 1991, p. 1378; translation by Gina Atkinson), and gradually acquiring the possibility of gaining awareness and thus of becoming a subject (active, in that case, and not only passive with respect to it).

¹⁶ The term *subject* has numerous meanings as both an adjective and a noun, among which is *the person individually understood*. In contemporary psychoanalysis, there is a growing emphasis on the terms *subjective* and *intersubjective*, which evidently have some relation to a possible use of the concept of *subject* at a psychoanalytic level, but do not exhaust the meaning of it.

¹⁷ Our elaborative activity obviously consists of psychic actions, but these are not understood as solely those of which we are aware; the mechanisms of defense and of identification itself, for example, are psychic actions as well.

¹⁸ See Campanile 2007.

among these is puberty—the ego turns its attention to itself, with the aim of representing a process or a phenomenon that is happening within it. As I said, these attempts can fail or can become untenable at a certain point (and this leads to serious difficulties in development as well). They can sometimes succeed in a partial and unsatisfactory way (and this can have something to do with hysterical manifestations); or such attempts can be helped, and this involves our capacity to theorize these phenomena and to intervene with our therapeutic action.

REFERENCES

- CAHN, R. (1991). Du sujet. *Revue Française de Psychanalyse*, 55:1371-1490.
- CAMPANILE, P. (2000a). Note a proposito della "teoria chimica" della sessualità. *Rivista di Psicoanalisi*, 46:131-138.
- (2000b). Hystérie de transition. *Le fait de l'analyse*, 8:91-107.
- (2003). Costruzione della preadolescenza e processo di soggettivizzazione. *Rivista di Psicoanalisi*, 49:73-96.
- (2007). Dal piatto di terracotta al destino della rappresentazione. In *La rappresentazione tra mondo interno e mondo esterno: in ricordo di A. Racalbutto*, ed. M. R. Baroni, M. V. Costantini, C. Esposito, E. Ferruzza, E. Mangini & C. Nicolini. Padua, Italy: Cleup, 2007.
- CAMPANILE, P. & SEMI, A. A. (1999). Isteria e disturbi psicosomatici. In *Psicoanalisi e psichiatria*, ed. G. Berti Ceroni. Milan, Italy: Cortina.
- (2004). Teoria dell'isteria e isteria della teoria. In *Isteria*, ed. C. Albarella & A. Racalbutto. Rome, Italy: Borla.
- DEUTSCH, H. (1944). *The Psychology of Women: A Psychoanalytic Interpretation*, Vol. 1: *Girlhood*. New York: Grune & Stratton.
- FREUD, S. (1895). Project for a scientific psychology. *S. E.*, 1.
- (1914). On narcissism: an introduction. *S. E.*, 14.
- (1915). The unconscious. *S. E.*, 14.
- LAGACHE, D. (1961). *La psychanalyse et structure de la personnalité*. Paris: Presses Universitaires de France.
- (1993). *The Works of Daniel Lagache: Selected Papers, 1938-1964*. London: Karnac.
- LAPLANCHE, J. (1997). The theory of seduction and the problem of the other. *Int. J. Psychoanal.*, 78:653-666.
- MASSON, J. M., ed. (1985). *The Complete Letters of Sigmund Freud to Wilhelm Fliess, 1887-1904*. Cambridge, MA/London: Belknap Press/Harvard Univ. Press.
- NUNBERG, H. (1932). *Principles of Psychoanalysis*. New York: Int. Univ. Press, 1955.
- RIOLO, F. (1987). "Proton pseudos": dal pensiero isterico al pensiero analitico. *Rivista di Psicoanalisi*, 33:397-412.
- SEMI, A. A. (1993). Scrivere la psicoanalisi. *Rivista di Psicoanalisi*, 39:567-587.

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COMMENTARY ON PATRIZIO CAMPANILE'S "I HAD TWENTY-FIVE PIERCINGS AND PINK HAIR WHEN . . ."

BY ROSEMARY H. BALSAM

Keywords: Body–mind issues, adolescence, development, self-representation, ego ideal, ideal ego, subjectivization, hysteria, interpretation.

Campanile addresses an issue that is abidingly mysterious, nearly a hundred and twenty years into the progression of psychoanalytic theory: how exactly do we integrate our bodies into our mentalized structures? And how does this happen over the course of a lifetime?

Preadolescence and early adolescence are chosen here as a critical crossroad for these developmental paths, often at odds directionally, often doubling back to where they came from, yet pressing forward bumpily or smoothly, willy-nilly. As Campanile says here, "the extraordinary investment of the bodily ego that takes place in this developmental phase makes the body . . . a privileged place for the expression of conflict" (p. 413). With his fresh vision and arresting use of language, he has a special talent for thinking about the role of the body.

The material itself is familiar. Campanile, like many others—e.g., Erikson (1968), Blos (1979), and Fonagy et al. (2002)—points to

. . . the [adolescent] task of redefining and creating new self-representations . . . as well as the integration of new possibilities for realizing sexual desires and aggressive ones, made possible by growing up. It requires . . . finding a new balance between narcissistic investments and object ones . . . and thus in object relations, particularly those with the parents. [Campanile 2012, p. 403]

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There have been many theory builders since Freud who have described these processes of integration of body and mind, and the tumultuous impact of their breakdown. Equally, these theoreticians can enumerate, point to, and name the necessary psychological tasks of adolescence, but sometimes it is almost as if the naming itself can explain the process. To my mind, many writers gloss over the experiential kind of detail that Campanile sets up for himself as a theory puzzle in his own ego psychological frame. I believe that we still have much to explore in this area of holding together body and mind. Reading about Campanile's thinking is very helpful.

The 1950s through the early 1970s in the United States constituted *the* great era of ego psychological investigation, which Campanile revisits—but in his different and contemporary way that is resonant with my own (and many others,' no doubt) current analytic experience. To exemplify briefly the conscientious, sincere, highly intelligent, thoughtful, and yet narrow ego psychological writing of the past about adolescence, I will look at a statement by Laufer (1964). Laufer alludes to ongoing hot debates in the field at that time about whether the ego ideal “should be considered to be a part of the ego or superego, or whether it constitutes a separate structure on its own” (p. 197). These debates involved, for instance, such prominent figures as Blos, Jacobson, Erikson, Novey, A. Reich, Piers, Singer, Lampl de Groot, and, of course, Hartmann and Loewenstein.

Laufer states that *he* believes that the ego ideal

. . . can be referred to as such *only* when it has become one of the functions of the superego—that is, *after* the resolution of the oedipal conflict (Hartmann and Loewenstein 1962). Before this time, we can observe the ego ideal precursors which are *governed by laws* different from those which apply to the superego. [1964, p. 197, italics added]

This debate now seems a little beside the point. For one thing, we can no longer be so certain of these hard and fast “laws” that rule the mind's functioning. In our era of plurality, alternative theories of mind exist for evaluation. See, for example, Reed's (2009) comment on the late William I. Grossman, whose work she says “include[s] the idea that a

transformative version of *translation*, a perception of the way Freud thinks creatively, may help psychoanalysts of different cultures and systems of thought communicate across boundaries" (p. 37, italics in original).

We have become in this century more fascinated by dynamic mental processes, and how these lend themselves to theorizing growth and development—or its impediment. The mapping approach concerning Freud's structural theory of mind was earlier a search for a master plan, but the lack of consensual agreement (as well as many other features, such as professional politics, and re-channeling toward newly developing neurophysiology and research) left this search incomplete, its vitality dissipated. The upshot of the intense debates of the 1950s, '60s, and early '70s could be summed up by saying that many analysts settled for a simpler notion, still in tune with Freud, that an ego ideal was a special part of a functional superego, and that it played an important role in adolescence especially.

Sandler, Holder, and Meers (1963) note that, after 1923, Freud himself actually used *ego ideal* and *superego* "synonymously" (p. 145). This makes pragmatic sense, which perhaps explains why this usage has lasted. We do not have to be psychoanalysts to be familiar with the passionate, single-minded pursuit of life's higher aims in youth that gradually become tempered by age!

A better question than where "it" is, exactly, and the one that earlier ego psychologists thought they had already answered, is raised by Campanile (if we agree that we are all observing clinically more or less the same phenomenon in this "ego ideal" of youth, though some may differ): how do these ideals *work* in effecting the varying clinical manifestations and pathologies of these youngsters, and how have they "come into being"?¹

These questions reflect a foundational clinical puzzle that Campanile focuses upon: "why and how the pubertal transformation can be so eagerly awaited, but also so threatening" (p. 405). Campanile says

¹ Loewald's retranslation of Freud's original German statement echoes an evolving growth; instead of Strachey's "where id was, there shall ego be," Loewald (1978) suggests: "there shall ego *come into being*" (p. 18, italics added). Loewald considers this closer to Freud's intention in conveying the sheer liveliness of *Das Ich* and *Das Über-Ich* and "the coming into being of higher organization" (p. 19).

that “the pubertal transformation and the sexualized body *almost reach the point of coinciding* with the ego ideal” (p. 405, italics added), but sometimes what is desired and feared shapes up instead as an “ideal ego.” “Almost” reaching and “almost” coinciding in that sentence re-create the experiential sense of the child’s waiting and longing from early development through physical puberty; at last this longing becomes partially fulfilled on the way to being “just like” highly idealized grown-up others, but with still more promise to unfold into a future. This state is therefore the growth-inducing pathway.

A detour in exercising an ideal ego, Campanile suspects, is a developmental cul-de-sac. The ideal ego as such is mentioned for the first time and briefly as a way station toward the ego ideal by Freud in 1914, in “On Narcissism.” I quote Freud in order to show the subtle distinctions in the terms used here by Campanile:

The *ideal ego* is now the target of the self-love which was enjoyed in childhood by the actual ego. The subject’s narcissism makes its appearance displaced onto this new *ideal ego*, which . . . finds itself possessed of every perfection that is of value He is not willing to forego the narcissistic perfection of his childhood; and when, as he grows up, he is disturbed by the admonitions of others and by the awakening of his own critical judgment, so that he can no longer retain that perfection, he seeks to recover it in the new form of an *ego ideal*. What he projects before him as his ideal is the substitute for the lost narcissism of his childhood in which he was his own ideal. [1914, p. 94, italics added]

Sandler, Holder, and Meers (1963), who summarize Freud’s views on the ego ideal (before they go on to develop a differently nuanced term, *the ideal self*), say that it was in his 1921 “Group Psychology” paper that Freud first condensed the ego ideal concept with the superego, and that by 1923, in *The Ego and the Id*, “the ego ideal is now referred to as the superego” (p. 143), with increasing emphasis on the latter’s harshness.

Surprisingly, as far as I can see, no sharp distinctions between an ego ideal and an ideal ego were dissected or detected by American ego psychologists. Possibly, this was because the ideal ego could be read in Freud as a seamless step on the way to the ego ideal, destined to be

ultimately superseded by the superego. Campanile notes that the ideal ego was highlighted in 1932 by Nunberg, and then again by Lagache in 1961.² The ideal ego, even if briefly noted by Freud, can be read as referring to very early experience—after (Lagache and) Campanile—as the most intense form of self-love inspired from infancy. The ego ideal is described as closer to ideals embodied by parents and more accountable to the demands of conscience.

Thus, the term *ideal ego* as used by Campanile emphasizes a need to compensate for the loss of infantile self-love by the pursuit of illusory omnipotence. This path opens a retreat to fantasy and self-deception about goals having already been met. The individual strays away from progressive living in interactive realities. (Kohut's [1971] grandiose idealizations of the self belong in this space, too.) The maintenance of an infantile ideal ego provides an escape route, then, from the more worldly experience of the stresses of the superego.

One can see the relevance of this to puberty gone awry. The elements of narcissistic body representations within this state, if fixed, will be hard to integrate into progressive sexuality and object relations. There will be opposition to development, and the early pregenital parental ties will linger on. An aberrant pathway to puberty that happens without *re-presentation* (Campanile, p. 423) of the growing sense of the body to the mind can then come into being. The capacity to symbolize, as I understand Campanile, depends on this represented integration of the body into the mind. Acting out will occur if this path is bypassed. He points usefully to distinguishing among psychic action, action *on* the body, and action *in* the body, the latter being the route to hysterical conversion symptoms.

The task of overall adolescent psychic integration Campanile sees as resulting in “a process of subjectivization” (pp. 406ff). I see the latter as another way of talking about what Loewald (1978) would call *agency*, or individuation seen as a process toward maturity. Loewald's (1960, 1980) vision of growth happening through processes of integration, disintegra-

² Interestingly, Lagache was analyzed in the 1930s by Loewenstein in Paris. Lagache's 1961 interest in the ideal ego was taken up by Lacan, with whom he was associated as a colleague; Lacan saw the ideal ego as a “narcissistic formation linked to the mirror stage” (see de Mijolla-Mellor 2004, p. 481).

tion, and reintegration are quite akin to Campanile's "oscillations" (p. 404) between less primitive and more primitive states of psychosexual development.

Drawing distinctions such as these seems more worthwhile than further haggling about the psychic map. Such a process conjures up continua in psychic life, from infantile states to more mature ones. These fluid back-and-forths noted by Campanile are to be thought of as a complementary series. This added reinterpretation of Freud's intentions in rendering the ideals of narcissism as dynamic states of mind also shows that Freud's thinking was not nearly as linear as some postmodern critics and relational theorists would have it (see, for example, Davies 2003). Campanile's distinctions are different from Laufer's *mapping out territory*³ because they have immediate clinical application and resonance with analyses conducted with "wider-scope" patients than supposedly was the norm (or myth?) in the 1960s. These patients, too, as well as adolescents, give their caregivers office experience with highly mobile symptomatology, as in the cases here, and with rapidly shifting levels of ego integration.

The clinical materials that accompany these ideas in Campanile's paper are charming and illustrative. The author points to the sheer power of the genuinely out-of-control, growing adolescent body as it transforms from latency to sexual maturity. The *experience* of the body can thus push the psyche to feel controlled by an *other*, a "hell . . . to have to submit to the will of another" (p. 402). He characterizes the body as "*given*, both in the sense of being received from others—the parents—and subject to biological and naturally mapped-out rhythms," and yet as also constituting "the concrete marker of separateness, heredity, and generational difference" (p. 402, italics in original).

Hence the first case presented in this paper, that of the frantic young anorexic's tyrannical punishment of her body with piercings, starvation, and emotional distancing from her family. The controlling father, so

³ As I initially wrote this, I thought of early explorers and geographers discovering the continents. Well, after all, people like Laufer, Ritvo, Solnit, Hartmann, etc., *were* pioneers on this landscape of the ego that Freud invented! We needed those maps to see more in three dimensions. Without them, perhaps we would not be able to sail into these fluid depths with people like Loewald and Campanile . . .

anguished by signs of her pleasure, becomes intimately mingled with her need to control him as her object. Her relentless wish to achieve an earlier, purer state of mind, replete with unrealistically idealized, unconflicted parents—now emptied of new oedipal conflict, but filled with power and “discipline” as the only self-approved use of energy—seems the only cul-de-sac open to the patient.

The second case, that of a 12-year-old girl who develops blackouts, grand mal, and cachexia just prior to getting her menstrual period, is fascinating. I can follow why Campanile thinks of her as having hysterical symptoms, and metapsychologically his assessment is likely accurate. But I would have less courage in leading with a psychological *diagnosis* of hysteria, given that Campanile also says her epileptic grand mal seizure was documented by an EEG (p. 411, footnote 12).

I remain impressed and cautioned by the finding that many previously diagnosed cases of “hysteria” in at least one hospital, the Queen Square Hospital in London, later turned out to be neurological disorders (Slater 1965). Even if neurologists could find no more hard evidence for grand mal in this young girl, could one rule out an ambiguous viral neurological condition, or some strange, incipient neuropathy?

That said, however, the girl still had a major psychic trauma to contend with—whether due primarily to her menses and puberty, or primarily to an as-yet unknown viral central nervous system condition that she fortunately recovered from, or perhaps due to both conditions. In fact, I would offer that such an ambiguous but devastating medical condition is exactly the stuff of an overwhelming sense of being controlled by the body as *other*. One can consider that this girl's lingering partial paralysis, odd gait, and *belle indifférence* might have been a hysterical reaction to her illness as primary, which perhaps wove secondarily into her short-cut symbolization systems as punishment for her burgeoning pubertal sexual interests.

My dubiousness about the diagnosis therefore need not dynamically detract at all from the girl's experience of her state, her developmental status, or Campanile's graceful interpretive intervention. The delicate description of his technical judgment is elegantly based on his metapsychological assessment of the girl's psychic position.

While a candidate, I was taught by my supervisors—well-known ego psychologists and close friends of Miss Freud, Drs. Ritvo and Solnit of the Yale Child Study Center—that Anna Freud had said that interventions that were well conceived in terms of timing and tact were evenly slung between ego, id, and superego. (I am still allergic to the claimed “in-depth” and [to me] overcontrol of the patient’s space and autonomy involved in an analyst’s speaking patients’ archaic fantasies for them.) Be that as it may, I find beauty in Campanile’s statement to the girl that her “finding herself among women” on the hospital ward “had highlighted the new flavor that, in her eyes, her desire for that boy must have had” (p. 409). He gently approached her first symptoms among her peers, and then verbalized that this “new way of being” (p. 410) might not be acceptable, especially to her mother.

Campanile thus allowed the patient to think of her love for the young male visitor who had called her his girlfriend, and whose toy koala she had received delightedly—but with apparent deep fear—from his mother, whom she had either hallucinated or imagined was hostile and retaliatory for her forbidden sexual desire. Her symptoms rapidly disappeared after this interpretation. Her mother reported that her menses had then begun at around the same time.

The point here is persuasively made that this episode and the girl’s response to her therapist’s intervention were determined by her developmental crisis and quality of mind, which the author descriptively calls “transitional hysteria” (p. 413)—and were not due to magical suggestion. Campanile speaks to the restitutive element of the patient’s symbolic representation of her developmental dilemma. The act of interpretation and its reception, Campanile points out, can involve a growth-enhancing process; this idea, too, is akin to Loewald’s (1960) theory of therapeutic action, and the role of the interaction with the analyst that advances the patient’s level of psychic integration.

The third case described in this paper, of a young woman who hated her dreams as much as her pubescent bodily transformation, is a demonstration of how out of control the process of dreaming really is, and thus how overwhelmingly it appears for some as an extraneous other. “Being a knowing subject and the potential object of desire at the same time made the pubescent body a dangerous encumbrance” (p. 414),

Campanile observes. Dreams and the body, he feels, are linked to the beleaguered ego because of their otherness. The relationship of dream work to the ego ideal, of course, is also intimate, given the common work of censorship.

Through the dream—and, likely, verbalization and association—Campanile sees a road to self-expression and *subjectivization*. His take on this is an eventual link to knowledge of the internalization of the multiple objects within. To express how an individual “comes into being,” Campanile describes the dual nature of one who has undergone this process: he is both an author of his experience and one who is subjugated, in that he is “subjected to [various] forces and mechanisms” (p. 416).

Again, I am reminded of Loewald, this time a 1975 paper in which he uses analogies of a playwright, a co-director, and a theater to capture a similar experience. Campanile, citing Anna Freud, looks for resumption of ego growth in his treatments. This, too, is a goal shared by Loewald (1960).

I would like to congratulate Campanile on this fine contribution to contemporary ego psychology and to the adolescent literature. I am left with a strong wish that much more of Campanile's work will be translated into English. (Gina Atkinson, I think, did a lovely job here.) It is also a pity that Loewald's work is still best known only in the United States. My favorite contributions in our field are characterized by felicitous extensions of aspects of Freud's foundation, as has been ably accomplished by both these authors. This paper is a mine filled with gems, and contains many more than I have described.

REFERENCES

- BLOS, P. (1979). *The Adolescent Passage: Developmental Issues*. New York Int. Univ. Press.
- CAMPANILE, P. (2012). “I had twenty-five piercings and pink hair when . . .”: adolescence, transitional hysteria, and the process of subjectivization. *Psychoanal. Q.*, 81:401-418.
- DAVIES, J. (2003). Falling in love with love. *Psychoanal. Dialogues*, 13:1-27.
- ERIKSON, E. (1968). *Identity, Youth, and Crisis*. New York: Norton, 1994.
- FONAGY, P., TARGET, M., COTTRELL, D., PHILLIPS, J. & KURTZ, Z. (2002). *What Works for Whom: A Critical Review of Treatments for Children and Adolescents*. New York: Guilford.

-
- FREUD, S. (1914). On narcissism: an introduction. *S. E.*, 14.
- (1921). *Group Psychology and the Analysis of the Ego*. *S. E.*, 18.
- (1923). *The Ego and the Id*. *S. E.*, 19.
- KOHUT, H. (1971). *The Analysis of the Self*. New York: Int. Univ. Press.
- LAUFER, M. (1964). Ego ideal and pseudo ego ideal in adolescence. *Psychoanal. Study Child*, 19:196-222.
- LOEWALD, H. (1960). On the therapeutic action of psychoanalysis. *Int. J. Psychoanal.*, 41:16-33.
- (1975). Psychoanalysis as an art and the fantasy character of the psychoanalytic situation. *J. Amer. Psychoanal. Assn.*, 23: 277-299.
- (1978). Man as moral agent. In *Psychoanalysis and the History of the Individual: The Freud Lectures at Yale*. New Haven, CT/London: Yale Univ. Press.
- (1980). *Papers on Psychoanalysis*. New Haven, CT/London: Yale Univ. Press.
- DE MIJOLLA-MELLOR, S. (2004). *International Dictionary of Psychoanalysis, Vol. A-F*, ed. A. de Mijolla. New York: Macmillan Library Reference.
- REED, G. (2009). "In the same way a poem contains the alphabet": the significance of translation in William I. Grossman's Freud. *J. Amer. Psychoanal. Assn.*, 57:37-60.
- SANDLER, J., HOLDER, A. & MEERS, D. (1963). The ego ideal and the ideal self. *Psychoanal. Study Child*, 18:139-158.
- SLATER, E. (1965). Diagnosis of "hysteria." *Brit. Med. J.*, 1:1395-1399.

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The task of overall adolescent psychic integration Campanile sees as resulting in "a process of subjectivization" (pp. 406ff). I see the latter as another way of talking about what Loewald (1978) would call *agency*, or individuation seen as a process toward maturity. Loewald's (1960, 1980) vision of growth happening through processes of integration, disintegra-

² Interestingly, Lagache was analyzed in the 1930s by Loewenstein in Paris. Lagache's 1961 interest in the ideal ego was taken up by Lacan, with whom he was associated as a colleague; Lacan saw the ideal ego as a "narcissistic formation linked to the mirror stage" (see de Mijolla-Mellor 2004, p. 481).

tion, and reintegration are quite akin to Campanile's "oscillations" (p. 404) between less primitive and more primitive states of psychosexual development.

