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INTERPRETATION DOMESTIC AND FOREIGN

BY JASON A. WHEELER VEGA

Verbal and nonverbal behavior are on all fours when it comes to interpretation. This idea runs counter to an intuition that, to borrow a phrase, speech is cooked but action is raw. The author discusses some of the most compelling psychoanalytic work on the interpretation of action and presents empirical and philosophical findings about understanding speech. These concepts generate reciprocal implications about the possibility of interpreting the exotics of action and the necessity of interpreting the domestics of speech, treating both as equally dignified aspects of human behavior. The author presents a number of clinical examples to further illustrate these ideas.

Keywords: Interpretation, action, interpretive action, nonverbal, nonsymbolic, conversational interviewing, Donald Davidson, radical interpretation, malapropism.

That speech and action are aspects of human behavior seems obvious, perhaps trivially true. Yet the consequences of this fact are not. The reciprocal implications include the possibility of interpreting all behavior as meaningful action, thereby elevating aspects of behavior often underappreciated, and conversely diminishing the special status of verbal behavior as somehow apart from and above the general flow of human activity.

The psychologist and pragmatist G. H. Mead (1934), a forebear of psychoanalytic concepts of intersubjectivity, is known for his serious at-

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tention to the origins of symbolic language in nonverbal gestures. He observed: "We are too prone . . . to approach language as the philologist does, from the standpoint of the symbol that is used" (p. 14). Rather than focus on the verbal symbol as basic to communication, Mead suggested that we examine the context of preverbal gestures out of which the symbolic language of humans first arose and, just as importantly, steadily continues to arise every day. He wrote:

> Just as in fencing the parry is an interpretation of the thrust, so, in the social act, the adjustive response of one organism to the gesture of another is the interpretation of that gesture by that organism—it is the meaning of that gesture. [p. 78]

Note that several conclusions follow from this orientation: (nonverbal) gestures are interpretable; interpretation is an activity of the recipient; the interpretation may itself be another gesture; meaning arises in the process of action and interpretation. Though Mead might not agree with all of the points I will be making here (or vice versa), these and other, perhaps counterintuitive implications will be the topic of this article.

I will begin by examining some general assumptions about interpreting action and speech that—though analysts should be somewhat inured to them—may still hold an excessive sway over our practices. I will explore and evaluate some ways of conceiving the interpretation of action, with reference to published theories and clinical work. I will also examine and critique some intuitions about verbal and nonverbal behavior. Particularly, I will argue that the interpretive process is constant and moment by moment, and that this undermines some of our intuitions about what it means to understand another person. Finally, I will present eight of my own brief clinical examples to further illustrate the points made in earlier parts of the article.

THE RAW AND THE COOKED

Because of the great success that we have in understanding one another's speech—clunky, disfluent, and error-filled as it actually is—most people take the interpretation of verbal behavior for granted, as all but self-interpreting (Schober 2005). On the other hand, nonverbal behavior

is usually seen as something that is very problematic to understand or even meaningless. To borrow a phrase from Lévi-Strauss (1969), we may operate with the unnoticed prejudices that speech is *cooked* (it requires little or no interpretation), whereas action is *raw* (it may be uninterpretable). Even analysts, somewhat liberated from these everyday prejudices by their immersion in the complexities of meaning, are likely to be subject to them in ways that may limit their freedom to analyze aspects of speech and action.

I will begin by mapping out the range of applications of interpretation in the analytic situation. There is (1) the verbal interpretation of verbal behavior (speech); (2) the verbal interpretation of nonverbal behavior (physical movements besides speech); (3) the nonverbal interpretation of verbal behavior; and (4) the nonverbal interpretation of nonverbal behavior.

Domain (1), verbal-verbal, is the realm of most adult psychoanalysts; domain (2), verbal-nonverbal, is generally seen as the world of play therapy and child analysis, and an area that I believe more adult analysts may allow themselves to explore. However, this is not even the most unusual or radical practice available, because of the possibility of also working in domains (3) and (4), using nonverbal interpretation of analysands' verbal and nonverbal behaviors.

I will discuss these latter two domains, (3) and (4), under the subheading *Interpretive Action*, and then I will proceed to a more thorough development of my investigation of domains (1) and (2), which are the main subjects of this article.

CONCEPTS OF ACTION

First, however, I would like to consider some relevant concepts of action that will be useful in discussing previous ideas and applications of technique. Pulver (1992) offers a nice historical overview of work in nonverbal communication in general psychology, and also notes that within this realm, one may aptly distinguish between several varieties of nonverbal behavior: whole bodily *postures*, specific bodily *movements* (particularly of the hands), facial expressions, autonomic signs, manner of speech, and tone of voice.

Within the large class of specific bodily movements, Pulver further delineates the categories of distinct intentional acts (of which the patient is aware), body movements that indicate strong affects, and discrete gestures (foot-tapping, finger-drumming, etc.). And again, among gestures, he separates what have been termed *emblems* from other *gestures*. Emblems are nonverbal behaviors with some conventional meaning in a culture. Pulver gives this example: "When I wish to tell a friend that I have doubts about the sanity of a colleague and do so by tapping my head with my forefinger, I am using an emblem" (1992, p. 170).

In contrast, gestures are idiosyncratic movements synchronized with speech, which may be *complementary* or *contradictory* to the speech with which they are paired. Interestingly, many of Mead's (1934) examples of "gestures"—a dog baring its teeth, shaking a clenched fist at someone, pulling up a chair for a guest—are emblems rather than idiosyncratic gestures, in these terms.

A 2009 panel on "The Interpretation of Action in Psychoanalysis" at the American Psychoanalytic Association meetings included contributions by Denis, Greenberg, Smith, Scarfone, and Steiner (Scarfone 2010). Several interesting distinctions (though ones that can be seen in earlier work) were highlighted in Smith's introduction, including the difference between (a) *discontinuous* framework-disrupting enactments; and (b) more *fluid* episodes or patterns of nonverbal behavior that occur throughout a treatment (closer to the range of postures, movements, and gestures discussed by Pulver [1992]); and there again, less obviously but still with traditional senses, (c) the action in the patient's mind (trial action); and (d) the action inherent in speech as "speech act" (doing something in saying something [Searle 1969]).

In his presentation on this panel, Denis also distinguished action as an attempt at *mastery* (repetition compulsion) from action intended to bring about a present *satisfaction*, and also (again along the lines of the competing and complementary varieties noted by Pulver [1992])—action as accompanying *music* versus discordant *noise* (and once more, much like Smith's fluid versus discontinuous actions); see Scarfone (2010).

Even more useful here, though, is the traditional philosophical distinction between *behavior* and *action*. A *behavior* is simply something that

we do, whereas an *action*, in addition to that, is something for which we may be held responsible or be said to have done voluntarily; an action is often defined as a behavior performed with an *intention*. Smith and Jones (1986) put it this way:

> A genuine action . . . is something you could sensibly be asked to do or to refrain from doing. Sitting down, fetching balls, washing dishes, voting Conservative are all actions of varying degrees of sophistication; these are things we could ask you to do or not to do. [p. 119]

In addition, traditionally, an action is something for which someone might give a *reason*, and giving the reason for your action *explains* it, and (though this has been debated) the reason given for the action is also taken to be its *cause*.

There are problems, of course, with this generally helpful definition, for which psychoanalysis is partly responsible. Consider, for instance, a list of exemplars of behaviors, things people do, but which are usually not considered actions by the traditional definition or by our everyday intuitions:

> People shiver when they get cold . . . . They also perspire when they get hot, grind their teeth when they are asleep, cough, vomit, weep, salivate, blush, tremble, hiccup, inhale, exhale, choke, fumble, stammer, fall asleep, dream, wake up, and a great many other things that are in no way voluntary, deliberate, or intentional. [Dretske 1991, pp. 3-4]

On the face of it, these do not look like behaviors performed with intentions or that one could be asked to do or to refrain from doing. However, psychoanalysts have ready to hand the concepts of faulty action, the Freudian theory of dreaming, hysterical conversion, conflict, defense, and other tools that may be applied to qualify some, if not all, of these behaviors and somatic processes as actions on some given occasion. Contrastingly, we know very well that defenses like rationalization and moralization function precisely *not* to give the correct reasons for one's actions, which makes our reasons less reliably their causes (though analysis, being in this way essentially a thoroughgoing extension of our

everyday *folk psychology* or *intentional psychology* [Dennett 1987], assumes that other reasons have caused them).

It is perhaps Freud's greatest achievement to have extended the realm of *action*, strictly speaking—of explanation in terms of reasons—so widely that now only relatively small areas of human behavior can be reliably taken as *mere behavior*. Beyond behavior, one may instead have actions, things for which one can feel responsible. However, even analysts may be so firmly rooted in their everyday intuitions about behavior that too little of it is seen as interpretable—that is, seen as performed with an intention or done for a reason.

Interpretive Action

With these concepts in hand, we may pick up now with the some of the most radical approaches to this field, earlier labeled domains (3) and (4): the nonverbal interpretation of speech or action. Ogden (1994) made a persuasive case for the well-known but overlooked experiences of how an analyst may communicate analytic understanding to an analysand nonverbally, and how this may be done deliberately as another aspect of analytic technique.

Common examples of what Ogden called *interpretive action* include things like the analyst's expression at the door, tone of voice, and laughing. We may note for ourselves the range of ways in which it is possible to say the words "It's time to stop," or whatever session-ending formula we favor, and how we may convey a very wide range of feeling with our volume, tone, inflection, and so on. The look on one's face when a patient is late may function as a powerful nonverbal interpretation of a nonverbal behavior, though it may have a range of gratifying and superego functions, obviously, too.

The specific clinical examples that Ogden (1994) provides include the deliberate use of *silence* to prevent a perverse use of the analyst's utterances by the patient to avoid thinking for herself; *refusing* to accept and read some poems a patient brought into a session; and (though evidently a piece of verbal behavior) *questioning* a patient about how much of the analyst's experience the patient really wanted to know. The use of silence is the most compelling example of the three, for it shows how the

technique was developed over time as a response to a perverse transference that could devour any verbal interpretive work, and how Ogden's silence eventually allowed the patient to become curious about her own mind instead of rushing to fill it with the analyst's.[1]

This next example straddles the line between nonverbal and verbal interpretation of action. Davies (2004) describes, with admirable vividness, an experience of therapeutic impasse, including her temporary identification with hated aspects of her patient Karen's internal world, which arouses and draws energy from some of Davies's own so-called bad objects. This experience happens on a day when the analyst is conspicuously sick with a cold and somewhat vulnerable. The patient demands an impossible schedule change and then scolds Davies for being cold, insincere, and callous. Davies thinks of an interpretation at the end of the session, but does not speak it.

The next day, Karen brings in her family cold remedy—milky tea therapy—for Davies, and pours her a hot cup from a Thermos. Thinking of Ogden's concept of interpretive action, Davies decides to take the spiced tea and drinks:

> . . . not so much to be a good object for her as to acknowledge the hopeful plea for recognition of her goodness and generosity . . . . "My milk is good and nourishing; it will heal you," says Karen's gesture. "Yes, your milk is good and nourishing and healing," responds my action. [2004, p. 727]

Davies then tries to speak to Karen of the mutual hatred experienced in the session the day before, and reveals hating herself during the experience of impasse.

There are many aspects of this vignette that might be examined further, but the one that is clearly most relevant here is Davies's use of interpretive action. The day after a painfully toxic-feeling session, the patient tries to make reparation in action. Davies accepts in action and tells us what she thinks the patient's action and her response mean: I can be good. Yes, you can.

[1] Renik (1992) and Smith (2006) have also written about how patients may use the typical analytic method for fetishistic or perverse purposes.

Davies does not put this interpretation (quoted above) to the patient, and it would have been interesting to know what might have happened if she had, or to know what would have happened if she had chosen to interpret the patient's action verbally instead of taking the tea. What Davies does, in fact, is to follow up on her interpretive action with verbal interpretation. It is apparent that she wants to capitalize on the successful nonverbal interaction and to leverage it to return to the domain of verbal interpretation.

In a way, it seems the nonverbal interpretation was a springboard for Davies to reenter the verbal realm. In this case, she does not interpret the unusually warm action-reaction sequence itself, but focuses on the unusually intense and negative transference-countertransference they had experienced the day before. Davies returns to the verbal language of shame, envy, and self-loathing, love and self-acceptance, hoping to promote the growth of loving aspects of the patient's inner world.

In contrast to what we have seen in the previous two examples, while it is possible to be attentive to the nonverbal in clinical work (see also Evans 2008), such an interest may not always lead to working with such material in interpretive ways. This is highlighted by Stern (2004), who—in collaboration with colleagues in the Boston Change Process Study Group (some of whom have published separately, some since leaving the group)—has developed an approach that he contrasts with traditional analytic technique. For instance, and clearly in the nonverbal domain, Stern gives an example of what he considers a pivotal *present moment* in a therapy, when a therapist added a second, enclosing hand to his usual single handshake at the end of an unusually moving session. Although this special action by the therapist was never discussed or interpreted, Stern thought that "that handshake may stand out as one of the most memorable moments in the entire therapy" (p. 19). What more might have been accomplished by speaking about and interpreting the meanings of this handshake is worth wondering about.

Even more vividly, in his book's preface, Stern (2004) describes the moment when a patient comes into his office and sits down. In truly exquisite detail, he demonstrates how her character is expressed in this action and how he is kept waiting, nearly breathless, for the patient as

she settles, adjusts, readjusts, and lingers. It is a nice illustration of how rich an apparently banal and routine sequence of nonverbal behavior may be in the therapeutic situation.

But Stern does not build upon his subtle observations of the patient and of his countertransference. He does not interpret her actions in the moment, or even indicate that his observations made their way into the treatment at any later time. Indeed, he says clearly (e.g., 2004, pp. 21, 139) that he is no longer interested in the unconscious or in psychoanalytic interpretation as traditionally understood.

THE RAW: INTERPRETING NONVERBAL BEHAVIOR

I will turn now to the first of the two domains I wish to explore more thoroughly, beginning with domain (2), verbally interpreting the nonverbal. There was already plenty to review on the subject thirty years ago when Wallerstein and Lilleskov (1977) reported on an American Psychoanalytic Association panel on "Nonverbal Aspects of Child and Adult Psychoanalysis." There panelists noted relevant early work by Wilhelm Reich (*character armor*), Felix Deutsch (*analytic posturology*), and Meyer Zeligs (*acting in*).[2]

Related work by Vivona (2012) on the idea of a nonverbal phase of development has recently raised integral questions about the primacy of language, the independence of nonverbal communication, and the role of theory in developing analytic technique. Closely linked to these ideas was a panel at the 2012 American Psychoanalytic Association's National Meeting: "On the Use of Presymbolic, Preverbal Material." At the same professional meeting, there was a second panel entitled "A Comparison of the Role of Action in Adult and Child and Adolescent Psychoanalysis"; on this latter panel, unfortunately, no panelist presented any interpretive work with action in adults, thus foreclosing on an interesting area for discussion.

[2] Some of this history had also been previously reviewed by Jacobs (1973). More recent reviews by Jacobs (1994) and Pally (2001) are useful and interesting, covering a range of approaches to the subject.

Selected Work on Interpreting Nonverbal Behavior

In this section, I will discuss the work of other individuals who have paid attention to nonverbal behavior in particularly interesting ways. Among analytic approaches to interpreting action (making nonverbal behavior meaningful as action proper), McLaughlin (1992) demonstrates a particularly deliberate and refined way of working with this material. He presents clinical work with two patients in which he used their nonverbal behaviors in the session—on the couch, and coming to and leaving the sessions—to develop his understanding of the patients and to directly motivate *interpretive* interventions. He describes one patient of whom he notes: "I cannot recall another patient whose constantly touching hands held so rich a repertory of hand-to-hand combat, play, and lovemaking" (p. 133). In Pulver's (1992) terms, McLaughlin focused on repetitive, idiosyncratic gestures of which the patient was unaware.

McLaughlin describes confronting a patient with one of these gestures (cuticle-picking in the session), and how he found out that it was an unconscious behavior for the patient. When this was brought to his attention,

> Mr. E. showed shock, anxiety, and speechlessness. Later he described his silence as first a fear of saying anything at all, then a state of confusion and fear . . . . He felt caught and about to be given a beating, or told he was unanalyzable and we were through. [1992, pp. 137-138]

The patient, we might say—and as we might say of many patients with similar responses to interpretations—wanted to treat this as *mere behavior*, while the analyst wanted to treat it as an *action*. Though some of this patient's reactions reflect his particular history and conflicts, in general here we see the ego shocked, as it is often said, by the unconscious. McLaughlin followed up this confrontation, and some important conflicts concerning rage and defiant independence were interpreted with further work.

After observing and commenting on a peculiar whole bodily posture that another patient took up on the couch for some months, McLaughlin finally confronted her about her physical attitude (the pos-

ture was placing her feet flat on the couch, knees up, and holding her heels). Though initially the patient "obviously felt caught, released her heels, and brought her legs down to stretch" (1992, p. 148), this compliance and suppression of the behavior were followed by the recollection of traumatic memories of childhood urological examinations. The behavior and subsequent memories revealed a mixture of fear and excitement during genital examinations in latency and preadolescence. While initially the patient wanted to see this as something she *merely did*, like yawning or stretching, eventually she was able to see it as action—something she might be asked to do (and in fact had been; see also Goldberger [1995] for a case of traumatic repetition with sexualization in a child patient).

McLaughlin comments in regard to his own work that it was partly an attempt to rebalance a tendency he saw in analytic work to treat the nonverbal as inferior and regressed, including even the thoughtful attempts by a few analysts to explore and explain nonverbal communication. In contrast, in the tradition of Mead (1934), McLaughlin saw his work as part of a developmental perspective that was not embarrassed by the nonverbal: "Action and gesture were there from the beginnings of our internal psychic life, central to its unfolding and affective enrichment" (1992, p. 155). With development we become increasingly responsible for the things we say and do, and this process may perhaps be extended further into adulthood by analytic work.

We may also notice that the *complementary* and *competing* functions of gesture are illustrated by these two examples. In the first, the patient's "hand-to-hand combat" provided a gestural counterpoint to his talking about needs and frustrations in the transference and in recollections of his family. In the second case, the patient's univocal verbal anxiety about sexual behavior was partly contradicted by her adoption of a historically conditioned, receptive posture on the couch, revealing her actual ambivalence.

Two former members of the Boston Change Process Study Group, Harrison and Tronick (2007, 2011), have published their own ideas about the relationship between verbal and nonverbal processes in analytic work, focusing on child analysis but considering the implications of their work for analysis more widely. Harrison and Tronick (2007) focus

on the meaning of both verbal and nonverbal behavior in play therapy, and argue that what emerges in the session or later as the meaning of the actions comes into being through the analytic exchange, rather than being simply discovered in the patient's activity. They demonstrate how sophisticated the use of nonverbal material can be in child analysis in a case of a traumatized young girl. The three-year-old patient, Kate, had watched the September 11, 2001, World Trade Center tragedy live on television while separated from her mother and father. Harrison's work with the girl at the beginning of the treatment aimed at developing the idea of a place where they could safely explore her fears. A nice exchange at the very start shows how the nonverbal is essential to this process. They are playing at filling toy cars at a model gas station:

> After the analyst's first request for gas, Kate turns toward her without a smile, and silently gives her some gas. In the second step, the analyst repeats her request, this time with a different car and with a different pretend voice. Kate turns toward her with a small smile, says "Yes?" quietly, and gives her some gas. In the third step, Kate turns toward the analyst and herself initiates the question, "Do you want some gas?" The turn taking and rhythm convey the message that they are doing something together. But what is it they are doing together? [Harrison and Tronick 2007, p. 864]

Harrison and Tronick suggest to the reader (not to the patient) some possible interpretations for the different phases of the game: "The first step is Kate's, and it is implicit: a slight turn of her body in the analyst's direction, and a pause in her activity, as if to ask, 'Would you like a turn?'" (p. 864).

Then, for the final step, the following, more thorough interpretation:

> Together, we can create new ways to deal with not-having, or loss. We can use symbolic play to represent a situation in which a powerless person asks for what she needs and gets what she needs from the powerful person. [pp. 864-865]

In this delightful illustration, the analyst does not interpret verbally to the young patient what her nonverbal and verbal behavior may mean,

but works with Kate with something like this formulation in mind, as a model that directs the treatment. The play therapy work Harrison does with Kate, though conducted partly in words, is very much a mutual *activity*, and so arguably an example of interpretive action. It is worth noting that neither this example nor those of Ogden and Davies, discussed previously, fit neatly into just one category; as I am arguing here, such categories exist for our convenience.

Note also that these analysts consider the child's play to be "symbolic." Harrison and Tronick are using the word *symbolic* here in a psychoanalytic sense. As Ricoeur (1970) observes, in analysis a *symbol* is an expression in which "another meaning is both given and hidden in an immediate meaning" (p. 7). Psychoanalytic symbols are containers of *double meaning:* the manifest and latent dimensions familiar to all analysts (pp. 48, 96). *Psychoanalytic interpretation* is the process of finding in symbols the *second meaning* (p. 9). What we might call *semantic interpretation* (just for clarity here) is the process of assigning some particular meaning to a symbol. In this case, the child's playing at filling up cars at the gas station is taken to mean both (1) we are pretending that these cars and gasoline are real cars and gasoline, and (2) we are trying to work out how a powerless person gets something from a powerful one. Playing is an action in the sense discussed above: one could ask someone to do this or not do it.

In later developments of their theory, Harrison and Tronick (2011) argue (in line with my arguments here) that interpretation is the "primary means of linking overt behavior with the unconscious mind" (p. 961). In their work, particularly in play therapy, they do not focus exclusively on either the verbal or nonverbal (they prefer *somatic* to *nonverbal*), but instead consider themselves to be engaging with "polysemic bundles" comprised of both.

They discuss the case of a disruptive, separation-anxiety-prone, five-year-old boy, in which they use verbal interpretation of his mixture of verbal and nonverbal behaviors that get him locked into disruptive and bullying patterns with others. They emphasize in their clinical examples repetitive patterns that the analyst allows to develop in the play (as in the example of Kate discussed earlier), which may eventuate in a verbal interpretation.

As can be seen from the foregoing examples, McLaughlin (1992) handles the interpretation of action differently than do Harrison and Tronick (2007); McLaughlin is more willing to risk arousing the patient's defenses by directly interpreting unconscious aspects of behavior as actions that are meaningful in the analytic setting. In their presentations at the previously mentioned 2009 panel on "The Interpretation of Action" (Scarfone 2010), Denis and Greenberg both cautioned analysts about the risks of acting out countertransferences in making direct interpretations of action. While a real danger, this does not seem, however, to be a special feature of the interpretation of action. On the contrary, I am arguing that some things that appear to be special to action, on the one hand, or to speech, on the other, are in fact general to all material in the analytic situation.

All interpretations may be motivated in part by the analyst's transferences and countertransferences to the patient. All spontaneous interpretations carry the risk of enactment as well as the rewards of fine timing. In his clinical example, Denis (Scarfone 2010) gave a highly evocative interpretation of a disruptive action with a new patient, which was both productive in the hour and turned out to foreshadow key themes in the analysis. The usual assumption that "later is better" for interpretation in a treatment is not always borne out by clinical experience. Often, people are unusually revealing and receptive in a consultation or early in a treatment. The analyst's job is interpretation, and being overly concerned about (rather than being aware of the opportunity for) countertransference errors is perhaps unproductive, in that it may support an analyst's countertransferential reluctances to interpret, as well as falling in with a range of resistances in the patient.

THE COOKED: INTERPRETING VERBAL BEHAVIOR

After examining some particularly generative approaches to interpreting nonverbal behavior, we may come finally to the first domain (1), the verbal interpretation of speech—our home as everyday speakers and interpreters as well as analysts. As mentioned earlier, due to the great success we have in understanding one another's speech—though actu-

ally riddled with disfluencies and errors—most people take speaking and understanding for granted (Schober 2005).

However, striking evidence of systematic misunderstanding has been found in empirical work, particularly in studies conducted by psycholinguists on the understanding of apparently clear communication in telephone surveys and standardized interviewing (Schober 2005; see also Conrad and Schober 2008). Survey interviewees have been found to misunderstand key words as much as 50% of the time in some studies, but believe they have understood things correctly over 90% of the time (Schober 2005). Often we may not know what others mean but assume that we do. This is what Schober (2005) and his colleague Clark have called the *presumption of interpretability*—I presume that my meanings as a listener match yours as a speaker. But confusion may arise even for such homely words as "bedroom," "furniture," and "cigarette": is a den with a foldout couch a bedroom? Is a lamp furniture? Do cigarettes include cannabis—hand-rolled, partially smoked (Suessbrick, Schober, and Conrad 2000)?

On the other hand, if the interviewer is free to clarify his or her meaning instead of letting respondents use their own assumptions, one finds that survey accuracy may be increased by 60%. However, this increase in accuracy in what has been termed *conversational interviewing* may be accompanied by as much as a 300% increase in interview duration—a substantial cost (Suessbrick, Schober, and Conrad 2000). Such costs and benefits leave the comparable question of long analyses open, given the likelihood of an eventual asymptote, but point to a possible therapeutic benefit from long and deepening familiarity.

However, mere familiarity does not appear sufficient. Surprisingly, couples in long-term relationships, while they may be more confident in the accuracy of their communication with each other, may actually be less so. An experiment with established couples that required describing unfamiliar things to their partners showed that long-established couples were slightly *less* accurate than newer pairs (Schober and Carstensen 2010). This should give one pause as a therapist. In spite of their jointly shared knowledge, it might be that pairs become overconfident in their communication with each other, relying upon their assumptions and not making much active effort to understand each other. More than mere

familiarity—which may breed complacency, if not actual contempt—is needed: a persistent, active attempt to interpret the other, even at points where our assumptions bias us toward familiar interpretations (as I will argue further in what follows).

Some empirical research, then, suggests that our everyday assumptions about the understandability of communication—that most speech is pretty much *cooked,* or self-interpreting—are both doubtful and may lead to complacency and misunderstanding. In clinical work, we may pass over most utterances, noticing more often those with particular theoretical interest: "sexy," "psychoanalytic" topics, in other words.

For instance, in the analysis of a precociously verbal, latency-age boy, Shaw (1998) explores with him his oedipal anxieties. In one session, the boy, Larry, then nearly nine years old, confides to his analyst, after some work in that area: "The big worry is . . . I want to have sex with my mother" (p. 455, ellipsis in original). Larry connected this insight with thoughts of vaginas, investigation of his little sister's genitals, and other relevant details.

It seems evident to us, steeped in Oedipus, that what the boy means when he says "I want to have sex with my mother" is that he wants to have sex with his mother (this is in fact a disquotational truth definition; see Ramberg 1989). What if we ponder, though, what it might mean for an eight-year-old boy to want to have sex with his mother? Does "sex" for Larry mean what it would for a twenty-year-old virgin, a forty-year-old rake, a five-year-old abusee? Would he have vaginal intercourse with her? (He does seem interested in "vaginas," whatever that means.) Would their sex include foreplay? Orgasm? Mutual orgasm? Does he want to give her a baby? Be the man of the house? Does it mean he wants to cuddle with her whenever he wants, without his father having any say about it?

Larry is speaking in the context of his concerns about "sex," and so we will find our interpretations coalescing naturally around a particular range of interpretations. Shaw (1998) and other thoughtful analysts know this, of course, but it may not be clear at first sight how wide a terrain of meaning is open to us.

Schwaber (1995) provides another neat example that also speaks to this point.

> One time I told a patient that I anticipated I might be away for three days; later I learned I needed to be away only one day; I said this to him. "Who are you," he rejoined, "to say what is *only*?" [p. 558, italics in original]

Schwaber has a different point to make in her article, connected with her ideas about clinical technique. However, this also nicely illustrates that interpreting such everyday words as *only* is obligatory, and not just for especially sensitive patients or as a matter of technique: *only* is not self-interpreting.

Radical Interpretation

In addition to formal studies and clinical examples, there are also conceptual points that speak against an intuition or prejudice that speech is self-interpreting. Quine (1960, 1969) made a widely influential case to the effect that the translation from one language to another of even the most everyday and concrete words, such as *rabbit,* is underdetermined by the available data. He picked an exotic word, *gavagai* (apparently from the Native American Hopi language), and argued subtly and persistently that no amount of data in the world could tell us if or when an utterance of *gavagai* by a Hopi speaker might mean any one form, rather than another, of *rabbit!* or *parts of rabbit*, or *momentary appearances of rabbit*, and so on. His results on the subject of "radical translation" were taken up and extended by Davidson (1984) to the subject of interpretation.[3]

The indeterminacy of translation from foreign languages—Hopi or Ancient Greek to English, for example—keeps the problem of meaning at arm's length, as an exotic problem; Davidson brings indeterminacy home. Davidson (1984) observes, "The problem of interpretation is domestic as well as foreign . . . . All understanding of the speech of another involves radical interpretation" (p. 125).

That is to say, it is not just the *translation* (finding the equivalent meaning) of one exotic language into a familiar one that is underdetermined by the available data, but so, too, is the (*semantic*) *interpretation* (giving some particular meaning) of everyday words and sentences.

[3] See Ramberg (1989) for a relatively accessible introduction to Davidson's theories of truth, meaning, and interpretation; see also, importantly, Cavell (1988, 1993, 2006).

In particular, when one develops an interpretation of another's speech, Davidson argues, you have a very particular thing indeed: an interpretation (meaning) of a *sentence* uttered by a *speaker* to a *listener/interpreter* at a definite *time* and *place*. A change of or within any one of these variables may change the interpretation.

Interpretation is not just for special cases; all communication involves radical interpretation. As we saw with the boy Larry and with Schwaber's patient, and from the survey research (conversational interviewing) literature, within what seems like our shared everyday language there is a profound indeterminacy, even with such familiar terms as *bedroom, furniture, cigarette, rabbit,* and *only,* as well as with what might be thought of as more especially psychoanalytic terms of interest like *sex*.

Prior and Passing Theories of Interpretation

While exotic cases may be vivid, the everyday "slack in our own beliefs" (Quine 1960, p. 78) is harder to appreciate, particularly while working with people who seem to communicate more or less as we do. Davidson brings the process of radical interpretation into a particularly helpful focus when he considers how we understand *malapropisms*. The *malaprop* is a fairly eccentric-looking element in our use of language: it is the misuse of a word often noticed because of its humorous results.

The title of Davidson's (1986) essay, "A Nice Derangement of Epitaphs"—a line taken from Sheridan's play *The Rivals*—contains two malapropisms. The important thing to notice about malaprops, Davidson concludes, is not their humor, which is incidental, but the fact that we understand what the speaker intends to communicate. In Sheridan's play, for example, the comic character Mrs. Malaprop (whence the popularity of the English terms *malaprop* and *malapropism,* from the French *mal à propos*) intends her words *a nice derangement of epitaphs* to mean *a nice arrangement of epithets*.

Here is a second example, observed in a middle school classroom. Student 1: "Miss! When are we going to be digesting our frogs?" Student 2: (With a twinkle and without missing a beat) "I digested a frog yesterday. It was delicious! Tasted like chicken." (Cue amused groans and faux disgust.) Impressively, the second student took the substitu-

tion of *digesting* for *dissecting* and proceeded from there to play with the meaning of what was said.

Far from the "misuse" of words being an unusual occurrence, Davidson (1986) notes, "we all get away with it all the time; understanding the speech of others depends on it" (p. 440). Inspired comic masterpieces like the ones above stand out, of course, more than the common or garden-variety, simple misplacement of a word or two. As analysts, we think in this regard of the variety of slips of the tongue: transpositions, anticipations, perseverations, contaminations, substitutions (Freud 1901): malaprops are often substitutions in these terms.[4] With Freudian slips, we are usually focused on the dynamic causes at work in the *speaker;* Davidson's approach, by contrast, focuses on the work of the *listener/interpreter.*

Davidson takes the seamless use and interpretation of malapropisms to indicate what kind of activity understanding a speaker must be: what people must in fact be able to do in order to understand each other is to apply a constantly revised process of radical interpretation, in which what the speaker means by his or her words and sentences, even very familiar ones, may not be taken for granted at any point. Our very skill with this process obscures it from us—we tend instead to assume that no interpretation is taking place, and that we are simply consuming utterances that are delivered to us already cooked (as noted above, what Schober [2005] called the *presumption of interpretability*).

In Davidson's terms, a speaker and an interpreter arrive at interactions with *prior theories* of interpretation. Actual communication generates something else, mostly overlapping with the prior theory but revised in the very process, which is a *passing theory.* Davidson puts it this way:

> For the hearer, the prior theory expresses how he is prepared in advance to interpret an utterance of the speaker, while the passing theory is how he *does* interpret the utterance. For the

[4] It has been observed that the similarity between substituted words in the malapropism may be significant; and it may indeed be so for the processes that generate the malapropism, and also for the processes that produce the near-simultaneous dual interpretations. For our purposes here, the semantics of the malapropism is more relevant than its psycholinguistics.

> speaker, the prior theory is what he *believes* the interpreter's prior theory to be, while his passing theory is the theory he *intends* the interpreter to use. [1986, p. 442, italics in original]

The risk of misunderstanding is elevated to the extent that we rely on conventions and static prior theories that inevitably become obsolete in a dialogue, turn by turn. Ramberg (1989) emphasizes this risk in the situation: "To speak a language . . . is necessarily always to be in danger of misinterpreting what is said" (p. 112).

As the partners speak to and interpret each other, if they collaborate effectively, both their prior and passing theories come to be increasingly alike. However, the crucial change is within the passing theory. Indeed, the prior theories need not change at all, and still the dyad could understand each other perfectly.

First Meaning and the Symbolic

A complementary idea for Davidson's account of understanding in terms of the operation of prior and passing theories of interpretation is the concept of *first meaning*. This is an alternative to the idea of *literal* meaning, which in turn is usually contrasted with *figurative* meaning. We understand that what Mrs. Malaprop intends to say is "a nice arrangement of epithets," or that the middle school student is asking about the next project in biology class. These are in fact the *first meanings* of their miscarried utterances—"a nice derangement of epitaphs" and "digesting"; the first meaning is that which they, the speakers, intend. This first meaning is not figurative, even though it is not what a dictionary of English would say their words mean.

The idea of nonsymbolic or presymbolic behavior is of something necessarily beyond the usual reach of symbolization—in other words, not even *raw*, but inedible. To say that something is nonsymbolic, in Stern's (2004) terms, for instance, is to say that it is not the kind of thing that could be conscious, become repressed, dwell in the unconscious, then become derepressed and known again through interpretation. Rather, it is like some of those bits of behavior and bodily processes listed by Dretske (1991), previously mentioned: shivering, perspiring, grinding one's teeth at night, etc.

Less categorically, rather than saying that (even) these (rather brute) examples are necessarily nonsymbolic behaviors, we might say that they are aspects of behavior for which the actor does not have a prior theory of interpretation for self or other (it seems to be *mere behavior*, not an action for which he or she feels responsible), and for which the other does not have a ready interpretation in his or her prior theory of the actor (it is an aspect of human behavior that seems to fall outside the scope of practice of the psychotherapist, as for most).

I have been arguing that the core of psychoanalysis is the attitude of taking everything in the analytic situation as potentially meaningful. An attitude of radical interpretation would be to presume that any piece of behavior might be given any of a number of meanings by speaker and interpreter. A *first meaning*—rather than being the speaker/analysand's own intended interpretation, in this case—would be new for the behavior and be part of a *passing theory* of interpretation for it, developed by the interpreter/analyst. Subsequent meanings (*second*, *third*, etc.) might be developed that are more satisfying in various respects to patient and therapist, and develop into a *prior theory* for that behavior, now action in its richer sense.

I believe this model shows how one can get beyond behavior, from incomprehension to understanding, without having to see either verbal or nonverbal behavior as intrinsically raw (meaningless) or cooked (self-interpreting).

CLINICAL EXAMPLES

Radical Interpretation and the Passing Theory Model

Some conversations feel more radically foreign than others. It may sometimes seem as though we just do not speak the same language as another person, even when we know the same words and put them together in similar ways. One consequence of the idea of radical interpretation is that it challenges notions of "radically other minds," as Root (1986, p. 272) calls them: that is, beings who have minds but whom we cannot understand. For people concerned with understanding others for a living, several questions arise: What limits are there to our under-

standing of others? How much of someone's worldview does one have to share to be helpful?

Clinical Example 1. I once worked with a schizophrenic man who seemed—most distinctively of the many psychotic patients I had known—to use language *not* to communicate. He had been neglected and had consequently retreated into a very private world, and was eventually admitted to the hospital when his mother died and he had no one to provide for his basic needs. Though he spoke fluently, I could remember little of what he said in each session, because although the words were mostly English—with a few words and phrases from other languages thrown in—the result was not quite English; and the foreign words were not the problem.

I remember a few things: The Galactic Powers fed him, so he did not need to eat. Instead, energy from stars far, far away entered through his feet and filled his body. He was slowly being given a new body, one that did not have material needs. Soon he would no longer be "in the body."

Beyond these esoteric concepts, I had the sense I was learning a foreign language and thought my therapeutic goal was to reacquaint this man with my own. Unfortunately, I did not have time to find out whether this was possible, or whether some interpretations of his wishes to be taken care of, or to have no needs at all, would help him, as he was moved on to a state hospital. But the experience gave me an appreciation of the fact that—without hyperbole—we each speak our own language. His idiolect had so diverged from that of his peers that it seemed like another language. Although not evident until late in his life, it had been another language all along, as had mine. Approaching even the most uncommunicative or strange patients in this way at least opens the possibility of understanding them.

While the idea of knowing a Language with a capital *L* is not a particularly helpful one with patients like this one, the idea of having a *prior theory of interpretation* might be. This is a more local—person, place, and time-sensitive—structure. What was required in working with this patient was the willingness to develop a moment-by-moment, turn-by-turn theory of interpretation for his utterances and actions, such that he could be seen as meaning something. I was able to begin to develop a prior theory for his utterances, which helped me understand him.

But this should not be mistaken for learning a new language or translating his language into mine. For the meanings of his utterances and other behaviors might change overnight (because he did not entirely wish to be understood), and so if I committed myself to a fixed lexicon, I would be quickly left behind, back where I started. While he may have had good reasons for hiding his meanings, we also have good reasons for persistently trying to interpret him as a person with reasons for his actions—as an agent rather than as something less, for the alternative is excommunication.

Clinical Example 2. At times, a specific prior theory may be helpful in developing a passing theory, since experience with particular constellations of defenses and character styles can partly inform clinical theories of interpretation. For example, an unemployed, professionally educated woman in her late thirties tells me in a consultation that anyone whom she takes on as a therapist must be "objective." She said this to a previous interviewer, who noted the stress she placed upon it and asked her what she meant by the word. "What are you—stupid?" the patient responded. "Don't you know what 'objective' means? Did you go to school? Why are you asking me such stupid questions?"

She was referred to me for a consultation, as there were doubts about her ability to use psychotherapy. Forewarned, and having spent a little time trying to follow her, I already have some thoughts about what this might mean. When she tells me, too, that she wants someone who will be "objective," I suggest to her: "I think when you say 'objective,' you mean you want someone who is going to be professional and efficient rather than too warm and friendly."

This seems to be near enough, as she replies that she never gets close to anyone, has no friends and no contact with her family, does not trust anyone, and has the strictest standards about professionalism. Other meanings of *objective* in my own idiolect—impartial, distant, relevant, realistic, and so on—do not come as close as this to the patient. She wants someone at a safe distance—if she wants anyone around at all.

The first meaning of *objective* for this consultee is something like *strictly professional,* one segment of the usual cluster of meanings for this word. That is, this is the patient's passing theory (and prior theory, in this case) for *objective:* how she expects me to take her words. As I get to

know her, this meaning of *objective* joins my prior theory of interpretation for this speaker, which saves us some time and disagreements. My prior theory has already included ideas about how she likely relates to objects inside and outside her mind, about keeping people at a safe distance, judging divergences from her point of view very uncharitably, extreme pride in her appearance and attractiveness, contempt for the clerical staff in the clinic, and so on. The connection to her, however, and to her world has had to come through the initial (*semantic*) interpretation of her idiosyncratic attitudes, if more psychoanalytic interpretations of her defenses and character traits are to find any purchase.

Clinical Example 3. A patient in therapy—a graduate student in the arts in her early thirties, recently broken up with her boyfriend—observes of herself that she is drawn to men whom she describes as having a "complex" emotional life. This is a popular word for troubled emotions in my prior theory of the therapy situation. I repeat the word, "complex"? She talks about how her most recent boyfriend often seemed emotionally withdrawn, "living in his head," hard for her to draw out on matters of the heart.

I ask her, does she think he had more than usually complex emotions? Not so much that, she thought, but that they were hard to get at—layered, perhaps? I ask if she would discover one emotion beneath another, or if there were things that got between her and his emotions. The latter was more like it. His emotions were often hidden, at least from her and probably from himself, too.

The patient agrees, "Yes, 'hidden' is a better word." I offer, "So when you say you're drawn to men with complex emotions, you mean you're drawn to men who keep their feelings hidden." Her thoughts turn immediately to her father, an emotionally withdrawn, obsessional man who did not show her much feeling.

Her use of *complex* was both generous and obscuring. It painted the constricted men she was attracted to as being special, interesting, mysterious, but did not let her see that she was therefore drawn into frustrating patterns of feeling overemotional in contrast to her partner, and struggling to draw out a man whose ordinary feelings were kept from both of them.

