

## EDITOR'S INTRODUCTION

BY JAY GREENBERG

The theme of the 2010 meeting of the Federación Psicoanalítica de América Latina (FEPAL) held in Bogotá, Colombia, was “Transferencia, Vínculo, y Alteridad.” Two of the concepts that make up this theme—transference and otherness—are of course familiar to all psychoanalysts, but the third, *vínculo*, is virtually unknown outside Latin America. This despite its being fundamental in that community, enough so that it was incorporated into the title of a continent-wide conference.

In light of the importance of the concept of *vínculo* in Latin American psychoanalysis, especially in the rich tradition of the Río de la Plata region, it is important that it be introduced to analysts working within other theoretical and cultural traditions. Doing so will not only bring the work of an unusually creative psychoanalytic community to the attention of a wider readership, but will also illuminate conversations and debates that are occurring throughout the world of contemporary psychoanalysis.

The literal meaning of *vínculo* is “link” or “bond.” But as with many other psychoanalytic terms, its use within the structure of the total theory is complex, ambiguous, and much debated; the similarity to other psychoanalytic concepts (such as Bion’s links) is narrow and misleading. A word about the other terms in the FEPAL theme will help to contextualize the idea of *vínculo* and to introduce the papers that will discuss it.

*Transference*, itself confused and confusing in its multiple usages, seems to be used in a fairly traditional sense in the FEPAL theme. As Isidoro Berenstein puts it in his contribution to this issue, transference “is based on a creation/updating/re-creation of norms or patterns. These patterns include some degree of repetition of a childhood state, fixation, or arrest in emotional states typical of infantile development” (p. 575). In some respects, *otherness*, although in common usage, is less congenial to Anglophone psychoanalysts. The idea that the analyst is

“other” to the analysand fits uncomfortably with the clinical sensibilities of many; concepts as diverse as Kohut’s (1971) *vicarious introspection*, Bion’s (1962) *projective identification*, Ogden’s (1994) *analytic third*, and Hoffman’s (1998) *social constructivism* all blur boundaries and soften the sometimes abrasive clash of differing sensibilities that characterize analytic engagement. But an irreducible otherness, as Berenstein emphasizes, is an essential facet of the link between people.

It is the privilege of *The Psychoanalytic Quarterly* to have the opportunity to publish two papers addressing the concept of *vínculo* authored by three of the most distinguished thinkers in the Río de la Plata region. Ricardo Bernardi and Beatriz de León de Bernardi describe the evolution of the concept and of the related idea of *dialectical spiral* and spell out the range of clinical and theoretical problems that it addresses. The late Isidoro Berenstein—perhaps touched by the interest in Lacan’s work that was sweeping the region—presents his particular, highly influential use of the idea to capture the way in which otherness that cannot be assimilated gives shape to relationships between people.

In addition, I have invited two Anglophone analysts, Glen O. Gabbard and R. D. Hinshelwood, to discuss the Bernardi and Berenstein papers. Both consider the concept and how it might reflect on issues raised in conversations conducted within their own traditions.

In the theme of the FEPAL conference, *vínculo* occupies a space between transference and otherness, linking the two concepts. This captures one meaning of the term: *vínculo* links the world of internal objects with the external world of interpersonal relations, highlighting the mutual and reciprocal influence of each upon the other. This aspect of *vínculo* is highlighted especially by the Bernardis, who use the concept of *dialectical spiral* (another idea central to the Río de la Plata tradition) to capture the way in which an analysis, when it is going well, moves freely—if sometimes with conflict and contradiction—between viewing what is happening from “inside” and “outside” perspectives.

But *vínculo* has another crucial meaning as well. The Bernardis note that Enrique Pichon-Rivière, who introduced the term, was deeply immersed in social psychology from the beginning of his career. In his discussion, Gabbard points out that in general use *vínculo* can refer to the commercial relations between businesses or to family ties, and

Hinshelwood remarks on "the ambivalent complexity of a link between two subjectivities" (p. 590). Thus, at the same time as it refers to the link between our inner and outer worlds (and also to the internal links addressed within more traditional object relations theories), *vínculo* also speaks to connections in the external world itself.

Different authors may emphasize one or another of these meanings, but a full appreciation of the concept requires that we keep both in mind. This complexity characterizes the psychoanalytic vision that emerged in the Río de la Plata; it gave shape to the sensibility captured in Willy and Madeleine Baranger's concept of the psychoanalytic situation as a dynamic field, which, along with the work of Heinrich Racker, is the best-known expression of the perspectives that developed in the region.

Psychoanalysis, which aims to illuminate what is most fundamental and pervasive in human experience, is also ineluctably local. Terms and concepts arise in communities that tend not to communicate very well with each other; these terms and concepts give rise to larger sensibilities that overlap significantly, but also differ in interesting and potentially generative ways. There is a serendipitous example of this in the current issue of the *Quarterly*. In his article on Winnicott's revolutionary psychoanalytic vision—an article not intended as part of the *vínculo* project—Paolo Fabozzi writes that, for Winnicott, "the relationship with external reality is located in the possibility that an *overlap* may be created between something that stems from the mother's psyche and something that originates from the baby's . . . psyche" (p. 610, italics in original).

This formulation is striking for its resonance with the concept of *vínculo* that was evolving as Winnicott developed his own views, but of which he evidently had no knowledge. But the differences are equally important and equally interesting. Conversations about these similarities and differences would certainly illuminate our thinking about the ways in which internal reality creates and is created by external reality, an issue with which all psychoanalysts struggle on a daily basis. But the conversation depends on allowing ideas from very different cultures, translated as best we can, to interrogate each other. It is toward facilitating such conversations that this section of the *Quarterly* is devoted.

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## THE CONCEPTS OF *VÍNCULO*<sup>1</sup> AND DIALECTICAL SPIRAL: A BRIDGE BETWEEN INTRA- AND INTERSUBJECTIVITY

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*The authors explore the psychoanalytic concepts of vínculo and dialectical spiral within the context of a historical review of the development of psychoanalysis in the Río de la Plata region of Uruguay and Argentina. In particular, they discuss the work of Enrique Pichon-Rivière, Madeleine and Willy Baranger, and José Bleger. Illustrative clinical material is included from a case described by Bleger. Convergences and divergences are noted between the theoretical and clinical approaches of these authors, on the one hand, and those of more traditionally Freudian, Kleinian, and other schools of analysis, on the other. Also, the authors underline some questions about the nature of vínculo that are currently under discussion in the Río de la Plata.*

**Keywords:** *Vínculo*, dialectical spiral, Pichon-Rivière, intrasubjectivity, Barangers, intersubjectivity, Bleger, analytic theories, history of analysis, Río de la Plata, countertransference, analytic field, Kleinian theory.

### INTRODUCTION

When María Cristina, a young woman, entered José Bleger's office, her mother entered with her and spoke on her behalf, clarifying what she

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<sup>1</sup> We have opted to keep the original word *vínculo* because, although it may be translated as *link*, *bond*, or *attachment*, none of these has exactly the same meaning as *vínculo*.

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recounted. Many times during the analysis, Bleger had the feeling that María Cristina expected him—but not herself—to arrive at conclusions about what she said. She felt as though she did not own her own brain. However, as was borne out in the analysis, María Cristina had not only a brain but a mind as well, though her mind and her body existed in a peculiar symbiotic relationship with the minds and bodies of others (Bleger [1967] 1978, pp. 15ff).

In the analysis of María Cristina, Bleger saw a dilemma that continues to be controversial in current psychoanalysis: to what extent the self and others are two independent units or two sides of one single reality, and, concomitantly, to what extent psychoanalysis has to privilege one or the other side of this polarity. The relevance and outcome of this dilemma to the theory and practice of psychoanalytic intrapsychic and intersubjective perspectives remain, indeed, highly controversial.

Here we would like to describe how these questions were considered within the early psychoanalytic tradition of the Río de la Plata region (concentrated around the cities of Buenos Aires and Montevideo) and the potential contribution of this topic to current psychoanalytic thinking. Until recently, these questions have been only rarely addressed in analytic dialogues with other areas of the world.

The first striking fact to consider is that the historical evolution of psychoanalytic ideas in the Río de la Plata region, since the 1950s and '60s, has taken a road that seems quite opposite to the one taken in other regions—for example, in the United States. While in North America there has been a tendency to move away from the intrapsychic and toward relational concepts, in the Río de la Plata, the relational nature of analytic work was clearly stressed by the first Argentinean authors, going back to the 1940s. This dimension was not contrasted with the intrapsychic, but was not exactly complementary to it either; the two coexist in a peculiar, dialectical relationship that we will elaborate in this paper.

The innovative character of the first and second generation of analysts in the Río de la Plata was not sufficiently appreciated because these analysts' ideas were developed within the framework put forward by authors such as Melanie Klein, Fairbairn, and, later on, Bion. Freud's work was a constant reference, but its reading was influenced by object

relations theory, which was considered the continuation and inevitable development of Freud's ideas.

In Buenos Aires and later in Montevideo, authors such as Racker, Pichon Rivière, the Barangers, Álvarez de Toledo, Liberman, and Bleger emphasized the reciprocal co-determination by the analysand and by the analyst of the phenomena that occur in the analytic situation, considered a dynamic field that exists in the here and now of the encounter between both. The analyst as participant observer—as well as unconscious communication at the transferential-countertransferential level—took a significant role in many papers of that time. Developments in countertransference consideration came to the foreground, especially in papers by Racker and in Heimann's (1950) classical paper on the subject. From the 1940s through the 1960s, the innovative ideas of the aforementioned authors developed alongside the dominant institutional tendency in the Río de la Plata region to adhere to more orthodox Kleinian thinking.

This situation radically changed during the 1970s and in the following decades, in which new influences arose, mainly French psychoanalytic thought. French psychoanalysis, especially that of Lacan, privileged the topographical model and explanations that emphasized unconscious conflict, putting aside the structural model and especially the role of the ego.<sup>2</sup> Besides those of France, other analytic authors, such as Winnicott, became influential, leading to greater theoretical and technical pluralism. During the same period, broader social and cultural changes were taking place in South America as a result of military dictatorships, and there were institutional-level changes in psychoanalytic societies.<sup>3</sup>

<sup>2</sup> The principles of ego psychology were questioned during both the period of Kleinian influence and that of French influence because both these points of view considered it not sufficiently deep or radical in its understanding of the unconscious (even though the concept of the unconscious was very different in these two approaches).

<sup>3</sup> The relationship between these two phenomena has not been studied, and undoubtedly these changes were influenced by multiple factors. However, from a psychoanalytic perspective, it is interesting to note that during the 1960s many analysts—including those studied here—attempted to combine their work as analysts with ideas and attitudes that favored social change. These analysts sought concepts that could serve as a bridge between different realms (e.g., social problems as *common objects* among analyst and patient—Achard et al., “overlapping worlds among them,” Puget and Wender [1982], etc.). The Lacanian perspective brought a very different point of view about social problems, which were examined from the perspective of the relationship among the Symbolic, the Real, and the Imaginary.

Many pioneering ideas of the more established authors were set aside during this time, and their originality and importance were not sufficiently recognized. However, it seems that they were forgotten mainly at the level of prevailing, “official” theories, while they remained quietly alive in many analysts’ private theories (Sandler 1983). This is the case for the authors of this paper, who, having trained in Montevideo, encountered the above-mentioned analytic thinkers both through supervision and outside the institute’s formal training.

Comprehending the evolution of psychoanalytic ideas is a difficult task, especially because there is still a lack of comparative studies that would allow us to evaluate the degree of coincidence, complementarity, and opposition among various approaches (Bernardi 1989, 2002b). Only a more fluid dialogue among different psychoanalytic cultures, and between present and past views, will allow us to adequately understand the real meaning of the changes and developments in psychoanalytic ideas.

In this paper, we will pay special attention to two concepts that play a key role in Río de la Plata psychoanalysis: *vínculo* and the spiral process. We will focus primarily on the contributions of the following authors: Pichon-Rivière, the Barangers, and Bleger. They represent the first generation (Pichon-Rivière) and second generation (the Barangers and Bleger) of Río de la Plata analysts. The analysis of their ideas and a comparison with more contemporary views, both inside and outside the Río de la Plata region, will help us better understand the relationship between intra- and intersubjective perspectives in psychoanalysis.

### ENRIQUE PICHON-RIVIÈRE: EARLY IDEAS ABOUT *VÍNCULO* AND THE DIALECTICAL SPIRAL

During the 1940s, Enrique Pichon-Rivière was part of the founding group of the Asociación Psicoanalítica Argentina (Argentinean Psychoanalytic Association). Born in Geneva, Switzerland, in 1907, Pichon-Rivière emigrated with his family at the age of three to Argentina, where he led an extraordinary unusual, “Romanesque” life in the northern part of the



country, in contact with indigenous and local cultures. His keen interest in human behavior, especially its social dimension, was lifelong. From an early age, he was attracted to the frontiers of knowledge. His writing was not abundant, but his verbal presentations and the work of those who elaborated his ideas have had a great influence in Latin America.<sup>4</sup>

From his years as a young doctor in a psychiatric hospital to the end of his life in 1976, Pichon-Rivière was interested in developing group activities that promoted more creative and healthier social adaptation. As a psychoanalyst, he soon gravitated toward the British theory of object relationships, favoring the dissemination of the Kleinian theory that was, as mentioned earlier, the prevailing influence in the Río de la Plata between 1950 and 1970. But his curiosity led to his interest in multiple areas, both within and outside psychoanalysis: for example, the work of Fairbairn, Bion, Lagache, Lewin, Mead, and Sullivan, among others. His thinking was characterized by transformations of these influences into original formulations, which were always open to changes and new developments. Here we will focus on Pichon-Rivière's ideas about the relational aspects of psychic life and his way of seeing psychopathology and psychic change, as well as the ways in which these ideas reappear in the work of some of his analysands and collaborators, who wrote about the analytic situation (the Barangers) and about metapsychology and other theoretical and clinical topics (Bleger).

The concept of *vínculo* was introduced by Pichon-Rivière and plays a central role in his work. It goes beyond the Kleinian notion of object relationships. In M. Klein's theory, object relationships are of an essentially intrapsychic nature; her theory of object relations is related to the concept of unconscious fantasy and the mechanisms of projective and introjective identification. For Pichon-Rivière, this way of seeing things is excessively atomistic and does not take into account the structural aspects of *vínculo*.

<sup>4</sup> Pichon-Rivière's book *Teoría del vínculo* (1998) came out of an Argentinean Psychoanalytic Association course that the author taught in 1956–1957, in which Fernando Taragano took notes that were published after Pichon-Rivière's death. Probably, some of these ideas had been put forward in previous conferences or seminars but were not recorded. *El Proceso Grupal* (1988) contains work written by Pichon-Rivière at different times. For more information about Pichon-Rivière's writing, see López Ocón (2008).

The analytic investigation of that internal world led me to broaden the concept of “object relationship,” formulating the notion of *vínculo*, which I define as a complex structure that includes an individual, an object, and their mutual interrelation with processes of communication and learning.<sup>5</sup> [1988, p. 10]

As we can see, *structure*, or *communication and learning*, involves more than an individual inner fantasy, as in object relations theory: it entails a complex process, both internal and external, that implies transformations and change at multiple levels. Pichon-Rivière adds, “In every *vínculo* structure—and with the term *structure* we are already indicating the interdependency of elements—the subject and the object interact, giving feedback to each other” (1988, p. 10).

For Pichon-Rivière, what is essential in *vínculo* is not the sum of its effects on each of the participants, but the global phenomenon involved, which has the characteristics of a new Gestalt: “Every *vínculo*, as a mechanism of interaction, must be defined as a Gestalt, which is two bodies but three persons<sup>6</sup> (Gestalt as *Gestaltung*, introducing the temporal dimension into it)” (1988, pp. 14-15). Pichon-Rivière probably had access to Gestalt theory through his study of the work of Kurt Lewin and the French theoreticians Maurice Merleau-Ponty and Daniel Lagache. The latter author, a French analyst who developed an integrative view of behavior, combined elements from psychoanalysis with others from learning theory and phenomenology.

*Vínculo* is manifested not only in the object relationships that shape unconscious fantasy, but also in the different areas of behavior: mind, body, and the external world. These three areas are equally substantive; there is no such thing as ontological “mental” phenomena that are expressed in the body or in the external world.<sup>7</sup> *Vínculo* is, therefore, a wider concept that gives rise to its own theory: “The notion of *vínculo* is more concrete than that of the object relationship. The object rela-

<sup>5</sup> All translations of Spanish texts are by Ricardo Bernardi and Beatriz de León de Bernardi unless an English translation is included in the reference list.

<sup>6</sup> This implies that both social aspects and the third are always present in the relationship between two individuals.

<sup>7</sup> The epistemological relationship among these three levels was a consistent feature of Bleger’s writing (see Klimovsky 1973).

tionship is the internal structure of *vínculo*" (Pichon-Rivière 1998, p. 35). *More concrete* means, in our opinion, closer to the experiential level; *vínculos* are characterized by patterns that tend to automatically repeat themselves in internal and external relationships, and Pichon-Rivière is especially interested in both these kinds of relationships.

In further elaborating, he speaks of an "ecological internalization" (1988, p. 10) that sees the other not in an abstract or isolated way, but with the inanimate objects, the habitat, and the circumstances that surround experience and nourish the construction of the bodily scheme. (Here we again find the Gestalt-*Gestaltungen* notion that gives rise to a situational perspective on human behavior.)

The origin of mental pathology must not be separately sought in the internal or external world, but in their dialectical interrelation, which is a constituent and essential aspect of the theory of *vínculo*: "My entire theory of health and mental illness is centered in the study of *vínculo* as structure" (Pichon-Rivière 1988, p. 15). The essential task of psychic life is the "active adaptation to reality" or the "learning of reality" (1988, p. 15), which constitutes a dialectical movement. A dialectical process includes opposing terms, each of which needs the other at the same time that it denies it, thereby triggering movement toward new configurations. These new configurations always have a provisory nature, given that they inspire new contrapositions that set in motion new searches for integration and change. The concepts of *internal* and *external*, and those of *conscious* and *unconscious*, are opposing terms that should not be isolated one from the other; they form part of a spiral movement, a movement of a dialectical nature that combines repetition and change and that advances through the tensions and contrapositions generated among different aspects of life.

Pichon-Rivière takes up the Freudian concept of conflict, but he highlights that what is specifically pathogenic is not the conflict itself, but the paralyzation or stagnation that occurs when relationships between aspects of the conflict become the object of dilemmas, instead of being dynamically confronted. For him, therefore, psychopathology emerges from the de-dialectization of the terms of the conflict, which prevents the emergence of new adaptations. Pichon-Rivière writes:

The intrasubjective relationships or internalized *vínculo* structures, articulated in an internal world, condition the characteristics of reality learning. This learning will be favored or hindered, depending on whether the confrontation between the intersubjective and the intrasubjective fields is dialectical or dilemmatic. This means that the process of interaction functions either as an open circuit, one of spiral trajectory, or as a closed circuit degraded by stereotypy. [1988, p. 11]

Starting from this understanding of behavior as wholeness in dialectical evolution, Pichon-Rivière considers illness “a failed attempt to adapt to the environment” (1988, p. 9)—one that ends in vicious circles and stereotyped behaviors, instead of allowing the “leap and transformation of one emergent<sup>8</sup> into another through successive passages from a closed circle to an open one” (1998, p. 86).

The task of psychoanalysis is to invigorate the emergence of new structures that allow a better interaction with reality:

Structures, the emergents, are continuously organized. They are what exists of each moment, which we face with a new interpretation. That means that the new situation of two, who are permanently working to modify a specific structure, configures an alive and permanent process in the action of a dialectical spiral. [1998, p. 94]

For Pichon-Rivière, the essential aspect of an analysis is its being a situation of permanent interaction, whether the analyst talks or not; furthermore, even when the patient leaves the session, the internal dialogue with the analyst continues, so that the analysis and the self-analysis “are two processes that permanently alternate and that can coexist at the moment of the analytic session” (1998, p. 94). Neurosis leads to stereotypes and closed circles, and so the analytic process must facilitate the emergence of new, open “Gestalts” (a *Gestaltung* process) that can be observed through leaps from one emergent to another. The emergents might be considered the figure in a figure-ground set.

<sup>8</sup> *Emergent* is a keyword in Pichon-Rivière’s theory, meaning that which in the process comes up as a new production, originating in the disclosure and activation in a new context of something that was latent and not operative.

In subsequent years, Bleger, too, will pay attention to the background that remains motionless in the setting, sustaining the most primitive and symbiotic aspects of the personality. Primitive anxieties tend to resist and immobilize changes and to paralyze the process of dialectical spiral that allows transformations. The child, through initial interactions with the family, gradually constructs—in interaction with his own fantasy—an *internal chronicle of reality* or *intrasubjective scenery* where the meaningful figures of his history live, creating what Pichon-Rivière calls an *internal group*. Pichon-Rivière states, “All unconscious mental life, by which I mean the domain of the unconscious fantasy, must be considered as the interaction between internal objects (internal group) in permanent dialectical interrelation with the objects of the external world” (1988, p. 42).<sup>9</sup>

Pichon-Rivière’s perspective is illuminating for the psychoanalytic understanding of a term that has recently acquired new relevance from the fields of neuroscience and developmental studies: the concept of *we*. Emde (2009), recapitulating the work of several authors, stresses the existence of innate brain processes that support social reciprocity and the development of a notion of *we-ness* (he suggestively entitles his work “From Ego to We-Go”). Pichon-Rivière and Bleger would add that from an undifferentiated or symbiotic ego a more “discriminated” ego occurs. When the individual must face new social circumstances (for example, when he undergoes changes that imply the emergence of a new *we*), there is a reaction from his internal group, the one that represents the internalized family of origin and its successive transformations. Relationships with external groups set in motion the internal group, linked to our own history, which determines the individual’s reactions. That in turn generates new situations that we must subjectively own through a new negotiation with our internal group.

The relation between internal and external world, between the intra- and the intersubjective, is better understood if we take into account not only the relationship between the one who projects and what is projected, but also the effects on the person who receives the projec-

<sup>9</sup> The notion of *internal group* was further developed in Río de la Plata psychoanalysis by Arbiser (2001), among others.

tion. Pichon-Rivière distinguishes the categories of *depositor*, *depository*, and *what is deposited*. Projective identification places the inner contents of a person (the depositor) into another (the depository), impoverishing the depositor and also having a potential impact on the depository. This modifies the relationship between depositor and depository.

We can return to Bleger's patient described earlier (Bleger [1967] 1978) in order to illustrate these interactions. María Cristina consults Bleger regarding her difficulties in feeling independent, and comes to her first consultation accompanied by her mother. Bleger inquires about her family and observes that its depositories assume and act the roles that are projected into them. Bleger ([1967] 1978, p. 36), following Pichon-Rivière, notes that, in general terms, when facing the *deposition*, the *depository* can respond in three ways:

1. By not being affected by the deposited, or by not even perceiving it (the projection does not modify the external object);
2. By assuming the role promoted or induced by the deposited (there is a role promotion); or
3. By acting as delegate of the deposited, if this coincides with a previous role or behavior of the depository. (The external object is a delegate: this is in contrast to the second way of reacting, in which the influence of the depository is the main factor in the creation of the role.)

Symbiosis is at its maximum when the projections intersect and each one acts according to a complementary role with the other. Bleger adds that these phenomena are the index of a *symbolic deficit* in communication. For example, during his sessions with María Cristina, Bleger finds a repetition of the same phenomena: she speaks in a fluid, even evasive way, but as we noted at the beginning of this paper, it is as though everything she says remains in the analyst's hands and its meaning no longer concerns her. When interpretations are aimed at the patient's reintroduction of what she says, she defends herself by not listening to the analyst any more, or by feeling the anxiety of annihilation in the face of the risk of massive reintroduction.

Bleger notes that the exchange of words in the session constitutes more than merely talking because María Cristina's words are

. . . a way of acting, of doing something with me and with herself: an attempt to fill me with things that she can't retain in herself and a control of me for me to act as she needs me to, but at the same time avoiding introjection. I am the depository of her objects. [(1967) 1978, p. 27]

He states:

We can say that she [María Cristina] came to the analysis but that, partially, she was sent or brought [by her family], and that she also brought her relatives to the treatment. While she continues in the interior of her mother, she can use her [mother's] contents (father and brother) as if they were her own. [p. 24]

We believe that this example shows the way in which the relationship of the intrasubjective to the intersubjective can be analyzed from this perspective.

Articulating the internal definition of the self in relation to others is a major task for each individual and a source of possible disturbances in personality functioning. Luyten and Blatt (2011) stated that the presence of a polarity between *anacletic* dimensions of "relatedness" and *introjective* dimensions of self definition is important in enabling to understand the psychopathology of various disorders. In fact, we find a similar idea in formal psychoanalytic diagnostic manuals such as the DSM-V (American Psychiatric Association, in preparation), which study the relation with the self and the relation with the other as the two essential dimensions that characterize personality functioning.

These ideas are in a certain way related to Pichon-Rivière's notion of internal and external relations. The achievement of integrated personality functioning requires having enough resources at one's disposal to make the internal group concordant, at the same time that the possibility of creative adaptation to external groups and the social environment is kept open. Both Pichon-Rivière, and Blatt and Luyten, support the idea that the individual's mental health plays a significant role in the

dynamically creative balance between these two fronts, each of which makes demands that may produce situations of tension or dysfunction.

Pichon-Rivière developed the technique of *operative groups* as an instrument for individual and social change. We must remember that the *vínculo* concept implies communication and learning among individuals and groups. The aim of these groups is the mobilization of individual and group stereotypes that hinder change, and efforts to achieve this aim are made through group processes of explanation, communication, learning, and accomplishment of tasks. When successful, these processes end in a new *conceptual*, *referential*, and *operative* scheme (the acronym in Spanish is ECRO; see Pichon-Rivière 1988, p. 120). The modification of this scheme—which includes both explicit and implicit aspects, as well as cognitive, affective, and pragmatic ones—is one of the aims of the operative group. Although it is not a therapeutic group, it has health-promoting effects; it also helps overcome potentially pathogenic stereotypes.

Pichon-Rivière created a school of social psychology; with its students, he carried out social interventions. For example, he organized operative groups open to everyone who wanted to learn—through a group experience—new ways of better understanding and changing the stereotypes that typically guided their work and life problems, restricting their freedom to change. These experiences strengthened Pichon-Rivière's interest in social psychology as a discipline that offered different benefits than classical treatments on the couch.

In Pichon-Rivière's thinking, the notion of *vínculo's* structure gradually took the place held by the drive in traditional Freudian metapsychology. *Vínculo* can be seen as *protolearning* that transmits the first social experiences constituent of the individual, thereby putting an end to primary narcissism. This line of thought led Pichon-Rivière toward a "definition of psychology, in a strict sense, as social psychology" (1988, p. 11), and allowed him to propose a "converging epistemology" with other social sciences that deal with "man-in-situation."

Since some of these ideas were rejected by many of his colleagues, Pichon-Rivière felt the need to break with the orthodox psychoanalytic thought prevailing at that moment. This break, which involved both personal and institutional aspects, was experienced by Pichon-Rivière as a deep crisis, which he confessed took him years to overcome. But



he maintained his membership in the Argentinean Psychoanalytic Association, which he had helped found, and there was no reduction in his creative activity or the dissemination of his ideas, either within psychoanalytic groups (as we will see in reference to the Barangers' work and Bleger's) or outside them.

The notion of *vínculo* has continued to hold an important place in psychoanalysis in the Río de la Plata. However, certain conceptual changes that have occurred over time deserve to be mentioned. For example, Pichon-Rivière's ideas can be usefully compared with those of more current authors, especially Berenstein (2004, 2012), and Berenstein and Puget (1997). While for Pichon-Rivière the central aspect of *vínculo* lies in the interrelation between intra- and intersubjective, Berenstein puts the accent on what is specific and distinctive in each of these realms. The essential and determining aspect of an interpersonal relationship—for example, in the formation of a new couple—is not so much the transference repetition of models from the past of each of the persons involved, but more the way in which they face the new aspects that emerge from the radical difference between them. *Vínculo* supposes a relationship between two individuals whose alterity is irreducible. The novelty of *vínculo* emerges precisely from the differences that are not assimilated in transference repetition. Because of this, Berenstein suggests the term *interference* to describe this phenomenon—with which he emphasizes that it has a different logic than transference because it is determined by the alien nature of the other, which generates uncertainty about change (in a nondeterministic way).

From Berenstein's (2004, 2012) perspective, the object relationship and *vínculo* should be clearly differentiated because it is inappropriate to refer to the link with an internal object as *vínculo*, since a *vínculo* can exist only with another subject that is not a part of me. Berenstein stresses what is radically new in the relationship, while Pichon-Rivière's notion of *emergent* emphasizes the advent of the new as the rupture of past stereotypes, which tend to reappear (this is why change is best characterized as a spiral).

We can discuss to what extent this aspect of otherness—which aims at what is heterogeneous and cannot be assimilated in the *vínculo* between two individuals—can be included as part of the dialectical interrelation

described by Pichon-Rivière. Moguillansky (2003) thinks that *vínculo* must be considered an alternation between merger states and those in which alterity is the central feature.

In order to see this issue with more clarity, let us consider it from the perspective of narcissism. The *vínculo* dialectics suggested by Pichon-Rivière take into account aspects that, although initially appearing contradictory, can eventually yield to a process of integration. In this sense, aspects of the other may come to take part in my internal world and I can interact with them, assimilating them to a greater or lesser degree, which creates a *we*, an *internal group*. But this process—in which narcissism plays an important role—leaves aside those aspects of the other that are different and not possible to assimilate within me; therefore, I react by pretending that they did not exist in the other—that is, that the other is not so radically other.<sup>10</sup>

In our opinion, Berenstein rightly points out a dimension that is essential in human relationships and important in analysis. Patients have to recognize that their analyst—as well as other people—is a different other (also, analysts sometimes fail to recognize the patient's otherness). Alterity from this perspective is a radical condition. However, *we-ness* is also a fundamental dimension. What remains an open question is the kind of mediations that take place between these two fundamental dimensions. We can either consider otherness absolutely heterogeneous and radically impossible to integrate, or we can see Pichon-Rivière's dialectic as arising out of a different logic of inclusion/disjunction, one in which there is a place for diverse kinds of relations with the other: from alien to merger, as Moguillansky (2003) writes.<sup>11</sup> In the evolution of the

<sup>10</sup> Many contemporary analysts in the Río de la Plata region routinely evaluate whether a patient's problems should be addressed from an individual, couple, or family approach (considering these treatments in an alternative, successive, or simultaneous way). Berenstein's perspective was developed especially for couple and family approaches. Bleger, from the perspective of individual treatment, emphasized the interrelation of intrasubjective and intersubjective phenomena, while Berenstein underlined what appears to be different and new in the relationship with the other. Our position here is that the difference from the other was incorporated—though not equally stressed—in the original *vínculo* concept as put forward by Pichon-Rivière, in which differentiation (*discriminación*) with the other played an essential role.

<sup>11</sup> Pichon-Rivière's—and, more explicitly, Bleger's—point of view is in agreement with this idea. Bleger ([1967] 1978) stated that each individual, from the very beginning,

concept of *vínculo* in the Río de la Plata, these are current issues—open questions—that pose challenges both for theoretical reflection and for clinical investigation.

## MADELEINE AND WILLY BARANGER: THE ANALYTIC SITUATION AS DYNAMIC FIELD

*Vínculo* between analyst and patient has been carefully studied by Madeleine and Willy Baranger. They took some central ideas from Pichon-Rivière, but developed them in a very original way. We would like to highlight those ideas in reference to the analytic situation, ideas that were initially expounded in a work published in 1961–1962,<sup>12</sup> and that later became the object of new developments. Both Madeleine and Willy Baranger were born in France and were trained as psychoanalysts in Argentina, taking their places among the second generation of analysts in the Río de la Plata. Willy Baranger was Pichon-Rivière's patient and later collaborated with him in various ways.

The Barangers considered that analysis is something that happens *between two*, between analyst and patient—that is, in the *vínculo* between them. This idea is continuous not only with those of Pichon-Rivière, but also with other ideas that were developing at that time in the Río de la Plata; for example, this is the period of Racker's (1958) suggestion that analysis is the interplay between transference and countertransference.

The Barangers take another conceptual step when they propose the notion of a *dynamic field* as a shared creation between analyst and patient, which gives expression to what occurs between them at an unconscious level: "The basic phantasy of the session is not the mere understanding of the patient's phantasy by the analyst, but something that is constructed in a couple relationship" ([1961–1962] 2008, p. 806).

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has a relation to the other in an indiscriminate way, such as can be seen in mass phenomena. During analysis, this primitive aspect of the mind is "deposited" in the invariant aspects of the setting. The analytic interaction allows mute aspects of the setting to be transformed in dialectical conflict, permitting the patient to see the analyst as a person different from him-/herself (that is, to discriminate him-/herself from his/her analyst).

<sup>12</sup> This paper was initially published in Spanish during the period when the Barangers were in Montevideo (1954–1965), collaborating in the training of the Uruguayan group. It was recently translated and republished with accompanying discussion (Baranger and Baranger [1961–1962] 2008).

The concept of unconscious fantasy takes us back to Isaacs (1948), and the concept of field as a Gestalt to Kurt Lewin via Pichon-Rivière. A shared fantasy between analyst and patient is gradually formed through the interplay of processes of projective and introjective identification and counteridentifications. The two members of the dyad are therefore unavoidably connected, and they are complementary as long as they are involved in the same dynamic process (de León de Bernardi 2008).

The Barangers are not primarily interested in other issues underlined by Pichon-Rivière—the dialectic between internal and external world or between individual and group, for example. Instead, the Barangers emphasize the unconscious structure of *vínculo* in analysis, noting that it is affected by multiple splits that reveal distortions in primary relationships. Although the analytic relationship is “bi-personal at the level of ordinary perceptual description” (Baranger and Baranger [1961–1962] 2008, p. 798), the regressive situation of the analysis implies that multiple unconscious aspects of the patient’s primitive *vínculos* will be acted out in the analytic relationship. “The bi-personal therapeutic situation, therefore, with the basic organization of the field, disappears under the cover of tri- and multi-personal situations, of multiple splittings in perpetual motion” (p. 798).

The Barangers’ vision takes up Pichon-Rivière’s idea of an *internal group* belonging to the patient, and puts the emphasis on the impact that this group exerts in the unconscious interaction between patient and analyst. A perspective that focuses on *vínculo*’s unconscious structure differs from later approaches—such as Greenson and Wexler’s (1969)—that highlighted the impact of the real relationship with the analyst, distinguishing it from the transferential relationship. In the Barangers’ vision, influenced by the Kleinian notion of unconscious fantasy, the manifest and real aspects of the analyst’s personality and of the analytic relationship move from the foreground to the background in relation to unconscious latent meanings.

During analysis, the accent is placed on the transference-countertransference relationship, which—following Racker’s (1953) perspective—is seen as one unit of concordant or complementary phenomena. The manifest aspects of the field and of the analytic relationship presuppose a radical ambiguity that it is open to an exploration of its uncon-

scious determinants. In analytic communication, primary bodily *vínculos* are highlighted, what was also underlined by Álvarez de Toledo (1954) and Nieto (1970).

The Barangers ([1961–1962] 2008) share Pichon-Rivière's notion of *spiral process*. The patient's associations and the analyst's interpretations together configure a progressive movement. The emergence of anxiety allows the analyst to identify *points of urgency* in the session. Interpretation integrates the "here, now, and with me" with the "there and then," having a retrospective character as well as a prospective one. The analyst fulfills the role of *transactional object* between the real and the fantasized world; the word *transactional* underlines the conflictual nature of this process ([1961–1962] 2008, pp. 821–822).

Interpretations may awaken new anxieties and new defenses that are ready to halt the spiral process; but if they are detected, they trigger new advances. Conversely, if the analyst participates unconsciously in the patient's resistance, *bastions* are produced and may paralyze the process. The bastion gathers elements that are used as an unconscious refuge and that the analyst sometimes perceives through a feeling of inauthenticity produced in him by the patient's speech. The Barangers note that bastions are more difficult to resolve if analyst and patient become unconsciously involved in a way that leads them to silently adopt fixed complementary roles. Pichon-Rivière noted that the process then becomes nondialectical and, instead of a spiral, it is transformed into a repetitive circle, which is characteristic of situations of impasse.<sup>13</sup>

An example from Baranger, Baranger, and Mom ([1982] 1983) illustrates this type of situation:

*An analysand, veteran of a number of analytic treatments. Apparently, each session bears the fruit of some "discovery"; in reality, nothing is happening. The analyst is delighted by the subtlety of the analysand's descriptions of his internal states, enjoying his own Talmudism. Until he realizes that, while they are toying with their disquisitions, the analysand is monthly placing the analyst's fees at interest, speculating with his delay in paying. The analysis*

<sup>13</sup> A negative therapeutic reaction is also possible, or the analyst's feeling that the patient is the analyst's parasite. However, these points of view fail to take into account the sadomasochistic complicity of both members of the dyad.

of this bastion reveals a shared fantasy set-up: the analysand's old, surreptitious vengeance on his stingy father and the analyst's guilt-ridden compulsion to set himself up as the cheated father. [(1982) 1983, p. 2, *italics in original*]

Coming back to Bleger's clinical case, introduced at the beginning of this paper, we can note that María Cristina's *deposition* in the analyst facilitates the emergence of this kind of bastion, if the analyst is not aware of what is happening in the field.

Cassorla (2001) noted the similarity of the bastion—a *neo-formation* of the analytic field—to situations that, from the 1990s on, have been described in the analytic literature as *enactments*. Although this term is usually used for specific actions that may disrupt the normal process of analysis, Cassorla notes that, actually, the analytic process always implies ripples in the interaction between the internal world of the patient and that of the analyst.<sup>14</sup> Shared or reciprocal enactments are usually understood only after they happen and once they have become pathogenic. Not only do they disturb the analysis in an acute and sometimes violent way, but they also create an ongoing collusion that may end in impasse. When there are persistent bastions, according to the Barangers, the complementary roles of analyst and patient become fixed, and field mobility is lost. This makes it advisable for the analyst to take a *second look* at the process after the session, which may include, if necessary, aspects of self-analysis or re-analysis (Baranger, Baranger, and Mom [1982] 1983).

As noted earlier, for the Barangers, the analytic session is closer to an enactment or a drama staged between analyst and patient than to an exchange of words. In this they follow Álvarez de Toledo (1954), who highlighted that words spoken in the session have the trait of concrete actions. Here Álvarez de Toledo was advancing concepts about the pragmatic aspects of language that Austin, Urmson, and Sbisà (1975) and Searle (1970) would study many years later.

<sup>14</sup> Let us compare this with Loewald's (1975) statement that the psychoanalytic situation and process imply a new staging (*reenactment*)—a dramatization of aspects of the vital psychic history of the patient, created and staged in conjunction with, and directed by, the analyst.

In the regressive state produced in the session, words are experienced as “objects carrying gratifications and aggressions and, in general, innumerable phantasies” (Baranger and Baranger [1961–1962] 2008, p. 821). Words may produce changes in allowing a transformation and symbolization of the physical and emotional experience. The entire body participates in this exchange because words carry sounds, smells, temperatures, shapes, and feelings. For example, the way in which analyst and patient handle money within the analytic frame may enable us to infer a primary bodily exchange with its erotic and aggressive aspects.

Splits—a core concept of what has to be modified in the analysis—are also real actions expressed in the patterns of the relationship between patient and analyst. The concept that, within analysis, patterns of the primary relationship are repeated is close to Stern’s (1985) *schemas of being with*, which is also close to the *vínculo* notion; all these highlight attunement between analyst and patient. But the Barangers are mainly interested in patterns that imply splitting or conflicting aspects that are acted out in the analysis without awareness, and that must be the object of the analyst’s closest attention in a second look after the session—even if analyst and patient seem to have a good relationship.

In later years, the influence of Lacan and of structuralist thought caused Willy Baranger to revise some of his concepts and to place a caveat in some of his formulations. Lacan’s notion of the *divided subject*<sup>15</sup> led Willy Baranger to criticize the mirroring and defensive trait that lead to an excessive emphasis on bi-personal psychology: “It is not a question of two bodies or two persons, but of two divided subjects, whose division results from an initial triangulation. The correct term would therefore be ‘intersubjective field’” (1979, p. 30).

Willy Baranger was afraid that an excessive emphasis on interpretation of the transference-countertransference relationship could create the illusion that everything existed inside this relationship, leading to the ignoring of such factors as analytic asymmetry, aspects of the pa-

<sup>15</sup> For Lacan, the Unconscious is the radical Other. This perspective stresses the heterogeneity of the Unconscious, while the point of view of the authors discussed here emphasizes, as Freud did, the communication (*Verkehr*)—or, more exactly, the dialectic—between conscious and unconscious systems.

tient's history, and the evasive and odd characteristics of manifestations of the unconscious.<sup>16</sup> He (W. Baranger 1979, 1980a, 1980b) and Madeleine Baranger (1993) were concerned that an exaggeration of the importance of transference interpretation in the here and now, and an overvaluing of the countertransference dimension, could lead the analyst to formulate arbitrary interpretations, with the illusion of too-easy access to the patient's unconscious conflicts.

However, the Barangers do not wish to be guided by speculative concepts, but rather by clinical experience. Willy Baranger (1972), for example, does not believe that Lacan's *signifier*, or the concept of representation, may make the notion of relationships with internal objects and their dramatic meanings disappear. Without them, some processes—for example, those of mourning—become incomprehensible. Willy Baranger (1972), as much as Madeleine Baranger (1993), believes that the Lacanian concept of splitting as structural division of the subject must not make us forget that one essential task of analysis must be to reduce splitting in the patient, modifying his internal objects and accomplishing more integration of the self.

## JOSÉ BLEGER: A DRAMATIC, SITUATIONAL, AND DIALECTICAL PERSPECTIVE

José Bleger's writings developed essential aspects of the *vínculo* and dialectical spiral notions. He addressed the question of how a person with discriminated relationships with others develops from an initially symbiotic and undifferentiated matrix, a subject that is the core of many of his contributions. At a more epistemological level, he was concerned about psychoanalytic metapsychology and its adequacy as a foundation for psychoanalytic practice. Unfortunately, Bleger died in 1972 when he

<sup>16</sup> From a different perspective, Ahumada (1999) also noted the risks of putting the accent on the shared character of the fantasy of the field and the radical ambiguity of the transference-countertransference, *as-if* relationship. The emphasis on shared phenomena may tend to accentuate the symmetrical and symbiotic aspects of the relationship, to the neglect of the analysand's psychic reality. In our opinion, these criticisms seem justified when a bastion occurs, but not when analysis is progressing adequately. The *vínculo* notion does not necessarily imply symmetry of roles or an unawareness of the existence of third parties.



was only forty-nine years old and still actively exploring new fields. Like Willy and Madeleine Baranger, he belongs to the second generation of Argentinean psychoanalysts; he, too, was a patient of Pichon-Rivière's, with whom he worked in various activities.

We will refer here primarily to an article by Bleger published in 1969,<sup>17</sup> in which he discusses the theoretical frame required for the perspective that we are considering. Bleger states that classical metapsychology does not adequately reflect what happens in analytic practice. Based on the implicit theories that underpin analytic practice, Bleger suggests replacing the historical-genetic, dynamic, and formal-logical points of view of classical metapsychology with a threefold perspective: (a) situational, (b) dramatic, and (c) dialectical. We would like to comment on the relation of this proposal to *vínculo* and the spiral process.

In fact, the prevailing Kleinian theory in the Río de la Plata in the 1960s already made use of metapsychological points of view that were different from the Freudian one. But these differences were never intended to be made explicit, not even during the period of the Freud-Klein Controversies (King and Steiner 1992). At that moment, the Kleinian group was more interested in stressing their commonalities with traditional psychoanalytic thought than their differences with it, due to fears of fragmentation sparked by the existence of different approaches. The points of view that Bleger proposes are closer to Kleinian ones<sup>18</sup> than to traditional Freudian ones; in fact, his dramatic point of view is similar to Klein's in several aspects. However, Bleger, like Pichon-Rivière, gives greater value to the dialectic that takes place between the internal and the external world, which is central to the *vínculo* concept. The transition from the notion of object relationship to that of *vínculo* results in

<sup>17</sup> This paper has been translated into English and is now in press in the *International Journal of Psychoanalysis*.

<sup>18</sup> In showing that Kleinian metapsychology uses frames of reference different from those of classical metapsychology, Tabak de Bianchedi et al. (1983, 1984) pointed out that key factors in the Kleinian viewpoint are: (a) positional phenomena (in the organization and mobility of emotional configurations); (b) economic politics (regulation of exchanges in relations with objects); (c) spatial factors (based on the notions of internal world, projective identification, dissociation, etc.); and (d) dramatic elements (interactions with and among internal and external objects, according to a script with emotional meaning).

a broader perspective about the determining factors of psychic life and the dialectic of its transformation (Bernardi 2009).

Bleger (1969) considers that “the theory developed and made explicit does not always coincide in practice with the implicit theory” (p. 288). In psychoanalytic theories, it is possible to find “contradictions or differences not only among theories, but also incompatible aspects in the development of one same theory”; he is interested in “divergences between psychoanalytic theory and implicit theory<sup>19</sup> [reflected in practice], not completely formulated or assimilated—this last one—in the theoretical body of psychoanalysis” (p. 289).

For Bleger, there is a gap between metapsychology and clinical work, between Freudian discoveries and their theoretical formulations. His criticism, inspired by French philosopher George Politzer (1929, 1947), is directed not only at a rejection of the economic point of view (a perspective shared with, for example, Willy Baranger [1968]), but also toward questioning, in a more general way, the method of building metapsychological concepts. Such concepts may contradict the theory implied by the practice, a thesis already put forward (Bleger 1958) and one that the author now develops further.

At approximately the same time that Bleger was writing about these issues, George Klein (1969–1970, 1976), in the United States and from a different vantage point, also recommended an emphasis on the clinical theory of psychoanalysis, reducing the role of the metapsychological superstructure, whose abstractions did not, in his opinion, reflect the richness of clinical experience. For G. Klein, what matters more is the clinical theory, which is based on phenomenological concepts that emerge from clinical observation and extraphenomenological inferences, taking

<sup>19</sup> Years later, in 1983, Sandler remarked on the importance of implicit theories. He distinguished between what he called the official or public theories on one hand, and implicit or private theories on the other—the latter operating at a preconscious-conscious level. The importance and potential richness of implicit theories have since been highlighted by others (e.g., Canestri 2006). In our opinion, these implicit theories coincide with the referential and operative aspects that form the *Conceptual, Referential, and Operative Scheme* described by Pichon-Rivière, a notion later shared by Bleger. But Bleger was not so interested in the study of “live” theorization and its different forms among different analysts; rather, his discussions focused on something more universal: the epistemological premises in which all analytic practice is based, premises that are not adequately reflected in the formulations of classical theory.

into account criteria such as function, purpose, and meaning, which attempt to give sense to the clinical experience. In G. Klein's opinion, classical metapsychological theory adds little and tends to render clinical concepts impersonal.

Although probably there was no direct influence between Bleger and G. Klein, they undoubtedly shared similar preoccupations. Bleger does not believe he must forgo theoretical terms of an impersonal or abstract nature; rather, he believes that these must be reformulated as auxiliary concepts, not as evidence of dramatic comprehension.

Bleger notes three contradictions between practice and traditional theory. The first is found between the historical-genetic aspects underlined by the theory and the situational characteristics of the analytic practice, which is not centered in the past but in the transference-countertransference relationship in the present of the session,<sup>20</sup> which represents the situational trait of human behavior.<sup>21</sup>

The situational trait is inseparable from the dramatic one because both tend to favor a language that in a direct way reflects the patient's concrete experience. On this Bleger agrees with Politzer's criticism of the formalism, abstraction, and reification (the consideration of abstractions as though they had a living existence) of psychoanalytic language. From Bleger's point of view, psychoanalysis was developed at the frontier of phenomenology and naturalism but, in order to keep the balance, it must never lose contact with clinical phenomenology.

In his clinical writing, in order to establish the prevailing psychopathological configurations that are the focus of analysis, Bleger ([1967] 1978) uses a situational focus as much as historical-genetic considerations. He takes up M. Klein's concept of position and uses it to describe these configurations, or *Gestalten*, because anxieties and defenses come

<sup>20</sup> Actually, the situational point of view should be contrasted with the *intrapsychic* and not with the *genetic-historical*. In fact, in his clinical writings, Bleger uses the genetic-historical point of view as complementary to the situational one, without noting contradictions between the two.

<sup>21</sup> Compare this with Stolorow and Atwood (1996), for example, when they state that the realm of psychoanalysis is really the experiences, happenings, and meanings that emerge in the intersubjective field created by the intersection of the subjectivities of patient and analyst. They believe that intrapsychic determinism must be replaced by an *intersubjective contextualism* that takes into account the historical, social, and relational contexts of human phenomena.

together in them: the self, relationships with the object, and unconscious fantasies. In his final works, he attempts to construct clinical indexes that allow an adequate evaluation of the neurotic and psychotic parts of the personality, utilizing concepts inspired by Bion (Bleger 1973; Itzigsohn 1973).

Bleger's dialectical perspective leads to the core of what we are discussing here. For Bleger as well as for Pichon-Rivière, the processes of analysis (and of life<sup>22</sup>) unfold as a dialectical spiral in which conscious and unconscious phenomena, and those of positivity and negativity, mutually influence each other. The situational and dramatic points of view cannot be understood within the categories of formal, logical thought, and instead require a perspective that gives a place to contradictions and change. Bleger (1969) writes:

The drama of the interpersonal relationship configured in the psychoanalytic field and in transference develops, and it is understood and conducted, . . . according to dialectical thought, while the theory develops following the laws of formal logic. From this derives, among other things, the theory's postulation of independent antinomic terms and a consideration of the psychological process as a struggle between formal opposites, retranslated into entities. [p. 293]

He adds that it is probable that:

A dialectically formulated theoretical development makes certain juxtapositions useless—for example, conscious phenomena on one side and unconscious on the other, or distinctions between primary and secondary process, or categorizations according to the topographical approach, dynamic approach, an economical one, etc. [p. 293]

The reformulation implied by this is not limited to the most abstract level of theory; rather, it is useful for the clinical understanding of psychopathological phenomena. For Bleger, alienation at a social level, as well as at a psychopathological one, "always carries one de-dialectization

<sup>22</sup> Bleger believed that dialectics could also help us understand social changes viewed within a Marxist conception of history. But he was always careful to distinguish among different areas of problems, avoiding simplistic or reductive explanations.

of the drama of the human being as a whole, including his interpersonal relationships" (p. 293). Without the dramatic and dialectical perspective, *vínculo* loses its originality.

### THE CONCEPTUAL FRAME OF MARÍA CRISTINA'S ANALYSIS (BLEGER [1967] 1978)

María Cristina's case permits us to see some of the characteristics of the notion of *vínculo* prevailing at the time of Bleger's description. Bleger starts from a clinically based phenomenological approach, describing the way in which the *vínculo* with his patient is established in the present of the session, which enables him to infer certain theoretical aspects. The analyst participates in the relationship, and at the same time directs his gaze from the outside in order to observe his participation and the established ways of interaction. This double perspective, or vision of the analyst as participant observer, is also described by Pichon-Rivière, as well as by Racker and by the Barangers—the latter of whom, as we saw, developed the idea of a *second look* on the process. The analytic *vínculo*, therefore, is of a subjective nature but, paradoxically, it is at the same time objective.

The beginning of María Cristina's treatment demonstrates this double aspect. Bleger subjectively experiences the impossibility of emotional contact with the patient: "She keeps me at a distance, she does not allow me to enter in her things, she keeps herself at a distance" ([1967] 1978, p. 27), and at the same time he takes into account the patient's attitudes in relation to himself and to her own family (let us remember that the patient goes to the consultation with her mother).

To understand these narcissistic aspects, Bleger again takes up ideas about transference autism that were present in Río de la Plata psychoanalysis at that time:

Autism opposes the establishment of a reciprocal relationship of a certain objective *vínculo* with the analyst . . . Liberman<sup>23</sup>

<sup>23</sup> Bleger is referring to a Liberman paper published in 1958 on transference autism, in which an analysand is described who relates only with his own projections onto the analyst and not with the analyst as an independent object. This contribution anticipates the later one about the role of otherness in *vínculo*. See the text that follows.

studied what he called *transferential autism* and that he defines as the manifestation of the narcissistic phase in the analytic situation. H. Racker also dealt with the subject from a technical point of view, in agreement with Liberman. [1978, p. 17]

As we noted earlier, authors of the time described different kinds of reciprocal relationships established between patient and analyst. At the beginning of María Cristina's analysis, it was impossible to establish reciprocal relationships—concordant ones, in Racker's (1953) sense—to facilitate the analytic work. On the contrary, complementary relationships prevailed.

To describe the dominant way of relating, Bleger proposes Pichon-Rivière's concepts of *depositor*, *depository*, and *what is deposited*, mentioned earlier. These relationships of reciprocal complementarity underlie the indiscriminate, symbiotic, and dependent *vínculos* established by the patient, not only with her analyst but also with her family members. If the analyst does not perceive these phenomena in the transferential *vínculo*, they may become a bastion of the analytic field.<sup>24</sup>

The influence of Kleinian ideas led analysts in the Río de la Plata to excessively emphasize a perspective centered in the patient's internal world. Many times this led to an exaggerated interpretation of the "here and now with me," while the surrounding reality and the weight of the external *vínculos* in the patient's life were ignored.

Bleger's perspective, on the contrary, is alert to the ways in which the internal experience distorts the *vínculos* elsewhere in the patient's life and provokes particular responses from those around him. Both Pichon-Rivière and Bleger emphasized that behavior occurs in the mind as well as in the body and in the external world. Bleger shows himself to be alert to the patient's gestures and movements, to the mental image of the body, and to bodily feelings transmitted by the patient.

In María Cristina, the mind-body integration processes produced in the analysis generate feelings of confusion and astonishment; the patient's experience was that: "I became calm, but a feeling as if my brain wasn't mine followed" ([1967] 1978, p. 30). To Bleger, the body oper-

<sup>24</sup> It is possible to see a relationship here with the ideas of Joseph (1985), who refers to the analyst's pressure that leads him to act out aspects of the patient's internal world.

ated as a buffer that received the impact of the reintroduction process carried out by the patient—that is, the reintroduction of aspects of her own that were deposited in the *vínculo* with her analyst and with those who surrounded her. When the analytic process occurs as a dialectical spiral, changes begin to appear in these different scenarios (mind, body, and external world), enabling an understanding of current *vínculos* in the light of past ones. What was first deposited only in the setting as the depositary of the more immature or psychotic part of his mind can then be worked through with the analyst in the transference-countertransference bond.