Drawing distinctions such as these seems more worthwhile than further haggling about the psychic map. Such a process conjures up continua in psychic life, from infantile states to more mature ones. These fluid back-and-forths noted by Campanile are to be thought of as a complementary series. This added reinterpretation of Freud's intentions in rendering the ideals of narcissism as dynamic states of mind also shows that Freud's thinking was not nearly as linear as some postmodern critics and relational theorists would have it (see, for example, Davies 2003). Campanile's distinctions are different from Laufer's *mapping out territory*³ because they have immediate clinical application and resonance with analyses conducted with "wider-scope" patients than supposedly was the norm (or myth?) in the 1960s. These patients, too, as well as adolescents, give their caregivers office experience with highly mobile symptomatology, as in the cases here, and with rapidly shifting levels of ego integration.

The clinical materials that accompany these ideas in Campanile's paper are charming and illustrative. The author points to the sheer power of the genuinely out-of-control, growing adolescent body as it transforms from latency to sexual maturity. The *experience* of the body can thus push the psyche to feel controlled by an *other*, a "hell . . . to have to submit to the will of another" (p. 402). He characterizes the body as "*given*, both in the sense of being received from others—the parents—and subject to biological and naturally mapped-out rhythms," and yet as also constituting "the concrete marker of separateness, heredity, and generational difference" (p. 402, italics in original).

Hence the first case presented in this paper, that of the frantic young anorexic's tyrannical punishment of her body with piercings, starvation, and emotional distancing from her family. The controlling father, so

³ As I initially wrote this, I thought of early explorers and geographers discovering the continents. Well, after all, people like Laufer, Ritvo, Solnit, Hartmann, etc., *were* pioneers on this landscape of the ego that Freud invented! We needed those maps to see more in three dimensions. Without them, perhaps we would not be able to sail into these fluid depths with people like Loewald and Campanile . . .

anguished by signs of her pleasure, becomes intimately mingled with her need to control him as her object. Her relentless wish to achieve an earlier, purer state of mind, replete with unrealistically idealized, unconflicted parents—now emptied of new oedipal conflict, but filled with power and “discipline” as the only self-approved use of energy—seems the only cul-de-sac open to the patient.

The second case, that of a 12-year-old girl who develops blackouts, grand mal, and cachexia just prior to getting her menstrual period, is fascinating. I can follow why Campanile thinks of her as having hysterical symptoms, and metapsychologically his assessment is likely accurate. But I would have less courage in leading with a psychological *diagnosis* of hysteria, given that Campanile also says her epileptic grand mal seizure was documented by an EEG (p. 411, footnote 12).

I remain impressed and cautioned by the finding that many previously diagnosed cases of “hysteria” in at least one hospital, the Queen Square Hospital in London, later turned out to be neurological disorders (Slater 1965). Even if neurologists could find no more hard evidence for grand mal in this young girl, could one rule out an ambiguous viral neurological condition, or some strange, incipient neuropathy?

That said, however, the girl still had a major psychic trauma to contend with—whether due primarily to her menses and puberty, or primarily to an as-yet unknown viral central nervous system condition that she fortunately recovered from, or perhaps due to both conditions. In fact, I would offer that such an ambiguous but devastating medical condition is exactly the stuff of an overwhelming sense of being controlled by the body as *other*. One can consider that this girl's lingering partial paralysis, odd gait, and *belle indifférence* might have been a hysterical reaction to her illness as primary, which perhaps wove secondarily into her short-cut symbolization systems as punishment for her burgeoning pubertal sexual interests.

My dubiousness about the diagnosis therefore need not dynamically detract at all from the girl's experience of her state, her developmental status, or Campanile's graceful interpretive intervention. The delicate description of his technical judgment is elegantly based on his metapsychological assessment of the girl's psychic position.

While a candidate, I was taught by my supervisors—well-known ego psychologists and close friends of Miss Freud, Drs. Ritvo and Solnit of the Yale Child Study Center—that Anna Freud had said that interventions that were well conceived in terms of timing and tact were evenly slung between ego, id, and superego. (I am still allergic to the claimed “in-depth” and [to me] overcontrol of the patient’s space and autonomy involved in an analyst’s speaking patients’ archaic fantasies for them.) Be that as it may, I find beauty in Campanile’s statement to the girl that her “finding herself among women” on the hospital ward “had highlighted the new flavor that, in her eyes, her desire for that boy must have had” (p. 409). He gently approached her first symptoms among her peers, and then verbalized that this “new way of being” (p. 410) might not be acceptable, especially to her mother.

Campanile thus allowed the patient to think of her love for the young male visitor who had called her his girlfriend, and whose toy koala she had received delightedly—but with apparent deep fear—from his mother, whom she had either hallucinated or imagined was hostile and retaliatory for her forbidden sexual desire. Her symptoms rapidly disappeared after this interpretation. Her mother reported that her menses had then begun at around the same time.

The point here is persuasively made that this episode and the girl’s response to her therapist’s intervention were determined by her developmental crisis and quality of mind, which the author descriptively calls “transitional hysteria” (p. 413)—and were not due to magical suggestion. Campanile speaks to the restitutive element of the patient’s symbolic representation of her developmental dilemma. The act of interpretation and its reception, Campanile points out, can involve a growth-enhancing process; this idea, too, is akin to Loewald’s (1960) theory of therapeutic action, and the role of the interaction with the analyst that advances the patient’s level of psychic integration.

The third case described in this paper, of a young woman who hated her dreams as much as her pubescent bodily transformation, is a demonstration of how out of control the process of dreaming really is, and thus how overwhelmingly it appears for some as an extraneous other. “Being a knowing subject and the potential object of desire at the same time made the pubescent body a dangerous encumbrance” (p. 414),

Campanile observes. Dreams and the body, he feels, are linked to the beleaguered ego because of their otherness. The relationship of dream work to the ego ideal, of course, is also intimate, given the common work of censorship.

Through the dream—and, likely, verbalization and association—Campanile sees a road to self-expression and *subjectivization*. His take on this is an eventual link to knowledge of the internalization of the multiple objects within. To express how an individual “comes into being,” Campanile describes the dual nature of one who has undergone this process: he is both an author of his experience and one who is subjugated, in that he is “subjected to [various] forces and mechanisms” (p. 416).

Again, I am reminded of Loewald, this time a 1975 paper in which he uses analogies of a playwright, a co-director, and a theater to capture a similar experience. Campanile, citing Anna Freud, looks for resumption of ego growth in his treatments. This, too, is a goal shared by Loewald (1960).

I would like to congratulate Campanile on this fine contribution to contemporary ego psychology and to the adolescent literature. I am left with a strong wish that much more of Campanile's work will be translated into English. (Gina Atkinson, I think, did a lovely job here.) It is also a pity that Loewald's work is still best known only in the United States. My favorite contributions in our field are characterized by felicitous extensions of aspects of Freud's foundation, as has been ably accomplished by both these authors. This paper is a mine filled with gems, and contains many more than I have described.

REFERENCES

- BLOS, P. (1979). *The Adolescent Passage: Developmental Issues*. New York Int. Univ. Press.
- CAMPANILE, P. (2012). “I had twenty-five piercings and pink hair when . . .”: adolescence, transitional hysteria, and the process of subjectivization. *Psychoanal. Q.*, 81:401-418.
- DAVIES, J. (2003). Falling in love with love. *Psychoanal. Dialogues*, 13:1-27.
- ERIKSON, E. (1968). *Identity, Youth, and Crisis*. New York: Norton, 1994.
- FONAGY, P., TARGET, M., COTTRELL, D., PHILLIPS, J. & KURTZ, Z. (2002). *What Works for Whom: A Critical Review of Treatments for Children and Adolescents*. New York: Guilford.

-
- FREUD, S. (1914). On narcissism: an introduction. *S. E.*, 14.
- (1921). *Group Psychology and the Analysis of the Ego*. *S. E.*, 18.
- (1923). *The Ego and the Id*. *S. E.*, 19.
- KOHUT, H. (1971). *The Analysis of the Self*. New York: Int. Univ. Press.
- LAUFER, M. (1964). Ego ideal and pseudo ego ideal in adolescence. *Psychoanal. Study Child*, 19:196-222.
- LOEWALD, H. (1960). On the therapeutic action of psychoanalysis. *Int. J. Psychoanal.*, 41:16-33.
- (1975). Psychoanalysis as an art and the fantasy character of the psychoanalytic situation. *J. Amer. Psychoanal. Assn.*, 23: 277-299.
- (1978). Man as moral agent. In *Psychoanalysis and the History of the Individual: The Freud Lectures at Yale*. New Haven, CT/London: Yale Univ. Press.
- (1980). *Papers on Psychoanalysis*. New Haven, CT/London: Yale Univ. Press.
- DE MIJOLLA-MELLOR, S. (2004). *International Dictionary of Psychoanalysis, Vol. A-F*, ed. A. de Mijolla. New York: Macmillan Library Reference.
- REED, G. (2009). "In the same way a poem contains the alphabet": the significance of translation in William I. Grossman's Freud. *J. Amer. Psychoanal. Assn.*, 57:37-60.
- SANDLER, J., HOLDER, A. & MEERS, D. (1963). The ego ideal and the ideal self. *Psychoanal. Study Child*, 18:139-158.
- SLATER, E. (1965). Diagnosis of "hysteria." *Brit. Med. J.*, 1:1395-1399.

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COMMUNICATING ACROSS BOUNDARIES, BUILDING CROSSCULTURAL BRIDGES

BY PATRIZIO CAMPANILE

Keywords: Crosscultural exchange, analytic cultures, plurality, Freud, analytic theory, hysteria, subjectivization, bodily issues, puberty.

I am very grateful for the attentive reading that Rosemary H. Balsam and Ruth Imber have given my article. Their contributions broaden and enrich it. The questions they pose permit me to clarify my thinking, but they also indicate the necessity—and the possibility—of exchanges characterized by reciprocal curiosity.

I find the title of my response appropriate for some reflections inspired by my reading of these two commentaries. I have thus synthesized and articulated, in a spirit of hopefulness, what appears in their texts. *Communicating across the boundaries* of different psychoanalytic cultures and *building crosscultural bridges* represent ever-increasing necessities. The plurality of psychoanalyses (nowadays we can express it this way) has allowed us to greatly amplify our knowledge of the human being, of the role played by connections that one establishes or that one is incapable of establishing, of the continual necessity of thinking within groups and so of increasing our knowledge about group functioning. We could obviously add many things to this list.

Concerning ourselves with aspects of these phenomena, following intuitions and bringing them to their ultimate results, has led us to the current plurality of theories and different ways of practicing on the clinical level. It is a process in which affective components are active and sometimes determinative, just as our impression of confusion in the face of such a plurality is also charged with affects—an impression I believe we all feel about a plurality that has come into being, I would add, in a dis-

Translation by Gina Atkinson.

jointed way. It could not be otherwise, but our common intent, I believe, should be to make it an orderly plurality.

In trying to respond to a question that has emerged in recent decades, “one psychoanalysis or many?” (Wallerstein 1988), we have sought answers in the clinical encounter, only to then find that we must come to grips with the implicit theories that govern our way of operating. I think, rather, that the time is ripe for an interchange to take place, aiming, as much as possible, at a well-constructed synthesis of the current plurality. I think that a useful question to pose is: how much can (must?) the various psychoanalytic theories converge in creating an articulated whole capable of taking on the complexity of the phenomena about which we are continually tested?

In “Analysis Terminable and Interminable” (Freud 1937), I find a model and a guide for thinking about how such an articulation could or must occur. In that essay, Freud gives an example of how psychoanalytic thinking must ascend and descend through different levels of abstraction that, starting from the clinical arena and continually going back to it, aim at formulating a complex theory with which we can better hypothesize about the human being and try to understand him in all his complexity.

To better explain, I will start with a quotation from Freud cited by Rosemary Balsam in her commentary: *Wo Es war, soll Ich werden*. Balsam refers to the translation proposed by Loewald (“Where id was, there shall ego come into being”), which modifies that of Strachey (“Where id was, there shall ego be”).

The history of the translation of this statement describes a good part of the history of psychoanalysis. I find it very interesting to observe this unfolding of events, and so I will list below the English translations of this comment that I am aware of:

- Where id was, there ego shall be / Where id was, there shall ego be / Where id was, ego shall there be.
- Where id was, there ego shall become/ Where id was ego shall become / Where it was, there should become I.
- Where id was there ego would be.
- Where id was there should ego be.

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- Where Id was, Ego must be / Where the id was, there must ego be.
 - Where Id was, there Ego now is.
 - Where id was, let ego be.
 - Where id was ego shall come into being.
 - Where it was, I shall be.
 - Where “it” was, there shall “I” be.

The task of putting together this plurality in a well-ordered way—a plurality that reflects a good portion of our many psychoanalyses, as well as the history of psychoanalysis—is arduous but fascinating. For example, we recall the necessity of tracing routes from the inanimate to the animate, and from the less well articulated to the more articulated. I will refer to these in again taking up some of the thoughts expressed in my article and comparing them with the interventions of my two interlocutors.

I mentioned that *our theory of hysteria* (the psychoanalytic one) is a theory that aims to give an account of psychosomatic overlay and of ways in which the individual (specifically, the ego) tries to represent desire and the drive’s demand. It is, then, a theory of the process of symbolization; it defines the importance of the body (I am here responding to Ruth Imber’s comments), independently of contingent conditions and beyond the details of specific contexts (sociocultural ones as well—they require, certainly, recognition of the variability of phenomena, but that does not necessitate modifying those assumptions). This theory considers it useful to describe phenomena on the basis of the forces that determine them; it recognizes the occurrence of conflict and so the necessity of describing polarities within which it is brought about. It anticipates the formation of a psychic body and so of psychosexuality. It is likewise a theory that contemplates the notion of a transformative process and that such a process does not necessarily happen in a linear way (and perhaps never does) as reformulations of meaning; transcriptions of experiences into new languages and on the basis of experiences and new forms of knowledge modify, in retrospect, the reality that has preceded them, continually leaving something externalized or rejected from consciousness (*repressed*—the *first topographical model* comes in handy

in this regard, alongside the second, the structural one). All of this is not caused by, nor is it modified by, contingent situations.

If we continue to assume these hypotheses, however (and now I will try to engage with one of Balsam's observations), we cannot fall back in the face of a radical assumption of the psychosomatic hypothesis. As Freud said, we cannot suppose that phenomena exist *sine materia*, since not being able to recognize it at a given moment does not imply that it does not exist. At the same time, even when we appreciate its characteristics and importance, what we psychoanalysts concern ourselves with is always the *psychic body*, at any rate; this is why we need a psychosomatic theory.

In working with patients, I believe, no one makes explicit reference to these theories (or to other ones), but of course they are the background that permits us to propose dynamic ways of describing what happens to the patient. That inevitably causes the patient to make use of those dynamic descriptions, and this is what I call the *process of subjectivization*. The result of that *recognition of the multiplicity and relativity of the subjects that each individual has within himself* is, as I noted, *the formation of a particular type of individual, aware of being inhabited by an unconscious, of being subjected to integrating tensions and disintegrating tensions, of being subjected to the body and thus to the drive and to the other whom he comes from, and with whom, via identification, his being is intertwined. A subject, then, in the double sense of an author and of one who is subjugated, subjected to forces and mechanisms that he can learn to see and recognize; this process of subjectivization is the route that leads to a certain manner of being—that leads the individual, that is, to recognize himself as a subject.*

Defined in this way, the process of subjectivization, I maintain, describes something different both from the attainment of maturity, and from the definition of an identity. Both these concepts are useful to define the direction of transformative movements that progress toward a favorable result, but with the term that I use, I am making reference to a possible, specific kind of a way of being and of thinking of oneself as an individual. For this reason, I noted that this is *a conception that can be considered implicit in the conceptualization, developed by psychoanalysis, of the psychic apparatus.*

The precondition and a supporting axis of that process is the slow and constant work of signification and of subjectivation—work that in many situations precedes the possibility of employing the psychoanalytic method of free associations (alongside evenly suspended attention). This work constitutes the precondition, or at any rate the means of arriving there.

The body demands resignification and reelaboration in a special way in the moments in which it is transformed or its possibilities or conditions are significantly modified (birth, learning to walk, puberty, achieving abstract thought, pregnancy, and growing old, to cite some of them), and that makes it a preferential area for conflict. Because of this, I maintain that studying the adolescent process is particularly productive. In order to be able to think of it as such—that is, as a process—we must inevitably turn to constructions that, as Freud taught, must always be thought of as attempts at the representation of a reality that otherwise cannot be mastered. It is for this reason that I propose, for example, distinguishing a possible prevalence (in a relative sense) of the investment in the self and in one's own body (and thus a narcissistic stance) with respect to the object's. It is a distinction that I consider useful in order to mark out the horizon and limits within which a given adolescent is moving and, inevitably, in which we move with him or her.

To avoid any misunderstanding, let me say that I see all this as a process in continual movement (and one that obtains throughout life), even if, physiologically, in particular moments (and I refer to moments of change and transition) I expect that there may be a prevalence of one configuration over another. Thus, I consider the pubescent body as a central element of the ego ideal up to the moment of pubertal transformation, when it is the object to be that ideal in the moment of falling in love. This is never a linear sequence, and at the same time this balance cannot but be itself a locus of conflict. A solution, or at least an attempt at one, can then be to turn to a restored fantasy of conditions that were in part experienced and, even more so, fantasized in the course of childhood, and, that is, a turning to the ego ideal. What we will have to confront on the clinical level will differ substantially, then.

I find the connections highlighted by my interlocutors between my points of view and theorizations, and their different and faraway ones

—such as those of Loewald, Kohut, Renik, and Bromberg—to be stimulating and useful in “communicating across boundaries” and “building crosscultural bridges.” I can only thank them again. Some of the theorizations they bring up are ones that I associate with much less than with others, and that really are not well known to me, but it is exactly the highlighting of possible connections that—today more than ever—makes theoretical debate the appropriate venue of investigation, in my opinion.

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REFERENCES

- BALSAM, R. H. (2012). Commentary on Patrizio Campanile’s “I had twenty-five piercings and pink hair when . . .” *Psychoanal. Q.*, 81:419-428.
- CAMPANILE, P. (2012). “I had twenty-five piercings and pink hair when . . .”: adolescence, transitional hysteria, and the process of subjectivization. *Psychoanal. Q.*, 81:401-418.
- FREUD, S. (1937). Analysis terminable and interminable. *S. E.*, 23.
- IMBER, R. (2012). Commentary on Patrizio Campanile’s “I had twenty-five piercings and pink hair when . . .” *Psychoanal. Q.*, 81:429-436.
- WALLERSTEIN, R. S. (1988). One psychoanalysis or many? *Int. J. Psychoanal.*, 69:5-21.

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SECRET PASSAGES: SOPHISTICATING THE CAT-FLAP

BY CORDELIA SCHMIDT-HELLERAU

SECRET PASSAGES: THE THEORY AND TECHNIQUE
OF INTERPSYCHIC RELATIONS. By Stefano Bolognini;
translated by Gina Atkinson. London/New York: Routledge,
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Keywords: Theory, technique, intrapsychic, interpsychic, cat-flap, metaphor, language, Freud, plurality, transference-counter-transference, analytic dyad, fantasy, passages.

In his wonderful opening of *Secret Passages*, Stefano Bolognini takes us into Freud's office. Bolognini is not alone: he has an art historian, Lynn Gamwell, at his side, and together they have a look at one of the most famous desks in the modern history of science and culture. Here Freud was sitting, surrounded by his antique objects—human, animal, and fable figurines, the carriers of Egyptian, Greek, and Chinese wisdom, mythology and Devin dignity. Musing on the human mind, Freud would look at them and they would look at him, and while he was writing the thousands of pages of his works and letters, they would patiently and attentively listen in silence.

As Gamwell leaves, Bolognini lingers on in Freud's study, perhaps even sits down on the famous couch in order to wonder: Where are we analysts in the twenty-first century, and how did we get here? Who are our internal and external objects today—who is looking at us, who do we speak and dialogue with? Like it or not, there is always Freud, but there are also Ferenczi, Klein, Winnicott, Bion, Lacan, and Kohut; and

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there are our more contemporary innovators, and our personal analysts, supervisors, and colleagues, some more so than others—altogether a complex and diverse crowd that forces (or at least nudges) us into an ongoing, complicated exchange of ideas.

Confronted with this “problem of abundance,” one might resort to a defensive devotion to one master, the “archaic ‘total parent,’ unique and preoedipal—a parent who must not be ‘betrayed’ . . . with whom one completely identifies, rather than only partially so” (p. 9), and who will be shielded, then, against any competitor in an idealizing transference that repudiates plurality as an offense to one’s personal narcissism.

But Bolognini advocates a different stance, which is

. . . to enlarge the familial field of the professional self to a broadened structure including the equivalents of grandparents, uncles and aunts, cousins, and analytic siblings, because the totality of these figures, of these potential interlocutors, can constitute a considerable richness in furthering the aim of *internal consultation* during the clinical work. [p. 12, italics in original]

In offering us the *family metaphor*, Bolognini implicitly rejects promiscuity and eclecticism, two other ways of dealing with diversity and incompatibility. Instead he emphasizes that *we are all one family*, with Freud as our grandfather and lots of gifted descendants, pursuing “theories that are consistent in their interior, but not between themselves” (p. 15). In a family, we can coexist, Bolognini tells us, even if our theories exclude one another, because we have learned to live with, respect, and tolerate differences. And even if we do not like one or another family member, he or she remains part of our kinship. The proof of cohabitation of theories within us becomes apparent when, surprisingly enough, in the middle of a clinical moment the voice of one of those lesser-liked uncles may speak up in our preconscious and add something new to our understanding of the clinical material.

And so goes the book and its author: Bolognini seems to assemble around his desk a wide circle of colleagues from various schools and from three continents—consulting and speaking to them with the serene and curious mind of someone who thinks about what he has learned, is confident to use his own voice, and trusts that it will be heard as much as he likes to listen.

It has been mentioned before: one of the defining characteristics of Bolognini's way of writing and thinking as an analyst is his narrative style. As a clinician, he is a wonderful storyteller (he has also published two books of short stories [Bolognini 2006, 2010])—and hence very much a grandson of Freud, who famously noticed with amazement that his case histories read like novellas. Bolognini's style is not just a pleasing extra to what he wants to communicate, nor and even less so could it be called a naive or simplistic form of thinking. On the contrary, there is something deeply understood and worked through in Bolognini's way of presenting an allegory or a short story, a clinical wisdom that transpires and seeps in, rather than making a point with rational arguments. What comes to us so easily in Bolognini's stories and metaphors immediately enlightens us and will stick with us forever.