This patient's prior theory of interpretation allows her to see both herself and her objects in a particular way: *complex* means *special.* A second meaning, *layered,* is proposed, which retains some of the grandiosity of the first meaning: *layered* is usually better, richer, more sophisticated (often for desserts, sometimes for hair, etc.). But a third meaning, *hidden*—though its adoption comes at the cost of some of the special feeling about her and her lovers (not more or richer emotions, just kept from someone else)—holds out more hope for her in finding someone less frustrating for a partner.

Clinical Example 4. Another illustration of the passing theory model of interpretation will be familiar in other terms to people who work with chronically suicidal patients, particularly those who threaten suicide to people who are emotionally meaningful to them. In some places (where I was trained, at least), such threats are called *suicidal communications.* I will discuss the general approach rather than a particular case, as the principles are more to the point.

The main goal of working with suicidal communications is to change the agent's verbal behavior and understanding of that behavior. In our ordinary prior theory model, "I'm going to kill myself" means I'm going to kill myself. The sentence points towards a state of the world that the speaker promises to bring about to make the statement true (see Ramberg [1989] on disquotational truth definitions of sentences).

Parents, lovers, therapists may respond to the apparent first meaning of this statement and do things like call 911, take the speaker to an emergency room, discharge him or her from treatment, take control of any medication involved, assign the person to constant-observation status on an inpatient unit, and so on. There are, of course, many occasions when these are the correct responses. But one discovers that other approaches are also needed when these communications have become chronic and habitual.

Working backward from outcomes to unconscious motivations (what is the function of this behavior?), one tries to introduce a new passing theory of interpretation for the suicidal statement, with the aim of helping patients see that they could have a different meaning than they first seem to. The person has, we could say, committed a kind of malapropism: substituted one phrase seamlessly for another. A therapist

might instead try to suggest a *second meaning*: "You intend to communicate something to me in saying that you feel suicidal beyond that you want to kill yourself. I think that you . . . don't want to be left alone; . . . want to frighten me; . . . want to hurt me the way you feel hurt; . . . want to be taken care of; . . . need to show that you aren't safe by yourself; . . . can't imagine me leaving and you going on without me," etc.

Though general themes like abandonment and omnipotence may be plain after a while, getting just the right words for the individual's suicidal communications takes time and persistence. The evident clinical goal is for the person to become able to put his or her desires more directly into words, and then—the harder task—to tolerate the possibility of not getting everything that is desired.

If one remains at the level of prior theory and the patient's *first meaning* (I wish you to interpret me as meaning that "suicidal" means suicidal), none of this can happen. Which is why a hospital emergency room that sees a patient one time and cannot develop a dialogue with him or her generally struggles to be useful to people with these kinds of emotional communication problems. Being able to develop a passing, idiosyncratic interpretation of someone's distressing communications allows a *second meaning* and a new prior theory to be developed. This can be refined on each interaction with the person, and the actor can then learn for her- or himself a new prior theory ("When I think or say 'suicidal,' it means I'm afraid of being left alone; . . . I don't believe I can bear this person to have their own needs," etc.). This new theory is likely to have greater possibilities for progressive dialogue with people who mean a lot to each other, rather than persisting in regressive and abortive relationships.

Interpreting Action

In his commentary on McLaughlin's cases and in considering the technical implications of his ideas about the interpretation of nonverbal material in analysis, Pulver (1992) asserts that there is a strong analogy with the way in which one must work with character traits. As he puts it, a slow, tactful process of confrontation and making the trait or behavior ego-dystonic is a first step, followed by the necessity of engaging the pa-

tient's cooperation in understanding the trait or behavior as suboptimal, and searching for greater understanding and freedom. Pulver suggests waiting until other material is nearly conscious and then connecting the nonverbal behavior at that point:

> When it becomes clear or almost clear to the patient that he indeed wants to be free to leave [for example, then], linking the one foot on the floor with the various other precautions he takes to be sure of his freedom can be very productive. [1992, p. 175]

This suggestion is interesting for two reasons: first, because I agree that this is perhaps an ideal way to integrate the use of verbal and nonverbal material; but second, because McLaughlin's confrontations, though shocking to patients, were in fact productive, leading to relevant memories and allowing subsequent interpretive work with major conflicts that furthered the treatments.

Although, as with the analysis of character, it is difficult to work with unconscious material or defensive processes, and while preconscious material will generally be more accessible, there may be times when some definite step is needed to bring the material to consciousness. McLaughlin notes having waited unproductively for months while observing his patient's bizarre body postures on the couch, and though one might speculate that, had he waited years until the patient noticed it herself, the results may have been even better, it does appear that his confrontation worked.

It is by no means easy to predict when a more or less direct approach to some idiosyncratic nonverbal behavior, complementary to or contradicting the patient's speech, will travel better or worse. The phase of treatment, the particular constellation of transference that is most prominent in that session, the state of the analyst's countertransference—to name only some of the variables at play—are all no doubt important. There is a rule of thumb that the longer the treatment and the more trust developed as a background, the easier such things will go; but this is no psychological law. As suggested earlier, later may not always be better, and there may be something especially powerful about early interpretations, when people are prepared to reveal themselves and motivated for help with the suffering that brought them to treatment.

Clinical Example 5. A thin, college-age woman, in therapy for only a couple of months, nervous and tortured, sometimes torturing, could doubly cross her legs, corkscrewing one around the other like a vine around a trellis. She did this at various times, but often as a marker of anxiety, and one time I notice that she does so while wringing her hands and becoming tearful about a particular topic. These are *complementary* (Pulver 1992) or *fluid* (Smith quoted in Scarfone 2010) behaviors: movements that counterpoint her words.

I comment, gesturing toward her legs and hands, "You're really tying yourself up in knots about this." This has been, on the one hand, an idiosyncratic gesture of hers, but on the other hand something that in my unconscious, and in hers, has become linked with something more *emblematic*, as Pulver (1992) might have put it. People "tie themselves up in knots" in all kinds of ways in their lives, but this patient, partly because of her thinness and flexibility, is doing so in a way that appears perhaps more concrete. But *concrete, literal, nonsymbolic* are all terms that can prejudice us against treating them as potential action, as something that the patient can feel responsible for.

It jars her a little to find herself doing something with her legs and hands as well as her voice, and it also (helpfully, I think to myself) interrupts her regression. Interpretations like this can also become part of one's prior theory of working with a particular patient. And this indeed became a part of my prior theory for interpreting her thoughts and feelings: her unique gesture became an emblem for us. I would on later occasions point (my own gesture becoming part of the interpretation, or an interpretive action) or say "knots" if she seemed to be spiraling into an anxious, despairing regression. She even began to laugh as she disentangled herself.

As with the patient discussed earlier who meant something particular by "objective," this was something that could become part of both our prior theories of interpretation for her. Still, from utterance to utterance, this prior theory might become obsolete. As with verbal behavior, the meaning of the patient's nonverbal habits might change: they might come to mean that she is feeling "screwed up," or that she is "wrapped up in something"—small differences that might make a difference.

Clinical Example 6. In a session, a middle-aged, professional woman who has difficulty naming her feelings describes having had to give up care of a relative to another member of her family. As she talks, her face begins to contort, her voice rises, and, most strikingly, her hands begin to knot powerfully into fists and claws. She complains that her family does not recognize what it has been like for her.

I venture that she feels upset, and when she nods I ask, "What kind of upset?" She replies, "It hurt me so much." I suggest that she feels her family members have not recognized the pain she is in. She agrees that it has been very painful. Some tears begin.

"And I think also you were furious with them for that, and you'd like to tear them apart," I propose, mimicking her clawing fingers. "I hate them!" she nearly screams, ranting about one person in particular, and then slowly unknots her fists and returns, in tears, to her freshly perceived pain. Again, her nonverbal behavior counterpoints her speech but goes beyond it. Her movements arouse an image of tearing claws and an accompanying feeling of strength and tension in me. The movements, rather than being an obvious repetition of trauma, seem mostly to be attempts to satisfy her murderous wishes, though in safe disjunction from the objects of her anger (though perhaps, also, someone has been "torn from her grasp"; there is no reason why condensation should not operate also in action).

It seems to me that not only the verbal content of my observations about the patient's pain and anger, but also the nonverbal interpretation (interpretive action, perhaps) of her clawing, rending hands—my imitating what she was doing—helped her experience her painful emotions as emotions, and her movements as something she wanted to do to particular people. This was not a behavior that became a sort of emblem for us, as in the previous example, though in later sessions we did come to refer to her pain and rage. It was less a character trait than an intense aggressive urge, and a passing theory for it was all that was needed.

Clinical Example 7. In each of the last two examples, a piece of nonverbal behavior was more or less directly interpreted to the patient, with some jarring effect, but with a significant degree of increased responsiveness. However, as many analysts have noted, it is likely that attempts to directly interpret anything unconscious, verbal, nonverbal, or anywhere

in between will founder on repression and other protections of the ego. This is perhaps the most common caution given about the interpretation of action: it is largely unconscious, and one cannot directly interpret the unconscious.

Greenberg (quoted in Scarfone 2010) summarizes this intuition when he says that interpreting action directly may be "too shocking to be useful" (p. 990). On the other hand, Greenberg also believes that ignoring the action or waiting for patients to interpret it themselves is equally likely to be unhelpful, and at least misses the fact that the patient has been motived to introduce something new into the analytic situation (where things are interpreted). He suggests, in effect, the pursuit of some middle way.

Both interpretation of action and the passing theory model of interpretation are illustrated by the following brief case discussion. A sophisticated patient with a prior long therapy, in her mid-forties, successful in nonprofit management, in analytic therapy with me for several years, is focusing her session on her frosty relationship with her mother. I notice she is sitting with her arms loosely folded and her hands resting on her forearms. She seems to be squeezing her right forearm with her left hand.

I say that I notice she is doing something with her arms and ask how she is feeling. She says she has a sharp pain there. I ask if anything occurs to her about this, and she remembers (not a new memory, cognitively speaking) that her mother became enraged and out of control on occasions, and would come after her and her sister with a coat hanger. The patient's arms would usually take the brunt of the attack, if she saw her mother coming.

I suggest to the patient that her arms have "entered the conversation"[5] about her mother at that time in order to put her current feelings into

[5] This is a nice intervention that I learned from Noah Shaw, coming originally from a remark of Freud's in his discussion of hysterical elements in the case of the Wolf Man: "At last I recognized the importance of the intestinal trouble for my purposes; it represented the small trait of hysteria which is regularly to be found at the root of an obsessional neurosis. I promised the patient a complete recovery of his intestinal activity, and by means of this promise made his incredulity manifest. I then had the satisfaction of seeing his doubt dwindle away, as in the course of the work his bowel began, like a hysterically affected organ, to 'join in the conversation,' and in a few weeks' time recovered its normal functions after their long impairment" (Freud 1918, pp. 75-76).

context. As someone often aware of sensations and physical experiences, she quickly makes sense of this idea.

This short exchange shows how it is possible to bring some nonverbal behavior into consciousness and into the therapeutic dialogue by drawing the patient's attention to it and asking her to associate to the behavior. This complementary nonverbal behavior had an element of repetition to it. What is more interesting, though, is that this patient subsequently began to observe and comment on this and similar behaviors for herself; this kind of work became a part of the treatment in such a way that it felt increasingly like *her* treatment.

On other occasions, the patient observed pains in her arms and attempted to soothe them while talking about how things were between her and her mother. She would break away from what she was saying to exclaim about a sharp pain, and then associate to some occasion of being beaten. We began to discern that there was some supposed infraction by her that preceded a beating, and for which she was meant to be repentant, though she felt more infused with anger and hatred for her mother than with contrition. This pattern became a part of our prior interpretive theory for her, an idiosyncratic lexicon in which criticizing her mother was apparently linked in anger and guilt with painful traumatic memories and repeated in the sessions.

We also noticed and interpreted a related set of nonverbal behaviors, wherein the patient would accidentally, it seemed, kick herself as she crossed her legs, sometimes catching herself with a sharp heel in a way that made us both wince. She commented evocatively, "I'm kicking myself!" Similarly to the way that "tying herself in knots" in an earlier example became an emblem for a patient and me, this patient connected her behavior with an evocative cliché: "kicking oneself." (Maybe the body thinks in clichés; maybe I interpret in them.)

In our exploration of this trend, it became even clearer that these actions represented, among other things, self-punishment for her complaints about her mother's past and continuing mistreatment of her and the rest of her family. She was her mother "kicking her for talking back," and she was also herself, beaten and kicked for being "a bad girl." Her idiosyncratic gesture came to symbolize a more universal mental activity: "kicking myself" became actual kicking that condensed a repetition of

being hurt with self-punishment for complaining about the loved/hated object.

For a period, observing and interpreting these actions led to their repetition with increased frequency, often with further exploration of traumatic memories and current dynamics. After some time, the frequency of repeated and remembered pains and newly self-inflicted ones decreased, hopefully to decrease further as the patient's guilt begins to feel less justified in the context of our revised theory about the meaning of her memories and actions.

Clinical Example 8. Here is a final example that illustrates the work I believe is generally necessary to make nonverbal behavior more interpretable. This illustration is taken from analytic work with a late adolescent, seen four times a week on the couch, a few months into the treatment.

This young woman communicates frequently in action, in a way that I feel should be engaged in some way in order not to exclude important aspects of her conflicts, but it cannot be an everyday focus of attention as in play therapy with a child. Midway through a session, she speaks of having sneaked a look at an educational report about herself, after rifling through papers on her mother's desk. She knows that she was not supposed to read what she read, and some of it was discouraging about the outlook for her academic success. The following dialogue takes place:

ANALYSAND: Can I lie on my side?

ANALYST: What do you think?

ANALYSAND: Am I allowed to lie on my side?

ANALYST: You've asked me a couple of times; what's occurring to you?

ANALYSAND: I feel like talking to the wall, but maybe I have to be on my back the whole time? I'm most comfortable on my side.

ANALYST: You're not feeling very comfortable.

ANALYSAND: I'm feeling really blah today. (She turns onto her right side, facing the back of the couch and the wall an inch beyond it. She is silent.)

ANALYST: (after a pause) What occurs to you about "talking to the wall"?

ANALYSAND: It's like facing someone and talking to them in bed. If my cat were here, I'd kiss him (she shifts into a baby-talk tone) and cuddle him, he's so cute.

ANALYST: That sounds more comfortable.

ANALYSAND: (She pauses, examining her arms.) I haven't shaved my arms or legs in a long time. I've been shaving my arms since seventh grade. This is the longest time I haven't shaved them since then. I'm wondering if maybe I should let it grow out? My friend had darker hair and bleached her arms, and I started to do it as well. I want to hit my head on this thing [the side of the couch]. I feel like a dumbass!

ANALYST: That would be facing the wall as a punishment.

ANALYSAND: I want to be comfortable, too.

ANALYST: You're being hard on yourself today, and you want to feel both comforted and punished at the same time.

ANALYSAND: I don't understand what I'm doing with my life. I don't have a grip on myself. I'm hanging out with friends, at least, but I just want to go home and go to sleep. I feel fat, ugly, disgusting, I have pimples on my face . . . .

Here I thought that the interpretive work for the analyst was to have the action, or urge to act, become the focus of attention, so that the patient could be engaged to associate to it as something potentially meaningful. This process, and its inherent difficulty, is no different for nonverbal behavior than for other unconscious material.

The analysand began with an urge to lie on her side. With questioning, it emerged she was not comfortable as she was: lying on her back. Her whole body posture—on her side or on her back—seemed to have meanings for her. An idea that occurs to her about "talking to the wall" came to allow, through her associations, a sequence of interpretations. The change in body posture seemed complementary to her feelings and to the thread of her verbal associations: first, a wish for com-

fort, and second, a wish for punishment. "Talking to the wall" fit both of those wishes into a neat compromise.

The patient's self-punitive wishes were perhaps triggered by remorse for having secretly looked at something her mother had kept from her and then "lying" to her (by omission) about it. She was uncomfortable "lying" on her back and wanted to turn again to her mother in a forgiving reunion. Her remorse was joined by feelings of failure and self-loathing, perhaps prompted by the discouraging parts of the report she had read, and also by finding that a reunion with her mother could not be accomplished by the action of turning to the wall (for mother was not there). The work of the interpretive sequence began with focusing the analysand on her urge to change the posture of her body as something that could be asked about, and so something to which the more usual analytic dialogue of association and interpretation may apply.

To be clear, although I think this is a relatively satisfying account of this sequence for this purpose, it is not intended to be—indeed could not be, as I have been arguing—the last word on the exchange; other interpretations are and must be possible for this and any action or utterance. For example, we did not explore the possible meanings of the following in this sequence: her asking my permission to lie on her side; shaving, being hairy, being smooth; "being in bed and kissing someone" as a genital drive or erotic transference, in contrast to seeking a maternal reunion; lying on her back—would this mean being alone, being submissive, sexually receptive, well behaved? Etc. As with any other material, more and different interpretations—second, third, and so on—are always possible.

CONCLUSIONS

Previous work on the interpretation of action—though it has explored at times radical and subtle possibilities for working interpretively with nonverbal behavior via both verbal and nonverbal technique—has been relatively rare and marginal. Some useful concepts of action, including the basic but profound distinction between *behavior* and *action*, can be put to work in clinical practice. Patients can be helped to see—indeed, sometimes see spontaneously for themselves—that behavior can express individual and even culturally emblematic ideas.

However, the distinction between raw behavior and interpreted action may often be excessively deferred to, with a prejudice toward seeing nonverbal behavior as intrinsically *raw* or even *nonsymbolic*. However, taking determinism seriously as a theoretical and technical principle means approaching all behavior in the analytic situation as potentially interpretable. Contrastingly, the intuition that most speech is already interpreted—*cooked*—can be reinterpreted along more local lines, taking speech as an aspect of behavior. Interpreting the utterances of others is relevant not only to especially psychoanalytic elements—sex, triangular relationships, dreams, and so on—but also to the most apparently domestic and concrete words and ideas.

The idea of having for oneself and others a *prior theory* for the interpretation of our words and actions, and of being constantly in the place of developing a current, *passing theory* for a particular person, place, and time, offers more flexibility and power than the traditional idea of knowing a language, which one then categorically either understands, if one "speaks the language," or does not.

If one accepts that our usual notion of interpreting speech—a listener digesting the precooked meanings in a speaker's utterances—is not as useful as the idea of a passing theory developed for what the speaker intends to communicate in *first*, *second*, or subsequent meanings, then our idea of Language with a capital *L* dissolves. As Davidson (1986) comments:

> If we do say this, then we should realize that we have abandoned not only the ordinary notion of a language, but we have erased the boundary between knowing a language and knowing our way around in the world generally. [pp. 445-446]

In analysis, the process of interpreting from unconscious to preconscious to conscious applies equally to verbal and nonverbal behavior. The limits of interpretation are no different for speech or action; both are aspects of human behavior. Neither comes fully cooked nor totally raw or inedible, nor need we terminate a process of understanding at the first or second or third interpretation. We are limited in our ability to establish and develop communication only by such everyday factors as patience and imagination. The limits of interpretation are our own.

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REFERENCES

Cavell, M. (1988). Interpretation, psychoanalysis, and the philosophy of mind. *J. Amer. Psychoanal. Assn.,* 36:859-879.

——— (1993). *The Psychoanalytic Mind: From Freud to Philosophy.* Cambridge, MA: Harvard Univ. Press.

——— (2006). *Becoming a Subject: Reflections in Philosophy and Psychoanalysis.* Oxford, UK: Clarendon.

Conrad, F. G. & Schober, M. F. (2008). New frontiers in standardized survey interviewing. In *Handbook of Emergent Methods,* ed. S. N. Hesse-Biber & P. Leavy. New York: Guilford, pp. 173-188.

Davidson, D. (1984). Radical interpretation. In *Inquiries into Truth and Interpretation.* Oxford, UK: Clarendon, pp. 125-154.

——— (1986). A nice derangement of epitaphs. In *Truth and Interpretation: Perspectives on the Philosophy of Donald Davidson,* ed. E. LePore. Oxford, UK: Blackwell, pp. 433-446.

Davies, J. M. (2004). Whose bad objects are we anyway? Repetition and our elusive love affair with evil. *Psychoanal. Dialogues,* 14:711-732.

Dennett, D. C. (1987). *The Intentional Stance.* Cambridge, MA: MIT Press.

Dretske, F. (1991). *Explaining Behavior: Reasons in a World of Causes.* Cambridge, MA: Bradford.

Evans, H. M. (2008). The action in therapeutic action: nonverbal interventions. *J. Amer. Psychoanal. Assn.,* 56:565-572.

Freud, S. (1901). *The Psychopathology of Everyday Life. S. E.,* 6.

——— (1918). From the history of an infantile neurosis (the "Wolf Man"). *S. E.,* 17.

Goldberger, M. (1995). Enactment and play following medical trauma. *Psychoanal. Study Child,* 50:252-271.

Harrison, A. M. & Tronick, E. (2007). Contributions to understanding therapeutic change: now we have a playground. *J. Amer. Psychoanal. Assn.,* 55:853-874.

——— (2011). "The noise monitor": a developmental perspective on verbal and nonverbal meaning-making in psychoanalysis. *J. Amer. Psychoanal. Assn.,* 59:961-982.

Jacobs, T. J. (1973). Posture, gesture, and movement in the analyst: cues to interpretation and countertransference. *J. Amer. Psychoanal. Assn.,* 21:77-92.

——— (1994). Nonverbal communications: some reflections on their role in the psychoanalytic process and psychoanalytic education. *J. Amer. Psychoanal. Assn.,* 42:741-762.

Lévi-Strauss, C. (1969). *The Raw and the Cooked,* trans. J. Weightman & D. Weightman. New York: Harper & Row.

McLaughlin, J. T. (1992). Nonverbal behaviors in the analytic situation: the search for meaning in nonverbal cues. In *When the Body Speaks: Psychological Meanings in Kinetic Cues,* ed. S. Kramer & S. Akhtar. Northvale, NJ: Jason Aronson, pp. 131-161.

Mead, G. H. (1934). *Mind, Self, and Society: From the Standpoint of a Social Behaviorist.* Chicago, IL: Univ. of Chicago Press.

Ogden, T. H. (1994). The concept of interpretive action. *Psychoanal. Q.,* 63:219-245.

Pally, R. (2001). A primary role for nonverbal communication in psychoanalysis. *Psychoanal. Inquiry,* 21:71-93.

Pulver, S. E. (1992). Gestures, emblems, and body language: what does it all mean? In *When the Body Speaks: Psychological Meanings in Kinetic Cues,* ed. S. Kramer & S. Akhtar. Northvale, NJ: Jason Aronson, pp. 163-177.

Quine, W. V. O. (1960). *Word and Object.* Cambridge, MA: Harvard Univ. Press.

——— (1969). *Ontological Relativity and Other Essays.* New York: Columbia Univ. Press.

Ramberg, B. T. (1989). *Donald Davidson's Philosophy of Language: An Introduction.* Oxford, UK: Blackwell.

Renik, O. (1992). Use of the analyst as a fetish. *Psychoanal. Q.,* 61:542-563.

Ricoeur, P. (1970). *Freud and Philosophy: An Essay on Interpretation,* trans. D. Savage. New Haven, CT: Yale Univ. Press.

Root, M. (1986). Davidson and social science. In *Truth and Interpretation: Perspectives on the Philosophy of Donald Davidson,* ed. E. LePore. Oxford, UK: Blackwell, pp. 272-304.

Scarfone, D. (2010). The interpretation of action in psychoanalysis. *J. Amer. Psychoanal. Assn.,* 58:983-993.

Schober, M. F. (2005).Conceptual alignment in conversation. In *Other Minds: How Humans Bridge the Divide Between Self and Others,* ed. B. F. Malle & S. D. Hodges. New York: Guilford, pp. 239-252.

Schober, M. F. & Carstensen, L. L. (2010). Does being together for years help comprehension? In *Expressing Oneself/Expressing One's Self: Communication, Cognition, Language, and Identity,* ed. E. Morsella. Hove, UK: Psychology Press/Taylor & Francis, pp. 107-124.

Schwaber, E. A. (1995). Towards a definition of the term and concept of interaction. *Int. J. Psychoanal.,* 76:557-564.

Searle, J. R. (1969). *Speech Acts.* Cambridge, UK: Cambridge Univ. Press.

Shaw, L. N. (1998). A boy in analysis. *J. Clin. Psychoanal.,* 7:445-471.

Smith, H. F. (2006). Analyzing disavowed action: the fundamental resistance of analysis. *J. Amer. Psychoanal. Assn.,* 54:713-737.

Smith, P. & Jones, O. R. (1986). *The Philosophy of Mind: An Introduction.* Cambridge, UK: Cambridge Univ. Press.

Stern, D. N. (2004). *The Present Moment in Psychotherapy and Everyday Life.* New York: Norton.

Suessbrick, A. L., Schober, M. F. & Conrad, F. G. (2000). Different respondents interpret ordinary questions quite differently. In *Proceedings of the American Statistical Association, Section on Survey Research Methods,* ed. Amer. Statistical Assn. Alexandria, VA: Amer. Statistical Assn., pp. 907-912.

Vivona, J. M. (2012). Is there a nonverbal period of development? *J. Amer. Psychoanal. Assn.,* 60:231-265.

Wallerstein, R. & Lilleskov, R. K. (1977). Nonverbal aspects of child and adult psychoanalysis. *J. Amer. Psychoanal. Assn.,* 25:693-705.

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THE RIPPLE EFFECT: PATIENTS INFLUENCING OTHERS

BY CECILIO PANIAGUA

This paper deals with what seems an insufficiently explored aspect of psychoanalytic practice: the ripple effect of a patient's evolution on the present and future of his or her significant others. Clinical vignettes are provided to illustrate patients' influence on relatives; patients acting as therapists; psychoanalysis by proxy; the ripple effect in psychotherapy; and some countertransference problems. The psychic lives of individuals not in treatment may be considerably affected by their interactions with our patients; seemingly, extraclinical character adjustments may ensue. Sociological findings and plausible psychodynamic explanations are discussed. A psychoanalytic perspective may not only help the analyst understand how therapeutic influence extends beyond the identified patient, but may also help guide interventions that are ripple-effective, even when they depart from classical analytic technique.

Keywords: Ripple effect, family members, patient as therapist, reciprocal influence, sociological research, countertransference, interpersonal relationships.

> The individual does actually carry on a twofold existence: one to serve his own purposes and the other as a link in a chain.
>
> —Freud 1914, p. 78

> How far this carries itself into the social sphere is not known, although analysts and patients have long testified to the "ripple effect" of psychoanalytic therapy on families and the wider milieu.
>
> —Williams 2002, p. 186

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INTRODUCTION

On New Year's Eve, Ana had been celebrating with her family. Under the influence of alcohol, her pregnant half-sister intimated that she felt very unhappy and she was planning to divorce her husband. They went to sleep, and at 5:00 a.m., Ana woke up with a strange sense of foreboding. She ran to the bathroom and found her half-sister with one leg outside the window, ready to jump from the fourth floor to the ground below. Ana saved her life and her baby's life. Later, Ana concluded that she must have heard unusual noises that alerted her to the terrible possibility of her half-sister's suicide.

Ana, who was twenty-five at the time, had been in treatment with me for six months. She sought help for her moderate bulimia and her tendency to fall in love with abusive men. Neither she nor her family seemed particularly psychologically minded. However, to my surprise, after only a few sessions she began associating productively about the origins of her low self-esteem, feeling quite free to express resentment toward her prudish mother and her cruel older brother. Through the use of close-process interventions, Ana became acutely aware of the way that her hateful thoughts and threatening intuitions tended to be automatically buried as they proceeded toward consciousness.[1] I wondered what might have happened that scary night had she been as inhibited as she was when I first met her. On her own, would she have overcome enough of the repression barrier to be aware of the true meaning of her half-sister's ominous noises at the window? Why didn't she incorporate these into a dream? Although there is no definite answer to these questions, I doubt that these terrifying subliminal perceptions could have reached the conscious level before her treatment.

Certainly, not all cases of patients helping others are as dramatic as this one, but to me this example highlights the importance of the repercussions of de-repression that our treatments may have on the lives of our analysands' family members, friends, and acquaintances—persons

[1] According to Gray (1994), *Close-process interventions* address clinical material that can be observed by both therapist and patient, and direct their conscious awareness to detailed sequences, followed by the examination of meanings in the patient's subsequent associations.

unknown to us. As analysts, we deal with patients' subjectivity in their appraisal of external reality. However, it is inevitable that we will form veracious impressions about the patient's reality outside the office, based on (1) comparative experiences, (2) our knowledge of cause-and-effect relationships, and (3) the accumulation and coherence of data. These impressions will provide us with significant information about other persons related to our patients (Schafer 1985).

Furthermore, we receive daily information about how others influence our patients. In group and family therapy sessions, we may directly observe these phenomena of mutual induction. It is well established that the best way to deal with the psychopathology of children is often through the treatment of their parents, and therefore the recommendation for simultaneous therapy for the parents, conducted by a different clinician, is common. Also, the ripple effect of a child's treatment on his or her adult relatives has been documented (Altmann 2007; Corominas 1987).

A BRIEF REVIEW OF THE LITERATURE

In searching Psychoanalytic Electronic Publishing's database, I found zero hits for "influence on others." Searching simply for "family" yielded 436 hits. The vast majority of these articles refer to the determining influence of family members on the patient's psychopathology—not the other way around. A well-known book by Lidz (1992) on the relevance of family to psychoanalysis dealt almost exclusively with the pervasive influence of the family on child development. García Badaracco's (2011) lifelong work on multifamily processes centered predominantly on the role of family dynamics in the treatment of psychotic patients (see also García Badaracco, Canavaro, and Czertock 1970).

Despite our knowledge of pathologies such as the *folie à famille*, in the psychoanalytic literature, there is a remarkable scarcity of papers addressing the repercussions of a patient's treatment on the psyche and behavior of others. In one of the rare articles referring to these transpersonal processes, Muir (1982) denounced the "persistent avoidance of family and group processes in psychoanalytic thinking and a concomitant overemphasis on individuality" (p. 317).

It should also be mentioned that, conversely, systems-oriented authors do not seem to have shown much interest in the exploration of intrapsychic data. A recent notable exception is Gerson's (2010) book on the usefulness of dialectics between psychodynamic and systemic perspectives. Pointedly, Gerson attributed to countertransference hindrances the customary referral by analysts of family members to individual treatment.

What follows is a brief review of other articles and books that touch on the issue of the ripple effect of patients on other people in their current lives. Many decades ago, Franklin (1933) discussed parental reactions to the obsessional neurosis of a young daughter. Herschkowitz and Kahn (1980) wrote about patients' "disabling or discomforting symptoms [that] beset family members or the system as a whole" (p. 45). Slipp (1982) dealt with the notion of the family as a pathogenic unit imbued with interactions, as well as the interface between psychoanalysis and family therapy. Sander (1979) advocated for an integration of findings in individual psychotherapy with family systems theory.

Waugaman (2003) conceptualized the analyst's caseload as a kind of family, commenting on the impact of transferences onto fellow patients, which may become especially prominent in the inpatient population. Shapiro and Carr (1987) wrote about the internal disarray that patients in institutions may elicit in the staff, manifesting itself both in disguised clashes and more obvious ones. Kleinian notions on projective identification and primitive defense positions have found application to couples' therapy (Ruszczynski 1993). Scharff and Scharff (1987) approach family therapy from an object relations perspective. Also worthy of mention is Siegel and Lowe's (1999) book on the patient's curative effects on the therapist.

CLINICAL VIGNETTES ILLUSTRATING THE RIPPLE EFFECT IN PSYCHOANALYSIS

Beatriz

Beatriz, married and a mother of three, was in her forties. She was the youngest of eight siblings, and ever since she could remember she had had to struggle to get affection from her mother and older sisters. She

had to put up with indignities in order to avoid rejection. Throughout a 13-year analytic treatment, she became aware of the origins and development of her deep-seated inferiority feelings, gradually becoming self-confident and free of the anxiety symptoms that had brought her to my office. She became much more assertive at work and at home.

Beatriz said that her troublesome teenage children respected her more, in part due to her husband's taking on more domestic responsibilities. She felt much less vulnerable to the demeaning intentions of her sisters, who in turn became more aware of their own feelings of inadequacy and envy, which they had habitually tried to compensate for with dismissive comments to Beatriz. Her sisters now showed more consideration toward her, and uncharacteristically began acknowledging their insecurities, consulting her about their own family problems.

As a seeming result of her characterological progress, Beatriz's husband, a reputable social scientist who had published popular books—and not a friend of psychoanalysis—curtailed his airs of superiority, as well as his manipulative adoption of the victim role in their marital relationship. Interestingly, his books, which I read after termination of his wife's treatment, became more psychologically informed.

Elena

Elena, who was in her thirties and undergoing a 10-year analysis, began treating her two nieces with the understanding, tolerance, warmth, and joyful spirit she herself would have liked to have received as a child. Indeed, she progressed from an identification with parents described as neglecting and harsh to an identification with the needy girls. Elena's sister Marta, the girls' mother, had a short fuse and treated her daughters with wrathful explosions similar to the ones she and Elena had had to endure from their parents.

However, under Elena's apparent influence, Marta began behaving more reflectively, curbing her hotheadedness with greater effectiveness. Reportedly, Marta realized that throughout her childhood she had been manipulated by her mother, who coerced her to be her confidante in jointly ridiculing Elena, the family's "official crazy." Marta no longer felt the need to surrender her judgment to her mother's whims. My patient Elena and her sister Marta developed a firm alliance that even permitted

them to consider some of their parents' exigencies comical rather than imposing.

Elena and Marta's mother had herself experienced a childhood of severe deprivation. With her family, she seemed to exert the tyranny of the weak, demanding special treatment. Eventually, Elena refused to continue playing the role of Mommy's pliable little girl and began addressing her unreasonable expectations in an adult tone. Elena then reported that, after several tearful episodes, mother ended up recognizing her own failings and asking for forgiveness. She acknowledged also that she had lived in fear of her husband's peevishness, and she entered psychotherapy herself.

My patient Elena, however, was not too happy about these family developments. She felt that all these attitudinal modifications came "superlate," and she reacted indignantly at times, for her relatives seemed to have "benefited unfairly" from her own arduous analysis.

Carmela

In her third year of analysis, Carmela, in her thirties, started talking to her parents more openly and assertively. For many years, she had quietly accepted her father's blatantly *machista* attitude and her mother's derisive comparisons of her with other females. As a seeming result of Carmela's attitudinal change, mother confided that, as a girl, she herself had felt very insecure, and for the first time ever, she talked to her daughter in an adult-to-adult way about the boyfriends of her youth. Also, she stopped uttering flattering comments about every woman in the neighborhood other than Carmela.

Father became less aloof toward the patient, going on walks with her instead of watching bullfights on television. This man's new considerateness extended to his wife, who understandably became happier. Carmela said, "My father always behaved like a lordling, whereas now he behaves like a true man." She perceived that her own disposition toward her parents was now more loving, and not the result of moral indebtedness.

However, Carmela's younger brother did not join in this beneficial evolution of family relations. He resented no longer being the apple of his mother's eye. Faced with his unfulfilled narcissistic entitlement, he

reacted jealously. He acted out his discontent by dropping his studies, smoking marijuana at home, and getting his girlfriend pregnant. Indeed, not all ripple reverberations are necessarily positive.

Diana

A more telling example of negative consequences is the case of Diana. A woman in her fifties, Diana experienced a spectacular improvement in her chronic agoraphobic symptomatology *cum* conversion somatizations as a result of her character maturation after two and a half years of treatment on the couch. Friends and workmates saw her as a new person. She became more autonomous and stopped needing phobic companions—mostly her husband.

At home, Diana had quite clearly been the designated patient for her spouse and son. It is well known that some pathological asymmetries can be maintained in families for many years as an established configuration in which some members hold scapegoating sways over others (Hoffman 1981). Diana's husband, who came with her to a few sessions with me, insisted that, despite her improvement, she was still not well, for he considered her capricious and "too independent." They became progressively distanced from each other and bitter. They ceased having sexual relations. He felt dysphoric and started taking antidepressants; he also developed serious cardiac arrhythmias.

It became evident that Diana's recovery made her husband's inadequacies and peculiar behaviors apparent, given that he, too, experienced great anxiety in social situations. These had previously been rationalized as secondary to his wife's phobic inhibitions. Freud (1916–1917) remarked, "It is not to be wondered at, indeed, if a husband looks with disfavour on a treatment in which, as he may rightly suspect, the whole catalogue of his sins will be brought to light" (p. 459).

Also, Diana's previously devoted son could no longer blame his academic failures on his mother's illness. He refused to see her as the mature person she had become, behaving in unprecedented and unloving ways. A pathological equilibrium had been disrupted. Diana's evolution forced her husband and child to make attempts at readaptation—in this case, failed ones.

Modifications in family myths and post-treatment alterations of domestic homeostasis, for better or worse, have been described in systems theory (Broderick 1993; Handel and Whitchurch 1994). In his *Introductory Lectures*, Freud (1916–1917) presciently remarked:

> No one who has any experience on the rifts which so often divide a family will, if he is an analyst, be surprised to find that the patient's closest relatives sometimes betray less interest in his recovering than in his remaining as he is. [p. 459]

THE RIPPLE EFFECT IN PSYCHOTHERAPY

Fernando

Fernando, a man in his thirties, was in once-a-week dynamic psychotherapy. His treatment had been mostly limited to exploring the roots of his lack of assertiveness. He worked for his family's business, as did his sister.

In the last few sessions, we had been talking about a blind spot he had concerning others' ill intentions. As I learned, this defensive naiveté was shared by Fernando's father and sister. Six months into treatment, he decided to confront his father about the fact that his business partner seemed to be stealing from the firm, judging from a flagrant difference between the business partner's level of prosperity and Fernando's father's. The exchange between father and son, reportedly, was tear-filled and highly cathartic. Fernando's father confessed to his chronic feelings of inferiority, which resulted in an attitude of undeservedness and inadequate assertiveness.

Fernando also confronted his sister Linda, who acknowledged some of the responsibility for the downhill course of the family business. Father stated then that he had chosen to say nothing about some calamitous decisions made by his daughter out of sadness at her erratic personal life; he just had not wanted to burden her further. He voiced his pessimistic views about the future of their commercial undertakings, and also talked about his lost dreams of having grandchildren (Fernando and Linda were both homosexual). A few days later, they summoned the business partner to a meeting, and matters were settled in a more realistic manner.

Fernando had not discussed with me his brainstorming decision to lay everything out on the table with his family, and the above-described developments took me by surprise. According to his family, Fernando's reaction was uncharacteristic. I understood it as an outcome of his dynamic psychotherapy, probably involving a defensive externalization of his own conflict. Years later, Fernando told me that his father (but not his sister Linda) continued to show consistently greater firmness at work.

In psychotherapy as well as in analysis, changes in the patient's relatives are not an unusual consequence, and sometimes these changes seem fairly lasting. In Fernando's case, I find it surprising that the father's characterological realignment, resulting from his son's personal evolution, was not gradual but acute, and moreover that the improvement was sustained over the years. This type of development seems to run counter to the classical idea that structural modification occurs only through the intraclinical resolution of a transference neurosis.

I think that psychotherapy cases such as this one can illustrate the lasting alterations produced in people related to our patients more dramatically than analytic cases. Certainly, such cases pose more questions about processes underlying change in others. Through which mechanisms can the focal therapy of one person alter compromise formations in family members in enduring ways? Are complementary identifications or other projective/introjective phenomena sufficient for this modification? Can suggestive influence account for maintained character readjustments in others? In what sense are *contagion effects*—famously described by Christakis and Fowler (2010) in their health research studies of the Framingham Project—applicable to this "spread"?

Usually, we have limited and often biased information about biographical events in our patients' relatives, and it is difficult to ascertain why their occasional character modifications happen. In Fernando's case, how nonspecific were the ripple effects of his individual treatment? What was the nature of his father's premorbid personality and dynamic balance? Was Fernando's action the last push in a maturational process that would have occurred spontaneously? And to what extent was Fernando's impression about his father really reliable?

I wish I had a clear explanation for the mechanisms through which changes like those described above come about, but I need to resort to

Freud's *Non liquet!* inconclusive verdict (1918, p. 60). All I can confidently state is that Fernando's report clearly resonates with accounts of similar developments in other cases.

THE ANALYST AS MEDIATOR

A colleague told me that the decision he regretted most in his clinical practice was having made no warning interpretation to a patient—out of principled abstinence and neutrality—about her intention to endorse a harebrained deal that her manic husband asked her to enter into. Such an interpretation, he retrospectively pondered, could have been very helpful not only to the patient, but also to her spouse. However, this analyst opted not to directly influence his patient's judgment in this matter—and her marriage ended in a disastrous divorce anyway.

I have heard similar stories of much-regretted omissions from many analysts. Abstinence has its limits. Analysis stands for reality, and in this reality (psychic and otherwise), fantasy is not always the predominant component.

Providing a suggestive set of instructions is more characteristic of psychotherapy, but this approach may also be entirely indicated in otherwise classical analyses, as in the case of a reputable analyst who interrupted a session when she heard her analysand say that he had left his seven-year-old daughter alone at home. Indeed, neutrality may need to be relinquished in circumstances that portend a crisis in external reality (Kernberg 1999). As Gabbard and Westen (2003) remarked, situations that imply interpersonal dangers that patients are unaware of may require "explicit coaching" (p. 835)—even in patients without severe personality disorders. Moreover, empirical findings seem to have confirmed that, in some cases, pursuing relational and direct therapeutic goals in addition to analytic ones may be a key to treatment success (Bush and Meehan 2011).