The external world participates in these changes. “Projection and reintroduction means an imperceptible but continuous ‘contamination’ of the real characteristics of the depositary and the real objects of the external world” (Bleger [1967] 1978, p. 33). Internal modifications and reintroduction processes allow internal images and behavioral stereotypes to be rectified, generating astonishment and fear of change in María Cristina’s case, as she faced mobilization of the rigid defenses of autism and symbiosis. The relationship with the analyst modifies the vision of the past, which has effects in the drama of the patient’s internal world and current *vínculos*. “In the projection-reintroduction and reprojection and reintroduction, always, though gradually, new experiences are created and the internal image is modified” (p. 33), writes Bleger. For example, in regard to María Cristina’s view of her parents, who were always in discord:

She could see for the first time that they actually loved each other and that she had to rectify her image of her parents as always in discord; in addition, she was very surprised about her mother not demanding anything from her. [p. 33]

## FURTHER DISCUSSION AND CONCLUSIONS

In psychoanalysis, certain notions—such as *conscious/unconscious*, *intra-/intersubjective*, *self/other*, *individual/group*, *mind/body*, and *internal/external world*—are often stressed in unilateral ways by various traditions, causing them to be presented as dichotomies. This makes it difficult to take their mutual interrelations into account in examining them.

We might say that Pichon-Rivière's concept of *vínculo* is located at the frontier between the internal and the external world. It belongs to both of them, and it attempts to put together polarities through the concept of dialectical spiral, considering that these opposing tensions are part of the studied phenomena and are essential in their transformation. The dialectical spiral in an analytic process or in an operative group advances from the explicit to the implicit and from splitting to integration. In a more general way, this spiral process moves from fixed stereotypes toward the search for new, broader configurations—which, although always provisory and incomplete, are part of the progress of the analysis and of life as well. It is not enough to say that *vínculo* is both internal and external; it must be stressed that it exists in the border area in which inner world and external reality complement and contradict each other, generating new advances when adequately processed.

This approach, undoubtedly innovative when first formulated, has aspects that continue to merit reexamination and reevaluation in the light of new developments in psychoanalysis. In the preceding sections, we have noted some of the strengths of this approach as well as some of its problems, and also some of the surrounding discussions. We will now highlight the main areas where we believe this perspective has much to contribute.

1. From the point of view of the theory of *vínculo*, Pichon-Rivière postulates the importance of both real and fantasized relationships from the beginning of life. In fact, development and maturation throughout the life span are characterized by the ability to establish discriminations (self/not self, self/different others, etc.), a significant progression from the initial state of indiscrimination. The term *discrimination* is a key word in Pichon-Rivière's theory, marking the capacity to adequately differentiate within *vínculos* various aspects of the relationship of self with others. Discrimination is different from what occurs in pathological splitting, and it allows a spiral advance to take place. As mentioned, Bleger highlighted autism and symbiosis as a dialectical pair in action from the beginning.<sup>25</sup> We have also noted that cur-

<sup>25</sup> In the writing of that time, it is common to find a tendency to name phenomena according to their most pathological manifestations, a tendency we also find in Kleinian



rent authors, such as Berenstein, reformulated the theory of *vínculo*, giving a more prominent place to acknowledgment of otherness and of the new attributes brought by the alien aspects of the other. From our perspective, this radical alterity is not in opposition with Pichon-Rivière's perspective, but rather stresses one of the ends of the discriminatory spectrum.

2. Regarding psychopathology, the theory of *vínculo* does not emphasize the intra- or intersubjective, or the individual or environmental, as separate aspects, but rather the complex interrelation between these. In the foregoing sections, we indicated some points of contact between this perspective and research described by Luyten and Blatt (2011), who show that relatedness and self-definition are two fundamental dimensions of psychopathology. As previously noted, they also highlight the important role of these two dimensions, self and other, as explicated in formal psychoanalytic diagnostic systems, such as OPD-2 (Cierpka 2008), PDM (Alliance of Psychoanalytic Organizations 2006), and DSM-V (American Psychiatric Association, in preparation). The theory of *vínculo* thus offers a useful conceptual perspective in the study of psychopathological phenomena.
3. In the therapeutic realm, Pichon-Rivière's ideas, including his notion of operative groups, highlight the continuity between therapeutic developments and those accomplished in learning from interpersonal experiences. This approach may have contributed to difficulties he experienced with colleagues because the dominant trend at the time was to adopt a narrower view of the specificity of psychoanalysis. The latter approach, however, failed to incorporate an understanding of the role played by factors stemming from different experiences in the patient's life—his state of health and illness, for example—nor did it consider the question of which therapeutic approach works best for whom.
4. The Barangers' concept views the analytic session as constructed between patient and analyst. They emphasized the

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writing at that time. This sometimes led to pathological phenomena and normal phenomena being written about analogously, without sufficient perception of their differences.

unconscious dimension of the analytic *vínculo*, while the notion of the dialectical spiral offers a dynamic perspective about the *vínculo*'s evolution during the analytic process.

In our opinion, the potential of these authors' concepts has not yet been fully realized. Many aspects of their theorizations will benefit from further development, allowing them to move beyond the level of general statements and demonstrate their usefulness as clinical tools that can help us cope with the challenges of psychoanalytic work.

The Kleinian notions of the internal world and of object relationships address the problem of explaining how the social aspect assumes its place in an internal world ruled by movements that originate in the individual. These notions begin by conceptualizing an isolated individual and his fantasies; it is then necessary to explain how he relates with other real human beings. By contrast, from Pichon-Rivière's perspective, the *vínculo* exists from the beginning. Up until what point does this approach preserve the specificity of psychoanalytic concepts? What are the limits of the comprehensive dialectical movement that it proposes? Where does it stop being applicable, and when is it necessary to deal with heterogeneous phenomena that do not correspond to integration (i.e., otherness)?

With their elaboration of field theory, the Barangers demonstrated that the *vínculo* perspective and the notion of the dialectical spiral can indeed contribute to an understanding of specifically psychoanalytic phenomena. Their vision of the analytic field as a space where phenomena are developed *between two* does not contradict an acknowledgment of what is specific to the internal world and the fantasies of each participant in the analytic pair, and allows both to acquire the situational, dramatic, and dialectical characteristics described by Bleger.

Questioning the scope and limits of the integrative dialectical process presents another set of challenges. In the Río de la Plata, from the 1970s onward, structuralism has been influential and, in consequence, the emphasis on heterogeneity among phenomena has been greater.<sup>26</sup>

<sup>26</sup> As Szpilka (1976) says, there was a transition away from "a positive, continuing, evolutionist, and empiricist epistemology" (p. 1) that had prevailed until the 1970s, and toward "a negative, discontinuous epistemology" (p. 2). This trend contributed to the rel-

Berenstein, an author whose ideas are close to those of structuralism, urges us to ask ourselves to what extent it is possible to include the alterity of the other in a dialectical interaction. This question matters not only to the theoretical aspects of the problem, but also to the pragmatic ones—that is, the enrichment that one or another particular approach may bring to individual, couple, family, or group treatments. Keeping in mind Pichon-Rivière's (1988) ECRO concept referred to earlier, we can say that this line of investigation must include an examination of the conceptual aspects of the problem, as well as referential and operative ones.

We believe that we will have more complete answers to some of the questions raised here when a true dialogue takes place among different psychoanalytic cultures and approaches. The concepts offered by the first generation of analysts in the Río de la Plata have not been sufficiently discussed, not even in this region, and these early developments have not been adequately explored in light of new tendencies that later prevailed locally. Furthermore, these concepts had only minimal diffusion abroad. In this situation, the lack of dialectics—to adopt the term here in the sense of *polemos*, or controversy—has been an obstacle to advancement. Fortunately, it is still possible to remedy this situation.

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## VÍNCULO AS A RELATIONSHIP BETWEEN OTHERS

BY ISIDORO BERENSTEIN

### CLINICAL VIGNETTE

Before discussing how I conceptualize *vínculo*, I would like to present a clinical case. The patients are a relatively young couple. Yet if I do not mention their ages, how will you figure out that they are relatively young? Do their ages matter? Does age add specificity? Specificity emerges from what will be called the *situation*, and the patients' ages will be part of that situation, among other elements.

The members of this particular couple were between twenty and thirty years old. They were not married but had "gone out" for five years, and had separated after returning from vacation. We will find out later what triggered their breakup. (Why later? Should I talk about it now?) When returning from this vacation, the day before they arrived in their hometown, they stopped somewhere for the night. Sofia decided at that point that she wanted to find out whether they would ever get married and lead a life that she calls "normal," that is, getting married, having children, living together in the same house.

I do not recall exactly how Carlos answered, but he was ambiguous. His ambiguity created unease and led to a protracted fight, so they decided to separate. Three months later they reunited for reasons un-

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We regret to inform our readers that Dr. Isidoro Berenstein, a renowned Argentinean psychoanalyst who authored several books and numerous papers, passed away in July 2011.

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Translation by Becky Katz and Judith Filc.

known to me, and a torturous situation developed. They would have conversations that started at night, in bed, and might last all night long, until dawn, because Sofia “cannot finish a conversation if she doesn’t clarify what isn’t clear; she needs to clarify things and try to talk things through.” Carlos, on the other hand, can go on for a lifetime without making a decision, waiting for things to simply resolve themselves.

When our sessions began, the nighttime conversations stopped, which brought immediate but momentary relief. It is not easy to describe people’s conversational modes. During the sessions, Sofia was extremely clear about her own issues, which generally consisted of demands and reproaches. These had a focus. They revolved around when Carlos would decide to normalize their lives, namely, live in the same house with her, agree to have children, and be home at the time he had told Sofia to expect him. Carlos would say that one should let things develop. He had no reason to tell everything about himself. Some things concerned him only and did not need to be shared—especially if they did not concern Sofia, such as a purchase or an investment that he had made. He had no reason to talk about it, and if she had somehow found out, it was because she searched without telling him.

During the first session, Carlos moved his chair close to Sofia’s. He would touch her as if to try to caress her, so that she would stop talking and let him speak. I wondered several times why he touched her in this way, and I interpreted several meanings. Perhaps interpreting implied ceasing to do. Whether because of this or for a different reason, he stopped touching her.

I would like to mention here that I vacillated quite a bit between giving all this information first, and starting with a discussion of the particular session I had chosen to present.

### *Background*

The background generally works as an introduction to the individual patient, the couple, or the family. It allows us to think about the case in advance, and, as therapists, we think we already know something before coming into contact with the clinical material. For this reason, we tend to find what we are looking for, which fits into the general hypotheses we have developed based on this background, rather than what the



clinical material offers us, which tends to be new—provided that we do not overlay it with prior explanatory hypotheses.

Presenting the background in advance has the advantage of allowing us to abstract what we consider to be the actual “clinical material.” Whatever does not coincide with our hypotheses will not be interpreted, and will have to await its configuration as “material” within our therapeutic outlook. As a result of this way of working, clinical cases are frequently conditioned to prove the theoretical/explanatory line suggested by the paper. The background thus molds a “past” that determines (and frequently confirms) the “present” of the session, which we will more or less try to make concordant with the patient’s history. If, by contrast, the material of the session were to be presented without a background, we would have to guess what the *situation* is—the ages of the patients, their place in the kinship system, previous problems, and so on. We would thus stop listening to what is happening in the present of the situation.

### *The Session*

The couple arrives twenty-five minutes late, that is, twenty-five minutes after the agreed appointment time. They greet me: “How are you?” “How are you?” Almost at the same time that Sofia and I say, “How are you?” Carlos says to both of us, “I’m sorry I’m late,” and adds that his schedule is complicated. There is a long, slightly tense silence.

“And what do we do in a case like this? Do we wait until something comes up?” he asks. He looks at Sofia. “Do you think the problem has to do with me being late? Are you okay?”

I say, “Carlos apologized to both Sofia and me . . .” Carlos interrupts me. “Yes, yes,” he says. “I said it because you had been waiting since 7:00, and she had waited for me outside, by the front door.”

I continue, “Then Carlos asked, ‘How do we start, what do we do?’ as if there were two beginnings—that of Carlos arriving alone and having a hard time getting here, and that of Sofia waiting for him here. And also two other beginnings—that of the appointment time, when you were not together, and this one.”

Sofia speaks as if I had not said anything; and I probably did not if they neither heard me nor made room for me. She asks Carlos, “Did you think about what we discussed last time?”

Carlos: "I thought about it when you said it to me."

Sofia: "There are things that are hard for me, that I can't put up with. And I don't think I should actually put up with them. I think a dynamic has to develop that hasn't emerged so far. You yourself brought this up at the end of last session."

### *Principles*

**Technical:** As a therapist, I see Sofia and Carlos when they both show up. A single member of a couple is not a couple, cannot *present* the other one—there will be no effects of presence. The therapist is part of the session; he is not part of the *couple vínculo*. If I were to see Sofia because she arrived on time, there would not be an *other* of the couple, even if the partner existed. She could only *represent* the absent one, speak on behalf of the other, be his spokesperson, and it would be like an individual session where the patient talks about her cast of characters to the therapist who listens.

Is the case of an individual session, where we know that no one else is coming and the inhabitants of the story are characters created by the patient, different from a couple session where one person comes and the other does not? Assuming the therapist adopts this strategy, does he talk about the absent partner? We are dealing here with degrees of absence and presence.

**Theoretical:** A radical difference exists in the *between-two*. If one member of a couple arrives at the door of the building early and the other one arrives late, and both go up to the office late, that means that the couple arrived late to their appointment, the couple's appointment.

What type of entity is "the couple"? It is an aggregate in which the presence of one person is not added to that of the other; rather, they make up a Two, and one alone does not determine the relationship. Nonetheless, each person also has an individual determination. It is the aggregate that determines whether the Two remains together or separates. If separation occurs, however, it will give rise to individuals, not to a *vínculo*. The same two people configure two worlds, namely, that of individuality and that of *vínculos*.

*Returning to the Material of the Session*

Let us go back to my observation about the fact that Carlos talks to “a couple,” and that the latter has been shifted to Sofia and the analyst. Carlos *ex-centers* himself from the aggregate, excluding himself and trying to generate a pair that does not encompass him. Does he separate himself? Or perhaps it is not possible for the couple to indicate or establish a difference? Or the difference is perceived as detrimental to the couple? Radical difference—which is essential and constitutes the couple’s foundations—is imaginarily perceived as the condition that separates the partners. The fact of the Two is constitutive and, at the same time, is registered by the ego as a cause for separation. What happens is that the ego, and the narcissism included in its sphere, opposes belonging to the aggregate, and would thus act as an anti-couple agency.

There are expressions that correspond to an individual order linked to personal situations. Applicable to one person, these expressions do not concern the other except in that the latter must make room for them even though they do not belong to him. This does not mean making them her own, but creating a space of difference. What is made common carries with it a message of property and of not-common. What institutes the couple may also kill it.

Carlos explains his late arrival—traffic was awful. But he texted Sofia, so she should have remained calm. Sometimes it’s very hard to come. He apologized because I was here waiting and so was she, albeit downstairs.

CARLOS: My late arrival? There’s really no mystery here. At 6:30, I texted Sofia, saying, “I’m stuck again on the Southern Highway.” A 40-minute trip took me an hour and 40 minutes. The road was impossible.<sup>1</sup> Too complicated everywhere. But yes, the late arrival has to do with the fact that there are days when coming here is impossible but I don’t have a choice; I must be

<sup>1</sup> *Translator’s Note:* Carlos resorts to an unusual adjective, *intratable*, which is more commonly used to talk about people who are “impossible” or to refer to an illness—e.g., an “untreatable” illness (*tratar* means *to treat*) (J. F.).

able to get here, or else take the whole day to come, or see what I can do to be here.

My apologies were about that, nothing else. To Sofia, who was waiting for me, walking around, and to you, because you were waiting. I'm not trying to turn you into a couple. In fact, I don't know if you know this, but every time we leave here is one more day that we are together. We don't just come here, we have dinner afterward, and then each one goes their way. We're here to even up<sup>2</sup> the things we can't solve on our own, and to avoid doing what we always used to do. We're trying not to speak outside the session about the things that lead us to talk all day or all night, which makes us fight.

And outside we are constantly trying to lead a normal life, I think—aren't we?

SOFIA: For me, what we have is not a normal life. We're experiencing a crisis. The fact that you consider that coming here implies sleeping with me . . . or that it means one more day that we're together, is not normal. It's not the normality I'm looking for.

A discussion starts about the precise definition of "being together." The work of developing a language of difference begins. What does "being together" mean? For Carlos now it means coming to the session, leaving the session in a serene mood, and going out to eat and talk somewhere else. "Afterward"—even if *afterward* means that on the next day he goes to his place and Sofia to hers.

Yet something is disturbing Sofia. Being together leads to "sleeping together," and this seems tainted by a touch of prostitution, of deception. A motherly voice can be perceived, warning the daughter about the bad or perverse intentions of those boys/young men who deceive girls in order to go to bed and have sex with them, and then abandon them.

Building a "being together" is hard work. It means creating a product of being together in difference, and subsuming the "being together" of

<sup>2</sup> *Translator's Note:* Carlos uses the word *emparejar* in two instances with different meanings: first, when he says that he is not trying to turn the analyst and Sofia into a couple, and second, when he explains why they come to therapy—to "even up" things (J. F.).

each partner in order to build a single one that gives the previous ones a new shape—the best way of being together. In reality, this is a misnomer; it should not be “being together,” but rather “doing together.” Or, in more sophisticated terms, “becoming.”

Carlos continues to talk about not having met at the beginning of the session. “It was not achieved,” he says.

*Becoming was not achieved. It was only coming.*

I will now interrupt the presentation of the clinical material to explain how I characterize the *vínculo*.

## VÍNCULO

This is a very common word among us. It is used both in everyday conversations and in psychoanalytic writings. Pichon-Rivière (1956–1957) gave the term a more specific meaning, as did Bion (1962), and other Latin American psychoanalysts, myself among them, have resorted to it as well. Although we assume that we all mean the same thing, this is not always the case. *Vínculo*, as a *relationship* in general, refers to that which ties together, puts in contact, and in some way unites two or more entities internal or external to the subject. Hence we sometimes hear mention of internal *vínculo*, transference *vínculo*, couple *vínculo*, family *vínculo*, L, H, and K, or –L and –K *vínculos*, and so on.

In view of so many widespread uses and meanings of this term and of the tendency to identify all of them with the meaning of *connection*, and given the range of human and clinical experience, I think it is a good idea to give specificity to the connection between people. That is why I personally use *vínculo* in a limited sense, to describe the relationship *between* subjects. I do not use it in any other way. I would say that a *vínculo* generates a virtual space (with real consequences) of radical difference between people. We call this space the *in between*, and emotional events and effective actions unfold in it.

In psychoanalysis there are two different conceptions of this relationship—two theoretical frameworks that I identify as Model I and Model II.

*Model I*

This model is based upon an unconscious fantasy expressed through a metaphor (the baby) that entails a biological conception, that is, the idea of the couple as childbearing. In this model, the creative aspect and unique meaning of a couple is the production (gestation and birth) of a child and the child's early development. In turn, identification with the parents will make it possible for this child to become part of a couple. The baby could be real or symbolic. In this context, Britton's (1995) comment makes a great deal of sense: "The idea of a couple coming together to produce a child is central in our psychic life, whether we aspire to it, object to it, realize we are produced by it, deny it, relish it, or hate it" (p. xi).

A couple or family faces a need to resolve a problem that it thought would not arise. Its members must figure out how to be together while continuing to be their own being. Yet this being no longer bears continuity with the being they were before. It is rather a unique other precisely because couple or family members are together. In addition, they must make sure that being together is not perceived as a loss of possibilities or as an invasion of the person of the other.

Morgan (1995) describes this process as a conflict between intimacy and separateness, between enjoying the feeling of being together as a pair and, at the same time, preserving a secure sense of being one's own person. She points out that the persecutory feeling experienced when faced with the notion of the other's separateness exacerbates the paranoid-schizoid position described by Klein (1946, 1955). This feeling triggers a repertoire of defenses essentially based on projective identification as a mechanism to deny difference.

Morgan (2005) developed an excellent description of the point of view that is closest to Model I and that I call *unified*. She notes that early psychic developments are crucial precursors to the development of the ability to form a creative couple. Two of these developments are the Oedipus complex and its resolution, and adolescence. This author's description includes the achievement of the state of mind of a creative couple and the fact that a couple involves relating to an other. She talks about the creative couple as "a psychic object within the context of psy-

chic development as a whole" (p. 10). This perspective encompasses the innate preconception of *object* and, from there, that of *coupling* or *pairing*. The idea that there is an object is important for the mind of the baby, because it means that there is an idea of an *other* into which something can be evacuated or from which something can be taken.

The main elements of this model are the relationship with the object, the infantile past, identifications, the unconscious fantasy of producing a baby, repetition, and, as a technical element, the transference.

### *Model II*

This model is based on the notion of *vínculo* as an *exchange* between two or more. Its product is an expanded, modified, renewed subjectivity that makes it possible to negate the ego's (narcissistic) confinement in its identity and to establish this subjectivity as novelty. The couple has its own life as an aggregate, which is different from the sum of its parts. Its members carry in them the psychic developments of their own history and childhood as well as those produced within this aggregate, which is ceaselessly being constituted in each of the numerous "nows" they experience together. The present time gives rise to a past, a history, and a future in the form of a project that may not necessarily be realized but is a determining factor nonetheless.

### *The Concept of Exchange*

I would summarize by saying that there are two different notions of exchange. The first one derives from Marcel Mauss's (1990) concept of the gift, upon which Lévi-Strauss (1987) elaborated a great deal when he developed the *general principle of reciprocity*. This principle is the basis of the combinations that constitute the elementary structures of kinship. A condensed formulation of this view on exchange would be as follows: "I give to you, and it is this fact of receiving that turns you into a debtor and me into a creditor who is waiting for something in return. This something is not what I gave you and you needed, but rather what *I* need. This dynamic of giving and returning may continue to operate from one generation to the next."

The second conception of exchange was articulated by Esposito (2009) in his analysis of *community*, and is broadly based on the etymology of this word and on his idea that what is common to community members is what belongs to each of them. Here Esposito speaks of the *munus* as the quality of giving that expects from the other not something in return, but to be offered a space. This quality applies to each member.

Both conceptions of exchange have technical implications for treatments of couple and family *vínculos*. For example, we may work with our patient(s) on the fate of interpretations that did not have room, or for which patients did not make room in their *vínculo* or inside their minds. “To have room” and “to make room” are different positions. The first refers to a portion of space that is already established; the second alludes to the work of creating a space that was not previously there, or to the need to dislodge what used to be there so as to make room for something that belongs to the present.

## FURTHER DISCUSSION

I would like to add two comments to this view of a conflict between two. First, the notion of *vínculo* as Janine Puget and I developed it years ago (Berenstein and Puget 1997) led us to formulate the hypothesis that *vínculos* alter subjectivity—the way subjects *are* and *do*—in such a way that the identity with which they established the *vínculo* is modified. We call such construction the *subject of the vínculo*, and it represents the specificity provided by belonging to the relationship.

Second, the feeling of intolerance is generated by the irreducible specificity of the other subject, who is familiar but at the same time alien—a stranger in regard to the other. Foreignness refers to those aspects of the other that cannot be represented and therefore lead to an ongoing work of inscription and of making room in one’s mind. What is foreign, strange, new, radically different about the other emerges out of the construction of the *vínculo* itself, and would also be due to alien, noncomplementary characteristics of each subject, namely, his childhood disposition, her being a subject of the unconscious.<sup>3</sup> The alien comprises

<sup>3</sup> *Translator’s Note:* According to Lacan, “the subject is not simply equivalent to a conscious sense of agency, which is a mere illusion produced by the ego, but to the unconscious; Lacan’s ‘subject’ is the subject of the unconscious” (Evans 2003, p. 195) (J. F.).



those aspects of the other that are strange and unfamiliar, that belong to another country or group. The English language maximizes these meanings—*alien* refers both to a being from another planet (as in the movie with that title) and to those who live in the country but are not citizens. The mode of interaction that pertains to the *vínculo* is based on the work of differentiating oneself from the other member of the couple through the effects of presence, by bringing into play the *judgment of presence*.<sup>4</sup>

The mechanisms of *interference* of identity emerge when the members of the couple feel both the threat of being turned into one, and the effects of anxiety stemming from radical difference. Those of us who maintain that a *vínculo* is a relationship between two subjects founded on a radical difference distinguish between the model of individual psychic development and that of couple constitution. We believe that these two models are based on different psychic mechanisms that are neither exclusive nor complementary.

### *The Therapeutic Relationship*

From a technical point of view, the analytic session contains two modes of therapeutic relationship:

1. Transference, which in its different versions is based on a creation/updating/re-creation of norms or patterns. These patterns include some degree of repetition of a childhood stage, fixation, or arrest in emotional states typical of infantile development. Such states are re-created or relived with the help of the partner in the couple and/or the children, or during the session, with the therapist's cooperation and exploration; and
2. Interference, which is what is produced in the space *in between* as a result of there being two or more subjects whose presence generates something new and unknown. The un-

<sup>4</sup> The judgment of presence "joins the judgments of attribution and of existence postulated by Freud (1925), which helped him specify the organization and functions of the individual psychic apparatus. The judgment of presence is the product of the work of thought triggered by the acknowledgement of the difference between presence, which generates presentation, and absence, which generates representation. The principle of the fellow man (Freud 1895) is displaced to make way for the judgment of presence" (Puget 2010, p. 5).

known forces these subjects to do something with it, to inscribe it and to attempt to produce a *becoming* based on difference while dealing with the uncertainty about what they may be able to achieve. They must work on the basis of what is happening now, which is different from the original moment, for it develops from the life of the *vínculo* and is a tool to work with during the session.

What does interference interfere with? It interferes with otherness; it prevents any identity movement of either member of the couple, and makes itself present as the foreign aspects of the other. Interference is not about working through, as is the transference, but about making room for the other as a different subject. It is about the couple members' ability to produce something new and different, instead of *reproducing* what each carries from childhood and what he or she has brought to the couple. This, too, is a therapeutic tool.

Interference and transference are two worlds with different logics, which can be summarized as *presence* and *absence*, *production* and *repetition*, *presentation* and *representation*, and both must be analyzed.

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## DECONSTRUCTING *VÍNCULO*

BY GLEN O. GABBARD

**Keywords:** *Vínculo*, Latin America, ego psychology, object relations, internal objects, representation, relational analysis, transference.

In June 2004, during my tenure with Paul Williams as Joint Editor-in-Chief of the *International Journal of Psychoanalysis*, the journal sponsored a conference in Rio de Janeiro chaired by our editor for Latin America, Elias da Rocha Barros. This congress was dedicated to identifying the unique features of Latin American psychoanalysis in the service of improving crosscultural dialogue throughout the larger world of psychoanalytic clinicians and scholars. In subsequent issues of the journal, we published a series of papers stemming from the Rio event. Accompanying the first set of papers was an editorial written by Elias, Paul, and me to place the papers in context. In this editorial, we drew on the Latin American literary tradition (Barros, Gabbard, and Williams 2005). We noted that great writers of fiction, such as Jorge Luis Borges, steadfastly refused to accept an isolationist view of an “Argentinean tradition” of literature. Rather, Borges insisted on claiming the universal as opposed to the singular, specifically noting that the Argentinean literary style had always been influenced by Western literary traditions.

In keeping with this theme, we suggested that one of the identifying features of Latin American psychoanalytic thought is “the production of an original clinical and theoretical synthesis resulting from a well-developed Latin American capacity to assimilate new and foreign ideas” (2005, p. 611). In the context of a longstanding concern about

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distance and isolation, Latin American analysts have read and incorporated authors from France, England, Italy, and from the United States and Canada. In addition, they study contributions from Brazil, Chile, Uruguay, Peru, Argentina, Mexico, and other Latin American countries. Hence the Latin American identity emerges from a steady influx of ideas from other psychoanalytic cultures. We concluded that the invention of the Latin American tradition lies in its re-articulation of questions deriving from diverse psychoanalytic schools of thought originating elsewhere, but receiving an original “stamp” of Latin American thinking through the way ideas are incorporated and synthesized. This stamp may also include a more extensive integration of philosophical thinking than is common in North American psychoanalytic writing.

In this context, I am delighted to have the opportunity to explore the concept of *vínculo* as our distinguished Latin American colleagues have articulated it in these two contributions: “The Concepts of *Vínculo* and Dialectical Spiral: A Bridge Between Intra- and Intersubjectivity,” by Ricardo Bernardi and Beatriz de León de Bernardi, and “*Vínculo* as a Relationship Between Others,” by Isidoro Bernstein. I first heard the term *vínculo* when I was lecturing in Argentina years ago and was asked a question from the audience. I had presented some clinical material, and I was asked if I thought the notion of *vínculo* might be useful in conceptualizing what was happening with the patient I presented.

With some degree of embarrassment, I acknowledged to the colleague that I was not familiar with the term. He did his best to explain the meaning of this elusive construct. When he was finished, I stared blankly, as though waiting for further elaboration. My colleague had clearly completed his definition, but I had failed to grasp the essence of the concept. I asked for clarification, and my colleague did his best to respond to my confusion. At some point in the interchange, I recognized that we were perhaps dealing with a construct that did not lend itself to facile definitions. In any case, something was lost in translation, or perhaps in my capacity to comprehend the concept, and I remained in the dark.

In recent years, with the help of my Spanish-language tutor, I have tried to penetrate the mysteries of the term. A North American must navigate two challenges in grasping those mysteries—one that involves

language and the other that involves culture. In Spanish-speaking countries, the term can be used to describe commercial ties of one business to another. It can also mean a deep bond between two friends or simply family ties, with which we are all familiar. In its adjectival form, *víncular*, the term can refer to the nature of a treaty that binds two countries.

Within psychoanalysis, it has become clear that the term is used in different ways by different theoreticians and scholars. As the Bernardis (2012) point out, though the term is often translated as *link*, this English word fails to capture its precise meaning. Moreover, *vínculo* is an illustration of the distinctive stamp of Latin American thinking on a synthesis of ideas that come from diverse geographical sources.

The stamp was present from the birth of the concept in the writings of Pichon-Rivière (1988, 1998), one of a group of analysts in the Río de la Plata region who were steeped in the ideas of British thinkers such as Klein, Fairbairn, and Bion. These intrepid pioneers in the Río de la Plata were, from the beginning, a different breed from their North American counterparts. While analysts in the United States were deeply committed to a one-person psychology based on intrapsychic conflict and the structural model, this theoretical model was literally foreign to Latin American analysts. As the Bernardis point out, a two-person psychology (that might well be called relational today) was at the heart of early psychoanalytic thinking in Argentina.

While these pioneers were also influenced by Klein, they felt her emphasis was too heavily focused on the internalization of an object and the internal world in which that object resided. Like Fairbairn (1963), they stressed the internalization of a relationship—i.e., the infant does not merely internalize an object, but an object relationship that remains alive in an internal drama. But the Latin Americans wished to take it further, such that the internal drama had to be viewed as playing out in the external relationship with the analyst and with others. Hence the ideas of Bion (1962) and Racker (1953) came into play—namely, that there are reciprocal influences within the dyad and a dialectic between the internal and the external. With both Racker and Bion, the patient projects *into*, not *onto*—colonizing the analyst and inducing reactions in the analyst as he or she attempts to contain what has been projected. Later, the impact of Lacan, with his greater focus on the topographic

dimensions of the psychoanalytic process, moved many South American analysts farther from the structural model and the ego psychology of North Americans.

At the heart of *vínculo* is the relationship between one's internal world and structures in the external world in which one lives. Bernard (2006) stressed that *vínculo* can be regarded as the internal representation held by subjects of the groups that they form, whether they are a therapeutic group, a couple (not necessarily romantically involved), or a family. The term can even be expanded to one's internal representation of one's relationship to society.

However, in current usage, the term also specifies the dialectical interrelationship between these internal representations and the external world. The loss of that dialectical quality, leading to a collapse into stereotypy, represents psychopathology, according to Pichon-Rivière (1988). In this regard, there is a parallel with the North American analyst Ogden (1989), who emphasizes the dialectical structure of experience—consisting of the dynamic interplay of the autistic-contiguous, paranoid-schizoid, and depressive positions. Ogden, too, views psychopathology as the loss of the dialectic that naturally occurs among these three positions. He is also highly influenced by Bion's theory of thinking and would view a link between mother and infant as something forged early in life; i.e., it takes two minds to think one's most disturbing thoughts.

The Barangers' view of the analytic situation as a dynamic field, so well described by the Bernardis, heavily emphasizes psychoanalysis as a two-person endeavor. They emphasize the ongoing unconscious influence that each party has on the other. In this regard, they are at odds with the tradition of North American ego psychology, but certainly in synch with contemporary relational thinking. As Harris (2011) notes, the notion that

. . . the mind is interpersonal as well as individuated has been central to the relational project. It is this element, the intersubjective aspect of mind, and the two-ness even of one-ness that differentiates relational from at least some object-relational thinking. [p. 707]

Similarly, this perspective would have much in common with some of the analytic thinkers in North America who originally identified themselves as intersubjectivists. Stolorow (1988), for example, has long questioned the myth of the isolated mind.

The Bernardis point out that, for the Barangers, concepts such as attunement, a sense of therapeutic alliance, or a feeling of linkage may in fact be forged by the sacrifice of split-off unconscious aspects inherent in the dyad that are conflictual in nature. What is observable in the “dance” between analyst and patient, and therefore in the “in between,” may leave out unseen and deeply unconscious aspects of what is transpiring. Hence the Barangers issue caution regarding an overemphasis on transference interpretation in the here and now.

Indeed, certain internal phenomena may best be inferred from extratransference narratives that enter into the analytic dialogue. This view is reminiscent of another North American analyst, Bromberg (2006), who has articulated the pervasiveness of dissociative processes. To preserve the attachment to the analyst, the patient may feel that he must sequester unacceptable self-states that are riddled with shame. As a result, the analyst may base interpretive strategies exclusively on those object relations paradigms that emerge in the immediacy of the transference-countertransference phenomena, at the expense of the sequestered paradigms. Bleger (1978) has a similar concern that an interpretive strategy that exaggerates here-and-now transference developments may lead to blind spots about external *vínculos* that are problematic in other domains of the patient’s daily life.

Berenstein (2012), on the other hand, makes it clear in his contribution under discussion that he prefers a limited use of *vínculo* that focuses on the relationship between two subjects. The link between the two individuals generates a space, which he refers to as the “in between,” within which emotional exchanges unfold. Moreover, he places a good deal of emphasis on the unknowable otherness of the other subject, a usage that suggests a more interpersonal orientation. There is a simultaneous sense of “we-ness” and a “foreignness” in an analytic dyad, just as there is with two people who have lived together for many years. From Berenstein’s perspective, some North American versions of the analytic



third would have to be revised to include what is left out, alien, and ultimately outside the grasp of the other subject.

In writing this discussion of these two fine contributions, I immersed myself in an attempt to understand the concept of *vínculo*. In that immersion, I found myself in a dialectical relationship with the term. On the one hand, I seemed to approach the construct asymptotically, coming close to grasping it but always feeling that I had experienced a near miss. On the other hand, while reading about it (in both Spanish and English), I sometimes feel that the concept is inextricably woven into the fabric of psychoanalytic understanding and is virtually ubiquitous. It seems to me that most analysts at some point recognize that they have lived their lives to please someone else (Gabbard 2010). Or, alternatively, they have lived their lives to avoid the wrath, criticism, or humiliation of someone else. These ghosts that haunt us live within us, and we are shackled to them. We also find them in those whom we invest with importance in our external lives.

In fact, the very essence of analytic working through is to identify these linkages as they emerge in the transference and outside the transference in order to shed light on who we actually are in light of these linkages and in spite of them. Indeed, it was another Argentinean analyst, Grinberg (1980), who defined the goal of analysis as a search for the truth about one's self.

As noted, some of these connections are unseen by us. After all, self-deception is an inescapable part of the human condition. The analysand may one day wake up to the presence of these connections when the analyst asks questions such as "When I am speaking, whose voice is it that you hear?" or "When you are pleading with me, to whom are you speaking?" Others exist as "presences" with whom we attempt to curry favor and win the admiration of or rebel against the influence of. But "absences" coexist with these presences in the *vínculos* that appear in the treatment setting. The figures we felt we needed but failed to find during our development continue to create longings and bitterness, and a powerful link exists to those would-be companions.

As Sandler (1990) noted, a wished-for object may exert the same powerful influences as those based on parental figures that we internalize. Smith (1977), for example, describes the *golden fantasy* that all

of one's needs will be met by a figure hallowed with perfection—one who will ultimately come to our rescue. This fantasy may present a most formidable resistance in analytic work with some patients. While this version of “paradise lost” may be embedded in a fantasy of the perfect mother of infancy who is now a mere memory, we all know that perfect mothers do not exist outside of fairy tales.

One difference I find between my own thinking and the model of *vínculo* put forth by Berenstein lies in the realm of absence. He notes that in a couple, the aggregate is what determines whether the “Two” remains together or becomes separate. He goes on to say that if two lovers separate, it will give rise to individuals, not to a link. My clinical experience does not confirm this observation. When a couple separates, the link between them is often so intractable that one or both find it extraordinarily difficult to move on with their lives. The two-ness persists as a form of pathological mourning that interferes with new attachments. Links persist in spite of physical separation. In my view, any version of *vínculo* must take into account that the unconscious is timeless. Linkages formed in intense relationships with families and with individuals do not depend on continuing physical presence.

These phenomena are of equal importance to both analyst and analysand. In my work with Ogden (Gabbard and Ogden 2009), we argued that finding one's own voice is an essential component of becoming an analyst. Analysts must ask themselves after they qualify or graduate, “How would I sound if I spoke like myself rather than like my analyst or my supervisors?” Our linkages involving our mentors are powerful. I once realized years after my training analysis had ended that I was ending each session with the same words that my training analyst had used in ending his sessions with me.

Our own *vínculos* are powerful and in our bones, so to speak. They have been assimilated by us silently and seamlessly and continue to dominate us. As Ogden and I argued, “A dialectical tension exists between inventing oneself freshly, on the one hand, and creatively using one's emotional ancestry, on the other” (Gabbard and Ogden 2009, p. 315). As Loewald (1979) argued, we must kill off our ancestors to make space for some version of *living within our own skin*, while also immortalizing them within us.

In the ebb and flow of the analytic dialogue, we are at times an analytic couple and at times a separate entity that the patient cannot fully know. Neither can the analyst fully know the patient. We discover parts of the self in the interplay with the patient while finding other aspects of who we are in the rich silences between sessions, as we think about the patient who has just left and the patient who has not yet arrived. We live and breathe in the context of *vínculos* even if a crisp definition escapes our grasp. It is our fate to live simultaneously in the present with the external patient who lies before us as well as in the past with the ghosts, ancestors, and demons that haunt the nether-regions of our unconscious. As the treatment proceeds, we form new structures in the outer world between us, while also adding new figures to our internal world and modifying the representations of those denizens who have long lived there.

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## LINKS AND PERSPECTIVES ON THE INDIVIDUAL AND THE GROUP

BY R. D. HINSHELWOOD

**Keywords:** Linking, *vínculo*, Bion, group dynamics, intersubjectivity, social and political history, transference, intrapsychic, object relations, field theory, analytic setting.

When two personalities meet, an emotional storm is created.  
—Bion (1979, p. 247)

Bion regards the human being as essentially a group or political animal. He says that the human being is a group animal, at war both with the group and with those aspects of his own personality that constitute his “groupishness.”<sup>1</sup> Yet he cannot exist without groups even if it be only the group he asserts he does not belong to or the internal group with which the solitary individual is in a dynamic relationship. Bion regards individual and group psychology as different ways of looking at the same phenomenon, group psychology illuminating aspects of the individual that may seem alien to individual psychology. He makes many references to this duality and the dilemma it creates for the individual.

—Menzies Lyth (1981, p. 9)

### INTRODUCTION

The two papers under consideration here—“The Concepts of *Vínculo* and Dialectical Spiral: A Bridge Between Intra- and Intersubjectivity,” by Ricardo Bernardi and Beatriz de León de Bernardi, and “*Vínculo* as a

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<sup>1</sup> See Bion 1961, p. 131. Bion takes this notion of the irreducible groupishness of the human person from Freud (1921).

Relationship Between Others,” by Isidoro Berenstein—concern the relation of the individual to the collective, the patient in the couple. They are important reminders that we have much to sort out about subjectivity and intersubjectivity. What really is the result of bringing two subjectivities together? What exactly do two of them together produce? What are the implications for the psychoanalytic encounter? As we all know, the whole is more than the sum of the parts, but what is the whole? As Berenstein insists, the couple is both a rising above the two individualities, and also thereby a threat to them both.

Above the ancient forum in Rome, there stands a Christian church called the Basilica di San Pietro in Vincoli. (This is also the church where we find Michelangelo’s *Moses*, the subject of an extensive discussion by Freud [1914].) The name refers to St. Peter being dragged back to Rome in chains to be executed. This imprisoning, punitive aspect of the Italian word *vincolo*—quite similar to the Spanish *vínculo*—gave cause for surprise; to me, following Bion, the linking in the mind, and the linking between persons, is a psychological good rather than an evil. From Bion, one could say that the evil was the attacks made on linking. So I was introduced into a bi-valent notion of linking, and that is the topic here.

## LINKING

The ambivalent complexity of a link between two subjectivities makes this idea of interest in the current debates about intersubjectivity. These debates are complex and not as yet properly systematized. The South American ideas are one variant, and it is a credit to *The Psychoanalytic Quarterly* that the journal is highlighting these two papers from South America to enrich the melting pot of developments that has come after the breakdown of ego psychology.

### *Historical Antecedents*

The link between the individual and society has been debated historically and politically for centuries, and we as psychoanalysts come in merely at the end of it, although we may have something special to say about it. Problematising the transference-countertransference link may by extension illuminate the more general question of society. We could

go back centuries to when the Renaissance rediscovery of ancient humanism began a long process of reconsidering the theocratic nature of feudalism. In fact, when Charles I of England was brought before the court in Westminster Palace in 1649, this was the first occasion in Europe when a monarch was subjected to a legal process, accused and convicted, and of course executed.

This event demonstrated that the monarch was not a direct representative of God in making laws for his country, but was himself subject to the law and answerable to it as well. The fact that God did not send a thunderbolt to strike down Charles's executioner was an impetus for the emerging humanism of the time. It encouraged a study of the laws of nature and the laws of society that were sufficient for the governance of mankind.

The divine indifference of God to this royal execution was a striking piece of evidence-based practice that led to a rethinking of the nature of society, even eventually to the independence of the American colonies in 1776, and thereafter the more bloody French revolution of 1789. Between these events, a great deal of philosophical musing and political campaigning went on over the true nature of the relation between the individual and society, resulting in the expression of a pronounced hyperindividualism, enshrined in the American constitution of 1787 and its Bill of Rights.

Since the eighteenth century, the conception of the individual-social relationship has evolved historically, and political systems with it. For instance, the Physiocrats, who produced what might be called the first well-developed theory of economics, were an influential group of Frenchmen who took inspiration from the English philosopher Thomas Hobbes (1588–1679) and his book *Leviathan* (1651). Adam Smith (1723–1790), the Scottish social philosopher and political economist, observed what he called the *invisible hand*—that is to say, the way in which genuine supraindividual processes emerge. Despite the economy of a country being in the hands of rugged entrepreneurial individuals, there were fluctuations in trade cycles and in its economy—boom and bust, as it came to be called—which was directed by nobody. It was as if history were written by an invisible hand as well as by mankind's. This very concrete notion of something arising from human beings collected together occurred at

a time of considerable realist emphasis in the culture and the development of natural science as an identifiable activity.

The nineteenth century was a time of the emerging sense of collective solidarity and of society as an object of study in its own right (especially in France). Such later developments are in danger of being left behind today by the continual harking back romantically to eighteenth-century individualism and naive ideas of “democracy.” It is not surprising that North America, where most of those present-day eighteenth-century entrepreneurial dinosaurs now live, is the place where notions of intersubjectivity are most hotly debated. Contemporary hyperindividualism was stoked by rivalry during the decades of the Cold War, as the West tried to counter the collectivization of the Soviets. Led by the United States, psychoanalysis developed its most intense one-person psychology. As is inevitably the case, psychoanalysis is embedded in its historical and political cultures.

In the Spanish-speaking world, the history is different. There post-Renaissance humanism was always proscribed, and the Enlightenment never really took root. It is of great interest that over the last half century or more, as tracked in the Bernardis’ (2012) paper, notions of the relation of the individual to the collective have begun to be debated, and moreover in a very different century. This new attempt, though belated, has the advantage of the conceptual tools of the twentieth century: psychoanalysis and field theory. And what has emerged is the emblematic term *vínculo*, a link, as in a chain.

### *Linking and Psychoanalysis*

Linking is not unknown in psychoanalysis, by any means, and to my knowledge goes back at least to 1959 and Bion’s paper describing the attacks on links. However, the Bernardis explain that it has a longer history in South America. Pichon-Rivière is credited with the provenance, around 1957–1958. During that time, they suggest, the context was a strong association with British Kleinian and object relations ideas of the 1950s.

In principle, the idea of linking may have been around implicitly or informally in both regions. Also, we know that Hanna Segal, for instance,



visited Buenos Aires in 1954 and 1958 (Etchegoyen and Zysman 2005<sup>2</sup>). Did she bring back ideas deriving from the notion of *vínculo* (without the term), which then percolated into the language Bion was developing? Or was the issue of intersubjectivity so strong in object relations discussions at the time that it was picked up by the South Americans from British visitors (who followed the anti-individualist stance inherent in projective identification)?

Whether the development in South America is truly indigenous, arising there *de novo*, or whether it has some derivations from other sources, is still in debate. For instance, Aguayo (2011) discussed whether Racker's (1957) early writing on countertransference, in Argentina, may actually have been influenced by developments in Britain—did he draw on Balint (Balint and Balint 1939), Winnicott (1949), and Heimann (1950)?

The same inquiry arises about the theory of linking: is it a case of parallel discoveries or one of mutual influencing? The question remains undecided, perhaps, but if we accept that the development of the notion of linking in the two geographical areas is an example of genuine parallel evolution, it does not matter too much who got there first. Debates about provenance are essentially wasted energy. The important thing is to discover what the two traditions can contribute to each other—and to everyone else.

The Bernardis' (2012) last few paragraphs (and indeed, these might have been their first, as they announce a clear position with which to engage the reader) put the position very succinctly. They refer to the Barangers (1961–1962, 2008): “Their vision of the analytic field as a space where phenomena are developed *between two* does not contradict an acknowledgment of what is specific to the internal world and the fantasies of each participant in the analytic pair” (Bernardi and Bernardi 2012, p. 560, italics in original). I will return to the importance of the analytic setting as a field later in this commentary.

Transference is the endless repetition of past narratives as if there is nothing new, while the relationship with the analyst is a presentation of something not repeated but new and challenging (Strachey 1934). You

<sup>2</sup> Later on, Bion, Meltzer, Rosenfeld, Joseph, and Bick also visited South America.

might say that of course this is the case; there is nothing new here. That might be true, but Berenstein creeps up on this old knowledge in a new and refreshing way. He unashamedly stands apart from the drive theory mechanization of the analytic encounter, and to my mind is drawing implicitly on familiar ideas usually attributed to Bion. With the mushrooming of Bionian studies, the notion of linking has returned to South America as if to its homeland.

Whereas Bion saw a multilevel application of the idea—from intrapsychic links in the process of digesting perceptions, to the containing of experience between people, to the development of entire societies/cultures under the impact of the creativity of its members (Bion 1970)—Berenstein and the Bernardis concentrate on the middle zone, the linking between people. However, as the Bernardis state, the intrapsychic and relational modes are dialectically in coexistence (and I will return to this point as well in a moment).

The puzzle is to conceive how two subjectivities interconnect to become a couple. Can we do it without diminishing either the intrapsychic or the interactivity/intersubjectivity?

## INTERSUBJECTIVITY

The relations of one subjectivity to another can be pictured in a number of ways, and the literature to date does not differentiate them as precisely and as systematically as it might. It is not the place here to set that matter straight by developing a systematic account. But, in brief, the different views spread out between two poles of a dimension: one end of the dimension emphasizes an interpsychic form of intersubjectivity, and at the other end is the conception of a co-creation between the two subjectivities.

### *Intrapsychic Interaction*

The first of these forms of intersubjectivity emphasizes two intrapsychic systems considered as interacting (Bolognini 2004; O'Shaughnessy 1983). For instance: "Instead of being about the patient's intrapsychic dynamics, interpretations should be about the interaction of patient and analyst at an intrapsychic level" (O'Shaughnessy 1983, p. 281).

*Co-Construction*

At the other extreme is Renik's (2004a) claim for the irreducible subjectivity of the psychoanalyst, so that only unreliable perspectives on each other are possible. Intersubjectivity is a cycle of impressions, each molded by the other's impressions. For instance: "Insights are always specific to the particular analytic couple that produces them. Insight is something co-created by analyst and patient as much as it is something discovered by analyst and patient" (Renik 2004a, p. 1054).

Renik critiques the previous intrapsychic interactive approach when he refers to Spillius's unconvincing "conviction that, at certain moments during an analytic session, she is able to step outside the intersubjective interaction between herself and her patient, and into an objectively self-observing position. Spillius does not explain how she accomplishes her escape from subjectivity" (Renik 2004b, p. 1064).

Ogden (1994, 2004) gets out of this problem of knowing who and what is being subjective in a strange sort of way. The intersubjectivity of the couple is nothing less, he says, than a subjectivity of its own, a third one in the room:

This third subjectivity, the intersubjective analytic third, is the product of a unique dialectic generated by/between the separate subjectivities of analyst and analysand within the analytic setting. It is a subjectivity that seems to take on a life of its own in the interpersonal field, generated between analyst and analysand. [Ogden 2004, p. 169]

## GROUP DYNAMICS

This all points toward the emergence of a new, more complex set of phenomena. It is exemplified by the field of group dynamics, in which specific phenomena emerge with the difference in scale. Some group therapists influenced by object relations theory describe the *group-as-a-whole* (Bion 1961; Foulkes 1964) and regard phenomena of the group as a truly different set of phenomena. However, even the most zealous of such group theorists would not expect to find a "subjectivity" *of the group* comparable to the subjectivity of a person.

We might recall that Bion started out on his work with groups in the 1940s with just such an idea, actually. He conceptualized a *group mentality* as if the group had its own mind. However, subsequently, during a series of papers (“Experiences in Groups, I-VII,” published between 1948 and 1951, later collected and published together [Bion 1961]), he abandoned the idea of group mentality since it did not work well as an explanatory model. And in 1949, in “Experience in Groups, III,” he replaced group mentality with the concepts of *basic assumption* and *valency*.

The group-as-a-whole approach derived from gestalt psychology, for both Foulkes (via Kurt Goldstein) and Bion (via Kurt Lewin [1951], whose ideas became familiar at London’s Tavistock Clinic through Eric Trist and John Rickman). There was a third important derivative of gestalt psychology: the application of Lewin’s field theory to the analytic setting by Madeleine and Willy Baranger (1961–1962, 2008; see also Baranger, Baranger, and Mom 1983). This is a key element in the development of the notion of *vínculo*. Here the conception is not of two subjectivities in relation to each other, but of the individual subjectivity related to the whole—to the interpersonal *field* (in the case of a psychoanalysis, the analytic couple).

## VÍNCULO AND FIELD THEORY

The orientation of psychoanalysts of the Río de la Plata region (Buenos Aires and Montevideo) derives from the use of field theory as evolved in the National Training Laboratories in Bethel during the 1940s, by Lewin (1951). That approach viewed the group as a field of interactions, and then the individual and the field formed the figure-ground dialectic of gestalt psychology. Thus it is possible to view the person in the group from *two perspectives*, from that of the person and from that of the group—an idea that Bion later referred to as *binocular vision*, initially in his introduction to *Experiences in Groups* (1961).

Two perspectives, therefore—one from inside the individual and one from outside—constitute a potentially integrated whole. However, they also move in opposite directions and, being opposites and at the same time complementary, they form a dialectical structure, as the Bernardis explain:

A dialectical process includes opposing terms, each of which needs the other at the same time that it denies it, thereby triggering movement toward new configurations. These new configurations always have a provisory nature, given that they inspire new contrapositions that set in motion new searches for integration and change. The concepts of *internal* and *external*, and those of *conscious* and *unconscious*, are opposing terms that should not be isolated one from the other; they form part of a spiral movement, a movement of a dialectical nature that combines repetition and change and that advances through the tensions and contrapositions generated among different aspects of life. [Bernardi and Bernardi 2012, p. 537]

A dialectic is thus a dynamic movement and inherently unstable. It leads to new configurations, as the Bernardis point out, and that movement constitutes the impetus for therapeutic change. The two perspectives, of the individual and of the field (inside and outside), are restructured, which results in two more perspectives that are both alternative and that also form a linked dialectic, and then there is an urge toward yet another configuration. As a result, there is a continual movement through a sequence of opposites as each opposition meets some resolution, only to inspire a new dialectic. This continual and restless motion has a circular quality, or rather a *spiral* one, as it is termed in the South American view.

This *dialectical spiral* might initially take on a form, shall we say, in which the individual feels imposed on and a victim, while the field (in this instance, the analyst) sees him as submissive. Some thoughtful work takes place, maybe. The analyst makes interpretations on the basis of what he sees, and the patient seeks some resolution by relinquishing his sense of victimhood, and makes attempts, perhaps clumsily, to assert himself, which become apparent to the analyst as the patient relating to the analytic field with a degree of awkwardness or defiance. Thus a further dialectic of defiance-tolerance is established, and so on.

Taking the example given by Berenstein (2012)—in which, interestingly, he tells us about a marital couple—there are two individuals and there is a couple. Berenstein is especially interested in the man, Carlos. The field of the couple is one in which Carlos expresses his own person-

ality as casual and even irritatingly unpredictable, which creates a dialectical field in which Sofia, the other member of the couple, becomes a respondent who expresses demands and reproaches. Berenstein is interested in the fact that this dialectical arrangement is mediated by Carlos's act of physically touching Sofia. Even in the first session, this changed and a new dialectic emerged. The couple became Carlos relating to a field of three, the field being Sofia plus the analyst plus himself, and apparently the touching stopped.