Take as an example Bolognini's response to Gabbard and Weston's research on therapeutic action. He greatly appreciates the broad, balanced, and ecumenical nature of their scientific assessment. He then adds twelve more factors from the European perspective. But then, ten pages of thorough argumentation and theoretical reflection later, he presents the following "aquatic interlude":

In my imagination, many patients arrive for treatment in conditions similar to those of an individual who, standing on the beach, has never put a foot into the water. The first analytic session is, for the patient, "going into the water."

The problem is to learn and to allow oneself to let go, initiating a process of acclimatization (this is what swimming instructors call the first phase of contact with the new environment) and learning to be confident in the fact that one can float.

The first great obstacle for neophytes is to have faith in playing dead: having one's pelvis above and one's ears under the water clearly goes against the defensive ego's agonizing need to keep the situation under control, and the tendency is to keep oneself vertical from the neck up, using one's head as a periscope.

In this phase, the instructor's basic assistance is decisive. With empathic perception, he synchronizes himself with the pupil's level of alarm, and—partly by example, partly by appropriate instruction—he permits the pupil to reach, a little at a

time, a certain level of confidence with the practicability of the aquatic medium.

If the course is successful, after a period of time, the pupil is capable of submerging himself, of swimming, and of exploring the subaquatic environment to some degree of depth, descending and ascending with a certain pleasure. Some will also be able to go down a little farther, while the great abyss will remain prohibited from direct exploration and will, instead, be known from the inside of the submarine or a bathyscaph, from behind glass. [pp. 38-39]

Read, then, how Bolognini elaborates on this allegory, looking at the analyst as a swimmer in turbulent waters when he suddenly finds himself “turning involuntary somersaults under water, dragged down . . . by an experiential vortex that overwhelms him” (p. 40), in particular when working with wider-scope patients—those “shipwreck victims who at one time would have been left to their destiny” (p. 40) and are now given the trial of rescue.

Those are the moments when the analyst has to have the courage to take risks in uncharted waters, before he can “return to the shore somewhat agitated and in need of a rest, or at least of being able to recount one’s adventure to a colleague, usefully reflecting on what has happened” (p. 41). We might forget many details of our scientifically researched data, but we will not forget the *metaphor of the swimming instructor*, capturing the analyst’s tasks and responsibilities and the inherent difficulties and perils along the way.

And this is what this book is about. The metaphor—from “*metà-foréi*, ‘to pass through’” (p. 45) —captures and condenses something, not unlike what happens in our unconscious dream-work, and thus “permits otherwise unexpressed and difficult-to-communicate contents to go beyond barriers and to set in motion elaborations and new integrations. *Metaphors create passages* where earlier it seemed there could be none” (pp. 45-46, italics in original).

If the analyst’s task is still to make unconscious conflict and fantasy accessible and integrate it into the conscious part of the ego, then he or she has to be open to, and able to open up, such secret passages that allow something previously frightening and repressed to enter our

awareness. If psychoanalysis is still understood as a talking cure, then words do matter; if not carefully used, they can be “inconsistent, gratuitous, volatile” (p. 47) or even hurtful and foreclosing. However, if they come to embody an understanding of the patient’s deeply rooted wishes, fears, and conflicts as these emerge, they can promote—sometimes best in a metaphor—these passages, thus widening our inner space and mental freedom.

INTRAPSYCHIC AND INTERPSYCHIC

The theoretical chapter on “The Intrapsychic and the Interpsychic” may be read as just such a case in point of Bolognini’s predilection for metaphor, because it is predominantly theoretical (and, unfortunately, less clarifying than all the other chapters in this book). The task is the conceptual definition and distinction between the notions of *intrapsychic* and *interpsychic*. In addition, nowadays, common notions like the *interpersonal*, the *intersubjective*, the *transpsychic*, the *interhuman*, the *pre-subject*, and the *co-subject* are invoked, and since they cover different though in part overlapping areas that cannot be clearly separated, I felt at times somewhat bewildered in reading this part of the book.

Maybe this had to do with my ingrained conception of the *intrapsychic* as everything that happens within one person’s mind—e.g., an intrapsychic conflict between the ego and the id or superego—and the *interpsychic* as everything that happens between two people’s minds—such as transference-countertransference enactments. I also wondered if my struggle with this chapter reflected my hope or expectation that Bolognini would set out to fully clarify how we can understand the mental functioning of one mind in interaction with another mind (admittedly a huge if not impossible task), and how (if so) the classical conceptualization of transference-countertransference interaction between patient and analyst differs from the ideas of the intersubjective and the interpersonal in relational psychology.

However, over time, I learned that Bolognini is trying something slightly different: he ventures to explore the psychic equivalent of the physiology of two interacting people, a territory for which so far we have only barely been able to find words—despite all the words that are in use for it.

The central question this book tries to tackle is: “What importance should we give to the work of the intrapsychic through the interpsychic in bringing about changes?” (p. 58)—a question that could also be asked the other way round—and it is here, Bolognini notes, looking at the crowd on his desk, where “innumerable personalized viewpoints” branch out. They are all based on “different concepts of the mind” (p. 58), he states—but how exactly do these concepts relate to his question? To define them would hardly have been possible within this book; however, it is worth wondering whether they are actually as clear as they could or should be.

Following Bolognini, the *intrapsychic* comprises the totality of the patient’s internal work (namely, “the patient’s intrapsychic with the intrapsychic of the patient himself,” p. 61) as well as the analyst’s intrapsychic (his associations, hypotheses, etc.) “in a regimen of intentional and careful separateness” (p. 61)—classical transference-countertransference interactions included. Note that in this use of terms, the separateness of the two does not necessarily generate—not even after the analyst’s *intervention* or *interpretation*—what Bolognini would call the *interpsychic*.

When the patient is more narcissistic and lacks the transitional space necessary to transform or appropriate the analyst’s intervention, Bolognini would speak of “a ‘transpsychic’ modality” (p. 65). Even though the clinical situation is familiar, the notion of a *transpsychic transmission* with *nontransitional* space for *transformation* appears a bit awkward. But the distinction between the two concepts rests on a sense of separateness—hence, giving space—that remains intact in normal intrapsychic functioning and is lacking in the transpsychic modality.

Now, in contrast to the intrapsychic:

The interpsychic is a level of “wide-band” functioning, in that it allows the natural, uninterrupted, and not dissociated coexistence of mental states in which the object is recognized in its separateness, alongside others in which this recognition is less clear. [p. 69]

Interpsychic functioning emerges from the interaction of two human bodies in the room (including their spontaneous gestures, facial expressions, movements) and is their psychic equivalent as it occurs on

the level of the preconscious. Transitionality, Bolognini writes, is used “to visit the intersubjective ‘common spaces,’ . . . while protecting the nuclear self from traumatic encroachment by the non-self and allowing sustainable interactions between the two psychic apparatuses” (p. 70). As such, the interspsychic is nothing specific to psychoanalysis; Bolognini assumes that all healthy interactions have their psychic equivalent that is unplanned and spontaneous. It is a way of interchange that essentially takes place on a preconscious level.

It is not easy to differentiate Bolognini’s concept from similar and related ones that we have previously heard about: for instance, Barangers’ field theory of *the unconscious fantasy of the analytic couple*, Bion’s *reverie*, Ogden’s *analytic third as the actual object of psychoanalysis*, or the relational *co-creation*. All aim at capturing this particular something that occurs between patient and analyst if they are capable of an interchange.

Perhaps we could fairly state that Bolognini’s interspsychic is not an unconscious fantasy, not a reverie, not an object of analysis nor something newly created; it is meant to describe a *spontaneous, preconscious way of functioning between two people*. “In brief, I consider the ‘interspsychic’ to mean a functional level of high permeability shared by two psychic apparatuses, which encourages situations of complex empathy by means of exchanges based on so-called normal or communicative projective identifications” (p. 74).

A beautiful clinical vignette is presented in support of the interspsychic: A patient keeps silent for twenty-five minutes and then says: “You think that I’m silent; in actual fact I’m telling you the dream I had last night, which I can’t remember” (pp. 72-73). Both analyst and patient react to the patient’s statement with “instinctive laughter” (p. 73). Their laughter is a spontaneous event that involves both participants’ bodies and minds; it arises in response to something that occurred in both their preconsciouses (it can be analyzed and understood only in retrospect); in short, it is *interspsychic*.

Bolognini explains that his patient was making use of his analyst first in the sense of an object and then as a co-subject (and pre-subject). He and his patient immediately understood that the latter “managed to say something remarkable” (p. 73). By doing so, the patient reveals an in-

ternal split, a secret dialogue within him, and when he finally makes sense of his silence, he indicates the start of an integration.

Simultaneously, the patient acknowledges the presence of the analyst who is waiting to hear something from him, and by making his surprising statement, he shows that he can “place his trust analytically in the two of us” (p. 73). He and the analyst “shared a pre-subject and co-subject area of impressions and thoughts while retaining . . . individual ways of psychic functioning, characterized by appropriate separateness” (p. 73). Or to say it in other words: this is an example of the interpsychic because it shows in both, analyst and patient, the “dimension of cohabitation and cooperation in which the sense of the self is extended . . . to another contiguous being” (p. 99).

Psychic processes, remaining in essential ways always unconscious and rooted in our physiology, are fluid and hard to describe—at least as long as one wants to remain closer to the clinical and avoid the abstract language of metapsychology (in which the relation to the body is represented in the concept of drives). And so again, after the tangle of jargon reverberating from various dialects of “innumerable personalized viewpoints” has settled down and a first sketch of the concept of the interpsychic has emerged, Bolognini—with a smile on his face—tells us exactly what he means in presenting another of his unforgettable metaphors: the *cat-flap*.

Perhaps, without our knowing, there was a draft, a door left ajar between our mental apparatuses, or a small opening, almost invisible, like in the great wooden doors of Italian houses in medieval times, at the bottom of which was a swinging flap (a “cat-flap”) through which the house cat could come and go unheeded, unseen, and without disturbing its owners, intent on other pursuits. [p. 66]

[The cat-flap] . . . is a good symbol for a structural (it is part of the door) and functional (it was specifically designed so that the cat can carry out its function of catching mice inside and outside the house) device that is not only intrapsychic but also interpsychic. The cat-flap is quite distinct from the door, which allows the passage of people, and from incidental cracks, which allow

the passage of mice, clandestine, parasitical guest that harm the community/interpsychic-relational apparatus. [p. 67]

Topically, Bolognini tells us, the cat-flap belongs to the preconscious, and relationally it belongs to the interpsychic. “Analysis ‘constructs a cat-flap’ and coaches the ‘cat’ (the preconscious) to use it” (p. 67). Whoever has watched how this works will know that the cat goes in and out as it pleases. We can call to it, and it might turn around and stay for a bit, but it may also leave, sometimes even unnoticed.

And as we know, so it is with our thoughts and feelings, the wandering images of our fleeting fantasies that coalesce at times, helped by the analyst, only to dissolve a moment later in order to eventually become part of a new emerging picture, old and at the same intriguingly new.

PASSAGES OF VARIOUS KINDS

By now it has become apparent what *Secret Passages* is about: Bolognini is tracing a myriad of psychic movements, the subtle ones and the more stable yet still secret ones—movements at the border between inside and outside, self and other, subject and object, patient and analyst. I will not give away his beautiful examples of meaningful relationships between man and dog—often, as Bolognini recognizes, mirroring the relationship of the ego with the self (p. 98). Also, I would add, the dog can be an object to preserve, to care for, which could become a good reason to stay alive. (I remember a patient once telling me: “Life doesn’t mean anything to me any more, and I would kill myself—but I couldn’t do this to my dog, leaving it all alone.”) And so Bolognini shows us how something within us can secretly pass through the cat-flap in order to live on in a pet, entrusted to be its cherished representative.

Further, interestingly enough, Bolognini discusses *mucous membranes*, which are the exquisite physical loci of passages between two human beings, starting from the excitement and satisfaction experienced in the nursing couple of infant with mother and proceeding to the pleasures of sexual intercourse. For the analyst working in the interpsychic, it is important to maintain the capacity (the space of the preconscious) “to work clinically in a non-erotized way during phases of very intimate

mental coupling, which the patient may on the other hand experience as *erotized precisely because they are experienced in reality as 'faraway and impossible'*" (p. 111, italics in original).

When there is no space for longing ("faraway"), the intimate coupling is experienced as transpsychic, "the equivalent of a forced and traumatic desire to break the bonds of personal boundaries" (p. 110). Clearly, this is more than could pass through the cat-flap. Bolognini warns: "There is a point of distortion in human relationships that marks the passage from excitement to overexcitement, and from there to a pain 'without meaning'" (p. 113), drowning the patient in a sea of "desperation, without being able to organize the corresponding renouncement and mourning" (p. 113). It is the analyst's responsibility to spare the patient this pain and to keep the interpsychic exchanges adjusted to the measures and modalities of a well-functioning cat-flap.

From all of this, we can once more appreciate Bolognini's particular understanding of empathy, to which he has devoted a whole book (Bolognini 2004), and to which he returns in another chapter of *Secret Passages*. Psychoanalytic empathy is *not* some "generic analytic 'kindheartedness' whereby the analyst should be a priori well disposed toward the patient and tune in to his ego-syntonic experience" (p. 122), he emphasizes. Rather, empathy can be described as a conscious and preconscious contact with the other's current state of mind, including the complexity of the other's defensive ego splits, the split-off parts (some not so flattering), the ego-syntonic subjectivity, and the whole range of activated feelings (p. 123), while maintaining a sense of separateness. It is this separateness that allows the analyst to watch the patient's subtle psychic movements as they follow the drafts in and out through the cat-flap—while the analyst registers and reflects on his or her own responses.

This latter task is particularly challenging when working with patients with serious pathology, which operates in the area of the transpsychic and that calls first of all for the creation of an internal space, a developmental shift from the transpsychic to the interpsychic. Here patients feel a constant need to evacuate, which requires that the analyst "accept[s] and tolerate[s] the containment of tensions and excesses" (p. 162), in

order to metabolize unmemorable micro- and macrotraumas and eventually to mentalize them, with the help of his or her function of *reverie*.

Bolognini reminds us that, in these cases, it is important to be aware of the fact that “*the patient simply cannot take inside anything that comes to him from the object—for example, from the analyst or from the treating environment*” (p. 167, italics in original). Instead of interpreting, the analyst may content him- or herself with sharing the patient’s experience of being in a relationship with the analyst, waiting until the patient’s tensions, persecutory anxieties, and evacuative needs have decreased and made room for taking something in:

Sharing is as much a precursor of reverie as of possible empathy. Containment is often the passage that precedes sharing, and the analyst is called upon to fulfill that basic function, whose roots extend down into the key primary relationship. [p. 175]

What is shared can be fear and a sense of panic that might stimulate defensive, counterphobic mechanisms in the analyst. However, as Bolognini shows us, if it is possible to be aware of and (when necessary) to acknowledge these feelings, a capacity that is built on what he calls *trust in one’s self*, a process of metabolization is set in motion that will lead to eventually making them amenable and manageable.

Countless clinical examples and subtle observations throughout this book enrich these theoretical considerations and provide us with the sense of getting to know a seasoned psychoanalyst who loves his work and generously shares with us not only the highlights of successful interpretations, but also the at times stumbling, tentative, or awkwardly searching steps that will help both, analyst and patient, find their way to the cat-flap.

After having read this book, we know what a sophisticated device the cat-flap has become under Bolognini’s authorship. This book is one of those that teach us gently and wisely, and the reader will often respond with a smile to the poetry of his writing, which has been congenially and beautifully translated into English by Gina Atkinson.

FINAL CONSIDERATION

In his favorable foreword that simultaneously breathes high appreciation for a great colleague and a sense of personal friendship, Glen O. Gabbard writes:

We are fortunate to have this book available to us at a time when the cacophony of voices may be overwhelming and may tempt us to withdraw from meaningful dialogue. We should all be grateful to Stefano Bolognini for leading the way for the rest of us to follow. [p. xiv]

Having recently been elected to become the twenty-fourth president of the International Psychoanalytical Association (for 2013–2017), Bolognini will in fact fulfill many leading functions in our organization, not the least with regard to our identity as psychoanalysts. Bolognini's respect for others and willingness to listen to and learn from diversity, as well as his commitment to clinical experience with his own patients, enable him to integrate many aspects of our contemporary pluralistic culture.

And here, too, his metaphor of the cat-flap seems valuable: we may not be able to, nor should we try to, absorb too much of the diverse theories and concepts at once; true integration requires that we carefully work through, bit by bit, the interdependence of our concepts and their consistencies and inconsistencies. This will unavoidably lead at times to passionate discussions about different theoretical viewpoints, and will always remain challenging because progress never comes by traveling the easy road, and there is only so much each of us can accomplish in one trip.

In the end, let us get together again in Freud's study, admittedly a big crowd for this relatively small room, yet still there is room for all of us. Stefano Bolognini has finished reading and closes the book. And now we all look at Grandfather Freud, curious to hear what he might have to say. The scent of his cigar lingers in the air, reminiscent of old times. What would he think today? What would he say to us?

I think Freud would be pleased that psychoanalysis has developed so creatively and productively throughout its first century and into its

second. I also think he would like Bolognini's book and would agree with him that today, one of the still-open but most interesting and central questions to be answered is: how can we conceptualize the therapeutic collaboration of two minds, and how exactly does psychoanalysis initiate and effect these necessary changes in mental functioning and processes that we hope to achieve?

And then, at the very end, Freud might not let us go without encouraging us to undertake further studies; there are many interesting theories about how the mind works nowadays, he might acknowledge, and all have advanced our understanding. But even so, there may be only one foundation and principal organization of the human mind that we all share. Metapsychology was once designed to sketch these principles and laws of mental functioning, with the goal of developing a comprehensive theory of the mind. It seems that these efforts have been dropped and are currently unfashionable, Freud might grumble with some regret.

Instead, we see an intellectual attitude bowing to the claim that all theories, "personalized viewpoints" included, are equally good and valuable. But can that be so? And can psychoanalysis develop further if we forego the rigor of trying to sort out what can be integrated and what not? We may never be able to formulate a comprehensive theory of the mind, but shouldn't we continue to try?

REFERENCES

- BOLOGNINI, S. (2004). *Psychoanalytic Empathy*, trans. M. Garfield. London: Free Association Books.
- (2006). *Like Wind, Like Wave: Fables from the Land of the Repressed*, trans. M. Garfield. New York: Other Press.
- (2010) *Lo Zen e l'arte di non sapere cosa dire*. [*Zen and the Art of Not Knowing What to Say*.] Torino, Italy: Bollati Boringhieri Editore.

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A CONTEMPORARY PHILOSOPHICAL ENCOUNTER WITH FREUD'S SCIENCE

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FREUD, THE RELUCTANT PHILOSOPHER. By Alfred I. Tauber. Princeton, NJ/Woodstock, UK: Princeton Univ. Press, 2010. 318 pp.

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In this book, philosopher Alfred I. Tauber takes up the sometimes fraught but also—at least for some philosophers and psychoanalysts—inescapable topic of the intersection and border territories of psychoanalytic theory and philosophical reflection. I say *fraught* because past encounters of the two disciplines have not infrequently been characterized by experiences of mutual incomprehension.

This occurred, for example, when Karl Popper brought a sharp philosophy of science critique emphasizing “falsifiability” to psychoanalytic methodology, and when Adolf Grünbaum (1984) marshaled an anti-Popperian philosophy of science critique on the epistemic standing of psychoanalytic inferences. These philosophical encounters with psychoanalysis have at times seemed to offer no more than a conversation-stopping stalemate, and perhaps support for psychoanalysts’ musings on the wisdom of Freud’s comments on resistances to the acceptance of psychoanalytic understanding. At other times, it seems inevitable that we must place psychoanalysis in a perspective that goes beyond its apparently unique and *sui generis* quality. I remember having thoughts to that effect on reading Simon (1980) and others on Plato and Freud, John

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Wisdom (1968a, 1968b, 1970) on Cambridge analytic philosophy and psychoanalysis, Ricoeur's (1970) hermeneutic perspective on Freudian psychoanalysis, and, more recently, Makari's (2008) intellectual history of the field's development.

Like it or not, psychoanalysis will find a place in intellectual and cultural history. In recent years in the United States, philosopher-psychoanalysts Cavell (1993) and Lear (1990, 2005) have helped enrich the dialogue of the two disciplines in a series of fascinating and important writings. In other countries—where, as Green commented, philosophy is part of the secondary school curriculum—the mutual influences between psychoanalysis and philosophy have been evident for some time (e.g., in the work of Lacan [2006], Laplanche [1989], Green [2005], and Fiumara [1990, 2001]).

In *Freud, the Reluctant Philosopher*, Tauber's approach to this complex intersection develops along three intertwined lines of inquiry and argument:

1. What were Freud's explicit and implicit philosophical influences and commitments as he developed his theories and methods?
2. What were the important philosophical ideas and traditions that were active and influential prior to and during the development of Freud's psychoanalytic theories and those of others, and what intellectual historical lines of influence might be inferred?
3. In the context of the author's critical philosophical analysis of the methods and theories of psychoanalysis, how can the psychoanalytic enterprise best be understood?

I will briefly consider each of these aspects of the book's argument separately, though they are not infrequently mixed together in the text. As will become evident, I found Tauber's pursuit of the first two questions more compelling and illuminating than his responses to the third.

As Tauber early on points out, an exploration of "Freud's unacknowledged philosophical debts" (p. xii) is at the heart of this book. Freud's debts to the influences of "Helmholtzian" biophysics and French

medical theorizing have been abundantly documented and explored in many other works. I am not aware of any accounts of his philosophical influences, either direct or indirect, that approach the comprehensiveness of what Tauber offers here. In particular, the importance to Freud's intellectual development of his studies with Franz Brentano is given a thorough and fascinating treatment. This is an aspect of Freud's biography that has been long neglected, and Tauber's attention to it goes a long way toward redressing this oversight.

Brentano (1874) taught philosophy at the University of Vienna. In 1874, he published a book presenting his philosophy of psychology. His approach to psychology proved to be an important precursor to Husserl's phenomenology. He revived the medieval concept of intentionality and used it to differentiate the mental, characterized as possessing intentionality, from the physical, which lacks this characteristic. This often confused concept refers not to *intentions* as such, but to the way mental phenomena *refer to* or *are about* something other than themselves. Tauber describes clearly a number of ways this concept seems related to Freud's theories about mental life. Brentano also championed psychic determinism and developed strict criteria for demonstrating psychic causation. Basing his argument on these criteria, he held that the mental is limited to that which is conscious, and believed that his arguments refuted theories of unconscious mental content.