We have been taught to interpret patients' perceptions of their external reality through their defensive prism, as in "I wonder what makes you minimize the obviousness of your father's alcoholism?" or "Notice how every time you mention his habitual drinking, you react as though you feel disloyal and end up reproaching yourself." However, patients do

not always possess sufficient knowledge to grasp the meanings of their conflict or the repercussions implicit in their narratives, as in the case of a young analysand, Manuela, living with a mother who became progressively apathetic, with clear signs of a major depression. My patient was not aware of the seriousness of her mother's condition, which she attributed to poor eating habits. I directly advised Manuela to take her mother to a psychiatrist, and the mother ended up being hospitalized. My recommendation made the patient feel ignorant and guilty, as well as gratified for her dependency wishes; both reactions were grist for the mill in additional working through.

Another patient, a woman in psychotherapy, phoned me unexpectedly one evening, voicing indignation at her depressed boyfriend because, as he left home, he told her that he had decided to depart for Valhalla. She thought this was the name of a nightclub! I advised her of the suicidal meaning implicit in this reference to Nordic mythology, and she appropriately contacted the police.

In the preceding cases, the ripple effect was straightforwardly initiated by the analyst as mediator. However, sometimes the practitioner finds him- or herself interposed between the analysand and his or her human environment in a more direct manner, as when a patient's relatives contact the analyst to ask for directions on how to deal with the patient, especially when that patient is a child. Caught in the bidirectionality of their influences, we may feel obliged to provide recommendations that steer relatives toward paths we consider salutary. (Of course, these recommendations will vary with the age of the patient and the clinician's assessment of his or her character structure.)

A father called me asking for advice on how to treat a rather helpless analysand in his late teens, and I tried to guide him toward showing interest in his son's emotional perspective on domestic events. This I communicated the following day to my patient. He, in his turn, brought up the issue with his father. My comments to him seemed to inaugurate new ways of mutual influence and understanding. I had decided to use this big-brotherly parameter, reasoning that, for this immature teenager at that stage in the analysis, the advantages of such an intervention were greater than those of my abstaining.

A different predicament may come up when we are asked by relatives to act as a go-between, and we need to refuse adopting the "reverse-ripple" role requested by them—sometimes at the behest of the patient. In my milieu, it is not unusual to hear parents prodding the analyst to act in their behalf as enforcers of their views on their children. Then the relatives are the ones trying to influence *us*.

I will cite here the peculiar petition of Olga's mother. Olga was a borderline patient in her early thirties. In the tenth year of her analysis, her mother phoned me one day to suggest that I, an ersatz paternal figure, should consider that, given her daughter's level of suffering, perhaps the best solution for her would be to commit suicide. After my initial startle, I told this filicidal mother that her opinion was idiosyncratic and dangerous, warning her of consequences lest she share this view with Olga. I also advised that she seek treatment herself for her irrational pessimism. I was successful only with the first part of my recommendation.

THE PATIENT AS THERAPIST

It is exceedingly common for candidates to reproduce, deliberately or not, their personal analyst's technique with their own analysands. Searles (1955) wrote about the intricate, unconscious dynamics of influence between supervisor and supervisee as well. However, the basis for the development of our clinical styles is far from being restricted to emulation of professional interactions. Patients who are not therapists may act as such, imitating our technique or adopting our role in consonance with their own personalities. This imitation can be coarse, as in the case of a male patient who, after a few sessions, acted out with a prostitute a repetition of my initial interviews with him. Subtler forms of turning passive into active may result in patients behaving as catalysts for introspective inquiry and useful new perspectives for others.

Defensively or not, patients incorporate different aspects of their analysts' messages and attitudes. Probably this happens with more communicative analysts as well as with highly abstinent ones. And this introjective acquisition can be utilized beneficially by patients in their extra-clinical relationships. They may use calm humor to make others aware of their inappropriate anger. They may resort to empathic, close-process

interventions in order to make someone reflect on false-self responses. They may defuse a crisis by telephone, imitating our supportive tone and exploring the antecedent circumstances of an anxiety attack. They may engage family members in some kind of mutual therapy without undue bitterness—to cite a few examples of interactions reported by analysands.

At times, simple interventions by patients can have unexpected positive effects on other persons. A psychotherapy patient of mine reported that he repeated to a friend a sentence of mine: "But the father of your childhood cannot hurt you any more." His friend remembered that this simple interpretation by my patient had been very helpful, and years later it continued to resound in his mind.

Gloria

I will use here another example of applied clinical psychoanalysis that I find illustrative of the ways in which patients in treatment may have a therapeutic effect on their spouses. I recommended straightforwardly to a patient, Gloria, whom I saw in once-a-week dynamic therapy, to have a more sensitive approach in her critical remarks to her husband, who had bad manners and a quick temper. In a more intensive and introspective form of treatment, I would have waited to explore further her unconscious motivations. However, in this time-limited therapy, I tried to make Gloria understand that, according to her account, her husband's undesirable traits were a probable manifestation of his fragile self-esteem, and that running up against it frontally was liable to be counterproductive.

Both Gloria and her husband were immigrants from another country. Reportedly, the husband, whom I had never met, came from an acerbic, loud family in which he was the youngest and a common scapegoat. Apparently, he felt insecure and needed to identify with his oppressive father and aggressive older brothers.

Gloria and her spouse had a loving relationship and four children, but due to their daily clashes, they had been contemplating divorce. In my self-appointed role as marital therapist, I attempted to use Gloria partly as a therapeutic alter ego, and I succeeded in getting her to incorporate my suggestions in her communicative style with her husband. Her consideration for his dynamics made the marriage more harmonious.

Years after her treatment's termination, Gloria's husband started a brief therapy with me—I was one of the few therapists in town who spoke his language—and I was able to confirm the above dynamics, among others, as well as the adaptive evolution of the couple before they eventually returned to their country of origin.

Hortensia

Patients may exert a therapeutic influence even on people whom they have never met personally, as in the case of Hortensia, a highly intelligent and insightful analysand in her mid-thirties. Hortensia had anorexic symptoms and a rather schizoid personality. She was also predominantly homosexual. After five years in analysis, she started communicating via the Internet with various individuals, and in this way she found a man her age who lived on another continent, and who matched her sensitivity and capacity for introspection. She developed a nice "cyber friendship" with him.

Hortensia gave this man what seemed to me astute, timely interpretations that made him feel understood, apparently helping him recognize that, beneath his shyness, he had latent fears of his own homosexual inclinations. He also issued insightful remarks that Hortensia—whom he had seen only in photos—found supportive and stimulating. Their considerate, trans-Atlantic relationship continued for years, and eventually he entered a psychotherapy that proved to be rewarding.

PSYCHOANALYSIS BY PROXY

"What did you talk about today?" And "what did the doctor tell you?" What patient has not heard this type of questions from relatives? These reasonably sounding inquiries into the patient's progress, however, often hide the family member's unconscious interest in his or her own character traits, instinctual tendencies, and remorseful responsibilities. When initial evaluations include family members, it is common to hear a relative's cathartic narration of his or her *own* difficulties, with the ostensible aim of furthering an understanding of the patient's problem. Sometimes we cannot help but suspect that a family's description of the patient's presenting symptoms bears the stamp of scapegoatism. Conceptualizing

the family member in treatment as the designated patient exempts other family members from the anxiety-provoking recognition of their own psychopathologies.

It is not uncommon for relatives or occasionally friends (even those who "don't believe in psychoanalysis") to try to obtain some kind of therapy by proxy, gathering information and advice from our analysands and from us as a second-hand form of treatment for their own predicaments. Through this strategy, relatives may try to get help without "lowering themselves" to the ranks of the designated patient. (Let us remember that the idea of analysis by proxy has an antecedent in Freud's case of Little Hans [1909].)

Irene

Irene, a woman in her thirties, came to treatment with a serious borderline condition. I talked to her parents when she required hospitalization for suicidal tendencies. Her father volunteered copious information about his own orphanhood and childhood deprivations. Irene's 16-year, four-day-a-week analysis resulted in remarkable structural change and symptom improvement. While she was in treatment, her father called her quite frequently, unburdening himself of his worries, treating her "as a pal, not as a daughter." As the patient improved, her father continued to call her on a daily basis; he vented his frustrations and consulted Irene about various situations, even asking her to interpret his dreams, while subtly reminding her of his own fragility lest she issued hurtful observations.

Irene's father resisted her suggestion that he seek professional help himself, arguing that he had already undergone an unsuccessful analysis and did not want to risk retraumatization. He had been the one who directed Irene to analysis in the first place.

After a couple years of treatment, he unilaterally decided that she had had enough analysis and refused to continue paying for it. She then began paying for it herself, and I had to reduce her fee. Father tried to obtain ripple benefits from her progress—not without success—as well as from my willingness to treat Irene "almost for free," from his perspective. This placed me in a difficult countertransferential position of

corrective emotional generosity, which led to the need for additional analysis of the patient's positive transference.

Irene's father praised his daughter's intelligence and "rich inner life." Reportedly, in his conversations with her he "learned a lot," deriving "enormous support" from her psychological-mindedness. He also explicitly fished for insights coming from me. Irene felt progressively unhappy about her father's attempt at vicarious analysis, especially since she was the one who made all the effort, economically and otherwise.

Finally, competently aware of her identification with my analytic role, she brought herself to tactfully confront her father about his exploitive request for a "two-for-the-price-of-one" analysis. Then we had to work through her guilt for not complying with her father's manipulation and for the oedipal gratification obtained from the previously flattering relationship with him.

COUNTERTRANSFERENCE PROBLEMS

A good number of psychoanalytic books include acknowledgments to the author's patients. The analysand has a significant influence not only on his or her relatives and friends, as described above, but also on the analyst; it has long been acknowledged that the analysand can have a deep impact on the analyst's life and practice, despite the analyst's technical efforts at neutrality (cf. Searles 1965; see also Coderch 2010; Kantrowitz 1996). Countertransference responses brought about by a patient's emotional waves can affect others completely unrelated to the patient—as many spouses of analysts can attest. Indeed, patients teach us, move us, and change us. Their personalities and problems help us mature professionally and often personally as well, furthering our own self-analyses.

However, it is also well established that the analyst's introjective identification with the patient's pathology may limit his or her analytic effectiveness. Additionally, when we are not adequately protected by our own analyses, patients can adversely affect our actual behavior in many different ways—as with our imitation of unusual risky practices reported by them, for example (from hobbies to perverse activities), or in the case of boundary violations such as sexual counteractions, or in the possibility of taking advantage of privileged stock information.

Jaime

As an example of the counter-ripple effect that patients may have on their analysts, I will cite the case of Jaime, a South American man in his early sixties referred to me by a colleague of his same nationality. Jaime suffered from a post-traumatic stress disorder. In his country of origin, several friends and neighbors had been tortured and murdered, and he had witnessed some of this horror. He felt that his previous analysts, both fellow countrymen, cowered when he brought up these traumatic experiences, shifting the examination to another topic every time he related bloodcurdling scenes. He said, "In that social milieu, the question of why I was afraid could never be raised."

Jaime felt the treatment with me was more productive than his previous analyses because I actively explored the traumatic episodes, as well as his subsequent paranoid reactions. For instance, he told me about the time when he slept with a loaded rifle by his bedside, ready to kill enemies, as well as his wife, his children, and himself if he felt "outgunned in a siege." Seemingly, for the previous analysts who shared the patient's sociopolitical background, Jaime's terrifying experiences were emotionally too close to home—whereas I lacked those referents in my own biography and therefore felt freer to use an appropriate professional isolation of affect. As Kantrowitz (1986) pointed out, not only great dissimilarities between analysand and analyst, but also too much of a shared background, may result in clinical mismatches.

In addition, Jaime had a sister in treatment with a younger Spanish colleague who had been a pupil of mine. I noticed that whenever he spoke of his sister's therapy, I paid closer attention to him, trying to discern what might have been my influence on this practitioner's style. I became aware as well of a keen competition with this colleague. Without directly sharing clinical material with her, I talked with her about my peculiar countertransferential reaction; she laughingly acknowledged that she had been feeling quite rivalrous with me, too, as her former teacher.

In what came close to a mutual consultation, my colleague and I came to the formulation that our two patients had unconsciously been trying to pit the two of us against each other, diverting their transferential dread of attacks from us. Of course, I did not comment to my patient

about this exchange, nor did I make any interpretation based on the conjecture my colleague and I developed. Eventually, Jaime manifested his defensive intentions through an attitude of "let the foes fight each other."

My colleague and I were fortunate in being able to perceive and discuss this ripple effect in our attitudes. In this case, I tried to separate *in mente* different conceptual strands: (1) the average expectable counterresponse to the telling of horror stories; (2) the projective counteridentification and role responsiveness instilled by the patient's unconscious intentions; and (3) the countertransference *vera* based on my personal vicissitudes and shortcomings. Nevertheless, I remain not completely clear about the extent to which my patient's ripples may have affected my colleague's technique through my contact, or the extent to which her patient's ripples may have ended up influencing mine.

DISCUSSION

Reconstructions and other retrospective inferences about the psychogenetic development of a patient's symptoms and character traits are, of course, a well-established practice in psychoanalytic tradition. In this paper, I have tried to underscore what seems to me an insufficiently explored area in psychoanalytic thinking: the influence of a patient's therapeutic evolution on the present and future lives of his or her significant others. There is a noticeable discrepancy between the anecdotal level of communication among analysts about these frequent ripple effects and the limited number of publications in the psychoanalytic literature addressing them.

In order to further explore this issue, I have chosen to provide multiple brief clinical excerpts rather than one elaborate case, in the hope that my vignettes will be congruent with readers' experiences. An especially fruitful area for illustrating ripple action would be the fluctuating influence on young children of their parents' treatment. Child analysts' case material is ripe with examples of unconscious parental expectations, fears, and projections, and the consequences of these on child development.

Our deductions about a patient's ancestry have been immensely more important in psychoanalytic tradition and practice than has the

study of their descendants or collaterals, due to a common tendency to overprivilege the genetic point of view. An example of this was the disproportionate attention that led at one time to the general assumption that autistic-spectrum disorders are caused by some form of maternal deprivation. It took almost four subsequent decades for mental health professionals to acknowledge that pathological patterns of parent–child interaction in these cases were most likely a result of the effect of the child on the parent, and not the other way around (Volkmar 2000).

Our investment in the determining influence of parents on the character structure of analysands during their formative years should not detract from our interest in patients' reports of changes in the attitudes of their parents, siblings, children (biological and adopted), grandchildren, friends, acquaintances, and others as probable consequences of their evolution in treatment. There seems to be no reason for the clinical scope of psychoanalysis to be limited to an exclusive interest in the individual—i.e., to what Von Bertalanffy (1968) denounced as "atomistic conceptions which neglect [the] study of 'relations'" (p. 195).

A question may arise about differentiating the ripple effect as described above from the concept of acting out. As I understand it, *acting out* refers mostly to the unconscious expression in actions of a resistance to the analytic process: a form of avoidance of awareness of transference and its meanings by acting it outside the treatment setting. Although there is a gray area between the phenomena I have been discussing and acting out, I consider the familial and social consequences here labeled *ripple effects* more an outcome of the therapeutic process than a resistance to it.

Probably, a psychoanalytic point of view guides us toward interventions that are effective in the ripple sense, even when they depart from customary analytic technique. I think we can also be confident that a psychoanalytic perspective helps us understand how treatment interventions may extend beyond the identified patient.[2]

Our patients' narratives about the conduct modification of others in their current lives probably tend to be less distorted than stories about significant figures of the distant past, due to immaturity at the time childhood recollections were formed. These recollections will necessarily be

[2] I thank one of the anonymous reviewers of this paper for this disquisition.

colored by oedipal conflicts and the sibling rivalries of yore. We learned long ago that, as analysis progresses, psychic reality becomes closer to historical reality. Naturally, the patient's account of his or her external reality may include misperception and idiosyncratic construction, but it is common knowledge that, in the representations of others, patients tend toward more realistic assessments as treatment proceeds.

In this respect, let me advance the opinion that, for analysts, interpersonal reactions such as those described in the preceding clinical vignettes hold the type of meanings that might qualify as *evident enough.* By *evident,* I mean that which seems apparent in the light of possible alternative interpretations. I adhere to Boesky's (2002) concept of *clinical evidence:*

> Whatever information the analyst considers to justify the view that his or her hypothesis gives a better accounting for the available information than some alternative hypothesis . . . . *Evidence* is [not] the idea of absolute proof of truth . . . . *Evidence* is the information we can adduce to decide if an inference . . . is better than some other inference. [pp. 449-450, italics in original][3]

I agree with Schafer's opinion that the analyst "cannot suspend judgment about everything" (1985, p. 554). This author remarked that an essential element in clinical judgment is our estimate of the adequacy of the patient's cognitive abilities and reality testing. Of course, not all our inferences about unseen persons are equally sensible. As examples of what can be considered sound cause-and-effect inferences, I would list the following:

- A woman, after conscientious working through of her moral masochism, reports that people at her work treat her with much more respect.
- As a patient becomes progressively aware of his vindictive sadism, his wife is less frightened and overcomes her vaginismus.
- A young woman confesses to her shy fiancé the discovery in treatment of her contemptuous elitism. According to the pa-

[3] See also Waelder (1962) and Schafer (1983).

tient, after discussion, this man (who comes from a working class family) becomes more relaxed and sociable.

- Teachers and neighbors comment on the highly positive changes in two young siblings, both in terms of their grades and their self-confident behavior, once their obsessive mother has begun to feel relieved of her intense anxiety.

Although it is naturally not possible to rule out other intervening variables in these cause-and-effect sequences, I think we can conclude, based on empirically informed deduction, that modifications in the attitudes of these patients' relatives and friends were due to the patients' improvement in treatment.

Usually, the suggestion that ripple effects recounted by patients are to be understood only as manifestations of their subjective interpretation does not seem convincing to me. I find much more persuasive the argument that phenomena such as the ones commented upon here are the result of dynamically understandable, interpersonal interactions. Also, our inferences about the changes in others reported by a patient usually correspond to the evolution of his or her transference and our shifting counter-responses.

Are ripple effects a consequence of suggestive transmission? As far as I can tell, some of these influences are mutative and their effects endure. Does the fact that changes in others are not always ephemeral imply that they are of a structural nature? These questions are not answerable with certainty, especially since, in terms of therapeutic results, the distinction is not as easily discernible as we used to think (Wallerstein 1986). Because symptom improvement and personality modifications occur in persons who are not in treatment as a probable consequence of their interaction with those who are in treatment, one must wonder to what extent the resolution of an *intraclinical* transference neurosis is a *conditio sine qua non* for all lasting and effective character change.

We may reasonably conclude that the emotional and cognitive give and take of our patients' personal relationships may have far-reaching consequences in what concerns personality evolution in others. Here an observation by Allport (1961) is relevant: "Whatever else personality may be, it has the properties of a system" (p. 109).

I would like to add that, clearly, ripple action is not a phenomenon exclusive to psychoanalysis. Undoubtedly, a major part of the interest in reciprocal influences among human beings belongs to the field of sociology, where studies have demonstrated the above-described transpersonal effects. For example, Fowler and Christakis (2008), tracking thousands of participants in a 20-year study, showed how different dispositions can spread from person to person, transcending direct links and reaching a third degree of separation (what these authors called a *hyperdyadic spread*). They stressed that social connectedness is vaster and the effectiveness of personal influence greater than we used to think. In their words, "our social embeddedness in social networks means that events occurring in other people—whether we know them or not—can ripple through the network and affect us" (Christakis and Fowler 2010, pp. 129-130).

It needs to be mentioned that, although sociological studies show that the progress of subjects correlates positively with the well-being of others in the social network, analysts know that this statistical tendency does not follow a linear transmission. Related others will react according to their own characterological possibilities. Occasionally, descendants may respond in unexpected negative ways, displaying previously hidden neurotic pathology or untoward narcissistic manifestations.

How can we analysts account for ripple phenomena such as the ones described in my clinical vignettes? To my mind, these developments that may "infect" others can perhaps best be explained as due to changes in *complementary identifications* (Racker 1953) secondary to the evolution of a patient's projective mechanisms. By this I mean that relatives and friends of patients in treatment can react to modified projections of the latter's internal objects with their own ego adaptations. These adaptations range widely in their degree of transitoriness, but they can also be permanent.

For instance, a male patient whom I mentioned earlier effectively analyzed his misogynous aggressiveness, which was based on the internalization of his ill-tempered father and on his scorn for his weak-willed mother. Throughout the analysis, his attitude toward his wife became kinder. Seemingly, his wife then ceased to adopt the projected role of the intimidated, despised mother, and her symptomatic vaginismus ceased

permanently, as he attested to me decades after the end of treatment. In the arena of sexual interactions, the obverse development—i.e., that a woman's analysis of her castrating tendencies improves her partner's potency—is common.

It cannot be claimed that the above-reported attitudinal modifications in others had the same magnitude or were as consolidated as the characterological alterations achieved by the patients in treatment. Nor can it be said that changes in family members and acquaintances were strictly extratransferential, since we know that transferences are ubiquitous both inside *and* outside our offices (Brenner 1976). What I want to stress is that these effective modifications were *extraclinical*, i.e., they occurred in persons who were outside the therapeutic setting and, with a few exceptions, were completely unknown to the analyst.

Our patients' progress can affect not only others whom we do not know, but also people whom the patients themselves do not know, and even some who do not yet exist. Indeed, our verbal treatments can reach people beyond our lives and our patients' lives. We may draw inspiration from the existence of this ripple effect stretching into the distance.

Let me end with this transgenerational reflection from Basch (1988):

> One of my greatest gratifications as a psychotherapist is to see how my treatment of one person can have a salutary effect on the other members of his or her family, especially when this occurs with young people who have just or are about to become parents. [p. 81]

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REFERENCES

Allport, G. W. (1961). *Pattern and Growth in Personality.* New York: Holt, Rinehart & Winston.

Altmann, M. (2007). La singularidad de los procesos de elaboración en el análisis de un niño. Paper presented at the International Psychoanalytical Association Congress, Berlin, Germany.

Basch, M. F. (1988). *Understanding Psychotherapy.* New York: Basic Books.

Boesky, D. (2002). Why don't our institutes teach the methodology of clinical psychoanalytic evidence? *Psychoanal. Q.,* 61:445-475.

Brenner, C. (1976). *Psychoanalytic Technique and Psychic Conflict.* New York: Int. Univ. Press.

Broderick, C. B. (1993). *Understanding Family Process: Basics of Family Systems Theory.* Beverly Hills, CA: Sage.

Bush, M. & Meehan, W. (2011). Should supportive measures and relational variables be considered a part of psychoanalytic technique? Some empirical considerations. *Int. J. Psychoanal.,* 92:377-399.

Christakis, N. A. & Fowler, J. H. (2010). *Connected.* London: Harper Press.

Coderch, J. (2010). *La práctica de la psicoterapia relacional. El modelo interactivo en el campo del psicoanálisis.* Madrid, Spain: Ágora.

Corominas, R. (1987). Contribuciones del hijo al desarrollo emocional de los padres. *Revista Psicoterapia Psicosomática,* 15:7-18.

Fowler, J. H. & Christakis, N. A. (2008). The dynamic spread of happiness in a large-scale social work longitudinal analysis over twenty years in the Framingham heart study. *Brit. Med. J.,* 337:a2338.

Franklin, M. E. (1933). Family reactions during a case of obsessional neurosis. *Int. J. Psychoanal.,* 14:87-107.

Freud, S. (1909). Analysis of a phobia in a five year-old boy ("Little Hans"). *S. E.,* 10.

——— (1914). On narcissism: an introduction. *S. E.,* 14.

——— (1916–1917). *Introductory Lectures on Psycho-Analysis. S. E.,* 16.

——— (1918). From the history of an infantile neurosis. *S. E.,* 17.

Gabbard, G. & Westen, D. (2003). Rethinking therapeutic action. *Int. J. Psychoanal.,* 84:823-841.

García Badaracco, J. E. (2011). Psicoterapia de las psicosis. *Revista Psicoterapia Psicosomática,* 76:13-41.

García Badaracco, J. E., Canavaro, A. A. & Czertock, O. (1970). *Patología y Terapéutica del Grupo Familiar.* Buenos Aires, Argentina: Fundación Acta.

Gerson, M. J. (2010). *The Embedded Self: An Integrative Psychodynamic and Systemic Perspective on Couples and Family Therapy.* New York: Routledge.

Gray, P. (1994). *The Ego and Analysis of Defense.* Northvale, NJ: Jason Aronson.

Handel, G. & Whitchurch, G. G., eds. (1994). *The Psychosocial Interior of the Family.* New York: Gruyter.

Herschkowitz, S. & Kahn, C. (1980). Toward a psychoanalytic view of family systems. *Psychoanal. Rev.,* 67:45-68.

Hoffman, L. (1981). *Foundations of Family Therapy.* New York: Basic Books.

Kantrowitz, J. L. (1986). The role of the patient–analyst "match" in the outcome of psychoanalysis. *Annual Psychoanal.,* 14:273-297.

——— (1996). *The Patient's Impact on the Analyst.* Hillsdale, NJ: Analytic Press.

Kernberg, O. F. (1999). Psychoanalysis, psychoanalytic psychotherapy and supportive psychotherapy: contemporary controversies. *Int. J. Psychoanal.,* 80:1075-1091.

Lidz, T. (1992). *The Relevance of the Family to Psychoanalytic Theory.* Madison, CT: Int. Univ. Press.

Muir, R. C. (1982). Family, group, transpersonal processes and the individual. *Int. Rev. Psychoanal.,* 14:317-326.

Racker, H. (1953). A contribution to the problem of countertransference. *Int. J. Psychoanal.,* 34:313-324.

Ruszczynski, S., ed. (1993). *Psychotherapy with Couples: Theory and Practice.* London: Karnac.

Sander, F. M. (1979). *Individual and Family Therapy: Toward an Integration.* New York: Jason Aronson.

Schafer, R. (1983). *The Analytic Attitude.* New York: Basic Books.

———— (1985). The interpretation of psychic reality, developmental influences, and unconscious communication. *J. Amer. Psychoanal. Assn.,* 33:537-554.

Scharff, D. & Scharff, J. S. (1987). *Object Relations Family Therapy.* Northvale, NJ: Jason Aronson.

Searles, H. F. (1955). The informational value of the supervisor's emotional experiences. *Psychiatry,* 18:135-148.

———— (1965). The effort to drive the other person crazy. In *Collected Papers on Schizophrenia and Related Subjects.* New York: Int. Univ. Press, pp. 254-283.

Shapiro, E. & Carr, A. W. (1987). Disguised countertransference in institutions. *Psychiatry,* 50:72-82.

Siegel, S. & Lowe, E. (1999). *The Patient Who Cured His Therapist and Other Stories of Unconventional Therapy.* London: Amazon.

Slipp, S. (1982). Interface between psychoanalysis and family therapy. *Amer. J. Psychoanal.,* 42:221-228.

Volkmar, F. R. (2000). Understanding autism: implications for psychoanalysis. *Psychoanal. Inquiry,* 20:660-674.

Von Bertalanffy, L. (1968). *General System Theory.* New York: George Braziller.

Waelder, R. (1962). Psychoanalysis, scientific method, and philosophy. *J. Amer. Psychoanal. Assn.,* 10:617-637.

Wallerstein, R. S. (1986). *Forty-Two Lives in Treatment: A Study in Psychoanalysis and Psychotherapy.* New York: Guilford.

Waugaman, R. M. (2003). The analyst's caseload as a family: transferences to fellow patients. *Psychoanal. Q.,* 72:575-614.

Williams, P. (2002). *Terrorism and War: Unconscious Dynamics of Political Violence,* ed. C. Covington, P. Williams, J. Arundale & J. Knox. London: Karnac.

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THE ANALYST'S TRUST IN PSYCHOANALYSIS AND THE COMMUNICATION OF THAT TRUST IN INITIAL INTERVIEWS

BY ROBBERT WILLE

Aspects of the analyst's person may facilitate or, conversely, inhibit the establishment of analytic contact. The author argues that the analyst's trust in psychoanalysis as a method, which is a component of analytic identity, is a crucial element in the analyst's functioning during the initial interviews. Trust is here distinguished from belief. After a historical outline of the transition from indication to the initiation of psychoanalyses as an interactive process, trust as an analytic concept is discussed, both in general terms and with specific reference to the initial interviews. An extended clinical vignette is provided for illustration.

Keywords: Trust, trust in psychoanalysis, initial interviews, initiation of analysis, analytic identity.

INTRODUCTION

During my training in the 1980s, which was based substantially on the medical model, I learned to examine a patient in the initial interviews by a standardized procedure. The principal aim of this method was to chart the patient's personality structure and to glean biographical information

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as a basis for determining "analyzability." Data obtained from the interaction in the present were deemed to be of secondary importance, the situation instead being one of a structured examination quite different in content and form from that of analysis proper. The primary aim was not the recognition of unconscious, nonverbal interaction, transference and countertransference and their enactments, and still less their interpretation.

The limitations of this approach were brought home to me mainly by the large number of patients deemed unsuitable for psychoanalysis. However, a high proportion of these rejected patients proved to be excellent analysands with analysts who worked in a different way and practiced a more generous acceptance policy; indeed, some of them became outstanding analysts themselves.

I gradually developed a more interactional technique in which the examination became more of an encounter. Simultaneously with this change in myself, the position of psychoanalysis in the world was also undergoing a profound transformation. Analysis lost its prominent position in psychiatry and psychology, and analysts engaged less and less in analysis. As a result of my increasingly interactional approach in initial interviews, I found it relatively easy to obtain analysands, whereas many of my colleagues were less successful in this regard. It was already becoming clear to me that this was due not so much to a change in technique alone as, in particular, to an underlying modification of my own attitude. This development aroused my interest in the importance of factors in the analyst's personality for the initiation of a psychoanalytic process.

Previously, I have described aspects of the analyst's personality that might facilitate or, conversely, inhibit the establishment of analytic contact (Wille 1992, 2001). Later (Wille 2008), I argued that the internalization of psychoanalysis by the analyst—psychoanalysis as an internal object—was the nucleus of that identity. I further argued that the so-called crisis in psychoanalysis, which usually refers to the problem of too few analytic patients and too few analytic candidates, is first and foremost a crisis in ourselves and, in particular, in our psychoanalytic identity. As a very important component of analytic identity, I mentioned the analyst's trust in the analytic method.

In the present contribution, I shall specifically address what I see as the crucial role played by *the analyst's trust in psychoanalysis as a method during the initial interviews.* First, however, it will be helpful to outline the development, within psychoanalysis, *from indication to the initiation of analyses* as an *interactive process,* and the part played by the analyst in this process.

FROM INDICATION TO THE INITIATION OF PSYCHOANALYSES

A large number of publications have been devoted to the therapeutic scope of analysis and its suitability as a treatment for a range of persons with different forms of psychopathology. The evolution of ideas on this subject has been described by Waldhorn (1960) and by Tyson and Sandler (1971). The following is intended merely as a brief review and update.

Freud

Freud at first considered psychoanalysis to be indicated mainly for hysteria, obsessional neuroses, and anxiety neuroses (1894), to which he subsequently added perversion (1905a). He grouped these entities together under the heading of the *transference neuroses,* having concluded that the ability to develop a transference, due to the wish for an object, was a precondition for psychoanalysis. Since Freud considered that the object, and hence also transference, was lacking both in psychosis and in deeply rooted depression, he regarded these pathologies as contraindications (1905b, 1913). However, he did not rule out the possibility that, with the further development of psychoanalysis as a treatment method, "we may succeed in overcoming this contra-indication" (1905b, p. 264).

Thinking in terms of diagnostic classifications, in which analysis is indicated to a greater or lesser extent, has its roots in medical tradition. The doctor examines the patient, makes the diagnosis, and indicates the appropriate treatment. This approach is intended as an objectivized process in which, strictly speaking, variations among individuals within a diagnostic category are irrelevant. The aim is to determine categories that are or are not susceptible to the influence of analysis.

During the early decades of psychoanalysis, this was the dominant theoretical and practical approach, which was never fully abandoned. Debates were mainly concerned with establishing which list of diagnostic categories offered the best indication for analysis.

Although Freud wrote in particular about indications for analysis on the basis of diagnostic categories, he was also aware of the importance of all kinds of personality traits in the individual patient. Quite early in his career, he wrote that "one should look beyond the patient's illness and form an estimate of his whole personality" (1905b, p. 263), and went on to mention reliability, age, mental elasticity, and a modicum of intelligence.

Authors such as Fenichel (1946) and Glover (1955) increasingly came to realize that the person behind the symptoms and the associated diagnostic category was of great importance in considering a patient's suitability for analysis. For example, after an enumeration of diagnostic categories and the associated accessibility to psychoanalysis, Fenichel (1946) wrote: "Many other circumstances must be considered in making the prognosis: the general dynamic relationship between resistances and the wish for recovery, the secondary gains, the general flexibility of the person" (p. 575).

Fenichel also qualified Freud's position on the inaccessibility of the psychoses by making a less categorical distinction between transference neuroses and narcissistic neuroses: "The remainders of object relations in psychoses and the longings to regain such contacts may be used as a basis for a first analytic influence; if successful, this may gradually re-establish a minimum of transference ability" (p. 574).

Suitability and the Widening Scope

Indication on the basis of diagnostic criteria gradually gave way to consideration of the patient's suitability (Tyson and Sandler 1971). From this perspective, a patient's suitability for analysis is assessed on the basis of personality aspects relevant to the capacity to benefit from an analysis. The emphasis thus came to be placed on personality traits rather than on symptoms and diagnosis.

An example is the illustration by Zetzel (1968) of how a diagnosis of hysteria—which until then had been seen as readily amenable to analysis—in fact concealed a variety of personality structures, not all of which could be seen as favorable to analysis, by any means. Fenichel (1946) had already noted that complications in the personality "may make the analysis of a hysteric especially difficult or of a schizophrenic relatively easy" (p. 575).

Hence the assessment of personality structure proved to be a more differentiated approach than the establishment of indications on the basis of symptoms and diagnoses alone. As a result, the group of patients considered suitable for analysis expanded significantly. This important change came to be known in the literature as the *widening scope,* after a 1954 symposium with that title, with which Anna Freud (1954) and Leo Stone (1954), in particular, are associated.

Indication for psychoanalysis on the basis of the assessment of personality structure fitted in well with the then-popular school of ego psychology, in which metapsychological dissection of the patient experienced a boom. One of the culminating points in this trend was a paper entitled "The Metapsychological Assessment of the Adult Personality" (A. Freud, Nagera, and W. E. Freud 1965), which proposed an extensive schema for personality assessment. Libido, aggression, ego and superego, fixation points, tendency to regress, and conflicts were divided into a number of facets, and had to be taken into account from a variety of perspectives, in consideration of a patient for analysis. In addition to the nature and intensity of libido and aggression, a diverse range of ego functions, in particular, was deemed important.

This approach is vastly more subtle than indication on the basis of diagnostic categories. A patient who fits into a diagnostic category on the basis of observed symptoms has now become a unique and many-faceted individual. Here the beginnings of a change in the patient–analyst relationship can also be discerned.

In the initial interviews, the analyst was at first a more or less distanced investigator who attempted, as objectively as possible, to take a photograph of the patient's inner world and inner structure. The patient was an object to be studied and investigated, while the investigator, his

feelings, and the interaction were seen as of limited significance.[1] The contact was more a measurement than an encounter.

As the person of the patient came to assume increasing importance, the person of the analyst and the patient–analyst relationship slowly but surely also began to be regarded as relevant to the consideration of a patient for analysis. At the same time, countertransference gradually came to be seen less as a source of resistance and more as a source of communication and information (Heimann 1950). As well as being a one-person psychology, psychoanalysis increasingly also became a two-person psychology, in which intersubjectivity (Orange, Atwood, and Stolorow 1997) took the place of seeming exactitude and objectivity.

A Two-Person Psychology

In addition to the personality of the patient, more attention came to be focused on unconscious and conscious processes of the interaction between analyst and patient. The patient gradually ceased to be seen as an object to be observed and analyzed, and instead became a subject entering into a relationship with another subject, the analyst. This encounter unavoidably gives rise to an emotional dynamic in which patient and analyst influence each other constantly, mainly on the unconscious level, within an intersubjective matrix. Gill, Newman, and Redlich (1954) wrote that the psychiatrist was beginning to realize he was not only an observer but also a participant, and it was becoming clear that "all that takes place in the interview takes place within the therapist–patient relationship and can be understood only in terms of that relationship" (p. 84). Other authors writing at this time took a similar view.

This paradigm shift took place slowly, over a period of many years. With regard to the initial interviews, this meant that, alongside the conscious, verbal information furnished by the patient, the events in the here and now of the transference and countertransference relationship became an important source of diagnostic information about the possibility of an analysis.

[1] For convenience, masculine pronouns are used to refer to both sexes throughout this text.

German psychoanalysts in particular (e.g., Argelander 1970; Lorenzer 1970) considered the gathering of diagnostic information during the initial interviews by means of analysis of the dynamics of transference and countertransference. This was based on the view that, during the first interview, the patient mounted a scene in which he staged unconscious conflicts that could be understood (by "scenic understanding") and interpreted by the analyst. In this process, not only verbal communication but also nonverbal communication and action were important.

In the same tradition, Klüwer (1983) invoked an *action dialogue*. The notion of *enactment*, which to all intents and purposes coincides with the concepts just mentioned, was introduced into the English-language literature by Jacobs (1986). In all cases, the analyst is drawn into an enactment by the patient and participates in it to a certain extent. Consciousness of the enactment furnishes diagnostic information that leads to a subjective diagnosis (Dantlgraber 1982) on the basis of an analytic interaction in the first interview. Laimböck (2000) formulates this as follows:

> The situational unfolding of a current unconscious conflict in the patient permits the gleaning, in this short time, of evidence concerning the internal situation of the patient as actualized in the here and now of the relationship with the interviewer. [p. 10; translation by Philip Slotkin]

The "Creation" of Analytic Patients[2]

In coining the phrase "creation of analytic patients," Arnold Rothstein (1998) added an important new aspect to ideas on analytic diagnosis during the initial interviews. Taking up notions expressed by Freud (1913) on trial analysis, and by Stone (1954) on widening the scope of indications for analysis, with the modifications of standard technique and setting that then sometimes prove necessary, Rothstein writes that he

[2] "Creating analytic patients" is in my opinion an infelicitous term because it suggests a climate of power and superiority, while in addition conveying the impression of a one-sided process instead of one that is absolutely interactional. For this reason, I employ the term only when directly referring to its use by Rothstein (1998) and Levine (2010), in which case I put it in quotation marks. In other instances, I adopt different wording to denote the same process. My objection does not apply to the phrase "creating an analytic process." Rothstein and Levine use both variants.

conducts his initial interviews with the conviction that "psychoanalysis is the best treatment for most nonpsychotic patients . . . and that a trial of analysis is indicated for all such nonpsychotic patients" (1998, p. xviii).

In Rothstein's view, the setting and frequency of a trial analysis of this kind must be consistent with the patient's situation at the relevant time, thus allowing the patient's resistances to analysis to be discussed as analytic material. The possibility of an analysis becomes clearer only during the course of this process. Rothstein thereby abandons once and for all the idea that suitability for analysis can be determined in advance—an idea underpinned by a great deal of research (Bachrach 1998).

Indeed, Rothstein considers the wish to establish analyzability in advance to be harmful to the analytic process, in that "the analyst's urge to evaluate, diagnose or prognosticate, rather than to analyze, may be regarded as a possible countertransference signal" (1998, p. 59). This formulation, moreover, makes it explicit that not only the patient, but also the person of the analyst is relevant to consideration of the possibility of analysis. There must be an indication to proceed analytically for both parties.

Levine (2010), who also uses the phrase "creating patients," builds on the work of Rothstein by placing it more explicitly in an intersubjective context. He writes that the analyst not only "creates" (p. 1389) patients by helping them to develop trust, self-observation, tolerance of affects, and other necessary capacities, but must also create himself as an analyst in his own internal world for this particular patient.

The Person of the Analyst

Attention was drawn by Gitelson, as long ago as 1952, to the role of the analyst's person in the initiation of a psychoanalysis: "Trial analysis is thus not merely a test of the analysability of the patient but it also contains a test of the analytic situation for the analyst" (p. 3). Two years later, Stone (1954) noted that "the therapist's personal tendencies may profoundly influence the indications and prognosis" (p. 593). This was formulated more specifically by Waldhorn in 1960: "The interests, prejudices, energies, and clinical experience of the analyst will effectively de-

termine his suitability as the analyst for some cases and not for others" (p. 503).

Jacobs (1998) mentions sincerity, honesty, integrity, and sympathy for the specific patient as aspects of the analyst that are important in initial interviews. Brenner (1998) and Ogden (1992) consider that initial interviews do not call for special characteristics or a special role on the part of the analyst, who must be an analyst and must analyze in the same way as at any other time.

Besides aspects of the analyst's person that facilitate the commencement of an analysis, a number of authors address aspects that inhibit it. Ehrlich (2004) lists a variety of sources of reluctance in the analyst to embark on an analysis, such as uncertainty, anxiety, and unconscious ambivalence, as well as hatred toward analysis and doubts about its therapeutic value.