So Berenstein is telling us that a new dialectic became structured around separation versus relatedness, which might perhaps have primal scene connotations. We do not have any information about the effectiveness of this therapy for the couple. It merely stands as an example of the kind of individual-field relations (individual-couple, in this case) under discussion.

The example offers us two ways of understanding the individual in his context. At first, the field is like a couple. There a special sense of the couple as primal scene in the expectation of *bearing fruit*. In Sofia's mind, the couple might produce a child. Or we may understand that there is an *exchange system*. In Berenstein's example, the couple discourse all night and maintain a physical bodily touch. These are unconscious aspects of the individual-field, figure-ground dialectic.

## CONCLUSIONS

Field theory was developed in the United States, and it is of some surprise that its influence has not been felt much in American psychoanalysis, even in the understanding of intersubjectivity. It has taken decades for psychoanalysis in South America to exploit this form of social psychology. Whether it is of importance to psychoanalysis and the understanding of how to work psychoanalytically, and how to evaluate its effect, is not clear from the accounts given. What is clear is that there is a novel view of the analytic setting, which is pertinent to the current diverse attempts to grasp the intersubjectivity of the analytic setting. It is not two subjectivities interacting with one another, nor is it a co-constructed third subjectivity. The *vínculo* approach refers to the link between the individual and the couple.

Taking a broader view, it is not clear whether applying the notion of *vínculo* as an unconscious process can enlighten the surely dire problems of Western society as a whole. To my mind, there are probably other psychoanalytic models that may do the job better. But the arrival of the notion of *vínculo* in the English literature is a prompt not only to examine psychoanalysis and the models of our encounters in the analytic setting; equally, it is also a prompt to revisit the old issue of the relation between the person and society, now armed with the notion of the unconscious.

Finally, because the Hegelian notion of dialectic is abstruse, it may not appeal to many. And there will be those who will think it is far too corrupted by the use to which Marx and Soviet communism put the idea, and so may think it cannot be countenanced as a conceptual tool for the twenty-first century.

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## A SILENT YET RADICAL FUTURE REVOLUTION: WINNICOTT'S INNOVATIVE PERSPECTIVE

BY PAOLO FABOZZI

*The author begins with an examination of two unpublished notes by Melanie Klein, written in 1953 and tracked down by Hinshelwood (2008). In these notes, the role of the study of projective identification as a tool that can permit the analyst to master countertransferential difficulties is highlighted; in 1953, this is the most advanced point of psychoanalytic investigations into unconscious object relations. The author also considers Winnicott's essays "Primitive Emotional Development" (1945) and "Hate in the Countertransference" (1947). In the former, Winnicott begins to inquire into the relationship between subjectivity and objectivity, in relation both to the birth of the mind and to the analyst's psychic functioning. Ultimately, the author demonstrates that the origins of an extraordinary transformation of psychoanalytic theory are contained in Winnicott's essay on countertransference of 1947. In fact, the Winnicottian conception of psychic functioning is founded on the radical and absolutely innovative principle by which the object's unconscious functioning, as well as its transformations caused by the subject's unconscious, must be investigated and transformed in order for the subject to be capable of beginning a psychic transformation.*

**Keywords:** Winnicott, Klein, countertransference, history of analysis, hatred, emotions, mother–infant relationship, child development, adoption, unconscious, projective identification, psychic functioning, analytic theory.

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Translation by Gina Atkinson.

We can travel various paths in bringing to light and understanding those theoretical-clinical junctures in psychoanalysis that have influenced subsequent conceptual developments over the decades, especially when their importance has been not recognized, but instead what comes to be understood is only their most superficial meaning. These junctures have marked the development of psychoanalysis, generating previously unexplored areas.

We can grasp one of these junctures through the analysis of the concept of countertransference in the period that extends from 1945 to 1953, an extraordinary period during which, among others, three papers appear: Winnicott's "Primitive Emotional Development" (1945), Klein's "Notes on Some Schizoid Mechanisms" (1946), and Winnicott's "Hate in the Countertransference" (1947)—as well as the contributions of Bion, Rosenfeld, and Klein at the International Psychoanalytical Association Congress in London in 1953.

In this paper, I will set aside inherent questions of technique (and of the use of countertransference), and I will instead utilize such analysis as a sort of reflecting prism in order to highlight the origins of an extraordinary transformation of psychoanalytic theory. Toward that aim, I will begin at the end of this period, briefly relating Klein's unpublished stance on countertransference in order to present one of the most advanced lines of research in the area of the model of unconscious object relations. I will then proceed "retrospectively," analyzing what Winnicott elaborated in "Primitive Emotional Development" in 1945, and especially in "Hate in the Countertransference" in 1947, a paper that forms the basis of a new way of understanding the relationships between the unconscious of the subject and that of the object.

## TWO OF KLEIN'S UNPUBLISHED NOTES ON COUNTERTRANSFERENCE

Perhaps one of the most cited articles in the psychoanalytic literature overall, Heimann's "On Counter-Transference" of 1950, definitely marks a turning point in the conception of countertransference: from being an obstacle and a sign of the analyst's neurosis, to being an instrument of knowledge and therapy (a radical transformation of technique, which

perhaps somewhat preoccupied the author, given that in 1960 she would return to the same subject but with different emphases). And in the very early 1950s, Klein's two closest collaborators utilize the concept of countertransference with this new meaning (here we recall that Heimann was among the collaborators of Klein's first generation, and that—right at the end of the 1940s and early years of the '50s—their personal relationship broke up and came to an end).

Rosenfeld defines countertransference as a “receiving set” (1952, p. 116),<sup>1</sup> and, on the occasion of the IPA Congress held in London in 1953, in a paper presented on one of the panels, he writes:

The difficulty for the analyst to make the exact interpretation which the schizophrenic needs at any particular time is often very great and this applies as much to the chronic as to the acute patients. *Our counter-transference is frequently the only guide.* By this I do not mean that we should reveal our feelings to the patients even if he appears to demand this, but we should be sensitive to whatever the patient projects into us by non-verbal and verbal means and become able to verbalize what we unconsciously perceive. [1954, pp. 126-127, italics added]

Furthermore, on another panel during the same congress, “The Psychology of Schizophrenia” (which includes Bion, Bak, Hartmann, and Katan as speakers), Bion presents his paper entitled “Notes on the Theory of Schizophrenia” (1954). It is striking that, almost in his opening remarks, Bion states:

Evidence for interpretations *has to be sought in the counter-transference* and in the actions and free associations of the patient. Counter-transference has to play an important part in analysis of the schizophrenic, but I do not propose to discuss this to-day. [p. 113, italics added]

<sup>1</sup> “In my opinion the unconscious intuitive understanding by the psycho-analyst of what a patient is conveying to him is an essential factor in *all* analyses, and depends on the analyst's capacity to use his counter-transference as a kind of sensitive ‘receiving set.’ In treating schizophrenics who have such great verbal difficulties, the unconscious intuitive understanding of the analyst through the counter-transference is even more important, for it helps him to determine what it is that really matters at the moment” (Rosenfeld 1952, pp. 116-117, italics added).

This is striking because such a stance so explicitly in favor of the utility of countertransference will not be as frequent in Bion's subsequent works.

Klein will be present and will participate on the panel where Bion is a speaker. We owe to Hinshelwood's patient research the discovery of two brief, unpublished notes of Klein's on countertransference, written precisely on the occasion of that panel (see Hinshelwood 2008). These notes allow us to modify and elaborate on the widespread belief that Klein's view of countertransference was, substantially and unequivocally, identical with Freud's (1910)—that is, that she saw it as the analyst's neurotic response to the patient's transference and, in the final analysis, as an obstacle to the treatment.<sup>2</sup>

The note written before the Congress is explicitly dedicated to countertransference, and attention is turned to those negative and hostile attitudes of the patient that cause countertransference feelings of rejection in the analyst. As a consequence of that, the analyst runs the risk of reinforcing the positive transference through reassurances—or, alternatively, in grasping only the negative transference and neglecting its interrelationship with the positive transference, he finds himself dealing with his own anxieties, excessively resisting the patient's negative feelings. Hinshelwood (2008) underlines that, from this description, it emerges with clarity that Klein is referring to a collusion between analyst and patient, and not, as Freud did, exclusively to the analyst's resistances and complexes. Furthermore, he emphasizes that Klein takes inspiration from the paper Bion presented, and in particular from his clinical observation relative to the processes of splitting that the patient brings into play in the analytic relationship, processes that permit him to induce tension in the analyst and analogous splitting in his mind. Precisely the clinical sequence described by Bion, which states that the patient “intended to split me by making me give two opposite interpretations at once” (1954, p. 114), is utilized by Klein to recall that projective identification—that is, “the patient's violent processes of splitting the analyst

<sup>2</sup> The first note, written before the Congress, consists of a page and a half; the second, handwritten after having taken part in the panel's discussion, is a little less than three pages. Both are preserved in the Melanie Klein Archives of the Wellcome Library for the History and Understanding of Medicine.

and pushing into him parts of his self and of his impulses”—provokes “a most strenuous effect on the analyst.”

Also in this passage, Hinshelwood affirms, Klein is emphasizing that countertransference “is rooted in the patient’s psychodynamics” (2008, p. 101), though she is not indicating an “informative” specificity or function of countertransference, but rather is reading it as a difficulty that the analyst must confront. She is capturing the clinical fact of the splitting of the analyst’s mind as a reaction to the encounter with the schizophrenic patient; that is, she is describing, writes Hinshelwood, “a complex psychic enactment involving the intrusive transfer (projective identification) of parts of the patient’s mind and experiences” (p. 101).

What appears in the second note (written after Klein’s active participation in the Congress) adds a new and important point, which is that generations of analysts have placed great emphasis on the libido; and that this emphasis and the corresponding neglect of hostility constitute a general countertransferential reaction in every analyst:

By giving fuller attention to libido, they also gave fuller attention to the positive transference and in this way saved themselves from the effects of negative transference, that is, from having hatred and hostile feelings by the patient directed at them. [Klein quoted in Hinshelwood 2008, p. 111]

Hinshelwood points out here that Klein, though not being fully aware of it, may have been reading the countertransferential response in terms of a “joint problem analyst and patient have with hostility” (p. 102). In conclusion, he states that, in these two brief notes, Klein—while showing a particular attention and sensitivity toward misunderstandings and the risk of loss of insight in the analyst caused by processes of projective identification put into play by schizophrenic patients—nevertheless interpreted such processes as the origin of countertransference. So, while not elaborating a conception of countertransference that would permit the analyst to utilize it as a source of specific information about the patient himself, she tried to “carve out an intermediate position; which might explain how, in the early 1950s, Klein’s followers felt they might be allowed a freedom to develop the notion of countertransference” (Hinshelwood 2008, p. 103).

Hinshelwood stops here. Personally, I would add that research on analyses with psychotic patients, which was furthered during the 1940s and early '50s by Klein's closest collaborators, often in discussing the material with her, had as an unquestionable point of reference her paper of 1946, "Notes on Some Schizoid Mechanisms." In this extremely rich text, we find no reference to the analyst's stance or mental functioning, but we do notice, as Goretti (2007) has commented upon, an embryonic and enigmatic allusion to a vision not limited to an intrapsychic point of view, "in so far as the mother comes to contain the bad parts of the self" (Klein quoted in Goretti, p. 390). More explicit references by Klein to the involvement of the object, Goretti emphasizes, will later be evident in "On Identification" (1955).

Very probably, it was precisely the tensions experienced with psychotic patients that permitted attention to be directed toward the analyst's reactions. And Bion, in his paper presented at the Congress, makes an early shift of emphasis in relation to Klein concerning *the analyst's stance*; starting with the processes of splitting that were carefully analyzed by Klein in 1946, Bion turns his gaze in this paper to the patient's functioning, and simultaneously to the effects that such functioning has on the analyst. And it is also in relation to this shift that Klein can modify or at least elaborate on her position on countertransference. Her primary preoccupation was very probably that the analyst runs the risk of suffering and "using" the countertransference for defensive purposes, but this did not impede her from understanding the unconscious collusion between analyst and patient; what Klein began to grasp were the implications of the patient's projective identifications on the mind of the analyst, but she did not venture to extend those effects to the relationship between the newborn and the mother.

In note 1, however, we can trace a kind of clinical-epistemological agenda:

The point I wish to emphasize is that only by studying the processes of projective identification in their roots in the first few months of life, as well as their implications, that the analyst can cope in himself with this particular counter-transference difficulty. [Klein quoted in Hinshelwood 2008, p. 109]

While not making explicit a close connection between the effect of the patient's projective identification on the analyst and that of the baby on the mother, here one at least glimpses in embryonic form a potential connection. What is explicated in note 1 is the "profound influence on the development of psycho-analytic knowledge and technique" (Klein quoted in Hinshelwood 2008, p. 110) of factors relative to projective identification, but what is in the foreground is simply the role of the study and analysis of projective identification in permitting the analyst to master countertransference difficulties. This, in 1953, is the most advanced point of investigation into the area of unconscious object relations; beginning from this point as well, very probably, Bion will develop modifications on the concept of projective identification, visible in *Learning from Experience* (1962), as well as the theories of container-contained and the alpha function.

## TOWARD A MODEL OF PRIMITIVE FUNCTIONING OF THE MIND

In his 1945 essay "Primitive Emotional Development," Winnicott lays the bases for the theoretical-clinical model that he will go on developing over the next twenty-five years. We find here in embryonic form, in fact, almost all the main concepts that characterize his contribution to psychoanalysis.<sup>3</sup> The Controversial Discussions had been terminated only a short time earlier—discussions in which Winnicott did not take an active role—and, on the one hand, this essay demonstrates his very strong rootedness in the Kleinian model. But on the other hand, it is also the first psychoanalytic paper in which he begins to introduce his way of conceiving the development of the psyche and psychoanalytic clinical work, substantially differentiating himself from Klein. Moreover, it is interesting that this is the only Winnicottian paper that Klein ever cited (and with appreciation). Equally interesting from the point of view that I am describing here is that she cited it in "Notes on Some Schizoid Mechanisms" (1946).

<sup>3</sup> Dissociation, quiet and excited moments, authenticity of the relationship with reality, primitive cruelty, and the capacity for concern are only some of the concepts that make their first appearance in this text, and that will be fully developed in subsequent years.

While I am not able to analyze Winnicott's 1945 paper in detail here, it is useful to remember the methodological statement made at the beginning: *since* he was interested in the sick child and the infant, Winnicott decided to study psychosis psychoanalytically. His vision of primary emotional development is based on the analysis of twelve psychotic adults, and on the conviction that analysis of depressed and hypochondriacal patients, and of situations that are even more primitive, does not imply modifications of Freudian technique—provided that “the transference situation inherent in such work” (p. 146) is taken into account.

Almost immediately, we discover two important differentiations from Klein's thinking: reflecting on the accomplishments that take place at around five to six months of age, Winnicott states that the baby, being able to conceive of his own “inside,” acquires the capacity to assume that the mother, too, has an “inside,” and begins, therefore, “to be concerned with the mother and her sanity and her moods” (p. 148). It is the beginning of a noteworthy expansion of Winnicott's clinical focus and theoretical investigation: there is a before and an after with respect to the “perceptibility” of the maternal presence by the baby and, in particular, the mother's mental health and mood assume a clinical (and theoretical) configuration.

The methodological premise of basing the study of primary development on the analyses of psychotic patients yields its greatest results in the identification and analysis of the three principal lines of emotional development: that is, of the processes of integration (starting from a condition of primary unintegration), of personalization (i.e., of the construction of localization of the self in the body), and of the assessment of spatial and temporal dimensions (i.e., of the construction of the relationship with reality). This conceptual organization of primary development constitutes an early noteworthy innovation in relation to previous psychoanalytic models,<sup>4</sup> while a second potential revolution consists of

<sup>4</sup> In a letter that Winnicott writes to Balint on February 5, 1960, he claims that their investigations have reciprocal autonomy (being conducted from “completely different angles and I think we have been uninfluenced by each other”), on the one hand, but, on the other hand, he recognizes a sort of chronological “precedence” to Balint's theories (Rodman 1987, pp. 127-129). In a paper of 1937, Balint (again taking up the distinction elaborated by Ferenczi [1933] between sexuality and tenderness) had described the most primitive phase of object relations in terms of primary object love, stating that mother



the statement that integrative processes are made possible by instinctual experiences and by the “technique” of maternal care.<sup>5</sup>

A third fundamental break with earlier theorizations consists in Winnicott’s conception and description of the relationship with external reality as a capacity that necessitates a slow and gradual process of construction, as well as the indispensable contribution of the maternal figure (one thinks of the way in which Freud had laid out the situation in “Formulations on the Two Principles of Mental Functioning” [1911], but also of Ferenczi’s more complex paper, “Stages in the Development of the Sense of Reality” [1913]). This is the first reference to a matter that will be the leitmotif of all Winnicott’s investigations: the establishment of an authentic relationship with external reality, the distinction and productive exchange between reality and fantasy, and the construction of the sense of being real.

In this paper, at any rate, Winnicott fails to fully elaborate the contribution of the mother’s psychic functioning to the baby’s development. The single exception is a passage that allows us to understand, however, the theoretical and clinical broadening that he is outlining as part of his thinking:

In terms of baby and mother’s breast (I am not claiming that the breast is essential as a vehicle of mother-love) the baby has instinctual urges and predatory ideas. The mother has a breast and the power to produce milk, and the idea that she would like to be attacked by a hungry baby. These two phenomena do not come into relation with each other till the mother and child *live an experience together*. The mother being mature and physically able has to be the one with tolerance and understanding, so that it is she who produces a situation that may with luck result in the first tie the infant makes with an external object, an object that is external to the self from the infant’s point of view. [1945, p. 152, italics in original]

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and baby constitute a *dual unit* characterized by drive interdependence; but he primarily emphasized libidinal satisfaction.

<sup>5</sup> On various occasions, Klein (1935, 1952) had emphasized the importance of maternal care, but did not integrate the role of the mother into her theoretical-clinical model or her theory of technique in a consistent way. An analogous statement can be made about the two well-known footnotes in which Freud (1911, p. 219n; 1915, p. 134n) makes reference to the role of maternal functions.

Ogden (2001) calls attention to this passage, emphasizing that it contains in a nutshell “the idea that the central organizing thread of psychological development, from its inception, is the experience of being alive and the consequences of disruptions to that continuity of being” (p. 314). It seems to me that this is not exactly the point, and that his productive reading may add too much to the Winnicottian text. With the image of a mother and baby who “*live an experience together*,” Winnicott is preparing himself to “construct” that very specific situation in which the mother must have the capacity, in giving the baby the real breast, to guarantee—from a psychic point of view—a situation in which the baby can have the feeling of having created it himself:

I think of the process as if two lines came from opposite directions, liable to come near each other. If they overlap there is a moment of *illusion*—a bit of experience which the infant can take as *either* his hallucination *or* a thing belonging to external reality. [Winnicott 1945, p. 152, italics in original]

The birth of that fundamental psychic function that is the relationship with external reality is located in the possibility that an *overlap* may be created between something that stems from the mother’s psyche and something that originates from the baby’s (*in fieri*) psyche. This passage is the gestational location of well-known and fundamental Winnicottian concepts: transitional objects and phenomena, the subjective object, intermediate area, potential space—here as yet unarticulated. But overall, in emphasizing the function of the mother’s “guarantee” and the idea that “she would like to be attacked by a hungry baby,” Winnicott introduces into the psychoanalytic field in embryonic form the point of view for which it is necessary to take into consideration *the mother’s psychic functioning* as well.

In this text, he does not extend this theorization to the analyst–patient relationship. I will, however, point out a doubly meaningful passage—in the first place, because he introduces a new way of conceiving the analyst–patient relationship and, in the second place, because this description will be almost entirely put forth again two years later in “Hate in the Countertransference,” in this way forming a bond between the two papers:

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I mean by this that a patient needing analysis of ambivalence in external relationships has a fantasy of his analyst and the analyst's work that is different from that of one who is depressed. In the former case the analyst's work is thought of as done out of love for the patient, hate being deflected on to hateful things. The depressed patient requires of his analyst the understanding that the analyst's work is to some extent his effort to cope with his own (the analyst's) depression, or shall I say guilt and grief resultant from the destructive elements in his own (the analyst's) love. To progress further along these lines, the patient who is asking for help in regard to his primitive, pre-depressive relationship to objects needs his analyst to be able to see the analyst's undisplaced and co-incident love and hate of him. In such cases the end of the hour, the end of the analysis, the rules and regulations, these all come in as important expressions of hate, just as the good interpretations are expressions of love, and symbolical of good food and care. This theme could be developed extensively and usefully. [1945, pp. 146-147]

The neurotic patient who has "a fantasy" about his analyst is moving in a realm of projection. It is in reflecting on the depressed patient that we grasp a basic change: he "requires" his analyst not simply to understand his internal world, but to do this through a job of self-analysis that is not aimed at overcoming blind spots, but that sets up a condition necessary for him to be able to deal with the patient's unconscious mental functioning. And the patient who has a primitive, pre-depressive relationship (here we are in the realm of what Klein—a year later—will define as the paranoid-schizoid position) "needs" the analyst to be able to see something that belongs to himself.

Winnicott is not hypothesizing a sort of mimicry that cancels out differences and distinctions; rather, here we find the beginnings of a different way of conceiving, perhaps as yet without awareness, the transference-countertransference relationship. Unconsciously, the patient asks the analyst to find inside himself something that the patient has caused to be born or has evoked in him. In the second category of patients (that is, patients for whom Winnicott utilizes the Kleinian concept of the depressive position) and in the third (whose etiology he places in the phase of primitive emotional development), we find ourselves dealing with a

phenomenon different from projection. It is something that will assume a more explicit configuration only in his paper on countertransference, but it is evident from the passage cited that, in 1945, he at first hypothesizes the existence of an action by the patient on the analyst (“requires of his analyst”). Next there is a movement in the analyst’s mind—this, too, unconscious (the creation or activation of something analogous to what is active in the patient), and thus a process of internal recognition on the analyst’s part (he must track down inside himself something very similar to what is found in the patient).

What is at stake is not only the need for the analyst to be capable of tolerating and containing intense emotions that the patient makes him “live”; Winnicott’s word “needs” and his statement that the patient “requires” also indicate that the analyst must fulfill a psychic function (missing in the patient) to face up to (and then interpret) what the patient, not being able to face, makes the analyst experience.

It is in this essay of 1945, then, that Winnicott begins to ask himself about the relationship between subjectivity and objectivity (both as it concerns the birth of the mind, and for its pertinence to the analyst’s psychic functioning)—an area of investigation that in various iterations has flowed through the entire history of psychoanalysis, and that in particular has characterized the British Middle Group. This is precisely the ground on which Winnicott bases his ideas on countertransference. Furthermore, when he emphasizes the aspect of the experience that is *lived together*, he is not canceling out the asymmetry of the relationship between mother and baby (the mother is “mature and physically able”), but he is introducing something that until then remained beyond the range of intervention of psychoanalytic theory.

The conception of transference as an intermediate region between illness and life as “training” (Freud 1914a) has permitted us to understand the extraordinary importance of the experience that the patient can have in analysis. In broadening his focus to include the experience of the baby who encounters the mother’s experience, Winnicott is complementarily taking into consideration and calling to our attention the patient’s experience (in the transference), which meets and generates effects on the experience that the analyst has with the patient.

## A RADICAL TURNING POINT: "HATE IN THE COUNTERTRANSFERENCE"

It is not possible to understand the theoretical-clinical significance of this 1947 article on countertransference without keeping in mind the conceptions of psychic development in the earliest phases that were worked out in 1945, as incomplete and defective as such concepts are if not read in the light of the change in perspective that "Hate in the Countertransference" compels us to undergo. The latter paper demonstrates a disarming simplicity and seems, apparently, devoid of any harshness that would cause the reader to have a presentiment of unexpected scenarios. Moreover, it is striking that it has been seen exclusively in terms of an important contribution on the use of countertransference.<sup>6</sup>

If Winnicott's first point of reference is Freud (to reflect on hate in the countertransference, it is first necessary to understand "one aspect of the whole subject of ambivalence," 1947, p. 194), it is his highlighting of the clinical field—the analysis of psychotic patients and of subjects with antisocial tendencies—that calls attention to an early shift in his area of investigation. Since "the patient can only appreciate in the analyst what he himself is capable of feeling" (p. 195), then the psychotic patient, finding himself in a state in which love and hate coincide, "experiences a deep conviction that the analyst is also only capable of the same crude and dangerous state" (p. 195). The task of the analyst who works with psychotic patients becomes notably more burdensome due to hate in the countertransference; this can make one think of the analyst's need for

<sup>6</sup> We see this in the intellectual biographies dedicated to Winnicott as well. Davis and Wallbridge (1981) emphasize the conception of hate in the relationship between mother and baby; Rodman (2003) limits himself to calling the paper "fascinating," adding that it is "another landmark" in Winnicott's "journey toward harnessing his aggression for constructive purposes" (p. 103). Similarly, Rayner (1991) limits himself to considering the role that this article had in technical developments related to countertransference, which he sees as evidence that "the tolerance, even enjoyment of and certainly the use of the analyst's affective response was beginning to come alive in Britain in the 1940s" (p. 213). Abram (1996), while offering a far-reaching review, makes superficial reference to the fact that Winnicott never shared the idea of the death drive, and marked out the parallel between the analyst who feels hate toward his psychotic patient and the mother who feels analogous sentiments toward her newborn. Something similar was emphasized by Phillips, who described this article as "a radically self-revealing work" (1988, p. 88).

further analysis, but it is necessary to consider the fact that “the analysis of a psychotic is irksome as compared with that of a neurotic” (p. 194).

In other words, Winnicott constructs a frame that takes account of the Freudian lesson—broadening it, however, to deal with the clinical particulars of working with the psychotic patient. In fact, this essay is not limited to an examination of work with psychotic patients, though it unfolds around three pieces of evidence: analysis with a psychotic patient, a child with antisocial tendencies, and the relationship between mother and baby in the first months of life.

### *The Psychotic Patient and the Countertransference Dream*

Winnicott introduces a clinical situation, noting that for some days he has not managed to work well with his patients and tracing this situation back to some personal difficulties, on the one hand, but mainly to the tensions that arose in his work with a particular psychotic patient, for whom

. . . there was no body that she recognized as hers, and if she existed at all she could only feel herself to be a mind. Any reference to her body produced paranoid anxieties, because to claim that she had a body was to persecute her. [1947, p. 198]

In a session with this patient, gripped by a wave of irritation, Winnicott told her that she was asking him for “little better than hair-splitting,” and he then noted that several weeks were needed to recover from the “disastrous effect” that this error had on the treatment. He could accomplish this thanks to a “‘healing’ dream” (p. 198) in which he witnessed a play from a balcony. In the first part of the dream, he felt anxious about losing a part of his body (castration), while in the second part, he saw the play through the eyes of the people in the audience, noticing an anxiety-producing sensation of not having the right side of his body:

This right side of my body was the side related to this particular patient and was therefore affected by her need to deny absolutely even an imaginative relationship of our bodies. This denial was producing in me this psychotic type of anxiety, much less tolerable than ordinary castration anxiety . . . . My irritability

. . . had its origin in a reactive anxiety of a quality that was appropriate to my contact with a patient with no body. [p. 198]

An initial observation pertains to the matter of hate: the analyst's irritation does not derive from an evacuation that the psychotic patient brings about of his own split-off destructivity, but rather arises from the psychotic anxiety that belongs to the patient (relative to having or not having a body), and that in some way comes to be experienced by the analyst. The patient's unconscious has modified the analyst's unconscious: Winnicott takes back his own psychotic anxiety of not having a part of his body, in response to the denial employed by the patient and her need for the analyst to deny the existence of even an imaginary relationship with the patient's body.

A second observation concerns the fact that, in this clinical conceptualization, the analyst's mental functioning is brought into play in order to understand the mind of the patient. In fact, there is little import in the statement that "in certain stages of certain analyses the analyst's hate is actually sought by the patient, and what is then needed is hate that is objective" (p. 199)—a technical point that catalyzed the reading of this essay, triggering very different reactions. The more substantive point is that, starting from the idea that the seriously ill patient exerts pressure on the analyst's unconscious to the point of making him feel psychotic anxiety, Winnicott modifies our way of understanding the transference-countertransference relationship. In fact, from his earliest remarks, he has been delineating—and this will become more clear as the situations he presents unfold—the theme that makes this essay a turning point in psychoanalytic theory and practice: *the subject* (the psychotic patient, the child with antisocial tendencies, the newborn) *exerts more or less intolerable tensions on the object* (the analyst, the care-giving family, the mother).

In other words, as I am endeavoring to demonstrate, what unites the three situations described, even if they are heterogeneous, is the necessity to turn one's attention to *the object's experience* and to the task of working through that the object must carry out in facing his reaction to "pressures" from the subject. Or, more precisely, as I will state in the following pages, *the unconscious of one puts forth a demand for psychic work on the unconscious of the other*. It is this "strain" that the patient makes the

analyst experience unconsciously, which “opens” an unexplored field (or one badly explored by Ferenczi): the object’s response to the subject’s unconscious movements, due to a tension that arises from primitive defensive processes.<sup>7</sup>

The technical implication that Winnicott draws from the clinical situation reported is that of having to “bear strain” (p. 198), but for our purposes, what he reveals is the connection that he establishes here when he states that the analyst “is in the position of the mother of an infant unborn or newly born” (p. 198). At this point, every detail of technique becomes “vitally important” and assumes a therapeutic value for those patients “whose very early experiences have been so deficient or distorted that the analyst has to be the first in the patient’s life to supply certain environmental essentials” (p. 198).<sup>8</sup>

### *The Antisocial Child*

Equally decisive was the experience that Winnicott had with a nine-year-old boy sent to an institution for children who had been taken away from their homes due to repeated instances of running away. This child, through running away, “was unconsciously saving the inside of his home and preserving his mother from assault, as well as trying to get away from his own inner world, which was full of prosecutors” (1947, p. 199). Winnicott decided, together with his wife, to take the boy with him to his own home and, in what proved to be “three months of hell,” the work unfolded in a border zone between psychotherapy and the exercise of parental functions. When the child stopped running away, he began to dramatize the persecutory attacks of his internal world, creating a tension so intolerable that Winnicott decided, on the occasion of these crises, to take him and put him outside the door of his home, giving him the chance to reenter once he “had recovered from his maniacal attack” (p. 200).

<sup>7</sup> In her paper of 1950 (in which Winnicott is not cited), Heimann addresses the theoretical picture of repression, following Freud’s invaluable intuition on communication between unconsciousness.

<sup>8</sup> Winnicott’s intuition and emphasis on the therapeutic role of the setting for seriously ill patients originate with these reflections.



What kept Winnicott from losing control and beating the child was the decision, each time that he placed him outside the door, to verbalize to the boy that what had happened had provoked hatred toward him. Thanks to this sequence of events, Winnicott experienced a series of tensions that permitted him, in a certain sense, to construct a “bridge” with the tensions to which the psychotic patient subjects us. In the (transferential-countertransferential) relationship with Winnicott, the child reproduced the internal dynamics that had come crashing down with the disintegration of his family of origin. As Winnicott notes, an adopted child

... spends his time unconsciously looking for his parents . . . . What happens is that after a while a child so adopted gains hope, and then he starts to test out the environment he has found, and to seek proof of his guardians' ability to hate objectively. It seems that he can believe in being loved after reaching being hated.  
[p. 199]

Here, too, the emphasis is apparently on hate, on the necessity to recognize it and contain it, and on the need of the child and of the seriously disturbed patient to feel himself hated in order to be able to feel loved.

But what comes to light from the situations described are two issues that *profoundly change the way of thinking about and doing psychoanalysis*. Winnicott is articulating and giving shape to a theoretical point of view to the effect that the patient's unconscious works on the analyst's unconscious and thus on his mental functioning. And, in the second place, he is introducing a methodological modification: that is, the necessity to consider the functioning of the analyst's mind as a tool of psychoanalytic investigation—implying, this different methodological position, the necessity of viewing not only the patient's mind as the object of work and of psychoanalytic investigation, but also (obviously to varying degrees and in various forms) the analyst's mind.

Our thoughts go immediately not only to the basic importance of Freud's self-analysis, but also and especially to that extraordinary passage found in psychoanalytic prehistory—that is, in *Studies on Hysteria* (Freud and Breuer 1895):

Experiences like this made me think that it would in fact be possible for the pathogenic groups of ideas, that were after all certainly present, to be brought to light by mere insistence; and since this insistence involved effort on my part and so suggested the idea that I had to overcome a resistance, the situation led me at once to the theory that *by means of my psychical work I had to overcome a psychical force in the patients which was opposed to the pathogenic ideas becoming conscious (being remembered)*. A new understanding seemed to open before my eyes when it occurred to me that this must no doubt be the same psychical force that had played a part in the generating of the hysterical symptom and had at that time prevented the pathogenic idea from becoming conscious. [p. 268, italics in original]

Here, although not deriving from a countertransferential phenomenon, the observation of the functioning of one's own mind permits Freud to understand an aspect of the patient's mind, and thus to formulate a hypothesis on mental functioning that will contribute to his construction of a model of the mind, of a theory of pathogenesis, and of a technical modality of intervention.

While in rethinking the clinical experience with the psychotic patient, Winnicott is still operating mainly within the Kleinian model, his reflections on the child taken into foster care refer only in part to a Kleinian reading (when he says that the child ran away in order to protect his mother from attacks and tried to save himself from his internal world of persecutors). Here the central point, however, is the unconscious search for the parents by the adopted child and his need to *test his surroundings* when hope springs up in him. This kind of reading, made possible (and necessary) by the emotional turbulence that the child causes Winnicott to experience, "forces" the latter to turn his attention to *the object's response* unconsciously evoked by the subject—which in my opinion is his second leitmotif, alongside the construction of the relationship with reality and the sense of being real, that runs through all of his investigative work.

This experience with a child deprived of his family contributed, on the one hand, to substantiating the metaphor of the analyst as a mother/parent who takes care of the patient, but, on the other hand, it especially facilitated a theoretical passage that connected and integrated a vision

of the mind based on the effects that the subject's unconscious exerts on the object's unconscious. In the economics of the article that I am discussing, the experience with the child also promotes Winnicott's "passage" from reflections on the psychotic patient to those on the mother of a normal infant.

*The Mother and the Newborn*

In the final part of "Hate in the Countertransference," we find ourselves facing a bizarre and unexpected list, at first glance superficial and at times an irritating one. The list seems to speak to the interpersonal relationship between a mother and an infant—observations that we might think of finding, perhaps, in a book for pediatric circulation. The list has a good seventeen reasons for which "a mother hates her baby, even a boy," before he can hate her:

The baby is not her own (mental) conception.

The baby is not the one of childhood play, father's child, brother's child, etc.

The baby is not magically produced.

The baby is a danger to her body in pregnancy and at birth.

The baby is an interference with her private life, a challenge to pre-occupation.

To a greater or lesser extent a mother feels that her own mother demands a baby, so that her baby is produced to placate her mother.

The baby hurts her nipples even by suckling, which is at first a chewing activity.

He is ruthless, treats her as scum, an unpaid servant, a slave.

She has to love him, excretions and all, at any rate at the beginning, till he has doubts about himself.

He tries to hurt her, periodically bites her all in love.

He shows disillusionment about her.

His excited love is cupboard love, so that having got what he wants he throws her away like orange peel.

The baby at first must dominate, he must be protected from coincidences, life must unfold at the baby's rate and all this needs his mother's continuous and detailed study. For instance, she must not be anxious when holding him, etc.

At first he does not know at all what she does or what she sacrifices for him. Especially he cannot allow for her hate.

He is suspicious, refuses her good food, and makes her doubt herself, but eats well with his aunt.

After an awful morning with him she goes out, and he smiles at a stranger, who says: "Isn't he sweet?"

If she fails him at the start she knows he will pay her out for ever.

He excites her but frustrates—she mustn't eat him or trade in sex with him. [1947, p. 201]

This apparently descriptive list instead achieves a powerful effect, that of "constructing" a relationship that, from the observing viewpoint of the mother's mental functioning, "reveals" the derivatives of her unconscious—her narcissism, her identity, her relationship with the drives. It describes, that is, a situation in which the child exerts an effect on the mother's unconscious, obligating her to carry out psychic work: the working through of her own childhood omnipotence (the baby's mental conception does not belong to her; he is not the father's baby and not the product of magic) and of the containment and transformation of her own drives and intolerable emotions (the baby excites her but frustrates her; she cannot eat him or have a sexual relationship with him, and she must not be anxious when she holds him). There must also be a reformulation of her own identity (the baby is an interference in her private life; her life must adapt itself to the baby's rhythms), and there must be a working through of her own persecutory anxieties (there is danger to her body during pregnancy; the baby wounds her nipples and tries to hurt her even though he does so out of love). The mother must meet and come into contact with her own internal world (she has the sensation that it is *her* mother who insists on a baby); there must be a working through of the "cure" of her own narcissism (the baby treats her like a servant; he throws her away like an orange peel; the baby has no idea what the mother is doing for him, and in the beginning he must be the dominating one; he is suspicious and makes her doubt herself, while she must love him even with his excrements).

In this way, Winnicott describes the relationship between mother and son in order to show that it is the mother who hates her own new-

born before he can hate her, but his description is much richer and goes well beyond his intentions: he demonstrates a relationship in which the baby makes the mother's unconscious "work," and prefigures a situation in which, in turn, the articulations of the maternal unconscious can generate effects on the child's emotional development (one of which is the fact that an environment based on the denial of hate ends up being harmful, both because forms of masochism in the mother can arise from this, and because it does not permit the baby to tolerate his own hate toward the object).

This is an extraordinary and productive broadening of that genius intuition that Freud had in 1914b, when he grasped in the parents' love the

. . . reproduction of their own narcissism, which they have long since abandoned . . . . He shall once more really be the centre and core of creation—"His Majesty the Baby," as we once fancied ourselves. The child shall fulfil those wishful dreams of the parents which they never carried out . . . . At the most touchy point in the narcissistic system, the immortality of the ego, which is so hard pressed by reality, security is achieved by taking refuge in the child. [1914b, p. 157]

It seems almost as though there is a "bridge" here between the 1945 essay and the one of 1947, ready to be found: the source of Winnicott's investigation of very early infancy—that is, of the dawn of psychic life—is made up of transference situations with psychotic patients. Simultaneously, his attention to the *psychic and unconscious relationship* between mother and newborn permits him to grasp and understand aspects of the transference-countertransference relationship, of the mental functioning of seriously ill patients, and of the origin of psychosis. Even a superficial reading of the paper on countertransference permits us to track the co-presence of three levels: (1) a theoretical level (since there are a good seventeen reasons that push us toward hypothesizing a "precedence" of maternal hate over that of the newborn, and then the inherent aspect of the death drive loses significance in the model of functioning of the mind in the earliest stage); (2) a clinical level (in order for the psychotic patient to acquire the capacity to distinguish hate from love, he must

enter into contact with an object capable of feeling hate toward him); and (3) a level of theory of technique (alongside countertransference as a blind spot, there is a form that constitutes the specific identity of that individual analyst, and ultimately an objective countertransference exists in reaction to the personality of that particular patient).

But the intersection of these three levels and the explication of the effects of their reciprocal interaction permit us to discern a new and unexpected scenario that will unfold during the subsequent quarter of a century of Winnicott's theoretical and clinical work. That integration does not occur simply in the clinical sphere and so in that of countertransference, but actualizes that *Junktim* of Freudian memory—that is, the inseparable connection between theory, practice, and research—through very diverse “areas” of mental functioning: the effect of the psychotic patient's mind on the analyst's mind; the effect of the mind of the child with antisocial tendencies on an adoptive parent; the effects of an infant's mental functioning on its own mother; and, at the same time, the effects of the mother's mental functioning on the baby's emotional development.

In this way, Winnicott creates a new interconnection for psychoanalysis, since he integrates into a unified theoretical-clinical picture a ground-breaking conception of the very early phases of the development of the mind (the newborn needs an environment capable of tolerating hate, in order to be able to hate and to be able to reach an integration of hate and love), a theory of pathological mental functioning (the psychotic patient cannot begin to tolerate his own hate or to distinguish it from love if the analyst is not able to tolerate the hate that the patient arouses in him), and a theory of consistent technique with both (the analyst's unconscious not only receives—as Freud said—communications from the patient's unconscious; the latter also modify the analyst's mind).<sup>9</sup>

<sup>9</sup> Winnicott presented this paper to the British Psychoanalytical Society on February 5, 1947. Almost a year later, on January 7, 1948, he presented another important paper, “Reparation in Respect of Mother's Organized Defence Against Depression,” the precursor of numerous studies on the effects of maternal depression on the child's psychic development, conducted beginning in the 1970s. In this essay of 1948, we witness

The vision of a Winnicott engaged simply in magnifying the importance of the environment is thus shown to be superficial, misleading, and unhelpfully partial. On the contrary, in "Hate in the Countertransference," it becomes evident that the vision of psychic functioning (in the diachrony of development and in the synchronicity of the analytic situation) is founded on the radical principle (and an absolutely innovative one) for which the unconscious functioning of the object, as well as its transformations caused by the unconscious of the subject, must be investigated and retransformed in order that the subject may embark on a psychic transformation.

Far from being merely an introduction of the analyst's arbitrary subjectivity into the theory of technique, this essay foretells a modification of both the Freudian paradigm and the Kleinian one, since it demonstrates—in clinical practice and in the theory of the development of the mind—not only the intrapsychic dimension, nor solely that of unconscious object relations. The revolutionary reading achieved by Winnicott with this lecture on the analytic situation and the mother–baby relationship consists in the construction of a space that until then did not exist (or existed only in embryonic form in Freud's cogent statement of 1912 on communication between unconsciouses). That is, Winnicott highlights in the field of psychoanalytic investigation the phenomena that are the effects of (reciprocal) action of the patient's unconscious on the analyst's unconscious. It is possible to observe such phenomena; it is necessary to analyze them; and it is legitimate to utilize them in understanding psychic functioning and in the transformation accomplished through analysis.

But this would have been the same as a simple clinical deepening of a Freudian intuition. What makes it a radical turning point is its having demonstrated that the birth and development of the mind *depends on*—in addition to the work of intrapsychic construction—the unconscious processes of interpsychic construction as well, and this is true as much in very early infancy as in the analytic relationship. Here lies a further

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the theoretical-clinical "fulfillment" of the theoretical-clinical revolution accomplished by Winnicott in "Hate in the Countertransference."

difference with respect to Freud and Klein: this is not only a communication from unconscious to unconscious, but also in play is the actual capacity of one unconscious to modify another.<sup>10</sup> The subject's unconscious is not limited, that is, to merely communicating with the object's unconscious (or vice versa), but also produces some effects and modifies it. The unconscious of one *puts forth a demand for psychic work on the unconscious of the other*. The matter is not merely one of tolerating and containing the emotions solicited by the other, but of *elaborating* what from the other's unconscious reaches the subject's unconscious.

This is the intuition (perhaps an unconscious one)—still implicit and yet at the same time profoundly well constructed—that Winnicott reveals in this work: the existence of a network of unconscious movements between subject and object that mark the progress of the analytic process and the development of the child's psyche. This network of unconscious movements activates the analyst's psychic functions and the mother's, permitting the development of the patient's missing psychic functions and those of the neonate still *in statu nascendi*. The fruits of this theoretical-clinical position of Winnicott's will fully mature in his last works (1968, 1969a, 1969b). Contemporary psychoanalysis, or a part of it—one thinks of Ogden (1994), Grotstein (2000), Ferro (2002), and Bollas (1995)—is still engaged in rediscovering them.

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<sup>10</sup> A fleeting intuition, perhaps still more at an "ideological" level than a theoretical-clinical one, of the "actual" consequences that the unconscious of the subject can have on the other is visible in a passage emphasized by Goretti (1997)—a passage from the famous paper by Isaacs published in 1948, in which she states that unconscious fantasy "is a true mental function and it has real effects, not only in the inner world of the mind but also in the external world of the subject's bodily development and behaviour, and hence of other people's minds and bodies" (Isaacs, p. 90).



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## THE RELUCTANCE TO SELF-DISCLOSE: REFLEXIVE OR REASONED?

BY ALAN SUGARMAN

*Despite a growing body of clinical literature advocating the thoughtful and judicious use of self-disclosure in psychoanalysis, there remains a reflexive reluctance to intervene in this way by many analysts of various theoretical persuasions. Why is this the case? Four motives for this reflexive reluctance to self-disclose are discussed: (1) theoretical reasons; (2) psychoanalytic authoritarianism; (3) fears of influencing the patient through suggestion; and (4) the analyst's personality characteristics. Examining the reasons for this state of affairs should help to reduce the rigidity or orthodoxy with which clinical psychoanalysis is practiced.*

**Keywords:** Self-disclosure, anonymity, neutrality, theory, relational analysis, transference, Freudian model, analytic process, authoritarianism, suggestion, abstinence, technique, mutative action.

A plethora of journal articles, book chapters, and clinical presentations by analysts of multiple theoretical persuasions suggests that analytic anonymity as a defining and guiding principle of psychoanalytic technique is honored more in its breach than is commonly acknowledged. Self-disclosures to the patient of all sorts, for a multitude of reasons, seem to occur regularly and with clinical utility. Yet many analysts continue to fear admitting this fact of psychoanalytic life, or they feel guilty when

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they do so, despite an extensive literature discussing the judicious and beneficial use of self-disclosure (e.g., Abend 1995; Bollas 1987; Burke 1992; Cooper 1998; Davies 1994; Ellman 2011; Ginot 1997; Greenberg 1995; Jacobs 1999; Marcus 1998; Renik 1995; Rosenblum 1998; Tansey and Burke 1989).

In contrast, many others believe that the issue of self-disclosure is an old debate that has already been settled, evidenced by the fact that one sees few articles about it in recent years. Yet one still sees a tendency in case discussions to mention or delete the mention of self-disclosures by the analyst, according to who the discussant or audience is. And one continues to hear blanket statements in technique seminars about the importance of not answering questions about the analyst until the underlying fantasies have been explored, as though this tactic will always be the most useful one.

Candidates, when speaking openly, often admit that they censor self-disclosures to the patient in speaking with certain supervisors, because these supervisors have previously criticized them for doing so without considering the actual impact of the self-disclosure on the patient. Despite the extensive literature supporting its considered use, advocates of self-disclosure continue to be accused of practicing something other than analysis (Shill 2004). It appears that many analysts continue to adhere to an idealized version of the “appropriate analytic stance,” similar to what Gabbard (2009) describes occurring in relation to termination. Thus, the question of self-disclosure seems to be still unsettled even if it receives more support in the literature than it did twenty years ago.

A contributing factor in this debate is the complexity surrounding what is called a self-disclosure. One finds a variety of types of self-disclosures reported in various venues. The analyst’s answers to questions about personal information such as his marital status, his revelation of personal interests either directly or indirectly, or his offer of personal opinions are examples. Other types of self-disclosures in the literature involve revealing a personal dilemma or problem to the patient. There is a body of literature discussing the pros and cons of the analyst’s disclosure of a serious medical problem, for example.

Other self-disclosures involve the analyst's reactions to the patient or to the patient's material. These can range from the analyst describing his state of mind or train of thought while arriving at an intervention, to how he heard or emotionally responded to what the patient has just said. Countertransference disclosures are yet another type of self-disclosure. To be sure, some of these self-disclosures are more broadly accepted than others. But all of them are controversial to some, so that analysts of many theoretical approaches often feel reflexively reluctant to make such an intervention.

This paper addresses the continued adherence to idealization of analytic anonymity and the not-uncommon reflex for analysts to feel reluctant to self-disclose to their patients in any of the above-mentioned ways. I take as a given that self-disclosure *per se* is neutral with respect to therapeutic action. Thus, it can function as an aid or a hindrance in any specific clinical encounter, and should therefore be viewed in general terms without prejudice (Jacobs 1999). Self-disclosure can enhance or impede the development and promotion of an analytic process. It should not automatically be dismissed or frowned upon; it has no greater potential for misuse than silence or anonymity.

But unlike these latter concepts, self-disclosures of all sorts continue to stir disquiet among many analysts, even those who use them regularly and with utility. Hopefully, greater examination of the reasons for this state of affairs will allow for a more objective study of the analytic process. I will not discuss here the clinical reasons for opting for anonymity over self-disclosure at any clinical moment; these reasons always vary with the patient and the issues prominent in the analysis at any particular instant. Many such reasons have been articulated and described elsewhere (see, for example, Hanly 1998; Jacobs 1999; Shill 2004).

Rather, it is the tendency to fall back on an unreflected-upon reluctance to self-disclose that interests me in this paper. After all, it seems contradictory for a science and technique that stresses the importance of self-reflection to advocate a technical precept that is to be followed simply on the basis of principle, rather than because reflection indicates or contraindicates its implementation at any particular time.

## THEORETICAL DIFFERENCES CONTRIBUTING TO THE RELUCTANCE TO SELF-DISCLOSE

### *Mutative Action*

One significant reason for an uncritical adherence to anonymity involves the theory wars that have characterized our discipline over the past forty years, if not longer. Busch (1998) clearly exemplifies those analysts who tend to equate self-disclosure with eschewing a Freudian model of therapeutic action:

The thrust of the self-disclosure movement in psychoanalysis comes from those theories that see the relationship as the major catalyst of the change process, with the analyst's behavior as the linchpin for change . . . , or the patient-analyst as the key to affect regulation . . . , or the patient's autonomy as mediated by the analyst's actions. [p. 519]

Shill (2004), in a more recent criticism of the analyst's self-disclosure, bases much of his searing critique on the idea that the rationale for self-disclosing has to do with the analyst's efforts to be more authentic in the analytic relationship, as opposed to promoting insight. To be sure, many discussions advocating the utility of the analyst's self-disclosures come from analysts affiliated with one or another of the relational models, including self psychology. Unfortunately, this fact leads too many analysts who are associated with the variants of modern (or even not so modern) Freudian theory to uncritically reject self-disclosure, because it must, de facto, disregard the importance of neutrality, abstinence, or "protecting" the transference from contamination. Hanly (1998) demonstrates this reason for not self-disclosing when he writes, "The question of self-disclosure is psychologically and logistically tied to the question of the analyst's capacity for neutrality" (p. 553).

Certainly, such issues are worth considering. The analyst's self-monitoring is essential to a therapeutically useful psychoanalytic process. But too often, straw-man arguments are raised about the value of these concepts as though self-disclosure, in and of itself, leads to a diminution in

neutrality, to excessive gratification, or to distortion of the transference. Such theoretical rigidity fails to consider the real issue: the place of self-disclosure in the model of mutative action used by an individual analyst. Even Busch (1998) notes, "Ultimately, it is the analyst's underlying theory of mind that aids in determining the value of self-disclosure for the analytic process" (p. 519). Renik (1995), in his advocacy for self-disclosure, echoes this point: "Of course, underlying my thinking about technique is an assumption about the mechanism of action of clinical psychoanalysis" (p. 493).

Is self-disclosure inconsistent with modern variants of the Freudian model? This would only be the case if the analyst continues to adhere to the topographic model that guided all of Freud's papers on technique. Abstinence—and by extension, anonymity—became important to Freud because they maintained and intensified internal tension as repressed drive derivatives continued to push against the defenses barring them from consciousness. To the degree that self-disclosure gratified repressed longings, it reduced internal pressure; from such a perspective, it only added to resistance.

This emphasis on not gratifying the patient as an essential contributor to mutative action was carried forward in Menninger's (1958) book on technique, a staple in training psychoanalysts through the mid-1980s, despite its essentially topographic emphasis. To quote Menninger:

Given the privilege to say whatever one is thinking to a listener who refrains from excessive or discouraging interruption, an individual seeking therapeutic help will experience both a gratification and a growing frustration, which lead to a denudation of the original wish to be cured and its replacement with more primitive, buried wishes and the employment of techniques that once applied to expectations of other kinds of persons for whom the therapist is substituted. [p. 43]

In other words, anonymity stimulates the transference by frustrating the patient. It is this idea, clearly based in topographic conceptions of transference, mutative action, and mental dynamics, that gave rise to the "rule" that one does not answer questions until one explores the pre-

sumed underlying fantasies. There are good clinical reasons to withhold a direct response to a question at times. But too often, analysts do so just because it is a "rule" without realizing the theoretical context from which this rule emerged.

Menninger went on to emphasize that:

The state of abstinence, then, refers to the activities of both patient and analyst: the analyst must abstain from responding to the patient's pleas, charges, maneuvers, requests, and demands in the way he would ordinarily respond were this a social relationship, and the patient must experience the denied satisfaction. For so far we have come upon no better method for allowing the patient to discover his style of, and his conditions for, living and hiding. It is this controlled frustration in analysis that highlights the patient's typical methods of relating himself to the significant people in his life. This self-discovery is crucial for the process of recovery. [1958, p. 57]

In many ways, this view of mutative action is out of date and inconsistent with most of the articulated theories of mutative action espoused by contemporary Freudians of all ilks, as well as by analysts of other current persuasions. Yet too often, analysts fall back on the importance of anonymity in a surprisingly nonreflective way. In part, they do so because they believe this is what differentiates them from relationally oriented analysts. They fail to realize that this is not the case. As Busch (1998) points out, "While structural theory has been seen as antithetical to self-disclosures, there is nothing inherent in the model that suggests this need be the case" (p. 519).

In fact, Gray (1994) and Busch (1995, 1999) have worked to integrate the technical implications of the structural model into the psychoanalytic theory of technique. They have shifted the emphasis away from making unconscious content conscious and toward a process goal of facilitating the patient's capacity to self-analyze by observing and thinking about his mind as it operates in the analytic session. For example, in considering mechanisms of therapeutic action, Busch (1995) asks, "Is it the understanding of the patient's unconscious fantasies, or is it the



increasing awareness of one's own thought processes and the barriers to this awareness?" (p. 43).

Such a model of mutative action implies that the analyst does not need to be concerned about maintaining internal tension or about doing anything else that might reduce the likelihood of repressed content becoming conscious. Instead, the goal is to help the patient see how he keeps himself from observing his mind in the clinical hour. From this perspective, I have suggested that mutative action "is best accomplished by helping our patients to consciously experience and expound on all their inner workings with a minimum of restriction" (Sugarman 2006, p. 968). In this contemporary structural perspective, the issue becomes one of considering how or when one's self-disclosure may facilitate or restrict the patient's ability to self-reflect. Put another way, I believe that "what is mutative in analysis is the facilitation of a mechanism for self-understanding that leads to mental expansion" (p. 969).