Freud took six lecture courses from Brentano between 1874 and 1876, the only nonmedical courses he attended at the time. He visited Brentano outside of class and wrote about him in letters to Silberstein. While early in his medical career Freud had embraced science,¹ and maintained his positivist stance throughout his career, one cannot help but be impressed by his many applications of Brentano's philosophical concept of intentionality, as Tauber notes, and by his adherence to a variant of Brentano's concept of psychic determinism. Needless to say, a decisive difference between Freud and his philosophy professor turns on the matter of the existence of unconscious mental content. Tauber's

¹ This reportedly occurred after Freud encountered Goethe's essay "On Nature" in 1873. See Barron et al. (1991).

argument is quite interesting on this point. He proposes that Freud accepted Brentano's criteria for demonstrating psychic causation, and used them to systematically refute his teacher's contention that these criteria disproved the existence of unconscious mental content. I find this argument a fascinating context in which to consider Freud's repeated and carefully reasoned efforts to demonstrate the causal efficacy of unconscious content in dreams, symptoms, parapraxes, jokes, myths, cultural practices, etc., and his insistence on the central importance of related topographic concepts to the end of his career.

Tauber does not end his consideration of the compelling story of Brentano's influence at this point. He goes on to argue that Freud failed in his effort to demonstrate unconscious mental causation according to Brentano's criteria and, further, that Freud eventually recognized this failure and "suffered insecurities" (p. 121) as a consequence. However this may be, Tauber mounts a number of philosophical arguments to counter Freud's claim to have demonstrated unconscious psychic determinism. He attempts to show that Freud assumes the conclusion of unconscious psychic causation as a premise in his argument from the evidence of parapraxes.

It seems to me that many psychoanalysts would differ on this point and would consider interpretive propositions concerning parapraxes to be hypotheses, susceptible to falsification in the clinical process—not premises assumed from the outset (see, for example, Schwaber 1992). Tauber cites Wittgenstein's well-known insistence that reasons are not causes and, for good measure, adds Popper's arguments about psychoanalytic propositions failing his test of falsifiability for scientific hypotheses about causation. I think these arguments may be less than convincing to many psychoanalysts, as they were to me. To his credit, Tauber does mention philosopher Donald Davidson's anti-Wittgensteinian argument that reasons can also be causes (but only in a footnote).

Much of the text is devoted to a consideration of the contributions of a number of philosophers and schools of thought that had less direct impact on the development of Freud's thinking, but are in varied ways pertinent to an understanding both of the context in which psychoanal-

ysis grew, and to directions that it has since and is currently taking (my second category).

Reflecting on these parts of Tauber's work, I am reminded of the experience of a Kant scholar, Robert Greenberg, who had learned that Freud's personal library included a copy of Kant's *The Critique of Pure Reason*, and that the volume included marginal handwritten annotations. Greenberg was quite interested in the content of the marginal jottings and devoted some effort over time to finding a way to learn more about them. What he ultimately found was that the marginalia were not in Freud's hand, and that the Kant volume had apparently been acquired secondhand.

Freud was, of course, familiar with some of the major philosophical movements of his era and of the past, however much he insisted that psychoanalysis was science, not philosophy, and however much he may have repressed his own philosophical leanings, as Tauber suggests. For the reader who would like to gain a richer understanding of historical currents of thought that are clearly connected to the ideas of the psychoanalytic movement, setting aside to some degree precisely how they were transmitted, Tauber offers much. He emphasizes, for example the resemblance between Kant's reliance on the autonomy of reason and Freud's account of the ego, with its deployment of autonomous reason in the tripartite structure. In his treatment of Kant's influence, Tauber also convincingly suggests that the representationalism of psychoanalytic theory derives from Kant's thinking.

The same philosophical origin applies to Freud's concept of consciousness as a "sense organ for the perception of psychical qualities" (Freud 1900, p. 615). Tauber comments only briefly on this Kantian and Freudian notion of the inner perception of inner psychic qualities. I found this somewhat curious, especially given his Wittgenstein-derived discussion of reasons and causes. One of Wittgenstein's most far-reaching philosophical-therapeutic efforts to treat traditional philosophical modes of thought was directed against the concept of the inner perception of conceptually private, inner psychological contents (Budd 1989; Cavell 1993; Wittgenstein 1953). This position has led to much philosophical

discussion since the mid-twentieth century, including philosophical debate on the analytically relevant topic of self-knowledge (Ludloe and Martin 1998; Moran 2001; Wright, Smith, and Macdonald 1998), but from Tauber we read little about this.

Continuing his account of Kant's influence, Tauber describes post-Kantian ideas, such as those of Dilthey (recently explored by Boesky [2007]) and Windelband, whose work attempted to articulate the place and epistemic status of the human sciences in relation to the physical sciences. From this school, we have the tradition of the fact-value distinction, Windelband's distinction between the ideographic and the nomothetic, and Dilthey's parallel divide between understanding and explanation; one not infrequently encounters these ideas in current psychoanalytic discourse.

Other chapters of *Freud, the Reluctant Philosopher* address philosophical antecedents of, and ongoing dialectics pertaining to, the theory of instinctual drives and to concepts of self and identity. The Nietzsche–Freud connection and attendant striking parallelism has often been noted in psychoanalytic literature, but Tauber offers a particularly succinct and clear account of the philosophical similarities and disjunctions of the two authors' complex bodies of thought. Nietzsche's will to power and Freud's instinctual drives have an unmistakable philosophical kinship, but the relationship is a complex one. Tauber lucidly compares their approaches:

On the one hand Freud afforded reason an autonomy that Nietzsche denied, and on the other hand Freud formulated the psyche much as Nietzsche did by adopting an organic perspective and thereby committed himself to a Darwinian *biology* In short, while Nietzsche would celebrate the Will, Freud would endeavor to control it. [p. 164, italics in original]

The philosophical context that Tauber brings to many Freudian ideas may be useful, it seems to me, in lending perspective to many of our current psychoanalytic discussions of theory. Nietzsche was a well-known advocate of epistemic perspectivism and a version of constructivism, but at the same time an unambiguous advocate of a variety of

“drive theory.” How is it, one might wonder, that in our contemporary discussions these two trends so often take divergent paths?

Tauber’s treatment of philosophical reflection bearing on the concept of self is impressive and illuminating. This is directly addressed in the chapter titled “Who Is the Subject?” but is also engaged at a variety of other points throughout the text, as well as in extensive footnotes. He convincingly argues for the connectedness of this complex stream of philosophical thought to an understanding of the psychoanalytic enterprise, while also making it clear that the concept of self as articulated in the philosophical literature remained “outside Freud’s purview and perhaps even irrelevant to his project” (p. 185).

Tauber elaborates the history of an atomistic, “punctate” concept of self as entity, deriving from Locke, Descartes, and Kant, and its historical tension with a self conceived as relational and defined by ongoing process, which developed in the thinking of Kant, Hegel, and especially Kierkegaard. This discussion takes us into fascinating philosophical engagements of issues of self-consciousness, self-observation, identity over time, self as stranger, reflexivity, and reflectivity. But in Tauber’s view, Freud seemed satisfied with a “commonsensical notion of personal identity” that leaves mind a “fractured entity” (p. 193).

While it seems to me that there is much food for thought for psychoanalysts, self psychologists or not, in Tauber’s description of philosophical concepts of self, I also find it notable that he does not go into Freud’s thinking about narcissism and its relevance to these issues. Kohut appears in some footnotes, and while this may suffice for some versions of psychoanalysis, it would not for many others. We are left to speculate about how psychoanalytic ideas about narcissism, from Freud onward, relate to philosophical traditions and current discussions of self. Tauber is ultimately more concerned with self as moral agent. It is this line of thought that organizes his own philosophical contextualization of psychoanalysis, which he most fully articulates in the last chapter, “The Ethical Turn.”

There Tauber proposes that psychoanalysis be understood not as a scientific discipline but as a moral and hermeneutic one. Its findings, he argues, should be considered not as products of a narrowly construed

scientific methodology, but in terms of a broader moral epistemology. He writes, "Epistemological criteria are obviously operative, but the *philosophical* question of personal identity from the perspective of personal action becomes a *moral* identification, not an epistemological one" (p. 211, italics in original).

The author's anti-positivist argument for hermeneutics will be familiar to many psychoanalysts, but his ethical turn perhaps less so. Hermeneutic rebuttals to Freud's positivism have been present in psychoanalytic discussion for forty years or more. They have succeeded in problematizing positivism in contemporary debate, but whether they have shed more philosophical light on the unique aspects of epistemic claims that psychoanalysts feel justified in making seems to me highly questionable. Tauber captures some of my qualms when he jokes at the end of this book about a possible future volume: *Freud and the Reluctant Philosophers*.

Tauber's moral emphasis also invites challenges. After all, psychoanalysts attempting to explore clinical manifestations of harsh superego functioning are often inclined to be unsatisfied with explorations that end on a note of moral judgment. Lear (2005) writes, "Freud is famous for offering a critique of morality" (p. 192), and describes the psychoanalytic view that "morality's actual aims run counter to its purported aims, and that morality is actually inimical to human well-being" (p. 193). Freud's views on the matter are sometimes placed with those of Nietzsche, who wrote not only *On the Genealogy of Morals* (1887)—which (like Freud's writing) presents morality as a product of conflict-laden developments involving other-than-moral, elemental struggles—but also *Beyond Good and Evil* (1886). These and related considerations might move psychoanalysts, even those who accept a hermeneutic perspective, to question Tauber's moral epistemology.

On the other hand, it seems worth considering that philosophers, perhaps more than psychoanalysts, are often accustomed to the meaningfulness of mental concepts as an inherently normative matter (see, e.g., Cavell 1993), and therefore more closely allied with moral valuation. In addition, ethics and the "science of morals" (*Oxford English Dictionary* 1989, p. 421) is sometimes considered in a philosophical perspective as the relation not only to morality in a narrow sense, but also as "the

art of directing men's actions to the production of the greatest possible quantity of happiness" (*Oxford English Dictionary* 1989, p. 422). In this light, a moral epistemology may seem closer to the way we understand the reality principle as an extension of the pleasure principle (Freud 1911), and farther away from a severe superego. Nevertheless, Tauber's emphasis on the moral does pose problems to psychoanalytic orientations that may often find, in Lear's (2005) paraphrase, that "morality facilitates a special kind of viciousness" (p. 197) and derails us from our technical efforts to reach a stance of equidistance relative to the tripartite model (see A. Freud 1937, p. 28).

To sum up, *Freud, the Reluctant Philosopher* is an excellent contribution to the ongoing conversation between philosophy and psychoanalysis, written by one of the rare authors in this field who seems genuinely steeped in both disciplines. Tauber offers particularly illuminating perspectives on Freud's philosophical development, and on philosophers and schools of thought that have directly or indirectly influenced the development of psychoanalysis. Tauber also offers his own philosophical interpretation, which favors the moral and hermeneutic over the epistemological and scientific. His solution to the philosophically problematic contextualization and clarification of psychoanalytic epistemology deserves consideration and debate from both psychoanalysts and philosophers.

While the author's interpretive emphasis tilts and to some extent organizes his treatment of the intellectual, biographical, and historical issues raised in this book, I do not think this seriously detracts from the value of the account he offers, and he is quite clear throughout about his commitment in this regard. I strongly recommend this volume to students and practitioners of psychoanalysis and psychoanalytic psychotherapy, of philosophy, and of related disciplines in social sciences and humanities.

REFERENCES

- BARRON, J. W., BEAUMONT, R., GOLDSMITH, G. N., GOOD, M. I., PYLES, R. L., RIZZUTO, A.-M. & SMITH, H. F. (1991). Sigmund Freud, the secrets of nature and the nature of secrets. *Int. Rev. Psychoanal.*, 18:143-179.

- BOESKY, D. (2007). *Psychoanalytic Disagreements in Context*. Lanham, MD: Jason Aronson.
- BRENTANO, F. (1874). *Psychology from an Empirical Standpoint*, trans. A. C. Rancurello, D. B. Terrell & L. McAlister. London: Routledge, 1973.
- BUDD, M. (1989). *Wittgenstein's Philosophy of Psychology*. London: Routledge.
- CAVELL, M. (1993). *The Psychoanalytic Mind: From Freud to Philosophy*. Cambridge, MA: Harvard Univ. Press.
- FIUMARA, G. C. (1990). *The Other Side of Language: A Philosophy of Listening*. London: Routledge.
- (2001). *The Mind's Affective Life: A Psychoanalytic and Philosophical Inquiry*. London: Brunner-Routledge.
- FREUD, A. (1937). *The Ego and the Mechanisms of Defence*. London: Karnac.
- FREUD, S. (1900). *The Interpretation of Dreams*. S. E., 4/5.
- (1911). Formulations on the two principles of mental functioning. S. E., 12.
- GREEN, A. (2005). *Key Ideas for a Contemporary Psychoanalysis: Misrecognition and Recognition of the Unconscious*, trans. A. Weller. London: Routledge.
- GRÜNBAUM, A. (1984). *The Foundations of Psychoanalysis: A Philosophical Critique*. Berkeley, CA/Los Angeles: Univ. of Calif. Press.
- LACAN, J. (2006). *Écrits*, trans. B. Fink. New York: W. W. Norton.
- LAPLANCHE, J. (1989). *New Foundations for Psychoanalysis*, trans. D. Macey. Cambridge, MA/Oxford, UK: Blackwell.
- LEAR, J. (1990). *Love and Its Place in Nature: A Philosophical Interpretation of Freudian Psychoanalysis*. New York: Farrar, Straus & Giroux.
- (2005). *Freud*. London: Routledge.
- LUDLOE, P. & MARTIN, N., eds. (1998). *Externalism and Self Knowledge*. Stanford, CA: CSLI Publications.
- MAKARI, G. (2008). *Revolution in Mind: The Creation of Psychoanalysis*. New York: HarperCollins.
- MORAN, R. (2001). *Authority and Estrangement, an Essay on Self-Knowledge*. Princeton, NJ/Oxford, UK: Princeton Univ. Press.
- NIETZSCHE, F. (1886). *Beyond Good and Evil*, trans. W. Kaufmann. New York: Vintage Books, 1966.
- (1887). *On the Genealogy of Morals*, trans. W. Kaufmann & R. J. Hollingdale. New York: Vintage Books, 1989.
- The Oxford English Dictionary, Second Edition, Vol. 5* (1989). Oxford, UK: Clarendon Press.
- RICOEUR, P. (1970). *Freud and Philosophy: An Essay on Interpretation*. New Haven, CT: Yale Univ. Press.
- SCHWABER, E. A. (1992). Psychoanalytic theory and its relation to clinical work. *J. Amer. Psychoanal. Assn.*, 40:1039-1058.
- SIMON, B. (1980). *Mind and Madness in Ancient Greece: The Classical Roots of Modern Psychiatry*. Ithaca, NY: Cornell Univ. Press.
- WISDOM, J. (1968a). *Other Minds*. Berkeley, CA/Los Angeles: Univ. of Calif. Press.

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- (1968b). *Philosophy and Psychoanalysis*. Berkeley, CA/Los Angeles: Univ. of Calif. Press.
- (1970). *Paradox and Discovery*. Berkeley, CA/Los Angeles: Univ. of Calif. Press.
- WITTGENSTEIN, L. (1953). *Philosophical Investigations*, ed. G. E. M. Anscombe & R. Rhees, trans. G. E. M. Anscombe. Oxford, UK: Blackwell.
- WRIGHT, C., SMITH, B. C. & MACDONALD, C., eds. (1998). *Knowing Our Own Minds*. Oxford, UK: Clarendon Press.

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BOOK REVIEWS

MAKING FREUD MORE FREUDIAN. By Arnold Rothstein. London: Karnac Books, 2010. 131 pp.

This slim little book is a gem. It is clear, concise, and well written. With all the new, exciting developments in present-day psychoanalysis, in the maelstrom swirling around us of postmodernism, chaos theory, theories of gender, intersubjectivity, and narcissism, as well as the contributions of neurobiology, Rothstein reminds us of conflict, fantasy, and compromise formation, development and developmental calamities, anxiety and depressive affect. Few others could do this with such aplomb.

This is not a retrograde diatribe, but rather a useful guide to the therapeutic encounter. It is a modernist, evolutionary approach that incorporates new thinking without abandoning classical psychoanalysis.

The thesis, as laid out in the introduction, is the utility of the ideas of conflict, compromise formation, and fantasy. However, as one reads on, the focus is clearly on the interplay of the intersubjective with these basic ideas. Why it is set up in this way is a tantalizing question. Is it due to the author's deep grounding in and commitment to classical theory? Is it an effort to underline the importance of these basic concepts while noting and, at the same time, downplaying the prominence of intersubjective theory? Or is there some other reason? I leave it to the reader to ponder.

Clinical examples demonstrate the usefulness of understanding narcissism, sadomasochism, shame, and guilt as complex compromise formations. The central component of the compromise formation in the case of narcissism is a fantasy of perfection. Clinical material illustrates how these fantasies may be used defensively to reduce the unpleasure of the calamities of childhood.

Sadomasochism is derived from many factors and stages of development. Like narcissism, it exists along a spectrum with pathology at the extreme end. Considering this to be a complex compromise formation

allows the analyst to explore its multiple determinants. Rothstein demonstrates the relationship between masochism and depression, noting that masochistic fantasies may serve a defensive function by diminishing depressive affect as the fantasy serves to undo the sense of calamity. A connection is noted between narcissistic fantasies of perfection and the narcissistic gratification underlying the sadomasochistic experience.

A sense of the presence of the sadistic object loving the masochistic self is presented. Sexual and aggressive wishes toward the parents are expressed, while the unpleasure associated with these wishes and the self-punitive trend is diminished. I note these different components in order to indicate the multideterminants that can be teased apart when considering this to be a complex compromise formation with a layered fantasy formation.

The topic of shame and guilt is taken up in the third and final theoretical chapter. From a compromise-formation perspective, these cannot be considered distinct descriptive entities with theoretical differences, since they share a common content influenced by developmental experiences derived from parental disapproval. They are differentiated only by the associated fantasies, with guilt having more of a conscious sense of responsibility, while shame relates more to an external shaming object.

Recognizing their similarities means recognizing the overdetermined nature and appreciating the interplay of oedipal and preoedipal determinants. This is an important emphasis, as our recent preoccupation with all that we are learning about the preoedipal period contributes to a tendency for oedipal conflicts to escape notice.

As much as I appreciate the focus on compromise and fantasy formation, it is the second half of the book, "Clinical Implications," that I find most exciting. Here Rothstein turns his attention to the intersubjective, the reverberating relationship between analyst and analysand. The complexity of conflict, compromise formation, and fantasy increases exponentially in the interaction between analyst and analysand. This new theoretical focus, the intersubjective, is enthusiastically embraced. While expanding our theoretical and technical range, it also carries the danger of our abandoning that which has been so valuable, however. Rothstein counters that trend by intertwining the contributions of each as he explores the seduction of money, the illusion involved in candidate selec-

tion, the paucity of analytic patients, the importance of a trial of analysis, the significance of the analyst–analysand match, and the frustration and rejection masked by diagnostic, evaluative procedures.

Along the way, the author presents some challenging ideas and major paradigm shifts. He suggests doing away with our selection courses and replacing them with a trusting model of consultation and beginning an analysis. This involves considering that analysis is the optimal treatment for the individual seeking help, and that he or she really wants to undergo it; assuming the patient is analyzable until proven otherwise, and beginning by allowing the *enactment resistance*, the modifications demanded by the patient in schedule, fee, or position on the couch are addressed. Along with acceptance of modifications is the caveat that work will be expended in understanding their underlying significance.

Rothstein suggests allowing the patient to begin in his or her own way, as this may be what is needed to build up the trust that allows the establishment of the collaboration necessary for an analysis to take place. Clinical examples indicate the efficacy of allowing the enactment resistance in establishing an analytic process, as well as in clarifying the transference, the unconscious fantasy, and the multideterminants behind the need to begin in this way. It is the analyst's attitude, not the parameters, that defines a collaboration as an analysis. And collaboration implies two interactive participants, not a venture that takes place between an active partner and a passive one, an authority and a suppliant.

Since unconscious conflict is ubiquitous and interminable, it invariably affects our diagnostic inclinations. Rothstein contends that our emphasis on making a diagnosis is a remnant of our medical legacy in which a disease process is ferreted out, diagnosed, and a specific treatment instituted. His impression is that the psychoanalyst rarely considers diagnosis when things are going well, but rather resorts to it in frustration: when there is little or no progress, or when the patient is felt to be obstinate or defiant, arrogant or denigrating. Then the patient is diagnosed as borderline or primitive or malignant. Diagnosis becomes a co-construction between analyst and analysand, an interaction with reciprocal shaping influences.

Failure of the analysis then becomes a failure of the collaboration, a problem of reverberating intersubjectivity or, if you will, of the

transference-countertransference relationship. To counteract this diagnostic tendency resulting from experiences of frustration of our analytic efforts, Rothstein suggests that psychoanalysis must stand on its own, abandoning its position as a subspecialty of psychiatry, psychology, social work, or any other field.

No matter what the thesis is as laid out in the introduction, this book is about the intersubjective influence on the concept of compromise formation and its role in psychoanalysis. It is in the analytic collaboration that one has an opportunity to focus on compromise formations and their intersubjective nature. Rothstein has done us a great service in bringing compromise formation back into the limelight and integrating it with intersubjectivity. He combines these two elements of the analytic process, with all of their complexity, and presents the result with clarity. This can only further analytic debate and exploration. I recommend this book to candidates and senior analysts alike.

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GOOD ENOUGH ENDINGS: BREAKS, INTERRUPTIONS, AND TERMINATION FROM A CONTEMPORARY RELATIONAL PERSPECTIVE. Edited by Jill Salberg. New York: Routledge, 2010. 318 pp.

Writing on termination seems to go through periods of plenty followed by times of drought; currently, we are deluged by books, panels, and papers on the subject. One of the most recent is a fascinating and illuminating collection of papers on termination from a relational perspective, ably edited by Jill Salberg.

There have of course been earlier relevant writings from this perspective,¹ but there is little written specifically on the ending of analysis explicitly with this psychoanalytic approach. As Salberg says in her introduction, “there has not yet been developed a body of relational literature that would constitute relational theory on this subject” (p. xxii).

This book, then, is an attempt to do so, and the reader will decide whether it has accomplished that goal. But it does present all psychoanalysts with moving accounts of endings and trenchant comments on this

¹ See, especially, Hoffman, I. Z. (1998). *Ritual and Spontaneity in the Psychoanalytic Process: A Dialectical-Constructivist Point of View*. Hillsdale, NJ: Analytic Press.

crucial yet much neglected part of psychoanalytic treatment. The title itself captures the reality and “messiness” of endings. It is drawn from Winnicott’s inspired phrase *the good enough mother*, denoting the impossibility of perfection and the burden posed by idealization.