An aspect that I have not encountered in the literature, but that in my view frequently plays an appreciable part in analysts' problems about daring to be analysts and embarking on analyses, is their shame concerning psychoanalysis. Some candidates, and indeed experienced analysts, too, may be profoundly ashamed of analysis on an unconscious level, because it is regarded as an elitist, outdated, unscientific theory and form of treatment that draws attention to all kinds of aspects of our humanity to which we would rather close our eyes, and with which we certainly do not wish to earn our daily bread.

Besides shame, and often closely connected with it, a sense of guilt in the analyst may adversely affect the initiation of an analysis. A sense of guilt can arise from the offer of an intensive and expensive treatment about which the analyst himself is ambivalent, as well as from the idea that he is exploiting the patient by proposing an analysis on account of his own need for a new analysand. In this case, the sense of guilt is attributable to the analyst's self-reproach for acting not in the patient's interests but in his own.

In the following paragraphs, I shall concentrate on what I see as an aspect of the analyst's person that is crucial to the successful initiation of analyses—namely, the analyst's trust in psychoanalysis. I have previously described this trust as a nucleus—perhaps *the* nucleus—of analytic identity.

TRUST IN PSYCHOANALYSIS

Trust can be conceptualized as the willingness to believe another person on the basis of rational and emotional considerations. An important distinction must be drawn here between trust and belief.

Belief is characterized by an unconditionality in the relationship between two persons, in which reality testing plays no part (Isaacs, Alexander, and Haggard 1963). The other person is an omnipotent other who, notwithstanding any indications to the contrary, is blindly believed in the same way that a small child believes a parent. Hence the other is not a "genuine" other, but mainly the result of projection of the subject's own omnipotence.

In the case of trust, the other is more a "real" person who is trusted on the basis of prior, real experience. The distinction between belief and trust, although not absolute, is relevant to understanding the interaction between the analytic couple during the initial interviews.

Trust is a fundamental condition of any human interaction involving a profound emotional exchange. Without trust, prolonged relationships between persons are not possible, so that psychoanalysis, too, is not possible. A person who does not trust lives in a threatening, persecutory, and unpredictable world. The ability to predict on the basis of prior experience that the behavior of another person will conform more or less to our own emotional expectations and rational conceptions is an important aspect of trust. Hence trust is not a static condition but presupposes an ongoing affective and rational attunement. If a person turns to another in trust, this has a specific emotional modality and tone, and, according to Stensson (1999), this trust constitutes a "silent demand, an expectation that the other will respond in the same modality or tone" (p. 1).

The role of trust in the psychoanalytic relationship has been described by a number of authors. In most cases, what is meant is the patient's trust in the analyst. To my knowledge, there is only one psychoanalytic contribution that explicitly addresses the subject of the analyst's trust in the patient (Frank 2004).

The analyst's trust in psychoanalysis or the analytic process is the basic premise of Rothstein's (1998) book. He states:

> The analyst's attitude towards analysis, particularly its clinical efficacy and indications, profoundly influences her or his capacity to develop an analytic space . . . . I suggest that those analysts who lack such conviction and who have few or no cases in analysis may have an unconscious generalized bias against analysis. [p. xvii]

The analyst's trust in psychoanalysis cannot be taken for granted and depends on the way in which analysis has been internalized and become an internal object during the course of a process extending over many years (Wille 2008). If an analyst has good experiences with his training, his own analysis, and his functioning as an analyst, coupled with the intensely felt experience that the analytic method is an efficient and effective treatment for many patients, he may develop a loving relationship with this internal object. On the basis of this love and gratitude for what analysis has given him on both personal and professional levels, as well as on the clinical experience he has built up over the years, the analyst may come to trust analysis as a powerful means of offering people psychic change. This trust is never static, varying as it does with the analyst's affective fluctuations and those of his patients; however, an optimistic view of the possibilities of the analytic method must always be accompanied by a realistic awareness of its limitations.

An analyst who has trust in his method and in himself as an analyst takes pleasure in his work and can offer himself and his patients a better holding environment with a greater capacity for containment. This is consistent with my experience that an analyst who trusts not only can initiate more analyses, but can also dare to address more complex and primitive pathologies. An analyst without trust is more anxious, less relaxed when listening, and feels more insecure in the analytic situation. Trust is necessary in order to engage in analytic contact with the conviction that one is capable of emotionally surviving this particular analysis with this particular patient.

This conviction depends on trust in analysis, in one's self as an analyst, and in the patient's potential. It is like a ship's captain setting off

on a long and unpredictable voyage and wondering whether his vessel, he himself, and his crew are completely seaworthy. Both the captain and the analyst must have a sufficient sense of trust to be able to comfortably embark on and complete the voyage. Frank (2004) describes trust as "the analyst's conscious experience of *safety and relative emotional comfort* in engaging in the psychoanalytic task and its inherent uncertainties" (p. 339, italics in original).

It is essential for trust in the analytic method to be based on experience, and for the analyst to be aware of the limitations of that experience as well as the potential afforded by it. Exaggerated or excessively naive trust on the part of the analyst, possibly due to a defensive positive countertransference, may have the consequence that trust inclines toward belief, in which case the analyst idealizes his method and expects it to have magical effects. Owing to the lack of reality testing, the potential is overestimated and the limitations underestimated, with the frequent result of clinically risky situations and eventual disappointment in the analysis.

Trust is always accompanied by at least a modicum of distrust. The balance between the two is one of the dynamic determinants of the analytic relationship, and it fluctuates during the course of the analytic process. Trust is built up and then disturbed,[3] after which discussion of the disturbance may lead either to a renewal of trust or, alternatively, to more profound distrust. Trust and distrust operate in both analyst and patient. Both may trust and distrust each other and the analytic method. Trust is always under pressure from ambivalence, destructiveness, and suspicion. The Dutch saying that trust arrives on foot and leaves on horseback expresses the delicate nature of this balance and the vulnerability of trust. In this paper, I have chosen to concentrate on trust, while largely disregarding the element of distrust.

Trust in Psychoanalysis During the Initial Interviews

The essence of the psychoanalytic situation is that two persons spend time in one room with each other, without any structure to offer a solid

[3] This idea was originally expressed by my colleague Saskia Schmitz-Kooij in her unpublished commentary on an earlier version of this paper.

foundation for their interaction, apart from the impossible suggestion made to the patient that he must, or may, say everything that comes into his mind. This arouses anxiety and is at the same time fascinating. During the initial interviews, and in particular the very first, the situation is even bleaker, in a sense: the two persons have never seen each other before and know little or nothing about each other. How these two persons can embark on an analysis from this position has been described by authors such as Argelander (1970), Eckstaedt (1991), Jacobs and Rothstein (1998), Laimböck (2000), Ogden (1992), Schubart (1989), and Levine (2010).

All analysts have their own conceptions of initial interviews and differ on the form that they impart to them. Again, each set of initial interviews with a new patient is in turn different from all previous ones. This is due not only to the uniqueness of each patient, but also to the fact that, consciously or unconsciously, the analyst adapts his attitude and technique to the patient before him at any given time.

My own attitude and style of intervention vary with the patient's level of anxiety and manner of making contact, as well as with the emotional influence these factors have on me. In the case of an anxious patient who is not very well integrated, I am mainly concerned with allowing a secure climate to develop, and less inclined to engage in confrontational and interpretive interventions. With some patients, I am talking in concrete terms about psychoanalysis after just three or four interviews, whereas with others the preliminaries are much more prolonged. Technical variations of this kind are necessary not only for the patient, but often also for the analyst. Initial interviews are never straightforward, but it is not unusual for the interaction to be so confusing or to arouse such uncertainty in me that I need more time, and I intentionally or unintentionally adapt my technique.

There is no standard procedure for conducting initial analytic interviews. My guiding principle is to attempt from the very beginning to be an analyst and to facilitate an analytic process. I suggest that the analyst's trust in the psychoanalytic method plays a crucial part in this process.

Two other authors thinking along similar lines to Rothstein use a different word for *trust*. Grusky (1999) writes that the analyst's conviction about the analytic enterprise "may be the crux of what he communicates

to the patients, whether he knows it or not" (p. 425). She suggests that the patient identifies with the analyst's feelings of conviction, and that this process of identification has a specific impact during the conversion of psychotherapy to psychoanalysis and at the initiation of psychoanalysis.

Zwettler-Otte (unpublished) writes:

> The first interview reveals not only a lot about the potential patient to the analyst, but it works also the other way around: also the analyst communicates unconsciously and without conscious intention a lot to the potential patient, especially regarding his faith in psychoanalysis and his countertransference feelings.

The question then arises as to how the analyst is to convey this trust to the patient, what significance this assumes in the interaction, and how this may lead to an analysis.

The patient's very first impressions of the analyst's trust in his method often accrue from information either passively received or actively assembled in a variety of possible ways, before the first contact. Patients not uncommonly know a great deal about the analyst's analytic experience, status, reputation, publications, and even outcomes with other patients. A patient who is referred has often obtained a great deal of—usually positive—knowledge about the analyst. Many patients have already comprehensively Googled the analyst before coming for an initial interview. Hence there is no such thing as an entirely naive patient, although this does not mean that his information is completely accurate and not colored by fantasy and projection.

All this information already conveys an impression of the analyst's way of being an analyst, and consequently also says something about his trust in himself and his method. If an initial interview subsequently takes place, this impression will in general be positive.

The next source of information is usually the first telephone contact. This is often when the patient has direct contact with the analyst for the first time. The melody and tone of his voice, the color of the contact, his openness and willingness to listen and consider—all these afford a great deal of information about the person of the analyst and, indirectly, about his appetite for analyzing and his trust in being an analyst. If the analyst

is already listening and speaking like an analyst on the phone—that is, if he listens not only on the practical, objective level, but also to the unconscious, underlying feelings and meanings—he is indirectly conveying something about the value he attributes to his method. I always allow the necessary time in an initial phone contact for a brief personal conversation to develop.

The analysis in fact already begins during this initial phone contact. When the patient eventually sees and greets his analyst for the first time during the initial interview, then, a great deal has already happened in reality and fantasy, and the patient has already formed a more than superficial impression of the analyst.

At the beginning of the first interview—a quasi-magical moment that always carries an intense emotional charge—the existing impression is compared with the impression of that first moment. The emotion emanating from the analyst, his way of making eye contact and the feel of his handshake, tell the patient a lot about the extent to which the analyst, as an analyst, feels at ease and trusting in this situation. Of course, communication of this kind takes place primarily on the unconscious level, nonverbally and subjectively.

The analyst's attitude and conduct during the first interviews reveal to the patient a great deal about what analysis involves and about the analyst's relationship to his method. I myself do not systematically take a history, nor do I attempt to impose any other kind of structure (for instance, by asking numerous questions for informational purposes) in order to mitigate my own or my patient's anxiety. I try to listen as empathically as possible, to be aware of the transference and countertransference manifestations and, where possible and appropriate, to confer meaning on them. Interventions are directed principally toward unconscious meanings and missing connections. In this way the patient gains an impression, on the level of experience, of what analytic work involves, and sees that I have a reasonable degree of trust in my method and endeavor to apply it with calm conviction.

Quinodoz (2002) considers that

> . . . the patient should discover during the preliminary interviews that the analyst is suggesting an encounter that is *not* edu-

> cational, *not* psychological, and *not* psychiatric, and that this situation is different; the important thing for the patient is to *feel* what a psychoanalysis is. [p. 121, italics in original]

Another aspect of this "feeling what psychoanalysis is" is the sense that a degree of emotional intensity, and hence engagement, can arise between patient and analyst—an intensity that can seldom if ever be experienced with a relative stranger outside the analytic situation. This engagement may come into being, for example, if the analyst does not disturb the unstructured analytic space by reality-based interpretations or cognitive procedures, thus enabling the transference to develop. If the analyst is truly capable of listening on several levels to emotional meanings, and can find the nonverbal attitude and words to convey this to the patient in such a way that the patient is emotionally touched, moments of connectedness can arise.

A patient who feels that his pent-up grief and concealed pain have been recognized, and that the analyst feels these with him, experiences an intense connection with the analyst. This is evident in the feeling that the analytic relationship is one in which the two parties make emotional contact with each other and influence each other, and in which genuine emotional engagement is possible. Ellman (2007) uses the term *affective interpenetration*[4] (p. 247) for this process of mutual emotional influence, describing it as a crucial aspect of the beginning of an analytic treatment.

The experience of profound connectedness and affective interpenetration enables the patient to feel deeply what a psychoanalysis may have to offer. This experience will unquestionably have a powerful effect on the patient's motivation and trust in psychoanalysis. Trust based on emotional experience has particularly persuasive power.

In addition, the patient learns that the analyst dares to allow this emotional engagement to arise, and also dares to be part of it. The analyst shares in the emotional encounter, and does so in a calm and relaxed manner that radiates the fact that he trusts in what is happening—that it is possible, permissible, and benign. In this way, the analyst shows

[4] The erotic and sexual color of this well-chosen term is not coincidental, in my view. A moment of intense emotional connectedness may approximate or even surpass the experience of physical sexual intimacy. McLaughlin (1995) hints at this possibility with his reference to the "near-physical impact of words" (p. 433).

that the analytic situation is safe and that he has trust in himself and in the method.

A final important moment in the communication of the analyst's trust in psychoanalysis occurs when, after a few interviews, he suggests embarking on an analysis. Although I try not to talk too much about this on a rational level, I can seldom avoid giving the patient some explanation about what an analysis involves and why I believe it is the preferred approach for him. This often leads to a discussion of the patient's problems as they have emerged in the initial interviews, and of how analysis may be able to help with them. This gives the analyst an opportunity to consciously put into words something of his trust in the analytic method.

I myself am accustomed to saying that, in the case of the specific patient before me, analysis is in my experience the treatment that offers the best prospect of a good outcome with a high degree of permanence. This conscious influencing of the patient will then hopefully fall onto the fertile soil of his sense on an emotional level that analysis has potential. Without the latter, it is no more than a well-meaning piece of advice based more on professional authority and belief than on trust.

In this way, the analyst's trust in psychoanalysis is conveyed to the patient step by step—consciously and, in particular, unconsciously—and in my opinion makes an important contribution to the process that may lead to an analysis. The patient gradually internalizes this, and as a result can himself begin to trust the analysis and the analyst. This feeling is reinforced by evidence of the analyst's trust in the patient, inherent in his suggestion of an analysis. Thus, the analysis increasingly becomes a shared enterprise based on mutual trust.

The above account describes in general terms the possible course of the process involved in the initial interviews when the analyst has sufficient trust in his method and the patient arouses positive rather than negative feelings in him. Of course, that is not always the case. Analysts may be more than averagely uncertain, anxious, or ambivalent about the analytic method and may even unconsciously hate it. These inhibiting forces in the analyst can greatly impede the initiation of analyses, or even render them impossible.

According to Ogden (1992), the analyst's conscious fear that the patient will not return after the initial interview may conceal the uncon-

scious anxiety that the patient will in fact remain in treatment. Ehrlich (2004) describes the various forms of reluctance on the part of the analyst to commence an analysis, and quotes a number of authors who mention factors that undermine the analytic attitude during the initial interviews. I myself have adduced four sources of hostility to psychoanalysis arising out of intense ambivalence, whether conscious or unconscious (Wille 2008). This situation inevitably drains away the analyst's trust in his method.

In addition, and always in interaction with the analyst's internal relationship with his method, the emotional reaction aroused in the analyst by the patient plays an important part in the initiation of an analysis. We do not find all our patients equally agreeable, especially during initial interviews, and sometimes feelings of irritation, discomfort, or even aversion and disgust can predominate. The resulting effects on the process are always considerable.

In the following vignette, for example, I describe how the patient had already irritated me during our first telephone conversation, and how this subsequently led to a risky interpretation. The intensity of the analyst's inner ambivalence and the color of his emotional reaction to the patient together substantially dictate the potential space for the development of trust between the two participants and the trust of each in their enterprise.

CLINICAL VIGNETTE[5]

Mark, a young, unmarried doctor who lives on his own, telephones me in a panicky voice and says in a somewhat demanding tone that he is in a very bad way and needs help quickly. He describes his situation as urgent and dangerous. A prompt appointment is necessary. A colleague of mine from another town has strongly recommended me. Mark is taking up this recommendation, although he thinks it unfortunate that I am not a physician and cannot prescribe medication for him or have him admitted to hospital if necessary.

[5] The following vignette is intended as an illustration of the role of the analyst's trust in analysis during initial interviews, and for this reason sketches only a relevant selection from what was in fact a much more ambivalent and complex process.

Meanwhile, I am already becoming aware of some inner irritation and an inclination to brace myself. The first thing I say is that it sounds as if he is very much under pressure and seems to be desperately searching for something to hold onto. There follows an emotional, somewhat incoherent account, from which I gather he is functioning well as a doctor and has many contacts, but that he is very tense and anxious inside. He can hardly keep his head above water. I reply that I understand that a great deal is going on, and I offer him an appointment for a few days later.

I am struck by the fact that Mark lives in another town where there is an ample choice of analysts, but that he is evidently following my colleague's recommendation nevertheless. This colleague has manifestly given me a warm recommendation, and Mark's decision to phone me was based primarily on trust in the referring colleague and in his opinion of me. During the telephone conversation, I had the feeling that contact was made and that he became a little calmer. This clearly created sufficient trust for him to take up my offer.

On the phone, Mark already aroused my sympathy through his expression of profound distress, and I became curious about the stark contrast between his great tension and anxiety, on the one hand, and his well-functioning professional life, on the other. At the same time, Mark irritated me with his somewhat contemptuous and peremptory tone.

At our first meeting, I am faced with a quite formally dressed young man who tensely proffers a hand moist with the sweat of anxiety. There is panic in his eyes. I immediately notice the contrast between his controlled demeanor and the odor of anxiety emanating from him both literally and figuratively. I am aware of an inclination to keep my distance in order to avoid the odor, but also and in particular so that I will not be contaminated by his agitation and anxiety.

Mark tells me that he can feel two aspects of himself. On the one hand, he is often very anxious, sleeps badly, and dreams about storms and tsunamis. He is frequently afraid of having a panic attack and therefore avoids situations from which he cannot escape. There follow a number of examples showing how restricted his life is. On the other hand, his colleagues and friends know him as a sociable, stable individual with many interests and contacts, and he functions well in his complicated work.

Mark has recently entered into a new relationship, and as with previous relationships he worries endlessly about whether his partner is really the right girlfriend for him. Every relationship quickly goes awry because the other is driven crazy by his agitation and his inclination to dictate everything.

So far, I have done hardly anything but listen and show nonverbally that I understand he has considerable problems. I now feel it is possible to do more, and I say: "I understand that, if you are anxious and uncertain, you also have a powerful need to be in charge, in control. You want to arm yourself against storms and tsunamis within yourself, in the same way as against threats from the outside, which you don't want to allow to impinge on you." Seeing that these words are well received, I cautiously add: "The need for control evidently also plays a part in your wish to dictate to others. I assume this because perhaps something like that also happened when you called me for an appointment and made me feel that your need was so great that I simply had to comply with your request promptly."

The first part of my intervention is intended to allow Mark to feel that I understand and sympathize with him. The second part is a transference interpretation that connects his demanding way of dealing with others with how he treated me in our phone conversation, using my own countertransference feeling for illustration. Besides the empathic message contained in the first part, Mark can see from the second part that I do more than just listen, and that I link various aspects of what he does and says together and assign meaning to them. I am also making it clear that I use my own feelings, too, and that our relationship is a subject for discussion in an analytic contact. By this intervention, I also express something of my *being an analyst* and my trust in this way of working, in the hope that Mark can apprehend something of this.

Even though I believe the second part of the interpretation to be appropriate in terms of its content, I later notice when writing up my notes that I have retrospective misgivings about its timing and tone. I did not really feel this during the session. It was a confrontational transference interpretation made early in the initial interview. As a supervisor, if I were working with a trainee who recounted such an episode, I would certainly have drawn his attention to this fact.

Although Mark's reaction to the first part of the interpretation no doubt encouraged me to go a step further, I think that my irritation during the phone conversation was an important unconscious reason for my making this premature and somewhat punitive interpretation—or at any rate, for my doing so with such an anxious patient. I manifestly had a score to settle. The fact that Mark nevertheless reacted favorably to my interpretation was due more to excessive control of his aggression, I fear, than to my tact and timing.

At the time of the interpretation, Mark reacts by first staring at me in surprise for a few seconds, and then by saying: "That's absolutely right." After a few more seconds of silence in which he seems to be reorganizing himself, he remarks: "You mean that I was so demanding with you, too." Then, thoughtfully: "I think I do that much more often than I realize. But usually I don't get to hear about it, and people withdraw or else there is a quarrel, and it doesn't become clear what is involved."

Mark then tells me about his relationships and friendships, all of which have broken up, and about his mother, who feels insecure in her life and is very much present and demanding in his.

My feeling is that we are both satisfied with the first interview and that a start has been made on forging a mutual relationship with the rudiments of trust. It thus seems perfectly natural to make another appointment.

A week later, Mark reports that he felt much calmer for a few days after the previous interview, but that his agitation then returned. He felt that I had given him lots of space to tell his story and was surprised that I could tolerate just listening for so long. He himself would not be able to stand it. I deduce from this last communication that Mark has picked up something of my trust in the analytic method by my daring to let him speak without an apparent structure, without becoming anxious that the situation might get out of control or descend into chaos.

With much hesitation, Mark now tells me more about what he calls his "dark side," thus giving a clearer impression of the depth and severity of his problems. He is in fact unable to feel any genuine contact with others or with himself, but has developed an outward posture of interest and self-assurance. Mark acts the part of himself. He feels quite chronically alienated, experiencing himself as being in a space capsule

far above the earth. He is very afraid of becoming even more disoriented and no longer knowing who and where he is. He keeps finding himself in places around town without knowing how he got there. He is frightened of lapsing into confusion and completely losing his grip on himself.

Mark is crying his eyes out and trembling all over his body when he tells me that the occasion for his seeking help was the ghastly suicide of a colleague, who, in his opinion, was also concealing his "real" self. Mark himself repeatedly feels intense fury and the need to smash everything to pieces. In his work in particular, in which he is directly responsible for people's lives, he is plagued by aggressive and destructive fantasies.

We have now been talking in this second interview for about twenty minutes. Realizing the intensity of Mark's concealed suffering and feeling touched and moved, I comment: "From what you are telling me now, I understand pretty well, even more than last week, how life has become one long anxious torment for you and is virtually unbearable. You are not only ensconced far away in your space capsule, but you are also afraid of losing the last vestige of connection with the world, as well as your grip on yourself, and that you will commit suicide like your colleague. Then the connection will be broken once and for all, and your torment will be at an end. Perhaps suicide is also a response to the enormous rage you feel within yourself. But there is also a side of you that wants to return to earth and repair the connection; otherwise you wouldn't have phoned me."

Mark gazes intently at me while I speak. I, too, feel a strong emotion, something of which Mark has surely seen or felt. It seems to me that this is a good example of affective interpenetration: Mark feels not only my emotional involvement, but also that I dare to let this happen with him, that our interaction is meaningful, and that we will be able to continue talking afterward. During the remainder of the hour, the contact between us deepens, Mark becomes calmer again, and tells me, among other things, about his family of origin.

In the third interview, Mark tells me more about his failed relationships and his parents. He was the only child in a family of doctors in which the war played a major part. In the past, he has tried all kinds of medicines and had behavior therapy as a student. I am able to make a number of connections that enable him to feel our way of talking may

have something to offer. The contact between us deepens further, and I begin to feel that we have embarked on a journey.

Again, not only after but also during the course of the initial interviews, as analysts with theory at the back of our minds, we are always engaging in diagnostic reflections and wondering whether an analysis is possible. In Mark's case, by virtue of the severity and violence of his pathology, his peremptory, arrogant attitude, and his propensity to sever contact with people, I at first doubted whether he would be able to tolerate the emotional intensity of an analytic process. At the same time, I was also somewhat hesitant because I was not sure that *I* was able and willing to tolerate *him*. My premature, punitive interpretation was not a good beginning, and made me realize that Mark was evoking something in me that could easily degenerate into a conflict with sadomasochistic characteristics. In the second interview, Mark was able to talk about his anxiety-ridden internal world and to show more of his vulnerability. The contact between us intensified and became more relaxed. Mark demonstrated an ability and willingness to think about himself and seemed to be allowing me more space. This trend continued and became more pronounced in the third interview. During these three interviews, I became increasingly convinced that analysis was the best option for Mark, and that I would recommend this approach to him.

In the fourth interview, he says that he finds our sessions very agreeable. He feels somewhat calmer and notices that talking gives him something to hold onto. We have now spoken on three previous occasions, and Mark asks if I think there is a solution to his problems. Although I am wondering at this point whether, having registered Mark's anxiety and fragility, it might not be a good plan to wait for a few more sessions, I decide to take this opportunity of imparting my view of his problems to him, and of linking it to a recommendation for possible further treatment.

When I suggest the possibility of analysis to a patient, I try to do so with conviction, but not before carefully considering various aspects that I see as relevant. Within the spectrum of predominantly neurotic and borderline pathology, I am primarily concerned not only with the content of that pathology, but also with the degree of flexibility of the patient's mental functioning—both in general and in terms of his in-

ternal conflicts and disturbing experiences in particular. Important aspects here, to my mind, are the patient's level of anxiety, emotional accessibility, and wish for change.

The evolution of contact between the other and me during the initial interviews gives me an impression of the potential for the development of a change-inducing analytic interaction between us. This sense of contact is very important to me because it is primarily an emotional impression based on the actual interaction, and combines within itself all the factors mentioned earlier. I virtually always test my inevitably subjective judgment of the possibility of an analytic process by consulting with other analysts.

With Mark, I begin by stressing that it was sensible of him to seek help again, and I say that in my opinion he certainly ought to continue. It has indeed become clear in our conversations that he is tormented by deeply rooted and wide-ranging problems, but that there are parts of himself that do function well and feel good.

I go on to say that a solution—in the sense that at a given point everything will have been dealt with—is not possible with such complex problems, but I do think it will be possible to change so many aspects of his problems that his life will become more bearable. In my view, it is well worth trying. I add that I am expressing myself cautiously because outcomes cannot be predicted with certainty, but that my recommendation is in fact based on long experience amassed both by other analysts and by me.

Mark responds by saying that this is good to hear, but that his behavior therapy also helped at first; after a time, though, everything was back as it had been before, and he had made little progress. Might a drug-based approach, possibly in combination with admission to hospital, not offer a better prospect of lasting change?

I reply that there are no pills that can solve his problems, and that hospitalization would have a very profound and disturbing effect on his life and would in my opinion also be too drastic. I then say: "I do agree with you that something substantial must now happen to bring about some sort of permanent structural change. That's why I am thinking of a long-term psychoanalysis—not on a weekly basis but daily. It seems to

me that once-a-week therapy would not give you sufficient opportunity to bring about a lasting change, whereas an analysis in which we speak to each other every day would offer the intensity and continuity that, in my experience, would give you the best prospect of achieving the best possible outcome, provided that the analysis is allowed the necessary time."

The recommendation of an analysis, for me, is a step in a process and not its end. I therefore try to formulate my comments as a recommendation that the patient and I together consider the possibility of an analysis. I attempt to initiate a dialogue with the patient about this. From this perspective, the recommendation is provisional and tentative. The patient's reaction is diagnostically informative and tells me a great deal about the actual possibility of an analysis. On the basis of the nature of this reaction, I adapt my position and technique and refine the latter.

Although my proposal does not come entirely out of the blue for Mark, he nevertheless takes fright at the intensity and length of time involved, but says he also realizes there are no quick and simple solutions. He is now persuaded that something must really be done, and he has also become curious about what might emerge from such an intensive process. At the same time he is terrified at the prospect. At any rate, he wants to think and talk about it seriously.

In this interview, I indicate directly to Mark that I indeed wish, and dare, to set sail with him if the boat we choose is seaworthy. I am thereby also signaling that I have trust in him, in myself, in the two of us together, and in psychoanalysis. In addition, Mark notices that I am able to make contact with the anxiety and destruction in him, that I am acquainted with these and do not condemn him for them. Of course, this has not disposed of all the distrust, and doubts remain in Mark as to whether I really am a suitable therapist and whether psychoanalysis is the best approach for him.

I see his reaction to my suggestion as confirming my earlier impression, and it reinforces my conviction that an analysis is possible and is the best approach for Mark. Although my hesitation due to the expected destructive aspects of the contact between us has not entirely disappeared, I feel that it is amply offset by a considerable degree of self-reflection and a genuine wish for change.

Mark uses the next two interviews to continue thinking and talking about my offer. He decides to give the analysis, himself—and probably also me—a chance, and we agree on a frequency of five sessions a week.

During his prolonged and turbulent analysis, which was more than averagely successful, Mark repeatedly returned to our initial interviews. On such an occasion, years later, he said that he had found these conversations so special because he had felt that I had trust in him, and that the message emanating from me was that I felt analysis really could help him. He said: "You also seemed to have an appetite for it and to really trust in it."

CONCLUDING REMARKS

The experience with Mark and others has increasingly reinforced my conviction that the analyst's trust in and love for psychoanalysis are crucial components of analysis in general and initial interviews in particular. The communication of this trust, if an analysis is suggested, is accompanied by the analyst's trust in the patient and in the latter's capacity to make use of an analysis. These forms of trust are internalized by the patient and contribute to his trust in the analysis and in the analyst. This process makes it possible for a climate of emotional engagement and safety to arise right from the initial interviews and for it to be progressively reinforced later, together with mutual trust. A climate of emotional engagement, in my opinion, is another indispensable aspect of analysis and of initial interviews. This engagement is not possible without trust.

McLaughlin (1995) has the following to say about intimacy, an intense emotion that can arise at a later stage out of the engagement manifested in the initial interviews:

> The course of any analysis can be described as a mutual exploring of the communicative boundaries of one by the other in the intimacy of the analytic dyad, with the aim of both to reach the core of the other while protecting one's own . . . . We seek to test and find ourselves in the intimacy of the therapeutic relationship, to become known to and accepted by the other, in whose sum we may more fully assess ourselves. [p. 434]

While these remarks relate to analysis as a whole and to the intimacy that develops only in the longer term, they are also relevant to initial

interviews. Precisely at a time when there is so little trust and so little to hold onto, the boundaries of each party are explored, and analyst and patient alike, each in his own way, seek recognition and acceptance. In the early flush of trust and the burgeoning engagement of the initial interviews, the basis is thus formed of what will eventually grow, it is hoped, into a lasting and affectively meaningful, intimate analytic relationship.

If initial analytic interviews are considered and conducted from the vantage point of an inner attitude of this kind, it becomes possible for psychoanalysis not to be offered as a medical indication and treatment, but instead for the patient to experience it literally as a hands-on treatment in the sense of being touched affectively by it.

Let me conclude with a few words about the possible implications of the foregoing for training as an analyst. If the analyst's trust in his method is so important for the generation of analyses, this constitutes an additional difficulty for an inexperienced analytic candidate who, after all, has not yet had time to establish this trust sufficiently. This extra difficulty comes on top of the already often confusing complexity experienced by candidates in mastering the technique of initial analytic interviews.

Reflection on this problem in my analytic society led to the design of a special part of the curriculum devoted to initial interviews and to commencing the development of analyses directly from these interviews. A concise outline of this part of the curriculum follows.[6]

Much of the first year and a half of training is devoted to a practical course in which candidates can present initial interviews they have conducted to other candidates in their year. With the guidance of a supervisor who is especially sensitive to this process, a range of aspects of an initial interview are considered in this way, often centering on unconscious and nonverbal interaction. A question that constantly arises is why an analysis might not be possible in this case.

Candidates are thereby given a sense of the interactional dynamic of an initial interview, and they experience how the analytic method can enable them to impart meaning to that dynamic and thereby to initiate

[6] A comparable initiative in the United States is described in detail by Arden Rothstein (2010).

an analytic contact. One of the intended effects of this approach is that candidates not only acquire skills, but also begin to develop an analytic identity, of which trust in themselves and in the method is a component. This usually occurs implicitly during the training, but sometimes, according to candidates' experiences in initial interviews, attention is directed explicitly to analytic identity, trust, and other related matters. Most candidates find that they become increasingly adept at the conduct of initial interviews during the practical part of the course, and that they can initiate a meaningful interaction with the patient; this helps establish and reinforce their trust. These experiences in the practical sessions are supported by readings from relevant literature.

Although it is as yet too early for a conclusive verdict, the provisional impression in my analytic society is that many candidates profit from this approach. Trust in the method and in the important skills relevant to initial interviews can of course be fully acquired only in the course of training, but it may well be possible to optimize the conditions for their development.

REFERENCES

Argelander, H. (1970). *Das Erstinterview in der Psychotherapie.* Darmstadt, Germany: Wissenschaftliche Buchgesellschaft.

Bachrach, H. M. (1998). The analyst's thinking and attitude at the beginning of an analysis: the influence of research data at the beginning of an analysis. In *On Beginning an Analysis,* ed. T. J. Jacobs & A. Rothstein. Madison, CT: Int. Univ. Press, pp. 3-26.

Brenner, C. (1998). On beginning an analysis. In *On Beginning an Analysis,* ed. T. J. Jacobs & A. Rothstein. Madison, CT: Int. Univ. Press, pp. 47-55.

Dantlgraber, J. (1982). Bemerkungen zur subjektiven Indikation für Psychoanalyse. *Psyche,* 36:193-225.

Eckstaedt, A. (1991). *Die Kunst des Anfangs.* Frankfurt am Main, Germany: Suhrkamp.

Ehrlich, L. T. (2004). The analyst's reluctance to begin. *J. Amer. Psychoanal. Assn.*, 52:1075-1093.

Ellman, S. J. (2007). Analytic trust and transference: love, healing ruptures, and facilitating repairs. *Psychoanal. Inquiry,* 27:246-263.

Fenichel, O. (1946). *The Psychoanalytic Theory of Neurosis.* London: Routledge.

Frank, K. A. (2004). The analyst's trust and therapeutic action. *Psychoanal. Q.*, 2:335-378.

Freud, A. (1954). The widening scope of indications for analysis: discussion. In *Indications for Child Analysis*. London: Hogarth.

Freud, A., Nagera, H. & Freud, W. E. (1965). Metapsychological assessment of the adult personality—the adult profile. *Psychoanal. Study Child*, 20:9-41.

Freud, S. (1894). The neuro-psychoses of defence. *S. E.*, 3.

——— (1905a). *Three Essays on the Theory of Sexuality. S. E.,* 7.

——— (1905b). On psychotherapy. *S. E.,* 7.

——— (1913). On beginning the treatment. *S. E.,* 12.

Gill, M., Newman, R. & Redlich, F. C. (1954). *The Initial Interview in Psychoanalytic Practice*. New York: Int. Univ. Press.

Gitelson, M. (1952). The emotional position of the analyst in the psychoanalytic situation. *Int. J. Psychoanal.*, 33:1-10.

Glover, E. (1955). *The Technique of Psychoanalysis*. London: Baillière, Tindall & Cox.

Grusky, Z. (1999). Conviction and conversion. *Psychoanal. Q.*, 68:401-430.

Heimann, P. (1950). On counter-transference. *Int. J. Psychoanal.*, 31:81-84.

Isaacs, K. S., Alexander, J. M. & Haggard, E. A. (1963). Faith, trust and gullibility. *Int. J. Psychoanal.*, 44:461-469.

Jacobs, T. J. (1986). On countertransference enactments. *J. Amer. Psychoanal. Assn.*, 34:287-307.

——— (1998). Introduction. In *On Beginning an Analysis,* ed. T. J. Jacobs & A. Rothstein. Madison, CT: Int. Univ. Press, pp. xiii-xviii.

Jacobs, T. J. & Rothstein, A., eds. (1998). *On Beginning an Analysis*. Madison, CT: Int. Univ. Press.

Klüwer, R. (1983). Agieren und Mitagieren. *Psyche*, 37:828-840.

Laimböck, A. (2000). *Das psychoanalytische Erstgespräch*. Tübingen, Germany: Diskord.

Levine, H. B. (2010). Creating analysts, creating analytic patients. *Int. J. Psychoanal.*, 91:1385-1404.

Lorenzer, A. (1970). *Kritik des psychoanalytischen Symbolbegriffs*. Frankfurt am Main, Germany: Suhrkamp.

McLaughlin, J. T. (1995). Touching limits in the analytic dyad. *Psychoanal. Q.*, 64:433-465.

Ogden, T. H. (1992). The initial analytic meeting. In *The Primitive Edge of Experience*. London: Karnac, pp. 169-194.

Orange, D. M., Atwood, G. E. & Stolorow, R. D. (1997). *Working Intersubjectively*. London: Analytic Press.

Quinodoz, D. (2002). *Words That Touch*, trans. P. Slotkin. London: Karnac, 2003.

Rothstein, A. (1998). *Psychoanalytic Technique and the Creation of Analytic Patients*. London: Karnac.

Rothstein, A. (2010). Developing psychoanalytic cases and the candidates who will analyze them: an educational initiative. *J. Amer. Psychoanal. Assn.*, 58:101-136.

Schubart, W. (1989). The patient in the psychoanalyst's consulting room: the first consultation as a psychoanalytic encounter. *Int. J. Psychoanal.*, 70:423-432.

Stensson, J. (1999). Trauma and basic trust [an editorial]. *Int. Forum Psychoanal.*, 8:1-2.

Stone, L. (1954). The widening scope of indications for psychoanalysis. *J. Amer. Psychoanal. Assn.*, 2:567-594.

Tyson, R. L. & Sandler, J. (1971). Problems in the selection of patients for psychoanalysis: comments on the concepts of "indications," "suitability" and "analysability." *Brit. J. Med. Psychol.*, 44:211-228.

Waldhorn, H. F. (1960). Assessment of analyzability. *Psychoanal. Q.*, 29:478-506.

Wille, R. S. G. (1992). Van psychotherapie naar psychoanalyse bij dezelfde behandelaar. In *Psychoanalyse in onderzoek*. Assen, the Netherlands: Van Gorcum, pp. 114-125.

——— (2001). There is no such thing as a patient. In *Alleen en met zijn tweeën*. Assen, the Netherlands: Van Gorcum, pp. 20-33.

——— (2008). Psychoanalytic identity: psychoanalysis as an internal object. *Psychoanal. Q.*, 77:1193-1229.

Zetzel, E. R. (1968). The so-called good hysteric. *Int. J. Psychoanal.*, 49:256-260.

Zwettler-Otte, S. (unpublished). The analyst's faith in psychoanalysis and its unconscious communication.

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AFTERWARD: KEEPING ANALYSIS ALIVE OVER TIME

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Development of a self-analytic function has historically been a goal of psychoanalysis. This article draws on interviews with former analysands to examine ways in which self-exploration continued after analysis. Former analysands who did not report ongoing self-exploration had not necessarily failed to benefit from analysis, nor had they not continued to benefit and grow after analysis ended. The author reflects on different ways of assimilating the analytic process and the analytic relationship, and self-analysis as a criterion by which to judge the success of analytic outcome is reconsidered.

Keywords: Termination, post-analytic contact, self-analysis, insight, analytic relationship, analytic outcome, research, change in analysis, analysts' personal analyses, theory, dream analysis, self-reflection.

When I was in analytic training, we were taught that the development of a self-analytic function was both a goal of analysis and a criterion for its successful end (Brenner 1976; Gaskill 1980; Hoffer 1950; Kantrowitz, Katz, and Paolitto 1990; Kramer 1959; Schlessinger and Robbins 1983). Unless the process of self-exploration led to reawakening of an insight, once known but unavailable in whatever current distress mobilized introspection, or a new insight emerged from an introspective process, it would not be designated self-analysis. Further, it was assumed that this

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process would become an internalized function, excluding reliance on the imaginary presence of the former analyst or others.

Self-analysis is, of course, a process that occurs during analysis itself in the presence of one's analyst. The question is whether and to what extent it continues after the analysand and analyst stop meeting. And can there be benefit from analysis if it does not?

Although conceptualizations of analysis and its outcome have changed in the last twenty-five to thirty years, analytic authors find it necessary to remind us that we persist in idealized expectations of analysis and its termination (Blum 1989; Firestein 1982; Gabbard 2009; Golland 1997; Panel 2009). Ideas presented in conferences, informal discussions—and, more often than we would like to think, in teaching—continue to perpetuate outdated assumptions. Suggesting that the development of a self-analytic function, as defined in my opening paragraph, is a goal of psychoanalysis is one of these idealized expectations.

The reality is that, after analyses end, we have relatively limited information about whether or to what extent former analysands find a way of keeping an analytic experience alive. We also lack information about which ways and with what effect they do so, if they do. If they engage in self-analysis, which functions do they employ? Is the process used for comfort? Affect regulation? Insight? Are old conflicts recognized and reworked? Are new conflicts worked through or only recognized, defined?

In this paper, I draw on interviews with former analysands. Of eighty-two who were interviewed as part of a larger study, twenty-three described ways in which they continued self-exploration.[1] The responses indicate that post-analytic experience is not necessarily what would be predicted by the theory that many of us were taught. When former analysands do not continue a self-analytic process, as defined earlier, it does not necessarily mean that they have not benefited from analysis, or that they do not continue to benefit from it and grow after the formal process of analysis ends.[2]

[1] The subjects volunteered to discuss termination of their analyses and post-termination experiences in one- to two-hour telephone interviews.

[2] Benefit is subjectively defined by the analysands. I do not mean to suggest that their appraisal is the only criterion of analytic outcome. But it is a necessary one, often neglected in the analytic literature.

My intention is to demonstrate the diversity of experiences in termination and post-analysis in order to counter idealizations and faulty generalizations. I wish to show that each analysand uses the analytic experience in his or her own way, perpetuating certain features, most likely based on the specificity (Bacal 2010) of each individual's particular psychological needs and abilities.