### *The Impact of Self-Disclosure on the Transference*

Another theoretical contributor to the reluctance to self-disclose stems from concerns about its impact on the transference. In considering the analyst's functioning, Rosenblum (1998) wonders:

Why was it so difficult to achieve awareness of unwitting self-disclosure? I believe part of the resistance reflects an idealization of Freud, who maintained that the avoidance of self-disclosure was necessary for the development and resolution of a transference neurosis. [p. 538]

Fueling much of the reluctance to self-disclose is the concern that doing so will bias, inhibit, or otherwise affect the transference in ways that will prevent it from being used optimally toward analyzing the patient's conflicts. Although this can certainly occur, it is not inevitable (Jacobs 1999). But not all analysts are comfortable that this is the case. Shill (2004), for example, argues:

This is the reason that observing abstinence and neutrality to the extent necessary to protect the transference from deliberate

contamination would be *indispensable* ingredients in a treatment focused on the interior of the patient's personality, where the transference and all other interpersonal events are represented. [p. 161, italics added]

Those who fear that self-disclosure automatically disrupts the transference seem not to realize that their concern is based on several outdated theoretical assumptions. Perhaps the most obvious is the idea that transference is an unusual and fragile phenomenon that must be fostered and/or protected. Brenner (1982) challenged this assumption thirty years ago when he wrote:

Analysts are generally agreed that transference can develop fully only in the setting of an analysis . . . that transference as a phenomenon in psychic life stands in a special relationship to psychoanalysis as therapy and to the psychoanalytic situation. The fact is otherwise. [p. 194]

Every interpersonal experience involves seeing the other through a prism made up of the subject's representational world, derived from the complex conflicts that create and perpetuate it. Philosophers such as Merleau-Ponty (1962), and Gestalt psychologists such as Koffka (1935), have long known that perception is affected by internal, subjective factors; perceptions and representations are never veridical replicas of external reality. The only thing unique about transference in psychoanalysis is that it is attended to and discussed by the patient and the analyst. It seems unnecessary that the analyst do something unusual—such as fail to answer a question, or remain anonymous—in order to foster transference; rather, it is humanly impossible for it *not* to occur. As Renik (1998) notes, “No special, regressive state of mind is needed to identify and explore transference, only a redistribution of attention that comes from the commitment of analyst and patient to thorough and honest investigation” (p. 590).

The real issue should be how the analyst's self-disclosure in the interaction shapes, colors, or otherwise acts as a major factor in the patient's transference. And Renik (2006) notes that information learned about the analyst does not always affect patients' transferences as much

as expected by those who fear it must automatically do so. He describes a patient whose envy was such that he continually intensified his negative views of the analyst in the face of ever-growing information to the contrary.

Further adding to a reflexive reluctance to self-disclose is the definition of transference used by many analysts. In general, they have in mind the displacement or externalization of representations of the patient's primary objects from the past onto the person of the analyst. Shill (2004), for example, worries about self-disclosure disrupting the patient's ability to realize that the analyst is not truly like the patient's parents. Ideally, Shill notes, "patients can engage in the 'as if' quality of the transference experience and can identify differences and similarities in the manner in which the analyst is perceived/experienced in the transference compared to the primary objects" (pp. 170-171).

Implicit in this concern is a belief that these types of transference phenomena are the royal road to the infantile conflicts and fantasies that presumably give rise to the patient's difficulties. But contemporary structural theory questions whether a patient's fantasies about either the primary objects or the analyst are truly a residue of infantile conflicts. Inderbitzin and Levy (2000) remind us that research indicates that the mind does not develop in a purely linear fashion. I have noted instead that "the development of the mind and the functions it comprises (including self-reflection) involves a gradual and not always continuous progression from one level of complexity to another, one where sensorimotor actions are subordinated to and transformed into abstract representations" (Sugarman 2010, p. 681).

Thus, both "memories" of primary objects and perceptions of the analyst are current-day constructions that serve a variety of current-day functions in the patient's mind. This perspective suggests that the patient's central intrapsychic conflicts will find a way to express themselves in the patient's transference, often regardless of self-disclosures. Such a more contemporary definition of transference leads away from the search for some historical gold that might become tarnished or cheapened by personal knowledge about the analyst.

Finally, there are other types of transference besides the classical transferences of past object ties. Gray's (1994) ideas about resistance

analysis derive from Anna Freud's (1936) description of the transference of defense, as well as from later elaboration of her thinking by Gill (1982). More recently, Silk (2004) noted that all aspects of the patient's mental structure become transferred into the relationship with the analyst; hence he describes transference as the interpersonalization of mental structure.

Intense transference reactions can just as easily reflect an externalization of the patient's problems with affect regulation or with the capacity to use verbal, symbolic communication as they can reflect the displacement of a parental object representation. In the former cases, self-disclosures by, or anonymity of, the analyst can impact the transference because of the patient's enactment of structural issues. What is key is the analyst's recognition of this impact, and his ability to use this recognition to determine his position and to subject it to scrutiny with the patient. Often, one can use a self-disclosure as a way to encourage the patient to look at the meaning of a revelation to him and its impact on him; it becomes what Chused (1996) calls an *informative experience*.

## THE AUTHORITARIAN HERITAGE IN PSYCHOANALYSIS AS A CONTRIBUTION TO THE RELUCTANCE TO SELF-DISCLOSE

Why have these theoretical advances in the psychoanalytic theory of technique not led to greater comfort with self-disclosure by practicing analysts? After all, the views described above have been part of our professional literature for some time. Yet self-disclosure remains something many are reflexively loath to engage in, rather than considering its relevance to any particular interaction with a patient.

It seems likely that a significant reason for this continued discrepancy between our literature and our practice has to do with the long history of basing our ideas and practice on verbal transmissions from authority figures, most notably Freud. Levine (2003) states:

Authoritarianism can also appear in interactions between analysts and their patients, as a greater-than-functionally-required

stress on rules, morality, and control of behavior, thought, and feelings. Lipton's study of the perfectionism and rigidity that typified American classical technique for many years (1977) depicts extensive authoritarian encroachments into the way psychoanalysis was practiced. [p. 206]

Our discipline has a long history of excommunicating those who challenge the accepted views of others in authority, rather than subjecting their ideas to critical consideration and even to research when that is possible. Our current-day pluralistic world in part reflects this tendency, since new ideas often give rise to entire new models of the mind due to our collective reluctance to critically consider and integrate them if they challenge the received wisdom espoused by our idealized supervisors, teachers, and training analysts.

Bornstein (2004) sees the problem as rooted in the perpetuation of narcissism in psychoanalytic institutions, something he traces back to Freud's own narcissism and lack of awareness of his own defensive idealization of the psychoanalytic movement and his ideas (Kernberg 2004). Bornstein writes, "The idealizations and grandiosity were expressed in a rigid, repetitive preoccupation with protecting psychoanalysis through use of secrecy, insularity, control of power, and *intolerance of diverse opinions of others*" (2004, p. 71, italics added).

Skolnikoff (2004) agrees with Bornstein and traces the tendency to rely on authoritarian prescriptions more than critical thought to psychoanalytic training:

It is unsettling to contemplate new ideas, particularly if they challenge strong beliefs on which our analytic identities are founded. This foundation is inextricably bound up with analytic training, with the ways our training analysts and supervisors analyzed and supervised, and with the analytic theories that they held, implicitly and explicitly. [p. 93]

Kernberg (1996, 2006, 2007) has published a series of papers arguing that various problems in the way psychoanalysts are trained lead to reductions in creativity, intellectual rigor, and awareness of and openness to new developments in psychoanalytic thinking and its implementation.

Although they did not appear in print until recently, Arlow (2010) had similar concerns much earlier:

One of the reasons for the shortcomings in psycho-analytic education relates to historical developments. Psychoanalysis began as a movement clustered around an heroic figure and consolidated around a myth of struggling against hostile enemies . . . . Other factors, the specific nature of the psychoanalytic experience, the master-apprentice relationship, serve to influence the philosophy behind the psychoanalytic curriculum. [p. 9]

Like Kernberg (1996), Arlow criticizes the tendency of many institutes to devote at least 25% of their curriculum, if not more, to the primary writings of Freud, pointing out that such an approach can hardly be viewed as scientific. “We are, in fact, the only science that uses textbooks that are almost 100 years old. As a result, our candidates are indoctrinated with what psychoanalysis was and not with what psychoanalysis is” (Arlow 2010, p. 9).

This difficulty pertains to the reluctance to self-disclose because of its stultifying effect on remaining open to and thinking critically about matters of psychoanalytic technique. Arlow advocates a more thoughtful approach to teaching technique: “A specific objective would be to offset the tendency now widely used to impose comfortable and familiar paradigms on certain configurations of the clinical material, without regard for their dynamic setting” (p. 10).

The insidiousness of this authoritarian teaching about the “correct” way to practice psychoanalysis was evident at a recent meeting of the American Psychoanalytic Association. At a panel entitled “Play and Playfulness” (2011), the majority of the panelists emphasized their belief that one needs to utilize a psychoanalytic model of the mind other than a Freudian one in order to be comfortable with one’s spontaneous and interactive ways of working, which the panelists contrasted with the stereotypical blank-screen approach presumably advocated by more traditional analysts.

Akhtar (2011), for example, poignantly described how her early training experiences—in which certain teachers and supervisors con-

veyed their belief that child analysis was not real analysis—made her feel constricted and uncomfortable in responding spontaneously to the different ways that her young patients brought in material. Unfortunately, she took from this experience that a different theoretical model was necessary to justify the ways in which she worked, rather than realizing the problem lay with her teachers, not with the model. Luckily, she found her way to an effective method of working analytically. Ultimately, it does not matter what model she found most compatible so long as it helped her to analyze effectively.

But similar experiences lead many analysts to work in reflexive and potentially rigid ways because their teachers and supervisors have conveyed that newer ways of intervening, such as self-disclosing, “are not analysis.” Sandler (1983) noted this problem in our discipline:

The conviction that what is actually done in the analytic consulting room is not “kosher,” that colleagues would criticize it if they knew about it, comes from the reality that any analyst worth his salt will adapt to specific patients on the basis of his interaction with those patients . . . . He may be very comfortable with this as long as it is private rather than public, especially in view of the tendency for colleagues to criticize and “supervise” one another in clinical discussions. [p. 38]

To be told that one is not doing real analysis is to be on the receiving end of one of the most damning critiques that can be made in our field. To tell a developing analyst this, either explicitly or implicitly, runs the risk of disrupting the ease with which that analyst is finding a way of working psychoanalytically that fits his temperament. It interferes with the natural tendency noted by Kite (2008) that “we all evolve a technique that ‘fits our character’” (p. 1076).

An interaction with a respected mentor and former supervisor of mine demonstrates how our tendency to fall back on verbally transmitted “rules” could lead the analyst to become reluctant to depart from traditional “wisdom.” My mentor questioned me about a paper that I had recently published in which I presented the analysis of a latency-age girl to support certain views of mine regarding the psychoanalytic process. In

that analysis, the girl discerned my interest in professional sports from the way that I elaborated some of her play material and from my answers to some of her questions, which betrayed my knowledge of certain facts about professional baseball. She then developed a fascination with baseball and used that interest to forge a relationship with her father that excluded her mother from their shared activities.

The patient and I analyzed this interest in detail, both with regard to her idealization of and identification with me, and as a vehicle for enacting her oedipal struggles. And we were able to use our shared interest in and loyalty to our local baseball team as a useful metaphor with which to examine various dynamic conflicts at certain moments in the analysis—even her anxieties about termination. Although she had clearly identified with me, she was eventually able to self-reflect on the conflicts expressed through baseball in a way that promoted the analytic process.

Nonetheless, my former supervisor saw my self-disclosures as creating a process that was too much about me and not enough about the patient's internal world. To me, the girl had used baseball as a vehicle to demonstrate, gain awareness of, and then analyze her internal conflicts; these conflicts were clearly her own, not something of my making. They were apparent in many contexts, and baseball, which certainly began as an identification with me, served primarily as a means to express and reflect on them. Her interest in it was never regarded by me as curative. In short, I fail to see how this kind of self-disclosure, which seemed to facilitate the unfolding and deepening of the psychoanalytic process, can be harmful unless one assumes that self-disclosures are harmful *de facto*.

Luckily, I was sufficiently experienced, and had gained the confidence that comes with years of practicing psychoanalysis, not to accept this view from an authority figure uncritically. But less experienced analysts and candidates are at particular risk to let such reactions from someone they respect override their ability to think for themselves. In this way, the common tendency to feel reluctant to self-disclose, or to admit that one has done so, has been fostered by the uncritical acceptance of perceived authority by our discipline.



## ANXIETY ABOUT SUGGESTION AS MUTATIVE ACTION AS A CONTRIBUTION TO THE RELUCTANCE TO SELF-DISCLOSE

Implicit or explicit in the reluctance to self-disclose is the concern that the patient will experience the disclosure as a suggestion, causing him to change in order to identify with the analyst rather than because of insight. This is certainly a risk. An Asperger's patient whom I saw for years in analysis proved so non-amenable to standard interpretations of defense that my self-disclosures were at times necessary to encourage perspectives other than his own. For example, he often met my interpretations of defense or my attempts to understand certain rigid ways of thinking with comments such as "Of course—doesn't everybody?" or "Of course, it would be stupid to think otherwise!" He might devalue someone based on his religion or political affiliation, for instance, in order to justify his hostility or insensitive behavior.

Attempts to interpret the typical dynamics underlying such apparent defenses were of no avail because the patient could not conceive that there would be any meaning to his behavior other than the manifest one, given its obvious logic and good sense. In desperation, I would sometimes disclose aspects of myself to forge an opening into his rigid thinking. I would acknowledge having religious or political beliefs similar to his, for example, while stressing that, nonetheless, I found it possible to be friends with individuals who thought differently.

These interventions were helpful in allowing the patient to then consider that other ways of thinking or behaving were possible, as well as his possible dynamic motives for not having done so. The self-disclosures promoted the analysis of his defenses by helping him see that his thoughts had meaning; that is, they were not simply accurate reflections of reality. But self-disclosures also led to his sometimes grossly identifying with me and trying to model himself after me. We were able to explore his tendency to hear these as "directives" and to modify it with analysis. Nonetheless, the self-disclosures were initially heard as suggestions, although it was possible to work with this in a way that did not perma-

nently disrupt the psychoanalytic process and in fact actually facilitated it.

Many analysts believe that these types of interventions, when experienced by the patient as suggestions, must inextricably distort the analytic process because of their undue influence on the patient. Such self-disclosures are often equated with giving up analytic neutrality (see, for example, Shill 2004). But this concern blurs the concepts of anonymity and neutrality. Such blurring is understandable given the complexity of the concept of neutrality and the many definitions that have been attached to it, as Greenberg (1986) notes. Greenberg suggests a relational definition of neutrality, observing that it has “the goal of establishing an optimal tension between the patient’s tendency to see the analyst as an old object and his capacity to experience him as a new one” (p. 97). There is no automatic problem with self-disclosure once we adopt this definition of neutrality, which is clinically consistent with Anna Freud’s (1936) “equidistant” one. Patients who cling rigidly to a closed internal world may require the analyst’s self-disclosures in order to see the analyst as enough of a new object to be able to perceive and analyze their transferences. This was the case with my patient who suffered from Asperger’s.

But analysts who conflate anonymity with neutrality inevitably fear self-disclosures, which are viewed as something to be avoided because of their potential to influence the patient. Oremland (1991), for example, writes, “At a deep level, neutrality is the safeguard against the profound human tendency to make others into our own image” (p. 65). Consequently, some analysts remain reluctant to self-disclose because they find it difficult to believe the experience of other analysts—that is, that those analysts sometimes find it helpful because they can utilize the patient’s experience of the self-disclosure as a suggestion to further the analytic process and the patient’s ability to self-reflect.

Here again, the specter of Freud hangs over our discipline’s comfort with innovation. In 1919, Freud made his famous comment that “it is very probable, too, that the large-scale application of our therapy will compel us to alloy the pure gold of analysis freely with the copper of direct suggestion” (p. 167). Ever since then, psychoanalysts have equated

suggestion with impurity, and specifically the sort of impurity that dilutes the essence and intrinsic value of analysis. For example, Blum (1992) states:

It is worthwhile to reassert that insight is the unique, critical agent of psychic change in clinical psychoanalysis. Other treatments may offer a constant setting, a consistent framework, a reliable relationship with empathy, *suggestion*, etc., without analytic insight into the patient's unconscious. [p. 257, italics added]

Blass (2010) has more recently supported this view while clarifying Freud's emphasis: "It is not psychotherapy per se which Freud regards . . . as mere 'copper' in comparison, but rather the method of 'direct suggestion' which he thought might be necessary in large-scale applications of analytic treatment" (p. 16).

It is not surprising, therefore, that so many analysts recoil at the idea of self-disclosing with its potential to be experienced as a suggestion. Who wants to go on record as advocating the dilution of our technique and simply trying to influence our patients? But it is important to remember the reasons that Freud believed it necessary to dismiss suggestion before determining whether it poses a serious problem in the light of current theories of mutative action. McLaughlin (1996) suggests that Freud's reasons were threefold:

Because Freud wished to claim scientific objectivity, to downplay any resemblance between analysis and hypnosis, and to curb the excesses of his fellow analysts, he attempted in his papers on technique to impose powerful constraints and idealizations about how analysis was to be carried out. [p. 206]

Others have emphasized Freud's concern with minimizing the potential for the analyst's unconscious communications and influence on the patient (Oremland 1991). Roustang (1983) notes:

To admit that the analyst can have an influence on the patient or that he can will or wish something for him . . . would ruin the entire psychoanalytic discovery . . . . Above all, one must at any cost prevent such a question from being posed, for if it is posed,

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one will be forced to speak not only of the analyst's conscious wishes, but of his unconscious wishes, which would put him in the position of never really being able to know what he is doing. [pp. 55-56]

In particular, free association was established as a fundamental rule in order to minimize the influential impact of the relationship with the analyst and to keep both parties focused on the patient's mental workings. McLaughlin notes that an implicit point in favor of free association was its role in constraining the analyst's less conscious yearnings to control or dominate his patient. From this perspective, suggestion was to be avoided. He writes, "This prescribed stratagem can be seen as an attempt to reduce the impact and immediacy of the analyst's personal need to exercise authority over, and to modulate his becoming overinvolved with, the patient" (1996, p. 207).

In contrast, Brenner (1996) traces the discouragement of the analyst's suggestions to the recognition of the importance of analyzing defense that occurred during the 1930s, likely stimulated by Anna Freud's (1936) groundbreaking work on the importance of defense mechanisms. As the emphasis on the role of suggestion in analysis waned, analytic technique changed. Brenner (1996) comments that "the analyst's influence, its suggestive effect, was to be minimized, not relied upon to help accomplish the task of analysis" (p. 24). Thus, Freud's original approach to analyzing resistance—pointing to it and telling the patient he was resisting, with the implicit suggestion to stop doing so—gave way to the dawning recognition that it was important to analyze the reasons *why* the patient was resisting and the danger situations that motivated this resistance, not simply to remove it in order to reach the pure gold of defended, unconscious mental contents. To the degree that suggestion interfered with defense analysis, it was an obstacle to a full analysis of the patient's internal conflicts.

This negative attitude toward suggestion was expanded by Gray (1994). What he referred to as a *developmental lag* in the evolution of analytic technique usually meant what he viewed as a failure to use interpretive means, rather than suggestion, to analyze defenses. Gray takes pains to distinguish his approach from that of Freud, whom he describes

as continuing to use suggestion as part of his technique to confront defenses at the same time that he warned against it:

The essence of the analyst's power that makes the "inducing" possible was bestowed on him by the transfer to the analyst of images of parental authority from childhood that the patient had meanwhile internalized . . . . By 1919 the expedient of therapeutically "exploiting" with suggestion this reexternalization (with whatever accompanying technical shortcomings) had become the most effective tool thought to be available in the analyst's repertoire for coping with the crucial obstacle to treatment, the resistance. [1994, p. 106]

Gray criticizes this use of suggestion via the analyst's authority as something less than full analysis; it implies that cure occurs through internalization of the analyst's authority vis-à-vis the superego. He prefers what he calls *non-internalizing solutions* that involve full analysis of the superego and the projected transferences of which it is composed. Such an approach is seen as more stable than cures arising from internalization based on suggestion:

Just as in the child's early and later development, the internalization process does not eliminate the ego's "uses" of external authority for auxiliary control, so that internalization is not so stable structurally that its reprojection cannot regularly recur in varying degrees. [1994, p. 124]

This concern causes many analysts to be leery of self-disclosure. But even Gray acknowledged that many patients need and/or demand a technique that involves internalization of aspects of the analyst. Thus, he restricted his approach to what he called *narrow-scope* patients, those whom other analysts might call neurotically organized. These are the patients whom Greenberg (1986) describes as more open to new experience, and therefore less in need of the analyst's establishment of himself as a new object with interventions such as self-disclosures. Patients with ego distortions or difficulties, or with rigid character structures, will more often use internalizations of the analyst to deal with their structural vulnerabilities.

My Asperger's patient described earlier became quite open about what he perceived to be the necessity of using my self-disclosures as "directives." He was quite matter-of-fact about his difficulties in understanding his own and others' inner workings, as well as his need to use *my* inner workings as a template to guide his efforts to self-regulate and to get along with others. In this way, he was like the patients whom French analysts speak of as not having the capacity for representation; in these cases, the French approach is to prescribe "waiting until the patient develops such a capacity before using interpretive measures, reserving that approach for verbal material that has become part of the symbolic discourse" (Smith 2007, p. 1736).

With such patients, self-disclosure by the analyst may offer a useful model that leads to the internalization of a symbolic or reflective capacity (Sugarman 2006, 2011). In essence, self-disclosure may be an implicit or explicit suggestion to view one's thinking from a more abstract and self-reflective perspective, instead of assuming that one's thoughts are a veridical, concrete replica of external reality, and therefore clearly correct and not to be questioned. Such an approach to self-disclosure seems consistent with both contemporary structural and Bionian views of mutative action.

Definitional issues regarding psychoanalysis also contribute to the reluctance to self-disclose. To the degree that self-disclosures can be experienced as suggestions, some analysts shy away from them because suggestion has traditionally been thought of as an acceptable intervention in psychotherapy, but not in psychoanalysis (Oremland 1991). It is not uncommon to hear colleagues qualify a report of a clinical vignette involving self-disclosure with "but it was only psychotherapy, not psychoanalysis!" This distinction dates to the early days of psychoanalysis. As Fosshage (1997) emphasizes, "Early in the development of psychoanalysis, interpretation was juxtaposed with suggestion and used as a major criterion as to what was distinctly psychoanalytic" (p. 414).

In the middle of the last century, Bibring (1954) enumerated five sorts of technical interventions: suggestion, abreaction, manipulation, insight through simple clarification, and insight through interpretation. Psychoanalysis was subsequently differentiated from psychotherapy by

the relative balance of these sorts of interventions. The most extreme demonstration of this approach was the Menninger Psychotherapy Research Project (Kernberg et al. 1972; Wallerstein 1986), in which the two modalities were distinguished by counting the number of interpretive versus supportive comments by the analyst. The limitations of such a way of defining the two techniques are obvious, although usually overlooked by those who claim that the study proved that supportive treatments lead to structural change.

Regardless, most contemporary literature on technique considers the distinction between supportive interventions such as suggestion, on the one hand, and interpretation, on the other, to be overstated—e.g., “moreover, the distinctions in technique among interpretation, suggestion, support . . . are not feasible” (Fosshage 1997, p. 417). Nonetheless, many analysts continue to be reluctant to self-disclose because they think that such an intervention is a therapeutic one, not an analytic one.

## PERSONALITY CHARACTERISTICS OF ANALYSTS AS A CONTRIBUTION TO THE RELUCTANCE TO SELF-DISCLOSE

Another contributor to the reluctance to self-disclose is often ignored: that is, the personal psychodynamic issues that contribute to many psychoanalysts' choice of the “impossible profession” or to their selection of a particular model of therapeutic action. Obviously, not all of us have the same conscious or unconscious reasons for becoming psychoanalysts or for practicing in the ways that we do. But certain similarities do exist and contribute to the stereotypes of us formed by the public—the ones that show up regularly in *New Yorker* cartoons. This should not come as a surprise. After all, one's choice of profession and one's way of practicing it are as much compromise formations as any other aspect of human behavior.

Stolorow and Atwood (1979) made this point some time ago when they discussed the various personality issues and life events that caused a number of early analysts, including Freud, to delineate their own, individual version of psychoanalytic theory. They explained that theo-

ries—what we might these days call models of the mind—are by their nature speculative rather than empirical facts that cannot be disputed. The same holds true for models of mutative action and the techniques that derive from them. Both these models (mind and mutative action) have not yet been subjected to rigorous research that might allow more objective discussions of validity and utility. Until such research occurs, any particular psychoanalyst's choice of models and way of practicing will be a subjective decision, despite the analyst's honest attempt to ensure it is the one he believes most likely to help the particular patient whose treatment is guided by it.

As Kite (2008) says, "I have come to believe, bottom line, that the invariable substrate of our technique—which I also think of as our action as analysts—is our character. The way we analyze is who we are or have become" (p. 1077). This is poignantly demonstrated in a paper by Sarnat (2008), who demonstrates how her own internal conflicts complicated her attempts to understand her patient or her supervisor's suggestions, as well as her attempt to incorporate these understandings into her way of working. She found it difficult to balance interpretation and the clinical use of her relationship with the patient—what she called the "close/far" polarity—because of personal internal conflicts. She stated:

My relationship to the "close/far" question was shaped by meanings I brought to it from my personal history, and while the question was enlivened for me by unconscious fantasy, it was also, of course, more conflictual, more anxiety provoking, and more difficult to resolve. [p. 113]

As Stolorow and Atwood (1979) put it:

Rather than being results of impartial reflection upon empirical facts accessible to everyone, they [theories] are bound up with the theorist's personal reality and precede his intellectual engagement with the problem of human nature. The personality theorist is a person and therefore views the world from the limited perspective of his own subjectivity. [p. 17]

The same caveat holds true for the practicing psychoanalyst and his reasons for any intervention he makes. Renik (1993) makes a similar



point: "Even the slightest nuance of disposition influences how an analyst hears material, influences whether the analyst decides to remain silent or to intervene, influences how the analyst chooses his or her words and in what tone they are spoken, etc." (p. 558).

One does not have to accept an intersubjective model of the mind to realize the incontestable fact that any mental action is a compromise formation that, by definition, is determined by the same elements that affect every other mental action. After all, Smith (1997, 2001) has repeatedly pointed out the tendency of analysts affiliated with different theoretical camps to polarize and distort each other's positions as a way to stress the obvious superiority of their own preferred model. Narcissistic, competitive, and aggressive conflicts seem implicit in such behavior and speak to the degree to which the choice of model and way of working is affected by such conflicts. Kite (2008) suggests that choices of preferred models or ways of working are more often determined by the analyst's character than is often admitted, so that theoretical justifications to support the way of working often become elaborate and unconscious rationalizations.

Levine (2003) and others (Grossman 1995; Milton 2000) have looked at the stresses of psychoanalytic practice, particularly transference-countertransference pressures, to explain the authoritarian rigidification of technical principles. "Technical suggestions and guidelines, introduced initially to aid navigation in murky analytic waters, gradually become rigidified and reified, finally turning into rules or procedures far more sacrosanct and imposing than was ever intended" (Levine 2003, p. 213). Levine seems to agree with me that this problem has occurred with regard to self-disclosure when he continues, "It is in this frame of mind that abstinence and anonymity can be exaggerated and distorted" (p. 215). While noting that obsessional defenses, critical superego reactions, and distorted ego ideals contribute to these tendencies, Levine puts the greatest emphasis on the nature of the psychoanalytic process and the authoritarian aspects of psychoanalytic organizations and training as stimulators of these defenses and conflicts.

This is certainly true (authoritarian contributions to the reluctance to self-disclose were discussed in an earlier section of this paper). But

as psychoanalysts, we know that individuals bring certain defenses and conflicts to reality situations and interactions; they are never created *de novo* by that external reality. It seems reasonable to assume that anonymity and the blank-screen approach, when applied reflexively, represent a comfortable fit with the analyst's personality style. Aggressive, narcissistic, and exhibitionistic conflicts are likely contributors to working routinely and reflexively in these ways. Aside from its clinical merit with any particular patient at any particular time, remaining anonymous can protect the analyst from humiliation while containing any aggressive or exhibitionistic impulses that might be stimulated in the transference-countertransference mix.

To the degree that anonymity is embraced primarily because it is considered important not to gratify the patient, the analyst's withholding can be an implicit motive. When this is the case, aggressive conflicts are implicated, even if they are obscured by the superego and the ego ideal motives that foster anonymity.

On the other hand, self-disclosing can itself express aggressive elements of the analyst's character. It can be an unabashed statement along the lines of "this is who I am," possibly representing an exhibitionistic motive that may be conscious or unconscious. To follow Kite's (2008) logic, analysts who are *not* reflexively reluctant to self-disclose likely have different sorts of personality structures—or at least different compromise formations—with which to deal with narcissistic, exhibitionistic, and aggressive conflicts than those who are reflexively reluctant to do so.

To be sure, the stereotypes of the controlled, withholding Freudian analyst and the aggressive, exhibitionistic, relationally oriented analyst are just that: stereotypes (Smith 2001). Nonetheless, stereotypes may contain a grain of truth or they would not have come into being. Thus, it does seem reasonable to assume that analysts who *are* reflexively reluctant to self-disclose handle their conflicts around aggression, narcissism, and exhibitionism differently than those who espouse its value.

Of course, that is not to say that one personality style is preferable over the other in practicing psychoanalysis. But it is important to remain conscious and explicit about the fact that our choices of ways of practicing are always, in part, shaped by our own personal compromise

formations or character, despite our best efforts to be sure that we are offering our patients the treatment that we believe is most likely to be helpful. Part of the complexity involved in being an effective psychoanalyst is the continual need to find a way of working analytically and promoting a psychoanalytic process that fits with our own individual personalities. The analyst's attempts to work in a way that a particular supervisor advocates, but that does not fit well with who the analyst is, usually result in awkward interactions with patients that are less than optimally effective.

## CONCLUSION

An increasing number of analysts are converging around the importance of reducing the degree of rigidity or orthodoxy with which psychoanalysis is clinically practiced. Many aspects of technique are being questioned and rethought as contemporary analysts of all persuasions try to disentangle their ways of working from preexisting biases based on theoretical orientation, psychoanalytic politics, and the complicated effects of psychoanalytic training. This paper has considered the issue of the analyst's self-disclosure in this respect. Despite many analysts' agreement that judicious self-disclosure can be clinically useful with certain patients at certain points in an analysis and for certain reasons, many other analysts remain reflexively reluctant to self-disclose no matter the clinical indications—or if they do so, they are reluctant to publicly admit it.

Four apparent reasons for this seemingly nonanalytic reaction are enumerated in this paper and discussed in some detail: (1) theoretical reasons; (2) psychoanalytic authoritarianism; (3) fears of influencing the patient through suggestion; and (4) the analyst's personality characteristics. This list is not meant to be exhaustive; there are likely other reasons why some analysts are reluctant to self-disclose. (And of course, some readers may question the relevance of one or more of these reasons.) Nonetheless, it is hoped that this discussion can usher in further consideration of this vexing issue.

It seems most reasonable that the analyst's choice to self-disclose or to preserve anonymity should always be a clinical decision based on is-

sues having to do with a particular patient at a particular moment. Neither of these stances is inherently good or bad, useful or iatrogenic. They are simply ways of trying to foster the most useful psychoanalytic process. When either becomes a rigidly prescribed rule, the patient suffers, and so does our understanding of mutative action in psychoanalysis. Hence it is incumbent on us to ferret out conscious and unconscious influences interfering with the study of how we implement the psychoanalytic process to make it increasingly useful. In short, we should bring the same disciplined inquiry to the ways in which we analyze that we do to understanding our patients.

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## BODILY MANIFESTATIONS IN THE PSYCHOANALYTIC PROCESS

BY IOANNIS VARTZOPOULOS AND STAVROULA BERATIS

*The broadening scope of psychoanalysis has brought to the fore patients whose unconscious conflicts tend to be literally played out on the stage of the body. In these cases, the body seems to be predominantly used in a concrete, not symbolic, way in order to express underlying conflicts. In a similar vein, transference and countertransference can be manifested via the body. The authors briefly discuss some of the literature on body–mind issues, and then present an extended case report to illustrate bodily manifestations in the psychoanalytic process.*

**Keywords:** Perception, sensory input, body ego, body–mind, metaphor, symbolization, regression, hysteria, thoughts, psychosomatic illness, conflict, bodily processes, transference-countertransference.

### INTRODUCTION

The body–mind question was always at the center of Freud's endeavors. In the concepts of drive, anaclisis, and body ego, among others, Freud's intention to investigate the interface between body and mind was evident.

The same holds true for his clinical cases. In hysteria, which in the beginning served as a paradigm for psychoanalysis, symptoms were considered to be expressed via conversion on the stage of the body, whereas

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the underlying conflict belonged to the realm of unconscious fantasy; i.e., it was a component of mental life. The body offered the stage on which a compromise formation between the opposing instinctual forces was symbolically expressed.

Free associations offered access to the body through the mind, with body and mind retaining their distinct status in hysterical patients. The body was not considered an integral part of unconscious conflict; it was rather viewed as the end station of the vicissitudes of the unconscious conflict that reached out to the body to symbolically express the compromise formation.

## THE BODY AS REGRESSIVE PHENOMENON

The broadening scope of psychoanalysis beyond the neurotic realm brought to the fore patients who presented a different body–mind relationship. In these patients, the body does not serve as the stage on which unconscious conflict is symbolically expressed. It rather constitutes the plane on which unconscious conflicts are literally played out, the body itself being in this regard an integral part of the unconscious conflict. These patients “use” and “misuse” their bodies in a concrete—not symbolic—way to resolve unconscious conflicts. Bodily manifestations and bodily processes substitute for the hitherto familiar neurotic mechanisms, offering a stage on which unconscious conflicts and transference phenomena can be monitored and eventually worked through.

Fonagy and Target (2000) approach the complicated issue of the body–mind interface by adopting the term *use of the body* when they refer to borderline patients predisposed to violent acts. The authors espouse the view that, in these patients, the use of the body demonstrates the vicissitudes of a disorganizing object’s presence, concretely felt to reside in the patient’s body. In these cases, the object is equated to the real existence of the persons involved.

Physical violence directed at the self or others is seen as an attempt to obliterate intolerable psychic experiences, i.e., to resolve via physical means—in a concrete, not symbolic way—a psychic conflict not further mentally elaborated. In this case, the patient attempts to blot out the concretely felt disorganizing object that causes the intrusion of anxiety

or fear of imminent disorganization. In other words: "By projecting the hated, engulfing or abandoning primal mother on to the body and then killing it, the surviving self is free to fuse with the split-off idealised, de-sexualised, omnipotently gratifying mother" (Campbell 1995, p. 316).

A similar approach to the body-mind relationship, though not framed in the same terminology and not based on the inclusion of violent acts, is adopted by psychoanalysts who strive to cope with the intricacies involved in the psychoanalysis of anorexic patients. The anorexic patient's psychic conflict is considered to be played out on the stage of the body, which can be used and abused in a fatal way. The body is experienced as the last resort of the self. The intense sensations produced by self-starvation provide a sensory input that is experienced as sufficient proof for the survival of the ego.

Simultaneously, self-starvation generates a sense of elation, a narcissistic inflation that leads to a transitory though vital consolidation of the ego and a demarcation of ego boundaries. Food intake seems to represent fusion with the mother (Birksted-Breen 1989, 1996); the fear of fusion becomes enacted in the refusal to "take in" (O'Neill 2001). In this way, the patient wards off the malevolently intruding mother (Lawrence 2002).

In these cases, too, the body is not the stage on which unconscious conflicts are symbolically expressed. It is instead actively engaged in a concrete, not symbolic, way of warding off an invasive, disorganizing object. Psychic conflict is incorporated, enfleshed, and the flesh of the body is used to provide a compromise behavior, albeit a self-destructive one.

Laufer and Laufer (1984) refer to adolescents who manipulate their bodies in order to master their intolerable fantasies, which they experience as residing in their bodies. The sexually mature body of such an adolescent, with the vehement sensations it produces, enhances the incestuous aspect of the accompanying fantasies, which now threaten to break through and prevail in life, so that the body is called upon to forestall this unfavorable outcome.

A clear distinction should be drawn between these patients and the spectrum of perverse patients, in whom a circumscribed, repetitive be-

havior aimed at the attainment of sexual pleasure is involved. In perverse patients, unconscious fantasies do not seem to reside in the body, where the use and misuse of the body could transform them, as is the case in the patients described earlier. Unconscious fantasies seem instead to be part of an unconscious scenario enacted in the real lives of the individuals concerned (Fonagy and Target 1995; Glasser 1986).

By definition, the body is present in psychosomatic patients. Marty (1958), working with his associates in the Parisian School of Psychosomatics, supported the view that an event that takes place in the body has no direct access to the mind in psychosomatic patients. In this view, due to a defective preconscious system, psychosomatic patients do not possess a well-established network of representations capable of absorbing somatic excitations.

Along the same lines, Sifneos (1967) coined the term *alexithymia* for psychosomatic patients to point out their inability to express their feelings verbally, a fact that predisposes them to the development of psychosomatic illness. These authors believe that in such patients, the body fails to access the mind, and the reciprocal relationship between body and mind is interrupted because of a defective symbolization process. This idea is not shared by authors who maintain the conflict model in relation to the psychosomatic patient (McDougall 1989), however. In their view, the unconscious presence of primitive fantasies involving an extremely dangerous internal mother-object and a damaged parental imago hinders the individual's capacity to integrate body and mind and to connect thoughts with feelings. In this regard, psychosomatic illness is considered to be an archaic form of hysteria, a hysteria of a preverbal type that has failed to be transformed into authentically symbolic processes capable of psychic representation—i.e., into neurotic hysteria (McDougall 1980).

In a similar vein, Schur (1955) maintains the continuity between body and mind. He believes that in normal development, a de-somatization takes place, which is in step with the neutralization of libidinal and aggressive drives and leads to the differentiation of the ego. When the ego is unable to cope with interior or exterior dangers, a re-somatization occurs in which primary processes of thinking and neurovegetative discharges prevail, thus leading to a psychosomatic symptom.

## THE BODY AS NONREGRESSIVE PHENOMENON

It should be noted that bodily manifestations are not regarded as solely regressive phenomena. On the contrary, the body is supposed to embrace and support the workings of the mind, providing the mind with shape and content, with configuration and function (Winnicott 1988). Ideally, a sense of existing is provided by the aliveness of bodily tissues and the workings of bodily functions. In the same way, Anzieu (1980) considers that the psychic ego is immersed in and supplied by the body ego. The skin ego, his main theoretical postulate, refers to an image that the child's nascent ego uses during the early stages of development to represent itself on the basis of the child's experiences with the surface of the body.

Metaphors and abstract theoretical thinking, despite their belonging to mature forms of mental life, are also considered to be embodied processes (Rizzuto 1999). Metaphors are called upon to make accessible what remains ineffable as we move from the body to the mind. Metaphors originate in the processing of information through affective bodily perceptions. A metaphorical process is inherent in the construction of the representation itself. The same holds true for advanced levels of thinking—i.e., abstract-reflective thinking associations. The metaphorical process reveals itself as a fully embodied, enfleshed process, regardless of the representational modalities it appropriates or the level of psychic functioning on which it takes place.

## THE BODY IN THE PSYCHOANALYTIC PROCESS

The active presence of the body in the psychoanalytic process has recently been emphasized by many authors belonging to different psychoanalytic cultures. Regarding the technical implications of this approach, a direct, vertical relationship between body and mind within the confines of a particular person has been emphasized, along with the horizontal relationship between two persons, i.e., analyst and analysand. In

this regard, interpretations of the vertical dimension aim to restore the body as the starting point of mental processes and the progressive source of experience, so that the body is integrated in emotional and thinking processes in patients who present problems with the mentalization process.

This does not, of course, restrict the role of the horizontal relationship between analyst and analysand, which relies on the reverie of the analyst providing access to internal phenomena in the analysand that would otherwise lack representation. In this view, the body should not always be viewed only in its potential symbolic meaning since it is also something real.

Similar phenomena can also be observed in the psychoanalyst. The term *bodily countertransference* is used to propose the body as a possible source of exploring the unconscious aspects of the analyst's countertransference (Lombardi 2003). The way in which each member of the dyad, analyst and analysand, experiences his body and communicates these bodily experiences to the other may be a valuable indicator of intimate aspects of the psychoanalytic process (Pally 1998). Given that mind and body are intricately intertwined, unconscious conflicts can be envisaged through their somatic concomitants (Paniagua 2004).

This selective presentation of the body–mind relationship, far from exhausting the vast literature on the issue, points to the importance of elaborating on the actual role of the body in the psychoanalytic process with respect both to the patient's manifestations and to bodily transference and countertransference phenomena. More specifically, the aim of this paper is to show how a specific analytic patient used his body during the psychoanalytic process in order to communicate his needs, desires, and conflicts, and how his analyst enriched the understanding of his countertransference by utilizing his own bodily states.

## CASE REPORT<sup>1</sup>

The body had an important presence in the psychic life of one analysand, Alexander, whose psychoanalysis lasted several years at a frequency

<sup>1</sup> In this clinical description, first-person singular pronouns are used in reference to the analyst, who was Dr. Ioannis Vartzopoulos.

of five times weekly. His weak somatic idiosyncrasy, reinforced by his parents' hyperprotective attitude, contributed to the establishment of a disabled body image, which inhibited him from competing with his peers. As he described, he would watch them from the window of his house, filled with envy, convinced he was incapable of joining in, and simultaneously angry at his parents whom he considered responsible for his weakness.

Alexander's father suffered from tuberculosis, and the family's everyday life was dominated by fears of contamination. Eventually, during adolescence, Alexander also presented with TB, which resulted in the intensification of the family's protectiveness and of his own feelings of weakness and incapacity. He formed an impulsive character with intense mood swings, while substance abuse and heavy smoking became a way of mobilizing body and mind. As he explained, "Drinking and smoking invigorated my mind. They helped me feel alive."

Alexander's love life was characterized by cynicism toward his sexual partners, whom he treated exclusively as objects of discharge of his sexual arousal. Whenever he fell in love with a partner, he would present with erectile problems. In these situations, he felt that his body did not represent him—that it betrayed him, that it was not a vehicle of his wishes—and he envied those who had harmonious relations with their bodies.

The analysand regarded the death of his father from tuberculosis as confirmation of the feeling of bodily inferiority that characterized him. He said, "The body couldn't manage—it gave in." His father had succumbed to the illness that he had transmitted to his son, embodying in this way both the picture of a powerful man who can determine the life of the other by infecting him with a serious illness, and of the powerless man who succumbs to the consequences of illness.

The analytic setting and the rule of free association brought to Alexander's mind the familiar position of his father lying on the couch, lost in his thoughts, a position that was also frequently adopted by the analysand himself: "I abandon myself to the couch and think for hours. In the end, I don't know what I've been thinking about; I'm not able to recall my thoughts. Here you listen to me. It's different—you understand, you remember."

The surrender of his cognitive functions to the analyst, and his dependence on the projected part, evolved into an atmosphere of idealization and comradeship with the analyst, as shown in the following dream that he related:

I was escorting you [the analyst] to a dinner with friends. Everybody was waiting for us; we were the guests of honor. Throughout the dinner, both of us talked freely and openly between ourselves and to the others. Everyone listened attentively to you and seemed to respect your opinion. The discussion flowed in a pleasant atmosphere.

Alexander associated: "I can rely on you now. You support me in my efforts, and you value and respect what I say."

During this period of idealization, the analysand tried hard to alter the appearance and capability of his body. He started exercising regularly, in contrast to the period of his school years when he had given up exercising so as not to tax his health. He engaged in sports and became an equal opponent to those he had once envied.

Despite these positive elements, however, the obvious improvement of his physical abilities did not contribute to a modification of his pervasive feelings of anhedonia, boredom, and frustration. "I don't understand what people enjoy in life," Alexander complained. "They speak another language. Although we use the same words, to me they have a different meaning. People talk, communicate, enjoy themselves—I'm there but I can't comprehend them."

### *The Olfactory Sense and the Condensed Primal Scene*

The analysand rented a modern and expensive house as he tried to undo his feeling of frustration and to fundamentally modify the circumstances of his life—to live his life differently from the plain, secluded life of his parents. The landlords of the house gave him the impression of being a harmonious couple who would try to meet his demands as best they could—some of which, as he confessed, were at times exaggerated.

Bodily elements made their presence obvious and defined developments in Alexander's communications with his new landlords. The more

they responded to his demands, the more he had the sense that the house smelled bad. The smell gradually became pungent, intolerable, and permeated his own body. Eventually, Alexander felt that the odor captivated him, drowned him, and in order to escape from it he decided to sublet the house. To his great surprise, the young couple who moved in did not smell anything at all.

This shook up Alexander's self-confidence even more, as well as his confidence in his analyst. He felt his analyst had let him down, had betrayed him. The house odor restrained him from taking a step forward in life, and the analyst did not help him—just as his father had not helped him build a male identity during his adolescence. The analyst had the capacity to help but did not, just as his father had had the capacity but had not acted on it. Alexander held the image of an idealized analyst who harbored intense feelings of indifference toward his analysand and rejection of him.

These feelings of rejection led Alexander to associate to a childhood memory that had the characteristics of a primal scene, in which smell had an important presence once again. He was outside his parents' bedroom, facing the closed door and knowing that they were inside, thus feeling excluded. When he decided to enter, he became aware of an intense, repulsive smell. He was unable to recall other images of his parents except their stern, dysphoric, and rejecting attitude toward him. All other aspects of their relationship, the characteristics of their personalities, and all the aspects of his relationship with them condensed into the olfactory sense of a repulsive odor. As Alexander said: "It was the same smell—it prevented me from enjoying the new house. It was not the same for the young couple who rented the house afterward; they were able to enjoy it. Again, I was excluded."

The smell condensed and simplified the multifaceted, multidimensional aspect of the primal scene into a single dimension. What characterizes the olfactory sense is its lack of limit and form, something that points to its primitive character in comparison with visual and auditory sensations, which function at a greater distance and have greater distinguishing capacities. It is possible to assume that the amorphous and diffuse aspects of the smell allowed the maintenance of a merging core



between the analysand and his parents. The lack of olfactory limits and shape simultaneously formed a vagueness of limits and a fragility of his separation from them.

The condensation of all the primal scene's characteristics into an odor, in which persons lost their characters and individual features, demonstrated the undifferentiated, unshaped basis of the composition of Alexander's psychic organization. This led to a primal scene lacking structure and differentiation. The repulsive character of the smell was an initial attribution of quality and substance that gave expression to massive projective and merging movements. On the other hand, the repulsive odor facilitated an elementary distancing process from the object.

At this level of regression, activated by the breakdown of an idealized investment of the analyst, the occurrence of a physical sensation—the sense of smell—offered a final organizing point, the necessary somatic basis that allowed for the constitution of an elementary, bodily core of the ego. One could say, “I smell, therefore I am” as an equivalent of “I think, therefore I am.”

### *The Use of the Body*

The breakdown of idealized investments deprived Alexander of the basic mechanism that gave meaning to his object relations, and also affected his ability to think coherently. “I’m not in a position to collect my thoughts,” “I think without meaning,” “Even the simplest of your words don’t make sense to me,” and “Your thoughts make no sense to me and neither do mine” were just a few of his statements in this regard.

The inability of the analytic process to provide adequate holding led the analysand to make a desperate effort at pursuing a sense of cohesion and unity via stimulation of the body in any possible way. He increased his intake of alcohol and illegal substances; he smoked compulsively; he exhibited intense and at times reckless sexual behavior with prostitutes or women who would allow him to treat them as such; and he had homosexual contacts. Through multiple and constant arousals of his body, he attempted to create a sense of self—and to offer his self what his parents had deprived him of and what the analyst was now depriving him of.

He attempted to avoid disorganization by using his body as the ultimate point of reference, the basis for his self-representation.

Alexander indicated his transference position when he said that recently he felt better for a few moments only when he heard my voice. My talking affected him. He did not pay attention to what I was saying; he did not understand what I was saying. Words, to him, had a physical presence, a kind of weight, and in this way they confirmed my presence. Nevertheless, he felt that I was remote and indifferent, not supportive.

For my part, I found myself gradually becoming conscious of an increasing sense of bodily weight. It felt as if someone were approaching me and I had no possibility of escape.

This sense of physical proximity and presence became clearer when Alexander described a recent homosexual encounter. In this act of sexual intercourse, without being able to recall exactly how, Alexander found himself in a passive position, whereas his initial intention had been to pursue the active role. "I realized this was what you wanted," his partner had said to him. Alexander noted that he did not fear he might be homosexual himself; he was certain he was not. But what destabilized him was the fact that he found himself in a different position than he initially intended to be in.

This brought to his mind the role of rectal functions and of other bodily functions and their place in his life. His body, which typically remained motionless for hours on the bed or the couch, came to life only to respond to his bodily needs. The functions of his body reminded him of his existence; they offered him a sense of cohesion. In contrast, his thoughts plunged him deeper into a state of paralysis and stillness.

Eventually, Alexander was unable to recall his thoughts; he could not even recall whether there *were* any thoughts. In a state of desperation and rage, he exclaimed: "I wish my thoughts were like feces! Feces are solid, they have weight, they smell. My thoughts get lost without leaving any trace behind."

Later on, he went back to his homosexual experience, saying: "The presence of his phallus in my rectum filled me—it gave me a solid sense. I'd like to keep that sense. I haven't felt as filled before, nor do I now. I have been with you for so long, but you never made me feel that way."

Thus Alexander blamed me for not being as perceptive or as present in his body as his male partner had been. Although he was coming closer to me metaphorically in the transference and made me feel the weight of his body in the countertransference, I was not taking the initiative to fill him in a concrete way. I failed to respond to his expectations in the way his homosexual partner had. The feces coming from within and his partner's phallus coming from without provided him with a sense of self-awareness and self-cohesion that his relationship with me was unable to impart. In the symbolic equation of feces = penis = thought and penetration = dialogue, and in the projective mechanism that gave me the omnipotence of having the power to fill him, I was selfishly choosing not to do so.

I replied to Alexander: "It seems to me as if you were expecting my thoughts to enter you and to fill you. You perceive me as being as strong as you had thought your father was during your teens. Just one of his thoughts or his words could save your life or destroy it, could fill you or empty you."

Thoughts and words were perceived by the analysand mainly as bodily products, as having a direct influence on his body, producing bodily sensations. The ideational content of thoughts and words had lost its capacity to stimulate his mental apparatus, in the same way that the discourse between us had been replaced by a sense of bodily weight. Alexander's homosexual encounter had filled the void he felt in his body, the void produced by the inadequacies of analytic contact.

### *The Analysand's Psychosomatic Illness*

The working through of this material in the transference-countertransference relationship facilitated the emergence of a more cohesive and active self, so that Alexander returned to a heterosexual object choice. The new love object, strongly idealized, had the possibility of extracting him from his everyday misery and of giving his life value and content. It differed from his other heterosexual relationships, whose sole purpose had been the relief of sexual tension.

This new girlfriend, Angela, was temporarily working abroad. She and Alexander planned to vacation together once she returned. But

the more he experienced his desire for this woman, and the more the date of departure grew closer—and despite Angela's positive attitude, or maybe because of it—Alexander developed asthmatic bronchitis with a very difficult and lengthy course, due to which he cancelled the trip and withdrew from Angela. The prospect of proximity to the object of his desire was prohibitive. On the other hand, he found a way to remain close to the analyst.

In the months that followed, he spent prolonged periods of time silent during his sessions and continued to have problems with his bronchitis. In one of the few sessions in which he participated, he told me he was deeply disappointed in me. I had not helped him with this relationship that would have changed his life, that would have offered him all he had ever wanted and had never had. He felt alone, my presence being indifferent to him; in fact, he was about to give up psychoanalysis.

Oddly enough, I had a feeling that was completely the opposite: the sense of a suffocating embrace that intensified the feeling of bodily weight of the previous period. I had the sense that Alexander was holding on to me; he was clinging to me in a state of desperation.

I interpreted to him that the bronchitis had not allowed him to go on vacation with Angela; instead, it had held him back, close to me. After a pause, Alexander replied: "I was afraid I was not going to live up to her expectations. At least here I feel secure—I can give up thinking." Later he said that his failure to depart with his girlfriend made him feel defeated, fearful, unable to lead an autonomous life. He was driven to the shameful position of being dependent on me.

Fear and shame transformed Alexander's anger into resignation and immobilized him. His immobilized body, along with my immobilized body, offered him a sense of relief; it allowed him to bear the fantasy that he was one with me, merged with my body. His body was unable to sustain his feelings; it needed the support of my body to perform this task.

The analysand's associations led him to recall that, when he suffered from tuberculosis, he had experienced analogous feelings toward his father as he lay on the bed next to him. The prospective heterosexual experience with Angela posed a challenge to his body, which led to his passive homosexual position in the transference, a position he had also

adopted in his homosexual encounter. Everything that indicated the fragile, nonpermanent character of the union of his body with my body was threatening to Alexander. It was the end of each session that separated us. The analyst's thoughts certified his otherness.

During this period of the analysis, Alexander also experienced a feeling of denigration of his body. This bodily denigration brought to his mind his mother's reaction to his bodily functions. He recalled her look as she expressed great disgust and rejection in relation to his bodily products, toward his sweat and even his soiled underwear. That look held him captive, obliged him to feel alienated from his body and his body products. The look was searching, sadistically aroused, and profoundly rejecting when it encountered his body, his body products, or his clothes, and the look accompanied him even when he fulfilled his bodily needs. Ultimately, his mother's look became his own look toward his body and his bodily functions.

Alexander then talked about the fear he felt of the bodily functions he could not control. The natural mobility of his intestine and the sounds produced terrified him. He mentioned his homosexual experience and said that, as he now understood things, the entry of the penis into his intestine showed him that his intestine had a shape—it was not completely autonomous and he could control it, even via the entry of another body. Thus the phallic penetration gave the analysand a sense of stability and cohesion, intimacy with his own body, even at the cost of his having to accept the passive position and surrender to phallic penetration by another object.