An edited book usually takes its inspiration from the editor’s concept and passion for exploring a particular set of ideas. Salberg contributes a very helpful introduction that gives readers some orientation to the relational field and a rich historical survey. Here she enriches the discourse, for instance, with her inclusion of Otto Rank, often neglected in discussions of termination. Given her spirit of inclusion, we feel that the most important contributions of this book—a sign of the increasing maturity of the relational school—are the relative lack of polemical straw-man arguments, the spirit of inquiry and openness, and the presence of papers by a relatively wide range of authors. Substantively but also symbolically, Salberg begins the book with a paper by the foremost classical writer on termination, Martin Bergmann.

The book is divided into three sections: “Theories and Positions,” “On the Clinical Frontier,” and “Musings on the Multiple Meanings of Endings.” There is something stimulating and thought provoking for readers of any persuasion in this volume, ranging from Bergmann’s classic paper to another of our favorites, Jeremy Holmes’s appealing “Termination in Psychoanalytic Psychotherapy: An Attachment Perspective.” In linking the therapist’s own attachment style to types of termination and outcomes, a question with fascinating training implications is raised: what if analytic students did the Adult Attachment Interview as part of their necessary self-knowledge?

In her chapter, “Termination as Necessary Madness,” Sue Grand writes that we should look at the contradictions between what we say and what we do about termination. Throughout the book, there are many examples that help us see what clinicians actually do. Many of them are extremely moving. Several illustrate the interpenetration of the analyst’s own history of separation and loss—especially the end of his or her own analysis—with the patient’s relation to separation and loss. As Sandra Silberman writes in her chapter, “The wall between our personal lives and our work lives is permeable in our associations, reactions, and musings” (p. 171).

In Salberg's other contribution, a clinical paper, she emphasizes the above theme of interpenetration as she writes of two cases with the inclusion of material from her own analytic termination. She describes how all three terminations and her own personal history of other separations interweave and interact.

Most of the authors also emphasize the importance of termination and describe various crises occurring around the actual event. One of many examples comes from Silverman's case, in which the patient, in her fourth year of analysis and after successful chemotherapy, suddenly announced she wanted a break from treatment. But in the final session, she declared that she could not go. The treatment resumed. The patient then terminated again, but returned to treatment five years later. In describing a similar situation, Grand coins the phrase *termination interruptus* when her patient stops, resumes, and stops again; this oscillation continues over two years.

These cases all generate a question about flexibility and spontaneity on the one hand, and indeterminacy and indecisiveness on the other. In Salberg's excellent review, she deprecates authority on the part of the analyst, implying that flexibility and following the patient are foundational to a relational approach to termination. We note that this seems to equate *authoritative* with *authoritarian*, conflating what we feel is a crucial distinction in relation to an analyst's stance. Salberg describes her case of Shelley, who suggests ending after twenty years of analysis; then there was a "work crisis" and the analyst deferred the finishing date. This scenario was repeated many times in the course of a year. Keeping the above distinction in mind, with the authority of long therapeutic experience and knowledge of the work already done with the patient, an analyst of any school might take the opportunity to explore the interaction of the work crisis with the ending, rather than just changing the date. The question arises as to whether going along with the patient is fundamental to a relational stance, or whether it may reflect, at least in this case, other factors that are not explained.

Almost all the authors in this book raise the question of why one ends an analysis at all. This is especially relevant in the context of the relational standpoint. Stefanie Solow Glennon makes this the title of her chapter, "Relational Analyses: Are They More Difficult to Terminate?" She writes:

But I think there is now a reality factor at work that has to be taken into consideration, the reality that few people would willingly terminate an intense relationship that is loving, supportive, mutual, and meaningful even if more therapeutic work is not deemed necessary. It can feel like a crazy thing to do without the press of death. [p. 257]

Glennon then describes a patient she has seen for twenty-one years; when she suggested the benefits of terminating, her patient said, "I don't want to . . . I can afford to come here. I have the time and the money and I can't even imagine not seeing you any more" (p. 258). The patient refused further discussion and stayed in the treatment. Glennon writes that neither discussed ending again.

Glennon's patient writes an addendum to the paper that contains a touching account of the relationship and describes the value to her of the "authenticity" in their interactions and connection. In this chapter, the analyst makes clear her understanding that the nontermination of this treatment is controversial. But she raises this as a problem specific to the relational approach and does not shy away from the challenge of thinking about expanded boundaries and roles. In her words:

I'm suggesting that the dilemma of finding the line to walk such that the relationship can sustain optimal therapeutic action, but at the same time be a relationship that one can willingly leave, is a difficult task. Some analysts allow the relationship with the patient to cross over into friendship and they socialize outside the analytic space and thereby avoid the dilemma . . . Is that where we are all headed as an alternative to interminable analysis? [p. 257]

This question is fundamental for an assessment of the value and limits of the relational approach. We do not see many clear answers to this crucial question in the various contributions to this volume. Grand makes the novel suggestion that "without endings, analysts would surely go mad from entropy and boredom" (p. 135). Ronald Britton, a prominent neo-Kleinian, has a more traditional response: "I think it is best to regard interminability as a psychopathological feature of the personality and not simply a prolongation of the analysis" (p. 43).

In reviewing this book, we want to convey the pleasure and interest we found in reading it and learning more about the rich contributions of relational thinkers to the issues around termination. Happily, Salberg notes that this volume should be considered the beginning of a discussion, not its end. In that spirit, we raise some questions for readers to consider in order to expand the discourse and integrate these relational ideas with others.

We were intrigued to consider the potential paradox about reality in the relational matrix of the treatments described. The relational approach privileges the reality of the relationship and the unconscious and conscious self-states each person brings to it as critical to the therapeutic impact of the work. But it is noticeable that the female therapist/female patient pairings described were the ones whose analyses seemed impossible to end; the female therapist/male patient pairs generally had stories of the patients leaving early, taking charge of coming back when they decided to do so; and the male therapist/female patient pairs—for instance, in Anthony Bass's case—described the analyst broaching the subject of termination. Given the nurturant mother-child model often cited as the template of relational treatments, has the reality experience of the female/female pairs been reified into theoretical premises?

All the long treatments of female patients recounted the patients' return to treatment, occasionally several times. The issues in the clinical material described seem to relate to conflicts and anxieties around omnipotent fears and wishes. Whether it was a patient wracked with guilt and worry that her analyst would hate her because she had survived cancer when the analyst's friend had not, or one who struggled with omnipotent guilt about her mother's death when she was four, the remaining problems stemmed from issues of omnipotent hostility and beliefs in magical power to impact others.

There is an intimate relationship between issues of omnipotence and the transition from adolescence to adulthood. The major developmental task of late adolescence is the setting aside of omnipotent defenses and coping mechanisms in favor of embracing real capacities for love and work. Adolescent patterns of leave-taking have been shown to presage

and parallel termination patterns.² Thus there is a cluster or nexus of psychological issues that pertain to termination.

The authors in this volume describe many instances of termination being mooted and then apparently decided upon and/or accepted right away. We are struck by the absence of any period of reflection or analysis—a chance to do the work of what we have characterized as a *pretermination* phase, where patient and analyst have a chance to think together about what has been accomplished and what remains to be done, and about what obstacles arise to putting the insights of treatment into action, without the pressure of a reality deadline.³

Several of the cases described in the book describe critical experiences at around the age of four. Jody Messler Davies cites her important distinction between the kind of thinking she feels is characteristic of oedipal children and what postoeidipal individuals achieve. We were surprised by how little most of the other authors refer to developmental considerations. Britton's assessment of the meaning of prolongation of analysis calls to mind Anna Freud's stated goal for analysis as being the restoration of the individual to the path of progressive development. This defines some goals of treatment and suggests some termination criteria. Perhaps the relational approach could integrate the idea of forward movement and personality consolidation as a way to shake up the timeless quality of the described treatments, which threaten to become paralyzed.

Along with the idea of resumed progressive development is the achievement of mastery and autonomy. Some of the authors in this book appear to hover on the brink of the fallacy of conflating autonomy and separation, a common problem in psychoanalytic theorizing about adolescence, particularly in the United States and especially in New York, with its training tradition of Mahlerian ideas. (A preponderance of the authors in the book are based in New York, which also raises questions of site-specific culture and thinking.) We think that the goal of adoles-

² Novick, J. & Novick, K. K. (2006). *Good Goodbyes: Knowing How to End in Psychotherapy and Psychoanalysis*. Lanham, MD: Jason Aronson.

³ See footnote 2, above.

cent development is transformation of the relationship to self and others rather than separation. Mature interdependence is one of the fruits of a transformed adolescent–parent relationship.

Erna Furman wrote succinctly about the four steps to mastery for toddlers.⁴ She described (1) doing for the child; (2) doing with the child; (3) standing by to admire as the child does it herself; and (4) the child doing it herself. In our discussions of termination, we have noted the parallels between these steps and the progress of the therapeutic alliance through treatment. A developmental perspective could enhance the relational approach by deepening the understanding of the self states and mutualities between patient and therapist that relate to multiple levels of development and functioning.

The best part of this book is that it challenges the reader to think, to listen, to examine assumptions, and to work to make sense of what we actually do with patients. We have enjoyed the opportunity to spend time with these creative and generative authors and hope that others will make the effort to immerse themselves in the possibilities around termination that can make or break a treatment.

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⁴ Furman, E. (1992). *Toddlers and Their Mothers*. Madison, CT: Int. Univ. Press.

A NEW FREUDIAN SYNTHESIS: CLINICAL PROCESS IN THE NEXT GENERATION. Edited by Andrew B. Druck, Carolyn Ellman, Norbert Freedman, and Aaron Thaler. London: Karnac, 2011. 296 pp.

The development of knowledge in psychoanalysis does not proceed in the linear fashion that it does in most sciences. The progression of theory does not overturn previous theory with more accurate truths. What comes later is not in any way truer than what had preceded it in the sense that it has discovered some new fact that replaces a previous fact, now felt to be erroneous.

Thus, relational or intersubjective theory is not truer than self psychological theory, which itself is not truer than ego psychology, etc. The understanding of this allows us to view the contemporary Freudian au-

thors who have contributed to this volume as engaging with themes that have been taken up by relational or self psychological clinicians, and doing so in a manner that enriches and adds knowledge *within their own tradition*. By reevaluating the issue of disclosure, Carolyn Ellman does not ipso facto become relational, nor does Neal Vorus become a Kleinian in considering the new object experience he has provided his patient, nor Aaron Thaler a Winnicottian by seeing a patient through to the other side of a breakdown.

And yet in another way, these are Freudians who have ventured outside of what has been a classical comfort zone. One of the editors of the book observes the ways in which these papers are “Freudian,” as well as the ways in which they are “no longer Freudian in the original sense” (p. 249). Rather than abandoning Freudian theory, all these Freudians extend the purview of their work, and they do so in a move that Andrew Druck illustrates in the first two chapters of the volume as one from a modern conflict model to a modern structural theory.

Taking modern conflict theory to task, Druck critiques its narrow conceptualization of etiology as restricted to conflict and compromise, its narrow view of mutative effect and its narrow view of the analyst’s role. Conflict and compromise are not denied; instead, Druck opens up for consideration multiple perspectives on topics that have come to be regarded in a one-dimensional manner. Thus, Druck writes, for instance:

A drive (derivative) is a push for instinctual satisfaction, as Freud and modern conflict theorists have emphasized. However, it is also a way to sometimes establish, and other times dissolve, boundaries between ourselves and others, a way to establish a form of reality experience, a way to test or bolster a weakened self, a way to discover who we, and others, are. Drives are important as content and as process. [p. 35]

This idea of process pervades the modern structural approach as delineated by Druck, threading through notions of mind, the relationship with the analyst, and the analyst’s technique. One comes to see that thinking in this way leads to a redefinition of the very aims of analysis. Druck, who writes in a bold and intellectually convincing way, is interested in opening up thinking around traditional Freudian ideas to in-

clude developmental processes, intersubjective considerations, and the varieties of mental states. Caricatures fall as he brings Freudian thought to a place that resonates more with the fluidity of analytic experiencing than the weight of analytic theorizing.

Druck's treatment of interpretation serves as an example of his focus on both the internal and relational worlds. He writes:

Interpretation is not a matter of supplying unconscious content that a particular theory specifies in advance. Interpretation is part of a broader process, one in which the patient develops curiosity and the capacity to allow for and consider different perspectives on himself and others. Development of this capacity, in itself, is what is mutative in analytic work. It is not the realization that we love our mothers and hate our fathers. Rather, it is our capacity to consider this and other perspectives that opens us up to ourselves and to others. It is like falling in or out of love or separating from a parent, internally as well as in reality. Suddenly you can see yourself and others through what feel like different eyes, in a more rich, complex, and differentiated way, along with access to greater and more varied affect. So insight is not a matter of discovering content or "truth." It is part of a continuing process of developing a capacity for multiple perspectives. [p. 43]

This is as much a statement of a new clinical-theoretical approach as it is a guide to this volume.

Risk and Abandon. Process is beautifully rendered in the clinical accounts that accompany and illustrate this emerging Freudian perspective. The reader has a sense that clinicians working in this way give themselves over to clinical process. There are no canned meanings here, and one does not already know the ending of the clinical narratives. Rather, there is process and subjective engagement with process.

Mary Libbey, to take one very powerful example, provides us remarkable access to her own subjective process as it unfolds in a treatment. She invites us into her experience with her patient as she reflects on what feels curious to her, what feels gratifying, and what feels frustrating in working with "Dev." Libbey's is an intersubjective Freudian perspective that allows patient and analyst "to take root in each other's minds" (p.

155). Her unconscious engagement with her patient created the psychic freedom to court a productive “abandon” that has everything to do with psychoanalytic process.

One also finds, in both Thaler’s and Vorus’s chapters, an emphasis on providing an experience to the patient. In Thaler’s case, it was one of living through an experience of regression to dependence and breakdown as a vehicle to reclaiming a sense of subjective aliveness. For this to occur, the patient had to take a risk, in Thaler’s words, to use the analyst as a reliable figure.

Similarly, Vorus concludes that what may have led to change in his work with his patient was no single interpretation, but rather

. . . the cumulative effect of being in a particular kind of relationship over a long period of time, i.e., with someone steadfastly devoted to thinking about his mind, and with helping him eventually face the tremendous sense of risk he associated with such a relationship. [p. 215]

With abandon and risk having been reintroduced into Freudian clinical practice, there is once again vitality. Each of these clinicians cultivates meaning making as they simultaneously embrace the uncertainty of clinical process.

Safety, and What Can Be Done with It. One of the things that makes these papers “Freudian” is the continued emphasis on the creation of an atmosphere of safety from which one can begin to take risks or feel abandon. Safety is both an end in itself and a vehicle for the analytic work to take place. In her discussion of disclosure and anonymity, Ellman makes clear that the analyst must constantly reflect on her actions and the potential effects of those actions on the patient because “the fine line of keeping a safe place where the patient’s rights and dignity are respected has to be constantly thought through” (p. 162). But for Ellman, that does not automatically mean that the analyst should not act in order to keep things safe. Ellman recognizes that sometimes not disclosing certain things may exclude the patient in important ways, and that disclosing also contains the possibility of deepening the transference, leading to more fantasies and more productive work. In some instances, then, it is disclosure that keeps the treatment safe.

The topic of safety also pervades Jay Frankel's chapter on the contributions of Ferenczi. Frankel writes that "the most basic condition the patient requires, and from which the other conditions are inextricable, is a feeling of safety (cf. Sandler 1960)—a proposition about which I believe there is widespread agreement among analysts" (pp. 173-174). For Frankel, after Ferenczi, this very particularly means the deployment, with "tact and discretion," of the analyst's honest and open responding to patients in order to counter what Ferenczi warned could be an approach of "professional hypocrisy" that mirrors the avoidance of failures by the patient's parents.

Sheldon Bach is interested in the experience of shared mental and affective states, and while he uses the word *trust* instead of *safety*, he does so to illustrate this as a precondition for entering into a patient's subjective experiencing:

For at the beginning we are trying to enter into the patient's emotional world; to learn to trust his feelings and to allow him to begin to trust ours. If we are even fractionally successful, the patient's emotions and our emotions begin to slowly interpenetrate, and we begin to see the occasional emergence of a mutually shared or expanded state of consciousness. [p. 61]

For analysis to take place, there must be a background of safety and trust. These experiences are treated as nearly sacred spaces by these new Freudians and utilized as part of the analytic process, with tact and discretion, to build ever deeper connections, both internally and between people.

Unconscious Engagement. These Freudians place enormous importance on what occurs between people; but they do so in a way that feels, well, distinctly Freudian. That is to say, they are not interested in what one might call an interpersonal interaction as much as they are in the link we have to others through our mutual unconscious involvement with them. Thus, Michal Talby-Abarbanel writes of having become bound within the transference-countertransference, entangled in her patient's transgenerational Holocaust dynamic, wishing to break free but unable to do so. During a period in the analysis, she writes,

I also found it difficult to talk to Ann in a direct way, especially about our relationship. For example, in one of the sessions she mentioned a wish to move back to Europe and shared with me some of her tentative plans. She did not mention her plans for the future (and the future of the treatment) again for a long time, and I did not raise the issue with her. I realized that I was colluding with her defences and participating in a kind of an unspoken agreement not to talk directly about it. [pp. 232-233]

Talby-Abarbanel's experience in her work with Ann brings with it echoes of Marvin Hurvich's earlier chapter, in which he writes of annihilation anxiety as a trauma marker. "In Ann's unconscious," writes Talby-Abarbanel, "it was dangerous to love because love was poisonous and deadly" (p. 235).

Bringing his own understanding of the enacted dimension of analytic work to bear on Talby-Abarbanel's case report, Gil A. Katz regards her involvement with Ann as an essential part of an unconscious process between them that brings to life the patient's multigenerational history of the experience of trauma. Katz explains that, by re-creating a trauma in the transference-countertransference, an experience that could not previously be symbolized may reach a higher level of representation and thus become available for analytic consideration and working through. Katz, like the other authors in this volume, places great emphasis on the living process of psychoanalytic engagement in explaining his ideas, as he writes:

In an enacted process, the past is not just remembered, it is re-lived—past experience and current experience become linked with an immediacy and affective vitality that inspires enormous conviction. When these actualization processes become conscious, they form the basis for experientially based interpretive work in the verbal dimension of the treatment, creating the kind of *experiential insight* that produces meaningful psychoanalytic change. [p. 240, italics in original]

What one finds here is a theory of therapeutic action, one that expands a classical Freudian perspective on technique to allow for these

inevitably dynamic, unconscious transference-countertransference expressions in action, both verbal and nonverbal.

Concluding Remarks. Friedman¹ warned that, unless Freudians claim Loewald for their own, “he will be recognized as a prophet with honor only in a neighboring country” (p. 1110). This volume claims Loewald outright, with practically every author citing and making use of his contributions. Also claimed and used to good effect are Winnicott and Kohut. There is reference and engagement with the Kleinian tradition as well as the relational one. And the reader can easily see how these authors will in the future be necessarily drawn to engage Bion’s work. Each author’s reading and use of Loewald or Winnicott or Kohut brings him or her into dialogue with other analytic traditions. From these dialogues, the contributors redefine their own positions and their place within the larger Freudian perspective.

In stretching and redefining Freudian theory and practice, the authors in this book offer something new, something engaged with the various currents of contemporary psychoanalytic thought but remaining very much its own perspective. In this way, the volume is itself an example of Druck’s clinical emphasis on the development of curiosity and the capacity to allow for and consider different perspectives.

BRUCE REIS (NEW YORK)

¹ Friedman, L. (2008). Loewald. *J. Amer. Psychoanal. Assn.*, 56:1105-1115.

THE JOURNEY OF CHILD DEVELOPMENT: SELECTED PAPERS OF
JOSEPH D. NOSHPITZ. Edited by Bruce Sklarew and Myra Sklarew.
New York/London: Routledge, 2011. 300 pp.

Joseph Noshpitz (1922–1998), known as Joe to all who knew him, was a formidable figure in the world of child and adolescent psychiatry in the second half of the twentieth century—the period during which the field achieved, largely under his aegis, recognition as a significant clinical and academic discipline. From his position as chief psychiatrist at the Children’s Hospital in Washington, he served for two years (1973–1975) as president of the American Academy of Child Psychiatry (later renamed the American Academy of Child and Adolescent Psychiatry) and was

editor of the multivolume *Basic Handbook of Child Psychiatry*. Trained as a psychoanalyst, he was a dedicated clinician and teacher who contributed substantially to the development of child psychiatry in Israel as well.

Despite his wide-ranging intellectual and professional interests, Noshpitz published little original work during his lifetime. Now, however, the present posthumous volume offers some fifteen papers, previously unpublished, that give evidence of his extensive scholarship, his literary skill, his wit, and his commitment to a multidisciplinary but fundamentally psychoanalytic approach to the understanding of both normal and pathological development. Each paper is preceded by a brief introduction by a distinguished colleague that places it in a contemporary context, and the book ends with a tender biographical note by Robert Wallerstein.

Although mostly undated, the papers appear to have been written in the 1980s and 1990s. Subjects range from ethics in child development, idealization and psychopathology, gender development in latency girls, the tomboy phenomenon, and the effects of trauma on the development of self-destructiveness in adolescence to essays on the arts, Teenage Mutant Ninja Turtles, Nancy Drew, and "The Baby-Sitters Club." Always the focus is on the vicissitudes of early developmental experience in the context of sociocultural influences and (hypothesized) biological determinants.

The overall viewpoint is that of a highly cultivated, liberal-minded thinker with at times a propensity toward the proposal of utopian solutions to both individual and societal problems. Noshpitz drew heavily on the work of such infant development researchers as Rene Spitz, Daniel Stern, and Margaret Mahler—all of them, despite their differences, influential at the time of his writing.

The red thread that runs through the many-faceted range of these essays is the role of early childhood experience (essentially mother-infant relations) in creating what Noshpitz called the *positive ideals* (derived from optimal interactions) and *negative ideals* (arising from neglect, abuse, or rejection) resident in the superego that shape the child's sense of self. His emphasis is clearly an intersubjective one; there is little mention of drives or intrapsychic conflict, and only passing reference is made to the influence of innate temperament in determining the outcome

of these interactions. In any event, the child's internal view of himself comes to rest on the balance between his internalized positive ideals, reflected in favorable self-esteem and hopeful expectations, and negative ideals that may lead to self-denigration and self-defeating, even self-destructive behaviors ("I'm no good; I don't deserve any better").

The chapters on the arts (music, visual art, prose and poetry, mime and dance) all reflect a sensitive intelligence, and Noshpitz is eager to integrate his aesthetic interests and experiences with his views on mental development. Here again he develops the idea that artistic sensibility and the capacity for aesthetic responsiveness are strongly dependent on the evolution of a self conditioned by positive ideals derived from favorable infant-caregiver experiences. He gives little space to notions of innate talent (whatever that may be) and gives less than one might wish to identification with early models or to parental support and encouragement of early creative efforts.