Self-analysis, as defined in the foregoing paragraphs, occurs with less frequency than assumed. But there are other ways to keep analysis alive. Accordingly, I make a distinction between self-analysis and self-reflective activities, which may regulate tension or distressing affect without necessarily leading to insight. Additionally, without necessarily self-reflecting, some former analysands think or talk about their analyses and their analysts in ways that evoke the analytic experience. In this paper, I will designate activities of self-exploration that regulate affect tension in the absence of insightful self-reflection, while I refer to activities that result in insight as self-analysis.

LITERATURE REVIEW

Before the influence of object relational ideas, when analysts valorized an autonomy that was made possible by a metapsychologically based vision of psychic structure formation, analytic success was thought to depend upon an idealized version of the internalization of an analytic function that theory had determined had to be depersonalized (Firestein 1974; Gaskill 1980; Hoffer 1950; Ticho 1967).

It does not seem that Freud adhered to so strict a definition. He believed that an analytic process strengthened patients' egos so that they would be able to independently continue a process of analysis after termination. He wrote that:

> We reckon on the stimuli that he [the patient] has received in his own analysis not ceasing when it ends and on the process of remodeling the ego continuing spontaneously in the analyzed subject and making use of all subsequent experiences in this newly acquired sense. [1937, p. 249]

Even prior to the spread of object relations theory, some analysts, such as Kramer (1959), questioned whether a self-analytic process is nec-

essary for a successful analytic outcome. She believed it was not always a conscious process that transformed unconscious conflicts into insights and new solutions. In her view, once the ego's energy was freed from its defensive functions, it could help propel the ego for further growth. Such growth was possible even when active attempts to gain insight through self-analysis had failed.

Continuing this line of thought, Reis (2010) maintains that analytic gains may be assimilated less consciously. Using Winnicott's (1958, 1971) idea about the fate of transitional objects, Reis suggests that the post-termination relationship may not be represented as internalization, identification, or replication of the analyst's analyzing functions, but rather it may become a "creative 'diffusion'. . . neither lost nor present in any recognizable sense, other than in creative apperception of continuing experience" (2010, p. 221).

Follow-up research studies that record data about post-analytic experiences provide some information relevant to these questions and the distinctions cited above. Pfeffer (1959, 1961, 1963), Oremland, Blacker, and Norman (1975), Schlessinger and Robbins (1974, 1975, 1983), and Kantrowitz, Katz, and Paolitto (1990) found that the self-analytic function was a major capacity that they assumed was acquired during the analytic process. These findings should not be read to mean that all former analysands studied had acquired a self-analytic ability; the studies did not focus on differences between those who did or did not manifest this skill. But when present, the capacity for self-analysis subsequent to termination permitted patients to tolerate and master internal and external stress as they arose.

In these studies, self-analysis was defined far less restrictively. Self-exploration included acquiring or reviving insights, but also reflective activities that served to quiet distressing affect and regulate tension. These analysands did not necessarily maintain a depersonalized idea about the nature of the process.

The work of Schlessinger and Robbins (1974, 1975, 1983) reveals that former patients use a benign presence, either a friend or mate in reality or the analyst in memory, to aid them in resolving conflicts. The authors view this capacity as an outcome of the analytic alliance and an

indication of its importance in the self-analytic function that evolves in analysis. They illustrate how the analysis of the process of separation-individuation experiences and the mode of tension regulation play a significant role in the establishment and consolidation of a self-analytic function. Comfort, as well as insight, occurs.

Kantrowitz, Katz, and Paolitto's (1990) study confirms and elaborates these findings. Both projects followed analysands who had been supervised cases, and, in both the participants responded to a requested exploration. In the current study, the subjects are volunteers who sought out the opportunity to talk about their analytic experiences.

Tessman's (2003) interviews with analysts about how they have remembered their own analysts over time, which explored both their "remembered engagement and internalization" (p. 2), provide similar findings. Some former analysands emphasize and take pleasure in thinking of self-analysis as self-generated, while others accentuate the value of connection and describe having a continuing internal dialogue with the former analyst. Tessman believes that, most often, there is an oscillation of subjectively intrapsychic and intersubjective experiences that sustain the analyst within the self after analysis ends. Geller's (2011) view is similar.

Using narratives about interpersonal aspects of treatment experiences, Geller and Freedman (in press) study the way a former patient continues to make use of accomplishments in treatment by examining the former patient's representations of the therapeutic dialogue after treatment ends. They believe there are two complementary ways in which patients access the former therapist's approach to promote self-reflective activities that facilitate insight. One approach is when former patients have representations of the therapists' analyzing functions, which they think of as having a conversation with oneself.

The other approach "takes the form of imaginary conversations with representations of the therapist's 'felt presence.'" This latter approach is viewed by some analysts (Dorpat 1975; Giovacchini 1975) as a phase in which there is an identificatory process of internalizing the therapist's approach to promote self-understanding. It is a process that enhances and strengthens the patient's capacity for self-reflection.

FORMS OF SELF-EXPLORATION

In the period after ending, analysands' motivation to continue whatever aspect of analysis has been important to them is likely to be high because they are dealing with the loss of analysis and the analyst. Over time, these former analysands continue to actively seek ways to deal with discontinuities between analysis itself and the process of self-exploration, which may or may not lead to self-analysis as I was taught to define it.

Although not every analysand goes through a process of grieving the loss of the analyst, grief, with varying degrees of intensity, is a frequent experience after analysis ends. These feelings of loss often revive earlier losses. Analysands may deal with the loss by evoking the image or words of the former analyst. During the year or so after termination, analysands' "keeping the analytic process alive" may often be a way of coping with the loss of the analyst. For example, one former analysand said, "She's alive in my head as a comforting presence," and another, "I think about her all the time. I say things to myself that she would say to me."

Analysands who had ended their analyses within the last year made references to the frequency with which they thought of their previous analyst; no analysand who had ended analysis more than a year earlier spoke of the frequency of this occurrence.

Ms. Q, an analyst, stopped her own analysis one year previously. She states:

> The process afterward has been very useful. I refer to my analyst in my mind every day. I think about conversations I had in analysis when I was on the couch and that I obviously have now with myself. Sometimes I imagine what he'd say and sometimes just my thoughts . . . just like analysis . . . sometimes answers, sometimes just thinking, living with questions . . . a process of living and growing.

This example and others illustrate the previously described process of introjection in which the former analyst's presence is evoked internally. The focus is on the absence of the analyst. Evocation of the analyst in the former analysand's mind seems to provide comfort, a way of recapturing both the missing person and the missing experience of analysis itself. There are no indications of self-analysis per se.

In speaking of the former analyst, another group of analysands referred only to occurrences that had taken place in the past, during analysis. In contrast to those I have just described, they did not indicate a conscious process of evoking the analyst's imagined presence after analysis ended, nor that they were consciously aware that the memory of analytic interactions or process served any particular ongoing psychological function for them. (Of course, this does not mean that it may not have done so preconsciously.)

TRANSITION: BEGINNING THE ASSIMILATION OF ANALYTIC FUNCTIONS

The patient's process of transition from dependency on the analyst for reflection, integration, and interpretation to taking on this task for him-/herself is illustrated in the examples that follow.

Dr. B, a woman in academics who ended analysis five months earlier, comments as follows:

> I feel more rooted and grounded. I've learned that, as much work as we accomplished, there's even more that's ongoing. It's hard to understand anything in the moment, so my best shot is to associate, to allow it to come in time.
>
> Since leaving, I had to write a paper. I had a hard time; I realized I felt I was trying to write against prohibitions of the father. With this conference paper, I've reexperienced these massive punitive forces. I never doubted that I could finish it, but I had a lot of difficulty, and I thought of writing to my analyst. As I wrote, I became aware of working out the meaning of what was happening. I mailed the letter, but I ended it by saying that I knew I had worked something out, and I said maybe I'd call him.
>
> We talked on the phone the next week. It was unique in that I told him what I'd figured out, rather than our doing that work together. He said he had the feeling it would not be the last time we'd talk, but he would leave it to me to decide when. At that time, I was working on—and continue to work on—taking what we did in the analysis outside the analytic space. For me this has meant coming to terms with the reality of the person of the analyst—being able to experience the analyst as a real person.

> What would concern me the most would be to de-realize analysis and the analyst, to feel that it was again a secret space [which included the patient's secret fantasies about herself and her father, prohibited and inhibited], a knowledge of myself.

Dr. B is now able to carry out part of a process of reflection on and understanding of her own experiences by following her associative process, a function for which she previously depended on her analyst. Based on what she describes, an analytic goal was to keep him real as a person, and not to return to inhibitions and prohibitions due to her need to hide incestuous secrets and fantasies. Her decision to involve the analyst in her process of her self-exploration suggests that she continues to need concrete—in contrast to imagined—contact to support self-exploration. She is an example of someone who has highly developed skills in analytic thinking to gain insight, but who wants a continuing sense of her analyst as part of this process. Self-analysis and self-reflection are occurring with another in mind, followed by actual contact.

Another analysand, Mr. C, a businessman who ended analysis five months earlier, elaborates his post-termination process, in which his analyst is evoked in his mind but not sought out for concrete contact. As with Dr. B, the primary stimulus for continuing the process is not mourning for the analyst; for Mr. C, it is resettling internal conflicts when they arise. He states:

> One or two times, I've thought I'd like to be back talking to my analyst. No crisis, but little things I'd like to talk through—like big business decisions—or to figure out what's going on under the surface for me. I wonder about being competitive with my dad—that it's not just about business. So I try to weigh it all out and see which way it's tilted. I talked with colleagues and eventually with my dad in reality; that was helpful. Without analysis, I wouldn't have gone through this process—looking at what I can see and figuring out what I'm not seeing.
>
> Maybe at another stage of life, I'll want to go back, but not now. Now I want to do work on my own. I'm pleased with the results. But it was a lot of money! But when I started, I was in a job I hated and in a bad relationship; now I'm married, expecting a

kid, and in a job I like. I couldn't have done that without analysis.

I have the voice of my analyst—a more rational and calmer voice than the voice of my parents. The voice of my parents told me what to do. The voice of my analyst asked more questions; it gave me a new way of thinking. I wonder how much would have come with age.

I liked the stability, the regularity of analysis. I miss that sometimes. My wife is in analysis. I talk with her, but not about everything. I may not find the possibility of talking freely or thinking in this new way all in one place. I also discuss things with older businessmen—even with my dad and older siblings. I think it will take years to really understand and put things together.

Mr. C's analyst's approach is active in his mind, but the questions he raises are his own. He turns to other people—colleagues, his father, and primarily his wife—to help him sort out "what's going on under the surface." One assumes that he is saying he is aware he cannot see everything himself. He does not expect any one person to fill an integrative perspective as his analyst could, "all in one place." He seems to imply that he may feel "the possibility of talking freely or thinking in this new way" with different people, depending on the content. He seeks insight as well as calming. Both self-analytic and reflective activities are occurring. One can perceive that, like Dr. B, Mr. C is engaged in a process of creating an analytic perspective on his own.

These examples illustrate analysands' different stages of integrating the functions of the analyst during the year following termination. Their analyses were important to them, but they are not consciously grieving the analyst's absence. The manner in which the work of analysis continues to be integrated is unique to each, and is related to specific issues that led to the decision to seek analysis.

For some of these patients, such as Dr. B, the evocation of the analyst's presence is central, but for others, among them Mr. C, that evocation may or may not occur along with other processes of introspective activities.

VICISSITUDES OF LIFE AS A STIMULUS FOR CONTINUING ANALYTIC WORK

I will begin this section with material from two former analysands who are not themselves practicing analysts or psychotherapists. Of course, former analysands who are analysts or therapists may also be stimulated by the vicissitudes of life to return to an analytic experience, but for non-analyst/therapist former analysands, life occurrences are the sole source of conflict and affective distress leading to renewed self-inquiry through analysis.

Mr. A ended his analysis eighteen years previously and has not returned to see his analyst since then. He has on occasion referred others to his former analyst, and has called him when doing so. Mr. A describes what it has been like to speak with his analyst on these occasions:

> It's like a homecoming. Like: "Hey, look at me now—your work paid off! I'm successful. I'm not suffering from depression any more."
>
> Now I have a feeling of sadness; he was a powerful father figure, and wouldn't it be wonderful to share with my own father like that? But my father had no sense of what to do. My mother would have to push him forward to even shake my hand.
>
> My analyst was a role model for me. He worked and seemed to love it. I worked through a lot of being judged and the fundamental feeling of being neglected and abandoned.

The follow-up interview thus revives Mr. A's feelings about his analyst. He does not indicate that he actively continues an analytic process in a regular way. Rather, when something stimulates old anxieties, he is able to place them in a historical context. He seems to associate to past events and relationships instead of merely employing secondary-process thought. Transference is revived for him. When he has upsetting experiences, either in waking life or in dreams, he knows they are related to his own history, and he seeks a consultation to calm his anxiety. He is able to restore the adaptive way of functioning that he learned in analysis.

Mr. A briefly used another analyst as a substitute for his former analyst, reviving and reinvigorating the transference and the process of self-

reflection. He uses the skills acquired in analysis to quiet and settle affective disruptions related to previously understood trauma, not to gain new insight. This is an example of self-reflection and thinking with others.

Another former analysand, Mr. R, ended analysis fourteen years previously. He states:

> I did and do miss the particular opportunity to be and feel understood, and I also know that, in ending, I felt deprived. I'm fortunate to have intimacy and deepness in relationships; ending was like having a good friend who lives far away. Every so often, I dig out an old dream and try to recall where I was then.
>
> Analysis was important in my life. Everything changed. I can't explain exactly what I mean. It has to do with what I feel, and how I notice and deal with those feelings—something I wouldn't have done before analysis. I used to wake up and hear a dog barking and begin to think paranoid things, like someone was breaking into the house. I don't have that any more. Now I know I'm feeling vulnerable for one reason or another.
>
> When I ended analysis, I had a momentary feeling of loss, but then it was over and I moved on. I play squash with the friend who referred me for analysis. We use each other to ventilate on issues; we're buddies. I have a lot of male friends, and personal things of some depth come up. It's sad how it seems that so few men have that—sad that some can be wounded and can't talk. I had good friends before analysis, but deeper personal relationships are something I seek out more since analysis.
>
> I remain very active in trying to understand my behavior and attitudes from an analytic point of view. I try to understand what provokes a dream—e.g., I'm reeling from the knowledge of my sister's and my business partner's illnesses. And then I have a dream of my home, a place where I went as a child; it was a center of spiritual experience for me. In the dream, the creek poured over, and I picked up the house and moved it down the road. It signifies to me that something significant has happened. I can reflect back on the image and know what happened and move on. It's comforting to have a dream that is a confirmation of what I feel.

For Mr. R, an active process of introspection, in which he uses free association, has continued for many years following his analysis. He is

able to recognize precipitants for his distress. Using dreams, he confirms his conscious understanding. When he is disrupted by new events—fears of loss of loved ones, for example—his introspective activities lead to new insights about his need to protect himself and how to do so. These processes calm him, and he is able to recover his equilibrium and adaptive functioning. This is an example of self-analysis and self-reflection.

Mr. R talks openly with friends; they are outside observers—influenced, of course, by their own subjectivity, but nonetheless potentially able to observe something about him that is outside his awareness. It is not clear, however, whether they offer their perspectives to him, or whether he uses them primarily as sounding boards for the expression of his own thoughts and feelings.

The last example in this section comes from an analysand who is also an analyst. I am including this analysand here because her insights were not derived from clinical work with her own patients.

Dr. T ended her analysis twenty-six years ago. She states that, after analysis:

> I kept working on my issues, and I was glad to do it on my own. I can talk on a deep level with a friend. We do it mutually. Sometimes I get up and write things down.
>
> I've had two really big insights after analysis. When I was in the hospital [for a congenital condition for which she had had many operations since adolescence], I felt like I had lived in the hospital for forty years, when actually I was only thirty-nine years old and had been in the hospital only one year. But, when I wasn't in the hospital, I didn't always think I was in the hospital. It was a hospital ego state.[3]
>
> I saw that this was also true when I was creative. I could write music, and then afterward I was shocked—I didn't know I wrote it. I kept feeling alternate states of pain and no pain. Then I understood my mother; she had different states. She was crazy but extraordinary. I realized she'd gotten me through traumatic

[3] Dr. T is here describing an experience she came to recognize as a dissociative phenomenon. When she was in her "hospital ego state," she felt as though she were disconnected from her usual ego state, and that this was the only ego state she knew.

> medical problems, but she also made me nuts. I realized she had had different ego states. I didn't forget my states; they were just discontinuous.
>
> My second insight after analysis: I always felt I was a terrible person because of my handicap. My friend said to me, "This is something that happened to you—it doesn't define you." I must have done a lot of work before and after that because I never felt that about myself again. There was the pain and what I couldn't do physically, but not that awful feeling about myself.

Dr. T's recognition of discontinuous affect states enabled her to understand something about both herself and her mother with a new, less judgmental perspective. Her first insight is an example of self-analysis with no conscious imagining of another accompanying her thoughts. Perhaps this less self-critical view also enabled her to take in a more positive view of herself when a friend interpreted her having defined herself through self-blame. Her second insight illustrates thinking with others. Both these new insights were acquired through a process of association, and they result in changed feelings about herself and others.

From Dr. T's account, it would seem that she engages in this introspective process both on her own, as when she writes, and in her interactions with friends. When this occurs with a friend, the friend provides some of the functions of the former analyst by offering an external perspective and an integrative interpretation that catalyze Dr. T's changed experience of herself. As she herself notes, it is probable that she had already done a great deal of work around this issue, given that her self-experience so totally changed with her friend's intervention. The extent to which this friend played a particularly meaningful role in the analysand's life is not evident from this account; to the extent that she did, the impact of her observation may also have been fueled by the specificity of meaning.

What Dr. T calls her second insight, while clearly resulting in a new sense of herself, does not include a description of accompanying self-exploration. Rather, it seems an internalization of an ongoing process that was consolidated through thinking with another.

PATIENTS AS THE PRIMARY STIMULUS FOR CONTINUING ANALYTIC WORK

In considering the continuation of analytic work, what differentiates clinician analysands from nonclinician analysands is the material that is both stimulated by and learned from direct work with patients. Because patients bring their conflicts, distressing affect states, unmodulated drives, and other forms of primitive mental contents to treatment, clinicians are continually confronted with affect and content that stimulate their own residual conflicts and affect intolerance. These experiences lead to a variety of responses that can threaten the goal of analytic neutrality. Distancing, overinvolvement, boredom, anger, erotic excitement, or blind spots may occur, disrupting the clinician's analytic stance. In order to help the patient, the analyst is pushed to stretch the capacity to contain the patient's vulnerabilities as well as his or her own. The analyst or therapist must also probe areas of conflict in the self more deeply, in order to differentiate which issues are the patient's and which are his or her own, and where and to what extent these issues overlap.

Clinicians' adaptive gains from their own analyses are under siege and made precarious due to overstimulation from patients' distress and transference pressures. Simultaneously, this bombardment by affect and conflict creates an opportunity for the clinician to continue processing, integrating, and expanding the understanding of self and other, along with the chance to increase his or her own affect availability and ability to modulate it. Of course, in the process of treating patients, clinicians recognize similarities and differences between their patients and themselves in the areas of conflict, defense, and adaptation, a recognition that facilitates further self-knowledge (Kantrowitz 1996). The analyst or therapist can also discover disowned aspects of the self in patients. Countertransference reactions are a source of information about both the patient and the self. Thus, for clinicians, clinical work serves as an arena where the analytic process is kept alive.

The examples that follow illustrate aspects of analysands' assimilation of their analysts' functions that were stimulated by the analysands' clinical experiences with their own patients.

Having ended her analysis thirteen years earlier, Ms. G comments:

> I think when I'm struggling with a patient, "What would my analyst say about this?" He left his mark on me, on the way I function in general. His words come back to me—it's the way I remember people.
>
> I have a resistant person in analysis right now. I call up thoughts and images, my analyst's tone, perspective. I think what he would say to me when I was in that position. It's a balance of reassurance and analyzing—walking a tightrope of where to be. I know working through this can be helpful.
>
> I'm not the most tolerant person, but he helped me be more tolerant. I was very raw with my drives; he helped me temper them, both libidinal and aggressive ones . . . . It was a really good fit. Often I can help others in the same way.

Ms. G's analyst remains an alive presence in her mind. He influences how she thinks and works with patients, as well as her functioning more generally. She is self-aware. She knows which continuing struggles remain for her. Her gains do not seem to be in the area of new insights; rather, the function of her analyst in her mind seems primarily to enable her to modulate her reactivity. Reviving the memory of her analyst provides a containing function similar to the way that his physical and emotional presence contained her in analysis. But now she can also provide such an experience for herself, as well as for her patients. Her analyst is a conscious model with whom to identify in her role as analyst. This is an example of self-reflection and thinking with others in mind.

Another analysand clinician, Dr. F, ended analysis fifty-nine years earlier and has this to say:

> I continued to do self-analytic work and learned a lot through my patients. I was treating an adolescent. In his transference to me, I saw the full range of rage that I was missing in myself. I was still avoiding making a fuss—e.g., I'd be served terrible meat in a restaurant and never send it back, just walk away.
>
> I remember I'd gone away to music camp. My mother wanted me to play the violin. I had my first attachment to a young lady, and it went on for years. I was away for two weeks and when I

> returned, she had gone with another guy. Telling all this to my parents as camp ended and we were driving home, I broke down in tears, clearly enraged. I had a crush on this young lady that I felt had been betrayed.
>
> In my analysis, there were episodes involving me and my younger brother that my analyst felt lacked significant anger. I think the anger I felt [about the girl who "betrayed" him while he was at music camp] was the same as what I felt when my brother was born. I discovered this on my own . . . . Over the years, my comfort with affects has increased.

Dr. F's analysis had ended because he moved to another city. He believed that the analytic process was incomplete. Nevertheless, since then he has been able to be self-reflective and introspective through an associative process that enables him to continue to learn more about himself. He seems able to integrate insights that pull together various historical events and illuminate aspects of his characterological defenses and adaptations. In working with his own patients, he has recognized affects that he discovered were also present in him—parts of himself that he had previously denied and disowned.

Dr. F's account suggests that these new insights have resulted in an increased range of affect availability and tolerance and more satisfactory adaptations. This is an example of self-analysis in which the analysand sometimes seems aware of thinking with others in mind, while at other times he does not explicitly recognize this.

The manner in which analysts use their work with patients to continue a process of self-reflection naturally differs, just as their conflicts and defenses differ. Dr. F highlighted seeing in patients what he had been blind to in himself. Others emphasize that they become aware of collusions with patients due to similar experiences. Dr. F's insight resulted from a perception of differing defenses against similar conflicts, whereas others' insights might grow out of the perception of a similarity of defenses for similar conflicts. Working with a patient on conflicts or defenses that are shared by the analyst can enable the analyst to work on his or her own issues in displacement, and gradually to assimilate within the self what has been perceived in another.

SELF-ANALYSIS VERSUS SELF-REFLECTION

I am defining a self-analytic process as one that results in insight, and a self-reflective process as one that primarily provides comfort along with regulation of tension and affect. Analysands who engage in self-exploratory activities leading to insight after analysis describe something new emerging from this self-exploration. Their emphasis is on new kinds of cognitive awareness, often characterized as "new ways of thinking," "a more rational and calmer voice within me," "a way to understand my reactions," or "noticing what I wouldn't have noticed before." These analysts may ask themselves questions such as "what is provoking this dream?" They tend to focus on the method and process of discovery and to demonstrate the use of analytic functions.

Not all activities of self-exploration lead to new insights or the recovery of material long forgotten. Many times, such activities primarily serve to regulate tension, calming affects that have been disquieting. Reminding oneself of something one knows that has been temporally out of awareness, finding familiar patterns, or associating to other situations that have created similar distress but have been resolved are examples of self-reflective activities. To be able to regulate one's affect and tension states is a substantial benefit resulting from analysis.

THINKING ALONE VERSUS THINKING WITH OTHERS

Most analysands who engage in post-analytic self-scrutiny leading to insight will sometimes do so through independent self-exploration, such as in dream analysis. At other times, they may evoke an imagined other to accompany them on this quest. On still other occasions, they enlist real others, such as a spouse or friend, in their self-scrutiny. Some engage in all of these processes, at times one and at other times another. Some have a preferred method.

Most of these analysands, in support of Geller's (2011) and Tessman's (2003) assumption, describe inner self-exploratory conversations

that occur both with the self and with an imagined other, long after treatment ends. For many of them, self-exploration is also a way of keeping the analytic relationship alive. They think about themselves using an analytic perspective. Some do so with the former analyst in mind, and others without such thoughts. Many of them also describe engaging in self-exploration with friends or colleagues; what I am emphasizing is the diversity of their methods.

In the past, analysts have often believed that the different ways people integrate an analytic experience could be seen as points along a continuum of internalization. At one end is the occurrence of a seamless, independent process of self-analytic exploration, without inclusion of the former analyst or anyone else in mind—what Geller and Freedman (in press) refer to as a conversation with oneself. Next along the continuum is the evocation of the former analyst, Geller and Freedman's "imaginary conversations with representations of the therapist's 'felt presence.'" At the other end is the process of engaging in self-reflection in the presence of a real person, such as a spouse, friend, or trusted colleague.

Studies show that some people use all these different modalities in their self-exploration, but others do not. Formerly, a hierarchical phenomenon was implied: the more independent the process, the more successful the analysis. However, my belief is that these different ways of assimilating analysis more likely reflect different types of people in terms of cognitive style, ego organization, and/or characterological adaptations and defenses.

Analyses of dreams, as well as new insights about one's own behavior, reflect independence and perhaps a greater interest in ideas themselves, differently from talking with others or imagining talking to one's analyst. Evoking thoughts of what one's analyst would say is different from having a realization about one's self; these methods reflect different cognitive styles. Being more concrete versus more abstract in one's thinking and knowing do not seem to indicate a less or more satisfying or beneficial experience in analysis.

For example, those who rely only on dreams or independent self-reflection are more self-sufficient, but they are not necessarily as comfortable with intimacy and self-exposure. Those who rely exclusively on talking to others may not have developed as great a confidence in their

own capacities, but then again there may be hubris in those who believe they can see everything by themselves. Self-knowledge obtained without any interpersonal engagement is always limited by what one is able and willing to see at the time. On the other hand, exploration in the presence of another always limits one's recognition of one's own capacity and tolerance for working alone.

All these ways of finding self-knowledge and continuing further integration, except for treating patients, are no different for analysts and therapists than for non-analysts/therapists. Therefore, we need to consider that modalities of self-reflection, as well as self-analysis itself, are likely to have more to do with an individual's particular quality of mind and sensibilities than his or her professional training. People who are introspective and have a push toward intellectual mastery are likely drawn to a treatment method that makes use of these attributes. But even within the group who select psychoanalysis as the preferred method of treatment, there are variations in the extent to which these qualities characterize them. In addition, I do not think we can assume that an individual's self-exploratory interest and abilities were necessarily developed in analysis; these may have been present from the beginning, though they were likely enhanced through analytic work.

Whether or not self-analytic functions were acquired or enhanced in analysis, former analysands who engage in self-inquiry appear to have a similarity to the former analyst in that they employ the functions of the analyst. This may reflect an identification, an internalization, or neither. In this study, former analysands referred to this similarity with the analyst only in relation to their own work with patients. In the past, analysts have considered that employing a self-analytic function represents an internalization of the object, a way of dealing with loss, grief, and separation, as well as emotional development; taking pleasure in this similarity of function may be another way of holding onto the analytic experience.

To be able to grasp intellectually the nature of one's difficulties provides a kind of mastery that is satisfying in itself. People rarely seek psychoanalytic treatment for the purely intellectual pleasure of such mastery, however; they seek relief from psychological distress. When insight gained in analysis provides relief through self-understanding, it is likely that people who are drawn to intellectual mastery will continue to

pursue a self-generated process that can be satisfying in both respects. There is a functional pleasure in following the working of one's own mind (Schlesinger 2005).

PLACES FOR SELF-OBSERVATION

A commonality among all methods of self-exploration is that it is necessary to find a place of observation, to create something outside of oneself from which to be able to look at oneself more clearly. This relates to what one former analysand called "saying it out loud"—hearing or seeing something internal externalized in order to better comprehend it. Referring to one's former analyst in one's mind, evoking memories of what the analyst said, imagining what he or she might now say—these are ways of creating the presence of a listener to one's thoughts, feelings, and fantasies. It is a version of saying it out loud in the context of an imaginary conversation. Analyzing one's dreams may or may not include evoking the analyst's perspective.

Dreams, though products of an unconscious process, allow an individual's most hidden and conflict-laden aspects to be viewed and analyzed as something outside of the self. While the subject knows that dreams emerge from within him or her, of course, they can be viewed from a perspective that is more objective. Sometimes painful or frightening affect accompanies dreams, and often it is only in deciphering meanings in the dreams that such emotions rise to the surface.

Recognition of patterns of behavior, including the mobilization of defenses to protect against vulnerabilities or fears, can also be observed with more distance and perspective. This is usually more difficult, however, precisely because such behaviors are embedded in characterological conflict and defense. Once one can acknowledge these patterns as part of the self, it becomes possible to step back and look at them as aspects one wishes to have more control over. Recognition of discontinuity of self states involves a similar stepping back and looking at oneself. The goal is to view oneself as one imagines an outside observer might; the degree to which this endeavor succeeds is variable. Blind spots are inevitable. Former analysands can use the observed phenomenon as the focus for further associations that potentially deepen and expand self-knowledge.

Talking with trusted others is another method of continuing self-exploration. Although the post-analytic other does not necessarily have the same expertise in listening as the former analyst, and the former analysand is likely not as fully disclosing, this method partially replicates the analytic situation, in that a trusted other is hearing and then reflecting on the subject's intimate thoughts, feelings, and fantasies. Often both parties engage in a process of self-revelation. The mutuality of sharing intimate material tends to reduce the transference, and mutual idealization is often at least a temporary pitfall (Kantrowitz 1999, 2009). The presence of an interested and trusted person who wishes to talk about inner processes can also be a stimulus for introspection. The other's responses set up a process of continuing engagement in self-reflective activities.

This method, unlike others discussed here, provides the possibility of actual external feedback. Self-analysis, as Freud (1897) pointed out, is always limited by the extent to which one can be objective about oneself. Of course, spouses, friends, and colleagues are not likely to be as fully open in communicating what they see as an analyst might be; the directness and fullness of communication clearly vary depending on individual characteristics and the relationship of the people involved.

RECONSIDERING THEORY

During most of the twentieth century, psychoanalysis was conceptualized as a treatment process in which insight obtained in the context of an affectively meaningful experience was the exclusive vehicle of its efficacy. Though most analysts would still adhere to a view that insight is central to psychoanalytic success, there is an increasing appreciation that, for many analysands, the analytic relationship is itself significant, and may even be the most influential factor in bringing about change.

Analysts have tended to place internalization as reflected in a self-analytic function—exemplified by the analysis of one's own dreams—at the pinnacle of the achievement of autonomy. Winnicott's (1958) concept of the capacity to be alone has been seen as an ideal to accomplish through analytic work. Somewhat analogous are Loewald's ideas about the achievement of separation (1973), integral to autonomy, and

Kohut's (1972) description of a decreasing need to use selfobjects. But both Loewald and Kohut would caution us about making these ideals absolute. Loewald is explicit, in fact: "If the feelings of mutual abandonment can be analyzed, and the relationship rather than the object is internalized, what results at the end of analysis is emancipation, but to a certain extent this emancipation is always only partial" (1973, p. 15). Similarly, Kohut is clear that one has a continuing need for selfobjects throughout one's life, even though the extent of this dependency may be diminished by analysis.

Layton (2010) is concerned that these views of autonomy constitute "cultural pathologizing of dependency and undervaluing of attachment" (p. 192). They may perpetuate "a lonely and omnipotent version of autonomy" (p. 201). Like Kohut (1972), Layton believes that North American analysts tend to deny and underestimate the extent of our mutual dependency.

Many of us have tended to valorize the self-sufficiency that a self-analytic function can facilitate. We may do so because, as stated earlier, there is so much pleasure in the experience of understanding the workings of our own minds and in the excitement of discovery. I believe we need to distinguish between the particular benefit we have derived from analysis in the enhancement or development of our self-analytic functions, on the one hand—that is, the abilities we continue to employ and enjoy years after analysis ends—and, on the other hand, the changes and relative stability of gains that analysis can achieve even in the absence of these functions.

Perhaps we need to be more appreciative of the contributions of analysis other than conscious insight and the development of autonomy. Wallerstein's (1986) report of the Menninger study indicates that supportive factors were as central to successful analytic outcomes as insights. In his study, Blatt (1992) distinguishes which kinds of difficulties responded most effectively to which kinds of interventions. All the data coming out of the Menninger projects supports the importance of specificity (Bacal 2010) in our considerations of technique and our theoretical conclusions about psychoanalysis.

We may tend to forget the data that exists, however. Analyzing one's dreams and reflecting on one's current behavior and reactions in re-

lation to the past are valuable ways to keep an analytic process alive. Keeping the former analyst in mind as a conscious companion in self-exploration seems to supply comfort and aid in both affect containment and self-reflection. Having an outside observer with whom one shares deeper and more personal aspects of the self—a spouse, a friend, or a colleague—enriches both professional and personal life.

Still, not everyone wants or needs to engage in these activities after analysis ends. It should not be assumed that individuals who do not engage in post-analytic self-exploration did not derive benefit from analysis. The self-analytic function can be a source of pleasure and growth, but it may be more of a wished-for outcome than a regular occurrence, and we should reexamine our assumptions that it is either a criterion for ending analysis or the central measure of analytic success.

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REFERENCES

Bacal, H. (2010). *The Power of Specificity in Psychotherapy.* London: Routledge.

Blatt, S. J. (1992). The differential effect of psychotherapy and psychoanalysis with anaclitic and introjective patients: the Menninger Psychotherapy Project revisited. *J. Amer. Psychoanal. Assn.,* 40:691-724.

Blum, H. P. (1989). The concept of termination and the evolution of psychoanalytic thought. *J. Amer. Psychoanal. Assn.,* 37:275-293.

Brenner, C. (1976). *Psychoanalytic Technique and Psychic Conflict.* New York: Int. Univ. Press.

Dorpat, T. L. (1975). Internalization of the patient–analyst relationship in patients with narcissistic disorders: a reply to the discussion by Lygis Amaral. *Int. J. Psychoanal.,* 56:237-238.

Firestein, S. K. (1974). Termination of psychoanalysis of adults: a review of the literature. *J. Amer. Psychoanal. Assn.,* 22:873-894.

——— (1982). Termination of psychoanalysis: theoretical, clinical, and pedagogic considerations. *Psychoanal. Inquiry,* 2:473-497.

Freud, S. (1897). Extracts from Fliess papers. *S. E.,* 1.

——— (1937). Analysis terminable and interminable. *S. E.,* 23.

Gabbard, G. O. (2009). What is a "good enough" termination? *J. Amer. Psychoanal. Assn.,* 57:575-594.

Gaskill, H. S. (1980). The closing phase of the psychoanalytic treatment of adults and the goals of psychoanalysis. *Int. J. Psychoanal.,* 61:11-23.

Geller, J. (2011). Personal communication.

Geller, J. & Freedman, N. (in press). Representations of the therapeutic dialogue and the post-termination phase of psychotherapy. In *Another Kind of Knowing,* ed. N. Freedman, M. Hurvich & R. Ward, with J. Geller & J. Hoffenberg. London: Karnac, pp. 55-63.

Giovacchini, P. L. (1975). Self projections in narcissistic transference. *Int. J. Psychoanal. Psychother.,* 4:142-166.

Golland, J. H. (1997). Not an endgame: termination in psychoanalysis. *Psychoanal. Psychol.,* 14:259-270.

Hoffer, W. (1950). Three psychological criteria for the termination of treatment. *Int. J. Psychoanal.,* 31:194-195.

Kantrowitz, J. L. (1996). *The Patient's Impact on the Analyst.* Hillsdale, NJ: Analytic Press.

——— (1999). Pathways to self-knowledge: self-analysis, mutual supervision, and other shared communications. *Int. J. Psychoanal.*, 80:111-132.

——— (2009). Privacy and disclosure in psychoanalysis. *J. Amer. Psychoanal. Assn.*, 79:787-806.

Kantrowitz, J. L., Katz, A. L. & Paolitto, F. (1990). Follow-up of psychoanalysis five to ten years after termination: II. Development of the self-analytic function. *J. Amer. Psychoanal. Assn.*, 38:637-654.

Kohut, H. (1972). Thoughts on narcissism and narcissistic rage. *Psychoanal. Study Child,* 27:360-400.

Kramer, M. K. (1959). On the continuation of the analytic process after psychoanalysis (self-observation). *Int. J. Psychoanal.*, 40:17-25.

Layton, L. (2010). Maternal resistance. In *Good Enough Endings,* ed. J. Salzberg. New York/London: Routledge.

Loewald, H. W. (1973). On internalization. *Int. J. Psychoanal.,* 54:9-17.

Oremland, J. D., Blacker, K. H. & Norman, H. F. (1975). Incompleteness in "successful" psychoanalysis: a follow-up study. *J. Amer. Psychoanal. Assn.,* 23:819-844.

Panel (2009). Termination (A. Feller, reporter). *J. Amer. Psychoanal. Assn.,* 79:1185-1196.

Pfeffer, A. Z. (1959). A procedure for evaluating the results of psychoanalysis. *J. Amer. Psychoanal. Assn.*, 7:418-444.

——— (1961). Follow-up study of a satisfactory analysis. *J. Amer. Psychoanal. Assn.*, 9:698-718.

——— (1963). Meaning of the analyst after analysis. *J. Amer. Psychoanal. Assn.,* 11:229-244.

Reis, B. (2010). Afterwards and termination. In *Good Enough Endings,* ed. J. Salzberg. New York/London: Routledge.

Schlesinger, H. (2005). *Endings and Beginnings: On the Technique of Terminating Psychotherapy and Psychoanalysis.* Hillsdale, NJ: Analytic Press.

SCHLESSINGER, N. & ROBBINS, F. P. (1974). Assessment and follow-up in psychoanalysis. *J. Amer. Psychoanal. Assn.*, 22:542-567.

——— (1975). The psychoanalytic process: recurrent patterns of conflict and change in ego functions. *J. Amer. Psychoanal. Assn.*, 23:761-782.

——— (1983). *A Developmental View of the Psychoanalytic Process: Follow-Up Studies and Their Consequences*. New York: Int. Univ. Press.

TESSMAN, L. H. (2003). *The Analyst's Analyst Within*. Hillsdale, NJ: Analytic Press.

TICHO, G. R. (1967). On self-analysis. *Int. J. Psychoanal.*, 48:308-318.

WALLERSTEIN, R. (1986). *Forty-Two Lives in Treatment*. New York/London: Guilford.

WINNICOTT, D. W. (1958). The capacity to be alone. In *The Maturational Processes and the Facilitating Environment*. London: Hogarth, 1965.

——— (1971). Transitional objects and transitional phenomena. In *Playing and Reality*. New York: Routledge, pp. 1-25.

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OUTSIDERNESS IN HUMAN NATURE

BY WARREN S. POLAND

Outsiderness, the sense of self as outside the world of others, is an early factor influential in developing both the sense of self and the regard for others and otherness. After definition and discussion of the appearance of this force at different stages of life, a case illustration is offered. Clinical analysis is then viewed closely to explore how dynamics involved in mastering the sense of outsiderness may be essential to the analytic process.

Keywords: Detachment, otherness, outsiderness, life stages, adolescence, aging, analytic process, respect, Shakespeare, empathy, analyst's "acts of freedom," curiosity.

INTRODUCTION

A woman:

Severely suppressed in childhood and never fully knowing the right to a mind of her own, she was always suspicious facing the world at large. She had survived growing up by living as if in the underground, and it took years of arduous analytic work before she could begin to consider risking open engagement with a world that loomed always dangerous. At last, long last, she came cautiously to risk more openness. Her words were wary: "All right. I'll look at the reality of the world—but only as a tourist."

Happily, even a tourist can settle, assimilate, and move from immigrant status to full citizenship. One man in his time not only plays but

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also contains many parts, parts that are simultaneously true even though contradictory, parts that keep alive varied senses of self and diverse ways of being. Cautious concern can continue alongside or behind comfort. An infant can feel at once both magically powerful and terrifyingly helpless. A child can feel at once secure in the warmth of family love and frighteningly vulnerable to the unpredictability of power. An adult can feel confident approaching the world at large and at the same time know that his or her very sense of being was shaped by the strangeness of the universe into which he or she came into being.

Born into a warmly welcoming world, we can feel natural, at home. However, feeling natural and feeling indecisively naturalized can exist side by side.

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The sense of strangeness is, of course, a dimension apart from whether one is troubled or not troubled. Here is another woman:

Because of distance, my bond with my dear friend, a respected Israeli colleague, is sustained on an epistolary basis. We are able to meet face to face only infrequently, most often at international meetings. The last time I saw her was at a biennial Congress of the International Psychoanalytical Association where, a featured speaker, she received an award for her special expertise. She and I guard time to be together on such occasions despite the pressure coming from the many others who wish to spend time with her, a demand apparent in the frequency of my having to wait by the side as she is stopped and warmly greeted as she walks through the halls of the meeting venue.