This relationship of dependence deterred disorganization, just as the ambivalent dependence on his father had stabilized Alexander's earlier life. Later, he referred to his feelings during periods of prolonged silence in the analytic session, when he could hear the sounds from my intestine. They frightened him and he felt I was attacking him. My borborygmic sounds directly affected the analysand; he seemed to respond to them by moving about nervously on the couch. He tried to connect them to the sounds of his own intestine, whether these preceded or followed mine.

To my interpretation—"It's as if we talked with our intestines and not with our minds"—Alexander responded that he had never under-

stood the way in which the functions of the mind differ from the functions of the intestine. In his words: "At the end of the day, they both have the same shit in them." I responded: "It seems we have something in common. You have your intestine and I have mine. It keeps us in contact and apart alike."

Later on, in response to a borborygm sound of mine, the following exchange took place.

ALEXANDER: Your intestine can't pretend. It says to me that you are close enough and at a safe distance. It's different with your words. They enter my body and make me feel awkward.

ANALYST: You tolerate my physical presence, although at a distance. You don't tolerate my words even at this distance. You are afraid my words will treat you badly.

ALEXANDER: I have to rely on myself. What came from without, especially words, was always painful to me.

Along similar lines, the analysand gradually realized that he was projecting onto me the condensed, rejecting figures of his parents. At the same time, he was oscillating between a fantasy of merging with my body in an effort to feel safe and stabilize his self-representation, and a feeling of my body as intruding, inimical to him. These developments gradually facilitated the establishment of a rudimentary sense of self, with a demarcation of bodily boundaries and of psychic functions, as is shown in the following dream that he reported:

I was in a house with many rooms and was successively opening doors in search of somebody. One of the doors I opened was a bathroom, and you [the analyst] were there sitting on the toilet. I felt extremely embarrassed and stood still, not knowing what to do. You looked at me without surprise. Then I closed the door and went toward an adjacent room, which was your office.

The analysand associated: "It was nice that you could continue defecating in your toilet without being deterred by my presence. Also, it

reminded me of a school where there are classrooms for lectures and other rooms for laboratories, each one having its own function.”

In the dream, the analyst’s bodily functions had been separated from the analysand’s bodily functions and took place separately, at least to a point—free of the constraints exerted by projective mechanisms. The dream also cast psychoanalysis as a talking cure, the analyst’s office and bathroom being two spaces with distinct features in terms of bodily functions.

This period coincided with remission of Alexander’s asthmatic bronchitis. The analytic work, as shown in the dream, gradually led to a distinction between the functions of the psyche and those of the body, and to the remission of psychosomatic symptoms.

### *A Bodily Metaphor*

The ability of the analysand to experience his somatic functions distinctly from those of the psyche, and his own somatic functions separately from those of the analyst, was further evidenced by the use of metaphor—a metaphorical use of language that at least initially preserved its strong, somatic, sensory element and, simultaneously, denoted an incipient symbolic, as opposed to concrete, use of the body. This use of metaphor is described in what follows.

Alexander told of a recent sailing excursion during which he had met a woman. At night the boat anchored in a calm harbor. This woman, Helene, said to him, “I’d very much like to go swimming, but I’m scared of dark waters. They remind me of *Jaws*! My body is trembling with fear.”

This metaphor, “I tremble with fear,” with its immediate reference to the body, offered the analysand the possibility to register his intrapsychic experience, making him realize that at that moment *his* body was also trembling. He explained, “When Helene told me that her body was trembling with fear, I realized that it was also happening to me. I, too, trembled with fear—the trembling of my body being my fear. But I knew that in those waters, there were no sharks. So I lit a cigarette and jumped into the water. She followed, and I held her hand tightly. It was beautiful, almost magical. We smoked the cigarette and climbed back into the boat.”

Helene's body was trembling and that meant fear. Alexander's body was trembling and that meant fear. The use of the metaphor "I tremble with fear" facilitated the analysand's psychic processes in finding, once again, a foothold within his body, something that had been lost during the psychosomatic illness. The reinstatement of the inner symmetry of *body-psyche-vertical dimension* was facilitated by the reinstatement of the symmetry between Alexander and Helene—the *horizontal dimension*. This symmetry between the two of them was based on the scheme of "I tremble, you tremble, it means I'm afraid and you're afraid." This allowed him to realize and to specify his psychic condition through metaphor. Symmetry here played the same helpful role that it had when Alexander was paying attention to transference-countertransference movements at the level of intestinal sounds, his own and the analyst's.

The shark, the threatening object that created annihilation anxiety, was far away; it did not exist in these waters. This internal sense of distance and safety from early sadistic paternal objects allowed Alexander to experience himself as a separate individual, to hold Helene's hand in the water and to feel a pleasant, almost magical feeling. In the past, such a situation would have stimulated the emergence of anxiety or paranoid fear.

## DISCUSSION

The body-mind issue has recently attracted increasing attention because of the frequent presence of bodily phenomena in everyday psychoanalytic practice. An interesting description of this presence can be found in Lombardi (2004). Lombardi used the body as a vertex of interpretation, placing emphasis on the working through of defensive body-mind splitting through so-called vertical interpretations—i.e., interpretations referring to the direct, unmediated relationship between body and mind—so that the mind would reestablish contact with its bodily anchoring, and the body-mind dialog would be reinstated.

Lombardi found that horizontal interpretations—those referring to the relationship between two minds, which rely heavily on the analyst's reverie—were also helpful in offering visibility to phenomena that would otherwise have remained unnoticed. The three authors who com-



mented on Lombardi's article—Grotstein (2004), Bonaminio (2004), and Greenberg (2004)—all emphasized the underplaying of transference and countertransference issues. One of them, Greenberg, actually characterized the vertical interpretations as “shock therapy” (2004, p. 804)—the “shock” being inflicted on the analysand by the analyst, due to the analyst's reluctance to immerse himself in his countertransference feelings. In Greenberg's view, the analyst resorted prematurely to the safety of theoretical formulations, instead of dwelling in the bewilderment of the transference symbiosis.

In the case presented here, in the beginning the emphasis was not placed on the overcoming of defensive body–mind splitting via vertical interpretations. In fact, Alexander himself drew benefit from the body–mind vertical dimension when he resorted to his body and his bodily functions to support his wavering ego functions. In this case, the body provided the mind with shape and content, with configuration and function, albeit at a regressed level. This also holds true for the transference and countertransference phenomena that were accessible through the bodily manifestations of both analyst and analysand.

More specifically, in this patient, unconscious conflicts were literally, not symbolically, played out on the stage of the body. Bodily sensations offered a basis for the continuation of analytic discourse when Alexander's wavering ego failed to accommodate the tensions produced by the fusional and invasive aspects of his unconscious fantasies. Psychic life at this point of regression maintains a direct referral to the body. Furthermore, the initiation of the symbolization process relies heavily on the bodily anchoring of unconscious fantasies, designating in this way an incipient symbolic, not concrete, use of the body.

The body had played a significant role in Alexander's life from early on. His body was weak and ill, as was that of his father. The infectious disease transmitted to him by his father immobilized him at his father's side, and only their physiological needs, such as defecation and urination, mobilized them. On an unconscious level, the analysand's father's body had become his own body—a lifeless, weak, and sick one that resulted in a feeble, self-defeating identity.

Along the same lines, the rejecting and disgusted look from his mother toward his body and his body products contributed to Alexan-

der's lack of confidence in his body. His mother's reverie (Bion 1962) did not contribute to a genuine relationship between his body and mind; instead, it effected a defensive split between the two. As a consequence, from early on, the analysand did not experience his body as the vehicle of his wishes; his body did not help him become equal to his peers.

Alexander initially experienced the analytic relationship as something that revived his body and mind. He shared dinner with the analyst/father on equal terms when in his dream they were both invited to a dinner as guests of honor. The idealization of the analyst in this initial phase permitted the analysand to temporarily invest his body positively, resulting in an initial improvement.

The exposure of the analysand to the relationship with his landlords, among other things, shook the idealized transference. A bodily manifestation—the repulsive odor, which through condensation and regression represented the polymorphic primal scene and Alexander's amorphous aggression toward his parents—did not allow him to benefit from their benevolent attitude. His landlords took on the characteristics of his parents in that he was excluded from their house because of the repulsive odor, in the same way that a repulsive smell denoted his exclusion from his parents' bedroom—i.e., the primal scene.

The repulsive odor, however, served at the same time to safeguard a distancing from the object and protect the analysand from the fear of merging. Alexander's relationship to his real and fantasized parents bore the characteristics of both an oedipal submission to a castrating father, and the preoedipal merging fantasies with the unified parental imago imbued with the aggression inherent in the fusional aspects of the primal scene. The young couple who sublet his house—who symbolized, in addition to his parents, the analysand's peers of the past—simply did not notice any repulsive smell; they could enjoy the landlords' kindly attitude. Alexander was again excluded; he was unable to enjoy life on equal terms with his peers.

The impact of the primal scene on the analysand produced a traumatic effect that could not be encoded in words or expressed verbally. Substitution of the olfactory sense for the primal scene indicates the analysand's incapacity to specify his position there; the primal scene, a

multidimensional psychic manifestation, was reduced to the one-dimensional olfactory sensation. Due to Alexander's inability to accommodate his aggressive feelings toward his landlords/parents and eventually toward his analyst, there was no appropriate area for the establishment of triangular space, as described by Britton (1989)—a space in which thinking can occur. Instead, Alexander's body took on the responsibility of presenting through the olfactory sense what his mind was unable to handle. At this level of psychic functioning, the olfactory sensation represented a rudimentary ego, and in this sense, an almost literal bodily ego.

The sensation of an obnoxious smell reminds us of Miss Lucy R, who was also tormented by subjective sensations of smell (Freud and Breuer 1895). As Freud clearly pointed out, the smell of burnt pudding was a compromise formation between Miss Lucy R's wish to replace the children's dead mother on their father's side and the crushing of her hopes because of the father's overt rejection of her. This enabled Miss Lucy R to maintain viable relationships with the children and their father at the cost of the unpleasant olfactory sensations that symbolized the underlying oedipal conflict.

In Alexander's case, the bad smell did not symbolize a compromise formation between opposing forces at the oedipal level. It rather stood as reminiscent of the disavowal of the merging fantasies of the parental imago, which prohibited any kind of relationship with the real or fantasized parents.

This led to a further breakdown of the idealization of the analyst, which resulted in further decathection of Alexander's thought. Once again, the body took on the role of supporting and representing the mind. The instance of homosexual intercourse, the presence of the phallus in his anus, replaced the analytic dialogue, offering a sense of fulfillment and cohesiveness to his ego. Through symbolic equation (Segal 1957), thoughts were equated to feces and penetration to dialogue. The analysand sought analogous support from the analyst.

Alexander understood the analyst's words as physical objects that bore weight in his body, not as words bearing meaning. In the countertransference, the analyst felt the weight of the analysand's body seeking

physical support for his own body. Alexander unconsciously approached the analyst with the hope that the analyst would respond to his expectations, that he would use Alexander's body in the way his homosexual partner had. He expected the analyst's words to enter his body, to fill it and offer him a sense of cohesion and stability, as his male partner's phallus had. But they did not. In Alexander's mind, the analyst did not share the empathy of his homosexual partner, who overcame his instantaneous hesitation, invaded his body, and in this way stabilized Alexander's faltering ego. This precarious situation resulted in a psychosomatic illness, signifying the inability of the analysand's mind and that of the current transference-countertransference constellation to accommodate the tension produced.

The psychosomatic illness, bronchitis, was experienced by Alexander as his analyst's inability to support him when he was faced with the challenge of following the object of his desire. The analysand's sick body did not allow him to approach a heterosexual object, but kept him near the analyst's body. It was also a way to avoid competition with the oedipal father and instead place himself in a position of passive submission to the father/analyst.

During the same period, the analyst experienced a sense of suffocating embracement. In this way, Alexander immobilized both the analyst and the analysis through his psychosomatic illness. His unconscious fantasy of his body merging with that of the analyst was reminiscent of his identification with his father's body. This unconscious fantasy of merging determined his position in Rey's (1994) claustrophobic dilemma: he was entrapped—temporarily but decisively—within the homosexual object, instead of escaping with the heterosexual object.

The body, with its autonomous intestinal movements and the borborygmic sounds produced, offered the possibility of working through the fears of merging and penetration, thus relieving the suffocating embracement and allowing the analytic dialogue to resume. Once again in this phase of the psychoanalysis, the body offered the mind and the analytic dialogue the support needed, albeit in a way that denoted the regression of the psyche to the body and to the communicative role of its functions. In addition, it is possible that communication through bodily

sounds was a repetition of early infantile experiences, in which words have no meaning and the infant is primarily dependent on the tone, sound, and rhythm of things associated with the primal object for relating to the world and for developing an understanding of internal and external processes.

The working through of unconscious fears of merging and penetration on the stage of the body allowed metaphorical thinking, a type of abstract thinking, to set in. The metaphor was facilitated in performing its role by our taking into consideration the trembling bodies of Alexander and Helene. In this case, the metaphorical process seemed to be embedded in bodily sensations, and was not a process remote from the body. An incipient symbolic, as opposed to concrete, use of the body appeared in this regard, although it continued to rely on the reality of trembling bodies to maintain its viability and intrapsychic function. One could say that at this point, the analysand's body was in a position to "contain" aspects of his polymorphous, perverse childhood sexuality, just as his mind was in a position to "contain" the genital and pregenital implications of human relatedness.

There is a clear distinction in the way that Alexander used his body compared with that of a hysterical patient. The body provides hysterical patients with expressive means, so that the patient's unconscious conflicts are presented symbolically on the stage of the body. By contrast, in this case the analysand does not use the vehicle of the body to express his unconscious conflicts symbolically; rather, the analysand's unconscious conflicts are in a sense *literally* played out on the stage of the body. Alexander's autonomous intestinal movements and intestinal sounds did not symbolically express an underlying unconscious conflict; they constituted his psychic life at this point of regression and offered the basis for an initiation of the symbolization process.

## CONCLUDING REMARKS

The case of Alexander illustrates that psychoanalytic discourse emanates from the body, and the analysand's mind maintains a direct referral to his body. Representations take their shape and content, literally and not

metaphorically, from the body. Even when representations refer to unconscious conflicts, they still require increased sensory input in order to attain coherence and stability. Correspondingly, one could say that increased sensory input is a necessary condition for the process of initiation of symbol formation in the analysand.

At the level of symbolic equation, the symbol is reduced to the object it was supposed to refer to; i.e., the intestinal movements and sounds refer to the whole spectrum of the sensory qualities of intestinal movements and sounds that constitute their communicative value. At more mature levels of symbol formation, where the symbol is substituted in the place of the original object, the process of symbol formation still necessitates a constant flow of energy in the form of increased sensory input to enhance its viability—e.g., a repugnant smell, anal sensations, or a trembling body. In this way, an actual sensory experience is reinstated to support the faltering ego.

One wonders whether the necessity of increased sensory input—in order for the representations to be psychically intelligible—implies any modifications in psychoanalytic technique. The case of Alexander suggests that interpretations focusing on the way in which the analysand's body relates to his mind, or on transference phenomena constituted on the basis of bodily manifestations, could become an important route for furthering the psychoanalytic process at times of severe regression. Given that body and mind are intricately intertwined, speaking the language of the mind along with the language of the body and developing a verbal sphere around bodily manifestations could offer a way out of stalemates in psychoanalysis (Shapiro 2003).

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## BECOMING A MOTHER BY "AID" WITHIN A LESBIAN COUPLE: THE ISSUE OF THE THIRD

BY DESPINA NAZIRI AND ELIANE FELD-ELZON

*Using data from clinical psychoanalytic research on lesbian couples undertaking Artificial Insemination by Donor (AID), this article explores the position of the third as it appears in the family project of lesbian couples. The third is examined through the analysis of constructions surrounding the image of the anonymous donor, the impact of the medical act of insemination on the women's psychic economy, and the search for other promising bases for triangulation. The complexity of the issue of the third in same-sex parenting is highlighted. Excerpts from clinical interviews with two lesbian couples are used to illustrate and support the authors' hypotheses.*

**Keywords:** Same-sex parenting, lesbians, artificial insemination by donor, medically assisted procreation, parental roles, research, sociology, families, reproduction, family romance, analytic third, triangular relationships, homosexuality.

### SAME-SEX PARENTING IN THE LITERATURE

#### *British and American Literature*

Innovations in Medically Assisted Procreation (MAP) techniques, along with changes in attitudes, have led to the emergence of new parenting models, including that of homosexual couples asserting their

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right to a child. Preexisting (biological, legal, and social) understandings of paternal and maternal functions have thus had to expand in order to accommodate these models. With this in mind, we note that studies on same-sex parenting take on a particular value in the social evolution of the postmodern era, and the resultant data may be usefully applied in many disciplines, including sociology, law, anthropology, political science, clinical psychology, and psychoanalysis.

The English-speaking world was the first to delve into this new field of research. Initial studies, dating from the 1970s, were mainly empirical (Gross 2003; Grossman 2001). They examined the cases of gay and lesbian parents and their children, and included the apprehensions of magistrates and social workers concerning the children's educational and emotional development. These numerous studies, which were sometimes longitudinal in nature (such as Tasker and Golombok's highly reputed study of 1997), aimed to identify a number of potential problems: identity and sexual orientation, emotional and intellectual development, the children's social relationships with peers, and risks of sexual abuse (arising from confusion between homosexuality and pedophilia). However, these studies failed to identify any fundamental differences between children raised by homosexual parents and those raised by heterosexual parents.

More recently, a number of British and American studies have tried to move away from this comparatively exclusive point of view between homosexual parenthood and heterosexual parenthood (which tends to demonstrate developmental normality of children raised in families with same-sex parents), instead favoring different approaches. On the one hand, some studies (Goldberg 2009; Gross 2005; Perry et al. 2004; Vaughan 2007) directly question the "social laboratory" of families with same-sex parents by asking: How are family relationships organized within these families? How are parental responsibilities distributed? How is the legal status of each parent negotiated in the light of family law, which remains largely ill-equipped to deal with same-sex parents?

Other studies, more clinically oriented, draw on their authors' psychotherapeutic work with members of families with same-sex parents (Friedman 2007; Heineman 2004; Martin 1998; O'Dell 2000). These clinical studies, which are essentially systemic or psychoanalytic, deal

with such diverse issues as the impact of new procreation techniques on the psyche of those involved, the psychosexual development of children, the relationship between clinical and cultural aspects, and the development of new narrative scenarios. The first publication on the subject in the *International Journal of Psychoanalysis* appeared in 2009, under the heading "The Analyst at Work," and concerned Smolen's analytic work with a boy adopted by homosexual parents.

It is indeed interesting to note that numerous English-language studies on same-sex parenting adopt a feminist stance and are generally inspired by the theoretical current of gender studies, a field of research that is well developed in the United States. One of the main objectives of this concept is to deconstruct traditional conceptions that, until recently, had been taken by many to be the constitution of sexual differences in our society. The theoretical developments put forward by Butler (1990, 1997) play an important part in this concept. This position also seems to characterize a great number of studies that are clearly presented from a psychoanalytic perspective (Burch 1997; Glazer 2001; Mitchell 2008; Stuart 2007).

The frequency of a feminist orientation and a commonly seen relationship to gender studies are not the only differences between the British/American approach and the French approach with regard to the question of same-sex parenting and psychoanalytic thought. It is nonetheless interesting to note that, in the United States, over the last fifteen years or so there has been a huge increase in the number of collective works and scientific articles focusing on the issue of same-sex parenting from a psychoanalytic perspective.

### *The French-Language Literature*

In the French-speaking world, it is important to note that family sociologists and anthropologists (Cadoret et al. 2006; Fine 2006; Le Gall 2005) show a greater interest in same-sex parenting than psychologists do. However, psychoanalysts have also become invested in a public debate, but with greatly contrasting ideological positions on the matter. Mehl (2006) outlined the history of this debate, which was sparked by the institution of civil partnership in France (the PACS/*Pacte Civil de Soli-*

*darité*); the controversy around this issue was at first based on arguments against same-sex parenting, most of which were drawn from Lacanian theory (Winter 2010).

These arguments can be summarized as belonging to two main lines of reasoning: first, the importance given to the difference between the sexes (and indeed, between generations), which is associated with, second, the implication of the symbolic order, perceived to be the basis of our civilization.<sup>1</sup> However, other authors, psychoanalysts, and anthropologists (Cadoret 2002; Delaisi de Parseval 2008; Faure-Pragier 2008b; Nadaud 2002; Tort 2005) are opposed to this kind of Lacanian interpretation. They challenge both the fact that symbolism is based in reality (through the importance placed on the physical nature of the father), and its *passé* nature (i.e., the belief that the past guarantees what is good and true). They also believe that same-sex parenting already exists in the form of adoptive families, reconstituted families, and through MAP. In their eyes, since these families exist, the central focus should instead be on determining ways in which they can be supported.

It is interesting to note that, in contrast with the Anglophone world, little research has been done in the French-speaking world on same-sex parenting in terms of clinical psychology or psychotherapeutic work, except as evidenced by a few rare texts in the journals *Divan Familial* (2004), *Dialogue* (2006), and, more recently, *Le Bulletin Freudien* (2009). The work of Delaisi de Parseval (2008) on a variety of clinical and ethical issues surrounding new MAP technologies and the creation of new kinds of families occupies a central position. Furthermore, Ducouso-Lacaze (2006a, 2006b) is one of the few authors to have developed a

<sup>1</sup> The term *Symbolic* was introduced by Lacan (1953), who separates three main domains in the realm of psychoanalysis: the Symbolic, the Imaginary, and the Real. The Symbolic refers to the nature of those phenomena relating to psychoanalysis, inasmuch as they are structured much like language. The Symbolic is a concept that brings together Lacanian psychoanalysis and the structural anthropology of Lévi-Strauss (1947). It specifies differences both between the sexes and between the generations as the foundation of humanity and humankind. The theory of forbidden incest, linked to the foundation of culture, corresponds to the theory of the symbolic law (Name of the Father), establishing the subject. Overcoming the symbolic law leads to social disorder or madness, which is why some believe that same-sex parenting should not be legalized.

metaphysical reflection based on clinical analyses, which shows that, for homosexual parents as well, becoming a parent causes oedipal conflicts to resurface and create links that might support the symbolic changing of positions in oedipal configurations.

In recent sociological and clinical French-language works on the subject of families with same-sex parents (Delaisi de Parseval 2008; Descoutures 2006; Gratton 2008), we have noticed that the data provided is often based on contributions from contemporary anthropology (and this could be considered another difference with respect to the Anglo-American literature). This is particularly notable in works by Godelier (2001, 2004).

Godelier can be considered the forerunner of these researchers, who have attempted to consider the links between the Symbolic, the Imaginary, and the Real (Lacan 1953) from a different perspective. For him, sexuality and relationships between the sexes are not based on biological reality, but are part of a wider social set that stems from a system of collective, constitutive representations of the collective imaginary. In this sense, the Real is not the cause of the Symbolic; it is instead the Imaginary, transformed into the Symbolic, that has real consequences in terms of control, obligations, and prohibitions within a society. Each society consequently constructs its own Imaginary.

Unlike Lévi-Strauss (1947), Godelier holds that the Imaginary prevails over the Symbolic rather than the other way around. He draws on a collective Imaginary, which is both shared and evolves over time. This understanding is thus radically different from that of structuralists, who consider the Symbolic to be fixed and unchanging. For Godelier, humans are not simply adaptive beings, but also and more important, they are inventive beings capable of creating, transforming, and reinventing themselves. As a consequence, this author highlights the different changes that may be experienced by the family, along with the importance of social parenthood. According to Godelier, the recognition of sex differences is not directly linked to family design, but rather to the ability of each person to identify otherness.

It is interesting that both approaches to exploring contemporary family makeup (anthropological, and psychoanalytic/clinical psycho-

logical) seem to converge on the importance of the imaginary and the structural function of fantasy for renewed understanding with regard to same-sex parenting.<sup>2</sup> This was found to be true in both Anglophone and Francophone works.

It also seems that some Francophone clinical studies (Delaisi de Parseval 2008; Ducouso-Lacaze 2006a, 2006b; Faure-Pragier 2008a, 2008b) support the contributions of some English-language analysts who, in their practices, have examined the fantasy constructions of parents and children in families with same-sex parents. Corbett (2001) used the concept of a family romance as one of the main driving forces behind his therapeutic work with families with same-sex parents. From this shared family romance constructed at the heart of the family, the child will be able to access an internal object that can act as a support structure.

Ehrensaft (2000, 2008) studied fantasies and defensive constructions about the father in families using Artificial Insemination with Donor (AID), among both parents and children. Her research showed that the introduction of a donor to the family makeup activates a process that both constructs and destroys the father. In heterosexual families, the genitor is often denied, whereas single and lesbian mothers attempt either to fantasmatically reduce the donor to a partial object, or to create a fiction in which this man becomes an ideal figure or a persecuting object. Whether he is praised or downplayed, the donor consequently plays an important role in the child's internal world and in the construction of the child's identity as he comes to occupy a place in primal scene fantasies. This led Ehrensaft (2000) to observe that "you can take the reproduction out of sex, but you cannot take the sex out of reproduction" (p. 386).

<sup>2</sup> Anthropologists and psychoanalysts question the possibility of a subject's development when it is constructed outside traditional family models (as would be the case, for example in a same-sex family). By accounting for the impact of the collective imaginary on the structuring of social links (from an anthropological perspective), on the one hand, and the mobilizing force of fantasy in the human psyche (from a psychoanalytic perspective), on the other hand, they try to understand how "children and families develop both against the 'logic' of the normative social structure," and "play within a family reverie to metabolize and mentalize the shared reality of their non-traditional family" (Corbett 2001, pp. 603, 615).

## OUR RESEARCH

In the light of these studies, we became interested in continuing the research on same-sex parenting, with a particular focus on the impact of imaginary scenarios on the structuring of family ties. We looked at imaginary scenarios focusing on the lesbian partners' construction of the family romance, as well as the unfolding of a family reverie and fantasies of identification with important characters from the family history. In developing our interest in the issue of same-sex parenting as a heuristic paradigm of the rapid alterations affecting traditional families, we initially aimed at a study of the representations of the parental function in lesbian couples undergoing AID.

Our research (financed by the University of Liège in Belgium) took place at a regional university hospital with the collaboration of a third researcher, who observed the interviews conducted by two hospital psychologists with lesbian couples requesting AID treatment. Following these psychological interviews, the researchers met only with those couples who had agreed to participate and whose requests for treatment had been approved by the hospital. There were two meetings each with thirty-two couples; the first meeting took place prior to insemination and included a projective test (TAT), followed by an unstructured interview with each partner. During the second meeting, which took place after insemination, the researcher conducted an additional unstructured interview. These interviews were transcribed in their entirety and subjected to clinical analysis by all three researchers.

In light of the highly restrictive AID legislation in France, most of the women we met in the year 2008–2009 had come from France to undergo treatment in Belgium. The women's sociocultural backgrounds were extremely diverse. We were thus able to avoid a pitfall that confronts most researchers who, in order to locate subjects involved in same-sex parenting, must often work with members of homosexual parenting groups, which could in the long term constitute a significant bias in terms of data collection. The methodological framework of our research stems from qualitative analysis of participants' discourse, which means that clinical analysis of the interview content is based on an analysis of

defense mechanisms—unconscious processes from which a fantasy scenario can be inferred by evaluating each story.

In more concrete terms, during the interview, we wanted to better understand where each of the partners in the lesbian couple situated herself with regard to the maternal/paternal register.<sup>3</sup> We did this by exploring certain themes, such as identifications with maternal and paternal imagoes, the place allocated to men in both fantasy and reality, and the construction of a parental project based on a family romance that the women had built up and had been led to reconstruct with the arrival of their future child.

With regard to construction of the parental project, particularly in terms of fantasy, we were interested in two main areas: the role attributed to the anonymous donor, and the process through which the roles of social mother and biological mother were assigned within each couple. These two themes seemed heuristic for metaphysiological reflection on the notions of the third and of bisexual identification as central elements of the psychic work supporting the process by which homosexual women can have access to motherhood. In this article, we will focus on a dimension that emerged from the interview analysis: that of thirdness. For this reason, we will not address the question of bisexuality as linked to that of thirdness, which has been dealt with in previous publications (Feld-Elzon 2010; Naziri 2010, 2011; Naziri and Dargentas 2011).

In the following discussion, we will try to connect the issues that arose from the material in the clinical interviews with some observations that came to mind through an analysis of all the interviews conducted (as mentioned, thirty-two lesbian couples were interviewed). This process allows us to offer our reflections on the psychic work that supports couples' access to same-sex parenting. After presenting case studies from this research, we shall develop our reflections on thirdness.

<sup>3</sup> Of course, maternal functions can be described in different ways, of which the following are some examples: the *maternal dreaming ability* described by Bion (1962); Di-atkine's (1974) *anticipatory illusions* or *creative anticipations*; Stern's (1985) *harmonization of affect*; Winnicott's (1967) *holding*, *handling*, and *object-presenting* functions; and Aulagnier's (1975) *representative* function. The paternal function can thus be associated with the limiting of capacity, consistence, and the generation of restrictions (Golse 2000).



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*The Paradox of AID and Thirdness*

The aim of our analysis was to illustrate the intrapsychic and inter-subjective path of homosexual women who invest themselves in a parental project: a course leading from the assertion of the right to have a child to the often sinuous process of subjective appropriation of this right, which has become possible thanks to the evolution of social norms and medical procreation techniques.

The women we met seemed to have a paradoxical approach: on the one hand, they were transgressing existing norms of becoming a parent and, on the other, they were addressing a medical institution, asking permission to fulfill a right—that is to say, the possibility of becoming mothers through the contribution of an anonymous donor (whereas other options are available, theoretically).

Thus, the paradox of resorting to AID quickly became clear in the following terms: although in a lesbian couple the desire to have a child seems at first to exclude the third, the decision to turn to AID in fact inevitably introduces something of the third through the various constituent elements of the approach. These include the necessity of deciding which of the two women will become pregnant, the obligation to go to the hospital and await authorization, the meeting with a gynecologist and a psychologist who can constitute representatives of paternal instance, the "presence" of the man through the enigmatic figure of the anonymous donor, the physical and psychological consequences of medical insemination, etc.

Prior to the study, we may have had preconceived ideas about the way in which AID enables homosexual women to "oust" men and to reinforce the denial of natural laws of fertility. However, thanks to our analysis of the data, we were able to examine how the third is present in different aspects of the process (much more than we had initially imagined). We also studied how this led to opportunities for important psychic work for each of the women in the couple—psychic work that seems closely linked to the troubling unfamiliarity of the unknown donor, as well as to the overwhelming physical and affective experience of the medical act of insemination.

*The Anonymous Donor*

Although in the women's discourse, the choice of insemination by an anonymous donor often seemed to be a simple solution when compared with other possible means of becoming a parent, we observed that, with AID, the woman faces other fantasized threats, particularly the threat of "radical otherness." Indeed, we noticed that couples rarely spoke spontaneously about the donor, and the researcher often had to explicitly raise the question during interviews.

Furthermore, some couples were very aware of the importance of the donor, but the threat that this stranger seemed to represent meant that many of the women mobilized defenses. If, for example, the fantasy of the theft of the child by the donor existed in the couple's discourse, it did not prevent that couple (and others as well) from attributing generous and altruistic motivations to the donor. Thus, the figure of the anonymous donor both took on a threatening quality and became the basis for idealized projections.

*Fabienne and Marie*

Fabienne and Marie have been together for seven years, and when we met them for the first time they gave the impression of being a solid, stable couple. For each of them, their relationship is the first homosexual experience they have had.

Fabienne is thirty-three years old and will from here on be designated the biological mother. She had previously had a two-year heterosexual relationship with a man. It took her a while to accept her feelings for Marie: "In the end, I understood that it wasn't a matter of gender, but rather of the person, and that's how I deal with it—that's how I get by." Fabienne experienced the wish to have a child early on, but a homosexual relationship was incompatible with this desire: "For me, it was clear that two women could not have a child."

This reticence could be linked to the fact that Fabienne had written a dissertation on the paternal function in single-parent families, which led us to believe she had already questioned the importance of the masculine/paternal role within the family. She had initially decided to set

aside the project of having a child herself, and to continue her relationship with Marie while investing herself fully in the relationship with Marie's daughter from a previous heterosexual relationship, Anaïs.

Regarding her relationships with her own family, Fabienne describes her mother as being particularly invasive and her father as discreet to the point of invisibility. However, she also describes more private moments with her father, with whom she seemed to find a real place "to exist." When she revealed her homosexuality to her family, they were profoundly shocked: "My mother was really angry, she was very aggressive toward me, and my father was more hurt; he felt betrayed that I had not been able to trust him." Fabienne adds that her coming out enabled her to be herself with her family: "I think it was the defining moment that meant I could finally position myself as an adult, and that was really important for me."

Marie (age forty-six), on the other hand, had been in a relatively long heterosexual relationship during which her daughter Anaïs (now fourteen) was born. Marie seems much less ambivalent about their homosexual couple, even telling us, "We consider ourselves a regular couple." Indeed, in the interview she focuses on the success of their couple, whereas Fabienne focuses much more on the difficulties in her relationship with Anaïs.

During the first interview, Marie told us that her desire to have a child originated when she overcame a depressive episode, which led to a suicide attempt at the age of twenty. She then became a mother with a man she describes as not being very involved in his role as father. This led her to describe her role with Anaïs as follows: "I had to be both the mother and the law. There are two roles: that which is permitted and that which is not."

Furthermore, Marie described having a very difficult upbringing with very little support and even some mistreatment. When she was born, her parents became members of a sect that greatly influenced their relationships within the family. She described her father as violent, dictatorial, and prone to angry episodes, and her mother as unavailable due to her own suffering. Given Marie's particularly unstable family background, the project of creating a new family with Fabienne seemed to be

the result of a narcissistic reparation process: "We will be a real couple, real parents, and have a real child who will belong to both of us," she said. From this, we understood that the desire to have a child stemmed primarily from Fabienne, whereas Marie's desire was rather to create a family as an extension of the couple: "The tribe is more important than the baby."

From information gathered during the second interview with Fabienne and Marie, we discovered that insemination was an important moment for the couple. Fabienne raised several questions about the donor, whereas Marie was initially very reluctant to include "a third person" in their family project. Prior to the insemination, Fabienne said she was anxious: "It's a strange feeling, unfamiliar . . . to have something from him. I don't know this person at all and I never will. As someone who always wants to control everything, I find it disconcerting." Nonetheless, with regard to the insemination procedure itself, she stated: "Something happened between me and the donor at that moment, and I was sitting there looking at Marie . . . . It is very difficult to explain what happened; there was definitely some kind of encounter between us!"

Fabienne seemed ready to construct a family romance in which the donor might have a role: "That day the donor was present, and it's great because a child will be born from this meeting. There will be Marie and me, but there will also be a place for the donor because there was a third place, an encounter with the father, I mean the biological father, and that will enable the child to imagine him." Fabienne felt "proud" and cheerful after the operation (in contrast to feelings reported by other women), but was nonetheless preoccupied by her partner's possible reactions: "It was a question of betrayal . . . . I really needed to know that Marie was at my side, watching, that she supported me, and that she was present."

Marie seemed to reiterate the idealistic discourse of Fabienne, whereas her representation of the donor was more conflicted during our first meeting; he could be both a positive figure (since he was making the donation) and a negative one (since he could have an ulterior motive). Furthermore, she told us that she was somewhat disappointed that the gynecologist did not let her know exactly when the insemination was made.

In conducting further in-depth analysis of the interviews with Fabienne and Marie, we were first led to question Anaïs's role in the couple. Indeed, we were struck by the importance that Fabienne placed on Anaïs, making her the person who had most influenced their relationship. How should we interpret this intense need to include her within the couple? Is Fabienne's attempt at triangulation a defensive reaction against fear of union with Marie? Her discourse is proof of her need for a third person who will save her from the risk of this union. In this context, the project to become a mother could be understood as an attempt to escape from her own mother's control. For example, in order to allow herself to become a mother, Fabienne had to decide not to talk about the project with her own mother, so that Fabienne could preserve some personal space for herself.

This necessity of creating a triangulated relationship can be observed at both a real level and a fantasy one, and became evident via projections concerning the donor. Indeed, when Marie talked enthusiastically about their plans to start a family, Fabienne immediately brought up the question of the third; she used the image of a heart transplant to symbolize the donor's participation. This metaphor seemed to have a specific function within the dynamic of the couple. Fabienne implied to Marie that their couple is not a perfect, self-sufficient whole; the other needs to join the couple, to be transplanted into it, in order for the child to be conceived and for a family to be created. This metaphor is also an indicator of Fabienne's need to introduce a third person between herself and Marie.

If we try to understand the choice of a homosexual relationship for each of them (while remaining aware of the relative value of our interpretations, given the type of clinical material at our disposal), we are led to consider different motivating factors. Marie had little or no experience of positive images of men in her relationships with them (whether they were father, brothers, partner). From this point of view, having a child with a woman probably offers her a double narcissistic reparation: the opportunity to live at the heart of a safe symbiotic relationship, and to be a good parent alongside Fabienne, thus assuming the role of an acceptable father figure.

With regard to Fabienne, how should we understand this same life choice when she finds her relationship with her own mother to be such a threat? We believe that Fabienne probably made a counterphobic choice. According to our hypothesis, she wants to create an intense link with a woman who is already a mother, thus feeding into her fantasied fears. Today, if her homosexual relationship causes her to relive her archaic invasive anxieties, the dynamic of the couple's relationship enables her to deal with those anxieties. In reality, Fabienne uses many strategies to protect herself and to counter her most threatening fantasies (for example, she places a great deal of importance on the fact that they have bought a large house so that they can each have their own space).

We noticed that, for Fabienne, insemination represented an important moment, an encounter that on a fantasy level she experienced as penetration by a man. We also suppose that Fabienne allowed herself to experience this encounter with the donor because Marie was present at the clinic with her. She specified that, had Marie not been there, she would have felt as if she were being disloyal or even unfaithful, which would have presented an obstacle to this intense encounter with a man.

The triangulation (Fabienne/donor/Marie) established at the moment of insemination reminds us, surprisingly, of fantasies linked to oedipal situations. We suggest that Fabienne allowed herself to be fantasmatologically penetrated by the donor, perhaps to have an encounter with a man for the first time, because "Marie was watching," and because the following criteria were met: she felt safe under the watchful eye of a caring mother who authorized her to be fertilized by a man/father and protected her from a phallic, overbearing mother. The insemination situation and the importance that Fabienne places on the donor thus restore the father's place as the oedipal fertilizing object, which she was unable to achieve in her psychosexual development or in the re-creation of an oedipal dynamic.

These different elements led us to wonder whether the insemination process may represent, just for a moment, a truce for Fabienne's unresolved oedipal conflict: she can encounter the man without fearing the mother since Marie is watching over her. In this specific context, could we consider AID as both a developmental experience and a differentiating experience of otherness—a rejection of the crushing anxieties of

fusion presented by the introduction of the donor/third before the new triangulation created by the birth of the child could be realized?

A thematic analysis of the other couples' fantasy constructions regarding the donor led us to make a number of additional observations: in the fantasy universe of each of the partners and the couple that they make up, the donor can be reduced to a partial object or recognized as a whole object, as Ehrensaft (2000, 2008) has shown. Furthermore, the question of genetic heritage and physical resemblance dominated their discourse and included the difficulty related to what the child will lack in not knowing the progenitor. The disclosure of this issue also reveals the importance that homosexual women place on biological links, even though we might think that their actions would legitimize a family project founded on the importance of emotional and social links. On the other hand, the donor's anonymity could reinforce the couple's bond (or even symbiosis), and/or contribute to the construction of a family romance within which the donor can be included. In this way, the donor would feed into certain illusions in the parents' relational scenarios.

The clinical material gathered in the second interview with Fabienne and Marie, which took place after the first insemination attempt, led us to notice particularly that this medical procedure caused both partners to reposition themselves in terms of the couple they make up. As a consequence, they went on to explore their difference within a couple, which originated from a search for similarity. On the other hand, it forced them to face the reference to a third—in other words, to question their relationship with masculine figures, both in fantasy and in reality.

The biological mother will have to deal with the insemination, which often includes an experience of intrusion into the body. Indeed, we observed that couples might also experience a feeling of intrusion to various degrees, an intrusion that may sometimes be hard to bear. A sort of gradient running from defensive trivialization to true uneasiness or idealization can again indicate imaginary constructions concerning the donor. The donor is thus present within the couple's relationship, and this "intrusion" can be considered in two different ways: both at the individual level (experienced by bodily and psychic penetration for the biological mother and difficulty for the social mother in finding her place), and also at the level of the couple (an experience of intrusion or

division of the couple, or even exclusion for the social mother). Because of this, the medical act of insemination, initially intended to separate sexuality from procreation, becomes itself impregnated with sexual fantasy, as we have seen with Fabienne, who fantasized about being fertilized/penetrated by the donor.

### *The Impact of the AID Medical Procedure*

Although on the one hand, the AID medical procedure favors fantasies of a sexual encounter (as seen in the previous section), on the other hand, it deconstructs, sometimes violently, the initial fantasy of both partners, who may have imagined that a child could be born from their respective desires. The realization of their project, at the moment the AID is conducted, means they are confronted with the complexity of their actions and the price to pay for obtaining what they desire. AID is not merely a brief moment, but often involves a long and physically painful process. This process is characterized by arduous hormonal treatments, complex medical procedures, and above all the likelihood that attempts at treatment will fail. These difficulties are often experienced as brutal disappointments.

In order to preserve themselves in their project, the couple must accept castration and renounce omnipotence. Unlike infertile heterosexual couples who resort to MAP after having already carried the weight of the failure of their own bodies, lesbian couples suddenly discover the limits of their all-powerful desires or fantasies of a magical conception when they begin the procedure. They can have sex, but they cannot procreate; they cannot conceive a child in the same way as heterosexuals. Exposing themselves to AID does not mean that lesbian women can avoid a castration experience, but rather forces them to deal with significant unhappiness and leads them to reinvent themselves as a couple by calling upon new fantasy schemata that could support the (re)construction of a family romance.

### *Julie and Emilie*

Julie and Emilie have been a solid couple for ten years, and there is a large age gap between them (seventeen years). Julie, thirty, will be the



biological mother and gives the impression of being much more open and spontaneous than Emilie, her 47-year-old partner.

They begin the interview by stressing that their project to start a family developed over time within their couple, and it was always clear that Julie would be the biological mother: "I'm sure that I was born to be a mother. I have always had that idea, and I can't imagine living without it." This project could be achieved, however, only thanks to the balanced and stable nature of the couple, which they emphasize.

Other factors seem very important to them in "legitimizing" their decision: living near their own families, being able to provide for the child, feeling that they have been authorized by outside entities, etc.: "Since (the hospital) accepted our case, we have realized that we, too, are allowed to have a child, because before that happened . . . we thought, you know . . . we would just try our best." AID was also the obvious choice for them since the idea of asking someone to be their donor—such as a friend who offered to help—seemed "weird" to them, but also carried with it a fear that "he would take the child, that he would ask for custody."

When asked about their homosexuality and their coming out, Julie mentioned a "symbiotic" relationship with her own mother: "My homosexuality was not really the problem when it came to my mother. What she had trouble accepting was that I left home, that I had met someone else [Emilie]." Instead, it had been her father, who was somewhat "absent" during her childhood, who "did everything he could" to help them get together. She nonetheless specified that for the last five years, she had seen her mother every day, as Julie and Emilie lived in an apartment over Julie's parents' house.

Emilie said she was very close to her own mother, and described her reaction when she announced her relationship with Julie: "My mother was delighted. She said that it doesn't matter if I am with a man or a woman so long as I am happy." However, Emilie does not want to describe herself as homosexual (unlike Julie), saying, "Both sexes suited me just fine"—until she met "the one for me" (Julie).

When asked about the relationship with her father, Emilie avoided the question and appeared somewhat defensive. She minimized the

emotional impact of the fact that she has not seen her father since he had left her mother for another woman many years previously.

When asked about her desire to have a child, Emilie did not talk about her own desires to carry a child but simply said she was too old, thus justifying that Julie should be the one to become pregnant. She did not seem at all worried about Julie's symbiotic relationship with her mother, and she exhibited admiration for Julie's father's intervention. She also expressed respect for the male professor from the Belgian hospital who dealt with their case: "He made me so happy because he said, 'You know, a lot of heterosexual couples would benefit from asking themselves the same questions that you do!'"

Emilie's attitude toward her status as social mother seemed somewhat ambiguous: on the one hand, she was very conscious of the lack of social recognition, and on the other, she did not seem to be trying to claim a specific role. She said, "The child will have a mother, Julie, and will call me whatever he or she wants."

Nonetheless, Emilie had a lot to say on the subject of the anonymous donor. She particularly questioned his motivations, and at the same time displayed a positive regard for him: "I don't know if they do it for money or something else . . . . If so, there are some great guys out there . . . if they do it for women who can't have them." Indeed, she was preoccupied by the coming child, and anticipated the difficulties that he or she might have concerning the lack of a real father and in questioning his or her origins. She even said that, ideally, she would like to be able to show the child pictures of the donor and enable them to meet if ever the child felt the desire. In contrast, Julie preferred not to think about the donor and minimized his contributions, using only medical terms (fluids, sperm, etc.).

After the first insemination attempt failed, the second interview revealed that these representations had changed dramatically. Julie was now deeply upset by the failure she had experienced, whereas Emilie said she was surprised to find that she no longer felt the same way about her own involvement in their project to have a child. More precisely, Julie suddenly discovered that "it might not work the first time," and spontaneously said: "Generally speaking, I have always succeeded in everything I have done, and now having to wait . . . no longer being in

control . . . . I find it very difficult . . . . I don't know how to deal with this wait because I have always been in control."

This unnerving experience added feelings of intrusion for Julie, who had never had heterosexual sex. She explained, "It was strange for me to have a stranger's sperm inside me, you know, to feel kind of dirty. I have never experienced this before . . . and it's life, it's sperm, it's like blood, it's symbolic. I hadn't really thought about that before, and I became aware of it during the procedure . . . . I really accept it."

This failure undermined Julie's overwhelming certitude about the power of her desires and about a miraculous conception from which the man would be excluded. Thus, by the second interview, both partners were extremely thankful and admiring of the "professor" who "enables us to have a child; he guarantees our future life." Julie explained the impact that the following event had on Emilie: since Emilie could not accompany Julie to the insemination, Julie had to have her identification card with her for the AID. Afterward, according to Julie, "Emilie felt really . . . She told all the family, you know . . . . She needed my ID card; that means she can't do it on her own."

During the second interview, Emilie told the researcher more about her own feelings: "It's more important than I thought, even if you're not the mother. If you do all this, you're accompanying the future mother. It's really important . . . on an emotional level. You realize that this child . . . I will actually have been part of its creation! It's amazing! I didn't expect this."

This occurrence—"the ID card event, which was like a bomb"—designates a parental couple, Julie and Emilie, and refutes the fantasy of a child given by Julie, the omnipotent mother, conjugating both maternal and paternal power. Indeed, Julie became aware of the excessive presence of her own mother in their endeavor: "Maybe I'm exaggerating, but I'm sure that in her head, my mother thinks, 'I'm going to be the third mother!' I haven't cut the apron strings yet . . . . It's my fault, too, if I've let her into our relationship too much."

Paradoxically, whereas Julie seems to be attempting to move away from too close a relationship with her mother, Emilie said she was "truly delighted that Julie's mother is part of the arrangements" in preparing for the child. In any case, they both seemed happy that Julie's father

paid for the cost of the second insemination, and said that they are now much more ready to consider adoption if AID fails. They are still worried about the difficulties that the child might have to face every day.

An analysis of the second interview enabled us first to recognize that both partners, each for their own reasons, had let go of certain defensive positions after having experienced the failure of the first AID. Thus, Julie seems much more open when faced with the unknown and the uncertainty of the procedure, and seems to accept having to “suffer this pregnancy and the passivity it involves” (Feld-Elzon 2010) by apparently abandoning a fantasy of omnipotence, and in turn displaying a certain amount of guilt with regard to the transgression represented by AID.

Emilie, on the other hand, has evolved from a position of the third, excluded from the mother–daughter relationship, a mere spectator of the “unusual” mother–daughter union, to become an active partner in the parental project, investing herself as a parent. This change can be attributed to the ups and downs in the AID process, as well as the impact of the institutional support extended to them—and particularly the “bomb” effect experienced by both women when the gynecologist requested Emilie’s ID card in order to conduct the AID. This intervention—the doctor’s authorization—allocates Emilie as Julie’s companion and partner in a parental project (“she can’t have a child without me”), and contributes to Julie’s taking her first steps toward independence from the symbiotic relationship with her own mother, and consequently from a fantasy scenario in which she would have had a child with (for) her mother.

These elements seem to us to constitute a possible foundation for establishing a new space between the two women and initiating a triangulation that would develop toward a more organized thirdness, more in keeping with the parental project. Indeed, Julie and Emilie plan to make their relationship official only once they have become parents. This migration toward an acceptance of the third, if it remains consistent, could lead to identifying movements in both partners that would enable them to experience their parenthood more freely—that is to say, to rely more on a protective paternal imago and thus to free themselves from the hold of a threatening maternal figure.

Despite the inevitable limitations of the clinical material, reading these two interviews with Julie and Emilie led us to question their changes in perspective and the dynamics of their couple after the first interview. The content analysis of the first interview first gave us the impression of a couple implicitly involved in a dynamic in which each of their roles is clear, distinct, and complementary. But this dynamic seemed to us to be less marked by the fantasy of a heterosexual couple than by a dual parent-child relationship: Emilie watches over her partner, discreetly but definitely supporting Julie's move toward independence, and accepting with surprising complacency the "symbiotic" relationship Julie has with her mother. At the same time, Emilie remains aware of the difficulties that their child—a fatherless child—could face in the future.

Julie, on the other hand, seems more carefree and enthusiastic about the fact that both physical and emotional conditions—almost ideal in her eyes—are finally united so that she might at last realize her dream of becoming a mother, and thus she minimizes the contribution of the donor and the importance of the father. This first impression initially led us to believe that Julie could be functioning narcissistically, supported by the symbiotic nature of her relationship with her mother, whereas Emilie was developing more object-related concerns: she displays rich and idealistic fantasies about the donor, identifying herself with the child's need to know about his or her origins and to establish a fantasy link with the biological father.

Nonetheless, certain questions remain unanswered following our first reading: Could Emilie be trapped by the symbiotic mother-daughter relationship, while at the same time she is able to successfully defend herself against an identification with a maternal feminine position that is probably too threatening for her by turning toward the status of social mother? By adopting this parental position alongside Julie, is Emilie fantasizing about attempting to occupy the role of a paternal substitute with her own mother (who was abandoned by her father)?

The qualitative analysis of our clinical material showed us that, for each partner, the desire to have a child evoked her position in relation to her own parents—the representations of the roles of father and mother, and their conceptions of paternal and maternal functions within the context of primal scene and infantile sexual theories. We hypothe-

size that, in homosexual couples, bisexual identifications are particularly prevalent in projects to become parents.

In addition, we offer the idea that, although society and anatomical difference no longer confine parents within stereotypical or predefined roles, their conscious and subconscious history, their unique development and identity construction, can restrict the field of their bisexual expression. The diversity of these identifying positions is accentuated, since they can express an impulsive choice as much as a defensive development.

### THE ISSUE OF THE THIRD

The reflections presented above came about not only as a result of the two clinical research examples discussed, but also from other clinical material at our disposal. Our thoughts focused on the importance given to the third and the diversity of the figures that it can assume in the psychic development of lesbian women who want to start a family. We first observed this issue through the relationships that the women had with various institutional representatives; the limitations and disappointments involved in AID; and encounters with men, particularly through the figure of the anonymous donor, who could potentially offer support for triangulation.

It is important to note that we undertook this research on the third by looking directly at clinical material without first trying to define this concept, which is a pervasive one in the practices of many analysts. This approach may give the impression that its use somehow dilutes the application of the concept. Curiously, this is precisely the observation that we ourselves made when we started this research. The concept of the third does not feature in (French-language) dictionaries of psychoanalysis; it would seem that the application of this notion in clinical practice has been diluted and assimilated with other fundamental notions for understanding the human psyche, such as limiting capacity; content and production of proscriptions; access to "castration," to difference, otherness, and lack. It is therefore helpful to (re)connect the fragmented information surrounding the notion of the third, thirdness, and the analytic third in order to pave the way for new understandings.

The idea of the third originated in Freud's (1912–1913, 1923) extensive work on triangular oedipal structure. Indeed, it has been the object of important theoretical developments by French psychoanalysts, who have attempted to grasp the place of the father in his different symbolic representations and interventions from the outset of the primary dual relationship between mother and child (e.g., Lacan on the Name of the Father [1981]; Fain and Braunschweig on the "censorship of the lover" [1975]). Furthermore, Donnet's (1995) reflections on the analytic context and the status of interpretation in treatment, and above all the work of Green (2002) on symbolization and the clinical absence of limiting states, has led to an understanding of the analytic third in the context of the session. It has also brought us to the realization that, in certain clinical situations, the identifiable forms of triangulation are not synonymous with organized thirdness.

On the other hand, British and American psychoanalysts have explored the notion of the third more thoroughly and have highlighted the diversity (and sometimes the incompatibility) of more advanced definitions (Hanly 2004). According to Aron (2006), "modern psychoanalysis is interested in the third because thirdness is compatible with conceptualizing reflection and symbolisation. This is a line of thought which transcends the individual mind, a relational theory of symbolisation" (p. 359).

Indeed, the theory of the third took off in a big way in intersubjective theory (Benjamin 2004; Gerson 2004; Ogden 2004), highlighting the idea of the analytic third as a co-creation shared by analyst and analysand, facilitating the analytic process and particularly the subjectivation process in the analysand (*Revue Française de Psychanalyse* 2005). For this same school of psychoanalytic thought, the emergence of thirdness is entirely possible during preoedipal relationships, although it is constructed and structured during the oedipal and posteoedipal phases: "Conceptually, thirdness nonetheless emerges independently of oedipal triangulation" (Aron 2006, p. 358).