Trauma and its effects play an important part in the author's thinking, in part, no doubt, as the consequence of his extensive experience with troubled adolescents. In what is in essence a capsule review of adolescent development, he acknowledges the capacity of some children to master the effects of traumatic experiences (he does not actually speak of resilience) but then proceeds to elaborate, in sometimes melodramatic terms, the often devastating consequences of the internalization of (undefined) traumas and their baleful effect on (once again) the negative ideals that can lead to self-destruction.

In "Beyond School," Noshpitz addresses what he sees as the major social problem of his (and our) time: the widespread decline in ethical standards and the difficulty this imposes for young people seeking to grow up in a confusing and often unjust society. He makes a powerful case for the inappropriateness of the expectation that the schools should be able, by themselves, to remedy these problems without a major overhaul of the values of the culture that surrounds them.

By implication here and explicitly in the final essay, "The Ethics of Rage," Noshpitz advocates the establishment of "child-rearing centers" that, in light of our present knowledge about optimal development, would provide mandatory counseling and supervision of all prenatal and early childhood care, under either governmental or private auspices.

There is a sense of desperation in this plea, dated 1987, given his experiences in dealing with government bureaucracies and the improbability, then as now, of political acceptance of such utopian proposals.

Finally, in a lighter vein, Noshpitz contrasts the reading habits of preadolescent girls (at a time when such girls still read books) from the 1930s through the 1970s, when they favored the stories of Nancy Drew, girl detective, with those of the 1980s, when the "Baby-Sitters Club" series became far more popular. He approached the question in terms of changing patterns of female identity and aspiration. Nancy Drew was represented as independent, almost masculine, motherless, deeply attached to and identified with her attractive father, who presented her with a phallic red sports car for her eighteenth birthday. By contrast, the Baby-Sitter girls are more social and stereotypically feminine, far closer to everyday reality, sharing with one another their experiences in caring for small children. He reasons his case plausibly, but he does not consider the possibility that it was precisely in the postwar years, the 1960s and '70s—when adult women were far more likely than earlier to be working mothers who needed help with their children on nights out—that the practice of baby-sitting was essentially invented for preadolescent girls, who came less expensive than the full-time maidservants of earlier decades in bourgeois homes.

Altogether, *The Journey of Child Development* stands as a tribute to a distinguished psychiatrist and psychoanalyst, a thoughtful and literate physician whom Wallerstein describes as "a good man," one whose "goodness embraced the world . . . a warm and sentimental man, a regular guy, a mensch" (p. 259). The book's editors, Bruce and Myra Sklarew, deserve the gratitude of the reader for rescuing this impressive body of work from the oblivion to which Noshpitz himself would have, for whatever reasons, consigned it.

AARON H. ESMAN (NEW YORK)

THE ARTIST'S MIND: A PSYCHOANALYTIC PERSPECTIVE ON CREATIVITY, MODERN ART, AND MODERN ARTISTS. By George Hagman. London/New York: Routledge, 2010. 179 pp.

The Artist's Mind is an attempt to apply a self psychological approach to the understanding of modern art and a selected number of prominent

modern artists. The theoretical framework highlights an emphasis on self psychology, the subjectivity of the artist, and the selfobject experience. The author has chosen eight subjects for his study: Edgar Degas, Pierre Bonnard, Henri Matisse, Joseph Cornell, Marcel Duchamp, Frank Lloyd Wright, Jackson Pollock, and Andy Warhol. Hagman offers a brief biographical vignette of each.

In writing about modernism, Hagman has in mind the movement that began in the second half of the nineteenth century and that challenged classical conventions by promoting innovation and the abandonment of tradition. The author views this movement as consisting of a new breed of artists who moved away from the depiction of cultural institutions and their values and instead sought personal fulfillment through the externalization of an internal vision. Such artists are generally understood as having had challenging psychological experiences and turning to the creation of art as the healer of an inchoate and fragmented self through creativity. The act of creation revives and expresses aspects of early experience and, through formal means, transforms it in the artistic object. Insofar as early relational elements are problematic, adding beauty, idealization, and aesthetic organization to a work provides the artist with a renewed sense of coherence and strength by offering an enhanced selfobject experience.

The author finds among the subjects he has chosen that the early relationship with the mother or maternal figure was often critical. Occasionally, these parental relations extended into adult life as well and directly affect the nature of the work. Matisse is offered as an example of an artist who found sustenance in his mother's judgment, and even as an adult he tended to transform an image according to his conception of what his mother would have preferred. Duchamp, exposed to a failed internal environment in that his mother was deaf and emotionally withdrawn, reflected the indifference he felt by identifying with her coldness, and emphasized the removal of emotional content and interpersonal significance in his work. He tried to create a work without longing or beauty, thus depicting the subjective image of himself in his mother's eyes. His interest in the "ready-made" object is seen as the result of this kind of object investment.

Cornell, another interesting figure in the modern art pantheon, was severely impaired by the death of his father when he himself was fourteen, and is understood as recapturing nostalgic traces within the frames and contents of his little boxes. He tried to recover some aspect of lost time in a kind of hidden order that for him had disappeared. At the same time, he was speaking of himself when he stated: "How terrible it is to be locked into boxes all your life, you have no idea what a terrible thing it is" (p. 103).

Wright, plagued by a doting mother and an absent father, feared the loss of his mother's love; he identified with her narcissistic character structure and grandiosity, and planned monumental work accordingly. In Pollock, we have another artist subjected to an abandoning father and a narcissistic mother, and he strived for a sublimity in his work that reflected paternal longings.

With Warhol's work, Hagman believes we reach a critical terminal point in modernism and the predominant interest in self-expression. The depiction of the selfobject experience then becomes muted, leading to a postmodern emphasis on deidealization and a devaluation of modernity as a commodity culture. But perhaps, as Hagman suggests, Warhol presents an ironic façade, behind which he hints at something authentic but hidden within himself.

All in all, *The Artist's Mind* is a readable presentation of brief vignettes describing how the selfobject experience for a number of modern artists helps us understand some aspects of their personalities, and even how this experience may affect the art itself. However, because of the book's conciseness and lack of detail, the reader is left with a sense that it is suggestive rather than definitive. The author admittedly does not deal with specific works at any length, and thus we lack the opportunity to recognize connections between the subjective experience and the impact these experiences have had on the final product. In addition, there is obviously a huge gap between selfobject subjectivity and the process that leads to the creation of the work. A more detailed approach, perhaps concentrating on one artist in depth, might allow the reader to appreciate that the derivatives and transformations in archaic selfobject experience follow a path that parallels one in artistic development, con-

sisting of ideational and affective components leading to the capacity for artistic creativity.

HARRY TROSMAN (CHICAGO, IL)

EDOARDO WEISS: THE HOUSE THAT FREUD BUILT. By Paul Roazen.
New Brunswick, NJ/London: Transaction Publishers, 2005. 143 pp.

"This is a book that I have long been intending to write" (p. xi): with these words, Roazen begins his biography of Edoardo Weiss, the founder of psychoanalysis in Italy. By the time this book was published in 2005 (the year of Roazen's death), its author was known throughout the world as a scholar of the history of psychoanalysis, having written numerous works on the topic,¹ including a nearly-500-page book.²

Roazen had worked in many university settings, including Harvard and Tufts in Boston and York University in Toronto. He began as a political scientist but very soon became a (controversial) historian of psychoanalysis: his Ph.D. dissertation in political science was entitled "Freud and Political Theory," and it was soon to become his first book.³ About thirty-five years later, in 2004, he was elected an honorary member of the American Psychoanalytic Association.

What is probably Roazen's best-known book⁴ challenged the classical and monumental biography of Freud compiled by Ernest Jones, arousing ire in many psychoanalytic circles. This result of his extensive research had already been preceded by other works critical of psychoanalytic historiography,⁵ and would be followed by numerous other investigations in the following years. Less known, perhaps, but of equal interest are

¹ See, for example, the following books by Roazen: (1) *The Trauma of Freud: Controversies in Psychoanalysis* (New Brunswick, NJ: Transaction Publishers, 2002); and (2) *On the Freud Watch: Public Memoirs* (London: Free Association Books, 2003).

² Roazen, P. (2001). *The Historiography of Psychoanalysis*. New Brunswick, NJ: Transaction Publishers.

³ Roazen, P. (1968). *Freud: Political and Social Thought*. New York: Alfred A. Knopf.

⁴ Roazen, P. (1975). *Freud and His Followers*. New York: Alfred A. Knopf.

⁵ E.g., Roazen, P. (1969). *Brother Animal: The Story of Freud and Tausk*. New York: Alfred A. Knopf.

his biographies of others in the psychoanalytic world, such as Deutsch, Erikson, and Rado.⁶

Roazen met with Edoardo Weiss during twelve interviews in the context of his monumental historiographical research: beginning in the mid-1960s, he conducted numerous interviews with more than seventy people who had known Freud personally. Moreover, he met with some forty persons knowledgeable in the history of psychoanalysis and about twenty-five former patients of Freud's.

In addition to his meetings with Weiss and many others in Freud's circle over the decades, Roazen had the privilege of having available the text of an interview of Weiss conducted by Kurt Eissler in 1952. Although Eissler had the interview transcript locked up until the year 2057 in the Library of Congress in Washington, DC, he had given a copy to Weiss shortly after conducting it, and it was this copy to which Roazen was given access. Roazen comments as follows:

Although Eissler regularly had an excessively cautious conception of what the public could safely be allowed to learn about Freud, no other interview that he conducted was sealed up by him longer than the one with Weiss. Yet the text itself neither shows Eissler in any great disagreement with anything that Weiss has to say to him . . . nor is there much there on Weiss's part that could be considered terribly radical or subversive. The only damage by releasing it immediately might have been to idealized conceptions of what Freud was like. [p. 63]

Roazen's first meeting with Weiss took place on April 5, 1965. At that time, Roazen was especially interested in understanding the different ways in which psychoanalysis was embraced in various geographical areas (mainly European and North American). He saw Weiss as a nice, compassionate, quiet man, open-minded and very helpful in discussing his opinions of people and situations with whom he had direct experience. In an obituary, Weiss was described as "a gentle man whose dedication to

⁶ See the following books by Roazen: (1) *Erik H. Erikson: The Power and Limits of a Vision*. New York: Free Press, 1976; (2) *Helene Deutsch: A Psychoanalyst's Life*. New York: Doubleday, 1985; and (3) *Heresy: Sándor Rado and the Psychoanalytic Movement*, co-written with B. Swerdloff. Northvale, NJ: Aronson, 1995.

furthering psychoanalysis was evident throughout his entire professional life.”⁷

But Roazen also found Weiss less reliable in discussing matters and facts that he had not personally known: “Weiss was not terribly expansive about his personal history, but proud of several concepts that he thought he had introduced into psychoanalysis in the course of his not having written ‘much’” (p. 45). Roazen interviewed Weiss mainly about psychoanalysis in Italy, speaking about the first Italian analysts and the reception of psychoanalysis in that country: “One of my interview techniques with Weiss was to read him the names of members of the Italian Psychoanalytic Society from the 1930s” (p. 123)—the same technique that Roazen had utilized in meetings with Edward Glover in Great Britain.⁸

Edoardo Weiss: The House That Freud Built begins with an expansive portrait of Trieste, the Italian city in which Weiss was born on September 21, 1889. During that time, Trieste was a large and fascinating place in the venerable European tradition of the Hapsburg Empire. Weiss came from a Jewish family: his father was born in Bohemia, and his mother was an Italian woman of Sephardic origin.

After completing high school in Italy, Weiss went to Vienna to study medicine in 1908. He had already read Freud’s *The Interpretation of Dreams* (1900) and *Delusions and Dreams in Jensen’s “Gradiva”* (1907). Weiss soon decided to study psychiatry, and when he met Freud personally in October 1908, he was committed to psychoanalysis and to psychoanalytic training.

Freud introduced the young man—thirty-three years younger than Freud himself—to the Viennese analyst Paul Federn. Here are the words written by Weiss himself about that encounter:

Paul Federn was thirty-seven years old, and still practicing internal medicine in addition to psychoanalysis, when I first met him in 1909. I had recently come to Vienna to study medicine at the university. Since I had decided that I wished to be a psychia-

⁷ Pollock, G. H. (1971). Edoardo Weiss, M.D., 1889–1970. *Psychoanal. Q.*, 40:708–709.

⁸ These interviews resulted in a book: Roazen, P. (2000). *Oedipus in Britain: Edward Glover and the Struggle Over Klein*. New York: Other Press.

trist, I called on Professor Freud to ask him how I could learn to understand myself better, as well as how to become an analyst. From among the few analysts of that time, Freud recommended Dr. Paul Federn and gave me a reference to him. On the last day of February in 1909, I telephoned Federn for an appointment, and, on March 1, I began my personal analysis with him.⁹

And so Weiss began his training analysis, meeting with Federn six times a week. This was the start of an enduring personal and professional relationship, and Federn would continue to exert a pervasive influence on Weiss's scientific and scholarly work.

At one difficult point they [Weiss and Federn] had gone together for a consultation with Freud, who saw Federn separately before Weiss: such informal supervision by Freud was evidently not unusual at that time. Weiss had a couple of analytic interviews with Freud after the conclusion of the treatment by Federn, to present his "achievements," but Weiss continued to consult with Federn informally as the years passed. [Roazen, p. 51]

The first time that Weiss is mentioned in the fourth volume of the *Protokolle der Wiener Psychoanalytischen Vereinigung* (*The Minutes of the Vienna Psychoanalytic Society*) is on May 14, 1913. "The Stud. Med. Ed. Weiss (as a guest)"—as he is described in the minutes—spoke about the mechanism by which names are forgotten. The discussion of his presentation included the participation of Federn, Tausk, Rank, Reik, Marcuse, Sachs, Hitschmann, Silberer, Friedjung, and, of course, Freud. This was the occasion on which Weiss was accepted into Vienna's Psychoanalytic Society.¹⁰

A few months later, Weiss received his M.D. degree from the University of Vienna. He served as a physician in the Austrian Army in World War I, later coming back to Trieste, where he worked as a hospital psychiatrist.

⁹ Weiss, E. (1966). Paul Federn, 1871–1950: the theory of the psychosis. In *Psychoanalytic Pioneers*, ed. F. Alexander, S. Eisenstein & M. Grotjahn. New York: Basic Books, p. 142.

¹⁰ Nunberg, H. & Federn, E. (1981). *Protokolle der Wiener Psychoanalytischen Vereinigung*. 4 Bände. Frankfurt am Main, Germany: S. Fischer. (Translated into English as: *Minutes of the Vienna Psychoanalytic Society, Volume IV: 1912–1918*. New York: Int. Univ. Press, 1975.)

Over the course of his lifetime, Weiss published several books and about a hundred papers, in German, Italian, and English. His 1922 work concerning psychological aspects of bronchial asthma was an important pioneering contribution to the young discipline of psychosomatic medicine.¹¹ In 1931, he wrote a psychoanalytic book¹² for which Freud himself wrote a brief introduction.¹³

In 1936, Weiss published a book concerning one of his long-standing interests, agoraphobia. The previous year, he had written an article on this topic, and he later rewrote his 1936 book and published it in English in 1964.¹⁴ In this book, Weiss deals with the case of "Frank," and Roazen dedicates a chapter of *Edoardo Weiss: The House That Freud Built* mainly to this subject.

Weiss had moved from Trieste to Rome in 1931, where he reorganized the psychoanalytic society initially founded by Marco Levi Bianchini¹⁵ with Emilio Servadio and Nicola Perrotti, and in 1935 the Società Psicoanalitica Italiana was granted recognition by the International Psychoanalytical Association. But only after World War II was the Italian Psychoanalytic Society truly reborn, thanks to the active engagement of Nicola Perrotti and Emilio Servadio in Rome, Cesare L. Musatti in Milan, and Alessandra Wolff Stomersee Tomasi di Palma (Princess of Lampedusa) in Palermo.

Two other books authored by Weiss are recognized as the most relevant for the understanding of his clinical and theoretical thought.¹⁶ In

¹¹ Weiss, E. (1922). Psychoanalyse eines falles von nervösem asthma. [Psychoanalysis of a case of nervous asthma.] *Internationale Zeitschrift für Psychoanalyse*, 8:440-455.

¹² Weiss, E. (1931). *Elementi di psicoanalisi*. Milano, Italy: Hoepli.

¹³ Freud, S. (1931). Introduction to Edoardo Weiss's *Elements of Psycho-Analysis*. *S. E.*, 21, p. 256.

¹⁴ See the following works by Weiss: (1) *Agorafobia: isterismo d'angoscia*. Roma: Paolo Cremonese, 1936; (2) Agoraphobia and its relations to hysterical attacks and to trauma. *Int. J. Psychoanal.*, 16:59-85, 1935; and (3) *Agoraphobia in the Light of Ego Psychology*. New York: Grune & Stratton, 1964.

¹⁵ Although Levi Bianchini, like Weiss, was a member of the Vienna Psychoanalytic Society, Weiss had a particularly negative opinion of him, calling him "a charlatan" (Roazen, p. 72).

¹⁶ Weiss, E. (1950). *Principles of Psychodynamics*. New York: Grune and Stratton; Weiss, E. (1960). *The Structure and Dynamics of the Human Mind*. New York: Grune and Stratton.

these books, it is clear that he continued to pursue his allegiance to Federn's perspectives over the course of his lifetime, arriving at an original synthesis of Federn's discoveries. After Federn's death in 1950, Weiss had continued to be a friend to Federn's youngest son, Ernst, who—after many years of imprisonment in Nazi concentration camps—went to the United States, later returning to Vienna. In 1952, Weiss edited an important volume of Federn's works.¹⁷

In the unusual architecture of Roazen's book, the second chapter carries the reader to a place and a time far from the setting of the first chapter (Italy and Vienna, from Weiss's birth to the pre-World War I years): to Chicago in the 1960s. Weiss had left Italy in 1939 because of the Fascists' racial policies, going first to the Menninger Clinic in Topeka, Kansas. Quoting Friedman,¹⁸ Roazen asserts that Weiss did not find a professional venue to his liking in Topeka. Apparently, the open-minded Weiss clashed with the harsh psychoanalytic environment there, where he was criticized for seeing patients sitting up rather than on the couch and for only a few meetings per week. Consequently, in 1941, he moved to Chicago, where the prominent analyst Franz Alexander became his good friend. Weiss was affiliated with the Chicago Institute of Psychoanalysis and remained a staff member there until his death (emeritus in later years).

In his chapter entitled "Pioneering under Mussolini," Roazen discusses another interesting fact: the dedicated copy of "Why War?"¹⁹ that Freud sent to Benito Mussolini through Gioacchino Forzano (whose daughter was in analysis with Weiss). Nevertheless, Weiss told Roazen that Ernest Jones's biography was in error in reporting a "near contact" between Weiss and Mussolini. In this chapter, Roazen deals with the complex problems suffered by psychoanalysis in Italy during Fascism, which—together with Nazism in Germany—basically destroyed psychoanalysis in Central Europe at that time.²⁰ As mentioned, Weiss left Italy

¹⁷ Federn, P. (1952). *Ego Psychology and the Psychosis*, ed. and introduced by E. Weiss. New York: Basic Books.

¹⁸ Friedman, L. J. (1990). *Menninger: The Family and the Clinic*. New York: Alfred A. Knopf.

¹⁹ Freud, S. (1933). Why war? *S. E.*, 22.

²⁰ Accerboni, A. M. (1988). Psychoanalysis and Fascism, two incompatible approaches: the difficult role of Edoardo Weiss. *Rev. Int. History Psychoanal.*, 1:225-240.

in 1939 to escape Fascist persecution—as did many other Italian analysts, such as Emilio Servadio, who fled to India. From early 1939 until the end of 1945, virtually no one in Italy spoke of psychoanalysis any more.

Roazen dedicates a lot of space to Tausk's friendship with Weiss (Tausk was the one who had first asked Weiss to apply for membership in the Vienna Psychoanalytic Society). Referring to letters between Freud and Weiss, Roazen contrasts Freud's supportive orientation with Weiss's difficulties as a clinician. Freud's clinical style was never an aseptic "blank screen" as has for so long been reported, according to Weiss; this was based on his personal knowledge of Freud's approach to patients. Many aspects of Freud's style are illustrated in Roazen's chapter 8. Two final chapters are dedicated to political issues and the relationships among the many influential persons around Freud during the first decades of the psychoanalytic movement.

Roazen reports many of Weiss's impressions of the analysts whom he knew both in Italy and the United States, as well as those whom he encountered during IPA meetings around the world. Furthermore, Weiss was clearly encouraged by Roazen to speak about his knowledge of the personal and professional differences between his two psychoanalytic "fathers," Freud and Federn. For example, while Freud (in Weiss's opinion) did not understand psychotic people, Federn worked very hard with narcissistic and psychotic patients, making important contributions to this field. Like Federn, Weiss himself studied both psychiatry and neurology and had extensive experience in hospital psychiatry.

It is interesting to note Roazen's comment that Weiss was the first person to speak with him who was positive about Jung and analytic psychology. Weiss's wife Wanda was an analytic psychologist trained by Ernst Bernhard, the most famous Jungian analyst in Italy of the time; hence Weiss was interested in Jungian psychology and invited Bernhard to give lectures on dreams at the Psychoanalytic Society in Rome.

Weiss was also among the first to talk to Roazen about Freud's analysis of his daughter Anna:

Weiss was to be one of the first to report this news to me, but when I came to publish it . . . I deliberately left his name out of

my list of sources. I felt that . . . he was not in a strong enough position to be able to take any subsequent criticism about having made this disclosure. [Roazen, p. 24]

A new edition of one of Weiss's most internationally known works was published in 1991, with an introduction by Roazen and a foreword by Weiss's son Emilio (who died in 2008).²¹ This book contains the letters between Freud and Weiss. In a letter that Anna Freud wrote to Masud Khan about this book, she showed strong disapproval of the publication of the letters written by Freud to Weiss; Roazen argues that this is because the letters reveal for the first time the secret story of the analysis that Freud conducted with his daughter Anna. Here is an excerpt from a letter to Weiss from Freud, dated November 1, 1935:

Concerning the analysis of your hopeful son, that is certainly a ticklish business. With a younger, promising brother it might be done more easily. With one's own daughter I succeeded well. There are special difficulties and doubts with a son . . . It is difficult for an outsider to decide. I would not advise you to do it and have no right to forbid it. [Weiss 1970, p. 81; see footnote 21, below]

It is important to note that here Weiss speaks of Freud and his clinical technique in a very open and sincere way, and the letters from Freud confirm how little "Freudian" the founder of psychoanalysis was—a subject on which Roazen has written a great deal.