So perhaps I should have been surprised by what she wrote in her first letter after that Congress: "Big congresses have a depressing effect on me. Maybe it is the crowd, maybe the two-minute encounters followed by more similar encounters. I get exhausted and feel empty."

Describing the barrenness of feeling detached, she wrote that the recognition she receives nourishes her on one level but, paradoxically, adds to her sense of a lack of real or deep connection, her feeling herself actually to be an outsider at the very moment of being honored, indeed at the peak of appearing to be an insider. She had also felt touched, and I know her capacity to feel contentedly warmed by recognition. Perhaps

the problem was with the frequent repetition of brief connections that provoked the haunting feeling that persisted behind her being moved. As I said, perhaps I should have been surprised by her letter, but I was not, and not only because I already knew her well.

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The timid, frightened loner and the esteemed analyst have in common an uncomfortable inner sense of feeling themselves outsiders in their worlds. Clearly, the two representing extremes of conventional success in life stand only as illustrations, not proof, of the ubiquity of outsiderness. It seems likely that within the range of what might be called "average expectable adulthood," each person has had to confront the sense of strangeness or detachment, whether consciously or unconsciously.

Yet we cannot forget that manifest feeling and behavior can never alone reveal the uniquely individual import of what covertly lies behind them. Certainly, my patient and my colleague-friend whom I have described have vastly different constitutions and dynamic experiences behind their somewhat similar states of feeling. Nonetheless, the regularity with which one finds outsider feelings once one begins to recognize them suggests that such states ought not to be considered mere abnormalities or eccentricities. Rather than idiosyncratic distortions, these are more likely qualities innate to the human condition, whatever the varied ways they unfold in individual lives. The sense of outsiderness is likely essential in human nature.

DEFINITION

Where is the darkness when the sun is shining? Where is outsiderness when we feel on top of life? The significance of outsiderness may not be totally absent while life feels good.

Outsiderness speaks to a sense of discordance, a lack of harmony between one's sense of self and the world of others. It implies a feeling that one does not fully and naturally fit in. The shadow of a false self (Winnicott 1955) can lurk not only behind the enhanced self of manic grandiosity, but also behind substantially integrated feelings of mastery

and success. In a way, even as we *are,* so are we always a bit *in process,* still *becoming*. It may be that the best way to think of an integrated personality is akin to that of a quiet hurricane, one that is still astir even as it has a center that will hold. No matter the high level of maturity, for anyone open and growing, security and even identity are not "once and for all." "Once and for all" implies the stasis of death.

To speak of someone as an outsider is to speak from the vantage point either of a member of the group or that of a detached, more academic or objective, observer. *Outsider* describes a person who either is not a member of a group or at best is a misfit, an inadequately assimilated member of a group.

In contrast, outsiderness is an aspect of subjectivity, one that speaks to one's own sense of self as importantly apart from the immediate world of others. Indeed, for an individual it might be considered to be not only a sense of self as strange to the outside world, once a sense of self is relatively formed, but also an important aspect of a nascent sense of self on a primordial level of development, a hurdle for which each individual must find a unique resolution.

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Thus, *outsiderness,* as I use the term, is a quality of self-definition, part of one's sense of self whether that sense is conscious or unconscious. Therefore, it is not to be equated with the much broader and important concept of *otherness,* a subject perhaps most profoundly considered by the French analysts, significantly but not only by Lacan.

The matter of otherness came late to analytic attention, discoveries of depth psychology having been found so engaging that their exploration long preoccupied analytic minds. That understandable but regrettable error certainly was influenced by Freud, who early on wrote, "The sexual instinct and the sexual object are merely soldered together" (1905, p. 148). While there can be no drive without an object, nor an object without a drive, appreciation of the significance of the other and of object relatedness was long delayed, relationalism and intersubjectivity coming fairly late to intensive analytic attention.

Otherness is a broad concept, one that includes the sense of distinction between self and nonself. It has so central a presence in the func-

tioning of the human mind as to be relevant to all psychic activity. *Outsiderness,* by comparison, is much more narrow and specific, an aspect of personal strangeness ever there in an individual's sense of self.

The link between outsiderness and otherness and its implications has perhaps been explored in greatest depth by Lacan, who made clear the inescapable insufficiency of a developing infant's effort to please the mother (or other significant other), since the mother's unconscious is itself unknowable even to the mother herself.

No matter the level of seductiveness, the child can never fully satisfy desires that are unknown to the mother herself. As a consequence, the essential otherness of the world always implies some lingering qualities of imperfection in the child's growing sense of self. The result is that, however successful one is in defining oneself, to oneself as well as to others, vulnerability to the painful feeling of outsiderness, to the sense of a self-definition that is incomplete, always remains.

APPEARANCE ACROSS LIFE STAGES

If this is an inherent part of human experience, it likely will show its effects across all the stages of life. Despite the security that comes with good mothering, we are all born into a world where everyone else is there ahead of us, where we start with others who all know more than we do how the world works, what things mean. At the start, despite infantile grandiosity, everyone else is actually bigger and more powerful. Benefiting from warm welcome as we need and must, still we enter life as outsiders. Indeed, part of the pleasure that accompanies growth likely includes relief from prior feelings of lack, even if those feelings have not risen to the level of consciousness.

The effects of vulnerability to feeling oneself an outsider are present not merely in infancy but throughout life. To illustrate the relevance of this issue throughout life, I offer a passing sampling, conscious that the place of outsiderness merits deeper exploration of its relevance to each phase of the life cycle, such as sketched by Erikson (1959).

Not only does a newborn arrive into a universe filled with those already present and already knowing more, but as Montagna (2011) noted, whatever its welcome, the new baby necessarily provokes turbulence in

what had been the previous relationship of the parents. No matter how desired the new baby is, its very appearance inescapably disturbs the world it newly enters, its arrival powerfully altering whatever had been the equilibrium of those already there. The smile on a mother's face when a baby or child enters the room is enriching as well as comforting to the child, yet it can hardly fully and permanently erase any awareness that the same child's declaring its self and its presence at times means it dares disturb the universe.

Thus, it is not surprising that Millay (1954) would write that "The pictures painted on the inner eyelids of infants just before they sleep,/Are not pastel" (pp. 548-549). Although the neonate may coo with idyllic contentment at the breast, it shows a dramatic startle reflex when shocked. Whatever the security provided by good mothering, whatever the physical holding and emotional containing provided, still the newborn reacts to surprise with an alarm manifested by pulling back.

The Moro or startle reflex, a baby's basic reaction to unexpected stimuli, has the quality of the infant's withdrawal from the world with which it was in connection in the moment before the shock. Its nature is of the full body jumping back with arms extended, movements that look like letting go in terror, not of holding on. Were the provoking stimulus merely one that seemed strange, the child's curiosity might at times lead it to investigate. However, with the Moro reflex the manifest appearance is of an infant's retreat from a universe in which the child feels it does not safely belong.

The sense of disconnection, the feeling of not fitting in, can appear throughout life. Often, behind the angry sense of rejection felt by an oedipal child when excluded by the parental pair lies a deep conviction that such exclusion is based on the child's own unworthiness. Even without that, mastery of oedipal urges requires the growing child and adolescent to accept an insufficiency in belonging to the original family, resulting in the need to create a family where one's own place is unquestionable. Indeed, that may be one source feeding the apparently otherwise appropriate parental attitude of the statement to one's own child, "*We* are the parents here—*we* set the rules."

Another instance: The uncertain discomfort one feels about oneself when not fully part of others is present in the childhood game in which

all compete to avoid being the one left standing in the middle of a group while the rest sing, "And the cheese stands alone." Games like that and like musical chairs serve to help the child master feelings of personal diminishment resulting from loss and exclusion, exposing the commonality of such experiences for everyone.

The move from childhood to adolescence often reopens the discomforts of feeling self-consciously estranged from the world at large. For many, the vulnerability of outsiderness makes the move from primary to middle school one of the more threatening transitions in life, for many children one more fraught with danger than the move from home to kindergarten or that from local school to going away to college. This is so because the often shocking bodily changes of puberty and alterations in the inner world coincide with the need to change outer worlds. Just as one's body is in the process of changing, one moves from the relative security of attained seniority in the world of primary school to a new universe, one in sexual turmoil, where others already there seem to know their way around, and the newcomer is uncertain of success in joining in. From accomplished insider, one abruptly feels oneself a lesser outsider.

Resolving such vulnerability of the sense of self is a major task of adolescence, when the urge toward conformity demanded by peer pressure bespeaks the strength of the urge not only to fit in, but importantly to be seen as fitting in. "To thine own self be true," a father's advice to his son, addresses the adolescent's risk of compromising qualities essential to the child's self for the sake of acceptance by others, in the hope of diminishing the pain of outsiderness.

Such stress is often more settled in adulthood, yet it can easily be stirred afresh by changing career and family circumstances. It is evident in the shame and tendency to hide oneself felt by those struck by unemployment. Even in good times, the discomfort of feeling oneself an outsider is reawakened when earlier struggles are recalled to life by their fresh appearance in one's growing child.

The actualities and losses of aging call to the fore earlier concerns over outsiderness as the older person increasingly must deal with a world less and less his or her own. The elderly must handle more than the loneliness that comes from loss of friends and family, of the world in

which they have lived. One must also develop ways to continue to feel individually meaningful in the world of others, even as one often finds oneself feeling increasingly invisible and irrelevant, at times like an intruder in the ever-changing, brave new world of youth.

One's sense of self as an outsider, a stranger, is an inescapable part of human life, a discomfort lurking in the background that cannot be banished by proclamation. It is elemental even as it is overdetermined.

CLINICAL ILLUSTRATION

Let us turn to a clinical instance, this time a man—let us call him Tom—an analysand who by all conventional standards is an outstanding success. Financially secure and highly regarded in his professional career, Tom, and along with him his family, are integrated into the world and well esteemed. Yet what unfolded behind the ennui that brought him to analysis is his back-of-the-mind sense of outsiderness. (That had not been his word, but it was what he repeatedly described, clearly and from many angles.) As Tom said, "I am not a natural at anything, and everything I've done has been with the feeling that I have had to figure everything out. Then I enjoy what I do, but I always feel that actually I have faked it. Even when I do something original, I feel I am imitating."

The complex, specific dynamics behind his pervasive sense of disconnection are unique to him, as they must be. However, the disquiet of feeling strange and uncertain even while feeling pleased by success is not exceptional.

Retiring from a successful professional career, Tom accepted a governmental position at a level that required senate confirmation. While political turmoil kept in limbo others awaiting confirmation, Tom's pleasant and agreeable demeanor, together with his public detachment from political controversies, allowed his nomination to pass. Once more he flourished, then retired a second time when there was a change of administration.

After a period of relaxation, he next accepted a senior position at an international firm, one in which he was put in charge of developing new ventures in remote parts of Asia. Tom at first was extremely anxious about working in strange lands, in places where he knew not the people

he would now confront, not their cultures and not their languages. However, to his great surprise, something remarkable ensued. Having already done much introspective analytic work, he found the new worlds not to embody his expected terrors but to offer new experiences of delight. He had already known what it was like to enter strange professional territories and appear to succeed, even though he felt himself acting roles rather than engaging. Now, and—to his mind—for the first time, he was spontaneous in engagement. His center could hold well enough for him to tolerate vulnerability, not to have to smother it with forceful accomplishment.

Thus, Tom was astonished to hear himself say, "I'm a stranger. Nothing can be expected of me. So it's all right to let myself just be myself." The need to justify himself or to prove himself faded. With his fear of other people's eyes no longer dominant, he felt safe enough to be himself, indeed to trust that there was a self that would hold however he seemed to fit in or not fit in with others. Despite the lack of language and familiarity—perhaps possibly even because of those lacks—he found himself happy as he walked the streets of small towns, happier than he had felt in his hometown or the various cities in which he had lived. He took pleasure in developing simple conversational facility and individual closeness. With people he newly met, he made friendships that had a spontaneous openness and warmth that had only rarely occurred back home. As he put it, "Since no one expects me to be a native, I can let myself feel natural." To himself, he was like an illegal immigrant to the world, but one now accepted and naturalized.

Crucial questions are how did this unfold in the progress of the analysis, and where was I while all this was going on? Specifically, how did the issue of outsiderness appear in my own experience of engaging with this patient?

The answers to these questions are interwoven in a way that does not lend itself easily to a linear description. Tom, it turned out, had lived throughout his life in what might be called two different modes. The predominant one had been that of someone convinced he was physically fragile, someone who had repeatedly been taken to doctors and put to bed by a mother who saw any signs of excitement as evidence of serious illness. Actually strong and quite robust, even often energetic, he had

been seen by his mother as ever at risk of imminent, catastrophic danger. He was not allowed to participate in normal physical activities, not allowed to play rough. He spent days in bed at the slightest hint of what might be thought symptoms.

Tom recalls his uncertainty and feeling of strangeness when he started school, and says he was described as having a school phobia. His mother, never distant, got a job at the school so she could be closely available to him—to his consternation even changing to employment at the high school when he progressed to that level.

One outcome of this was Tom's deep conviction that he might come apart, that he could not trust his body, that he might even not wake up in the morning because of forgetting to breathe while asleep. He became phobic and terrified.

Yet there was another side to Tom as he was growing up. He was strong, robust, and properly acknowledged as being intellectually gifted. Without thinking of it consciously, even while frightened and constricted, he managed to live a parallel life, one in which he was vigorously active. He had close friends throughout school and was at times the leader in adolescent group pranks. He developed a full sexual life with his girlfriend in high school and maintained an energetic sexual life with a new girlfriend through his college years.

The family's life had been kept narrow, living as they did in a small, rural, middle-American town and avoiding travel other than visits to relatives. They spent three long days driving for such trips because of the mother's absolute fear of flying.

As he became a young adult, one who shared the terrors with which he had been raised, Tom—or what might be thought of as the other part of Tom—felt himself suffocating. He was determined not to let himself go under, so he forced himself into a self-conceived program of facing his anxieties. He searched and found the shortest airplane trip available, one of only forty-five minutes, and despite real terror, took that flight.

For a long time he remained primarily constricted, willing to forego valued employment positions if they required plane travel, yet he also continued to find ways to literally extend his limitations. Always extending his range of travel was only one example.

What I, and later we, came to consider the two separate lives and qualities of life that Tom lived were currently evident at home. He felt a keen guardedness in terms of emotional intimacy with his rigidly proper wife, yet he was nonetheless able to have an active sexual engagement with her.

With Tom's style of engaging life as if on two different tracks, and without that being clear during our early years together—certainly, at least, before that was finally recognizable by me—it was difficult to understand what was going on in the analysis. As I will describe, for a very long time it seemed as if we were going through the motions of analytic work, yet I had the sense of emotional detachment between us. Some of the advances, such as his venturing to Asia, could be seen as signs of analytic progress, but I had no way of being able to tell how much the analysis had been relevant—or indeed, as I later realized, whether instead of making analytic progress Tom had simply been extending his traditional counterphobic activity as a means of survival, of keeping himself alive.

That was how it was until something shifted, something I was first aware of in myself, something that then was shared with Tom and that then led to a striking shift that both of us felt. It was in that last period that our relationship, his relationship to his mother, and the sense of two separate Toms could all come together well enough so that we could engage them "once more, with feeling."

To look at the shift, I turn to how I experienced this from behind the couch.

As I have described when considering the analyst's fears (Poland 2006), my sense of pleasure when starting any analytic venture with someone new is always touched by a tinge of fear, my awareness that wherever the new work goes will be bound to include areas where I myself do not want to go, and that whatever will come up to trouble and frighten me will never be what I might predict at the start. It will come, instead, unexpectedly, as if from around the corner. And this is so because no matter how secure I might feel during the consultation, this new patient will lead me into his or her private world, a world bound to be new, foreign, and strange to me. The initial consultation is conducted in my setting: my office and an analytic situation I actively structure. Yet

that start will lead away from such safety and into new and mysterious territories.

While such a tinge of fear was present when I started meeting with Tom, it soon faded, quickly replaced by a sense of comfort and ease on my part. That quick fading of personal caution turned out to be a subtle but crucial cue, one that I did not pick up at the time, significant because it was my experience of how my patient characteristically handled his own profound outsiderness by not threatening the other.

As I said, Tom was very successful in the conventional world, but it was not because he fit in so well. Rather, it was because of not feeling himself to fit in, which had led to his learning how to use his many gifts to put others at ease, rather than alerting them to his not actually being a genuine member of their world.

My discovering this did not come from some single incident—not from a dream, not from slips, and not even from associations, at least not from any that I was consciously aware of picking up. Rather, it came from a slowly developing sense that an analysis that seemed comfortable and proper to me was in fact not going anywhere.

A few years passed, years in which we heard and discussed episodes current in Tom's life, connections to early childhood experiences and fantasies, even feelings about me that appeared to be valid bits of the transference now alive. We went on as successful analyses seem to go on, except nothing of significant importance changed in either his inner or outer lives.

In the face of my gradually increasing frustration (and parallel to his uncomplaining frustration), I found myself forming a new image of our work together, or more precisely, a vague sense of being that turned into a feeling state that eventually crystallized as an image. In me, it seemed to come from my interest in watching old movies. When the movie goes well, I am fully caught up in participating in the story. However, there are times when the story drags and I become distracted by the process of filmmaking itself.

One particular piece of that process usually commands my attention, perhaps because of echoes of childhood motion sickness. In such scenes, characters are talking as they sit in a moving car, sometimes driving through city streets, sometimes driving through the countryside.

At those moments, for me the spell is broken by my keen, distracting consciousness that the characters and car are in fact *not* moving, that the appearance of their supposed movement is provided by images of passing landscape projected behind them. The spell is broken and I become totally distracted from the story line as I am preoccupied by my awareness of artifice, that the car is standing still while the landscape is made to look as if it is passing.

Thus I came to see that the analysis itself felt as if either the patient were moving ahead while the analytic experience seemed stationary, or else the analysis were advancing as analyses are supposed to, yet the patient remained unchanging. It was when I stepped back from my clinical engagement of dancing with the patient that I realized we were dancing in place. Something was not moving. Something was not truly connected.

It was this new recognition on my part that led me to listen to, and in truth even to listen for, elements of strangeness behind the content of whatever was coming up with the patient. I did not offer Tom some shaped formulation about his outsiderness, for indeed at the time my vague feeling did not even have that much shape in my own mind. I did, however, open new aspects of curiosity, ones I had missed before.

Where I had previously felt us to be deeply engaged, I now had a recognition that that conviction was not true, that we had had an illusion of full engagement while some artifice was at hand. I now had a dawning sense that my impression that we were going through the motions of moving through the landscape of his emotions did not fully ring true, but rather that he was "moving" with me, the observer, while himself remaining outside his own real emotional landscape. I could not yet know where the disconnect was: between him and his inner world, or between him and me, or between him and me as a reflection of the underlying split between him and his inner world. Somehow, he was outside his own emotional universe as I watched. And somehow, I had been participating in that structure.

I began to notice and to ask Tom about his privately feeling "outside." He responded intensely, as if a missing link had been found. He became more eager to come to sessions and was more actively curious about what came to his own mind, as if he was learning something new about himself that he could use for the first time. As I showed more in-

terest in the state of strangeness itself, the profound significance of his sense of outsiderness opened up and followed along with that.

Where little had changed before, with this new area now seen and spoken of, put into words, it was as if everything seemed to change. Tom, formerly attentive but not feeling deeply engaged, showed a new enthusiasm for the work. To his mind, the analytic endeavor had finally moved from being yet one more apparent conventional success, even as it felt insignificant. Analysis now felt of use, a benefit he soaked up as if it were water falling on a dry sponge. "How could these last six months," he asked, "be so much more useful than all those years before? I was afraid that this analysis—like my whole life—would not make any difference."

The opening up that ensued brought clarity to both the dynamics of our clinical engagement and, importantly, to his understanding of his own development. For instance, the anxiety he felt when having to present formal reports to his company's board of directors (or, in his prior position, to present to high-level government officials) had often been conceptualized in familiar terms, those of seniority and juniority, of ambivalence and vulnerability, of conflicts over surpassing his father.

The entire world of his mother's pervasive and severe phobic involvement with him, of terrors of separation and abandonment, only then truly opened, responding to my alertness to separateness and feelings of being apart, an outsider. The terrors of the landscape of the world into which Tom had come into being, the essential scenery to which he never felt truly attached, even as he felt himself fully defined by it, were then accessible for analyzing.

The separateness of the Tom who was the shaky child of a terrified mother and the Tom who was a rambunctious lad full of vigor, the separateness of the analytic talk and the analytic emotional engagement, the separateness of my sense of feeling detached and my feeling engaged even when feeling at sea—all these became woven together and whole cloth rather than distinct strands, during this process of, in the meanwhile of, increasing recognition of the effects of outsiderness. As Gardner (1983) so eloquently put it, "It's a long way to heaven; and in analysis as elsewhere it is mainly a matter of meanwhiles" (p. 34).

My experiencing outsiderness in the analytic work and my coming to recognize and appreciate the import of outsiderness are likely to have been both inevitable and necessary for this analysis to succeed.

ANALYTIC PROCESS AS SPECIMEN

Let us step back from this specific case to consider that, just as the analytic situation can tell us something about outsiderness, so, too, can outsiderness tell us something of importance about the analytic process. Let us take a brief overview of clinical experience to examine some implications of outsiderness.

While early in its history, psychoanalysis first focused almost exclusively on the depth psychology of the patient, attention gradually turned to consideration of the analytic process itself. Freud, Robert Fliess, Helene Deutsch, and Max Gitelson were early pioneers in this work, but each analytic school added its own contributions to our understanding. Some, like Racker and Ogden among the Kleinians, Jacobs among the conflict psychologists, and Greenberg among the relationalists, made particularly powerful contributions that have had great impact across our pluralistic field. In my personal development, the thinking of Loewald, Gardner, McLaughlin, Jacobs, L. Friedman, Boesky, and Chused has been especially significant. Broadly across our landscape, the last half century has proven to be an outstandingly rich period for the study of the dynamics and implications of the clinical engagement.

To reflect on the place of outsiderness in this process, I shall focus on a simplified and necessarily partial but essential aspect.

As the would-be collaborative partners consisting of the patient—someone with a difficulty—and the analyst approach each other and enter the analytic relationship, they come from within conventional roles of society: patient and doctor/therapist. However, the underlying analytic process is premised on a shift from what is conventional to the emphatically nonconventional process of openness beyond usual taboos, an intimacy structured for expression, exposure, and exploration. In this new world of the analytic situation, each partner approaches the other as a stranger. Each feels vulnerable by virtue of being alien to the other's

inner world of expectation and meanings. This is so even for the analyst, despite the fallback safety of professional identity.

Each participant starts as an outsider to the universe of private meanings of the other. Just as the patient confronts the vulnerability of strangeness and ignorance by utilizing the habits of character, so the analyst runs the great risk of using analytic theory to diminish the essential discomfort of the analyst's own vulnerable ignorance regarding the patient's emotional world. Yet in the presence of the analyst's faith in the analytic process and the patient's faith in being able to take enough risk so as to perhaps receive help, the two join together and begin to create a unique clinical couple. They share the effort to move from strangeness to familiarity, from parallel outsiderness to a mutual and growing, shared *insiderness.*

Let us narrow our attention to the analyst's engagement, the part that from our own experiences we can know best. Wishing to observe and hear the patient's story, and wanting to do so not merely in a purely intellectual way, the analyst opens herself or himself empathically to the pull of the patient, identifying with the patient and the patient's ghosts. The emotional power of what the patient says inevitably goes beyond the words told, with the telling always invoking enacting. As a result, the cockpit of the analytic office does indeed come to hold the vasty fields of France, to use a Shakespearean phrase. In fact, Shakespeare himself was at times remarkably like a modern analyst, at least regarding starting and ending a play. At times he began and finished plays in his own voice, that outside the inner world of the play, acknowledging the actuality of the theater before turning to the illusion of the drama. It is like an analyst's knowing he is an analyst, that the patient is someone with an unhappiness coming for help, when the two first meet in consultation—all before those actualities are allowed to become more hazy so that the world of transference and dream can come alive.

For a case in point, let's turn to the beginning of *Henry V* (1599), when Shakespeare has an actor look at the theater (this O construction) and wonder whether the tiny center cockpit can really be turned into the "vasty fields of France" (Chorus:11). Quickly, the play moves from reality to illusion, from that acknowledged reflection on the uncertain possibili-

ties of bringing an imagined inner world to life, and becomes the very world of the fields of France and Agincourt.

Henry V is a relatively early play. The circle of entering and departing the inner world is completed in the late play *The Tempest* (1611), a play about the renunciation of power that seems to express Shakespeare's own imminent retirement, his giving up his power to conjure new worlds, just as Prospero foregoes his power to enchant in the play. Here the prologue from *Henry V* is matched appropriately by an epilogue. With the story of the play complete, Shakespeare has an actor come forward and, speaking as both character and actor, ask for applause, saying, "Now my charms are all o'erthrown,/And what strength I have's mine own;/ Which is most faint" (Epilogue, 1-3). What more beautiful statement might there be for an analyst's implicitly saying, "I'm only me, not your transference ghosts"? From outside to inside, and back to outside again.

It is unlikely that any authentic, meaningful opening up and change occur without the patient's story coming to life, and without the analyst's partaking, at least partially, in the experience of the patient's tale. Yet if the analyst becomes so taken in by the pull of the transference and lets go of self-differentiation enough to feel part of the dream, sooner or later, both the analyst's self-protective instinct and professionalism lead to a pulling back, to detachment and observation rather than merely enacting. It is a process precisely described by Symington (1983) as an "analyst's act of freedom," and it is crucial to analytic progress.

As a result, whatever the analyst then says, from the most trivial clarification to the most profound interpretation, whatever the content of the words, a crucial message buried deep in the structure of the very making of the statement is one that states, "*No*, I am *not* you, nor am I one of your ghosts, but as separate people we can speak of what is involved. No, I am not part of your dream, but as a person who cares for what you are doing but who is separate, I can help you find the words to say it."

When spoken with genuinely deep respect, that "No, I am not you" carries with it the importantly significant embedded recognition that "And *you* are someone, too"—the "too" implying someone separate yet of equal substance and equal value.

The empathic move toward understanding by joining in with the other involves a pull toward merger of self and other. In contrast, any comment, statement, or interpretation that moves beyond enactment represents a move to a different level of connectedness, one that replaces merger with contact. Union is supplanted by an attitude of mutually respectful recognition of essential separateness; now contact, connection through touching of two separate people, takes the former place of fusion.

In summary, in our laboratory of clinical analysis, both partners confront pressures to join in emotional union. At least in part, neither wishes to be cast entirely as the other's other. Nor does either want to fully lose his or her self within the other. From the uncomfortable separateness of mutual outsiders, each tries to find enough common union to feel central to the newly formed couple. Yet failure to go beyond such an enacted mutual reassuring society is a *folie à deux,* one that ironically implies the loss of the valid unique individuality of each.

My earlier discussion of outsiderness as appearing afresh at every stage of life must not be misunderstood to suggest that there is not a capacity for mastery at each stage. That outsiderness returns in varied forms does not mean that it cannot be tamed at each point. For that possibility of going beyond outsiderness is precisely what we see in and learn from the clinical analytic process. Despite the popularity of the phrase, nothing ever gets "analyzed out." Mastery implies taming, not banishment, of a vulnerability.

Let us look more narrowly at the taming of outsiderness in the analytic process. Individuation is as essential a part of a person's life and growth as is sharing, and there is always potential tension behind the balance of the two. Certainly, there are times of great sharing, emotional high points of people coming together. That is so in lovemaking, and it is so in shared intense aesthetic experiences. Yet all good things come to an end, and the end of such high union is separation. However, the presence of profound regard of one partner for the other can leave that other feeling enriched even while experiencing loss in the process of separation. As that is so in life in general, so is it also within the analytic process.

While coming together and joining are vital aspects of clinical partnership, the losses that come with subsequent separation, with individuating and distinguishing oneself from the other, are equally vital to mastery. The uncomfortable uncertainty of outsiderness with which the clinical partners first approach each other can be followed by their becoming a new clinical couple. When the analysis goes well, that compels new separations by the partners, the analyst's "acts of freedom" and the patient's individuating. However, this new separateness, unlike that at the start, brings the capacity for greater solidity of both one's sense of self and one's respectful regard for the other. At the point of separation with termination of a successful analysis, one's separateness is substantially out from under the cloud of feelings of outsiderness.

In the analytic process, it is the analyst's deep respect for the individual uniqueness of the patient in the face of personal differences that is the essential element aiding the patient to solidify self-respect and go beyond the fragility of outsiderness. This respect—not only for the patient as he or she currently is, conflicts and constrictions included, but also for the patient's untapped potential for unique development (Loewald 1960)—is the most important factor in facilitating the patient's movement beyond the fear and shame associated with outsiderness. When successful, the outcome for the patient is not the pseudosecurity of grandiosity or other neurotic defensiveness, but it is the solidity of self among others despite the constraints of human weakness and fragilities.

One's crystallization of a sense of self and one's respectful regard for others are mutually interdependent and mutually reinforcing. Successful analytic engagement and later open disengagement do not erase outsiderness but do diminish the fear of it.

CURIOSITY

There is one further factor in this course of outsiderness as part of clinical analytic progress that demands additional mention. It is the matter of curiosity.

Curiosity, the desire to learn and understand, is a central driving means of growth, of adapting in the face of what feel like the helplessness and ignorance that accompany the sense of outsiderness. Curiosity

offers an alternative to depressed resignation. The greater the sense of strangeness, the sharper can be the curiosity, the desire to learn and grasp what is going on in and with the world. Curiosity arises as part of a life force central to the self-preservative instincts for survival and mastery, the *élan vital* of growth.

In clinical work, curiosity is nourished by identification with the analyst's interpretive attitude, the analyst's own curiosity evident in the analyst's underlying conviction that not only beyond whatever is manifest do hidden meanings still lie, but also that it is valuable and worthwhile to seek those unrecognized meanings. Indeed, along with the analyst's respect, that interpretive attitude (Poland 2002) on the analyst's part might be more crucial to the patient's liberation and growth than are manifest interpretations, important though the latter be. When rooted in respect for differences of self and other, curiosity is a fundamental force that makes mastery of outsiderness possible. Clinical analysis could not succeed were that not so.

OUTSIDERNESS AND CONTEXT

Attention to outsiderness brings to the fore a specific aspect of experience often unrecognized. Nonetheless, once addressed, this, like any concept, must be placed back into context so as not to obscure conflicting experiences and views. Outsiderness must be appreciated in context, in its relationship to all the varied competing and even conflicting drives and forces that contribute to, shape, and make up a life. Nothing said about the role of outsiderness exists apart from those multiple influences.

For instance, one can feel *a part of* the common human fabric, and at the same time feel oneself to exist within one's own experience *apart from* the common human fabric. One can feel oneself a highly valued insider, even as one simultaneously feels oneself an outsider, not part of the current group of others. That simultaneity of contrasting feelings was, for instance, clear with my foreign friend and colleague described earlier.

Negotiating the balance between separateness and commonality appears to be an endless task, one for which a single individual can de-

velop several simultaneous—even if conflicting—solutions. Outsiderness exists, but it exists as a significant and foundational thread in the broad tapestry of the human mind. Its presence does not undo or negate all those varied forces that appear to dispel it. Similarly, our attention to its significance does not undo or negate those same other forces.

IN CLOSING

Outsiderness is a fact of life, intrinsic to one's coming into the world as a new intruder, even if that world feels mostly accepting. Although not discussed in terms of outsiderness, the subjective feeling of alienation has long been a part of analytic theorizing.

Freud (1915) observed that "loving and hating taken together are the opposite of the condition of unconcern or indifference" (p. 133). Unconcern and indifference imply detachment, the absence of connection. That may be why it has been easier for psychoanalysis to attend to aggression than to outsiderness, for the latter is the experiential manifestation of lack of connection, much more threatening even than the horrors of aggression. In some ways, being undone feels more devastating than being badly and painfully done to. Recognition of the experience of outsiderness can be comforting and lead to growth, while helplessness in the context of outsiderness can seem devastating.

Appreciation of outsiderness highlights another way of seeing the early psychological position described by Freud (1915) as "purified pleasure ego" (p. 136) and by Klein as the paranoid position. A significant portion of aggression toward others and the outside world may well rest on projection as a repudiation of one's own sense of outsiderness. "*I'm* not the outsider; *you* are." Alienation of the other is a fundamental form of repudiating and scapegoating one's own non-integrated feelings of outsiderness. Similarly, fear of the other as strange may include a disowning and projecting of one's fear of experiencing oneself as unacceptably strange in the world.

"Only as a tourist." Even though all of us must form a sense of ourselves in a world of otherness—an outer world essentially new and strange to us, however warm and great its welcome—happily, most of us grow into a sense of mostly feeling at home in the world. That is so

mostly but never fully or finally. One is never immune to a time when "things fall apart; the centre cannot hold" (Yeats 1919, p. 184), when one's sense of self is freshly threatened, when the painful uncertainty and vulnerability of outsiderness can return.

Recognizing that and therefore distrusting smug self-satisfaction, in my reply to my successful friend and colleague's letter telling of her outsiderness, I see that I wrote, "For myself I have never wanted to refer a possible patient to someone who is an analyst who never shows evidence of that uncomfortable sense of otherness leaking out."

Psychoanalysis can help and help significantly, but it cannot offer immunity. An analyst's capacity to help depends on a caring curiosity that is itself founded on recognition and appreciation of one's own outsiderness, that is respectful of the patient's separate sense of strangeness. Analysts at work need both to recognize their emotional similarities with their patients and also to keep in mind their differences. Thus each of them, analyst and patient, as much as they strive to be close to and know each other, can only do so validly if they come together in a way that protects and respects the ultimate chasm of separateness on the edge of which all of us live.

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REFERENCES

Erikson, E. H. (1959). *Identity and the Life Cycle.* New York: Int. Univ. Press.

Freud, S. (1905). *Three Essays on the Theory of Sexuality. S. E.*, 7.

——— (1915). Instincts and their vicissitudes. *S. E.,* 14.

Gardner, R. (1983). *Self Inquiry.* Boston, MA/Toronto, ON: Little, Brown & Co.

Loewald, H. (1960). On the therapeutic action of psycho-analysis. *Int. J. Psychoanal.*, 41:16-33.

Millay, E. S. V. (1954). Intense and terrible, I think, must be the loneliness. In *Collected Poems of Edna St. Vincent Millay,* ed. N. Millay. New York: Harper Collins, 1990.

Montagna, P. (2011). Personal communication.

Poland, W. S. (2002). The interpretive attitude. *J. Amer. Psychoanal. Assn.,* 50:808-826.

——— (2006). The analyst's fears. *Amer. Imago,* 63:201-217.

——— (2008). Outsiderness. *Amer. Imago,* 65:593-599.

SHAKESPEARE, W. (1599). *Henry V.* Oxford, UK: Oxford Univ. Press, 2008.

——— (1611). *The Tempest.* In *The Comedies of William Shakespeare.* New York: Modern Library, 1994.

SYMINGTON, N. (1983). The analyst's act of freedom as agent of therapeutic change. *Int. Rev. Psychoanal.*, 10:283-291.

WINNICOTT, D. W. (1955). Metapsychological and clinical aspects of regression within the psychoanalytic set-up. *Int. J. Psychoanal.*, 36:16-26.

YEATS, W. B. (1919). The second coming. In *The Collected Poems of W. B. Yeats.* New York: Macmillan, 1956.

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A QUANTUM MECHANICAL INTRODUCTION OF TWO REVIEWS OF LEAR ON IRONY

BY MARTIN A. SILVERMAN

Wikipedia informs us that irony is, in essence, a situation in which there is sharp incongruity or discordance that goes beyond the simple and evident intention of words or actions, and notes that, according to the *Merriam-Webster Dictionary,* it is "an incongruity between the actual result of a sequence of events and the normal or expected result." Irony has been defined within a number of other authoritative sources in ways that overlap and clarify each other.

According to other sources quoted by Wikipedia, such as Fowler's *Dictionary of Modern English Usage:*

> Irony is a form of utterance that postulates a double audience, consisting of one party that, hearing, shall not understand and another party that, when more is meant than meets the ear, is aware of both that more and of the outsider's incomprehension.

The *Oxford English Dictionary* tells us that the word came into English in the sixteenth century as a figure of speech that derives from the Latin word *ironea*, which in turn derived from an ancient Greek term, *Eiporeia eironeia*, which meant "dissimulation, ignorance purposely affected." The *OED* adds that Socrates "was famous for proclaiming that he knew nothing, and that the only wisdom he had was the wisdom to realize how ignorant he was."

As also noted by Wikipedia, the *Encyclopedia Britannica* elucidates this further: "The term irony has its roots in the Greek comic character *Eiron*,

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a clever underdog who by his wit repeatedly triumphs over the boastful character *Alazon*. The Socratic irony of the *Platonic Dialogues* derives from this comic origin."

Jonathan Lear, a prolific and renowned philosopher who is also a psychoanalyst, has attempted to bridge the two worlds via lectures, conferences, and a series of widely acclaimed publications. His most recent book, *A Case for Irony* (2011), presents itself as an effort to convey to philosophers what psychoanalytic ideas and understandings might have to offer to them, but it is no less informative to psychoanalysts about what philosophy might offer to them in return.

The volume is slim but rich in content and heuristically valuable. It is not light reading, however. Therefore, we present to readers of *The Psychoanalytic Quarterly* two commentaries about the book, by Ralph Beaumont and Alfred Margulies, which might be of useful assistance to those who would like to avail themselves of what Lear offers within the pages of this book.

If I may be so bold, I should like to exercise the editorial prerogative of introducing into the discussion a third area of intellectual inquiry, that of theoretical physics. Having gotten through a selection of Richard Feynman's lectures on physics that were deemed to be comprehensible to nonphysicists, I decided recently to move on to his more daunting little book on quantum electrodynamics, the branch of physics for which he and two co-workers received a Nobel Prize (Feynman 1963).

At first, it proved to be relatively easy going. I was lulled by Feynman's several apologies for not being a more gifted teacher, and comforted by his promise that, in addition to being directed to serious physics students and professional physicists, his lectures could definitely be mastered by an intelligent layman, which I consider myself to be. He also assured the intelligent layman not to expect to actually acquire an understanding of quantum electrodynamics, because it was so strange that he did not understand it himself. He shared the expectation, in fact, that one day one of his graduate students would elaborate a different, experimentally verifiable set of theoretical constructions that would prove his ideas to be wrong.

We do not actually "know" anything, Feynman indicated, furthermore, because all that scientists, as well as ordinary people, are able to

do is to carry out mental experiments that, by providing consistent and replicable results, can yield not certainty but only high orders of probability. At the same time, he puzzled me by making the rather astounding assertion that an individual could learn quantum electrodynamics either by undergoing seven years of physics courses or by reading his book, as well as by stating that his invention of path integral formalisms rendered the Heisenberg uncertainty principle quite unnecessary.

It was when I got to pages 59 to 68 and beyond that I realized that Feynman, who was not only a genius but also a fun-loving, inveterate jokester and prankster (see Feynman 1997), was also a master of Socratic irony. It was only then, as I found myself becoming overwhelmed by the intricacies of adding and multiplying imaginary and complex numbers, and of determining the extraordinarily complex and multiple paths taken by photons and electrons as they hurtle through space-time, by "shrinking and turning" the little arrows he employed to make calculations in four dimensions, that I realized the trap into which Feynman had led me with his seeming humility and his seductive invitation to allow him to help me understand and not understand theoretical physics. I have not given up my efforts to embrace and master what is in *QED* (a wonderfully ironic title for his 1985 book), but it is truly daunting.

Lear, too, is a master of Socratic irony. In his writings and in person, in emulation of the Socrates he so loves and admires, he presents himself to the world of psychoanalysis with a wide-eyed, boyish wonder and a hunger to learn that belie his extensive erudition, exquisite sensitivity to human emotions, and keenly incisive vision into psychoanalytic theory and practice. As a philosopher and as a master of language and of verbal expression, he writes of complex matters so concisely, clearly, and articulately that they can appear to be much simpler than they actually are, until you think very, very carefully about what he has written.

When I was called to active duty in the army a good number of years ago and made to go through basic training, I was required to take a map-reading course. As a final exam, we were divided into squads, given a map and a compass, and required to find our way, starting out on our task a little before noon, to a specified destination. All of us in my squad were doctors much more than we were soldiers. We were not quite certain which end of the needle on the compass pointed north and which

pointed south. As a result, we ended up not where we were supposed to be but in the target area for artillery practice. The instructor who rescued us was totally unable to appreciate the humor of the situation. I did learn from the experience how to read a compass, however.

When I first read *A Case for Irony*, it seemed to me that I understood Lear's two lectures, as rich and challenging as they were, but when I tried to wade through the responses of the three philosophers (the comments of the anthropologist-psychoanalyst discussant were somewhat easier for me to fathom), I found myself hopelessly lost. After reading the reviews prepared by Beaumont and Margulies, I went back to those responses and found that I was no longer "completely lost"—but only "lost." At the same time, I realized I had not understood Lear quite as well as I had thought I understood him.

We offer to the readers of *The Psychoanalytic Quarterly* the following two reviews, which we believe can serve as a useful compass for those who might like to benefit from what Jonathan Lear has to offer in his intriguing and thought-provoking book on *irony*.

REFERENCES

Feynman, R. P. (1963). *Six Easy Pieces: Essentials of Physics Explained by Its Most Brilliant Teacher*. New York: Basic Books, 1995.

——— (1985). *QED: The Strange Theory of Light and Matter*. Princeton, NJ/Oxford, UK: Univ. of Princeton Press, 2006.