Based on a historical analysis of implicit and explicit meanings of the notion of the third by certain philosophers (Hegel 1807; Kant 1781; Peirce 1903) and modern psychoanalysts from different schools, Hanly (2004) identifies an important controversial factor in psychoanalysis sur-

rounding this notion: notably, that Freud initially took into account the oedipal dimension of the third and even highlighted its importance. More tangibly, Hanly questions “what notion of the psychoanalytical third<sup>4</sup> best helps the analyst to recognize, understand, and remedy pathological situations and the analyst’s involvement in these situations” (p. 277), through developing transference and countertransference.

Among the different theoretical perspectives on thirdness, Green’s (2002) theory of *triangulation generalized to a substitutable third* seems particularly important to our work:

It is entirely possible to imagine triangular relationships where the third does not represent the paternal function. However, it would seem important not to get trapped in a dual relationship . . . . We are in the presence of a ternary structure including the subject, the object and the other of the object, which is not the subject. Thus, for example, the child’s relationship with its mother reflects another object than the mother, a sibling or an object of the mother’s desire which is not the father, the object of some kind of passion. [p. 267; translation by D. Naziri and E. Feld-Elzon]

Furthermore, Green’s position on this matter seems to correspond to the position expressed by Ogden (1987) about the mother intrapsychically containing the third, when he writes: “The paradox of the girl’s transitional oedipal relationship (created by the mother and daughter) is that the first relationship of a triadic object appears within the context of a two-person relationship” (p. 485).

This raises the issue of the convergence or separation of these theoretical perspectives and their use—not only for consideration in clinical situations, but also for thinking about cultural and social occurrences in a context where parenthood seems to have been transformed (*Revue Française de Psychanalyse*, 2005). It is from this perspective that we consider the issue of families with same-sex parents to be a challenge for current psychoanalytic thought.

<sup>4</sup> Here the author contrasts the Freudian/oedipal third with the relational/inter-subjective third.



## CONCLUSION

Our research leads us to believe that parental projects and AID will trigger significant shake-ups in the psychic economy of lesbian women involved in this kind of venture. The primal scene, parental imagoes, bisexual identifications, infantile sexual theories, sexual differences, and castration will be evoked and redefined in this psychic approach. Psychic bisexuality will be confronted with limitations at the same time that it is projected in new directions.

Indeed, a lesbian couple's desire for a child can facilitate access to the maternal feminine by enabling a positive investment of feminine masochism, passivity, and the receptivity imposed by pregnancy. Then, with the birth of the child, triangulation can be formed with the child, the mother, and the other who is not the mother. New identifications are activated, particularly for the social mother, in terms of the function of the third in parenthood—often conceived by the couples as a project for education and transmission of values.

Our research opens the way for further metapsychological reflection on these fundamental notions challenged by new forms of parenthood. We hope to consolidate some of the attempts by contemporary analysts to consider the enigmas surrounding the construction of masculine and feminine identity in a "(current) context of rapid historical and theoretical change" by trying to connect theories around gender, bisexuality, and thirdness (Fogel 2006, p. 1140). We believe it is important to continue studying this issue by including in future research clinical data from psychotherapeutic and psychoanalytic work with (future) homosexual parents, while remaining aware of the dimension of countertransference.

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## THE UNCANNY IN A DREAM

BY EUGENE J. MAHON

*In previous publications, the author has focused on particular types of inclusions in dreams (Mahon 2002a, 2002b, 2005a, 2007). In this paper, the author explores an instance of the uncanny in a dream and speculates on the particular function such an inclusion might have served. A patient dreamed about the name of an author, Thomas B. Costain, which he believed at first to be a fictitious dream concoction. In fact, all his initial associations dealt with this dream inclusion as if it had no connection to reality. When he later Googled the name, he was surprised to uncannily discover that the “fictitious” name was in fact the real name of a moderately well-known author. His subsequent discovery—that one of the author’s books, *The Silver Chalice*, “re-minded” him of silver paper chalices that his father used to make for him as a child—jolted him further. This revived repression of not only the author’s name, but also of its significant connection to repressed genetic memories, filled him with a sense of awe, as though he had suddenly been awakened from a hypnotic spell. If dream experience in general can be considered uncanny, the dream work deployed this particular inclusion of an uncanny, “fictitious” representation of reality for complex dynamic reasons, the author maintains.*

**Keywords:** Dreams, the uncanny, repression, dream work, memory, association, unconscious, Thomas B. Costain, Google.

Recently, an analysand, Philip, was “visited” by the uncanny in a dream. The whole dreaming process could be considered uncanny, of course,

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but I want to draw attention to a particular isolated instance within the total fabric of a single dream. Philip dreamt about what he believed to be the proper name of a fictitious dream character, a journalist who was being interviewed in the dream. Having associated to all the elements in the dream, including what he believed to be the fictitious name *Thomas B. Costain*, he Googled the name “for the hell of it,” expecting to find that the name was indeed a concoction of the dream work. He was amazed to discover that what he had been referring to as “that strange dream name” did in fact exactly correspond—even the middle initial—to the real name of a rather famous author!

Thomas B. Costain (1885–1965) was first a journalist, but he began to write historical novels in his fifties. One of them, *The Silver Chalice*, became a bestseller that spawned a famous movie in which Paul Newman starred. The novel’s title refers to a fictional chalice that was created to house the wooden goblet used by Christ at the Last Supper. What was truly uncanny for Philip was that, when he was a child, his father made little silver chalices for him out of the silver paper that his cigarettes came wrapped in. The uncanny, in this particular instance, seemed to have retrieved at least two significant repressed components from the past: silver chalices offered as playthings by the father, and a fictitious name that turned out to be real.

There was a transference context, of course; all sorts of artifacts from the past had already appeared over a lengthy process of excavation. But it is this instance of the uncanny that I want to bring into almost exclusive focus in this paper.

Initially, the analyst, too, believed the name *Thomas B. Costain* to be a concoction of the dream work. The analyst’s ignorance could be attributed to the fact that he had immigrated to New York as a young physician in the 1960s and had not incorporated many aspects of the culture. He had never heard of Costain or the Paul Newman movie *The Silver Chalice*. However, Philip’s initial ignorance seemed to be a dynamic issue of great significance.

The dream should be presented at this point so that the reader can appreciate the uncanny *in statu nascendi*, just as the dreamer did. Here is Philip’s description of the dream:

I am at a conference. A journalist is being interviewed. His name is Thomas B. Costain. The interviewer inappropriately asks the journalist if his chronic depression has compromised his professional life in any way. I cringe at the interviewer's crassness and would have undone the insult if I could.

Before I present the collaborative analytic work on this dream, a few words about the uncanny in general are in order. Freud's paper "The 'Uncanny'" was published in 1919. He refers to "this modest contribution of mine" (p. 219) as having been affected by "the times in which we live" (p. 220), a reference to the war from which Europe and the rest of the world were trying to recover.

Freud concluded that uncanny experiences occur "when infantile complexes which have been repressed are once more revived by some impression, or when primitive beliefs which have been surmounted seem once more to be confirmed" (p. 249). Freud, like most intellectuals of the time, believed that the First World War would restructure the world in some romantic, idealistic manner. Looking back with hindsight on the folly of such romantic idealism, one can only assume that some uncanny "infantile complexes" or "primitive beliefs" had indeed usurped the common sense of a whole generation of thinkers.

Freud was fascinated with the antithetical meaning of primal words in general and with the etymology of the word *uncanny* (*unheimlich* in German) in particular. In German, the *heimlich* and the *unheimlich* can be equally disquieting in connotation; the same is true for *canny* and *uncanny* in English. Freud suggests that when the "familiar" (infantile complexes) is repressed and then revived by "some impression," an uncanny affect occurs. Since it is the "familiar" parent whom the child wants to engage in incest with or murder, it is no wonder the child invokes amnesia as the ultimate resolution. But amnesia is always relative: "some impression" can, when least expected, trigger a return of the repressed.

Having very briefly reprised Freud's ideas on the uncanny, I will now return to the discussion of the dream and describe the impression in consciousness (the days' residue) that launched the whole manifest and latent choreography.

Philip, intrigued with the *mise-en-scène* of the dream, immediately began to free-associate to the fictional name as if it were a fabrication



of days' residues and ancient artifacts. On a recent short trip to Italy, he had heard a politician named Costa pitching his case for election to an audience in the town square. He had been at a *mercato* (a small Italian outdoor market) earlier that day, where one of the vendors was inviting people to sample his wares, proclaiming: "*Cedere, cedere, costa niente*" ("yield, yield, my products cost nothing"). Associating to *cost* in *Costain*, the analysand became aware that the cost of analysis seemed to be on his mind. He was convinced that the issue of a product that cost nothing had insinuated itself into the dream. (It seemed clear that *cost* and *costa* were the impressions in consciousness that had awakened disturbing unconscious affects.) "I wish analysis cost nothing" was the obvious implication, and that analytic love were unconditional as opposed to market-driven.

Continuing to take each phoneme of the dream apart, Philip associated to the *stain* in *Costain*. "We are all stained with mortality," he reflected, his anger at the analyst's "conditional" love deflected onto a more defensive, philosophical plane. He associated to *Thomas* as the name of his late brother, and to the middle initial *B* as "to be or not to be" from Hamlet's soliloquy. He noted that the whole name *Thomas B. Costain* was not too dissimilar from the analyst's, which also had a middle initial, *J*. (When the transference was at its most ambivalent, the analysand had often joked that *J* stood for Jesus or Judas, a bit of irony to which I will return later.)

Up to this point, Philip had been free-associating to Thomas B. Costain as a fictitious name, a proper name concocted solely by the dream work's artistry. It came as a shock to him when he Googled and discovered that Thomas B. Costain was in fact the name of a real journalist/novelist. This uncanny experience was rendered even more disquieting as he began to reflect on the strange coincidence of his father's gifts of the childhood chalices, and the completely repressed name of a novelist who had written a famous book called *The Silver Chalice*! For it was beginning to dawn on him that a significant act of repression was the only way to explain his seemingly total ignorance of an author whose name and novels had been stored with such accuracy in the forgotten files of memory. The correct identification of the name *Thomas B. Costain* as not only a novelist, but a journalist as well (the role that had

been assigned to Thomas B. Costain in the dream), seemed yet another instance of the uncanny. If the dream in toto was uncanny, these precise particulars seemed to out-uncanny the uncanny.

The eventual interpretation of the dream that emerged from the collaborative analytic process could be summarized as follows: Philip acknowledged that he was not only the mortified, cringing observer in the dream, but also the brash interviewer who embarrassed Thomas B. Costain with the question about his chronic depression. The analysand was able to admit to himself that he would have liked to have had the courage to challenge his father directly, rather than habitually transforming his anger into masochism, guilt, defensive identification, or reaction formations.

In a sense, the gift of the silver chalices was a screen for all the developmental gifts of which his father had deprived him. Like Costain, the father was a writer (though not as famous) and a university lecturer, but he had a chronic manic-depressive illness that resulted in frequent unemployment. The father had moved his family from city to city many times in pursuit of more and more elusive employment. Philip could hardly keep track of all the different grade schools he had frequented, but he believed it might have been as many as eleven or twelve in five or six years.

The analysand was of course intrigued by the uncanny structure of the dream. At first, he believed he had never in his life heard of Costain, and that the strange appearance of the name had to be a magical confluence of accidentals—similar to a monkey writing the script of *Hamlet* by chance if the monkey had forever to work on it. But then, as alluded to earlier, a more probable explanation dawned on him: he must have heard of Costain at some point. What is more, he must have known Costain wrote *The Silver Chalice*. He must have repressed the information at a period in his life when his ambivalence about his father (due to traumatic neglect, as well as the poignant compensatory childhood gifts) was too painful to acknowledge and had to be removed completely from consciousness.

Years must have passed before the repressed was able to represent itself again in an uncanny manner in a dream. The initial repression was most impressive: the return of the repressed in the dream brought

no recognition in its wake (unless one were to argue that the decision to search for Costain on Google contained some premonitory trace of recognition in it).

Some genetic material is essential at this point to illuminate the appearance of the uncanny. Philip had an older brother, Thomas, who was mentally handicapped. This brother had died recently, and *Thomas Costain* was in part a reference to this tragedy. Though mentally disabled, the brother was nevertheless an accomplished swimmer. When he died in a freak accident in the ocean, the analysand was plunged into an extraordinary episode of grief that he believed was two-fold: it represented grief for his brother, to be sure, but also an unrelenting grief about the loss of his father—not only through death, but through the earlier and even greater loss of life lived to the fullest that chronic depression entails. Philip became aware that *Thomas B. Costain* wove together many overdetermined threads in the fabric of his unconscious.

Intense analytic process centering around these issues unearthed a most significant unconscious fantasy. “My father, my brother, and I are *co-stained* forever with the undifferentiated magic of genetic life,” Philip nostalgically mused. Moreover, as mentioned, the middle initial *B* related to “to be or not to be”—a declaration of symbiotic, suicidal co-dependence aimed at erasing guilt from the wake of robust individuation through regressive non-individuation. “If only I could be *co-stained* forever with father and brother, I would never have to recognize my unique differentiation from either of them” appeared to be the continuation of Philip’s unconscious musing.<sup>1</sup>

Let us consider the dream *in statu nascendi*. The initial dream thoughts (“I hate my father for neglecting me—I’d like to interview him and embarrass him with the truth, exposing his irresponsibility for all the world to see”) needed to be disguised. This vehement exposure and direct criticism of the father had to be sanitized. The dream work “decided” to displace the criticism onto the “interviewer,” while the personification of the dreamer “cringed” at the interviewer’s crassness.

<sup>1</sup> Here I have condensed and summarized months of analytic process in the service of aligning the uncanny nature of the analytic process with the uncanny nature of genetic psychology. The analysand’s mother was not as ambivalently loved as father and brother, and therefore did not figure as significantly in this phase of the analysis.

If the dream conflict divided up in this manner is not enough of a defensive disguise to keep the manifest level from revealing too much latent content, the dream work can call up the reserves, so to speak. Enter Thomas B. Costain, a fictitious-sounding name if ever there was one. The supreme irony, of course, is that only the dream work (assuming that all repressed content is available to it, and that it can, like a painter, choose any unconscious pigment it likes to produce its effects) knows at this point that Costain is a *real* journalist/novelist.

In fact, if the dreamer had by chance been reading about Costain a few days before this particular dream was “assembled,” and the repressed had thereby been returned to him, surely the dream work could not have used reality masquerading as fiction in such a manner. The dream seems to flirt with exposure by employing Costain as a decoy—not unlike the cheater in a card game who reveals a protruding sliver of an ace hidden up his sleeve. All defense seems to ride on irony, as if the wish to reveal and the wish to conceal thrive on such ambivalence (Schafer 1968).

In the case of Costain, the dream work seems to rely on the solidity and stability of repression, as though the awakener’s eventual decision to Google could be discounted as a most unlikely possibility. In a sense, the awakener’s reaction is Sophoclean: Oedipus insists on pursuing the truth even when he knows it will spell his own doom. The dramatic irony of Sophocles’s play, after all, rests on the idea that the audience knows everything before Oedipus stumbles on it—just as the dream work knew what it was concealing from the dreamer before the oracular Google spilled the beans, and just as the awakener knew on some level what he had repressed so dramatically many years earlier.

*The Silver Chalice*, Thomas B. Costain, Paul Newman, and the much-earlier memory of silver paper chalices made by a tragically depressed man who wanted to offer his son more than his constitutional endowment would allow him—all these played their parts in the construction of the dream. As analytic insights over time allowed Philip to reflect deeply on the nature of his father’s chronic mental illness, the silver paper chalices became a key symbol of love and hate, satisfaction and deprivation, instinct and repression, tragic loss and resilient resignation.

"You can't give what you don't have," Philip would comment wryly when his sympathy for his father's illness outweighed his resentment.

There was bitterness in such wry commentary, and sober reflection as well. To become the "new man" that analysis portended, Philip's guilt about his death wishes toward his father and brother, and about "incestuous possession" of his mother, would have to be revised and reclaimed from the neurotic conviction that he was as tragically *co-stained* with depression, death, and failure as his father and brother were.

As the analysis nears termination, the analysand has come to realize (among other things) that, though all men are *co-stained* with mortality, unanalyzed, neurotic defensive identifications with the dead—or the living, for that matter—need not *co-stain* us all in some kind of symbiotic blindness that would make independent, individuated, ambitious, and exuberant preoedipal and oedipal life impossible. Philip knows that reality can masquerade as fiction in dreams, just as the "fiction" of neurosis can masquerade as reality in waking life, as deception and insight square off in never-ending representations and misrepresentations of the original components of conflict.

## DISCUSSION

Upon awakening from a dream, one always has the feeling that one has experienced a journey through the uncanny. Habituation tends to make the experience less uncanny, as the dreamer becomes an old hand at dreaming and can disavow the weirdness of it with the dismissive "it was only a dream."<sup>2</sup> But the dismissal surely has its defensive side, and dreams can retain their aesthetic clout and strangeness if the mind does not succumb too readily to premature jadedness.

If we accept this general depiction of dreams as uncanny in totality by definition, the appearance of a specific instance of the uncanny in an isolated dream will make us curious about the dream work's "decision" to underline one particular instance of the uncanny in the manifest content of a dream. I believe this extra flourish on the part of the dream

<sup>2</sup> Proust (1913–1927) railed against the habituation that tends to dull not only dreams, but all experience—the undiminished madeleines of experience being his life-long quest.

work can give us a glimpse into the psychodynamics of the creativity of the dream work itself, and I have argued as much in previous publications (Mahon 2002a, 2002b, 2005a, 2005b, 2007), where I have pursued a similar hypothesis in relation to a parapraxis in a dream, a joke or a pun in a dream, or even a dream within a dream itself.

What I have stressed previously is the idea that dreams are precarious creations (just as Winnicott [1971] argued that play is always precarious) that walk the delicately balanced high wire between latent horror and manifest disguise at all times. One false step and the dreamer finds himself in a nightmare, the soothing illusion of dream as the guardian of sleep suddenly interrupted by a dream thought whose mask has slipped and revealed more of its instinctual teeth than the sleeping mind could bear. This precarious state of affairs will challenge the dream work and force it to reach into its bag of tricks and divert the censor with more and more intriguing disguises, whenever the dream structure totters or illusion falters.

In “A Joke in a Dream” (Mahon 2002a), for instance, I argued that when the dream work uses a well-constructed joke in the manifest content of a dream, surely this signals a moment of great precarious oneiric anxiety—a moment when dream would become nightmare if the “reserves” had not been called up. Freud observed that jokes in dreams are not really funny; they are products of displacement and condensation, to be sure, but the dream work in general is not compelled to make them comply with the aesthetic rules of daytime joke artistry. When the dream work actually creates a formal, well-constructed joke, this merits scientific attention and investigation in its own right.

Here I am pursuing a similar line of argument in relation to the dream work’s uncanny presentation of Thomas B. Costain in Philip’s dream. The uncanny would seem to have many layers of complexity in this instance. The dream work must have known on some level that it was counting on the dreamer not to remember that, years earlier, he had repressed the novelist’s name and its uncanny connection to the silver chalices of his childhood. The awakened dreamer was indeed treating Costain as a figment of the dream work’s artistry, a dream specimen that should be broken up into its component parts and free-associated to—as dream content rather than as a real name to be recognized in its

own right. Some uncanny dialogue, some uncanny artistic collusion was going on between dream work and awakened consciousness—until that moment when Google broke the spell and startled the analysand with reality masquerading as the uncanny. Or is it the uncanny masquerading as psychological reality?

If Philip's original dream thought was "I want to unmask my father as a total failure of a man who tried to fob off silver paper chalices on me, rather than the genuine metal of love on a practical basis, day after day throughout my developing years," was this thought too instinctually charged, too blunt? And did the fictitious (but also real, ironically) Costain need to be dragged into the oneiric *mise-en-scène* so that the dream architecture as disguise would not collapse like a house of cards? Did the dream work come up with the brilliant concept of *co-staining* as a way of covering up the dreamer's murderous intent—as if to say, "Your father was not so bad; we are all bad, all co-stained equally in the tragic flux of the human condition"?

In a pre-Google world, would Philip have consulted an encyclopedia or some other source of information? Perhaps not. And perhaps the dream work's subtlety of disguise would have prevailed.

In terms of the *heimlich/unheimlich* ambivalence on which the uncanny thrives, what could be more uncanny than a father who makes silver paper chalices for a boy, and an author who, disenchanted with Arthurian legends of the Holy Grail, decides to create his own fictional version of Christ's goblet and its historical vicissitudes—and the condensation of both in the architecture of dreaming?

In my thesis about the uncanny, I have personified the dream work as if this creative homunculus in the mind were an omniscient narrator who could manipulate the dreamer and the awakener every which way in the service of its aesthetic ministry. Surely, this is just another way of suggesting that repression has the power to convince the mind that it should not "know itself" with complete Delphic honesty, and that total self-disclosure of the self to itself would lead to Sophoclean oedipal disaster. The uncanny at its most daring suggests otherwise: it argues that the repressed should constantly *re-press* (Mahon 2005b) its hidden truths into consciousness, and anything less than that is not good enough for the heroic psychoanalytic mind. The *unheimlich* is only really at home, in

the scientific sense, when it acknowledges this basic, conflicted essence of its nature.

Freud argued that the uncanny had several components. He made a distinction between the inheritance of those component “animistic” elements that are “surmounted” in the course of civilized development, and the repressed components that have more to do with infantile psychodynamic life and its conflicts. When either the “surmounted” or the “repressed” returns, the analysand feels an uncanny affect; furthermore, the surmounted and the repressed can operate in conjunction, Freud believed. The uncanny affect in Philip’s dream would seem to be that moment of surprise when complacent repression assumes that the objectionable has been censored, only to discover that the dream interviewer, in yet another personification of the return of the repressed—like the onlooker in the famous fairy tale—is bound to confront the emperor’s self-deception with its full frontal nakedness.

When the dreamer awakens into the uncanny nakedness of himself, or when the free-associative transferential process awakens to the surprise of its own forgotten genetics, the emperor is willing to relinquish his defensive omnipotence and reclaim the little kingdom of reality where there are no kings at all. At that moment, the seemingly fictitious Thomas B. Costain and the very real writer of the same name recognized each other in the aesthetics of Philip’s dream, as the repressed returned and was no longer afraid of itself.

Of the many insights generated by the mutual exploration of this dream, the most startling of all, perhaps, emerged when Philip allowed himself to reflect deeply on the whole defensive, seductive nature of the dream work’s manifest disguises. Philip realized that the dream work had been completely successful not only during oneiric time, but also during the short period of awakened, post-dream, pre-Googling time as well. What he meant was that both analyst and analysand initially seemed to be seduced by the cleverness of the manifest disguises—the aesthetic preoccupation with Costain, for instance, which had led to important clues about the concept of *co-staining* defensive identifications, to several meanings of the uncanny, and to the retrieval of the silver chalices of childhood.



But Philip began to realize that if he remained seduced by the aesthetic cleverness of the hidden clues—the uncanny affects and the manifest flourishes—he would never get to the deeper affect of fury at his father for neglecting him so tragically, and for assuming that an offer of “silver” gifts could cover up the thirty pieces of silver with which Judas (the father) had betrayed Christ (the analysand).

It is in this context that the analyst’s middle initial *J* and its transference vicissitudes assisted the uncovering process in no insignificant manner. On that level, Philip felt furious with the analyst for seeming to be as duped as he was by all the dream work’s aesthetic flimflam. Another level of the uncanny was exposed in this transference/countertransference contretemps. If the two members of the analytic dyad had remained blinded by the aesthetic artistry of the dream work and had ignored the psychoanalytic mandate to deconstruct defense rather than be seduced or bamboozled by it, the uncanny genetic collusion between father and son (which suggests that failures in the facilitating environment can be ignored) would never have been exposed. Analyst and analysand would have remained *co-stained* in defensive blindness, and the uncanny would have repeated itself rather than being remembered and analyzed.

The analyst felt comfortable being accused of collusive ignorance (he did not feel the need to recuse himself from blame based on his own cultural history, as referred to earlier). Therefore, the genetic fury could enter the transference and eventually make its way into interpreted insight. The analyst was not, in fact, trying to fob off some fake silver on the analysand or to betray him with collusive falsehoods. He was offering truth in all its complexity—even the analysis of “truth” that masquerades as the uncanny in a dream. When the uncanny is submitted to analysis and thereby loses its disquieting strangeness, the *umheimlich* has come home again to the insights from which it fled when the ego was too young or too frightened to embrace them.

If a dream is a compromise between instinct and repression—a compromise that teasingly manifests a portion of itself while rigorously hiding its most significant aspects—this drama of exhibition and disguise is always on the verge of aesthetic exhaustion and collapse. When the aesthetic suspension of disbelief begins to falter, and the dreamer suspects and fears a sudden descent into nightmare or into rude awakening and

panic, the dream work exploits all its resources to keep more and more balls of disguise in the air. I have argued that when a dream—which is, after all, a pretty uncanny disguise in toto—highlights one particular instance of the uncanny, the alert dream interpreter will recognize the introduction of the uncanny as a desperate cover-up maneuver designed to disguise a major fault line in the overall structure of the dream. Such an alert dream interpreter will recognize the uncanny red herring and not be fooled by the dream work's impressive sleight of hand.

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## ON MYTHS AND MYTH-MAKING: PSYCHOANALYTIC THEORIZING ABOUT MOTHER–DAUGHTER RELATIONSHIPS AND THE “FEMALE OEDIPUS COMPLEX”

BY MARTIN A. SILVERMAN

*A Story of Her Own: The Female Oedipus Complex Reexamined and Renamed.* By Nancy Kulish and Deanna Holtzman. Lanham, MD: Jason Aronson, 2008. 218 pp.

*Electra Versus Oedipus: The Drama of the Mother–Daughter Relationship.* By Hendrika C. Freud; translated by Marjolin de Jager. London/New York: Routledge, 2011. 205 pp.

*The Monster Within: The Hidden Side of Motherhood.* By Barbara Almond. Berkeley, CA/Los Angeles: Univ. of California Press, 2010. 265 pp.

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Myth-maker, Myth-maker, make me a myth  
With just the right height  
And with just the right width  
Myth-maker, make me a Myth!

Myth-maker, Myth-maker, plots need to hatch  
And I need a key that will push up the latch  
To let loose a theory for people to catch  
Myth-maker, make me a Match!

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The morning after I began thinking about what I might write in response to Nancy Kulish and Deanna Holtzman's wonderful and intriguing book, *A Story of Her Own: The Female Oedipus Complex Reexamined and Renamed*, I awoke singing the first line of the lyrics that form the epigraph with which I have begun this essay. I completed the first stanza as I was shaking off my nocturnal cobwebs and preparing to see my first patient of the day, but to my surprise, I still could not identify the song whose words I was paraphrasing.

It was not until I was walking to my office that I realized it was the "Matchmaker" song from *Fiddler on the Roof* that had inspired my lame attempt at writing song lyrics. I had seen the musical on Broadway and then again on a Parents' Day visit to the performing arts camp where our children were spending the summer—and it was our older daughter who sang that song from up on stage while my wife and I sat in the audience! As I recalled this, the second stanza sprang from my brow, like Pallas Athena from the head of Zeus (although, as I was aware, it still needed a bit of refining). The latter came to me after I recalled that I had recently read or heard somewhere something about an observation made by a drama critic: that he viewed *Fiddler* as a prime example of modern cultural myth-making. Such is the way in which the mind works.

Psychoanalytic theorists beginning with Freud—just like writers in general—draw upon the great myths of the ages as they struggle to create new myths that they hope will immortalize them in the minds and hearts of the reading and thinking public. Freud did not develop his concept of the Oedipus complex from his reading of Sophocles's *Oedipus Rex*, but from clinical experience, beginning with himself as a patient. Then he seized upon the mythological story of King Oedipus to provide a dramatic metaphor that might serve as a vehicle for popularizing his ideas. There is no such *thing* as an Oedipus complex.<sup>1</sup> It is merely a set of ideas about an aspect of human psychology that have been connected with an ancient Greek myth in the interest of dramatic emphasis.

Ernest Jones connected Freud's observations about the developmental importance of emotional conflict arising out of the emergence

<sup>1</sup> Bion is said to have expressed consternation about the way people talked about his ideas as though they were facts: "My ideas are only ideas," he said, "They are not *facts*!" (Heath 2010).

during childhood and beyond of the complexities of triadic relationships and intergenerational rivalry and competition with Shakespeare's more modern story of Hamlet, Prince of Denmark, finding it an even more suitable vehicle than Sophocles's ancient play. At that time, Freud was being met with fierce opposition to what he was presenting to the world in general, and to the Vienna medical establishment in particular, about what he was observing in his patients involving childhood sexuality, unconscious parricidal wishes, and castration anxiety in the generation of neurosis and psychosis. Linking his observations, which were being treated as unwelcome anathema, with those of highly respected representatives of the intellectually revered and esteemed classics of earlier centuries was a brilliant political masterstroke. As much as Freud appreciated and admired Shakespeare, he recognized, it seems to me, that Shakespeare was an Englishman; and Freud was well aware of the extent to which chauvinistic and xenophobic prejudice against non-Germans prevailed in the Austria of his time.<sup>2</sup>

It is an error, in my opinion, to reify and grant seeming objectivity to the contents of Sophocles's dramatic literary production, as though the play is a psychological textbook to be studied literally. Doing so, it seems to me, itself constitutes a kind of myth-making that is likely to in turn generate a distorted view of child development and of psychoanalytic principles. Kulish and Holtzman, the authors of *A Story of Her Own*, allude to this when they state in their introduction that:

Old paradigms resist change. Any alternative model for the female triangular situation presents a struggle for analysts, male or female . . . . If the oedipal myth is to be replaced with another, then mustn't this replacement mirror the Oedipus story? Thus we are bombarded with such questions as: Where's the punishment? Where's the aggression? Where's the dramatic adventure and active initiative taken by the female? [p. 4]

Leavy (1985), referring to Freud's (1892–1899) announcement in a letter to Fliess of his discovery within himself of love for the mother and rivalrous hatred of the father (which he believed to be more or less universal in men, and which he connected with Sophocles's *Oedipus*

<sup>2</sup> See Silverman (2012) for an in-depth discussion of these issues.

*Rex*), states that: "The psychological discovery was mythologized at the same time that the myth was psychologized" (1985, p. 445). Leavy goes on to say:

The Oedipus complex remains a concept that organizes the meaning of the patient's discourse around certain focal developmental happenings affecting the status of the child in the conflictual milieu of the family. Over the decades the concept has undergone a loosening of its connection with the Greek myth—a demythologizing. [pp. 447-448]

Leavy proceeds to lament the way in which the myth has undergone periodic remythologizing as analysts have seized upon other characters in Sophocles's play, such as Jocasta or Tereisias, or upon other ancient Greek myths, as they seek acceptance of ideas they wish to promulgate. As Phillips (2003) articulates, in the course of examining the tendency in psychoanalysis to give too much credence at times to the epistemological usefulness of what mythology has to offer, "Leavy . . . cautions analysts against being led down the path of Greek mythology and away from the person on the couch" (p. 1440). Phillips goes on to reiterate and elaborate upon this message.

### KULISH AND HOLTZMAN ON THE "PERSEPHONE COMPLEX"

Kulish and Holtzman understandably object to organizing psychoanalytic understanding of the way in which girls and women experience and negotiate the developmental step of moving beyond dyadic, "pre-oedipal" relatedness into the more complex, triadic developmental phase that follows it in terms of what Freud worked out about this sequence in boys and men. They correctly observe, as have many others, that Freud's extrapolation of what he observed in himself and took to be a paradigm for what he presumed to take place in men in general (which itself presents certain problems) to what he presumed occurs in the course of female development led him to inevitable distortions in his views about female psychology. Little girls are not little boys and never were little boys, contrary to Freud's simplistically reifying extrapolation from male to female psychology.

Freud himself eventually recognized that his views regarding female psychology needed correction, and he looked to female analysts to accomplish that. *A Story of Her Own* contains a brief but meaningful review of the debates that ensued among Deutsch (1925), who, in particular, championed Freud's views, even as she placed new emphasis upon the importance of the girl's powerful, preoedipal bond to her mother; Horney (1924, 1926); Lampl-de Groot (1927); Dooley (1938); and others who brought fresh observations and understanding to psychoanalysis.<sup>3</sup>

Kulish and Holtzman especially object to the application of the terms *oedipal* and *Oedipus complex* to what occurs in *female* development and *female* psychology. I find myself fully in accord with them when they champion the adoption of the term *triangular phase* of development—for boys and girls alike—in place of *oedipal stage* of development.

These authors go beyond this, however. They propose that we not only examine male and female development separately, but that we also abandon altogether the term *Oedipus complex* in connection with female development, and replace it with a unique but hopefully parallel term to help us define our views about what little girls go through during the triangular phase of their emotional development. They argue cogently that words have power, as Litowitz (2002, 2003), Lerner (1976), and others have pointed out, and they object to applying a term that is associated with male emotional development to the development of females. Drawing upon the Greek myth of Persephone and her mother Demeter, they propose that we apply the term *Persephone complex* to what takes place between girls and their mothers during the triangular phase of development.

The problem, however, is that in so doing they simplify and reify what actually is much more complex than what is alluded to within either of those two myths. They fall prey, furthermore, to the same sort of mythologizing and casting allegiance to a metaphor as though it were a truth to which psychoanalysts have long done as they idealize and idolize the term *Oedipus complex* as the shibboleth for (ill-conceived) psychoanalytic orthodoxy.

<sup>3</sup> For a compilation of a number of these early papers, see Grigg, Hecq, and Smith (1999).

Kulish and Holtzman also focus primarily upon but one (albeit important) aspect of mother–daughter relationships, while they scant other aspects of something that is actually much more multifaceted and complex than they depict it to be in their papers (e.g., Holtzman and Kulish 2000, 2003) and in this book. They place powerful emphasis upon the very special connection between mothers and daughters that exists from birth and even before birth, a vital connection that creates a serious dilemma for both of them as the little girl moves on from dyadic to triadic developmental organization. She and her mother are faced with a dilemma when the girl progresses into triadic, competitive rivalry with her mother for her father’s love and attention (and she does so because of innate biological pressure, maturation, and the attraction her exciting daddy exerts upon her—not because of anger at her mother for not providing her with a penis and the wish for compensation in the form of a penis-baby from her father, unless something is very wrong in her relationships with her parents and siblings and in the society in which they live). The idyllic relationship between mother and child that has existed until then becomes threatened (although in real life, it has not truly been as idyllic as Kulish and Holtzman depict it to have been, given the inevitable frustrations, annoyances, and power struggles that arise even in the best of relationships).

In the myth of Demeter and Persephone, Kulish and Holtzman find a paradigm with which to frame the dilemma they perceive to be central in the transition from dyadic to triadic mother–daughter relations. Stated in its simplest terms, the myth revolves around the abduction of Demeter’s virginal, nubile daughter as she is flowering into womanhood by her uncle, Hades, lord of the underworld and brother of both her parents. Demeter is distraught and inconsolable. To force her brother/husband, the all-powerful Lord Zeus, to return her lost daughter to her, she ceases providing bountiful largesse, as the goddess of fertility and fecundity, to his valued human subjects—so that not only will they starve, but they will also stop rendering the sacrifices to Zeus that he requires of them.

Persephone, now queen of the underworld, demurely resists Hades’s advances, and she misses her mother dearly and yearns to be reunited with her. Zeus submits to Demeter’s pressure by granting her the boon



of seeing her daughter again, although with the stipulation that she shall not have ingested any food while in the underworld. Via a clever tour de force, in which Persephone breaks the rule by ingesting a small number of pomegranate *seeds* (a reference to semen?) before she returns, a compromise is effected in which Persephone is allowed to spend part of the year (three-fourths in most versions, but two-thirds in others) with her mother (linked symbolically with bountiful Mother Earth?) and the rest of the year (winter) in the underworld as Hades's queen.

The Ancient Greek myth of Persephone and her mother Demeter, I might add, has inspired not only Kulish and Holtzman but others as well. The relatively recent film *Black Swan* (2010) can be seen as a modern version of the myth. It is the story of Nina, a young woman who has given up all other aspirations while she devotes herself totally and with single-minded determination to becoming the prima ballerina whom her mother longed to be but was not able to become. She still lives with her mother, in a child-size bedroom filled with stuffed animals, while her mother devotes herself fully to supporting and facilitating her daughter's ambitions in the ballet world.

Spurred on by another young—and in certain ways, older-sister-like—ballet dancer who is her main competitor for the lead in a performance of Tchaikovsky's *Swan Lake*, Nina darts out of her cocoon-like bedroom and follows her into a dark night club, where they drink and get involved with young men. The other dancer seduces her into entering the realm of adult sexuality, which until now Nina has totally avoided. Her first sexual encounters are with that other youthful, sensuous female dancer (in a dream? in reality?) and then with the womanizing male ballet master, who has earlier ordered her to masturbate in order to free up the passion needed to dance the starring role, and whose face in one powerfully dramatic scene is that of the devil.

Nina drifts dangerously back and forth between reality and fantasy as she is torn apart by twin conflicts. One is between intense, narcissistically driven, murderously competitive rivalry (with her contemporaries; with her mother; and with all prima ballerinas, past, present, and future) and the enormous guilt she experiences in connection with her wish to outdo and professionally demolish all her rivals, including her mother. The other is between her wish to grow up and away from her mother

(as illustrated dramatically by her struggle to move on from performing merely as the innocent White Swan, to becoming able to perform as the sensuous Black Swan) and the guilt she feels for abandoning her mother after her mother has sacrificed everything else in life to be there with her and for her.

In the final scene, after Nina brilliantly performs the role of the black swan, with her mother weeping in the audience, she collapses backwards off the stage. It is not clear whether she has swooned in exultation and exhaustion or has died. Perhaps, in a way, it is both of these!

What could possibly be wrong with replacing the term (and concept of) *female Oedipus complex* with that of *Persephone complex*? To my mind, there are several reasons not to do so. First of all, it is misleadingly incomplete in its depiction of what is involved in the developmental advance from dyadic to triadic mother–daughter relations. When a little girl becomes competitive with her mother as she becomes entranced by and falls in love with her father, she does not necessarily have to give up her intense attachment to her “preoedipal” mother as the love of her life. With the preoperational thinking that prevails before the age of seven years or so, when the little girl focuses on one part of the whole field she loses sight of the other part because of her inability to hold on to the whole while examining a part of it (see Silverman 1971). It is within her capacity to maintain conflicting attitudes and inclinations inside herself; inconsistency is not a problem. Although conflict and sadness are to some degree inevitable, the girl and her mother will be able to negotiate the transition successfully *if the mother is able to tolerate dilution of their bond and help her daughter do so as well*. They do not necessarily need to lose each other or lose the special link that exists between them.

Second, invoking the duality of *Oedipus complex* for boys and *Persephone complex* for girls to emphasize the differences that exist in male and female development can blur the fact there are also commonalities. The first major, intense relationship for girls and boys alike, with rare exception, is with the mother. Moving on to triadic, competitive interaction with parents presents problems for both boys and girls, as well as challenges to the parents of both. All relationships, furthermore, are bidirectional and more or less ambivalent.

The way in which parents experience and respond to the child during the dyadic phase, during the triadic phase, and during the transition between them, as well as during the separation-individuation process that occurs early in childhood and again during puberty and adolescence, is as variable as it is vital in importance. Perceiving the mother as a sexual object rather than as a devoted, nourishing, care-giving one presents little boys with challenges that are different but no less challenging than those with which little girls are faced.

A number of years ago, Ethel Person and I were invited to conduct a three-day symposium on child development at the North Carolina Psychoanalytic Institute and Society. On the morning of the first day, Ethel began by saying, "A major problem for boys is that their first love object is their mother." On the second day, I began by saying, "A major problem for girls is that their first love object is their mother." Everyone laughed and many attendees nodded their heads in assent.

All children need to be loved, cherished, and valued by their mothers (and fathers<sup>4</sup>), and every child is shaken and challenged when triadic rivalry threatens the persistence of the illusion of oneness with and exclusive possession of its idealized and idolized mother. The need to be uniquely special to Mommy is in certain ways more crucial for girls, especially in a male-dominated world, but it is a need that is nevertheless shared by boys. Both, furthermore, are exquisitely sensitive to the impact of the mother's attitudes, feelings, and actions toward them. What is scanted in *A Story of Her Own* is the darker side of motherhood.

## HENDRIKA FREUD ON THE "ELECTRA COMPLEX"

Hendrika C. Freud, in *Electra Versus Oedipus: The Drama of the Mother-Daughter Relationship*, and Barbara Almond, in *The Monster Within: The Hidden Side of Motherhood*, address the darker side of what takes place

<sup>4</sup> For many years, I have been performing psychiatric evaluations for schools as part of child study team evaluations of children with learning and behavioral problems. The vast majority of the children I have seen in this context have been burdened not only with Attention Deficit/Hyperactivity Disorder or learning disorders, but have also been abandoned by their fathers. Fathers are barely present in *A Story of Her Own*.

between mothers and daughters. Hendrika Freud calls attention to the obverse of the longing for blissful togetherness between mother and daughter, as is illustrated, she feels, in the Ancient Greek myth about Electra.<sup>5</sup> In plays by Aeschylus, Sophocles, and Euripides, Electra is depicted as far more outraged by the fact that her mother, Clytemnestra, has betrayed her father, Agamemnon—and far more jealous of her mother's romantic relationship with Aegisthus—than she is angry at her beloved father for having abandoned her and the rest of the family for ten years while he waged war against the Trojans. Overcome with narcissistic rage, Electra sacrifices everything in order to wreak murderous revenge upon her mother.

Hendrika Freud sees Electra as exemplifying a core conflict within many troubled women:

The fear of being swallowed up by the powerful mother figure is in conflict with a desperate longing for her love and affection . . . . Paradoxical as that may sound, girls need their mother's cooperation in detaching themselves from her. Sometimes that opportunity for independence is lacking, and women have to find a way to sail between the Scylla of Electra's murderous hate and the Charybdis of total symbiosis. Both extremes lead to an unhealthy mother-daughter relationship. As always, it is only the happy medium that can progress to a healthy development. [p. 2]

Neither symbiotic illusion nor total separation is healthy and tolerable. Hendrika Freud emphasizes that the early relationship between a girl and her mother is so intense, so important, and so vital that even when she transfers her devotion to her father, she never does so fully. Her feelings and attitudes toward him, and then toward men in general, always continue to carry within them something that actually represents her continuing attachment to her mother. She desperately needs a great deal of help from her mother to emotionally detach herself even partially from her. What happens when her mother, because of her own problems, is not able to afford her that kind of necessary assistance?

<sup>5</sup> Kulish and Holtzman note that, in 1915, Jung proposed the term *Electra complex* as the female complement to the male *Oedipus complex* (p. 24).

Using convincing clinical illustrations, Hendrika Freud addresses multiple situations in which the mother's ability to help her daughter hold on to an intimate, dyadic relationship with her that will promote a necessary sense of security and safety, while she simultaneously encourages and facilitates independence and supports expansion of the girl's experience of love onto her father and then onto a man of her own, is compromised by the intrusion of significant emotional problems that the mother brings with her and/or experiences as a mother. One such situation involves the woman who looks to motherhood to provide her with the idealized, all-providing mother-daughter relationship that she was not fortunate enough to have had with her own mother. Her disappointment with her female child's inability to provide that for her can turn her narcissistic longing into narcissistic rage, and even into hatred of the child.

"A mother who is disappointed in her own mother," she writes, "will be more than likely to have an unusually ambivalent relationship with her daughter" (p. 5). A mother who has brought to her relationship with her daughter unresolved, intense ambivalence toward her own mother is likely to transfer clinging ambivalence onto her child as well. She is not likely to provide her daughter with a safety net of secure, loving, dyadic attachment to her mother that will enable her to venture beyond her connection with her mother into new, uncharted territory.

A mother who, like Clytemnestra, does not have a loving, attentive, giving husband to look after her and provide for *her* needs can all too often either fail to provide her daughter with what the daughter needs from her, or look to her daughter to take care of and provide for her own emotional needs. This is liable, in fact, to doubly impact the little girl:

When the father is emotionally or physically absent and will not or cannot intervene to break through a mother-daughter bond that is too intense, when in the mother's experience he plays no role as her child's father, when her mother seeks her fulfillment in the child, the mother-child dyad will not become a triad. [p.

## PERSEPHONE VERSUS ELECTRA

Demeter, in fact, in the Persephone and Demeter myth, does not have anything like a reliable, loyal, devoted husband, and she can hardly feel desirable to someone who may be her god but who neglects her and is a womanizer on a very grand scale indeed. All Demeter has is her daughter—and Zeus even wants to take that away from her! When Zeus notices that Persephone is flowering into womanhood, he arranges for her to be spirited away from her mother's orbit so that she might become the wife and queen of his brother Hades. Demeter is bereft, outraged, and absolutely furious. She cannot do without Persephone.

Is Zeus anxious to have Persephone snatched away from his own aroused passions as well? Hesiod (1914) makes this clear in his Ancient Greek presentation of the Demeter and Persephone myth. Referring to Hades, for example, he states: "So he, that son of Cronos, of many names, who is Ruler of Many and Host of Many, was bearing her away by leave of Zeus on his immortal chariot—his own brother's child and all unwilling" (p. 291). Persephone, after her return from the underworld, tells Demeter that Hades "rapt me away by the deep plan of my father, the son of Cronos" (p. 319).

In Ovid's Ancient Roman retelling of the Greek myth in the *Metamorphoses*, the author describes Jove sending Cupid to shoot one of his arrows into Pluto, in order to make him fall in love with Proserpina, whom he describes as "bent on chastity" (Mandelbaum 1993, p. 161), and carry her away from her mother, Ceres. When Ceres pleads with Jove for Proserpina's return, he tells her:

We must not speak of love, not injury, or robbery. We should not be ashamed of Pluto as a son-in-law if only you, goddess, would consent to that. Were he to lack all else, it is no meager thing to be the brother of Jupiter! [Mandelbaum 1993, p. 167]

Kulish and Holtzman indicate that they are somewhat puzzled by the part of the myth that has Demeter disguise herself as Doso (an abandoned, unattractive old woman who is past childbearing) and enter the home of Celeus, offering to nurture and help raise her child, Demo-

phoon, into manhood, but instead stealing him from her.<sup>6</sup> As Doso, Demeter feeds the child ambrosia, “breathes sweetly upon” him, and at night hides him in the fire (in some versions, this is to destroy him, while in others it is to make him immortal so that she can keep him with her forever—which together add up to a very great degree of mother–child ambivalence).<sup>7</sup>

It seems to me that this element of the myth can represent an allusion to the ambivalence that all parents feel, to a greater or lesser degree, about their children growing up, maturing, and coming into the full flush of youthful power, strength, and desirability.<sup>8</sup> They wish this for the child and they revel in the child’s ascent, but at the same time, they cannot help but feel envious because the child is at her or his peak—while they themselves are on the decline, in the process of losing their own strength, beauty, and power as they observe the child acquire those very attributes. Parents also cannot help but feel frightened when their children reach maturity. The child is full of life, but the parent is approaching death!

I also wonder if the element of Baubo seducing Demeter out of her doldrums (while Demeter is pretending to be the extremely unhappy Doso) by merrily lifting her skirts and showing her genitals refers to much more than merely pleasure in female exhibitionism, which is how Kulish and Holtzman choose to explain it. Could it not be a skillful allusion to the erotic, homosexual component of Demeter’s intense attachment to her daughter Persephone? All relationships, especially the most important ones, are complex and multidimensional, and all relationships contain an erotic component.

<sup>6</sup> Kulish and Holtzman expressed their inability to comprehend this part of the myth even more strongly during a Meet-the-Author session at a meeting of the American Psychoanalytic Association in January 2010.

<sup>7</sup> In Hesiod’s (1914) words, in the form of Doso, Demeter is “like an ancient woman who is cut off from childbearing and the gifts of garland-loving Aphrodite” (p. 297)—that is, she is no longer fertile or beautiful.

<sup>8</sup> Hesiod expresses this poetically when he describes the flower that Persephone is picking when Hades swoops in and carries her away as “the narcissus, which Earth made to grow at the will of Zeus and to please the Host of Many, to be a snare for the bloom-like girl—a marvelous, radiant flower” (1914, p. 289).

Hendrika Freud, like Kulish and Holtzman, emphasizes the centrality of the mother–daughter relationship in female development. She indicates that girls never fully relinquish the intense, passionate, bidirectional bond they have had with the mother from birth, and perhaps even before then. Even when the girl discovers her father as another exciting object of her affections and her passions, he does not replace the mother in the girl’s feelings, but is a new and *additional* love object. Throughout her life, a daughter’s love relationships with men contain, to a greater or lesser extent, a hidden element of the dyadic love of her mother as her special Other, carried over to male love objects in order to keep the earlier, vitally important mother–daughter relationship alive.

In fortunate circumstances, the girl’s mother not only continues to cherish and nurture the special bond she and her daughter have had together, but also tolerates, fosters, and facilitates her daughter’s equally important movement toward separateness, independence, and autonomy. In instances when the mother—like Demeter and Clytemnestra in the Greek myths—has not had such a seemingly idyllic relationship with her own mother, and/or has not been receiving from a husband what she needs from him, it can be very difficult for her to let her daughter branch out and away from her and come into her own as a separate person with an existence that is largely independent of her.

Schmidt-Hellerau (2010) indicates that her understanding of the Demeter and Persephone myth is very close to Krausz’s (1994) view; specifically, “it is Demeter’s refusal to separate from her daughter, her pathological mourning, that prevents Persephone from safely expressing her desire to her husband or from wishing for a husband worthy of her feminine desire” (Schmidt-Hellerau, p. 921). As Krausz puts it:

Demeter represents that part of every mother who cannot separate from her daughter . . . Persephone was in the paradoxical trap of destroying her mother by leaving her, yet only being able to leave by literally disappearing, voiceless, into the underworld of the symbolic preconscious. Yet she reappeared each spring to enliven her mother’s world with her loving . . . Persephone’s “death” each year rendered her invisible to her mother’s world; only as an invisible woman could she safely express her desire to her own husband (shadowy though he was himself), for her



own mother had not been able to tolerate the existence of feminine desire. Demeter's pathological mourning for Persephone shrouded her lost desire for her own husband: unable to be fully a woman, she displaced herself into a self-less and dedicated motherhood. A trigenerational unconscious legacy conspired to form Persephone into an eternal maiden of the springtime, a young girl innocent of desire in her mother's world, yet haunted by the shadow of death into which her feminine desire had escaped and hidden. [1994, p. 65]

Hendrika Freud provides a number of relatively detailed clinical vignettes that illustrate the kind of adherence to a symbiotic illusion of unending dyadic oneness between mother and daughter that can prevent the daughter from achieving developmental advance and consign her to an emotional hell of insecurity, ambivalence, torturous conflict, wrenching guilt, and masochistic efforts to resolve the intense, push-pull conflict between leaving her mother and clinging to her.<sup>9</sup>

Hendrika Freud is a proponent of applying the term *Electra complex* to this aspect of mother-daughter interaction. In fact, she wonders whether—had psychoanalysis emerged out of investigations of women by women, rather than out of investigations of men by men—would the Electra complex have become the initial rubric for framing the struggles that children go through when they enter the phase of involvement in triangular object relations, rather than the Oedipus complex? As she puts it:

Ancient Greek and modern authors all agree that Electra's rage and loudly bellowed laments are intended as an indictment against her mother, of whom she saw herself, rightly or wrongly, as the unloved victim. It remains difficult to understand why Electra continued to such an extent to idealize her father Agamemnon, the ruthless killer, notwithstanding all the evidence of his selfishness, cruelty, and unfaithfulness. Not only had he murdered Clytemnestra's first husband and children, but

<sup>9</sup> The vignettes that Kulish and Holtzman provide contain rather little about the patients' mothers and almost nothing about their fathers. Nevertheless, allusions to the kind of interferences by mothers that Hendrika Freud focuses on can be discerned in some of these vignettes, although less blatantly than they are evidenced in the more seriously troubled patients described by Hendrika Freud.

he also sacrificed his daughter, Iphigenia, just to appeal to the goddess Artemis for a fair wind . . . . All this had happened when Electra was still a child. He could not have been much more to her than the myth of an invisible father . . . . As if she had split her feelings into opposite poles, she hated her mother as much as she loved her father. In his absence, she strongly identified with the father she idolized . . . . Women's stronger bisexuality—wanting to be a man and have a woman while also wanting to be a woman and have a man—is easily recognizable in Electra . . . . Her masculinity complex is in evidence when she calls Aegisthus a woman, thinking herself to be more of a man than he is—something that may also attest to her unspoken amorous feelings for her mother and her jealousy of Aegisthus . . . . As Electra's accusation of neglect implies, it is rather a matter of fierce yearning for the love of a nurturing mother and a desire to return to the lost paradise, the close homosexual bond from the earliest part of her life. [Hendrika Freud, pp. 65-66]

## THE DARKER SIDE OF MOTHERHOOD

Barbara Almond addresses, in much greater detail than does Hendrika Freud, the most serious, even devastating or fatal effects of unbridled maternal ambivalence toward daughters that occurs all too often. Her book, *The Monster Within: The Hidden Side of Motherhood*, is addressed to a lay audience, which limits her ability to delve as deeply as she might have done had she had a more professional readership in mind. Nevertheless, she imparts a striking message about how devastating the impact can be when a mother's ambivalent feelings about her children are translated into action.

Almond begins by focusing on the fear many women have of producing a deformed child, as exemplified by the contents of such books and films as Mary Shelley's *Frankenstein* (1818), which Almond (impressively) examines at length; William March's *The Bad Seed* (1954); and Ira Levin's *Rosemary's Baby* (1967). She states that:

The horrifying idea of giving birth to a monster seems to be ubiquitous. The idea is usually experienced as a fear of physical birth defects, but the fear that you could give birth to a psychological monster, although often latent, may be even more

disturbing. It takes the form of fearing that you will have a child you cannot love or will create a monster child *because* you cannot love it. [p. 53, italics in original]

The baby, Almond points out, can unconsciously represent a personification of the mother's own destructive aggression and/or her harshly punitive conscience, or a hated sibling who has come back to torment and be tormented by her, or detested aspects of her parents. I have repeatedly encountered these scenarios in the course of my clinical work with children and their families. The most devastating instance involved a little boy whose mother's own mother had, at least as she recalled it, largely abandoned her to devote herself to her baby brother, who was the mother's decided favorite from the time of his birth. When her own second child was born, she all but totally abandoned *him*. Rationalizing her actions by an overzealous adherence to something she had read that cautioned mothers against neglecting an older child when they turn their attentions to a new baby, she relegated her newborn, second child to spending each day out on a balcony, without any human contact, while he looked through the strings that formed a fringe to the cover of his carriage at the leaves and branches of the trees that faced the balcony.