In my opinion, *Edoardo Weiss: The House That Freud Built* is perhaps not among the most brilliant works written by Roazen. Some of what is included could only be described as gossip, and there are some small errors about psychoanalysis in Italy. Furthermore, some of the material is already well known because Roazen wrote about it in previous works. Roazen's other books are more concentrated around his research, while this book is a little diffuse. Nevertheless, it is an original book about an analyst who is often forgotten or simply identified as Federn's colleague,

²¹ Weiss, E. (1970). *Sigmund Freud as a Consultant: Recollections of a Pioneer in Psychoanalysis*. New Brunswick, NJ: Transaction Publishers, 1991.

friend, and “son” in that, as noted, he was a loyal follower of Federn’s ego psychology.

I must add with regret that, even in Italy, Weiss has been neglected, and many psychoanalysts, psychologists, and psychiatrists barely know who he was. Moreover, in studying Weiss’s life and work, I have discovered significant errors about him in Italian books and scientific articles and on the websites of important Italian associations. For example, many scholars claim the book *Psychosomatic Medicine* as authored by Edoardo Weiss, but it was actually written by O. Spurgeon English and Edward Weiss, professors at Temple University School of Medicine in Philadelphia, Pennsylvania.

Roazen himself was amazed at Italian analysts’ lack of knowledge of Weiss:

Although a drawing of him [Weiss] hangs in the auditorium at “Via Panama” [the location of the Italian Psychoanalytic Society in Rome], I found in 1995 that almost no one present at my talk there knew much about Weiss’s career or special contribution. [p. xiv]

Although *Edoardo Weiss: The House That Freud Built* has not been translated into Italian and is not available at the prominent psychoanalytic libraries of Rome or Milan, Roazen’s biography goes a long way toward bringing Edoardo Weiss into the English-speaking psychoanalytic limelight. For that the author is to be commended.

ANDREA CASTIELLO D’ANTONIO (ROME, ITALY)

MIRRORS OF MEMORY: FREUD, PHOTOGRAPHY, AND THE HISTORY OF ART. By Mary Bergstein. Ithaca, NY: Cornell Univ. Press, 2010. 335 pp.

Mirrors of Memory focuses on Freud's abiding interest in photography and the ways in which his visual imagination contributed to the development of his thought. Mary Bergstein, a professor in the history of art and visual culture at Rhode Island School of Design, has written a fascinating

book that shows how Freud's attitude toward photography uncovers a key to the origins of psychoanalysis.

Bergstein displays wide and deep knowledge of the subject, ranging from her expertise in the history of photography and aesthetics to her understanding of psychoanalytic theory. Her scholarship literally takes her into Freud's library, where she studies his many books on photography, art, sculpture, and culture. She also takes us to the classical archaeological sites in Greece, Rome, and Egypt that Freud visited.

A profound scientific advance in the second half of the nineteenth century, Freud's formative period, was the theoretical concept of *energy* (as the *law of conservation of energy*), a unification of what had previously been thought of as unrelated phenomena, such as chemical, electrical, magnetic, kinetic, and potential forces.¹ Freud's use of the concept of energy in his model of the mind was altogether modern in his day. Similarly, the second half of the nineteenth century was the period when the most exciting breakthroughs in the technology of photography took place, culminating in the development of film cameras by George Eastman between 1880 and 2000. Photography, then, was also something new, and Freud, a thoroughly modern scientist, was well aware of its importance in both his personal life and his scholarly endeavors.

Mirrors of Memory abounds in stunning photographs from Freud's voluminous collection, as well as photos of Freud himself and his family; many of these photos, such as that of Martha Bernays as a young girl, are not well known to the public.

One of Bergstein's most suggestive ideas is that Freud viewed photographs, like dreams, as concrete representations of the truth. She points out that photographs have much in common with dreams: both demonstrate plastic representation, condensation, displacement, and symbolization. Studying photos, then, is like studying dreams: both are the royal road to the unconscious. Countless scholars have analyzed Freud's dreams to see what they reveal about his unconscious; few scholars, however, have studied the photos in his library, including his many annotations, to see what they reveal about his inner life.

¹ Bodanis, D. (2000). *E = mc²: A Biography of the World's Most Famous Equation*. New York: Walker & Co., pp. 11-22.

Bergstein argues plausibly that Freud's attitude toward photography was an extension of his approach to mental life. Though he loved to visit archaeological sites, he remembered what he saw mainly through photos:

Published photographs of ancient statuary served as surrogates for the real statues and could be more easily animated, or brought to life, in the imagination because of their isolation and completion in a chiaroscuro setting that resembled the ambience of a dream. [p. 183]

When Freud visited Rome for the first time in 1901, he was intrigued by the statue of the Laocoön. In Greek mythology, the Trojan priest Laocoön warned his people to beware of the Greeks' gift of a wooden horse, for which he was punished by Athena, the patron deity of Athens. In the famous statue, giant serpents strangle Laocoön and his two sons. Bergstein conjectures that it is likely the "civilizing restraint" of both Laocoön and of Michelangelo's statue of Moses "lingered in Freud's imagination in 1923 when he devised the concept of a superego (civilization) that reined in the appetites and rages of the ego and the id" (p. 97). She also suggests that documentary photographs of "Jewish types," which contributed to pervasive European anti-Semitism, "may well have fueled the concept that Freud proposed in 'Moses and Monotheism' that Moses was an Egyptian" (p. 217).

Freud attached great significance to the portrait photograph and camera; the latter he regarded as an "'insight machine' revealing deep character traits" (p. 263). Photographs heightened Freud's feeling of the uncanny by preparing him for sites he later visited.

Although Freud does not specify that his visual imagination had been primed by photographs, it is clear that he had viewed the Parthenon in books about classical archaeology and that these images, as well as verbal texts, helped to establish a highly emotional mood of expectation as well as a visual fantasy of the Parthenon rising on the Acropolis. [p. 21]

Freud famously disliked being photographed, but he was pleased to see his photo hanging in Brill's apartment in New York City. "Sighting

his own photograph in Brill's study," Bergstein notes wryly, "was one of the few consolations during Freud's trip to the United States, which was otherwise fraught with doubts, resentments, and anxieties" (p. 265). And yet, in deeply personal comments in letters to Martha, cited in this book, Freud shows us the extent to which his link to his own love object was sustained through his deep attachment to her photograph (p. 265), as if the photograph had become a sort of object in itself.

Bergstein makes several insightful observations about the ways in which photographs provided the material for Freud's ideas about fetishism and magical thinking. Photographic portraits functioned as "ghostly surrogates for the person portrayed, and as such were charged with mysterious efficacy in the realm of everyday life" (p. 263). And yet, curiously, Bergstein underestimates Freud's fascination with the occult. "In his work as a scientist and philosopher," she writes near the end of her book, "the occult had little interest for Freud" (p. 272). The opposite is true: Freud's interest in the occult spanned three decades. In his 1925 essay, "The Occult Significance of Dreams," and in Lecture XXX, "Dreams and Occultism," of *New Introductory Lectures on Psycho-Analysis* (1933, *S. E.*, 22), he remains open to the possibility of telepathic dreams.

Freud's 1921 letter to Hereward Carrington best reveals his interest in the occult.

I am not one of those who dismiss *a priori* the study of so-called occult phenomena as unscientific, discreditable or even as dangerous. If I were at the beginning rather than at the end of a scientific career, as I am today, I might possibly choose just this field of research, in spite of all difficulties.²

Ironically, our awareness of Freud's fascination with the occult only strengthens Bergstein's argument about the talismanic power that portrait photos held for him and his followers.

JEFFREY BERMAN AND PAUL W. MOSHER (NEW YORK)

² Freud, E. L., ed. (1975). *The Letters of Sigmund Freud*. New York: Basic Books, p. 334.

REVUE FRANÇAISE DE PSYCHANALYSE

Abstracted by Emmett Wilson Jr.

Volume 62, Number 5 – 1998:
“Psychosomatics and Instinctual Drives”

This issue of the *Revue Française de Psychanalyse* contains several articles on the new French approach to psychosomatic illness. French psychoanalysts who follow this approach emphasize that the field is no longer conceived as falling within the framework of physical medicine. This approach has involved jettisoning the earlier dualistic and a-psychoanalytic approach to psychosomatic illness, expounded by H. Flanders Dunbar and Franz Alexander in the United States, and by Sasha Nacht and Mustapha Ziwar in France.

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Operational Functioning in Psychosomatic Practice. By Claude Smadja, pp. 1367-1450.

The lead article, by Claude Smadja, is a finely worked-out, detailed, and well-documented discussion of the development of the French psychoanalytic treatment of psychosomatic illness. The theoretical background is traced, beginning with Freud and Freud's monism, leading eventually to a new approach in French psychoanalysis that the French now term “psychosomatics” (*la Psychosomatique*) and the illnesses they now term *somatoses*. Because Smadja's article provides an excellent introductory guide to several of the texts central to this new French approach to psychosomatics, I am limiting this abstract to a detailed discussion of his article.

Smadja's report presents a historical review of the stages of psychoanalytic theory dealing with physical illness, beginning with Freud and Freudian metapsychology. Smadja discusses the history and theoretical foundations of modern clinical psychosomatics. He argues for the posi-

tioning of psychosomatics and psychosomatic illness within the orbit of psychoanalytic metapsychology and for its grounding in a somatopsychic monism, organized around the activity of instincts. He traces the historical and theoretical development of the French concept of *la Psychosomatique*, which began in the 1950s at the "École de psychosomatique de Paris," with Pierre Marty at its head. The goal was to treat psychosomatic illness in as standard a psychoanalytic manner as possible, eschewing the medical anamnesis previously employed in psychosomatic medicine.

In the course of this work there have been many interesting observations and discoveries, along with a deepening metapsychological understanding of psychosomatic illness. A separate journal has been established, the *Revue Française de Psychosomatique*, which serves as a forum for the discussion of important developments and current research in this field.

Actual Neuroses

Although some of the psychoanalysts who were contemporaries of Freud, such as Groddeck, Deutsch, and Ferenczi, conducted some psychosomatic studies, psychosomatic research did not truly develop until the end of World War II. Almost all the early psychoanalysts interested in psychosomatic medicine made reference to the Freudian theory of actual neurosis as the basis of their theoretical conceptions. On a clinical level, Freud had very early on described neurotic organizations, at the heart of which were a constellation of somatic symptoms that he did not consider conversion because he did not connect them to a hysterical mechanism. The actual neuroses (*Aktualneurosen*) were explained as originating not in infantile conflicts, but in the present, as the outcome of present (*aktuell*) inadequacy of sexual discharge; they were thought to be somatic rather than psychic in nature.

The connection between these very early observations by Freud about actual neurosis, and those made by early psychoanalysts who placed psychosomatic illness in a medical milieu, was understandable. On a theoretical plane, the somatic medical approach necessitated a conceptual framework to give meaning to what was observed. The framework of unsatisfied somatic energy was there, ready to be used. Thus, the

theory of actual neurosis served as the conceptual framework that could organize the proliferation and diversity of newly recognized medical pathology. Psychosomatic medicine, thus supplied with a structure, could undertake its research.

However, Smadja argues, these early authors did not respect the spirit of the Freudian conception of actual neurosis. Their interpretations unfortunately oriented the psychosomatic movement in a direction that could only, on the one hand, consolidate a dualist approach to the facts studied, and, on the other, remove it from any genuine use of a relational—i.e., transferential—mode consistent with the psychoanalytic method.

Freud's concept of actual neurosis had seemed to impose a limit to psychoanalytic research. At the time of his formulation of the theory of actual neuroses, he distinguished two categories of psychosomatic phenomena: one deriving from sexuality and the other from psychosexuality. Sexuality concerns the direct effects of sexual function on somatic functions, while psychosexuality concerns its indirect functions through the intermediary of the psychic apparatus. Psychosexuality comes about when somatic sexual arousal (sexuality) is linked to representation of the object in the unconscious.

If one wishes to continue to refer to this conceptual framework for the study of psychosomatic phenomena, there are two ways to go beyond this limit and thus to pursue research from a psychoanalytic perspective. The first is simply to ignore this limit and not to take into account the constraining structural conditions that organize the psychosomatic processes in the actual neurotic, conditions that led Freud to believe they imposed a limit to psychoanalysis. This denial leads to modifying, even turning away from, the meaning of the Freudian conception. That is what we saw with the earlier approach of psychosomatic medicine, according to the French *psychosomaticiens*.

Freud's Monism

The second manner of going beyond this apparent limit to psychoanalytic research is to follow, once more, the path that Freud indicated, a monistic one. Freud's genius led to a reunification of soma and psyche

in the same structure constituted by the instincts. The new French conceptual framework of actual neuroses, as well as of somatic illness, holds that they cannot be anything other than instinctual. The symptoms of actual neuroses are located within the same instinctual framework as those of hysteria, and, more generally, those of the transference neuroses.

For Smadja, monism of mind and body lies at the heart of psychosomatic phenomena. The research of a psychosomatic analyst must be founded on the intuition of a monistic basis for psychosomatic phenomena. The dualist conception of the relation between body and psyche contradicts the intuitive human apprehension of psychosomatic illness. The dualist approach of the earlier psychosomatic physicians could never lead to a unitary grasp of the psychosomatic fact. The validity of this earlier approach was soon called into question, and this questioning contributed to the abandonment of this research orientation in France and to the end of research in clinical psychosomatic medicine.

Before becoming interested in psychopathology and the discovery of psychoanalysis, Freud had taken a dualist approach, as did most of the researchers of his time. His ultimate monism is an acquisition of his psychoanalytic discoveries; it is thus secondarily linked to his clinical and theoretical experience in psychoanalysis. Smadja's fundamental point is that Freud's monism is not an abstract postulate, originating in his personal belief or his adherence to a collective mythology; it is a scientific hypothesis that became necessary for the coherence of his doctrine. This monism derives from the clinical experience of psychoanalysis and becomes a necessary aspect of Freud's theoretical doctrine.

The incorporation of this monistic hypothesis in Freud's theoretical work represents a considerable upset, not only in the conception of the human being—and particularly what concerns relations between the somatic and the psychic—but also in the field of thought in general. This revolution of thought consists in Freud's moving the question of dualism to another terrain, that of the instincts. Though he often indicated that psychoanalysis must be conceived as a superstructure resting upon an organic base, for him, this never contradicted his theorizing on psychoanalysis, which he developed principally from his work with hysterics.

Thus, Freud based his monism on sexuality. Or, more precisely and closer to the Freudian texts, Smadja would say that Freud's monism is

based on the activity of the instincts. These instincts, both in their first version and in their later, definitive version, exercise their activity as much on the psychic functions as on the somatic ones. Psyche-soma dualism is therefore no longer pertinent with respect to the psychoanalytic approach. The duality, the line through which splitting runs, is that of a dualism of instincts.

Moreover, in his general conception of neuroses, Freud retained the actual neuroses and assigned them a very definite place, with considerably important theoretical consequences. In Lecture XXIV of *Introductory Lectures on Psycho-Analysis* (1917), Freud wrote:

A noteworthy relation between the symptoms of the “actual” neurosis and of the psychoneuroses makes a further important contribution to the knowledge of the formation of the symptoms of these latter. For a symptom of the “actual” neurosis is often the nucleus and first stage of a psycho-neurotic symptom. [S. E., 16, p. 390]

This conception opens up a whole field to psychosomatic research and founds the theoretical framework for the notion of somatic compliance in Freud. This path led him eventually to the theoretical transformation of 1920 and his new formulations about the psychic apparatus and the instincts.

Freud never ceased to point out that it was the study of the narcissistic neuroses that opened up his access to the psychoanalytic understanding of the ego. Just as it was the discovery of a certain type of resistance accompanying repression that underlay the first psychoanalytic discoveries, beginning with the transference neuroses, so it was another type of resistance, the negative therapeutic reaction, that was at the origin of the theoretical transformation that ended with the structural hypothesis (the second topography, in French terminology) and the opposition between two new groups of instincts: the instincts of life and those of death or destruction.

Even though Freud never situated actual neuroses within the framework of narcissistic neuroses, Smadja argues that, from a psychoanalytic point of view, we should consider them narcissistic illnesses. He observes that in the *Introductory Lectures* (1917), we find a certain logical order in

the lectures; Freud indicated the order that was imposed on him and that he had to follow. The first eight lectures on the general theory of the neuroses deal with neuroses of defense. There follows the lecture on actual neuroses (common neuroses), then anxiety, and, finally, the last theoretical conference, on narcissism. Smadja suggests this defines the internal and logical links—from the point of view of Freud's theoretical psychoanalytic framework—between the actual neuroses and narcissism, the actual neuroses and the ego, and the actual neuroses and the narcissistic neuroses, all needing to be studied and understood via the conceptual tools of the structural hypothesis.

A Psychosomatic Reading of Freud's Theoretical Progress

The actual neuroses had very quickly posed difficulties to Freud—difficulties of method and treatment at first, but secondly of theoretical understanding. Without doubt Freud's unshakable conviction in his discovery of the major role of psychosexuality in neurotic troubles intervened in his placing the actual neuroses in theoretical latency and maintaining them there. Smadja stresses that, even though Freud was unable to pursue the analysis of actual neuroses, he nevertheless elaborated theoretical hypotheses that permitted their integration into the continuum of neurotic phenomena proceeding from libido theory. A *latent* theoretical framework was there to take them into account and to be utilized in further theorizing.

Smadja reviews the status of Freud's theorization about actual neurosis as it was until 1920. His theoretical framework involved three hypotheses about actual neurosis: (1) the somatic symptoms of actual neurosis are linked to direct effects of sexuality on the organs or organ systems; (2) the actual neurotic's mental functioning is characterized by the absence or deficiency of psychoneurotic mechanisms; and (3) the actual neuroses represent the kernel of every psychoneurosis.

This was to lead to a number of theoretical consequences and resultant revisions. If the sexual function is regularly invested in the organs that assure the preservation of the individual, then self-preservation unquestionably has a *libidinal* character. It was necessary, however, to await the theoretical revisions of 1920 and the setting up of the new instinc-

tual duality between life and death instincts to validate this theoretical proposition concerning the libidinal nature of self-preservation.

Furthermore, actual neurosis is associated with every juncture at which there is an interruption of psychosexuality. In other words, all traumatic events, of whatever nature, are capable of generating and even supporting an actual neurosis. After 1920, this link with psychosexuality was affirmed as indispensable for the theoretical comprehension of the "old" actual neuroses. Finally, the genetic role that Freud assigns to the intimate relation of actual neuroses with the psychoneuroses opens the way to possible interpretations concerning somatic localization. It is within this framework that it becomes necessary to integrate the Freudian notion of somatic compliance into hysterical pathology.

Smadja highlights a comment in the *Introductory Lectures* (1917). Freud there indicates an implicit relationship between the place of actual neuroses and the status of narcissism in his theory of libido. He writes:

I should not be surprised if it turned out that the power to produce pathogenic effects was in fact a prerogative of the libidinal instincts, so that the libido theory could celebrate its triumph all along the line, from the simplest "actual" neurosis to the most severe alienation of the personality. [Lecture XXVI, *S. E.*, 16, pp. 429-430]

This is, according to Smadja, an early Freudian approach to a question that we can retrospectively qualify as psychosomatic. It ends with an affirmation of the libidinal nature of the processes involved, and a hint at the as-yet obscure relationship between actual neuroses and narcissistic neuroses.

Freud's work on narcissism also broaches the psychosomatic question. In "On Narcissism: An Introduction" (1914, *S. E.*, 14), he sought clinical psychoanalytic access to knowledge about narcissism. Alongside dementia praecox and paranoia, he considered other possibilities, among which were organic illness and hypochondria, as avenues to understanding narcissism. This involves a shift and, Smadja believes, is possibly the first occurrence when Freud includes organic illness as such in his comments on libidinal economy. Up until this point, he envisaged

the question of somatic symptoms either within the framework of psychosexuality (hysteria) or in actual neuroses.

The narcissistic regression that organic illness favors, however, is of another nature than that initiated by the psychoses. Freud suggests that it might be accompanied by a parallel change of libidinal cathexis in the ego: "Such factors would constitute what we believe to underlie hypochondria and what may have the same effect upon the distribution of libido as is produced by a material illness of the organs" (*S. E.*, 14, p. 84).

To Smadja, this text marks a turning point in the Freudian conception of the symptomatic manifestations of the body, in that the somatic symptoms are for the first time conceived as proceeding from libidinal investments of the ego, and are no longer considered to be associated with object libido. Up until this time, somatic symptoms of the actual neuroses were seen as entering into the framework of sexual impulses toward the object; they represented a form of diverting or redirecting. Here in this passage, hypochondriacal symptoms find their place in the interior of the framework of narcissism; they proceed from ego libido. Thus, we see symptoms of actual neurosis classed together with manifestations of hypochondria.

What about psychosomatic illness—the *somatoses*, as Smadja terms them? For Smadja, Freud in this passage provisionally suggests that organic illness proceeds from ego libido. Though at this stage the phenomenon of organic illness is far from having delivered up its secrets, the discussion on narcissism introduces a new understanding of psychosomatic illness, one that involves its libidinal aspects.

The third stage in the development of Freud's view of psychosomatic illness concerned the traumatic neuroses. In *Inhibitions, Symptoms and Anxiety* (1926), Freud included a comparative study between the two qualities of anxiety: automatic anxiety and signal anxiety. He referred the first to actual neurosis, the second to psychoneurosis. Then, in a subsequent development, he writes: "The analysis of traumatic war neuroses . . . will show that a number of them possess some characteristics of the actual neuroses" (*S. E.*, 20, p. 141).

The two neuroses are here linked in the notion of distress of the ego in the face of excessive need, ending in the development of anxiety.

Thus, actual neurosis is reintroduced into the field of psychoanalytic observation, this time alongside traumatic neurosis. This coupling gives it a new theoretical status and permits us to approach it from the economic aspect. Very early on, Freud had seen that one could not access knowledge of traumatic neurosis except from the concept of ego libido. It is this conviction that he affirms in "The Psychoanalysis of War Neuroses" (1919):

It only became possible to extend the libido theory to the narcissistic neuroses after the concept of a "narcissistic libido" had been put forward and applied—a concept, that is, of an amount of sexual energy attached to the ego itself and finding satisfaction in the ego just as satisfaction is usually found only in objects. This entirely legitimate development of the concept of sexuality promises to accomplish as much for the severer neuroses and for the psychoses as can be expected of a theory which is feeling its way forwards on an empirical basis. The traumatic neuroses of peace will also fit into the scheme as soon as a successful outcome has been reached of our investigations into the relations which undoubtedly exist between fright, anxiety and narcissistic libido. [*S. E.*, 17, pp. 209-210]

The next stage in Freud's thinking is the theoretical introduction of the death instinct, prompted principally by traumatic neurosis and repetition compulsion. In his psychosomatic reading of Freud's theoretical progress up to this stage, Smadja points out that we are in the presence of two apparently contradictory propositions on the subject of the instinctual status of actual neurosis: one postulates actual neurosis in relation to object libido, while the other, in associating it with traumatic neurosis, makes reference to ego libido.