——— (1997). *"Surely You're Joking, Mr. Feynman!": Adventures of a Curious Character*, as told to R. Leighton, ed. E. Hutchings. New York/London: Norton, 1997.

Lear, J. (2011). *A Case for Irony (The Tanner Lectures on Human Values)*. Cambridge, MA/London: Harvard Univ. Press.

Wikipedia: http://en.wikipedia.org/wiki/Irony.

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BOOK REVIEWS

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BOOK REVIEWS

A CASE FOR IRONY (THE TANNER LECTURES ON HUMAN VALUES). By Jonathan Lear. Cambridge, MA/London: Harvard University Press, 2011. 210 pp.

The first page of the preface of Jonathan Lear's *A Case for Irony* shakes things up. It offers, in addition to some considerations on the definition of irony—which may seem to threaten a dry, pedantic tone—some far-reaching questions: "What if the *OED* gives us the history of our routines with the word, but there is also a phenomenon that underlies and disrupts those routines? What if this little disrupter is crucial to the human condition?" (p. ix).

The argument in what follows is for an affirmative answer to that question. This volume is not the beginning of Lear's case for irony. He addressed the issue in similar terms in an earlier book,[1] which includes an extended meditation on the work of Loewald. I suspect that the present work also will not be the end of his treatment of irony. Making the case he has in mind is a tall order. He brings to it substantial tools, including readings of Plato, Kierkegaard, and, to a lesser degree, Wittgenstein, as well as a finely honed psychoanalytic sensibility. His case for irony, while clearly not restricted to considerations about clinical psychoanalysis, does have direct relevance to how he understands psychoanalysis, both theoretically and clinically. The present volume, unlike his earlier book on irony, seems not to have been intended primarily for an audience of psychoanalysts, but it does bear directly on many matters that greatly concern and occupy analysts, and on others that perhaps should.

The book is divided into two parts. The first is a pair of lectures delivered at Harvard University, presumably to a predominately academic audience. The second is a series of commentaries on the lectures by three philosophers and one anthropologist-psychoanalyst, each followed

[1] Lear, J. (2003). *Therapeutic Action: An Earnest Plea for Irony.* New York: Other Press.

by Lear's response. My comments will focus mostly on the lectures, but also on some aspects of the commentaries and responses, which offer much that illuminates Lear's argument.

The first lecture, titled "To Become Human Does Not Come That Easily," is concerned primarily with defining irony and "ironic existence" (p. 9). Here Lear extends his earlier work on this issue. The chapter's enigmatic title goes quickly to the heart of the matter about why irony may be "crucial to the human condition" (p. ix). He quotes from Kierkegaard's account of Socratic irony: "His [Socrates's] whole existence is and was irony; whereas the entire contemporary population . . . were perfectly sure of being human and knowing what it means to be a human being. Socrates was beneath them (ironically)" (Kierkegaard quoted by Lear, p. 5).

Lear develops the notion of ironic existence, which involves making use of a capacity for ironic experience as a human excellence. Here at the beginning of his argument, it seems that some crucial interpretive choices are being made. Ironically doubting one's humanity is understood as a path toward human excellence, in the direction, as it were, of the Platonic form of "the Good." Other analysts may consider this sort of doubt differently: e.g., as a manifestation of a severely self-critical superego, or of a defective sense of self. Lear's interpretive choice here links up with his interest in our pretenses and our aspirations. As we shall see, while from his perspective our being human can be in doubt, our possession of transcendent moral aspirations seems less in question.

In the remainder of the first lecture, Lear fills out his concept of irony as deriving from the opening of a gap between pretenses as they are made available in social practices, and aspirations or ideals. His paradigm question, which he takes from Kierkegaard, is: "In all of Christendom, is there a Christian?" (p. 12). Lear emphasizes that for this method of consideration to work, the left side of the sentence must involve a sincere commitment, as being a Christian did for Kierkegaard.

Lear provides clear examples involving both his own experience and that of a patient in analysis. In his fascinating expansion on this notion of ironic experience and existence, he covers a great deal of territory, from Socratic ignorance and the ironic technique that pervades the

Platonic dialogues, through Plato's account of "god-sent madness" (p. 20), on to disruptions in our sense of personal identity, the limitations of social science, and the "radically first-personal present tense" (p. 16) nature of ironic experience. This latter consideration, concerning first-person expression, goes a step beyond his account in his earlier book and deserves some comment.

Lear's vivid rendering of the disruptiveness of ironic experience in relation to our strongly invested practical identities or "pretenses" includes in these experiences an essential quality of "erotic uncanniness" (p. 20). He carefully distinguishes these ironic developments from detached, skeptical reflection, in which one steps back from a more immediate and affectively charged experience. Irony instead means stepping into immediate first-person, present-tense experiences of disruptive erotic uncanniness. Both the high road toward transcendent human excellence and the Platonic Good, and the low road of erotic disruption, seem to be implicated.

As he invokes the first-personal nature of ironic experience, Lear appears to be connecting with a recent strain of philosophical thought. Its relevance to the interests of analysts and the data of the analytic situation will, I think, be clear. During the twentieth century, philosophers abundantly challenged the radical first-person claims to epistemic authority that followed from Descartes's statement "*Cogito ergo sum.*"[2] Descartes asserted that we can doubt the existence of everything except our own first-person thoughts. The extensive, sometimes "deflationary"[3] critique of first-person authority during the twentieth century often led to a dismissal of first-person knowledge claims based on subjective psychological introspection, in favor of third-person claims connected with applications of versions of scientific method.

This approach to the matter of what we know has often been seen as incompatible with the data upon which analysts' inferences are based, Freud's positivism notwithstanding. But more recently, philosophers have

[2] See part 1, article 7, of: Descartes, R. (1644). *Principles of Philosophy.* Dordrecht, The Netherlands: Kluwer Academic Publishers, 1991.

[3] See Moran, R. (2001). *Authority and Estrangement: An Essay on Self-Knowledge.* Princeton, NJ/Oxford, UK: Princeton Univ. Press, pp. 16-19.

argued for reclaiming versions of first-person authority.[4] I think Lear's central argument in this book is to link this philosophical reclamation of first-person authority with his concept of irony and the possibilities for psychoanalysis as a means of facilitating and instilling a capacity for it.

In the second lecture, Lear argues explicitly against what he takes to be Nietzsche's and Freud's criticism of the place of morality in human psychology, and in favor of a "non-moralized moral psychology" (p. 43). He considers that an ironic disruption of one's practical identity may involve not only the return of a repressed wish, but also an expression of "me coming back to haunt myself" (p. 46). He invokes here the notion of core unconscious fantasy, and connects it with the "unity of the self" (p. 51).

Many of Lear's psychoanalytic formulations have a topographic emphasis, and he describes the unconscious becoming conscious in a particularly interesting way. He uses first-person psychological concepts of expression and avowal from Wittgenstein,[5] as developed and extended by contemporary philosopher David Finkelstein (see footnote 4 [2]), to make clear how the topographic gaining of conscious awareness of emotions occurs. An analogy is drawn with the shift described by Wittgenstein from a natural, nonverbal behavioral expression of pain to an articulate, verbal expression of the same pain, complete with epistemic content in the latter case.

Lear and Finkelstein argue that in something like the way in which a verbal expression of pain replaces a nonverbal one, affects and ideas that have entered conscious awareness may replace unconscious ones. Lear's case for irony is that this is what goes on in uncanny experiences of ironic disruption. These disruptions may occur in relation to our practical identities, large-scale subjective questions, transferences, and matters concerning the virtues.

This formulation of topographic shifts has far-reaching implications for the theoretical and clinical understanding of analysts from various

[4] In addition to footnote 3, see, for example: (1) Anscombe, G. E. M. (1957). *Intention*. Ithaca, NY: Cornell Univ. Press; and (2) Finkelstein, D. (2003). *Expression and the Inner*. Cambridge, MA/London: Harvard Univ. Press.

[5] Wittgenstein, L. (1956). *Philosophical Investigations*, trans. G. E. M. Anscombe. Oxford, UK: Blackwell.

schools of thought. I wonder, for example, how the replacement concept might be applied to persistent problems raised by Freud's late formulations on constructions.[6]

The commentaries and responses to them in the second half of *A Case for Irony* enable Lear to expand on aspects of his presentation, sometimes in quite useful ways. Three out of four of the commentators are philosophers, all of whom seem sufficiently conversant with the psychoanalytic concepts under discussion. Their commentaries should be accessible to psychoanalytic readers who have taken a philosophy course or two. In the first, Christine Korsgaard proposes that irony in Lear's account can be understood as a special case of reflective distance, like that for which Kant used the term *critique*. Lear's response includes an elaboration of his topographic perspective on relations between the conscious and unconscious parts of the mind. Each, in his view, takes the other as its matter. He elaborates on his earlier discussion of the limits of the model of reflective distance, contrasting it with the uncanny anxious longing of ironic experience.

The second commentary, by philosopher Richard Moran, initiates a particularly rich interchange. Moran has addressed a number of the issues raised in Lear's lectures, especially with regard to the place of first-person expression (see footnote 3). Moran understands Lear's account of irony as embedded in narratives of confinement and illusion on the inside, versus liberation and ironic disruption coming from without. He finds a great deal of heterogeneity in the application of concepts of first-person authority and self-knowledge, and doubts that Wittgenstein's replacement notion about natural and more epistemically grounded verbal expressions of pain can be extended as far into other mental terrain as Lear and Finkelstein suggest.

Lear does not see himself as offering a narrative. He believes that this adaptation of Wittgenstein's replacement concept is an illuminating one, and sees Moran as shortchanging the psychoanalytic phenomenon of the expression of unconscious fantasy by overemphasizing the notion of the analysand's "taking up an empirical stance" (p. 121) toward her-

[6] Freud, S. (1937). Constructions in analysis. *S. E.*, 23, pp. 255-269. See also: Lowkowisz, S. & Badanowski, T. (2011). *On Freud's "Constructions in Analysis."* London: Karnac.

self. This leads to some interesting comments on technique in which Lear challenges the value of constructions in analysis. Freud's constructions are not, it seems, replacements of the kind Lear has in mind.

There is much that is relevant to contemporary debates in psychoanalysis in this interchange. Consider, for instance, the implicit challenge to both archeological and constructivist models of analysis as it comes through in Finkelstein, upon whom Lear relies heavily for his concept of first-person expression. In Finkelstein's words:

> Surely we are able to speak as we do about our own mental states and events because we discover them in ourselves or because we somehow constitute or construct them or because we do a bit of both . . . . I'll here commit myself to rejecting all three horns of this trilemma.[7]

With his concept of first-person ironic disruption, it seems to me that Lear shares this stance.

In Cora Diamond's commentary, we find an exploration of the case of an individual whose aspiration seems to be social pretense through and through, as Tolstoy remembered of his younger self, striving to be "*un homme comme il faut*" (Tolstoy quoted by Diamond in Lear, p. 124). Is irony foreclosed when no gap can be found between social pretense and transcendent aspiration? In his response, Lear the psychoanalyst proposes that Tolstoy's youthful aspiration was laden with conflict and potential for ironic disruption, which was well borne out by later developments in his life and writings.

Moreover, Lear the philosopher seems to step forward when he asserts, "It is characteristic of our own self-understanding that we try to understand ourselves as up to something good—and this makes us vulnerable to ironic disruption. I take this to be characteristic of human being" (p. 155). As he sheds light on Diamond's commentary, Lear also clarifies his first lecture on the difficulty of becoming human. It appears that he sees us, as Plato did, as inherently moral beings, but also, as Kierkegaard did, as beings who must strive to be fully human.

[7] See footnote 4 (2), pp. 2-3.

The last commentary, by anthropologist-psychoanalyst Robert Paul, poses a challenge to Lear's first-person expression concept along lines somewhat similar to those of Moran. Paul invokes the distinction between the observing and the agentic experiencing ego in a sophisticated object relations approach. For him, by the time an individual is able to articulate the verbal expression of experienced rage, saying "I am furious with you," "they are already beginning the process of turning the pure expression of an organismic subject into a third-person observing commentary" (p. 169). This is, of course, no more consistent with the first-person expression concept of irony than was Moran's "empirical" self-knowledge.

Lear holds to his replacement concept, replying that fury can be understood as a developmental achievement, claiming at its core, as Aristotle suggested, to be right. Here again, Lear links his concept of ironic disruption with a vision of psychoanalysis as a moral psychology in which our moral nature is taken for granted, but our humanity must be achieved.

A Case for Irony provides much creative and integrative food for thought—and, dare I say, reflection—for analysts, philosophers, and those who value the interaction and dialogue between these two disciplines. Whether it instills irony, as Lear proposes, I think will be a matter for the individual reader. Lear offers a rich and illuminating perspective on irony and how it bears on psychoanalysis and on moral life.

For me, Lear's arguments stimulate questions:

- Don't the incommensurable new paradigms that follow from ironic experiences of uncanny disruption leave aspects of the old "pretenses" buried or lost, and thereby compromise psychic unity with a loss of continuity? Does understanding former investments as "pretenses" threaten to do the same?

- Does Lear succeed in conjoining psychoanalysis with his vision of the moral life in a way that moves beyond Freud's superego concept?

- Is it tenable to understand us first as morally striving beings, and only later and contingently as full human beings, rather than the other way around?

- Does the author shed new light on the topographic emergence of emotions with his extension of Wittgenstein's replacement concept?

I think these questions and others will engage and challenge other analytic readers, too. I do not think I can render a verdict on them. But his case for irony is a provocative and important one on these and other counts. I do not think that any analyst who reads this volume will think of first-person expression in quite the same way again.

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A CASE FOR IRONY (THE TANNER LECTURES ON HUMAN VALUES). By Jonathan Lear. Cambridge, MA/London: Harvard University Press, 2011. 210 pp.

"One of the joys of doing philosophy," Lear writes in the introduction to his volume, "is the conversation one gets to have" (p. xi). This tone, a generosity of spirit, seems just right: Lear creates conversations everywhere he goes. I imagine his spirit alive in Ancient Greece, walking beside friends and students—talking, challenging, engaging—everyone absorbed in deep conversation. And yes, with Lear's love of philosophy (which is literally *the love of wisdom*), we join an infinite conversation throughout all of human history, one that, if we are lucky, we dip into, extend—all the while knowing this conversation preceded us and will continue long after we have bowed out.

So what is Lear after with his project of making "a case for irony"? The preface of his volume gives us a hint. He comments that Kierkegaard's writing about irony was "not to *explain* irony, but to *instill* it" (p. xi, italics in original). And so we are off: we appreciate Lear's sly, ironic intention—his book, too, will be about instilling irony. That is, his words will be in the nature of linguistic *performatives*[1]: words that not only instill a state of mind in the reader, but more precisely, instill a change of being: "Irony is a form of existence" (p. 6). Lear's text will perform

[1] Austin, J. (1975). *How to Do Things with Words.* Cambridge, MA: Harvard Univ. Press.

the very concept of irony even as the text explores it—and the text will perform it on us. If Lear's case for irony achieves success, then, it will unsettle us; indeed, it must: there is "an insecurity about being human that is at once constitutive of becoming human" (p. 6).

Well, we wonder, just what kind of "instilling" does Lear want to install? He quotes Kierkegaard again: "to become human does not come that easily" (p. 6), to which he adds, "becoming human requires getting good at being human" (p. 3). And so here we have it: Lear, like Kierkegaard, wants to evoke a form of existence, a form that has to do with getting good at being human.

Now, what an ironic thing to say! "Getting good at being human." In Kierkegaard's words, we are aiming for an "*ironic existence*" (quoted by Lear, p. 9, italics in original). The stakes, then, are high; we are aiming at the very nature of our way of being. Getting good at being human is surely relevant to psychoanalysis, that is, to why people come to see psychoanalysts in the first place: they want to be better at being human, less encumbered, freer, better at being themselves. We have an obligation as analysts because, as Lear pointed out in an earlier book, getting good at being human is at its heart an ethical concern: "the fundamental question, 'How shall I live?'"[2] That book was specifically addressed to psychoanalytic clinicians, whereas Lear's talks for the Harvard Tanner Lectures on Human Values, of which *The Case for Irony* forms part of a series, were written with academic philosophers in mind. And so I recommend reading the books in that order; they complement and deepen one another.

In this review, I will explore irony as a state of being—specifically, the uncanny, recursive, and relentless quality of the unsettled mind restlessly questing for an overarching understanding of how to live. This elusive understanding is usually and for the most part implicit, never quite articulated, but rather inhabited as the world we know. Responding to Lear's evocative work, my focus will be on the uncanny disruption of the world as we know it, our consequent attempts to repair these cracks in our familiar worlding, and, with this, a search for new and integrative meanings that we can once again take for granted.

[2] Lear, J. (2003). *Therapeutic Action: An Earnest Plea for Irony*. London: Karnac, p. 174.

Along the way, I will thread together Lear's study of irony with the following: the self-recursive bootstrapping of levels of awareness, the experience of what I would call *worlding dissonance,* and the reparative attempts to resolve that dissonance through the process of deferred action (*Nachträglichkeit).*

The following, then, is my ironic take on Lear's ironic take on irony. That is, I look into the mirror of his work and see myself. And then I see myself seeing myself in a vast hall of mirrors.

An aura of strangeness is inherent in the experience of irony; something familiar becomes, at the same time, unfamiliar. And so irony dwells in strangeness, at the doorstep between two spaces. Irony is then a hinge, a pivot, between the familiar and the unfamiliar. There are, to be sure, some forms of ironic strangeness that elevate us to an experience approaching awe, as we float above paradox and into a state of heightened awareness.

Lear explores irony as a confrontation with pretense versus aspiration, as in Kierkegaard's asking: "In all of Christendom, is there a Christian?" (p. 12). Our fierce psychoanalytic organizational debates (about standards, certification, training analyst status, etc.) reflect similar ironic confrontations over what it means to be an analyst. For example, I know I have the right to call myself a psychoanalyst because, after long years of study, seminars, cases, and supervision, I have graduated from a psychoanalytic institute. What is more, I have run the gauntlet of certification, and then another gauntlet of becoming a training analyst.

Still, all these external qualifications do not, cannot—and should not—settle the question: what does it mean to be a psychoanalyst? That is a question that I must own and make personal, a question not to be resolved by others—and one that I need before me in all of its dissonance.

Listen to the Ancient Greek poet Pindar: "Become such as you are, having learned what that is."[3] Or to this oracular bumper sticker I found in front of me while caught in Boston traffic: "Remember who you wanted to be." Pindar and Boston traffic stop me in my tracks, reminding me that I often forget my own life. And, sitting still on the Mass

[3] Pindar (5th century B.C.E.). *Olympian Odes, Pythian Odes (Loeb Classical Library, Vol. 1),* ed. & trans. W. H. Race. Cambridge, MA: Harvard Univ. Press, 1997, p. 239.

Pike, where are my life's aspirations now? I smile; I am in a strange place: I am a paradox to myself.

Irony as it manifests itself in paradox has an aura of strangeness that creates a tension that wants to be resolved. My encounter with ironic paradox goes something like this: first, there is the surprise of irreconcilable positions. Then there is a rapid back and forth, as one jumps between aspects of the paradox. Usually, the oscillations resolve when one realizes that the two sides of the irony come together in a larger sense not previously considered. One spirals above oscillating states and into a new state of mind that is "higher," in the sense that it seems to float over the contradictions into a new point of view. And here one "gets" that the irony requires a higher level of awareness than previously seen, as with those woven-reed "Chinese finger locks," when one finally understands that the way out of the trap is, counterintuitively, not to struggle, but rather simply to relax. In "getting" the discordant irony, one makes a recursive leap into a spiral of new awareness, and with this there is a sense of relief, just as dissonant music seeks a resting place.

There are some varieties of irony, the ones that Lear is after, that remain unresolved and yet are oddly pleasurable, libidinal precisely because of their dissonance. Indeed, one aims to keep the ironic paradox unresolved as a mode of remaining within a higher awareness, as in the Zen enigma: "imagine the sound of one hand clapping." But here's the rub: sometimes we get stuck in an oscillating, unpleasant dissonance, despairing of a way out. We do not know how to make that leap into a spiral of awareness. The following is a tragic example.

Reflecting on his long descent into dementia, a brilliant and witty writer told me that he no longer understood *New Yorker* cartoons. He felt a vague panic as he awaited an "a-ha," a *getting* it, that never came. And so he abandoned the cartoons in their strangeness. Sadly, he had fallen out of his familiar world, which is to say, he had fallen out of his graceful, splendid, and ironic mind, which broke his heart—and mine, too. The cartoons were frightful signposts of his journey away from himself; he retained enough of a sense of irony to know precisely that his capacity for irony was slipping away. And so he suffered, feeling life was barely worth living.

When the day arrived that this man stopped suffering, I knew that he had finally lost the critical, ironic reflection needed to sustain a self-creating, recursive spiral. That is, he truly lost himself—and so I lost him. But I no longer worried that he would kill himself. Something worse had happened: he no longer had enough ironic capacity to experience the misery of his dissolving self. And so he was truly gone.

There are, then, many sad varieties of ironic oscillations, unbridgeable rifts, and worlding dissonances that cannot reach resolution. Indeed, I submit that one can describe the aura of ironic strangeness on a continuum of uncanniness, from moments of fleeting awareness of strangeness (often of the strangeness of being itself) to longer, more disruptive, and sometimes traumatic stretches of strangeness intertwined with dissociative phenomena.

Traumatic strangeness, with its dissociative not-in-the-world uncanniness, seems bigger than what we usually mean by *irony,* and I at first balked at thinking of trauma in terms of irony. And yet this is precisely the word that the late Paul Fussell used to describe the world-shattering experience of war.[4] Fussell chose the word *irony* to capture his grief-soaked loss of a world of cultural innocence, a world of chivalry and high-minded adventuring that never imagined just how awful war could be. His naive Eden-world broke apart and, except in his fantasies, Fussell can never find a way back home from his traumatizing new world of awareness. Nostalgia literally means the pain of memory: Fussell longs for his old life; he has fallen into the gap between worlds.

Let us now move to the urgency to resolve what I call *worlding dissonance:* the apprehension of the loss of the taken-for-granted, familiar world. At the heart of irony, I contend, is the subtle, recursive process of the self reflecting on itself. Indeed, without this recursive spiral (as with the writer who no longer understood cartoons), irony is not felt as such. There is what I would call a more *general theory of self-recursion* that has to do with the necessary properties to achieve higher levels of consciousness.

[4] Fussell, P. (1975). *The Great War and Modern Memory.* New York: Oxford Univ. Press.

And then there are more *specific theories of self-recursion* in disparate fields, such as the study of nonhuman intelligence (as in animal minds and "artificial" ones) that explore the specific preconditions necessary to construct different orders of consciousness. At bottom, such conceptions are about the bootstrapping of levels of consciousness through self-reflective or recursive spirals. What I would call Freud's *specific theory of self-recursion* saturates the twenty-four volumes of the *Standard Edition,* and is implicated in his remark that we have only "memories of memories"—which, in essence, is his conception of deferred action (*Nachträglichkeit* or *après coup*).

I submit that the structure of severe, disruptive irony (as in Fussell's strong sense) is top to bottom—in its micro- and macro-structure—precisely described by Freud's notion of deferred action, which is in essence a recursive spiral of meaning-making powered by the urge to assimilate and resolve that which cannot be assimilated. Here are the formal elements of the phenomenon of deferred action as I have adapted and parsed them from Laplanche and Pontalis:

1. Experiences, memories, or sensory traces . . .
2. . . . may be revised at a later date . . .
3. . . . to fit into fresh experience or a new developmental stage, and—this is crucial—
4. the old experience is then endowed with new meaning that acquires new force.[5]

Let me reframe: previous (or familiar) experience is revised in the light of new experience, and thereby acquires a renewed significance infused with a power to disrupt the world as we live it. This is to say, the old becomes powerfully new again. Let me here define the *new* as that which is yet to be assimilated.

At the extremes of ironic disruption, I submit, trauma both outstrips understanding and is at the same time a new kind of understanding. Trauma's new meaning is, precisely, that our familiar, taken-for-granted

[5] Laplanche, J. & Pontalis, J.-B. (1973). *The Language of Psychoanalysis,* trans. D. Nicholson-Smith. New York: Norton.

world of meaning no longer holds. In its unrelenting, destructive newness, trauma locks onto our accustomed worldview and demands a revision of what we have always taken for granted. The special and pernicious power of trauma is that, in its persistent newness, it compels assimilation even as it resists such assimilation.

Nachträglichkeit, I suggest, is the phenomenon of attempting at all levels, conscious and unconscious, to assimilate disruptive uncanniness, the loss of the familiar. And I further propose that it is not just experiences, memories, or sensory traces that are revised, but the experiences existing in the context of a larger symbolic and moral order—or, more precisely, one's world of articulated meanings and values, one's *being in the world,* one's worlding.

Nachträglichkeit, it seems to me, is a reflexive attempt to resolve worlding dissonance. At its extremes, worlding dissonance can be so disruptive as to be traumatic; one feels that one has fallen out of the world, or that the world has fallen away or broken apart. But to reverse this statement, trauma is precisely that which creates worlding dissonance. One falls out of the familiar world into something strange and uncanny, which one reflexively wants to heal, *nachträglich.* This worlding dissonance leads to a spiral of attempting to reconcile the two worlds, that is, to heal the rift in one's familiar expectations.

Because ironic existence plays at the margins of worlding dissonance, or world-shaking disruption and trauma, the stakes of Lear's case for irony can be high indeed. By placing the problem of pretense versus aspiration at the heart of his exploration, Lear implicates irony within the structuring of our moral universe. By risking disruption, not only do we risk falling out of the comfort zone of our familiar world; we also risk losing our taken-for-granted moral compass. Kierkegaard staked his whole life on this embrace of the ironic existence, and it did not come easily for him.

And yet—and yet—all is not grim and traumatizing. Indeed, Lear is aiming for an ironic mode of being that can be bracing, energizing, and even erotic in its embrace of the unknown. So let us now return to the challenge of embracing ironic existence that Lear, in the tradition of Socrates, Kierkegaard, and Loewald, puts before us. Though it

is human nature to want to resolve dissonance, Lear's "earnest plea for irony" (the subtitle of an earlier book of his; see footnote 2) is an appeal not to extricate oneself but rather to remain within the tension of the ironic moment, in what he calls "erotic uncanniness": "The point of Socratic irony is . . . a certain form of not-knowing . . . getting the hang of a certain kind of playful, disrupting existence that is as affirming as it is negating . . . an embrace of human open-endedness" (p. 36). Lear, then, is making a plea for what I would call "an evenly ironic attention" as a psychoanalytic way of being.

Lear has stated: "Properly understood, psychoanalytic interpretation is a form of irony" (2003, p. 119; see footnote 2). In essence, psychoanalytic interpretation in all its guises is a confrontation with taken-for-granted assumptions, aiming toward a new awareness. Though on a continuum, the ironic disruption of psychoanalytic interpretation can be a kind of high-wire act—it risks danger. Lear states: "Human flourishing would then partially consist in cultivating an experience of oneself as uncanny, out of joint" (p. 37).

But let us not overlook Lear's embedded allusion here; the phrase *out of joint* is from Shakespeare: "The time is out of joint. O cursèd spite /That ever I was born to set it right!"[6]—a cry that portrays Hamlet's anguish at the falling apart of his moral universe. As Lear puts it: "Ironic disruption is thus a species of uncanniness: it is an *unheimlich* maneuver. The life and identity that I have hitherto taken as familiar have suddenly become unfamiliar . . . like losing the ground beneath one's feet" (p. 19, italics in original).

In appealing to us not to resolve ironic, uncanny dissonance but to live within it, Lear goes to the very heart of who we are as psychoanalysts. This, I contend, is in the spirit of Freud's intensely ironic framing of the "fundamental rule" of free association (that is, to say whatever comes to mind, no matter how difficult, unpleasant, irrelevant, etc.)—which is, strangely enough, a command to be free! What audacity for Freud to install as a cornerstone of psychoanalytic method an imperative, an ironic demand—to be free.

[6] Shakespeare, W. (1603). *Hamlet.* New York: Washington Square Press, 1992, 1.5.210-211.

Many have criticized the fundamental rule as a very weird power play, an impossible act of conformity under the guise of freedom. But I think this is a misunderstanding of the performative irony at the heart of the fundamental rule's Zen-like whack to the head, which is an instilling of ironic existence. The analysand often begins by trying to conform to the analytic imperative (explicit or implicit) to roam freely. After all, the analyst, as the Lacanians say, is the fantasy of one who is supposed to know (*sujet-supposé-savoir*).[7]

But as Freud observed, this invitation to talk freely, to free-associate, soon becomes problematic; one hesitates, stumbles, pauses, and stops. And here we have it: the demand to be free, in its very impossibility, confronts us with our lack of freedom, our internal constraints. In confronting the impossibility of the fundamental rule, one learns about the unconscious, the shadowy forces resisting the freedom to have a free mind. There is an otherness within, now lodged in the analytic relationship itself; we struggle against the finger locks of the unconscious.

Keats wrote that Shakespeare possessed the quality of a "*Negative Capability*, that is when man is capable of being in uncertainties, Mysteries, doubts, without any irritable reaching after fact & reason."[8] Lear, too, is making an earnest plea for a species of negative capability—the active capability not to foreclose the uncomfortable freedom to stay at the crossroads, at the hinge of an ironic existence. And with this, we suspend ourselves within the unfamiliar, between worlds, conscious and unconscious, liminal, in wonder at who we are and who we might become.

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SEEING AND BEING SEEN: EMERGING FROM A PSYCHIC RETREAT. By John Steiner. London/New York: Routledge, 2011. 196 pp.

This very valuable collection of essays by the masterful contemporary Kleinian theoretician and clinician John Steiner presents his continued reflections on analytic work with patients whose extreme narcissistic vul-

[7] Lacan, J. (1981). *The Seminar of Jacques Lacan, Book 11: The Four Fundamental Concepts of Psycho-Analysis,* trans. A. Sheridan, ed. J.-A. Miller. New York: Norton.

[8] Keats, J. (1817). *The Letters of John Keats, Vol. I*, ed. H. Rollins. Cambridge, MA: Harvard Univ. Press, 1958, p. 193, italics in original.

nerabilities lead to a position of psychic immobility, which he previously described in his book *Psychic Retreats.*[1] In his earlier work, Steiner used the spatial metaphor of a *psychic retreat* as a way of conceptualizing the structural consequences of the complex pathological organization of defenses and compromised object relations that certain individuals develop to withdraw from tremendously painful experiences of paranoid and depressive anxiety. This position of retreat results in severe resistance to development and change in analytic work with such patients, leading often to impasse and stasis.

In his current book of essays, Steiner continues to develop and elaborate a contemporary Kleinian approach to resistance, as he extends his metaphor of psychic retreat to the fantasied dangers of seeing and being seen that such patients must confront as they attempt to emerge from their psychic hiding places. Steiner states that his major new focus in this book is on the affects of embarrassment, shame, and humiliation, and their associated fantasied object relations, which have previously been relatively neglected within Kleinian theorizing. He examines how these affects can lead to struggles for power and dominance within the transference, or to defensive clinging to resentment and revenge. In particular, Steiner emphasizes the uniquely unbearable quality of shame and humiliation that demands immediate relief. Failure to address the peremptory nature of these affects can block therapeutic movement toward the more traditional domain of Kleinian work, the anxieties of the depressive position, and the need to face loss and mourning.

Despite the author's articulated focus, the essays gathered in this collection—originally presented or published between 1996 and 2011—were not all initially written with this purpose in mind, and some fit a bit less neatly than others with the book's major theme. However, the reader is never regretful, since along the way we are treated to Steiner's always illuminating and at times brilliant reflections on a whole range of psychoanalytic concepts, such as transference, the Oedipus complex, mourning and melancholia, and the repetition compulsion, as well as a fascinating reconsideration of Freud's ideas about the repudiation of femininity in "Analysis Terminable and Interminable."[2]

[1] Steiner, J. (1993). *Psychic Retreats.* London: Routledge.

[2] Freud, S. (1937). Analysis terminable and interminable. *S. E.*, 23.

In the first and longest section of the book, "Embarrassment, Shame and Humiliation," Steiner explores the crucial role of these narcissistic affects in resistance to analytic change, and works to find a conceptual place for these clinical states within Kleinian theory. Psychic retreats defensively maintain narcissistic object relationships in which the patient does not need to experience himself as separate from his objects, nor to experience need, dependency, or insufficiency. Emerging from a psychic retreat requires the patient to *see* his objects, including the analyst in the transference, in a new—and separate—light, stirring up the feelings of envy, jealousy, frustration, rage, guilt, and remorse that belong to the depressive position. However, emergence also exposes the patient to *being seen*, with a transference to the analyst as an observing object who sees through the patient's narcissistic defenses, leading him to feel inferior, weak, and humiliated, rather than superior, powerful, and omnipotent.

Steiner invokes Britton's work on triangular space,[3] in which the child's primary relationship to the oedipal object of desire is complicated by a relationship to a secondary object (the other member of the parental couple) who observes and judges him, as a way of conceptualizing these transferences that predominantly involve affects of shame—in contrast to transferences to the primary object, which predominantly involve guilt. This observing and authoritarian object may be incorporated as a primitive and persecuting aspect of the superego associated with humiliation. In this way, unlike Kohut and the self psychologists, who to a large extent replace the oedipal focus on guilt with a dyadic focus on shame and the maintenance of self-esteem, Steiner sees both states as centrally related to oedipal dynamics and crucial to psychopathology. He does emphasize the need for affect states involving shame to be prioritized clinically, due to their unbearable quality, in order to avoid impasse with such narcissistically fragile patients. While he advocates careful sensitivity and attention to these transferences, he favors actively interpreting them to avoid collusion with the patient's narcissistic idealization in a way that differs from a Winnicottian or Kohutian approach.

[3] Britton, R. S. (1989). The missing link: parental sexuality in the Oedipus complex. In *The Oedipus Complex Today: Clinical Implications,* ed. R. Britton, M. Feldman, E. O'Shaughnessy & J. Steiner. London: Karnac, pp. 83-101.

The first section of the book contains four essays in which Steiner provides both his own clinical material and an illuminating analysis of the Schreber case[4] to illustrate the central role of shame and humiliation, and the constellation of object relations and defenses associated with these particular affects. He views Schreber's delusional system as a psychic retreat involving withdrawal from unbearable affects associated with both the depressive and paranoid positions.

In an interesting essay on "Improvement and the Embarrassment of Tenderness," Steiner considers the way in which shame and embarrassment may play a role in the negative therapeutic reaction, as improvement and the emergence of tender and hopeful feelings may lead the patient to feel small and vulnerable, with an urge to provoke attack and misunderstanding from the analyst so that the patient can feel "strengthened" by a retreat to indignation and a sense of injustice. This conception usefully enlarges the traditional Kleinian focus on envy (both of the analyst's creative and helpful capacities, and the patient's fear of envious attack) or the Freudian focus on guilt as the central affects involved in negative therapeutic reaction.

The fourth chapter in this section, "Transference to the Analyst as Excluded Observer," is one of those that began life as a paper with a more general focus on transference, and as such contains an extremely lucid review of the development of Freudian and Kleinian ideas on this topic. There is a particularly valuable discussion of the broadened Kleinian concept of the *total transference situation,* in which the patient is viewed as projecting his internal object world as it exists *in the present* onto the psychic situation of the analysis, through processes of splitting and projective identification.[5] Steiner also cites Rosenfeld's work on the multiple motives for and types of projective identification,[6] and both

[4] Freud, S. (1911). Psycho-analytic notes on an autobiographical account of a case of paranoia (dementia paranoides). *S. E.,* 12.

[5] Joseph, B. (1985). Transference: the total situation. *Int. J. Psychoanal.,* 66:447-454.

[6] Rosenfeld, H. (1971). Contributions to the psychopathology of psychotic patients: the importance of projective identification in the ego structure and the object relations of the psychotic patient. In *Melanie Klein Today, Vol. 1: Mainly Theory,* ed. E. B. Spillius. London: Routledge, 1988, pp. 117-137.

Sandler's and Joseph's work on enactment.[7, 8] The purported focus of the chapter—on transferences to the analyst as an excluded observer within the oedipal triangle and the ways in which such a position may leave the analyst particularly prone to enactment—feels somehow a bit tacked on, but perhaps only because it has a hard time competing with the rich and valuable historical synthesis of ideas that Steiner provides for us earlier in the chapter.

Steiner's focus on the affects of embarrassment, shame, and humiliation lead to his interest in a related set of issues, which he examines and illustrates with rich clinical examples in the second section of the book, "Helplessness, Power, and Dominance." Here he elaborates on the paranoid and depressive solutions to the oedipal situation, and the ways in which these involve struggles with power and helplessness, resentment, and revenge, originally in the oedipal situation itself and consequently in the transference-countertransference matrix of the analytic situation.

In a discussion that calls to mind aspects of Chasseguet-Smirgel's work[9] (which he does not cite), Steiner focuses on the painful narcissistic injuries that are inherent in the realities of the oedipal situation, in which the child must face the fact of difference regarding age, size, strength, and gender. It is a crucial matter whether the child can face these differences, as well as his own weakness and dependence, as a painful but necessary aspect of reality—or whether he instead experiences them as a cruel exercise in power and domination. Steiner argues that Freud's description of the dissolution of the Oedipus complex offers solely a paranoid and persecutory solution, in which the child is the humiliated loser who can only identify with an authority based on power. This leads to the perpetuation of resentment and an ongoing wish for revenge, handed down from one generation to the next. In

[7] See (1) Sandler, J. (1976). Actualization and object relationships. *J. Philadelphia Assn. of Psychoanal.,* 3:59-70; and (2) Sandler, J. (1976). Countertransference and role-responsiveness. *Int. Rev. Psychoanal.,* 3:43-47.

[8] See (1) Joseph, B. (1981). Defence mechanisms and phantasy in the psychoanalytic process. *Psychoanal. in Europe,* 17:11-28; and (2) Joseph, B. (2003). Ethics and enactment. *Psychoanal. in Europe,* 57:147-153.

[9] E.g., Chasseguet-Smirgel, J. (1976). Some thoughts on the ego ideal: a contribution to the study of the "Illness of Ideality." *Psychoanal. Q.,* 45:345-373.

contrast, Steiner points to the necessity for a depressive solution as well, in which the child's initial fantasy of triumph over his father with his mother's blessing turns to despair and guilt as he faces the consequent destruction (in fantasy) of his family structure and the good objects of his internal world, so that he can move on to remorse and reparation.

Here Steiner notes Loewald's anticipation of these ideas in his own seminal work on the Oedipus complex, in which the child's forced choice between parricide and castration is described, as well as the necessity for a more developed psychoanalytic theory of internalization and sublimation.[10] In the three essays of this section, Steiner again underlines, through the use of clinical examples, how crucial it is to recognize and address affects of shame and humiliation in order to deal with the power struggles that they lead to within the transference, as well as with defensive retreats to feelings of grievance and injustice. The analyst must be particularly alert to his own narcissistic needs to be "helpful" so that he does not get drawn into struggles for control, nor collude with the patient's fantasies of omnipotent repair. This allows room for feelings of helplessness (in both patient and analyst) to be associated less with powerlessness and defeat, and more with sadness, loss, and useful mourning.

Two rich essays in the book's final section, on "Mourning, Melancholia, and the Repetition Compulsion," enlarge on a number of themes raised in the preceding chapters around obstacles to psychic change contained in narcissistic object relations. "The Conflict Between Mourning and Melancholia" discusses how patients' omnipotent retreat from acknowledging their separateness from, and hence dependence on, objects involves an accompanying retreat from the painful feelings of loss and mourning to which this separateness gives rise. Giving up omnipotence involves facing the loss of control over objects, as well as facing the realistic limitations of both one's objects and oneself. Melancholia can be viewed as a resistance to facing the reality of loss and mourning it. Depressive capacity is necessary for psychic development and change. Within an analysis, each meaningful interpretation involves an acceptance of loss and limitation, and consequently one's distance from an

[10] Loewald, H. (1979). The waning of the Oedipus complex. *J. Amer. Psychoanal. Assn.*, 27:751-775.

ideal state. These issues are also crucial to the mourning involved in the process of termination (for both patient and analyst).

In his final and very thought-provoking essay, "Repetition Compulsion, Envy, and the Death Instinct," Steiner reexamines the bedrock resistances of penis envy and male fear of passivity that Freud invokes in "Analysis Terminable and Interminable" as the ultimate limits to therapeutic change. Steiner views this repudiation of femininity by both sexes as itself a narcissistic retreat, in which overvaluation of masculinity masks and defends against an intolerance of receptive dependence on good objects, in which receiving from the good breast, or later from the penis, is experienced as overwhelmingly humiliating and envy-provoking.

Creative linking of mouth and breast—or, later on, penis and vagina—in which giving and receiving are complementary involves tolerating difference between both genders and generations. When this is not possible, phallic struggles for control and domination ensue, or the patient may retreat to a narcissistic position of fusion of self and object that obliterates difference, as a way of avoiding feelings of inferiority, envy, and humiliation. Thus, Steiner again integrates the more familiar Kleinian focus on envy with the central role of shameful affects as well. (These ideas resonate interestingly with Grossman and Stewart's important essay on penis envy in which these authors also describe penis envy as narcissistic defense, albeit from a somewhat different perspective.[11])

I found *Seeing and Being Seen* to be enormously useful, both theoretically and clinically. As someone trained primarily in an ego psychological tradition (though also very influenced by contemporary Kleinian thinking), I found Steiner's theoretical and conceptual working through of shame to be illuminating and valuable. With the notable exception of Wurmser's contributions,[12] much of the major American literature on shame has come from a self psychological orientation. Steiner's work in this volume helps to integrate some of the very important contributions of self psychologists regarding narcissism—the concept of selfobject transferences, careful attention to the role of shame and humiliation,

[11] Grossman, W. I. & Stewart, W. A. (1976). Penis envy: from childhood wish to developmental metaphor. *J. Amer. Psychoanal. Assn.,* 24(suppl.):193-212.