When I met this child a few years later, he was severely autistic. He was unable to relate to people, was extremely emotionally dysregulated, and repeatedly flew into frenzies of agitation and terror. He attempted to ward off these frenzied states by soothing himself with lengths of string or strips of toilet paper, and tried to disengage himself from these states by diving into leafy shrubs! His mother's hatred of her own little brother, which had been incubating within her for years, had unconsciously been directed toward her second child while *he* was incubating within her, and it was reborn in full force when he left her womb and was born into the world.

Almond supports her thesis concerning the importance of maternal ambivalence as a factor affecting the experience of motherhood and causing trouble in the mother-child relationship with a host of personal observations, clinical experiences, news items, biographical references, and literary expressions that collectively make her point in convincing fashion. She focuses on instances of mothers who smother their chil-

dren by “over-mothering” them in such a way that it interferes with their innate thrust toward independence and self-reliance and compromises their ability to undergo separation and individuation from them. (I am reminded of patients—adults as well as children—who have spoken to me of “smother love” or have referred to their mothers as “momsters.”) She devotes considerable attention to what she refers to as the *vampiric mother*; who drains the life force of her child, usually a daughter, and uses her to serve her own needs. She casts her microscope on very useful clinical material, as well as on such literary sources as Bram Stoker’s *Dracula* (1987) and the novels of Mona Simpson (1986) and Joanna Trollope (1998). (I thought as well of the film *Now, Voyager* [1942], which played an important part in the analysis of one of my patients,<sup>10</sup> and of the book and film *Like Water for Chocolate* [1992].)

The chapters on severe postpartum depression and infanticide are painful to read. Fortunately, in the last few chapters of the book, Almond turns her attention and that of her readers to more garden-variety clinical examples of maternal ambivalence contributing to neurotic conflict concerning the mother–child relationship. She makes very positive observations, furthermore, about ways in which women can and might be assisted, personally and within societal structure, to deal with their inevitable maternal ambivalence—without denying it, rationalizing it away, being overwhelmed by it, or feeling excessively guilty about it.

## DISCUSSION AND CONCLUSIONS

Myths are powerful, both in their ability to embody important psychological and societal constellations of belief and aspiration, and in their ability to influence those beliefs and aspirations. They are never more than metaphorical, however, and they never reflect either historical or psychological accuracy. They reflect verisimilitude rather than verity. When more meaning is ascribed to them than they deserve, the results can create serious misunderstandings and problems that emanate from misunderstanding. Myths, furthermore, are open to interpretation that is likely to vary in accordance with the interests and predilections of the person or persons interpreting them. They can serve as more or less

<sup>10</sup> See Silverman (1986, 1987a, 1987b) for details of this clinical instance.

useful illustrations or dramatizations of theoretical constructs, but it is an error to look to them as primary source material for understanding clinical observations and developmental sequences.

It would be wonderful if psychoanalysis were to abandon mythology altogether and stay with clear, simple, descriptive terms. To speak of progression from an exclusive dyadic mother–child relationship to even more complex triadic or triangular relationships, as Kulish and Holtzman appear to favor, would make for greater clarity in psychoanalytic understanding and discourse than using metaphorical terms derived from ancient mythology, which by definition are imprecise and literary. The term *Oedipus complex*, however, has become firmly ensconced not only in psychoanalytic language, but also in the vernacular at large. It is inconceivable that it will be abandoned in the foreseeable future.

In the meantime, it is incumbent upon us to be ever mindful that the term *Oedipus complex*—an oversimplified, shorthand reference to a complex constellation of developmental issues—is not to be taken literally. Adding additional terms derived from other Greek myths, such as *Persephone complex* or *Electra complex*, to the basic psychoanalytic lexicon only contributes to additional fuzziness, especially as there is no universal agreement about what those myths might connote that would usefully apply to psychoanalytic theory and practice. I believe we are stuck with the terms *oedipal* and *preoedipal*, and with *male oedipal* and *female oedipal*, for better and for worse.

Sigmund Freud reshaped the psychological understanding of human nature and made an enormous impact upon societal structure when he established the field of psychoanalysis. His corpus of books and papers has embedded itself as a powerful influence in a wide range of academic, intellectual, and artistic areas of interest. He produced a body of theoretical ideas that made him one of the most influential people of recent times. He worked largely alone, however, did not know everything, and admittedly broke ground for something upon which many others would have to continue to work. Many of his ideas have so far withstood the test of time, but others were questioned even during his own life span.

One of the most glaring areas in this regard involves the psychoanalytic understanding of female psychology. Freud's ideas about female development, which derived—to much too great an extent—from ex-

ploration of his own psyche and that of men rather than women, have been criticized and questioned from the very beginning. He admitted that his understanding of girls and women, including and perhaps especially in regard to the crucial impact of what takes place in the relationship between girls and their mothers in the course of development, was limited and faulty—although at the same time he paradoxically carried his earliest ideas about the “female Oedipus complex” on into his very last writings.

Freud looked to female analysts to improve, expand, and correct his ideas about female psychology, and many have answered the call. The authors of the three books upon which this essay is based have made an important contribution to that ongoing effort. It is not fair to require that any one of them shall have provided a total and definitive solution to any of the problems that have plagued psychoanalysis from early on about the understanding of female psychology, female development, and the mother–daughter relationship. If we collate and interconnect what they have to say to us within the pages of these three books, however, we can be extremely grateful to them for what they have given us. Their observations and ideas are clear, concise, and cogent. Individually, they do not tell the whole story, but in combination they add up to an extremely meaningful picture of what takes place within the growing, shifting, evolving relationship between girls and their mothers as girls negotiate the developmental steps that lead them through their progression from dyadic to triadic configurations, beginning in infancy and extending through childhood, adolescence, adulthood, and senescence.

Pines (1993), among others, has studied and written about how a daughter’s relationship with her mother evolves and passes through successive stages of restructuring and reorganization throughout the life span. If we wish to understand a girl’s or woman’s emotional makeup and the issues and struggles with which she is contending at any point in her life, we need to attend not only to her, but also to what is occurring within her mother, internally and externally, in fantasy and in reality—past, present, and future.

As Loewald (1962), among others, has emphasized, parents necessarily play multiple roles in their interaction with their children (as do

psychoanalysts with their patients later on).<sup>11</sup> They allow themselves to be objects of their children's affectionate, erotic, and aggressive inclinations while directing their own feelings toward them as objects of their own similar inclinations. They teach, guide, direct, train, limit, prohibit, and otherwise give shape to their perception of and interaction with the world in which they live. Parents also serve as models for identification and for learning about others (with a small *o* and a capital *O*) in the societal structure that surrounds them.

For mothers and daughters, the situation is especially complex. They experience both a biological and a psychological oneness with one another. They face a challenge, however, in that the little girl has to balance her need for a lasting, very special, loving closeness with her mother, which she must have for her emotional well-being, with her need to separate and individuate from her mother so that she can turn her affections and her curiosity in new directions, including toward her father and toward males in general; so that she can find and form her own identity; and so that she can establish an autonomous existence in which she can develop her own unique, true, and independent self.

As Mendell (1988) put it:

The very quality of the attachment to the mother, with its relative emphasis on sameness and diffusivity between mother and daughter, makes it even more essential for the little girl than for the little boy to establish separateness and boundary differences, even as it makes it more difficult. [p. 22]

In her dual and conflicting need for and fear of separating from her mother, the little girl becomes sharply aware of real and fantasied aspects of the mother that seek to interfere with her development and to keep her dependent on the mother. Both the intensity of the attachment between mother and daughter and the inward directed nature of female sexuality contribute to the erasing of inner and outer boundaries and result in the girl's fearing she will be destroyed by her mother. [p. 27]

Mothers bring with them all the baggage that persists from their past experience with their own parents. In addition, mothers vary in the

<sup>11</sup> For an in-depth discussion of these issues, see Silverman (2007).

degree to which they have satisfying relationships and gratifying lives in the present, apart from the role of mother. They are not all equally up to the task of helping their daughters resolve the dilemma of holding on to the mother they need while moving away from her and out into the world. Not all mothers can assist their daughters optimally in carrying out this complex, Janusian task.

If, as psychoanalysts, we are to help girls and women who are struggling in this regard, it is imperative that we, too, look in opposing directions as we think about what has been taking place in our female patient's relationship with her mother, within her inner world, and between the two of them in actuality—yesterday, today, and tomorrow. It is no easy task, and we can be extremely grateful to Nancy Kulish, Deanna Holtzman, Hendrika Freud, and Barbara Almond for collectively joining forces to guide us on our way.

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## THE BOSTON CHANGE PROCESS STUDY GROUP: REFLECTIONS ON A CLINICAL THEORY

BY SYBIL A. GINSBURG

*Change in Psychotherapy: A Unifying Paradigm.*  
By the Boston Change Process Study Group.  
New York: W. W. Norton, 2010. 256 pp.

**Keywords:** Change in therapy, research, infant observation, analytic relationship, dynamic unconscious, drive theory, ego psychology, history of analysis, attachment theory, relational analysis, attunement, analytic listening, implicit relational knowing.

### INTRODUCTION

The Boston Change Process Study Group wrote a series of papers between 1998 and 2008. During this 10-year period, their work evolved from a discussion of non-interpretive mechanisms in psychoanalytic therapy to the presentation of a unifying paradigm, with the ambitious goal of demonstrating how change occurs in psychotherapy. The group members were analysts, infant researchers, and a child psychiatrist/developmental pediatrician. They had been immersed in the study of early development in the stimulating atmosphere of the Boston infant research community, which included T. Berry Brazelton. The method of the Boston Change Process Study Group was to closely observe the interaction of the therapeutic dyad, using observations of mothers and their infants as a model.

The contributing members of the Boston Change Process Study Group were: Nadia Bruschweiler-Stern, Karlen Lyons-Ruth, Alexander C. Morgan, Jeremy P. Nahum, Louis Sander, and Daniel N. Stern. Two

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others, Alexandra M. Harrison and Edward Z. Tronick, were part of the group until 2002.

In this essay, I will compare and contrast the ideas of the BCPSG with those of other past and present psychoanalytic thinkers, with an emphasis on theoreticians who have espoused a developmental perspective. I will also discuss several papers by those who have written commentaries on the work of the BCPSG. I will focus on the potential merit of the group's claim that they have shown how change occurs in psychotherapy.

## HISTORICAL OVERVIEW

Once upon a time, the centrality of drive theory was taken for granted by psychoanalysts. Classical psychoanalytic theory posited optimal frustration of the drives as the main motivating force for development from infancy onward. While the assumption of instinctual determination of psychic events was unchallenged in the early days of psychoanalysis, the horrendous toll in death and destruction caused by World War I sparked a debate about the number of drives.

Freud's *Beyond the Pleasure Principle* was published in 1920. In this work, he theorized that dual drives compete within the human psyche. The libido was seen to express a procreative, life force (Eros), while a death instinct (Thanatos) was thought to gravitate in the opposite direction. The death instinct was construed as exerting a pressure toward the discharge of all energy (entropy). The competing drives were hypothesized to channel early development as well as conflict and defensive maneuvers throughout life.

However, as early as 1939, Hartmann wrote a paper about adaptation to reality, which challenged, at least for German-reading audiences, the supremacy of drives as the causative stimuli for development. Then, in 1950, he published a work in English that questioned "whether all energy at the disposal of the ego originates in the instinctual drives" (p. 86). By 1958, the term *conflict-free ego* was popularized for an American audience by Hartmann's book *Ego Psychology and the Problem of Adaptation*. His thesis was that an autonomous sphere exists in which many ego functions usually unfold naturally and without need for drive frustration, and thus without conflict. These include not only such basic functions

as smiling, walking, and attaining language, but also adaptation to the reality of one's cultural milieu. Although these ego functions may be drawn into conflict and result in serious pathology, Hartmann thought that, under expectable environmental conditions, most individuals possess inborn (i.e., having nothing to do with drive frustration) adaptive abilities to develop and master their environment.

Of course, the environment fomented by World War II was far from "expectable" for the children who were its victims. Just as Freud's focus on a potential death instinct, which was in competition with the instinct to procreate, had been stimulated by the traumatic experiences of World War I, the traumas of the Second World War helped mobilize new ideas about early childhood development. The earliest volumes of *Psychoanalytic Study of the Child* appeared just after the war. By 1946, with the publication of volume II, Hartmann, Anna Freud, and Rene Spitz were colleagues on its editorial board.

Spitz, working in the United States, wrote a paper entitled "Hospitalism" (1945). It is a distressing paper to read; it documents, in detail, that when infants and children were "condemned to solitary confinement in their cots" and cut off "from any stimulation by any persons who could signify mother-representatives" (p. 68), they failed to thrive. In that paper and another entitled "Anaclitic Depression" (1946), Spitz related that, even though children in hospitals or foundling homes were provided with excellent nutrition and sanitary conditions, if they lacked nurturing relationships with primary caretakers, they frequently became cachectic and died.

Anna Freud and Sophie Dann, working at the Hampstead Nurseries in London during the war and its aftermath, noted similar regressions in rescued orphans, even when they had been "conscientiously cared for and medically supervised" (Freud and Dann 1951, p. 127). Anna Freud and her colleagues participated in raising several of these infants. They discovered that disrupted nurturing relationships and the isolated states previously endured by the orphans correlated with severe and persistent pathological adaptations, including psychotic states and maladaptive relationships.

It was becoming painfully clear that early nurturing relationships are crucial to development and that life cannot be sustained without them.

Confirmatory evidence that our primate cousins also require mothering to survive and thrive came from a series of extremely disturbing and widely condemned monkey experiments performed in the 1970s by Harry Harlow, at the University of Wisconsin, Madison (Blum 2011). Baby monkeys left alone in wire cages died, and those who survived with “cloth mothers” became psychotic adults, incapable of mating or nurturing behaviors.

The relevancy of direct observation of children relating to their caretakers (Spitz 1950) led to the creation of nursery settings in which relaxed interactions could be studied. Mahler (1974; Mahler, Pine, and Bergman 1975) created a nursery for observing infants and children with their mothers. Piaget (1973) observed a natural unfolding of cognitive functions. Bowlby (1969, 1973, 1980; see also Bowlby, Robertson, and Rosenbluth 1952) studied disruptions in the natural attachment of child and parent, whether due to faulty bonding or the environmental stress of hospitalization.

In 1985, Daniel N. Stern—later a member of the Boston Change Process Study Group—published a seminal observational study on the role of interpersonal reality in early childhood development. He observed that an infant, from birth onward, develops an evolving sense of self in relationship to his/her mother. The quality of the interrelationship between mother and infant was shown by D. N. Stern to be crucial to the unfolding of this developmental process.

With the erosion of the premise that optimal drive frustration is the main spur toward development, new developmental perspectives were formulated. The perspective that came to be known as *object relations theory* began to take center stage. The question now arose of how to conceptualize the role of drive theory in development. Greenberg and Mitchell speculated about whether compatibility between drive theory and object relations theory is even a theoretical possibility. In their fascinating, pioneering book entitled *Object Relations in Psychoanalytic Theory* (1983), they categorized many well-known thinkers as either drive theorists, object relations theorists, or those who mixed the two. Greenberg and Mitchell concluded that the two perspectives are probably theoretically incompatible.

## CURRENT ATTITUDES TOWARD THEORETICAL PERSPECTIVES AND THEIR CLINICAL APPLICATION

Thus far, much of this essay has focused on the evolution of theoretical formulations of development and on how direct observations of infants and children have contributed to our insights. But how do such insights translate into psychoanalytic therapy with adults? In particular, what does the increased understanding of the importance of relationships for early development say about how change occurs within the clinical setting?

During the last few decades, there has been a sea change in psychoanalytic thinking. Many psychoanalytic therapists have questioned the validity of applying either drive theory or traditional object relations theory to clinical situations. Their concerns have centered on a conviction that each of the aforementioned theoretical perspectives is grounded upon an obsolete, authoritarian, "one-person" notion of the nature of psychoanalysis. Since the therapeutic dyad is conceptualized as encompassing the interrelationship of two partners, a relational perspective has been said to be a more accurate portrayal of the therapeutic encounter. A majority of psychoanalytic therapists currently think of psychoanalytic therapy as a dyadic endeavor.

However, there is a great deal of variation in how this dyadic endeavor is conceptualized, as well as theoretical disparity about what it means to have a *relational perspective* or to characterize oneself as a *relationalist*. Some clinicians who consider themselves relational retain a model of conflict and the structural theory. They espouse a dyadic model, yet they conceptualize therapeutic change as linked with interpretation and resolution of transference and countertransference. Others focus upon the here-and-now interaction in the consulting room as the decisive road to therapeutic change and minimize the need to deal directly with the past. Some retain the goal (or ideal) of analytic neutrality, while others discard it as an unnecessary impediment to the therapy relationship.

The very framework that has traditionally been accepted as necessary to categorize a treatment as psychoanalysis is itself being scrutinized and questioned. The issue of whether there are substantive, qualitative

differences between psychoanalysis and psychoanalytic therapy has recently been revisited (Blass 2010). Throughout *Change in Psychotherapy: A Unifying Paradigm*, it should be noted, the terms *psychoanalysis*, *psychoanalytic therapy*, and *psychodynamic therapy* are used interchangeably.

The current theoretical ferment has required clinical psychoanalysts to reevaluate multiple paradigms. One must decide not only which perspectives to apply in one's own clinical work, but how to design a balanced and relevant teaching curriculum for the education of others. How does one decide on the bedrock criteria underpinning theory? What thresholds must be met in order for a treatment to be characterized as *psychoanalytic therapy*?

## THE BOSTON CHANGE PROCESS STUDY GROUP AND EMERGING ISSUES

As one sorts out the concepts presented in the collection of papers in this book, several impediments to their comprehension become apparent. One problem is that the chapters were apparently written by different members of the Boston Change Process Study Group; although they purport to speak with one voice, they are only partially successful in doing this.

Another potential source of confusion is that the BCPSG uses terms and theoretical concepts that may not be familiar to psychoanalysts. Much of the terminology is newly crafted, and calls for definitions and explanations. A list of relevant terms and definitions is contained in the appendix to this essay.<sup>1</sup>

*Change in Psychotherapy: A Unifying Paradigm* stresses the fundamental importance of implicit knowledge and relational meaning. The BCPSG's approach to the therapeutic encounter is to pay close attention to the *present moment*. The group focuses upon nodal or micro *moments of meeting* (MOMs) to demonstrate how change ("moving along") occurs and to reinforce the idea that the vehicle of therapeutic change is the *real relationship*, as co-constructed by the dyad. In keeping with the model

<sup>1</sup> For a cogent review of the concepts and terminology contained in this book, see Dowling (2011).



of maternal–infant attunement, the BCPSG asserts that, when things go well in the therapeutic dyad, an increased capability to self-regulate is internalized by the patient.

The main concerns I have with the work of the BCPSG are as follows:

1. The persistent marginalization by the BCPSG of the concept of a dynamic unconscious, which presents an obstacle to categorizing the therapy they discuss as “psychoanalytic.”
2. The degree to which the BCPSG minimizes the value of explicit verbal exchange, which is at odds with adult psychoanalytic therapy’s traditional reliance on the primacy of verbal associations and interpretations.
3. BCPSG presentations frequently move from early child–parent interactions to adult interactions in an almost seamless manner, creating the illusion that the two types of relationships are identical. By so closely paralleling adult therapist–patient interaction to that of mother and infant, the BCPSG ignores the complexity of adult relationships.
4. The BCPSG increasingly devalues basic psychoanalytic theory. The few references to Freud are negative, and the pertinent work of past and present prominent psychoanalytic theoreticians is not referenced.
5. The need to craft a completely new terminology with which to discuss their ideas is questionable.

It has always been challenging for psychoanalysts to conceptualize how we listen analytically (Meissner 2000; Pine 2001; Reik 1949; Smith 2000) and then to explain why we say what we say, when we say it, and what we expect the beneficial result of our interventions to be. In recent years, the challenge has been approached through differing lenses, which I believe the BCPSG must address. Some of these are the therapeutic alliance (Meissner 1992; J. Novick and K. K. Novick 2000; K. K. Novick and J. Novick 1998), transference-countertransference enactments (Chused 1991; Jacobs 1986; Roughton 1993), affect tolerance (Coen 2002), formation of clinical judgment (Busch and Schmidt-Hellerau 2004), conflictual listening (Smith 2000), and attunement and participation (Frank 1999; Gill 1983; Meissner 2002).

The work of Loewald is not referenced in this volume either, and it is particularly pertinent to the BCPSG's approach and formulations. Their discussion of the achievement of self-regulation is reminiscent of Loewald's (1973) concept of internalization. He, too, stated that a successful psychoanalytic relationship results in the creation of new mental functions in the patient's internal world. He, too, utilized the attunement of the mother-child dyad as a model for understanding how the analyst-patient bond develops. However, Loewald was mindful that analytic interactions occur on a higher level of organization than those of a mother and her young child, and cautioned that a model is "always of limited value" (Loewald 1960, p. 23).<sup>2</sup>

Loewald also viewed the analytic endeavor to be a partnership, with the alliance facilitating ego development. But in contrast with the BCPSG, Loewald stressed that the analyst's goal is to retain an observing ego, so as to be available to organize experience for the patient. He saw therapeutic growth as occurring in the context of strengthened synthetic ego functions. Loewald noted that an analyst should not strive to achieve the neutrality of a pure scientist, but rather to remain a consistently mature object.

Early in *Change in Psychotherapy: A Unifying Paradigm* (chapter 1, "Non-Interpretive Mechanisms in Psychoanalytic Therapy: The 'Something More' Than Interpretation"), we are introduced to the concept of *implicit relational knowing* (IRK). IRK is a clinically useful but porous concept. It recognizes that much of what happens in any relationship, including psychoanalysis, is "known" without ever being concretely thought or verbalized. However, the BCPSG's model of IRK is problematic in that it marginalizes the value of the verbalization of knowledge.

Once again, I am reminded of Loewald, who considered language to be the vehicle for communication in psychoanalysis. He said: "One of the differences between analysis and ordinary life is that experiences purposefully and often painfully made explicit in analysis usually remain implicit in ordinary life" (1962, p. 485). In my opinion, when verbal

<sup>2</sup> Loewald's (1962) conceptualization of the analyst as both an old and a new object was well articulated by Silverman (2007). Chodorow (2007) described how Loewald's therapeutic approach went "back and forth between *development* and *development in analysis*" (p. 1137, italics in original).

codification is ignored, there is an increased propensity for tacit, defensive assumptions and unexplored enactments. When one person who is the authority (i.e., the therapist) assumes that he/she implicitly recognizes the “fuzzy” intention of the other (i.e., the patient), then there is ample leeway for unrecognized coercion (Ginsburg and Cohn 2007).

## COMMENTARIES

Chapters 5 and 7 of *Change in Psychotherapy: A Unifying Paradigm* are based on papers by members of the BCPSG that were originally published in the *Journal of the American Psychoanalytic Association* and *Psychoanalytic Dialogues*, respectively, where each paper was followed by three commentaries. These commentaries have not been included in the book, although the BCPSG’s responses to them have been reproduced at the ends of the respective chapters.

In order to evaluate the merits of the BCPSG’s responses, one should review the six commentaries. They are enlightening and echo many of my own thoughts; therefore, I am including a discussion of them in this essay. The authors of the commentaries in chapter 5 are Jonathan House and Steven Portuges; Linda Mayes; and Bonnie Litowitz. The authors of the commentaries in chapter 7 are Steven Knoblauch; Arnold H. Modell; and Donnel B. Stern.

Chapter 5 is entitled “The ‘Something More’ Than Interpretation Revisited: Sloppiness and Co-Creativity in the Psychoanalytic Encounter.” In this chapter, members of the group discuss their utilization of dynamic systems theory (DST), as well as the concept of *sloppiness*. The BCPSG characterizes *intentions* as inherently *fuzzy*, usually needing to be inferred without direct verbalization. As noted above, I find this reliance upon inference to be problematic since it leaves much room for assumed motives, compliant thinking, and manipulation of behavior.

The BCPSG claims to update—but not to deny—historical relevance, since “with each relational encounter” (p. 119), the meaning of past experience is recontextualized and reorganized. They maintain that the therapeutic dyad “fits together,” in much the same way that an infant and a parent do, so that the individual past of each becomes less relevant.

The group aver that their extensive new terminology is necessary because traditional psychoanalytic vocabulary is geared to the concepts of the “dynamic unconscious and the tripartite theory of the mind” (p. 96). While the BCPSG do not explicitly reject the concept of a dynamic unconscious, they marginalize it with the perfunctory declaration that further discussion is beyond the chapter’s scope. However, I maintain that the existence of a dynamic unconscious, as well as its centrality for psychoanalytic therapy, is bedrock to any therapy defined as psychoanalytic. The “nonconscious” (p. 99), a BCPSG term, refers only to that sphere accessible to procedural knowing, perhaps equating to Hartmann’s conceptualization of the conflict-free ego.

In the excerpts from a patient session included in chapter 5, it is striking that the therapist never reveals *his* subjective experience. He does not ponder his countertransference motives, instead relying on his “sensing” that both of them have achieved a conviction of meaning. Yet in my opinion, his comments are discordant with the patient’s associations, and might well have served to co-create a fiction.

House and Portuges (2005), in commenting on the BCPSG’s paper in chapter 5, state that the concept of IRK is problematic because the extrapolation of infant observation to explain adult behavior excludes consideration of either language development or the qualities of adult drives, both of which organize and transform the way in which adults experience their world. Moreover, they disagree with the leap of equating IRK with transference. Adult relationships cannot simply be “updated,” because the role played by intrapsychic reality must be considered. Even though the therapeutic dyad sincerely wishes to have a *shared intentional direction*, the intent cannot replace the undoing of repression.

House and Portuges add that procedural memory is only one kind of implicit memory. They conclude that examination of the micro-level of the relational interaction is useful, but the BCPSG’s claims are too far-reaching.

My thoughts are in accord with those of House and Portuges. The BCPSG believes that free association and interpretation are outdated concepts, wedded to a one-person psychology; they would prefer to substitute the concept of *sloppiness*, which they see as more compatible with a dyadic approach. While the dictum to free-associate may sound a coer-

cive note, and verbal interpretations may assume an unrealistic ideal of neutrality, I find the concept of *sloppiness* to be even more problematic. A “sense” by analyst and patient that they both “get” something in an ostensible MOM (moment of meeting) may well be a valuable first step in moving the process forward; however, it is only a tentative hypothesis until the process of working through by explicit, interpretive dialogue clarifies meanings and explores the ways in which the MOM may be a transference-countertransference enactment.

Mayes (2005), the second commentator, notes that it is difficult to identify both the occurrence of a MOM and the validity of its resultant positive therapeutic impact. In referring to the partial session transcript included in chapter 5, Mayes finds that the supposed MOM is observable only through a detailed retrospective deconstruction of the session, and lacks a sense of impact for the reader.

I concur that evidence is lacking for the inferences made from the descriptive text of the session. Here I am reminded of Gabbard’s (1994) way of teaching the basic principles of dynamic psychiatry. In his textbook, in order to help students understand the concept of the dynamic unconscious, he contrasts the description of a rock blocking a cave entrance with curiosity about why it is there and what might be revealed by an exploration of the cave.

Significantly, in chapter 5’s session transcript, there is no convincing exploration to demonstrate that patient and therapist together proceeded beyond the resistance. In her commentary, Mayes goes on to say that the terminology utilized by the BCPSPG gets in the way, since one cannot deconstruct something that is *sloppy* and *fuzzy*, or which is implicit and resists verbal expression.

The background of chapter 5’s third commentator, Litowitz, is as a linguist and semiotician. She entitles her comments: “When ‘Something More’ Is Less” (2005), and states that sloppiness is inherent in the interpretive process but hardly a substitute for it. Litowitz questions the focus on infancy as a justification for “turning away from a traditional view of an unconscious formed by repression” (p. 751). In regard to *dynamic systems theory* (DST), she thinks that, since we cannot anatomically locate a relationship, DST has limited application to complex intersubjective systems.

The BCPSG's response to the three commentators is sparse, and in my opinion inadequate. They reiterate that infants inherently understand affective cues and firmly restate that "conflict, defense, and what is referred to as unconscious fantasy reside in the implicit domain, rather than as part of the repressed" (p. 132). The BCPSG opines that psychoanalysis has previously gotten it backwards: that "lived engagements" (p. 133) form the deepest level of meaning, and that the utilization of DST is justified because such a conceptualization best explains the unpredictability and flux in the therapeutic relationship.

In chapter 7, the BCPSG undertakes to demonstrate that meaning, thinking, and reflection can all be accomplished without any verbal thought or expression. An intention is said to unfold over time, as an innate process that is implicit and nonsymbolic. Intentions are to be inferred by the subjective sense of pulling or pushing toward a goal. The implicit sensorimotor domain is considered primary in relationships. Metaphorical expressions, such as comparing therapy to a journey, or making comments such as "he stood up for me," are offered as evidence of an "embodied mind" (p. 181). As the clinician observes disjunctions between implicit intentions and the reflective/verbal versions, meaning is to be grasped intuitively. The BCPSG posits that DST provides a basis for this conceptualization and a way to counteract a false dualism of distinct verbal and nonverbal experience.

Knoblauch (2008), in the first commentary on the paper in chapter 7, approaches the BCPSG's work by asking how their ideas might "help with managing the countertransference experience" (p. 151), and whether the ideas further the analyst's clinical participation. He credits the group with expanding the analytic focus toward nonverbal communication, and emphasizes the importance of their contribution to representing "the complexity of lived experience" (p. 152). He specifically credits Sander with linking "language to physical experience" (p. 152). He goes on to say that concepts such as IRK and *present moment* can be useful "to create organization . . . in the face of uncertainty, ambiguity, and/or dissociation," so long as the concepts are "held tentatively" as "necessary illusions" (p. 154).

Knoblauch is concerned that the BCPSG has conceptualized a gestalt comprised only of the implicit, the reflective, and the disjunction

between the two. He asks how this gestalt may be applied to clinical work, and particularly toward understanding the interaction and participation of patient and therapist. Using a musical metaphor, he maintains that there is no duet unless the gestalt includes articulation of the notes as they transpire between the soloist and the accompanist. That is, the gap in the psychoanalytic duet “is not between two domains of communicating, [but] between two persons, each bringing their own subjective organization to the present moment of engagement” (p. 158).

Approaching psychoanalytic theory from an intersubjectivist perspective, Knoblauch zones in on what I find to be an important weakness in the BCPSG’s thinking. Unless each member of the analytic dyad articulates his or her thoughts, each remains a soloist. When each relies on “sensing” his/her individual meaning but does not communicate it, defensive enactments rather than true resonance are likely to ensue.

Modell (2008) comments that the paper that is the subject of chapter 7 is “very ambitious” (p. 162), as it seeks to explore the interplay between meaning and speech, between affect and words, and between the unconscious and a preconscious accessible to verbal reflection. He thinks the exclusion of all reference to Freud, who stressed the connection between the preconscious and language, is an unfortunate avoidance of acknowledging the importance of psychoanalytic theory. He notes that, although Freud’s theory of the unconscious may need revision, it cannot be ignored in any discourse purporting to be psychoanalytic.

Modell states that the BCPSG confuses and conflates memory categories. “Unconscious autobiographical memory and unconscious fantasy” (p. 164), on the one hand, and semantic memory, on the other, travel via different neural pathways. Procedural or implicit memory is distinct from both and “is not subject to recontextualization” (p. 165)—i.e., the motor memory of riding a bike or swinging a golf club consistently remains the same memory. This distinction is crucial for psychoanalysis, where an essential task is facilitating and integrating repressed memories of trauma. Modell credits Freud with increasing our understanding of the relationship between the ability to recontextualize a trauma and its pathology.

In the view of Donnel B. Stern (2008), who wrote the third commentary in chapter 7, the therapeutic relationship is fully personal, and

both participants become entangled as a result of their individual dynamics. He is concerned about the BCPSG's inattention to the omnipresence of mutual enactments as indications of dynamic unconscious meanings. IRK, as used by BCPSG, is not dynamically unconscious in the same sense as defensively repressed knowing.

D. B. Stern is doubtful about the usefulness of nonlinear DST (also called *chaos theory* or *complexity theory*) when applied to relationships. He observes the difficulty in applying DST even to isolated developmental events, such as learning to walk. The inclusion of both cognition and affect magnifies the difficulty, and the existence of a dyadic system in psychotherapy multiplies the variables enormously. There is a need for more data on the multitude of forces at work in the consulting room. Who will decipher what meaning is being consensually communicated? Insurance companies pressure clinicians to provide empirical research investigations of psychotherapy process and outcome, but thus far, such studies have not been able to address the nuances of the individual therapeutic interaction.

D. B. Stern also points to the vast intercultural differences in meanings. People from different backgrounds frequently do not share common ground in the implicit meanings attributed to words, actions, gestures, etc. Furthermore, cultures evolve over time. For instance, people coming for treatment today have a very different attitude toward authority than patients in analysis during the 1950s. Attitudes toward the role of women and toward homosexuality, for example, have also undergone major changes.

## ISSUES FOR FURTHER DISCUSSION

Chapter 6, entitled "The Foundational Level of Psychodynamic Meaning: Implicit Process in Relations of Conflict, Defense, and the Dynamic Unconscious," includes a short discussion of the fascinating topic of mirror neurons. BCPSG's purported goal in raising this topic is to claim that mirror neurons promise to verify the validity of IRK.

For a contrasting, in-depth portrait of how mirror neurons might function during a psychoanalytic session, I refer the reader to Reiser's (1999) clinical hypothesis. Reiser poignantly describes how a patient's



association triggered his—the analyst’s—parallel association, enabling him to make an interpretation that deepened the process. He hypothesizes that, in such a situation, research might ultimately prove that (anatomically) similar mirror neurons are firing simultaneously in the brains of each member of the dyad. Reiser’s vignette beautifully demonstrates both how psychoanalysis is a dyadic process, and also that its proper focus is only partially what is going on in the here-and-now relationship. The analytic process must also address how the interaction of the dyad affects the preconscious of each participant.

It remains to be seen whether research will make it possible to codify how change occurs. Perhaps further study of mirror neurons can shed light upon what happens in each participant as two people experience a subjective “meeting of the minds.” It is intriguing to hypothesize how neuroscience might confirm a resonance between two brains, although we may never gain certainty that two individuals are hearing and integrating the same meaning. In our analytic work, we are inevitably surprised and chastened by the revelation of our latest clinical enactment. But thus far, many of the clues that aid in our evaluation of meaning come from transformation of our implicit knowledge into explicit thought and verbal articulation. We try to observe our implicit relational communications and translate them into words. Examples of the clues we look for are novel dream material, the entrance of new memories, or the reconstruction of old memories. Other examples are a shift in defenses, the introduction of new resistances, transference and counter-transference shifts, or an increased affect tolerance.

In the final chapter of this book (chapter 8), “An Implicit Relational Process Approach to Therapeutic Action,” the BCPSG includes a two-page, inaccurate summary that is dismissive of psychoanalytic theory. Freud and his followers are said to have divided the analytic relationship into unobjectionable positive transference and transference neurosis. For one thing, this pigeonholes traditional psychoanalysts as static and ignores the current body of analytic literature that explores enactments, the therapeutic alliance, affect tolerance, and the importance of resonance within the dyad. For another thing, this division portrays a false dichotomy. The so-called unobjectionable positive transference is now seen by many analysts as in fact objectionable, because it tends to rein-

force avoidance of negative transference and countertransference (Stein 1981). The dyad may go along for extended periods, happily assuming that they share an excellent working alliance, but ignoring feelings and associations that might lead the participants down more conflictual paths (Ginsburg and Cohn 2007).

Another claim of the BCPSG is that there is an absence of close observation in traditional psychoanalytic presentations. They maintain that, since process notes are usually a narrative of what occurred verbally, they fail to capture moment-to-moment micro-events. While there is merit in the criticism that process notes are distorted by memory and by subjectivity, I would argue that good process notes *do* enable the resurrection of a textured portrayal of psychoanalytic sessions; and they accomplish this with greater depth of meaning and affective fullness than the BCPSG has been able to convey by utilizing a DST approach.

The BCPSG sums up their work by emphasizing that the therapist is “at center stage in the cure” (p. 193). It is unclear whether by “cure” they mean symptom relief, or a sense of being accepted and understood, or a lasting quality of life improvement. The BCPSG coins a new word, *relationable* (p. 194), to define the change that occurs (i.e., the patient’s world becomes more relationable). They argue that, because IRK occurs with split-second timing and is *sloppy*, the therapeutic process cannot be codified; it can only be understood as directed toward “an increasing coherence in the relational field” (p. 195).

## CONCLUSION

The BCPSG undertakes to demonstrate the process of change as it occurs during a successful therapeutic relationship. They succeed insofar as attention is directed to the importance of potential micro-moments of empathic connection between patient and therapist. Additionally, their illustration of the early bonding of mother and infant as relevant to future adult interactions provides us with an enriched developmental perspective. However, their reliance on this model to fully explain how adults relate in a meaningful and therapeutic way ignores the complexity that ensues with maturation. Early procedural memory banks become interwoven with verbal representations. It is one of the tasks of adult psychoanalytic therapy to clarify meanings through verbal communication.

Although the usefulness of cognition and verbalization is downplayed by the BCPSG, they have replaced psychoanalytic language with a new repertoire of terminology. Such terms as *moment of meeting* (MOM) and *implicit relational knowing* (IRK) add to our conceptualization of what transpires in therapy. But the utilization of words such as *fuzzy*, *sloppiness*, and *fittedness* beg for further elucidation. It is my belief that, while supplementation of the existing language of psychoanalysis may be beneficial, the latter nevertheless remains the best vehicle for communicating a shared theoretical formulation and clinical comprehension of the process of psychoanalytic therapy. Furthermore, the BCPSG should explain how they measure such phenomena as change, “cure,” and attunement.

Lastly, the therapy discussed by the BCPSG discards the pervasive contributions of conflict and defense to the development of the human psyche. The adoption of the model they propose as a paradigm for change in psychotherapy would result in marginalizing the role played by the dynamic unconscious—Freud’s great discovery, which remains essential to an understanding of what transpires during the process of psychoanalytic therapy.

## APPENDIX: LIST OF TERMS AND DEFINITIONS

*Dynamic systems theory* (DST): The BCPSG does not adequately define this theory. House and Portuges (2005), in their commentary in chapter 5, define DST as “a mathematical approach to the behavior or ‘self-organization’ of complex systems using differential equations” (p. 731). The BCPSG says that human interaction is “a complex system with multiple variables” (p. 172). In such a system, “new properties emerge that were neither predicted nor expected” (p. 173). Characteristics of the dynamic system as conceptualized by the BCPSG are that it has a dyadic organization, to which each individual contributes, and an unpredictable trajectory, which is influenced by the relational history of the individuals.

*Fittedness*: In the context of a therapeutic relationship, this is a sensed and usually not verbalized phenomenon. It alters “the implicit relational expectations of each partner” (p. 91) and ultimately leads to change.

*Implicit relational knowing (IRK):* IRK is “knowing how to be with another” (p. 166); it usually “operates outside of focal attention and conscious experience” (p. 166). IRK is a nonsymbolic form of procedural representation and replaces the term *procedural knowing* because it emphasizes the dyadic nature of the knowledge it describes. Its earliest form is in the gestalt of mother–infant interaction. IRK grows parallel to verbal growth, but remains a separate domain.

*Moment of meeting (MOM):* This is a nodal event in which there is a meaningful connection between the dyad that is the basis for therapeutic change. A moment of meeting is distinct from an interpretation, although both of these mutative phenomena may act in concert and be complementary.

*Moving along:* The outcome of MOMs. The BCPSG applies the model of mother–infant interaction to the therapeutic situation. In the case of the infant, during physical/physiological activities (e.g., nursing, bathing), MOMs occur that help each partner perceive the motives and desires of the other. As a result, the infant achieves a “higher level of activation and intensity of joy” (p. 11), and his/her domain of IRK is expanded. The infant (or child) becomes more confidently engaged with his/her world.

*Now moment:* A special kind of present moment consisting of intense subjectivity. In the therapeutic situation, it forces the therapist into a response, interpretive or otherwise. When a now moment is recognized on a perceptual level by both members of the dyad, it becomes a MOM.

*Present moment:* “A unit of dialogic exchange that is relatively coherent in content, homogeneous in feeling, and oriented in the same direction toward a goal” (p. 14). A present moment “is embedded in an emotional, lived story with a narrative-like format that is grasped intuitively while it is unfolding, even though it lasts only between 1-10 seconds” (p. 170).

*Relational procedural domain:* MOMs arise from this nonverbal intersubjective interaction of the therapeutic dyad.

*Sloppiness:* “Sloppiness is to a two-person psychology what free association is to a one-person psychology” (p. 126). Both have a potential that may or may not be realized; however, sloppiness

arises anew in the context of the present relationship, while free association is intended to uncover preexisting, buried meanings.

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## BOOK REVIEWS

THE NEW DICTIONARY OF KLEINIAN THOUGHT. By Elizabeth Bott Spillius, Jane Milton, Penelope Garvey, Cyril Couve, and Deborah Steiner. London/New York: Routledge, 2011. 558 pp.

Some years ago, I attended a symposium on the Controversial Discussions, hosted by the Massachusetts Institute for Psychoanalysis, at which the featured speakers were Ron Britton (representing the Kleinian view), Peter Fonagy (the contemporary Freudian view), and David Tuckett (the Independent view). At one point, Fonagy spoke about the tendency toward insularity among Kleinians, and also acknowledged a measure of envy about that group's collective focus on systematically developing their concepts. In reply, Britton dryly quipped that it was not altogether unpleasant to be the target of envy since his group had more candidates. He added that the important distinction is less a theoretical matter than one of the difference between good and bad clinicians. Indeed, on this occasion, the American audience was impressed by the similarities among the three presenters' discussions of clinical material, as well as by their clinical acumen.

In reading the Kleinian literature, one is struck by the relative absence of reference to other psychoanalytic schools and by the care taken to trace the roots of their thinking to Freud's original contributions.<sup>1</sup> This is not a lockstep obeisance to Freud, but rather what is regarded as a continued elaboration of his work in creative and new ways. It has been said that Freud discovered the child in the adult, and Klein revealed the infant in the child. Consequently, we discover in Klein's writings terms that are familiar to the Freudian analyst, such as the superego, the primal scene, and the Oedipus complex,<sup>2</sup> which have been extended to

<sup>1</sup> See Caper, R. (2000). *Immaterial Facts*. New York: Jason Aronson.

<sup>2</sup> See the following: (1) Klein, M. (1928). Early stages of the Oedipus complex. In *Love, Guilt and Reparation*. New York: Delacorte Press, 1975, pp. 186-198; and (2) Klein, M. (1945). The Oedipus complex in the light of early anxieties. In *Love, Guilt and Reparation*. New York: Delacorte Press, 1975, pp. 370-419.



early infancy; these concepts are viewed by Kleinians as contributing to a preliminary stage for the later emergence of the classical oedipal phase.<sup>3</sup> Indeed, one could say that this expansion of the oedipal situation to very early childhood gives new credence to Freud's assertion that the Oedipus "constitutes the nuclear complex of every neurosis."<sup>4</sup>

Kleinian concepts have also permeated, influenced, and been borrowed by other psychoanalytic perspectives, though their usage has often been significantly altered by the adopting school. For example, Bion's notion of the container and the contained is frequently referred to within many analytic points of view, though his emphasis on the role of the container in transforming psychic experience from the concrete to the metaphorical is rarely mentioned.<sup>5</sup> Projective identification, to be discussed in what follows, is considered by some American relational analysts as a vital tool in understanding mutual influence in the analytic relationship, while other relational analysts, particularly those with a self psychological orientation, vilify the term as a kind of voodoo. Many South American analysts have absorbed and metabolized Kleinian ideas within their own unique traditions;<sup>6</sup> thus, the Barangers postulate a shared unconscious phantasy of the analytic dyad, which represents a marriage of Kleinian views on unconscious phantasy with field theory.<sup>7</sup>

This wonderful new book by Elizabeth Bott Spillius, Jane Milton, Penelope Garvey, Cyril Couve, and Deborah Steiner provides us with a detailed exploration of Kleinian ideas. The book emerges from a framework that emphasizes the systematic refinement of basic concepts, the tie to Freud's writings, and the adoption and subsequent elaboration of these ideas by other psychoanalytic schools. The *New Dictionary of Klein-*

<sup>3</sup> Brown, L. J. (2002). The early oedipal situation: developmental, theoretical and clinical implications. *Psychoanal. Q.*, 71:273-300.

<sup>4</sup> Freud, S. (1910). Five lectures on psycho-analysis. *S. E.*, 11, p. 47.

<sup>5</sup> See the following: (1) Bion, W. R. (1962). *Learning from Experience*. London: Heinemann; and (2) Bion, W. R. (1970). *Attention and Interpretation*. London: Heinemann.

<sup>6</sup> See the following: (1) Brown, L. J. (2010). Klein, Bion, and intersubjectivity: becoming, transforming, and dreaming. *Psychoanal. Dialogues*, 20:669-682; and (2) Brown, L. J. (2011). *Intersubjective Processes and the Unconscious: An Integration of Freudian, Kleinian, and Bionian Perspectives*. London: Routledge.

<sup>7</sup> Baranger, M. & Baranger, W. (1961/2008). The analytic situation as a dynamic field. *Int. J. Psychoanal.*, 89:795-826.

*ian Thought* is an exemplar of clear thinking and impeccable research that offers the reader—whether a newcomer to the Kleinian model, or someone well schooled in this tradition—not only mere definitions of terminology, but also (and perhaps more important) a comprehensive appreciation of the impressive reach and depth of this line of thinking.

In fact, I find it misleading to call this volume a “dictionary” because it feels and reads more like an encyclopedia. For example, in the chapter on unconscious phantasy, the authors clearly lay out the progression of Klein’s ideas from Freud’s original ones, an exposition that includes the lucid comment that “it is Freud’s clear view that one must analyse what is psychically real to the patient. At the same time, throughout his work, Freud’s basic idea of phantasy is that it is wish-fulfilling and unrealistic” (p. 7). The straightforward clarity of this statement squarely anchors the reader where Klein’s thinking begins and sets the stage for her significant elaborations that follow as her thinking matures.

This book follows the earlier Kleinian “dictionary” by Hinshelwood (1989; revised and enlarged in 1991).<sup>8</sup> The new work by Spillius et al. borrows the structure of the earlier volume: a grouping of a dozen in-depth “Main Entries” that “we now regard as Klein’s fundamental concepts” (p. xi), followed by a second section of briefer “General Entries,” in which numerous related topics are discussed.

The phrase “we now regard” is significant in that it reflects changes in what were considered main entries in the earlier volume, capturing the evolution in Kleinian thought over the last score of years. The authors have now shifted some of the earlier main entries—“Aggression, Sadism and Component Instincts,” “Early Anxiety Situations,” “Femininity Phase,” and “Primitive Defence Mechanisms”—into the “General Entries” category. These main entries have been replaced by “Child Analysis,” “Symbol Formation,” and “Pathological Organizations,” substitutions emphasizing the central place that child analysis holds in Klein’s *oeuvre*, and that mirror the shift away from part-object language and toward current considerations of the nature of thinking, as well as psychological structures.

<sup>8</sup> Hinshelwood, R. D. (1989). *The Dictionary of Kleinian Thought*. London: Free Association Books, 1991.

The main entry on “Projective Identification” is an excellent example of the breadth of scholarship that the *New Dictionary* offers. As noted above, this concept has been variously embraced, attacked, and idealized from within other analytic viewpoints; but what did Klein have in mind when she coined the term? The authors trace the provenance of projective identification to Freud’s descriptions of “projection”<sup>9</sup> and then offer a surprise (at least to this reviewer): the term was first explicitly used in psychoanalysis in 1925 by Italian analyst Edoardo Weiss—a usage that Klein herself referred to several years later.<sup>10</sup>

It was not until many more years had elapsed, however, that Klein introduced her version of projective identification in a classic paper.<sup>11</sup> It is somewhat astonishing to discover in the *New Dictionary* that “the concept of projective identification was not especially important to her in and of itself . . . [Klein saw this paper] as ‘my splitting paper,’ never as ‘my projective identification paper’” (p. 134).

For Klein, projective identification referred exclusively to an intrapsychic event in which good and bad parts of the self are *unconsciously attributed to an internal object*. If we use a computer metaphor, it is as though one’s sadism, for example, is “clicked on” and dragged intrapsychically over to an icon of another object, which is subsequently changed in one’s unconscious experience by the sadism now felt to be occupying it. The patient’s sense of the object is then altered, but Klein ignores the effects this transaction might have on the analyst. Although her followers (e.g., Heimann<sup>12</sup>; Feldman<sup>13</sup>) went on to explore the effects of projective identification on the analyst and how the analyst’s subjective

<sup>9</sup> See the following: (1) Freud, S. (1895). Letter to Fliess. *S. E.*, 1, p. 209; and (2) Freud, S. (1911). Psycho-analytic notes on an autobiographical account of a case of paranoia (dementia paranoides). *S. E.*, 12.

<sup>10</sup> Klein, M. (1932). *The Psychoanalysis of Children*. New York: Delacorte Press, 1975.

<sup>11</sup> Klein, M. (1946). Notes on some schizoid mechanisms. In *Envy and Gratitude and Other Works, 1946–1963*. London: Hogarth, 1975, pp. 1–24. Actually, in the *New Dictionary*, we learn that the original, 1946 version of this paper made no reference to projective identification, which was added in a 1952 revision. Nevertheless, this work is traditionally cited with the year 1946.

<sup>12</sup> Heimann, P. (1950). On counter-transference. *Int. J. Psychoanal.*, 31:81–84.

<sup>13</sup> Feldman, M. (1997). Projective identification: the analyst’s involvement. *Int. J. Psychoanal.*, 78: 227–241.

experience could be used to better understand the patient, Klein herself was dismissive of this interpersonal application. In another publication, Spillius quotes Klein's unpublished remark that "I have never found that the countertransference has helped me to understand my patient better. If I may put it like this, I have found that it helped me to understand myself better."<sup>14</sup>

Regardless of Klein's tendency to minimize the importance of projective identification, the concept was greatly broadened in numerous publications by such Kleinian authors as Rosenfeld, Segal, and Bion, as well as by non-Kleinian analysts, such as Sandler, and is now a mainstay of psychoanalysis in the United Kingdom.

Consistent with the erudition of the *New Dictionary*, the authors also discuss the use of projective identification in other European countries, in South America, and particularly in the United States, where it has achieved some popularity—especially among many interpersonally oriented psychoanalysts. However, they note that "many American analysts want to use the idea of projective identification and the analyst's response to it without using the related aspects of the Kleinian conceptual system in which the concept originated" (p. 141).

Consequently, the centrality of unconscious phantasy and the importance of the projection of good aspects of the self in the Kleinian literature are rarely cited in most American discussions of projective identification. Notwithstanding this critique, however, Spillius and her co-authors view the writings of Ogden and Grotstein to be more consistent with those of British psychoanalysts. Grotstein, for example, chooses to retain Klein's more restrictive, purely intrapsychic definition of projective identification; he suggests the term *projective transidentification* to distinguish the interpersonal dimensions in which a projection evokes emotional experiences in the analyst, analogously to what is projected into him.<sup>15</sup>

<sup>14</sup> Spillius, E. (2007). Melanie Klein revisited: her unpublished thoughts on technique. In *Encounters with Melanie Klein: Selected Papers of Elizabeth Spillius*, ed. P. Roth & R. Rusbriger. New York: Routledge, p. 78.

<sup>15</sup> Grotstein, J. (2005). "Projective transidentification": an extension of the concept of projective identification. *Int. J. Psychoanal.*, 85:1051-1069.

Despite the impressive sweep of the *New Dictionary*, there are some aspects of the book I wish were more current. Spillius and her co-authors began working together in 2003, and there are important trends in the literature around that time that are given short shrift—specifically, the expansion and clinical application of Bion’s theory of dreaming and the current use of field theory. Given the wide usage and misapplication of Bion’s views on dreaming, I would vote to give this subject a place in the “Main Entries” section of the second edition of the *New Dictionary* (when-ever that might be published).

I hope that this short summary of the *New Dictionary*’s detailed treatment of projective identification conveys the incredible, encyclopedic nature of this book. This is a wonderful resource for those interested in a truly comprehensive explanation of Kleinian ideas, including their incubation, subsequent enhancement, and impact on the psychoanalytic world. The book deserves a special place on the shelves of analysts of all persuasions.

**LAWRENCE J. BROWN (NEWTON CENTRE, MA)**

NINE LIVES: A VIEW FROM WITHIN. By Newell Fischer. New York, NY: Vantage, 2011. 133 pp.

*Nine Lives* presents the reader—whether experienced analyst, psychotherapist, or interested consumer—with a clear and vivid explanation of the psychoanalytic process. It is rare that a book on this subject can be appreciated by the high school student, the analytic candidate, the teacher of both, and the so-called average reader. It should be a best-seller.

Sadly, psychoanalytic treatment is no longer held in the highest regard in the marketplace of psychotherapies. *Nine Lives* can help rectify that situation. Here is a book that explains just exactly what psychoanalytic treatment is all about—how it helps, why it helps, and who it can help. This is vital exposure for a public who until now has been pretty much in the dark.

While writing this review, I asked several non-analysts to read *Nine Lives*. When I then asked them to describe how they felt about the book, some of the responses were “touched,” “enlightened,” and “amazed.”

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This slim paperback with nine chapters, each consisting of a case and comments about it, could and actually should become the cornerstone of an entire program in teaching psychoanalysis. Between the words and between the lines lies the nitty-gritty of treatment technique, along with its most sophisticated nuances.

Theories are never mentioned and labels are never used, yet we learn about etiology, perversion, conflict, trauma, fantasy, development, psychosexuality, repetition compulsion, defense, interpretation, relational aspects, neutrality, abstinence, common sense, and holding, along with acting out, projection, transference-countertransference, resistance, projective identification—and, most important, we learn how to engage with and connect to a troubled person. We are shown the power of patience, listening, and empathizing, and we see an analyst responding creatively to all kinds of situations while working them through with his patients over the years.