To get out of this contradiction, Freud had to consider this question from another point of view, that of the new theory of instincts. The revision of the theory of instincts can serve to elucidate the issue of organic illness, still remaining in obscurity. The concept of ego libido, when envisaged in its negative aspect and associated with the effects of instinctual unbinding and those of internal destructivity, offered a new theoretical framework that could represent somatic illness in an entirely different manner.

From the perspective of the ego of the structural theory and the second duality of instincts (love/destruction), the notion of ego libido no longer has any meaning. Libido finds its source in the id, and it invests the ego, the organs, and the functions of conservation, as well as ego objects. If the ego is the essential "reservoir" of libido, it is not the source; it remains an object of erotic investment and the most important object for the id.

Hence, in the new theoretical situation, one cannot separate the ego and its objects from the point of view of erotic investment. Alterations of the cathexis bearing on objects (unconscious representations) will have a reciprocal effect on the cathexis of the ego. The new line of separation will situate itself, from now on, between erotic and destructive investments.

Operational Thought and Operational States

After this review of the development of Freud's thinking on psychosomatic illness, Smadja introduces the main themes of the current French approach. One of the central notions introduced into the study of psychosomatic illness is the concept of *operational thought*. Smadja reviews the development of the understanding of operational thought as an object of study, and explores its importance in understanding psychosomatic illness.

The notion of operational thought was introduced in 1962, in a report presented by Pierre Marty and Michel de M'Uzan at a conference in Barcelona.¹ For Smadja, this discovery represents the emergence of a new and fundamentally original entity in the clinical field. The authors were not able to be precise about the definition of the concept of operational thought or the evidence for it, other than saying that it started from a new method of investigation and a new, comprehensive approach. The Barcelona communication on operational thought presented the concept primarily from an economic angle. Operational thought was first presented in its positive diagnosis and then in its clinical forms. Clinical vignettes illustrated symptomatology, and then the

¹ Marty, P. & de M'Uzan, M. (1963). La pensée opératoire [Operational thinking]. *Revue Française de Psychanalyse*, 27:345-356.

authors examined differential diagnoses—first on the economic plane, in differentiating operational thought from primary and secondary process, and then on the psychopathological level, in differentiating operational thought from obsessive compulsive neurosis. In conclusion, the authors proposed a pathogenic hypothesis. Overall, their approach gave precedence to the economic point of view rather than the dynamic.

The discovery of operational thought came about through modern psychosomatic research, through studies undertaken by the “École de psychosomatie de Paris” between 1958 and 1962. The notion of operational thought was further developed in a landmark book,² which, together with subsequent works, further delineated the metapsychological aspects of operational thought.

What is operational thought? In discussion, the word *operational* is associated with several nouns. Although the same reality may be under consideration, the choice of terms is dictated by the level of analysis. Schematically, *operational thought*, *operational life*, or *operational state* may be used to indicate the limits or borders of the original clinical field. Operational functioning, upon which Smadja focuses, designates the different metapsychological constituents that are at the base of this clinical reality.

Operational thought is not new in itself. It is probably as old as humanity, and is a mode of thinking all of us have encountered at some point in our fellow human beings and at times in ourselves, for there are transitional states of operational thought in daily life. Like the majority of scientific discoveries, its novelty resides in its becoming an object of scientific study; the fact of it is new at the level of knowledge, not at that of reality.

The characteristics of operational thought involve a deficiency in mentalization, that is, the absence of fantasy activity. Thus, individuals engaged in operational thought focus on the present and on material facts and utility, within narrow confines. Their thinking is linear and restricted, with a lack of affect, fantasy, or associations. They manifest a hypercathexis of reality along with an attachment to things. Psychologi-

² Marty, P., de M'Uzan, M. & David, C. (1963). *L'Investigation psychosomatique*. Paris: Presses Universitaires de France.

cally, they seem arid and impoverished. Their thinking has a superego quality, and there is a lack of symbolic significance or sublimatory value. There appears to be a complete filtration out of any unconscious material and thus a seeming lack of any contact with the unconscious. Their thinking lacks any discernible libidinal quality.

Individuals so affected do not dream, or at least appear incapable of reporting their dreams. If they can, they mention precise actions, closely connected with existing reality, without associations. There is a tendency toward conformism and a rigid attachment to the ethos of collectivity, the *socius*. Operational thinking is therefore characterized by a hypercathexis of the present and the factual. Behavior takes the place of reflection. The psychic life of the operational person is characterized by a conformist, a-conflictual platitude. Finally, there is a reduplicative relationship: the operational subject views the other as a duplication of himself.

In other words, these individuals seem psychologically arid, dull, and relatively uninteresting. One must wonder, given Freud's somewhat dismissive and vaguely ill-tempered remarks in the *Introductory Lectures* about actual neuroses as being of no interest to psychoanalysis, whether Freud was not himself reacting to his encounters with the platitudinous quality and mental aridity of individuals exhibiting operational thought when he attempted to do psychoanalytic work with these patients. For Freud, accustomed as he was to working with neurotic patients, unconscious ideas, and the transference, actual neurotic patients—with their total filtration out of any contact with the unconscious—would have been frustrating to deal with.

La Psychosomatique

The "birth" of psychosomatics more or less came about with French publications in the early 1960s (see footnote 2, previous page, for example). Psychoanalysis was to be the theoretical frame of reference for what the authors defined as an original and fundamental discipline, *la Psychosomatique*. And here for the first time, *psychosomatic* became a noun instead of an adjective. This change of grammatical order, though not

made explicit by the authors who used it, revealed a radical upset of the epistemological order.

The earlier conception of psychosomatic medicine viewed this discipline as belonging to the conceptual field of medicine. By contrast, these authors presented a new word that is in fact a new concept, *psychosomatics*, and medicine has disappeared from the concept. In Smadja's view, this amounts to a veritable conceptual revolution; as noted earlier, at the interior of the concept of psychosomatics, the line of splitting between the psychic aspect and the somatic aspect no longer exists, and the dualism of psyche-soma no longer obtains.

Marty and other French theoreticians who wrote about *la Psychosomatique* during this period tried to define a new conceptual reference as a way to integrate different conflictual levels manifested by the patient. This new reference is from now on a *relational* one; conflicts are to be known, and they can only be truly grasped and utilized through the relationship between doctor and patient. This becomes a new, directing idea in the approach to psychosomatic data. The anamnestic psychosomatic inquiry is thus abandoned in favor of a veritable psychoanalytic investigation. The way in which the investigator conceives his aims and the modalities and technique of his inquiry is here closely linked to psychoanalytic conceptions and practice.

The presence of somatic symptomatology imposes important modifications and adjustments destined to reveal its link with the personality characteristics. This method of psychoanalytic investigation of patients presenting with somatic afflictions does not result in the confirmation or invalidation of such-and-such a conflictual problem postulated by prior research; rather, it reveals another object of study, a new object that is discovered to the extent that the method is applied. Thus, the new method of investigation and the new object of study are very much interdependent. Operational thought was presented as an element constitutive of a new mental organization.

Marty and others further developed the notion of operational thought, adding a consideration of the dynamic and structural aspects of operational functioning. The most salient features of the mental organization of the so-called operational patient were identified: the absence of

free fantasy, the partitioning or compartmentalization between different psychic locales, operational thought, and projective reduplication. This synthesis presents, Smadja notes, the three points of view of Freudian metapsychology: economic, dynamic, and structural.

In discussing psychoanalytic consultations with patients with somatic afflictions, the authors who wrote about *la Psychosomatique* sought to reveal new forms of mental functioning in which the link to somaticity was not merely contiguous, but postulated as necessary. What is believed to form this link is the economic process by which somatization takes on the value of a solution, of a possible way out of the individual's conflictual troubles. Organic illness is one of the possible outcomes.

This new vision not only offers new possibilities for the work of the psychoanalyst, but also leads to the assumption of therapeutic responsibility. From then on, it is no longer possible for the psychoanalyst to exclude from the field of his analysis the ills of the body that could come up in the course of treatment and, at the same time, he cannot exclude patients suffering from somatic afflictions from those for whom psychoanalysis is indicated. This economic point of view imposes on analysts interested in the treatment of somatic patients an extremely delicate management of the psychoanalytic method and approach, here considered a legitimate and necessary tool with which to work with these patients.

Essential Depression

To integrate this group of observations, another psychic concept was necessary: *essential depression*. This concept introduces the point of view of affect, thus continuing the metapsychological analysis of operational functioning. The existence of a particular modality of depression frequently encountered in somatic patients had been recognized in the writing of the early 1960s, but with only a few clinical and descriptive references. In commenting on one of the case histories, the authors described depressive states that are translated clinically by fatigue, an anxious malaise, and a pure feeling of depression.

The scientific presentation of this notion would not come until several years later. In 1966, in a seminar, Marty presented his essay on essen-

tial depression.³ He defined it as a new mode of depression—as depression without object, without self-accusations, without a conscious sense of guilt or a feeling of personal devaluation or narcissistic wound, and that is oriented toward the somatic sphere. For Marty, its fundamental originality comes from the fact that it represents the very essence of depression—that is, a lowering of the level of libidinal tone, depression without expression. It is this inexpressivity that differentiates it theoretically from other clinical forms of depression, both neurotic and psychotic.

In addition, Marty insisted on two other clinical aspects. First, there is a certain quality of affective perception in the analyst: the patient is present but empty. There is no affective modulation in his discourse or in relational events with the analyst. Second, a certain number of mental functions have become the object of a process of negation and disorganization. Without being directly linked conceptually to operational functioning, essential depression is often a prelude to its occurrence.

Marty developed a synthesis of essential depression in a systematization that was both clinical and theoretical. With the qualifier *essential*, the word *depression* without an object permits one to recognize immediately that the depressive process affects the field of narcissism. The clinical picture of essential depression is opposed to that of melancholia. In the latter, the symptoms are noisy and spectacular, while in essential depression, they are silent and generally pass unperceived. In melancholia, the complaints invade the field of the analytic relationship; in essential depression, they are almost nonexistent. In melancholia the feeling of blame is conscious and painfully acute; the subject is inhibited in his activity, even prostrate. In essential depression, the patient pursues his activities mechanically.

In fact, the only symptom that unites the two clinical pictures is the crumbling of self-esteem. It is interesting to note, moreover, that all that opposes essential depression to melancholia relates to normal mourning, and that which relates to it, the loss of self-esteem, is opposite to normal mourning. Everything happens as though melancholia is situated in an

³ Marty, P. (1968). La dépression essentielle [Essential depression]. *Revue Française de Psychanalyse*, 32:345-355.

intermediate place between grief and essential depression. In a sense, melancholia represents an interface between the other two.

In his introduction to "Mourning and Melancholia" (1917, *S. E.*, 14), Freud had already indicated that certain clinical forms of melancholia evoked more somatic afflictions than psychogenic afflictions. It was in the course of this text—after having founded, metapsychologically, the "formula" of the melancholic—that Freud added this interesting proposition and seems here to envisage the notion of melancholia without object:

These considerations bring up the question whether a loss of the ego, irrespectively of the object's entering—a purely narcissistic blow to the ego—may not suffice to produce the picture of melancholia, and whether an impoverishment of ego-libido directly due to toxins may not be able to produce certain forms of the disease. [*S. E.*, 14, p. 253]

Progressive Disorganization

In 1980, Marty developed a new way of looking at these clinical phenomena.⁴ Essential depression had already been linked to operational states, along with the lowering of the vital tonus, without an economic counterpart. Earlier, Marty had also described in a systematic fashion the two major movements: regression and progressive disorganization. In 1980, these two are linked in that both belong to the death instinct.

Subsequently, operational thought found a new position for Marty, both in clinical practice and in psychosomatic theory. He discussed this innovative clinical theory, incorporating a new conceptual framework based on an evolutionary schema, in a two-volume work.⁵ Essential depression and operational thought are now linked as two aspects of the same phenomenon: disorganization in the largest sense of the life principles of the mental apparatus. This was an epistemological upset, leading to a new clinical entity that Marty called *operational life*. Here the notion of operational thought gives way to an emphasis on the affec-

⁴ Marty, P. (1980). *L'ordre psychosomatique* [*Psychosomatic Organization*]. Paris: Payot.

⁵ Marty, P. (1976–1980). *Les Mouvements individuels de vie et de mort* [*Individual Impulses of Life and Death*]. Paris: Payot.

tive element over the intellectual. Clinical description now develops a completely different tonality: the patient is described from the interior, through the negativity of his psychic productions. The patient, not his thought patterns, is at the center of the scene.

Traumatic Neurosis and Operational States

In *Beyond the Pleasure Principle* (1920, S. E., 18), Freud reworked the fundamental bases of psychoanalytic theory. This study rests clinically on the repetition compulsion, and traumatic neurosis holds an essential, almost exclusive, place in the determinism of theoretical considerations that were to be developed. In introducing the death instinct, Freud described the phenomena of repetition compulsion as at the heart of several clinical patterns: dreams of traumatic neurosis, infantile play, and certain transference phenomena, such as the negative therapeutic reaction. Smadja suggests that, without forcing things, one could add a fourth aspect to this clinical argument: the self-calming behaviors seen in contemporary psychosomatic studies.

The model of traumatic neurosis that Freud used to introduce the death instinct and the new instinctual duality evokes a return to actual neuroses. It seems to Smadja that, with the new understanding of traumatic neurosis, there is a resumption of the psychoanalysis of actual neurosis. Traumatic neurosis comes to replace the older actual neurosis and permits, finally, its understanding through the concept of ego libido. The clinical identification of these two entities rests on the interpretation of the factors of actual neurosis as traumatic factors. In the phenomenon of actual neuroses, we must provisionally consider a wide range of psychosomatic patterns, from the most benign to the most serious. Among these, operational states are those on which the traumatic factor rests most heavily and is most intensely engaged in somaticity.

On several occasions, Freud used the physical metaphor of a wound when he evoked a loss in the order of libido. In his addenda to *Inhibitions, Symptoms, and Anxiety* (1926, S. E., 20), it seems evident that, for Freud, trauma and pain were intimately linked. He arrived at the formula according to which psychic pain implies an object investment, while psychic pain is itself inscribed in the order of narcissistic cathexis. This,

then, is the point at which we find operational illness. All these manifestations, whether a matter of operational thought or of self-calming mechanisms, aim at denying the painful perception of a loss that affects one's narcissism.

It is this narcissistic loss that forms the basis of the trauma underlying operational illness. Therefore, the situation created by the loss of the self leads to a transformation of the nature of counter-cathexes. Self-calming behaviors make up one of these modalities. Perhaps somatization itself represents another, Smadja suggests. Also, this may explain the separation between the unconscious and preconscious: setting up precocious anti-traumatic systems (prematurity of the ego, self-calming systems) contributes to rigidifying the censorship between the unconscious and the preconscious, and makes the frontier between them impermeable.

Progressive Disorganization: The Role of the Death Instinct

This theoretical analysis has led to a metapsychological constellation that will be seen as important in psychosomatic patients: a major consequence of the traumatic loss of the ego as an object and instinctual de-fusion is the occupation of the field by the death instinct and its destructive effects. Libidinal decathexis of the ego becomes a traumatic situation. From the point of view of the new duality of instincts stemming from *Beyond the Pleasure Principle* (1920, *S. E.*, 18), the major consequence of this retreat of ego libido is a fundamental instinctual loosening and unbinding, with potentially weighty consequences for the individual.

The question then becomes: what happens to this libido lost by the ego—what transformations and degradations does the ego undergo? Smadja suggests that the unbound death instinct, also called *internal destructiveness*, invades the place of the ego, replacing what was to conserve its being. In Lecture XXXII, Freud, in discussing his hypothesis of the alliance between Eros and aggression, emphasizes the extent of the consequences of an instinctual unbinding for the future of the individual: "For fusions may also come apart, and we may expect that functioning will be most gravely affected by defusions of such a kind" (*S. E.*, 22, p. 105).

The metapsychological part of Smadja's report includes a discussion of a certain number of hypotheses based on the clinical observations of operational patients. The theory locates operational functioning within the framework of a malady of the ego as seen in the structural hypothesis. The theoretical relationship between actual neuroses, narcissistic neuroses, and somatoses is at the heart of the developments presented here. These metapsychological hypotheses attempt to take into account operational functioning, emphasizing the role of (1) the alteration of the functional value of the object, leading to the process of unlinking and disobjectalization, (2) the central importance of trauma, and (3) the intense attachment of these patients to the ideals of the collective or group.

Essential depression—that is, depression without object—has been restated in instinctual language as the loss of ego libido, as a libidinal decathexis of the ego insofar as it is an object. We should compare this to the process of healing in psychosis, as described by Freud, which aims at recuperating the objects decathected by the libido. In operational illness, one can, according to the model of psychotic functioning, reconstitute a second time of healing, corresponding to what Marty qualified as *relative stability*. It might be concluded that, in the course of the process of de-narcissization touching the ego insofar as it is an object, it is the sentiment of guilt that is effaced and transferred into sensory power, and the ensemble of superego contents is thus projected outward and comes back from outside. Conformity to ideals and collective values, in lifting self-esteem, allows the narcissistic libido to return to the ego. This metapsychological hypothesis helps us understand the central, enigmatic trait of the operational patient: his almost hallucinatory submission to the collective order.

The conception of operational functioning developed by these writers assigns to the process of de-narcissization a primordial role in the course of events that ends in operational illness. In reality, Smadja notes, one could just as well qualify this process as one of *disobjectalization* in the sense formulated by Green,⁶ to the extent to which its effects lead to the loss of the object status of the ego. Indeed, the loss of libido, for the

⁶ Green, A. (1986). *On Private Madness*. Madison, CT: Int. Univ. Press.

ego, necessarily ends in an instinctual disunion of which the principal effect is an increase in the free destructivity at the heart of the ego. This conjuncture favors the development of a somatosis.

Smadja suggests that operational functioning has a defensive meaning. He proposes the hypothesis that the meaning of operational functioning is the neutralization of a primary, disobjectalizing reality. This reality contains the destruction of the desire appropriate for the subject and his subjectivity. It stimulates the subject to become a stranger to himself, to renounce his personal instinctual project.

Technical Implications

Beginning with Marty and de M'Uzan's 1962 Barcelona communication, mention was already being made of technical rules for conducting psychotherapy with the operational patient, and these rules were repeated by Marty in a subsequent book.⁷ Something that can derail the psychoanalyst in his encounter with an operational patient is the effect of the uniformity of the patient's discourse, its homogenous structure, tending toward linearity and repetition. Nothing so much resembles an operational discourse as another operational discourse. Here the description of facts takes precedence over narration, and the life history sounds like a biography. Categories of time are arranged on the same plane, that of the present. Words for describing things have lost their enigmatic character. Reality is reduced to its functional value, and we are not surprised, then, to identify repetition as a characteristic trait; this may also be true of patients with organizations close to the actual neuroses. There is a motoric quality of thought.

In considering the patient's self-calming behaviors, Smadja and others have described operational states that primarily use motricity, and in which the essential characteristic, from a clinical point of view, is repetition compulsion. Michel Fain, for example, considered not only operational behaviors, but also operational thought and the reality that results from it, as representing a vast calming system that aims at maintaining

⁷ Marty, P. (1980). *L'Ordre psychosomatique*. Paris: Payot.

an excitation stemming from a traumatic conjuncture.⁸ The motoric dimension of operational thought, as well as its undifferentiated character, is opposed to a thought rich in individual contents. This interpretation places operational thought in the purview of the traumatic.

Though operational thought and operational functioning are regularly found associated with psychosomatic illness, this is only a part of the clinical truth. There are certainly patients with operative functioning and somatic affliction. But we find there are a great number of patients with operative functioning who are without any somatic affliction, once operative functioning has been identified. We must suppose that there are certain types of mental organizations that predispose toward solutions of a somatic type. Clinical experience suggests, to Smadja, that none of the work so far can render a complete account of all the metapsychological aspects of operative functioning. Each patient will emphasize certain traits rather than others.

In summary, we have seen that the theory Smadja describes locates operational functioning within the framework of a malady of the ego. The theoretical relationship between actual neuroses, narcissistic neuroses, and psychosomatic illness (called *somatoses* in the new French terminology) lies at the heart of the developments that are presented here.

The metapsychological part of Smadja's report incorporates a number of hypotheses based on the clinical observations of operational patients. These hypotheses attempt to take into account operational functioning, emphasizing the role of (1) the alteration of the functional value of the object, leading to the process of de-linking and disobjectalization, (2) the central importance of trauma, and (3) the intense attachment of these patients to the ideals of the collective or group.

The extraordinary breadth and scope of Smadja's report make it challenging to represent his thinking in an abstract. My effort will be rewarded, however, if I have succeeded in stimulating interest in the new French approach—a uniquely psychoanalytic one—to psychosomatic illness. Interested readers are encouraged to explore further this

⁸ Fain, M. (1991). Préambule à une étude métapsychologique de la vie opératoire. *Revue Française de Psychosomatique*, 1:59-79.

fascinating subject, and I am including below a list of relevant English-language works. More are being translated from the French all the time.

ADDITIONAL REFERENCE SOURCES IN ENGLISH

- AISENSTEIN, M. (2006). The indissociable unity of psyche and soma: a view from the Paris psychosomatic school, trans. S. Jaron. *Int. J. Psychoanal.*, 87:667-680.
- (2008). Beyond the dualism of psyche and soma, trans. S. Jaron. *J. Amer. Acad. Dynamic Psychiatry*, 36:103-123.
- AISENSTEIN, M. & RAPPOPORT DE AISEMBERG, E., eds. (2010). *Psychosomatics Today: A Psychoanalytic Perspective*. London: Karnac.
- AISENSTEIN, M. & SMADJA, C. (2010). Conceptual framework from the Paris psychosomatic school: a clinical psychoanalytic approach to oncology. *Int. J. Psychoanal.*, 91:621-640.
- MARTY, P. (1968a). A major process of somatization: the progressive disorganization. *Int. J. Psychoanal.*, 49:246-249.
- Essential depression. (1968b). In *Reading French Psychoanalysis*, ed. D. Birksted-Breen, S. Flanders & A. Gibeault. New York: Routledge, 2010, pp. 459-476.
- MARTY, P. & DE M'UZAN, M. (1963). Operational thinking. In *Reading French Psychoanalysis*, ed. D. Birksted-Breen, S. Flanders & A. Gibeault. New York: Routledge, 2010, pp. 449-458.
- SMADJA, C. (2005). *The Psychosomatic Paradox: Psychoanalytical Studies*. London: Free Association Books.
- (2010). Psychoanalytic psychosomatics. *Int. J. Psychoanal.*, 92:221-230.

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