In chapter 1, we meet Joan, a 30-year-old analysand who is soft-spoken, churchgoing, and horrified by her serious, life-threatening compulsion to become impregnated by an unsuitable man only to seek a dangerous abortion. Fischer, in plain yet convincing language, explains how events and fantasies in her early life contributed to her symptom, and how this knowledge—along with an exploration of the feelings she had long hidden—frees her. A large part of her relief stems from accessing her rage and expressing it in the safety of the office, thereby conquering her fear that her male physician analyst would repeat a humiliating past.

An African American patient, 35-year-old Dawn, described in chapter 2, has been taught by her upwardly mobile parents to hide her “blackness.” This mandate, plus her “inner blackness” consisting of rage and sexual feelings, has been a major source of panic attacks that interfere with Dawn’s public appearances in her work. Her fear that she might publicly masturbate and yell obscenities has paralyzed her. Fischer reveals that at first, he inadvertently repeated the parental behavior of denying Dawn’s blackness, but through consultation, he became aware of his denial. What is innovative is that Fischer manages to explain his blind spot without resorting to the theoretical concept of countertransference.

He operates in a similar way throughout the book, applying a skill that defines his way of working.

Mary, a psychotherapy patient described in chapter 5, comes very close to wrecking Fischer's life. She is delusional and decides that she and her therapist will be married. She intrudes on his privacy in almost unimaginable ways; often the police are involved. When Mary pulls up to his front door in a moving truck with all of her possessions, ready to move in—well, I will let the reader take a look at Fischer's account of this seemingly impossible situation, since it is best appreciated in his own words. Suffice it to say that anything can happen in the course of a psychoanalyst's work, and this chapter has much to teach.

In this highly readable and instructive book, each vignette shows how Fischer's confidence blends with his humility as he reaches out to different people. For example, Fischer manages to break through the hard outer shell of Claude (chapter 3), an emotionally abandoned adolescent who has been hospitalized by overwhelmed parents, by utilizing ping-pong, among other techniques.

In the next chapter, Henry, age twenty-nine, has been sleepwalking throughout his life. As he gradually unearths the trauma of his father's death by dramatically enacting it in analysis, we learn how developmental antecedents (along with the trauma) played into his becoming "half dead" himself. Fischer helps his patients, and us, find the early roots of dysfunction, illustrating that analysis involves detective work. Like Henry, another patient in a later chapter, Sara, is chronically depressed and inhibited; she seeks help when she begins to fear killing her infant. We learn that Sara's early trauma involved the loss of a baby sister followed by her parents' emotional abandonment.

Tragically, Diana's treatment, described in chapter 7, ends in suicide. Fischer's incredible level of empathy, concern, and patience as he sits through three months of silence is indeed impressive. He stands by this self-loathing woman—who has, in fact, improved over the course of the analysis—but sometimes there is nothing the therapist can do to prevent catastrophe. This chapter is a must for any analyst or therapist with a suicidal patient or who has experienced a patient's suicide.

Sixteen-year-old, emaciated-by-self-starving Annie has a powerful effect on her analyst. Fischer notes, "I felt frazzled, frustrated, abused,



despairing, drained, and initially bewildered by this intense and seemingly chaotic engagement” (p. 99). Here is a lesson on how and why the analyst must tolerate the patient’s rage. What causes Annie to behave so provocatively eventually comes to light, and this time we witness a positive outcome.

Seven-year-old Frankie’s intensive psychotherapy (chapter 8) has a great deal of relevance to the topic of bullying that is so much in the public’s awareness today. Fischer never uses the words *sadism* or *masochism*, yet amazingly, we learn exactly what these concepts mean.

Because no two people are alike, there is a danger in applying labels that can serve as wallpaper, covering over the individual’s singularity. Each of us is unique, no matter how much we may have in common with others. Important roles in determining what makes a person tick are played by environmental and genetic factors (nature and nurture), the intergenerational transmission of trauma, the brain’s structure and plasticity, fluctuating hormonal levels, the degree and type of trauma suffered and what developmental stages and phases were affected, physical constitution, and even diet—and this list is by no means exhaustive.

Newell Fischer has written a book that respects the uniqueness of every individual. *Nine Lives* could easily be renamed *Nine Loves*—and it is truly a treasure.

JANE S. HALL (NEW YORK)

WEARING MY TUTU TO ANALYSIS AND OTHER STORIES. Edited by Kerry L. Malawista, Anne J. Adelman, and Catherine L. Anderson. New York: Columbia Univ. Press, 2011. 250 pp.

Every so often, a book appears upon the scene that is well written, informative, and chock-full of wisdom at the same time that it is absolutely delightful and charming. This is such a book. It is written and edited by three psychoanalysts who teach at the Contemporary Freudian Society in Washington, DC. Two of them also co-chair the New Directions Writing Program, at which the third is a faculty member.

Not only was it a great pleasure for me to read the book, but I also found myself feeling indebted to Malawista, Adelman, and Anderson for creating something that is a simply marvelous vehicle for introducing

the fundamental concepts of psychoanalysis to students, as well as to the general public. I heartily recommend it to everyone who teaches and practices psychoanalysis and psychodynamic psychotherapy. I especially recommend it to those who are interested in writing psychoanalytic papers and in teaching candidates how to do so.

The authors are masters not only at presenting complex, arcane principles of analytic theory and practice in simple, uncluttered, understandable English, but also at bringing those principles vividly to life so that they can be meaningfully applied to real live human beings. The subtitle of their book, *Learning Psychodynamic Concepts from Life*, is well chosen as an indicator of the contents and value of what readers will find within its covers.

In a series of twenty-three brief but powerful chapters—each of which, cleverly and skillfully, prepares the reader for the one to follow—the authors address fundamental aspects of clinical practice and the basic theoretical principles that determine the way in which psychoanalysts understand and treat the various emotional ills that afflict the people who come to them for assistance. Each chapter begins with a recollection, a personal vignette, or a brief account of a clinical experience that deftly and vividly exemplifies an aspect of human existence, a therapeutic encounter, or a technical challenge that is of central importance to analytic practice. Each comes across as an engaging and intriguing, parsimoniously crafted, and captivating short story that is irresistible and at times electrifying, followed by an explication of theoretical principles that are relevant to understanding them and that crisply explain what they have been chosen to illustrate. The theory presented is pellucid, concise, and accurate. The book is written in unadorned, straightforward language that can serve as a model for the kind of exposition that best conveys information so as to render it clear, precise, and comprehensible.

The first section contains six stories illustrating a number of psychoanalytic ideas that “highlight how a therapist may think about a patient’s musings during a clinical hour” (p. xvii). They introduce the reader to such concepts as “screen memory, symbolic representation, magical thinking, superego development, dream theory, transference and enactment” (p. xvii).

In the first story, Malawista recalls her earliest memory, in which her five-year-old sister enviously uses a diaper pin to puncture an inflated toy their grandmother has given her (Malawista), deflating both the toy and Malawista's state of happiness. Twenty-five years later, while lying on her analyst's couch, shortly after the birth of her own daughter, Malawista thinks back to that memory and realizes that it has screened an even more important memory of seeing her mother, whose swollen stomach had popped, smilingly walking in carrying her newly born baby sister, while *she* was overcome with jealousy, envy, and rage. The author uses this set of recollections to reflect not only upon the phenomenon of screen memory, but also upon the psychological mechanisms of repression, displacement, and compromise formation.

The following chapter, "Play with Me," opens with a vignette that flows smoothly from the contents of the first chapter. Here the writer describes her two-year-old daughter's use of play to master the disorganizing impact of being surrounded by disarray and chaos while her exhausted, pregnant mother gives her a breakfast bagel to munch on, then scrambles to unpack boxes containing the family's belongings and tries to put things in order in the new house to which they are in the process of moving. The writer revels in her little child's capacity to weather this crisis via "symbolic play [that] illustrates her healthy attachment and growing independence" (p. 9).

The vignette is charming, and the reader inevitably falls in love with the author's resourceful and resilient little girl. The story indeed illustrates the concepts of symbolic representation and separation-individuation, as well as the importance of play in mediating developmental advance, all of which are introduced in this chapter. One of the very few cavils I have about the illustrative vignettes contained in the book, however, is the writer's seeming failure to decode the plaintive message her little girl seems (to me) to be sending her when she asks her to sit quietly by and watch her play at pushing around a toy shopping cart while she searches for one item after another, which she has "forgotten" as she is going out to the store—first her keys, then her money, then her phone, and, finally, *her baby!*

The following chapter, "The Calling," which starts with a poignant vignette involving "a six-year-old parochial school girl [who] worries

about sex, God, and the nuns who are her teachers" (p. 21), serves as a springboard for examining the subject of magical thinking. It could just as well have generated a discussion of latency-age conscience (superego) development and organization. Once again, the chapter tumbles deftly forward, toward the chapter titled "New Furniture" that follows it, the first sentence of which is: "A girl's conscience is forged in a family drama" (p. 30).

The story that is used to generate a brief discussion of superego development contains striking allusions to masturbatory activity: a little girl and her sister excitedly climb back and forth between the cab and the back of a small truck her father is using to transport a sofa, "cramming [them]selves through the access door as though [they are] squeezing [them]selves through a portal to a better world" (p. 31). When he cautions them not to lock the padlock to the portal, the "father's interdiction has the fatal effect of drawing [the little girl's] attention to what [is] forbidden . . . [She is] Eve, and the lock [is] the apple, summoning [her] to discover how it works" (p. 31).

It seems to me that the author's nonverbal avoidance of this dimension of the story in the course of the discussion that follows it deftly illustrates the technical principle that it is best to stay close to the surface of the patient's (or reader's) thinking and feeling, rather than addressing material that is not yet within the patient's current ability to tolerate.

In the penultimate chapter within the first section, the author uses a pair of her own relatively transparent dreams as a springboard for consideration of psychoanalytic ideas about the manifest and latent content of dreams, and of postmodern relational and self psychological ideas about the use of dreams to wrestle with real-world issues or to work through feelings of inadequacy.

The final chapter of part 1 consists of a touching account of a bit of dramatization that yields the title not only of that chapter, but also of the book as a whole. The author recalls telling her analyst about having pirouetted across the floor as a little girl in a frilly pink tutu, waiting for her father to tell her that she was beautiful—and then, as a young woman, unconsciously contriving to feel forced (seemingly unwittingly) to present herself to her male analyst in a pretty pink taffeta party dress

that he was expected to admire. The story launches a brief discussion of transference, enactment, oedipal conflict, and the willingness of a good analyst to be recruited by the analysand into being a partner in staging items from within the analysand's psychic reality for them to consider together. It is much to their credit that they recognize it is not only *child* analysts who need to be willing to become engaged in what McDougall dubbed "theaters of the mind."<sup>1</sup>

In the remainder of the book, the author-editors entrance the reader and evoke his or her admiration just as skillfully as though they were wearing pink tutus or party dresses! Part 2 reflects their view of the importance of a developmental point of view in facilitating effective analytic work. It is mediated by discussions of six vignettes that illustrate such "common developmental events . . . [as] *an infant's first love object, the child's fear of bodily harm, the adolescent's struggle with identity, the young adult's anxiety about leaving the protection of home, and adult development and parenthood*" (p. xvii, italics in original).

This section includes vignettes that generate discussion of transitional phenomena, castration anxiety, propulsion into sexual exploration during puberty and early adolescence, resolution of oedipal conflicts and crystallization of separate identity during the college years, and the miraculous, awe-inspiring experience of giving birth and becoming a mother. In this section, as in the previous one, the author-editors come alive and expose themselves as human beings capable of the same charm, tenderness, excitement, embarrassment, tentativeness, confidence, self-consciousness, defiance, and other human qualities that analysts encounter in their patients. As my training analyst once said to me, "Psychoanalysis can only be carried out by two human beings."

Part 3 "addresses issues of technique from both sides of the couch . . . . Topics include *beginning the work, creating a holding environment, understanding therapeutic action, and ending the treatment (termination)*" (p. xvii, italics in original). I am impressed and pleased that the author-editors focus on work with children as well as with adults. My favorite

<sup>1</sup> McDougall, J. (1982). *The Theaters of the Mind: Illusion and Truth on the Psychoanalytic Stage*. New York: Basic Books, 1985.

chapter in this section is chapter 14, "In My Eyes," which deals with the necessity for creating what Winnicott (who is widely quoted in the book and generously cited in the list of references) referred to as a *holding environment*, within which patients can struggle to build and develop the emotional tools and strengths that they (and their analysts) need to have in order to enable them to negotiate the slippery and rocky paths of psychoanalytic inquiry and emotional experience that constitute effective analytic work.

The editors admirably eschew sesquipedalian obfuscation and bombastic pomposity as they lay out, in clear and simple terms, one of the best descriptions I have found in our literature of a topic that is far too often misunderstood and misapplied within psychoanalytic practice and publication (although they might have spelled out more fully how holding is not only related to, but also *different* from, containment and self-repair).

I also much admire and appreciate chapter 19, "My Best Friend, Fiona," in section 4, "Treatment Challenges," which treats the topic of serious boundary violations—as important as it is relatively scant in the psychoanalytic literature. In this chapter, one of the authors, drawing courageously upon her own personal experience, describes her struggle to overcome the powerful pull she experienced to throw herself, like a moth to a flame, toward a charismatic, seductive analyst—even after she learned that he had wrecked the life of a close friend of hers. Patients and therapists alike, both only human, are especially vulnerable to the danger of becoming embroiled in (a variety of) serious boundary violations and other forms of ethical misconduct, given the nature of the work in which they are engaged.

Not surprisingly, the next chapter in the final section, which deals with the treatment of severely traumatized and/or devastated patients, tells of an adult patient who was sexually abused by her grandfather as a child. Such patients present an intense challenge to their therapists in the form of complex transference-countertransference interactions and related therapeutic dilemmas.

Working with the children and grandchildren of Holocaust survivors, the subject of the next chapter, presents its own problems, as does

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working with people who have lost a child, especially if the therapist herself has experienced the wrenching loss of a loved one. The last two clinical chapters focus on the impact of the loss of a child, but their content makes unstated yet palpable, subliminal allusions to other situations of loss—such as when a patient or therapist is faced with the threat of a major, life-threatening illness, a serious decline in faculties, or a descent into the twilight zone of old age.

I am indebted to Malawista, Adelman, and Anderson for having provided me with a truly wonderful literary and professional experience. As someone who has been enjoying a long and enormously gratifying career as a psychoanalytic clinician, teacher, writer, and editor, I can only feel fortunate and grateful for having had the opportunity to read and comment upon this slim but graceful volume. It and its tutu-clad cast of characters have afforded me sheer delight as they have danced before my eyes, through my mind, and into my heart. I warmly recommend it to everyone, within and outside the field of psychoanalysis.

**MARTIN A. SILVERMAN (MAPLEWOOD, NJ)**



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MELANIE KLEIN IN BERLIN: HER FIRST PSYCHOANALYSES OF CHILDREN. By Claudia Frank; translated by Sophie Leighton and Sue Young. Edited and with a preface by Elizabeth Spillius. London/New York: Routledge/Taylor & Francis Group, 2009. 504 pp.

It is increasingly less common to have the privilege of examining process notes of child analysts. This fact highlights the special treat that is presented in this publication of Melanie Klein's early clinical process notes. Bringing this task to fruition required the monumental effort of Claudia Frank, from Berlin, whose labors entailed countless hours in the London Archives in order to complete this task.

We owe profound gratitude to Frank, who presents us with Klein's handwritten notes (meticulously translated by Sophie Leighton and Sue Young), along with case material both unpublished and previously published. The material is offered not simply as process notes, but with Frank's explication and analysis of Klein's concepts, in historical perspective, of treating children and adolescents analytically. Many of Klein's

theoretical concepts of child analysis are fundamental to our clinical work in contemporary child analysis.

While a crucial aspect of contemporary child analysis involves both the analysis of negative transference and the use of play, insufficient acknowledgment is given to Klein for her contribution to our work. Frank's volume serves to remedy this. This text makes it clear that Klein's contributions to psychoanalytic theory, particularly from the perspective of the vital role of the analysis of negative transference, contributed not only to child analysis, but to work with adults as well. While Freud described positive transference in a series of papers, he did not give the necessary attention to the usefulness of analyzing negative transference.

While some were critical of Klein for her "deep" interpretations of symbolism in children's play, bypassing defenses, it was not far from the routine interpretations of impulses made by early practitioners of adult psychoanalysis as well. Early analysts had simply not yet understood the reasons for interpretation of defenses before impulse and the role of this technique in analytic process. This was unfortunate, particularly in the analysis of children, since bypassing defenses while interpreting impulses may indeed interfere with developmental progression.

Klein experimented. She tried to use the couch with children but learned from her child patients that this was not feasible. So she moved to work with play, and expanded this to play that included toys. In this context, she was deeply interested not only in fantasy productions, but also in emotional contact with her child patients. Klein wanted to explore her own perspectives in the analysis of children and their analytic productions.

Unlike most analysts who treated children in the early twentieth century, Klein was more interested in working with her own observations, from which she developed theories of child analysis, than she was in working to confirm Freud's early hypotheses of infantile sexuality. She appeared to be more impressed by the use of symbolic links of play, fantasy, and transference. This volume is thus a major contribution in a crucial aspect of the history of child psychoanalysis, a work that we have not yet seen in a systematic presentation.

Part 1 of this volume includes a historical perspective of Klein's clinical work in Berlin, three case studies of child patients—of which one is very detailed—and a careful examination of Klein's technique in using play to elicit fantasies, feelings, and conflicts. In part 2, we are presented with Klein's treatment notes of her work with four children. This is a veritable raceme of delectable material that every child analyst will find instructive and thought provoking.

Frank's comparison and contrast of Klein's published and unpublished work adds a dimension to this text that is unparalleled. It provides a study of how Klein prepared published papers from process notes.

A fundamental piece of Frank's labor is to bring to our attention the ways in which we must acknowledge our debt to Klein in our practice of child analysis. In our work with latency-aged children, we are all aware of the critical aspect of using toys in the expression of fantasies, feelings, and conflicts. The superiority of the imaginative use of toys for latency children, in contrast to engagement in games guided by rigorous rules (which are in wide use today), becomes clear in examining this rich text. It is in stories constructed from play that we find opportunities to explore conflicts, resistances, transferences, countertransference, developmental issues, and the panoply of manifestations of what is analyzable in our work with children and adolescents.

Klein's notes reveal the ways in which she learns about her child patients, and also what she fails to observe. For example, in the context of a child's negative transference, Klein returns to the child's efforts to leave the treatment room. The attempt to leave might have multiple determinants, including anxiety about Klein and her symbolic interpretations, anxiety from within the child related to Klein as projection, and multiple other possible meanings.

What makes this volume so valuable is the transparent way in which the material is presented, as well as the opportunity it offers to follow the evolution of Klein's thinking and its historical context. Furthermore, the book emphasizes that Klein's contributions are essential to child analysis in ways that many contemporary child analysts might not fully appreciate.

**ANITA G. SCHMUKLER (BALA CYNWYD, PA)**

OFF THE COUCH: CONTEMPORARY PSYCHOANALYTIC APPLICATIONS. Edited by Alessandra Lemma and Matthew Patrick. Hove, UK/New York: Routledge, 2010. 240 pp.

This collection—highly creative, frequently brilliantly original, and noticeably and unabashedly British—is nevertheless difficult to review in a world context. Peter Fonagy's introduction is glowing. Each paper (with one or two exceptions) seems to be a gem of concise, clearly illustrated writing. It seems to me that this book can be regarded as a modern proposal for psychoanalysis to become more relevant to the global community through the disciplines of psychiatry, sociology, psychology, and social work—all of which, incidentally, are undergoing dramatic shifts in the United Kingdom via the policies and practices of the British National Health Service.

At first, I thought this collection consisted essentially of attempts to apply psychoanalytic thinking to community-based work that might have worldwide applicability. In the United States, such thinking involves several approaches; here there are various advocacy groups, and we see the modification of psychotherapy for particular populations—for example, torture victims, indigent persons, and so on, and psychoanalytic conceptualizations may be applied to community problems, but with techniques and interventions that are not necessarily psychoanalytic in nature. Editors Alessandra Lemma and Matthew Patrick state that their book grew out of experiences of working within the British National Health Service, however, and consequently these essays (which are sometimes autobiographical in nature) contain many reflections on what it is like to work in the public health sector in Great Britain. Some commonalities with the work of individual practitioners and public health workers elsewhere can be identified, nonetheless.

Having immigrated to the United States from a British Commonwealth nation some forty years ago, I find that this book, authored by a sterling group of British psychoanalytic thinkers, stimulates complicated feelings in me. At times it seems rather narrow, as though some of the writers are trying to justify the value of psychoanalytic thinking, which they feel organizations do not recognize; I do not get the sense the edi-

tors are aware that a great deal of work has been done in countries other than Great Britain, as though this book is seen as opening up a brand-new field.

I was, however, very impressed by the brilliant chapter 11 of *Off the Couch*, which has to do with the therapeutic milieu on inpatient wards for severely treatment-resistant patients. Author David Bell notes almost as an afterthought that the impact of institutions other than the immediate one has a range of influence, extending all the way to national policy. Those influences would benefit from psychoanalytic reflection, including how they relate to countertransference, Bell continues, but rarely is this followed up, with such impact instead provoking a panicky acting out in many of those who are trying to administer policies of the social system, as well as among those who make use of it clinically. Reading this left me wishing that Bell had devoted an entire chapter to that intriguing idea alone.

It has been said that the mentality of a person who lives in a closed system of thought can be summed up by a single formula: he can prove everything he believes, and he believes everything he can prove. Regrettably, there is a somewhat analogous closed tone to the thinking expressed in this collection's final chapter. The author, Stirling Moorey, is a well-known cognitive behavioral therapist who meticulously struggles to integrate the nonconscious (the unconscious), work with the conscious mind, and a psychoanalytic view of the preconscious. He does this honestly, fairly, and clearly, and his chapter is worth reading, though he has trouble bringing in ideas about transference and countertransference in a way that a psychoanalytic clinician can make use of. Reading this chapter reminded me of a cognitive behavioral therapist whom I am acquainted with; this person used to regularly refer patients to me (a psychoanalyst) as soon as they began to dream about him—indicating, of course, his belief in the inability of cognitive behavioral therapy to deal with unconscious fantasy.

The first chapter of *Off the Couch* introduces the work of John Alderdice, who is particularly well-known for the so-called Good Friday accords that seemed to settle long-standing, violent IRA battles. In refreshingly clear language, Alderdice points out similarities between the

therapeutic alliance and his delicate negotiations with politicians around terrorism. He is especially recognized for his ability to set up a preconference negotiating session in which people who are normally inhibited about speaking their minds can feel more comfortable doing so; it is almost as though he sets up an analytic session in which no one is censored or judged. In a sense, he has allowed in a political device, if it could be called that—a way of creating a productive milieu prior to the opening of important formal negotiations. Whatever the vicissitudes of the extensive meetings that resulted in the Good Friday accords, and notwithstanding the contrasting viewpoints represented by the people present, it is clear that a key aspect of that process was that the group met in regular hours each week over an extended period of time. Warring parties obviously had to come much closer to each other as a result, and got to know each other personally, realizing that on a fundamental human level we are all more alike than different; all of us want to be treated fairly and to live peacefully.

This factor was given a great deal of weight by Alderdice, judging from descriptions of how these successful negotiations were conducted. This may illustrate once again that what is crucial is not the nature of specific areas for negotiation, but rather that those negotiating think about each other in a more personal fashion. Alderdice's work, as concisely described in this chapter, is a gem among community-based psychoanalytic endeavors.

The second chapter in this collection looks at psychoanalysis from a sociological context, suggesting that it is so steeped in tradition and authority that it is not flexible enough to serve as a model for social change. Although somewhat lacking in depth, this chapter highlights a problem that has plagued our field for a long time—namely, the rigidity that all too often prevails in psychoanalysis, and the difficulty we have in creating our own evidenced-based hierarchy. The authors of this chapter, Andrew Cooper and Julian Lousada, would have done well to reference *Unfree Associations*, which describes the complex rigidity of the American psychoanalytic scene and how it came about.<sup>1</sup>

<sup>1</sup> Kirsner, D. (2009). *Unfree Associations: Inside Psychoanalytic Institutes*. Plymouth, UK: Jason Aronson.

Chapter 3, authored by Stephen Briggs, concerns the contribution of psychoanalysis to suicide prevention. In the United States, the Gulf Wars have produced a remarkable refocusing on suicide, as the rate of attempted suicide has been particularly high in military veterans, especially Marines. A great deal of data is being gathered about suicidal and presuicidal thinking; we know that individuals contemplating suicide often take actions to tie up their personal affairs, providing us with clues, and typically appear to have given up all hope. Nonetheless, a reliable way of stopping people from committing suicide has eluded us—or at least it is fair to say that no particular evidence has come to light to suggest new ways of preventing suicide that are clinically or universally preventive.

Public health interventions, such as demands from local health departments that hospitals be made safe, are often proposed in quite impractical ways, suggesting that the mental health professional is solely responsible for the patient's safety. Mental health professionals who do not have a psychoanalytic background can quickly become scapegoats in this social displacement, taking on that impossible responsibility and then becoming overly anxious about it.

Control of the suicidal patient and restriction of his or her movements culminate in the recommendation for all sorts of safety devices that hospitals are forced to institute at high cost, with little effectiveness. Modern pharmacological research does not look at *why* suicide occurs with the same degree of intensity that it looks at *how* suicide occurs. Chapter 3 of *Off the Couch* suggests that an examination of the coping element of suicidal thinking—for example, its function in reinstituting a form of balance within the mind—may lead to a deeper understanding of why the patient feels suicidal, thus enabling more sophisticated ways of preventing it. Here Briggs describes a valuable line of thinking.

Tessa Baradon and Mary Target, in chapter 4, present a concise, research-based model with which to help mothers (as well as fathers) and babies reattach to each other when one or the other parent is in a prison setting. This chapter is an excellent example of a clearly explicated psychoanalytic conceptualization. It aptly summarizes an evaluation approach that achieves the gold standard for such interventions, ad-

dressing disturbances of the developmental process itself. Such a project provides a practical, relational context in which children can rework problems within themselves, and parents can become more aware of their strengths as well as their defects. Parents can also increase their capacity to mentalize their children and each other. All in all, this chapter presents an excellent example of effective community-based psychoanalysis.

A companion piece is chapter 5, by Margaret Rustin and Louise Emanuel, which takes a look at psychoanalytic approaches to parents and their children of less than five years of age. This chapter draws on clinical work at both the Tavistock Clinic and the Portland Clinic, as well as at the Anna Freud Centre. The chapter particularly utilizes efforts made in brief, psychoanalytically based interventions at the "Under Fives" service of the Tavistock Clinic. This chapter also usefully addresses cross-cultural issues in touching on the considerable differences between earlier theories based on inhibited sexuality, the hypersexual current of the Western world, and the restricted sexuality and extreme gender bias seen in religiously dominated cultures, such as Islamic ones. These extreme variations have to be managed by those working with brief psychoanalytic therapy in the British National Health Service, just as they do in many other parts of the world.

Chapter 6 is about working with traumatized adolescents. It proposes a brief therapy model, and it contains a useful section on the impact of trauma on the developing adolescent mind. Cognitive behavioral therapy and psychoanalytic models coexist in the trauma unit run by this chapter's co-authors, Alessandra Lemma and Linda Young. They believe that these modalities can be utilized together synergistically with some patients, whereas others are more helped by one or the other approach.

Replete with clinical illustrations, Frank Lowe's chapter 7 is an excellent contribution focused on making psychotherapy more accessible to young black people. Lowe suggests that services to black children tend to be regarded with fear and mistrust by black communities. Lowe points out that, while this fear may unfortunately have had some basis in reality at times, it may also enable the individual to unconsciously avoid facing his or her deeper fears in relation to internal object relationships, espe-



cially those with parents. Participation in such a treatment program requires an oppressed group (in this case, black people) to risk shattering its fantasies of victimization by a white supremacist society. This seems to be a central element of Lowe's approach to young black people, described as quite successful.

In chapter 8, Julian Stern gives an insightful portrayal of the transference and countertransference exigencies present on a gastrointestinal unit that deals with psychosomatic difficulties. Many of the patients in this unit have chronic and severe gastrointestinal illness. Stern points out the considerable difficulties in working with psychosomatic illness, and in particular illustrates the value of a psychoanalytic understanding of countertransference challenges—especially in non-analytically trained clinicians, such as biofeedback therapists.

Heather Wood's chapter 9, on understanding and treating pedophilia, looks at relevant treatment services available in Great Britain, but unfortunately lacks any clinical illustrations to ground it for the clinician.

Panic-focused therapy is described in some detail in chapter 10, by Elizabeth Graf, Barbara Milrod, and Andrew Aronson. There is a discussion of the manualized form of psychotherapy for those with panic disorders, as described in DSM-IV, which is part of the practice guidelines and recommendations of the American Psychiatric Association. Its relevance to this book remains somewhat questionable, particularly given the rest of the collection's focus on treatment in the United Kingdom.

At any rate, this book is a good read for those interested in the evolution of psychoanalytic thought in Great Britain. It has a number of chapters that are gems of very clear thinking, often with a significant community-based psychoanalytic emphasis. Several models suggest the careful, evidence-based approach of those in the British psychoanalytic community who work in areas such as public policy, the care of indigents, brief treatment, and the care of prison inmates.

For those interested in the prevention of mental illness and the public health sector, this book will have appeal. It will also be attractive to psychoanalysts and psychotherapists in general because of its clear descriptions of highly focused, brief analytic interventions and other well-written, useful clinical vignettes.

To my way of thinking, *Off the Couch* might have been an even more valuable contribution to the literature had it been less exclusively based in treatment venues and approaches belonging primarily to British psychoanalysis. After all, our world is becoming more globally based at an amazingly accelerated rate, and psychoanalysis with it. We all need to work as one. If our entire planet vaporized tomorrow, it would be fifty light years before the nearest star system even knew we had disappeared!

**STUART W. TWEMLow (HOUSTON, TX)**

THE PSYCHOANALYTIC THERAPY OF SEVERE DISTURBANCE. Edited by Paul Williams. London: Karnac Books, 2010. 278 pp.

This remarkable book began as the collective effort of several colleagues, foremost among them Paul Williams and Lord Alderdice, at the Belfast Centre for Psychotherapy. At that time there was a growing desire in Ireland and England to provide psychoanalytically oriented specialist services and training in psychotherapy to psychiatrists and all other mental health professionals. A conference was convened in Belfast in 2008, entitled "Psychoanalytic Therapy of Severe Disturbance." We can rightly assume that Cathal e Cassidy (Chair of the Royal College of Psychiatrists and the All Ireland Institute of Psychiatry) captures the experience of the conference's many attendees when she states in her foreword: "I have found the application of psychoanalytic understanding at its most useful when clinical decisions are at their most challenging and demanding" (p. viii).

The book includes Lord Alderdice's welcome address to the 2008 Belfast conference. He introduces himself as both a psychiatrist and a psychotherapist. His introduction immediately positions psychological treatments as essential in the treatment of the severely disturbed. He goes on to describe his 25-year mission to "build up an understanding of psychoanalytic ideas and how to apply them" (p. xiii). Reading this book will remind us that there are skilled psychoanalysts, psychiatrists, and psychotherapists who place a mission such as Lord Alderdice's at the heart of all clinical considerations.

Alderdice informs us that the National Health Service funded the Belfast Centre for Psychotherapy, which now houses individual and group therapy offices, music therapy and art therapy suites, and rooms for instruction in Masters courses, including psychoanalytic psychotherapy and art therapy. He then states the imperative to understand why patients with serious psychotic disorders—schizophrenia, manic depressive illness, and severe personality disorders—“get so disturbed with violence; violence within the . . . [community], against each other, and against people themselves” (p. xiii).

In my review of the book's chapters, authors who speak from a common area of interest will be considered together. Caroline Garland, Stephen M. Sonnenberg, Franco De Masi, Bent Rosenbaum, and Donald Campbell will be considered as providing a clinical understanding of unconscious processes. Glen O. Gabbard; Otto F. Kernberg; and Peter Fonagy, Mary Target, and Anthony Bateman will be considered as research-oriented and object relations-oriented, with a focus on attachment and development. Volkan, drawing heavily from Kernberg, from object relations research, and from Freud, will also be discussed with this group.

Many of these clinicians and psychoanalysts provide compelling and detailed process material of clinical moments with severely psychotic patients. It is in the description of these moments that we find the book's most significant contributions, as these creative and courageous clinicians struggle to reach their patients.

From this standpoint, the work of Garland stands singularly as a moving portrayal of superior psychoanalytic work with the severely disturbed. Garland credits the research done by Kernberg, which details the “characteristically borderline or psychotic *mechanisms of functioning*” (p. 81, italics added) as invaluable in aiding our technique with both psychotic and low-functioning neurotic individuals. What underlies Garland's appreciation of Kernberg's work is his object relations approach.

Garland also credits many British Kleinians with influencing her own powerful work. After giving a brief description of the troubled backgrounds she finds in her patients, she describes in detail her group

therapy approach with such patients based upon work done at the Tavistock Clinic. She states:

Representing, comprehending and linking, planning—in short, thinking—and the making and sustaining of relationships are all impossible if experience cannot be represented. In particular, forming and maintaining affectionate, sharing or trusting relationships is difficult or impossible . . . . How realistic is it to take on not just one such patient, but seven or eight at a time in such a way as to provide containment without imprisonment, tolerance without indulgence, and understanding without intrusion? [pp. 82-83]

Garland answers her own daring question by taking us into two group sessions that she conducts with a long-standing psychotherapy group of eight adult patients. Many of these patients come from a long history of institutional experiences starting in foster care, children's homes, and social services, and continuing into inpatient settings or adult clinics of the National Health Service. Garland describes these individuals in the most human way: we identify with them, get angry for them, laugh, celebrate their successes, and hope for their triumph.

At the beginning of one of the group sessions, Sharon comes in after having called Garland between sessions, shouting that she "had had it up to here and is NEVER EVER coming back" (p. 91). This followed Sharon's encounter with another group member, Joe, who she felt had insulted her by calling her a prat. Joe had been angry about the comments Sharon made to him, calling him "spooky . . . disturbing . . . weird!" (p. 90). Both Joe and Sharon were raised in the National Health Service care system. Sharon is an eating-disordered self-cutter, and Joe an aggressive and powerfully built karate expert. Both are described as having volatile affect and emotional outbursts. Garland's intervention at the end of this session—in which she says she "thought they recognized something about each other, the capacity for violence, which frightened them both" (p. 91)—did not immediately diffuse the situation between Sharon and Joe, nor did it keep Sharon from threatening never to come back to the group.

Garland's introduction to the two sessions into which she invites us captures the group's struggle to preserve itself—as a group together—through endless such breakdowns among the members. The next session after the argument between Joe and Sharon begins with two patients, Elsie and Alexa, enthusiastically greeting other group members: "Hello, Mike! Glad you are here, Sharon, we thought we'd seen the last of you. What a relief! I'd have been furious if you hadn't come" (p. 91). A theoretical explanation of Garland's work is unnecessary, as she brings the very "functional mechanisms" to life in her detailing of the group process. I found the book's organization in this respect to be quite helpful. The earlier chapters by Gabbard, Kernberg, Fonagy, Target, and Bateman give us the conceptual tools and techniques that we then see applied so well in later chapters focusing on clinical work.

Garland then explains the essential techniques and characteristics demanded of both patients and clinicians doing psychoanalytic group treatment with severely disturbed individuals. First and foremost, Garland says, the work must be long-term: "No group member should expect to spend less than three to four years in treatment" (p. 97). Such an expectation of long-term treatment for patients, of course, requires an equal commitment to long-term therapy by clinicians.

Garland's emphasis on long-term treatment is in keeping with Warren Procci's call for members of the American Psychoanalytic Association to focus on providing psychoanalysis and psychoanalytic therapy. Procci's statement is meant to challenge the reality that many psychiatrists are turning to medication management because of reimbursement rates established by the insurance industry. Procci identifies

. . . the crucial task of the American Psychoanalytic Association, [which involves] the necessity to put our resources into an effort to support our form of talk therapy . . . . We need to make support of psychoanalysis and psychoanalytic psychotherapy as treatment modalities major organizational priorities.<sup>1</sup>

<sup>1</sup> Procci, W. (2011). American Psychoanalytic Association, member e-mail, March

We now turn to the work of Sonnenberg, who speaks specifically to the danger of analytic treatment and transference becoming an addiction, wherein the patient re-creates a negative and self-destructive transference common to all addictive processes. I have found this to be a common concern about treating addicted patients analytically. Sonnenberg argues that addiction is a serious mental disorder. He offers detailed case material from a high-functioning analytic patient, insisting on four specific modifications of standard analytic technique. His rationale for these modifications, together with his clinical material and expertise in addiction treatment, provides a compelling argument for his psychoanalytic treatment of these patients, as well as for his modifications.

All of these modifications are in agreement with the book's other authors' emphasis on both affect and symptom being seen through an object relational perspective. The case material is captivating, as we see Sonnenberg slowly revealing a surprise at the end of his chapter regarding the alleged patient. Within the chapter, he speaks both as analyst and as supervisory consultant, and is generous in providing many relevant references on the difficult work of analysis with high-functioning addicts.

De Masi also argues for the modification of standard technique, saying: "The difficulties in the analytic therapy of psychotic patients are not due to our individual limits, which can emerge during our professional meetings, but depend mostly on the inherent incompatibility between the psychotic state and traditional analytic thinking" (p. 137). His chapter concludes that, while many analysts—"Abraham, Ferenczi, Federn, Fromm-Reichmann, Searles, Pao, Rosenfeld, Benedetti, Segal, Aulagnier, Lacan, Volkan" (p. 148), and others—have contributed to the psychoanalytic theory and clinical treatment of psychosis, psychoanalysis still lacks "an organic theoretical and clinical conception on the nature and dynamic of the psychotic process" (p. 148).

De Masi's comment is interesting in two ways: first, he is one of the book's few who mentions analysts who worked with psychotic patients in the United States in earlier decades, such as Fromm-Reichmann and Searles. Second, De Masi's chapter distinguishes his thought from that of the British Kleinians, even as he utilizes major tenets of this tradition.

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I was intrigued with De Masi's conclusion:

My assumption is that delusional structures do not correspond to undigested beta-elements *waiting for transformation. There is not continuity between the unconscious thought, which helps perceive psychic reality (K), and delusional activity (-K)* . . . . The psychotic patient is fascinated by this kind of perversity, by his power to destroy psychic reality and remove any differentiation between fantasizing, delusion and reality. [p. 144, italics in original]

De Masi's work with psychotic patients draws heavily on his use of *the dream delusion*—the dreams of a psychotic person that cannot be considered thoughts, as with neurotic patients. De Masi's clinical examples illustrate that dream delusions can be used quite well, however, in analytic work to reveal the psychotic patient's delusion. Failure to identify the delusion and work directly with the delusional material in analysis, De Masi concludes, accounts for the return of psychosis, or for a failed analysis. My clinical experience affirms De Masi's conclusion.

Rosenbaum and Campbell, in their chapters, also offer clinical work to demonstrate their analytic theory and technique. Rosenbaum takes a developmental perspective, using the work of Freud, Bion, Searles, and Ogden, among others. Campbell, in discussing *pre-suicide states of mind*, also takes a developmental perspective. Both these chapters focus on a theoretical understanding and explanation of the authors' technical approaches to psychotic patients, and in this sense, they make suggestions toward the "organic theoretical and clinical conception . . . of the psychotic process" recommended by De Masi (p. 148). I found that Rosenbaum's and Campbell's clinical material, however, did not speak as strongly to their own theoretical conceptualizations, despite the moving clinical work each of them demonstrates.

Volkan applies what Kernberg, Winnicott, and others have found useful in treating borderline patients to the understanding of political situations involving conflict between countries, genders, and cultures. He states that, while psychoanalytic techniques applied to individuals cannot always be applied to large-group psychology, psychoanalysis is nonetheless uniquely qualified to develop strategic solutions to international conflicts. Volkan uses a psychoanalytic understanding of border-



line personality organization to provide insight into large-group conflicts and resistance to negotiation.

Kernberg's chapter is essentially a concise summary of his development of *transference-focused psychotherapy* (TFP). When working in community mental health in the 1980s, I found Kernberg's work to be widely utilized and respected. His work continues to be the foundation of many psychoanalytic therapies and is referenced frequently by many of the other authors in this book. Kernberg provides a comprehensive bibliography that allows the reader to trace his theoretical and technical developments.

In their chapter, Fonagy, Target, and Bateman give their own concise outline of psychotherapy with borderline patients, based upon an understanding of mentalization and attachment. These authors also provide quite an extensive list of their research projects. Their work is easy to follow and filled with practical techniques and case illustrations, which may partially account for the popularity and familiarity of this approach in community mental health agencies and universities.

Perhaps we should not be surprised that *The Psychoanalytic Therapy of Severe Disturbance* was developed in Europe and published in London. Though I believe we are beginning to see the pendulum swing back to the use of psychoanalytically informed therapies with severely disturbed patients in the United States, this book highlights our profession's abandonment of the severely disturbed during the past several decades.

In this respect, Gabbard's research-supported argument for the psychoanalytic treatment of the severely disturbed can only be helpful in marshaling support for psychoanalytic treatment of the severely disturbed in the United States. Quoting Freud's well-known statement, "For when all is said and done, it is impossible to destroy anyone in absentia or in effigy,"<sup>2</sup> Gabbard goes on to say: "However, [from] our increasing knowledge from the neurosciences . . . we know that transference is never destroyed and that such ambitious goals would be unreasonable" (p. 12).

Indeed, I agree; to try to destroy the transference—especially with the severely disturbed—would be a dangerous goal. Severely disturbed

<sup>2</sup> Freud, S. (1912). The dynamics of transference. *S. E.*, 12, p. 108.

patients have an enormous amount of rage and hate to bear, along with many other intensely negative affective states that we all see in our consulting rooms. If we conclude that this primed object relational capacity for rage and hate is all the disturbed person has and ever will have, however, then I will argue that this conclusion encourages us to needlessly neglect our analytic task. An assumption of goodness not only in the present object relations capacity of the patient with the analyst—a new possibility of goodness in a new object attachment—certainly defies conscious reason in many of the clinical encounters we witness in this book. Granting that not all patients can be reached by any means, including psychoanalytic treatment, the skilled clinicians in this book are not naive.

An important question: can these functional capacities and unconscious dynamics be changed sufficiently to allow the severely disturbed to have bearable and good enough personal memories and present-day interpersonal relationships? This question exposes a common underlying assumption: that the severely disturbed are so damaged that there are *no* functional capacities, adaptive neural pathways, or modulated behavioral capacities that can be enhanced or treated through the processes of psychoanalysis and psychoanalytic psychotherapy. Medication, then, some would argue, may sometimes only suppress highly charged negative emotions and their associated violent and symptomatic expressions.

Medication is certainly valuable at times. However, medication used alone, and to the exclusion of psychoanalytic understanding and treatment, is often not valuable and is clearly not psychoanalytic. The long-term treatments described in the case summaries found in this book provide strong clinical evidence that psychoanalytic treatments can enhance the *mechanisms of functioning* that Kernberg and others have identified. The authors in *The Psychoanalytic Therapy of the Severely Disturbed* agree that the use of medication is sometimes a necessary treatment component, though never one sufficient unto itself.<sup>3</sup>

<sup>3</sup> See the following three references: (1) Gibbs, P. L. (2009). Technical challenges in the psychoanalytic treatment of psychotic depression. In *Beyond Medication: Therapeutic Engagement in the Recovery from Psychosis*, ed. D. Garfield & D. Mackler. London: Routledge; (2) Gibbs, P. L. (2007). Reality in cyberspace: analysts' use of the Internet and ordinary everyday psychosis. *Psychoanal. Rev.*, 94:11-38; and (3) Gibbs, P. L. (2007). The primacy of psychoanalytic intervention in recovery from the psychoses and schizophrenias. *J. Amer. Acad. Psychoanal. & Dynamic Psychiat.*, 35:287-312.

*The Psychoanalytic Therapy of Severe Disturbance* comes at a time when there is increasing interest and dedication to psychoanalytic work with the severely disturbed in the United States. We are fortunate to have such a fine collection of papers.

**PATRICIA L. GIBBS (DEARBORN, MI)**

SIGMUND FREUD/MARTHA BERNAYS: DIE BRAUTBRIEFE BAND I. SEI MEIN, WIE ICH MIR'S DENKE: JUNI 1882–JULI 1883. Edited by Gerhard Fichtner, Ilse Grubrich-Simitis, and Albrecht Hirschmüller. Frankfurt am Main, Germany: S. Fischer Verlag, 2011. 625 pp.

This is a historic event: the publication of the first of five volumes of the betrothal letters exchanged between Freud and his future wife, Martha, during their long engagement, from June 1882 until September 1886. Any collection of the private letters of famous people is a unique historical source about their life and work. These letters constitute the missing link between two previously published, important sets of correspondence: the letters between Freud and a friend from his adolescence, Eduard Silberstein<sup>1</sup>; and those between Freud and his first close professional friend, Wilhelm Fliess.<sup>2</sup> Together these three collections form a major source of what we know about Freud's personality and his psychological and philosophical ideas that blossomed in those early days, going on to bear fruit during the remainder of his lifetime in the published works that make up the *Standard Edition*.

The sheer size of the Freud/Bernays betrothal correspondence, well over a thousand letters, is nothing short of staggering. The moving portrait of Freud that emerges is bound to stimulate admiration and controversy alike. Some of these and other letters were previously published, also in German,<sup>3</sup> but we now have the complete correspondence between Freud and Martha in this new 2011 collection. It represents the last labor of love of the recently deceased, great Freud historian and

<sup>1</sup> Boehlich, W., ed. (1989). *Letters of Sigmund Freud to Eduard Silberstein, 1871–1881*, trans. A. J. Pomerans. Cambridge, MA: Harvard Univ. Press.

<sup>2</sup> Masson, J. M., ed. (1986). *The Complete Letters of Sigmund Freud to Wilhelm Fliess, 1887–1904*. Cambridge, MA: Belknap Press.

<sup>3</sup> Freud, S. (1960). *Sigmund Freud Briefe, 1873–1939*. Frankfurt, Germany: Fischer.

researcher Gerhard Fichtner and his collaborator, historian Albrecht Hirschmüller, together with Ilse Grubrich-Simitis, who also wrote a comprehensive introduction and overview. The present volume covers the period from June 1882 to July 1883.

Berman and Emmeline Bernays and their children, Eli, Martha, and Minna, settled in Vienna in 1869, after Berman's bankruptcy and jail term in Hamburg ended two years earlier. It was in Vienna that the Bernays family rebuilt its fortunes. After Berman's death in 1879, the remainder of the family moved back to Wandsbek, now a borough of Hamburg.

In early June 1882, Martha, after getting acquainted with Freud's sisters, met Sigmund himself; he was twenty-six, she twenty-one. It was what the French call a *coup de foudre*—a bolt of lightning, love at first sight. That same month saw the start of the correspondence between Sigmund and Martha, and shortly thereafter they decided to become secretly engaged to each other (keeping the news from Martha's mother, who found out about it in December of that year). Thus the engagement drama unfolds between Vienna and Wandsbek.

The first to cite and publish extracts from some of these love letters was Ernest Jones in his monumental Freud biography.<sup>4</sup> Jones captured the complexity of Freud's character as revealed in these letters:

We are confronted with a tremendous and complicated passion, one in which the whole gamut of emotion was evoked in turn, from the height of bliss to the depths of despair, with every grade of happiness and misery being felt with unsparing intensity. [1953, p. 99]

This intensity included Freud's feelings of rivalry with two men who preceded him in Martha's affections, and of whom he continued to be inordinately jealous, in spite of Martha's assurances of undying love and her insistence that she would not give up friendly relations with them. Jones is silent about what portion of that misery during the long engagement was caused by Freud's frustration due to unfulfilled sexual longings (as a result of financial difficulties and the doubts of Martha's mother).

<sup>4</sup> Jones cites Sigmund's letter of June 15, 1882, addressed to "My sweet darling girl," in English in the original, one of the couple's foreign languages. See Jones, E. (1953). *The Life and Work of Sigmund Freud*. New York: Basic Books, p. 107.

I wonder to what extent Freud was also suffering from an “aktual” sexual neurosis, in the form of either an anxiety reaction or neurasthenia.<sup>5</sup>

On the other hand, in an early letter, Freud expresses enthusiasm for love writ large and for the moral virtues and character strength of his bride, writing with characteristic candor:

You love me, without being able to tell me why; I love you and know the reason or reasons . . . rather well. Believe me, I never wanted to flatter you. You had proofs how harsh I can be in my sincerity . . . Surely you don't doubt the sincerity of my assurance that you are ever dearest to me . . . You are not beautiful . . . [but] how much of the charm of your being is expressed in your little face and your form, how much can be discerned in you that can only be interpreted as the good, the noble and the moral in my Marthchen's [a diminutive of Martha] soul. [pp. 241-242]<sup>6</sup>

Martha can give as good as she gets:

I wanted to rebut your erroneous notion that I play the “Cinderella role” in my family, and I cannot fathom what fixates this opinion in your head. Until now I always thought that I was everybody's pampered darling. *You* believe you must convince me that my people are tyrants . . . You want me to love you *no matter what*, but there is no such thing. For me love and respectfulness go hand in hand. When I love someone, I will not twist his mind . . . with mindless, silly, ridiculous, petty junk, out of sheer selfishness, because I cannot cope with it myself. No, dearest, . . . you should not conclude that I “fear” you . . . You can see how “crude” I can get, you surely did not expect this from your girl in spite of her ladylike [sic] appearance. But what should I do when a horrible man writes me horrible letters—after all, I have to protect my skin, I cannot quietly acquiesce to everything. [p. 381; italics in original]

While acting the role of the conquering male, Freud is often as imperious as he is petulant, but at the same time he is consistently “fighting

<sup>5</sup> Freud maintained that anxiety was caused by an accumulation of sexual *noxae*—undischarged toxic products—whereas neurasthenia was caused by excessive masturbation. See Freud, S. (1895). On the grounds for detaching a particular syndrome from neurasthenia under the description of “anxiety neurosis.” *S. E.*, 3.

<sup>6</sup> All translations from the subject book are by Henry Zvi Lothane.

for [my] . . . life's happiness" (p. 476). His expectations of Martha as a faithful consort, protector of his home and practice, and mother of his children would be fully borne out. Throughout, Martha shows great maturity and patience: "Don't you know at all, my beloved, my impatient man, how much I love you?" (p. 460).

Freud's letters also offer a glimpse into the still-hesitant and self-conscious beginnings of his intellectual and scientific development:

You see me as an academic and hope to learn a great deal from me, but why? And you have no idea that I absolutely never have had what it takes to be an academic and that I therefore know very little. I at first tackled some general truths . . . I then noticed the difficulties in gaining experience, the relative worthlessness and insecurity of a mere academic, discovered in myself more of a talent for criticism than for spinning fantasies, and thus stopped completely being concerned with details and searched more to become acquainted with the preconditions of certitude and the methodology of research. [p. 316]

This is the period in which Freud works as a resident in the psychiatric ward in the Vienna General Hospital, under Theodor Meynert,<sup>7</sup> and in the medicine department under the equally famous Hermann Nothnagel. What he would learn in Paris from the "Napoleon of the Neuroses," Jean-Martin Charcot (after whom Freud's son Martin was named)—and what was to be a major turning point on Freud's path to becoming a psychotherapist, his work with Charcot—were yet to come.

Freud also shares projects and friendship with Josef Breuer, who becomes the co-discoverer of psychoanalysis, and learns from him about his treatment of Bertha Pappenheim (Anna O.).<sup>8</sup> We also meet here

<sup>7</sup> See Freud's reports on the cases he treated there in: Hirschmüller, A. (1991). *Freuds Begegnung mit der Psychiatrie. Von der Nirmmythologie zur Neurosenlehre. [Freud's Encounter with Psychiatry: From Brain Mythology to Theory of the Neuroses.]* Tübingen, Germany: edition diskord.

<sup>8</sup> After the death of Berman Bernays, Siegmund Pappenheim, Bertha's father, shared with Emmeline Bernays the guardianship of the young Bernays children. Her own father's illness and death played a major role in Bertha's illness, treated by Breuer. In the German text of Anna O.'s case report, Breuer writes that the patient dramatized—that is, enacted in gesture and pantomime—the scenes she told about. Breuer's term for dramatization, *tragieren*, found its way into Freud's thinking in the technical concept of acting out, *agieren*. See Lothane, Z. (2009). Dramatology in life, disorder, and psychoanalytic therapy: a further contribution to interpersonal psychoanalysis. *Int. Forum Psychoanal.*, 18:135-148.

Martha's sister Minna, who is at that time betrothed to the talented Ignaz Schoenberg, a close friend of Freud's, who would later die of tuberculosis—leaving Minna a widow who lived with Martha and her husband until the end of her life. An interesting difference between the Bernays sisters was that Martha evinced no interest in psychoanalysis, while Minna did. Freud's correspondence with Minna was published several years ago<sup>9</sup>; their relationship and the scandal spun around it in recent decades is entirely a separate story.<sup>10</sup>

Sigmund and Martha are consummate letter writers. Their prose—as charming as it is polished—is peppered with multiple allusions to and quotations from classics of German literature. Their correspondence holds the reader's interest from beginning to end, forming a moving account of the trials and tribulations of young and tender love. It is also a window into the atmosphere and intimate lives of two emancipated and educated, Jewish-German, upper-middle-class families. Unfortunately for Anglophones who do not read German, it will be some time before a well-endowed university press makes this correspondence available in English translation.

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<sup>9</sup> See Hirschmüller, A. (2005). *Sigmund Freud Minna Bernays Briefwechsel, 1882–1938*. Tübingen, Germany: edition diskord.

<sup>10</sup> The most recent scandalmonger is Franz Maciejewski, popular in some psychoanalytic quarters, whose constructions I have rebutted elsewhere; see the following: (1) Lothane, Z. (2007). Sigmund Freud and Minna Bernays: primal curiosity, primal scenes, primal fantasies—and prevarication. *Psychoanal. Psychol.*, 24:487-495; and (2) Lothane, Z. (2007). The Sigmund Freud/Minna Bernays romance: fact or fiction? *Amer. Imago*, 64:129-133.