[12] E.g., Wurmser, L. (1981). *The Mask of Shame.* Baltimore, MD: Johns Hopkins Univ. Press.

and narcissistic pride, rage, and omnipotence—with the centrality and efficacy that both ego psychologists and contemporary Kleinians accord to unconscious fantasy. Steiner examines narcissistic object relations, affects, and defenses through the complex prism of unconscious fantasy and internal object relations; empathic failures of actual external objects are considered an important but single strand in an intricate tapestry; shame is usefully integrated with oedipal dynamics; and aggression is considered as a central and driving force, rather than solely a reaction to external environmental failure.

Most important, I found as I read this collection of essays, helped along especially by Steiner's always vivid clinical examples, that I was frequently seeing my own clinical experiences in a new or different light, with possibilities opened up for movement and growth. It is hard to ask for more than this from a psychoanalytic book.

JEAN ROIPHE (NEW YORK)

FROM CLASSICAL TO CONTEMPORARY PSYCHOANALYSIS: A CRITIQUE AND INTEGRATION. By Morris N. Eagle. New York/London: Routledge, 2011. 321 pp.

In *From Classical to Contemporary Psychoanalysis: A Critique and Integration,* Morris Eagle has written a clear, logical, and readable account of a complex subject. Stating that there has been a good deal of ferment and controversy in psychoanalysis in the last forty years, he notes his wish to bring some order and clarity to the situation. In an admirably concise preface, he lays out his approach with directness and purpose. Since contemporary psychoanalytic theories take as their point of departure various aspects of classical psychoanalytic theory, he first describes the essentials of that theory, using what he sees as its four most fundamental topics. By *classical psychoanalysis,* Eagle means Freudian psychoanalysis, as he defines it; some readers will question aspects of this definition, and I will return to these further on.

Thus, part I is entitled "Freudian Theory." It begins with a chapter on what Eagle sees as the basic elements of Freudian theory: the constancy principle; the pathogenic effects of the isolation of mental con-

tents; repression, inner conflict, and the dynamic unconscious; and drive theory. Next are chapters on each of the author's four fundamental topics within Freudian theory: conceptions of mind, conceptions of object relations, conceptions of psychopathology, and conceptions of treatment.

Part II is entitled "Contemporary Psychoanalytic Theories," and the same four fundamental topics are addressed. In this section, Eagle divides the topic of conceptions of treatment into two comparatively lengthy chapters: one on therapeutic goals and analytic stance, and another on therapeutic actions and ingredients. Many readers may be surprised, as I was, that Eagle largely confines his account of contemporary theory to "the object relations theory of Ronald Fairbairn, the relational theory of Stephen A. Mitchell, the self psychology theory of Heinz Kohut, and the intersubjective theory of Robert Stolorow and his colleagues" (p. xiv). The book's title and section headings seem to promise a more comprehensive approach.

Eagle defends his choices of the four theorists who for him represent contemporary psychoanalysis by citing a conversation with Stephen Portugues, a close friend and colleague. Apparently, Portugues pointed out to Eagle that he had omitted contemporary ego psychology, the modern Freudians, and the contemporary Kleinians. The author argues, however, first that the theories he discusses are those that most radically depart from and challenge Freudian theory, and second that they are "more representative of the current zeitgeist" (p. xiv). Eagle believes that if psychoanalysis is to achieve unity, these particular theories must be confronted because they constitute the greatest challenge to integration.

Despite differences, says Eagle, certain themes recur among all these theories, as follows: "a rejection of drive theory, a relative de-emphasis of insight and self-knowledge, reconceptualization of unconscious processes and defense, de-emphasis of inner conflict, a reconceptualization of transference and countertransference, alteration of the analytic stance, and emphasis on environmental failure" (p. xiv).

Part III, "Overview and Integration," the book's final section, is relatively brief, containing one chapter: "Divergences and Convergences." Although the author speaks of his hope for partial integration, the convergences he describes are somewhat spare in detail and comprehensive-

ness, at least in comparison to his earlier degree of descriptive detail in support of his belief that the differences between Freudian and contemporary points of view are both radical and profound.

Eagle distrusts detailed recollections of clinical interaction and the analyst's internal experiences as reliable readings of what goes on in an analytic hour (pp. xiv-xv). Throughout the book, he only occasionally uses brief clinical vignettes to illustrate concepts. Absence of clinical examples seems a more significant omission in this concluding section, where the author attempts some partial integration.

The author's overriding purpose in this book is to demonstrate sharply defined, radically different, and difficult-to-integrate theories. On the one hand, there is Freudian theory and practice, suitable for resolution of unconscious neurotic conflict by interpretation and insight; he defends this vision by aligning the goals of Freudian psychoanalysis with "the age-old idea that spiritual malaise lies in disunity in the self and spiritual peace lies in devotion and unity" (p. 77). An unapologetic one-person-psychology theorist, he elaborates as follows:

> From this perspective, the psychoanalytic ideal is inner harmony or being at peace with oneself. Although interactions with others are, of course, necessary to achieve this goal, the goal remains the intrapsychic one of inner harmony. Furthermore, in that view, without some progress toward achieving that intrapsychic goal, there can be no meaningful two-person psychology. That is, to the extent that repression, other defenses, and inner conflict hold sway, there can be no fully separate other to whom to relate. Indeed, from this perspective, one can think of the goal of psychoanalytic treatment as enabling a true two-person psychology to develop through the one-person psychology work of undoing of repression and the resolution of inner conflict. [p. 77]

The goal of Freudian psychoanalysis is the integration of formerly isolated and unintegrated parts of the self through resolution of conflict, as well as "at least a partial replacement of a chronic experience of drivenness and compulsion with a sense of greater autonomy, choice, and agency" (p. 104).

On the other hand, states Eagle, "the essence of contemporary psychoanalytic theories of mind lies in the idea that the main function of mind is to establish, maintain, and preserve ties to others" (p. 107). These theories sharply critique the Freudian concept of the dynamic unconscious as a formed but hidden reality, placing greater emphasis on the unconscious as implicit, unformulated experience—not known and unconsciously defended against, but newly emergent through a process of interpersonal, intersubjective, and sociocultural dialogue and construction.

Because of their more exclusive focus on affective engagement in the here and now, Eagle asserts, these theories ignore the inevitable, universal conflictual dilemmas of everyday life, and frequently miss the fleeting signal affects and cognitive gaps utilized by a nonjudgmental and emotionally engaged analyst to discover new knowledge of both present and past. Such discovery is achieved through the tactful use of free association and interpretation in the safety of the analytic setting, he notes. By contrast, the aim of "contemporary theorists," according to Eagle, is the corrective emotional experience; but what is lost, he fears, is the assumption of ownership and responsibility for one's thoughts, feelings, and implicit actions and the resulting empowerment, knowledge, and insight.

Eagle provides a sophisticated analysis of the limits of a theory of mind based on social constructionism. He writes:

> That the very possibility of developing a human mind depends on human interactions seems indisputable and, today, relatively noncontroversial. That the mind is composed of "relational configurations" (internalized object relations, in Fairbairn's terms) is perhaps somewhat more controversial and less clear, but also defensible. However, somewhat puzzling is [Mitchell's] assertion that the basic unit of study is not the individual as a separate entity but an interactional field. [p. 135]

Nevertheless, one sees the author raise a skeptical eyebrow at the idea of giving greater theoretical primacy to internalized object relations in these theories. In addition, these theories emphasize early environmental failure, unmet needs rather than forbidden wishes, and conflicts about

separation-individuation—in other words, interferences with obtaining a secure internal environment and good internal objects, and failures to gain autonomy and self-regulation. Eagle argues that by emphasizing these needs rather than wishes, sources of vitality as well as security are ignored. Furthermore: "The goals of enhanced self-understanding and self-knowledge are replaced by such goals as constructing more coherent narratives, reorganization of experience, interpretive constructions, retellings, new perspectives, new experiences, an empathic bond, and so on—anything but self-understanding and self-knowledge" (p. 192).

As Eagle describes it, the emphasis on a new relationship (rather than on a new internal object and the resumption of development) leads naturally to the corrective emotional experience as agent of cure, rather than to increased autonomy, the ability to deal with reality (including intimate relationships), and an increased capacity to tolerate and self-reflect more accurately about internal experience, external reality, and the interface between the two.

The either/or nature of Eagle's emphasis on sharply defined differences between Freudian and contemporary psychoanalysis is consistent throughout the book. Not only is a comprehensive account of contemporary Freudian and Kleinian theories omitted, however, but Freud's own later contributions to Freudian theory are also absent. Ironically, Mitchell's definition of Freudian theory has much in common with Eagle's, given that Eagle's 100-page account of Freudian theory, while clear and concise, mostly describes pre-1920 Freud. Mitchell's critique is of the same model that is also Eagle's: Freud's topographic drive-discharge model. Thus, both contemporary *and* Freudian theories are viewed through a narrowed lens, if one accepts the author's account of them.

Eagle's emphasis on drive discharge and the constancy principle in Freudian theory rests on psychophysicalistic concepts—mechanics, hydraulics, and drive energies—as well as a nonrepresentational model of the unconscious. Most contemporary analysts respect the historical significance of such ideas but think of them as metaphors or superseded schemas. Many contemporary Freudian and Kleinian analysts agree with Eagle that what some call the *relational turn* reflects a broad new trend toward a relative deemphasis on interpretation, insight, historical reconstruction, sexuality, and conflict, and increasing attention to the thera-

peutic relationship, mutuality, and construction in the here-and-now, transference-countertransference field. The significance of these trends certainly deserves careful, thoughtful consideration, and Eagle amply provides this.

Also contained in this shift, however, is a *developmental turn*—an expanded view of newly conceptualized developmental factors that significantly contribute to therapeutic action. Eagle places little emphasis on such factors, which have been prominent in recent years within virtually all schools of contemporary psychoanalysis. The vitality in the current theoretical discourse *within* contemporary psychoanalysis, in all its complexity and ambiguity, is where the convergences and potentials for integration lie. If one read only Eagle's book, one would have no hint of the aliveness and depth of the current theoretical ferment.

Indeed, I believe that the author is mainly describing two extremes in the current psychoanalytic zeitgeist. His critique of Kohut and Mitchell brings to mind the stormy controversy that arose when two-person psychological approaches were first gaining wide exposure in the 1970s. This was when Kohut's and Winnicott's ideas, as well as Kleinian tenets discussed by analytic thinkers such as Kernberg and Zetzel, emerged in earnest—arousing bitter criticism from classical analysts of that era. In retrospect, we may view the so-called *turn* as a reaction to the declining power of classical theory to keep up with changing clinical practice in the 1950s and '60s. It became necessary for theory to widen in scope to describe analyzable patients who were not "classical" neurotics, and to include in the analytic process the analyst's subjectivity and other relational factors that now appear self-evident. The "blank screen" concept would no longer do.

Examples of such a widening of theory include the clinical use of countertransference and transference-countertransference enactments, mutuality and symbolic play in the analytic relationship, and an expanded understanding of the analyst's role in establishing and maintaining the analytic frame. Many respected classical analysts, such as Evelyne Schwaber and James McLaughlin, openly credited Kohut with deepening and expanding their clinical work.

Also of note is that Eagle constrains his thinking about Freudian object relations theory as a result of not fully attending to the funda-

mental changes in Freud's new structural theory of 1923 and 1926. At that time, internalized object relations and unconscious fantasies, rather than drive vicissitudes, became the fundamental underpinnings out of which psychic structure emerged. A radical new conception emerged of pathological and normal development and of change in adulthood. A privileged place remained for the drives as primal and primary factors in psychic conflict (and Freud's old and new theories remain to this day difficult to integrate), but the centrality of situations of danger and the anxiety signal originating in early life began to supersede the old drive-discharge model.

A coherent theory of development and its analogues in the therapeutic process expanded and coalesced in Freudian theory in subsequent decades. Clear conceptions of anal and oral organizations—developmental phases—had emerged for the first time in the decade preceding 1923, and in the 1930s, '40s, and '50s, theories of development, psychic structure, internalized object relations, and therapeutic change continued to evolve. This created a new context—a very different one from that of Freud's earliest theory—for the emergence of the relational turn in the 1980s and '90s, when there was a sudden expansion of an already-well-established theory of just what was internalized in internal object relations, one that had in fact begun with Freud's own structural theory. Today, energic and hydraulic concepts seem to have simply faded away.

Eagle does not ignore these developments, but they appear in his book in occasional and unsystematic ways—sometimes (as in the section on Freudian theory) as scattered, out-of-context references to authors such as Anna Freud, Waelder, and Brenner. In brief clinical vignettes and occasional paragraphs characterizing his own clinical work, we can see that the author is an effective and compassionate psychoanalytic clinician who uses his one-person psychology within a committed emotional relationship with his patient.

In chapter 10, "Conceptions of Treatment in Contemporary Psychoanalytic Theories: Therapeutic Actions and Ingredients," Eagle suddenly departs from his either/or approach to the topics of Freudian and contemporary psychoanalysis (see especially pp. 219-246). There, after demonstrating the limits of empathic understanding as defined by Kohut,

he notes that, although interpretation and insight are underemphasized in Kohut's and Mitchell's theories, both these theoreticians interpret relational needs in a fashion that revises fantasized needs with resultant structural growth. In other words, these theories allow for individual growth and change through interpretation and insight, rather than relying exclusively on the acquisition of more secure object ties, as the author insists throughout the rest of the book.

Many other analytic thinkers appear in the author's account of contemporary psychoanalysis in subsections on topics such as the following: countertransference, projective identification, defense analysis and understanding how one's own mind works, enhancing the capacity for reflective functioning, the therapeutic relationship, the therapeutic alliance, rupture and repair, and analysis of the transference. These additional thinkers include Wallerstein, Kernberg, Heimann, Racker, Gabbard, Klein, Gray, Busch, Fonagy, Glover, Strachey, Loewald, and Gill—all, in varying degrees, Kleinian, ego psychological, or Freudian theorists who are invoked here to good purpose. All are invoked here to good purpose. Although their presence weakens the primary arguments and structure of the logical, well-written book that Eagle set out to write, these contributors are also helpful to him in adopting a less pejorative tone toward the once-heretical concept of corrective emotional experience. Personally, I would say, following Loewald, that there is a corrective *developmental* experience in all good analytic work.

In short, what one misses most in this otherwise extremely well-written, scholarly, and cogently argued book is sufficient meaningful reference to the fifty years of theoretical evolution and integration that separate pre-1920 Freud from the relational challenges of the past forty years. Relatively little of this history is known to many analytic practitioners today, but it is necessary to take it into account in order to see the many potentialities for convergence and integration that are well underway in contemporary psychoanalysis as it is more comprehensively defined. As early as the 1950s and early '60s, analysts such as Loewald and Schafer were not only challenging and revising the psychophysicalistic metaphors of Freud's libido theory, but were also rethinking internalization and other structural concepts, in an attempt to regain Freud's clinical-theoretical creativity and aliveness for a changing world. They re-

visited and retranslated old language and created new language in order to better describe the aliveness of clinical process—both in the here and now of the clinical encounter, and in the there and then of childhood experiences. Loewald and Schafer are prominent among the early revisionists and integrators of contemporary Freudian theory.

In particular, Loewald combines his own ego psychological origins, his developmental sensibilities, a rich background in philosophy, and his close reading of Freud into a stirring vision that he insistently claims remains Freudian. Schafer creates a rich blend as well, drawing on ego psychological immersion, a close study of the contemporary Kleinians, and a deep interest in narrative and literary critical theory, action, and agency; he thereby creates a powerful personal vision, one that by his own estimate is decidedly Freudian. Many others from various Freudian traditions emerged in the 1970s and '80s and form a part of the zeitgeist that Eagle more narrowly defines as consisting primarily of the theories of Fairbairn, Kohut, Mitchell, and Stolorow.

Also prominently absent from Eagle's account are Winnicott and analysts of the British Middle School. (Ironically, Winnicott's *true self* is cited once in support of the self that emerges with good Freudian treatment.) Ferenczi, perhaps the patron saint of the relational school, is hardly noted. Many important, integrative voices are conspicuously absent; examples include Bollas (who incorporates British, American, and French influences), Ogden (Winnicottian, Kleinian, Bionian, and ego psychology influences), Pine (the four psychologies of psychoanalysis), Green (integration of Lacan and the French return to Freud, with a deep understanding and use of Winnicott), Sandler (Freud and Klein), the courageous ego psychologists who dove into two-person psychology against the grain of their original analytic selves (Chused, Jacobs, Schwaber, McLaughlin, and Poland—to name a few), and the post-Mitchell relationalists (Greenberg, Harris, Aron, Davies, Dimen, and Cooper—again, to name a few). Eagle may prefer his theory neat, but psychoanalysis, like psychoanalytic process, has not evolved along straight lines.

In the global psychoanalytic scene of today, all these schools and theoreticians, joined by notable voices from Europe and from North and South America, meet and mingle their ideas, and convergences often

become newly synthesized paradigms. The analytic progeny of Freud, Klein, Bion, Winnicott, Mitchell, Kohut, Lacan, and many others listen to each other and enrich, expand, and revise their clinical-theoretical work. Loewald, for example, finds kinship with Winnicott in their mutual emphasis on intrapsychic symbolic actualization and the analytic play and interplay of the analytic couple.

I believe that most analysts today, whatever their differences, would agree upon the central significance of developmental containment and facilitation in traditional analytic work: holding and analytic play in the Winnicottian sense; containment and linking in the Bionian sense; aliveness and thirdness in Ogden's sense; staying within the metaphor in the ego psychological sense; recognition and intersubjectivity in the relational sense; and working intuitively with an awareness of continually oscillating capacities for mentalization, affect regulation, and knowing the mind of the other in the attachment theory sense.

Eagle has written clearly and cogently of differences that must be taken into account, and I agree with his characterization of a trend that at its extreme tends to dilute Freudian essentials. But contemporary psychoanalysis cannot be reduced to these differences. We need to keep in mind that many of the challenges to Freudian psychoanalysis delineated by Eagle have actually resulted in an enrichment and expansion of the Freudian project.

GERALD I. FOGEL (PORTLAND, OR)

THE EARLY YEARS OF LIFE: PSYCHOANALYTIC DEVELOPMENT THEORY ACCORDING TO FREUD, KLEIN, AND BION. By Gertraud Diem-Wille; translated by Norman Merems, Camilla Nielsen, and Benjamin Mcquade. London: Karnac, 2011. 310 pp.

Gertraud Diem-Wille has made a solid contribution to the literature on early child development, skillfully integrating the contributions of Freud, Klein, and Bion, and thoughtfully melding these into her own idiom. This monograph was originally published in German in 2007 by Kohlhammer, GmbH: Stuttgart, and translated into English for the 2008 Karnac edition.

In an interview with the author provided by her publisher, Diem-Wille emphasized that she had aimed to write the kind of book that she would have liked to have read when she was a student at university or while she was raising her two daughters as a young mother. The author also wanted to permit the lay reader or student to obtain a more experience-near glimpse into the analytic process of clinical work with children, in which the analyst mainly tries to interpret the play material and interaction generated by the child in order to understand the unconscious anxieties and conflicts that have been hindering the child's development.

The author further stated that she would like to help psychoanalysts and psychotherapists unfamiliar with the processes of infant observation to develop a further understanding of how useful these observations may be in understanding not only the child her-/himself, but also the "child in the parent." That is, Diem-Wille also explores with the parents their memories of their own upbringing in order to understand, and also to teach the parents about, how the child may be enacting in the present an intergenerational transmission of the parents' (and maybe the grandparents') own lived trauma and internal anxieties. This work with the parents is enormously helpful in enlisting their commitment to the analytic work, as well as in expanding their empathic capacities with their child, thus fostering continued development.

Here Diem-Wille illustrates another key principle in child analysis: that effective work with parents, as part of a therapeutic alliance, may not only safeguard the analysis from a premature termination brought about by the parents' envy and resentment of what the child is receiving—as well as from negative parental transferences to their child's analyst—but may also be clinically useful to them as individuals. Certainly, a better-educated and empathic parent is likely to be a more effective one, and the period of observation permits parents to identify with the researcher-analyst's mode of understanding.

The Early Years of Life may be divided into two sections: that of the author's evaluations with parents and children in their homes, and then a shorter section focusing mainly on her clinical work, in which she summarizes her analysis of young children as well as latency-age children and an adolescent who has been sexually abused. Diem-Wille includes some

delightful photographs of children displaying various stages of development, interacting with their siblings and parents. There is a vivacity and sometimes a joyfulness in these photos that evokes the strengths of early drives and affects.

One of the most compelling aspects of this volume is Diem-Wille's meticulous and clear descriptions of her research, which carefully delineate her meetings with parents of infants, toddlers, and oedipal-age children. As she proceeds with child observation studies, the author takes pains to avoid interfering with the normal day-to-day activity of the family, while still allowing herself to be integrated into the milieu in an unobtrusive way—no easy task, but one that she seems to accomplish with aplomb and tact.

The author also provides the reader with rich clinical vignettes that detail her work with preschool patients in her clinical practice. Throughout her monograph, Diem-Wille demonstrates moment-to-moment work with young children as she demonstrates how children communicate with the analyst through action. The analyst then follows with interpretations of the child's behavior and speech. Of course, having trained at the Tavistock clinic, the author also demonstrates the extent to which she privileges verbal interpretation in her interventions. Kleinians (as well as those of us from other schools of psychoanalysis) have been criticized for this approach with children: that is, developmental and cognitive psychologists question the extent to which young children comprehend rather sophisticated comments and explanations.

While on the whole, Diem-Wille has written a compelling volume that will undoubtedly be quite useful in reaching her target audience, there are a few sections of the book that raised some concerns for me—particularly since she intends to reach a primarily lay audience. First, the author seems to have ignored the burgeoning and compelling research on autism that makes a strong case for neurological contributions to this disorder.[1, 2] Of course, that is not to say that those with autism do not

[1] Baron-Cohen, S. (2008). *Autism and Asperger's Syndrome: The Facts.* Oxford, UK: Oxford Univ. Press.

[2] (1) Greenspan, S. (2000). Children with autistic spectrum disorders: individual differences, affect, interaction, and outcome. *Psychoanal. Inquiry,* 20:675-703; and (2) Greenspan, S. (2009). *Engaging Autism: Sing the Floor-Time Approach to Help Children Relate, Communicate, and Think.* New York: DaCapo.

have serious psychological disorders that will arise as a *consequence* of this disorder. It has been made clear that deficits affecting those on the autistic spectrum give rise to difficulties in communication and social interaction, as well as to the primary attachment process itself (see footnote 1). Parents of these children—however competent and dedicated—must struggle not to withdraw or become frustrated with the rearing of these children.

While I find much to admire in Diem-Wille's work in the Tavistock Clinic's Kleinian tradition (although she has intended to integrate this work with Sigmund and Anna Freud's, as well as with that of Bion), I fear that her basic assumption—that a primary fault in the parent–infant bond is the *only* cause of autism—may needlessly confuse both students and sophisticated lay readers of this book, many of whom are likely to be parents. While I understand and applaud the author in her painstaking effort to demonstrate how a parent's own history and early conflicts may be unconsciously transmitted to the infant, thus setting the stage for thwarted development and later psychological malfunction, I fear that some parents, instead of feeling increased confidence, may actually wind up being overly anxious and even stilted in their care of their children in reaction to this information. This could even lead to some of the problematic parent–child sequences that the author herself has observed. While she may wish to refute this literature, anyone who concerns her-/himself with child development and intervention must take into account these findings on the etiology of autism and its treatment.

While Diem-Wille cites Fonagy's work,[3] she has omitted much of the recent research on infancy and early childhood that is quite well known and respected, albeit with somewhat different implications for development, psychopathology, and clinical intervention. This includes the work of Stern and the Boston Change Process Study Group,[4] as well as the important (though nonpsychoanalytic) work of Greenspan (see footnote 2), which has recently been put to meaningful therapeutic use by other

[3] Fonagy, P. (2001). *Attachment Theory and Psychoanalysis.* New York: Other Press.

[4] Stern, D., Bruschweiler-Stern, N., Harrison, A. M., Lyons-Ruth, K., Morgan, A. C., Nahum, J. P., Sander, L. & Tronick, E. (2002). The process of therapeutic change involving implicit knowledge: some implications of developmental observations for adult psychotherapy. *Int. J. Psychoanal.,* 83:1051-1062.

psychoanalysts.[5] Stern's group in particular has demonstrated that the quality of attachment behaviors observed in the infant clearly influences the responsiveness of the parent in an intersubjective process that begins on the maternity ward.

Others have shown how this research may inform psychoanalysis with adults.[6] The implications of these findings for our work as psychoanalysts are profound: they help us understand that, in the case of young children with neurological impairment that affects communication, many parents give up and (sometimes unconsciously) withdraw from their autistic child. This only exacerbates the child's isolation and contributes to a mutual sense of helplessness and estrangement. Thus, attachment is a two-way process that is intersubjectively constructed from birth.

I want to emphasize that acknowledging the presence of a neurological disorder does not dismiss the importance of early psychoanalytic intervention as a key factor in helping to facilitate thwarted development. But this research explains some of the empathic failures of parents in a different way, opening up the possibility of teaching them how to relate more fully and effectively with the child, and encourages them to overcome the feeling of being rebuffed, so that they may make contact with the attachment-disordered child. To admit the influence of neurological disorders does not deny the parents' contribution—including their own attachment history—to exacerbating the child's symptoms.

Contributions from the realm of the neuropsychological underpinnings of nonverbal communication further amplify the implications of infant researchers' findings.[7] That is, those with autistic-spectrum disorders may have neurological impairment in nonverbal communication, particularly in understanding subtle affective cues, which then impairs basic attachment and the later development of social skills.

[5] See, for example: (1) Witten, M. R. (2006). Discussion of child case from the perspective of infant research. Paper presented at Division 39 conference, Chicago, IL, November 11; and (2) Witten, M. R. (2010). Traumatic experience in infancy: how responses to stress affect development. *Zero to Three,* 31(1):38-42.

[6] Lichtenberg, J., Lachmann, F. & Fosshage, J. (1992). *Self and Motivational Systems.* Hillsdale, NJ: Analytic Press.

[7] See, for example: Schore, A. (2003). *Affect Regulation and the Repair of the Self.* New York: Norton.

Greenspan (see footnote 2) has made creative contributions to the treatment of autistic children with the development of "floor-time," a set of procedures that teaches parents to engage with their walled-off children and to make emotional contact. More recently, the utility of Greenspan's work for development has been demonstrated, and clinical interventions have been developed to augment a psychoanalytic process with children (see footnote 5). Thus, a large and growing body of research on infant and early child development has begun to inform child, adolescent, and adult psychoanalysis. Given that Diem-Wille is a dedicated integrationist, the inclusion of some of this work in her discussions about development, psychopathology, and treatment would enrich her project.

Moreover, this work offers compelling evidence that calls into question the efficacy of verbal interpretation alone in bringing about therapeutic action—particularly with children, but also with adults. The Boston Change Process Group has suggested that much that is mutative in psychoanalysis may come about through the acquisition of new procedures for engagement with others, rather via insight obtained from verbal intervention alone (see footnote 4). This has led Bucci—who has made her own contributions on the impact of nonverbal clinical exchanges—to refer to psychoanalysis as the "Communicating Cure" rather than the "Talking Cure."[8] It would have been interesting to read Diem-Wille's perspective on these recent developments.

In a later section on psychosexual development, the author delineates the kinds of symptoms that may indicate that a young child has been sexually abused, including the following: sleep disorders, learning disorders, eating disorders, disturbances in hygiene, sudden changes in behavior that include increased aggression towards other, self-aggression, diffuse anxiety, social withdrawal, separation anxiety, flight into a fantasy world, rapidly changing moods, and psychosomatic ailments. I was rather alarmed by the inclusiveness of this list, as it also describes symptoms and signs of psychological disorders in children who have *not* been sexually abused. Indeed, it includes almost the entire range

[8] Bucci, W. (2007). Four domains of experience in the therapeutic discourse. *Psychoanal. Inquiry,* 27:617-639.

of child psychopathology. While I applaud Diem-Wille's fearless exploration of a topic that is sometimes still glossed over in psychoanalytic treatment—in keeping with the turn that Freud took after 1896 in ascribing signs of sexual abuse to normal childhood fantasy—I am concerned that the exhaustive list as presented in this section (pp. 225-226) might actually result in greater confusion in the student and lay audience who are the book's intended readers. Might it even result in consequences that are the opposite of what the author intended?

In this section, the author only briefly cites the work of Loftus, which rather thoroughly debunks the witch hunt of the 1980 and '90s when many parents, educators, and child-care workers were falsely accused of sexual abuse.[9] Loftus coined the term *false memory syndrome* for situations in which inaccurate memories of sexual abuse are suggested to children or to hysteria-prone adults, leading to the ruination of many innocent people. But then Diem-Wille says nothing further about this research, going on to add—correctly—that those close to the child, including parents and parental surrogates, are statistically most likely to be the perpetrators. While this information is indeed important for parents to know—particularly due to the tendency of victims (including parents who may have been victims), perpetrators, and potential perpetrators alike to dissociate from the implications of this information or to disavow it entirely—I wonder whether the way in which this serious problem is presented in the book might inadvertently and needlessly concern parents.

This section does, however, aptly illustrate the inherent complexity in identifying individual symptoms in an overall, embedded pattern of relating. I suspect that most well-trained analysts, such as Diem-Wille herself, could more accurately interpret the constellation of signs of sexual abuse embedded in the overall quality of the child's relating than could a student or lay person, and hence my concern.

On the other hand, one of the great strengths of this book lies in Diem-Wille's straightforward, matter-of-fact, and detailed portrait of childhood sexuality and its vicissitudes, including its presentation in

[9] Loftus, E. & Ketchum, K. (1994). *The Myth of Repressed Memory: False Memories and the Allegation of Sexual Abuse.* New York: Diane Publishing.

clinical work. The author makes a compelling case to parents of the existence of childhood sexuality and demonstrates how it may be manifested in the home and on the playground. Of course, the denial of infantile sexuality has contributed to the disavowal of sexual abuse that the author so diligently writes about, and here she makes an important contribution to parent education, and she also provides an introduction for university students.

In summary, I highly recommend *The Early Years of Life* as a resource for psychoanalysts who would like to be able recommend a book for parents that would help them understand child development and psychoanalytic treatment methods. Diem-Wille's book also makes an important contribution to understanding child development and intervention from the perspective of a psychoanalyst who integrates Freudian, Kleinian, and Bionian perspectives, and I recommend it to university students who are contemplating a career as psychoanalytically oriented clinicians. I also recommend this book to psychoanalytic candidates who are interested in obtaining further insight into how a master clinician gathers data and formulates clinical interventions.

CHRISTINE C. KIEFFER (CHICAGO, IL)

WOMAN'S UNCONSCIOUS USE OF HER BODY: A PSYCHOANALYTIC PERSPECTIVE. By Dinora Pines. East Sussex, UK: Routledge, 2010 (originally published in 1993 by Virago Press). 206 pp.

As Susie Orbach states in the foreword she wrote for this reissued little volume:

> Dinora Pines's collection of papers republished now remains as refreshing, moving, and profound as when they first came out. When she wrote, there was probably no psychoanalyst in the UK writing with such compassion . . . . Dinora Pines listened to her patients and she felt with them . . . . She felt their suffering and she experienced her own. She felt their despair and she felt her own. She felt their loss and she felt her own . . . . Dinora Pines was a humane analyst. [p. xi]

I met Dinora Pines when I was invited, a number of years ago, to discuss a paper she was presenting here in the United States, one that became one of the chapters in this book. She was quiet-spoken, unassuming, kind, and gentle, yet keenly perceptive and clinically astute. She paid me one of the nicest compliments I have ever received when we chatted privately about the contents of her paper after the meeting was over. "It is refreshing," she said to me, "to meet a *man* who can so sensitively understand what goes on inside a woman." She knew just what to say to make anyone (not only women) feel good. This same compassion and empathy resounds throughout the pages of this book.

The sequence of papers contained in the book reflects the course of Pines's own personal and professional life. When she was starting out as a dermatologist, she saw vividly how one's skin, which is a primal agency of communicating both merger and separation (like the experiences of pregnancy and birth that were to intrigue her during the later stages of her career), can physically communicate emotions that cannot yet be conveyed verbally.

The first, brief clinical vignette in this book is as startling as it is convincing. It involves "an elderly widow . . . covered with a raw, seeping rash . . . [that] recurred only as she put the key in her front door on Fridays and subsided when she went back to work on Mondays" (p. 9). Pines elicited from her that "when she entered the house one Friday she had discovered her son's body hanging there" (p. 9). Pines, a new mother herself at the time, was shocked into speechlessness, while the patient burst into a flood of tears, soon after which her rash disappeared. Later on, after Pines had undergone analytic training, she realized that the woman had had to "shock [her] with her body, as her son had shocked her with his" (p. 9).

Pines expands her ideas about communication via skin appearance by describing her reanalysis of a woman who had been compliant and imitative of the analyst during her first analysis. The relief that she obtained from her depression, suicidal inclinations, and intermittent psychosis during that analysis disappeared when that first analyst left the country. During the first phase of the reanalysis, the patient evoked feelings in Pines of utter confusion, disorganization, self-doubt, and "craziness." Self-analysis helped her to understand her patient enough to work

with her in a way that would enable the patient to give up her compliant efforts to please her analyst and reveal her true self. It became clear to the two of them that, throughout her childhood, the analysand had felt that she could obtain her mother's attention only by being a demanding, miserable, inconsolably ill child who drove her mother to distraction.

In the second phase, the patient became a hyperdemanding, raging, self-loathing, dirty, smelly child whom Pines, as her analyst-mother, found herself hating, much to her own chagrin and consternation. During the third phase, her analysand not only proffered explanatory dreams, but also developed a severe, total-body rash. The latter became understandable in terms of an interaction she had had with her mother as a young child around her mother's disappointment in her and alienation from her as she found herself unable to relieve her daughter's *severe infantile eczema*. Pines and her patient came to realize together that the false self the patient had created to hide her badness, and the feelings it evoked in Pines, mirrored what had taken place in the patient's early life as she reacted to her mother's denial of the abhorrence and hatred she was feeling toward her little girl.

The next chapter, "Adolescent Promiscuity: A Clinical Presentation," is electrifying. In it Pines describes her analysis of Maria, an 18-year-old girl who had had a wild and terrifying childhood in apartheid South Africa, during which she experienced repeated parental neglect, mismanagement, and failure to protect her; observation of her father running over and killing someone with his car; seeing her father imprisoned for challenging the brutal, white-supremacist regime; helpless immobilization in a hospital bed at the age of six, with tubes and instruments inserted into various parts of her anatomy, because of poliomyelitis; and sundry other traumatic experiences.

Maria entered treatment as a wildly out-of-control adolescent who was given to rampant sexual promiscuity, suicidal acts, unbridled eruption of enraged, destructive outbursts, and physical attacks upon Pines's person. The analytic sessions took place for several months in the hospital to which Maria was remanded in what turned out to be a re-creation of the early hospitalization for treatment of polio.

Very different from the girl's parents earlier in her life, Pines neither panicked nor abandoned her but stuck with her through thick

and thin. The torrent of disgust, shame, guilt, fear, rage, and despair that Maria hurled in Pines's direction would have driven away all but the strongest, most dedicated, most confident, and most persistent of analysts. Even when more conventional analytic work became possible, things continued to be so stormy that at times the two participants "were both exhausted by the tension" (p. 43). The account of the treatment is impressive, even breathtaking. It not only depicts brilliant analytic work in circumstances that are taxing in the extreme, but is also a model of clear narrative exposition.

In two chapters, on "Pregnancy and Motherhood" and "Adolescence, Pregnancy, and Motherhood," Pines addresses a subject that came to be of great interest to her, namely, the transformations and reorganizations of a woman's relationship with her mother through the nodal events of adolescence, pregnancy, and childbirth. Pregnancy, she observes, tends to be a crisis point in a woman's establishment of her identity, in that "it implies the end of the woman as an independent single unit and the beginning of the unalterable and irrevocable mother–child relationship" (p. 50), whether she carries to term or not.

The author shares her conclusions about what can drive teenage girls into compulsive promiscuity as an endless

> . . . search for an object which is never found in actual experience and contains an underlying fantasy of being looked after, cuddled and fed[1]. . . . They are themselves in fantasy the baby, and this may be one reason why they do not wish to be pregnant. If they do [she indicates] they may find it extremely difficult to give a child the loving care that they themselves feel they have insufficiently received. [p. 58]

Pines stresses the way in which unresolved preoedipal fantasies and conflicts can create serious problems in relation to pregnancy and childbirth. Powerful yearning for oneness with their own mother can contribute, she indicates, to feelings of abandonment, postpartum depression, and the impulse to become pregnant again quickly, even though

[1] I am reminded of something Peter Blos, Sr., said to us when I was a fellow in child psychiatry: "A teenage girl who hops from bed to bed with one boy after another is not looking for sex; she's looking for her mother."

the new mother is unprepared to handle the needs and demands of multiple children. Unresolved, unconscious, intense sibling rivalry can contribute to resentment, anger, and poor treatment of the baby, especially if it is of the wrong gender.

Pines points out that: "The young woman's experience of her own mother—of her capacity to mother—and the way her mother has dealt with her own femininity and that of her child is of primary importance" (p. 66). She also stresses the contribution of excessive ambivalence within a woman's relationship with her own mother in creating serious problems when she becomes a mother herself: "A woman's first pregnancy is an expression of deep biological identification with her mother that may reactivate intense ambivalent feelings" (p. 68) that may be projected onto the fetus, contributing to intense conflict between the wish to identify with the mother, on the one hand, and to herself become a mother and identify with the fetus (out of the wish to be mothered herself), on the other.

Pines provides several clinical examples of young women who, instead of truly progressing toward mature sexuality as part of their new adult female identity, "substitute sexual excitement for psychic emptiness and pain" (p. 75). Each of them is "searching for someone to love her, since she could not love herself" (p. 76). Pines provides richly detailed clinical examples that illustrate not only the way in which her mistreated and abandoned young patients repeated the experience with their own children, but also the way in which she found herself struggling to deal with intense countertransference feelings as she observed how they mistreated their children.

Pines also stresses the role of unresolved, intense, preoedipal ambivalence—in the past, as well as in the current relationship between a woman and her mother—in influencing such issues as miscarriage, abortion, and fertility problems. Although ambivalence, to a greater or lesser extent, characterizes all relationships (and its expression is a central feature of every effective psychoanalytic undertaking), *strong or excessive* ambivalence can wreak havoc in the development of a female child and adolescent. As usual, the author provides illustrative clinical examples to punctuate the points that she is making. These chapters are stimulating and thought provoking, to say the least.

Pines also calls attention to women's experiences of menopause, senescence, and old age, and she makes wise observations about what can contribute to success or failure in regard to the challenges these life stages present. These can indeed be very difficult to go through, considering how important physical attractiveness, youthfulness, sexual desirability and satisfaction, fertility, children, and relationships in general are to women in modern Western culture. How successful a woman can be in negotiating these life passages, Pines points out, depends on past experience and on current opportunity for satisfactions, accomplishments, and meaningful connection with others.

Finally, Pines shares moving examples of her work with survivors of the Nazi Holocaust and with the effects of that nightmarish devolution of human culture and functioning upon subsequent generations of its survivors. The book ends as it began, with reports of analytic treatments that are as moving and emotionally unsettling to read as they are impressive in their depiction of courageous, skillful, incisive psychoanalytic work. Once again, Pines is able not only to enter into, but also to temporarily *participate* in, the phantasmagorical psychological worlds of her extremely traumatized patients. Her willingness to do so eventually enables her to assist them (to a greater or lesser degree, depending on how irrevocably damaged they have been by what they have gone through) to recover from their experiences of incredible brutalization and subjection not only to the sudden disappearance of loved ones, but also to its occurrence in such a way that they have never been able to mourn the loss.

Pines makes the important point that she has repeatedly had to be willing to literally feel her patients' excruciating pain in order to verify the reality of their experiences for them, and only then is she able to put things into words for them—to enable *them* to do this for themselves. An outwardly pleasant, affable, kind, and attractive woman, for example, who had spent her teenage years in the Auschwitz death camp—where she met the infamous Dr. Mengele, and was the only member of her family other than her sister to survive—turned into a cruel, enraged, sadistic attacker shortly after she began her analysis with Pines. Pines had to uncomplainingly accept the torrent of abuse and calumny to which her patient subjected her. She and her analysand eventually came to

recognize her patient's behavior as representing identification with the German guards in whose presence she had had to *emotionally deaden* herself, so as to quash even the tiniest bit of anger or adolescent defiance and assertiveness arising within her, in order to survive in the camp.

With this patient, Pines also had to put up with feeling helplessly trapped and terrified, just as the patient had felt in the past. It was only after she had gone through all of this that Pines gradually became able to assist this woman to face for herself the reality of what she had gone through, and then to follow Pines's lead in articulating it verbally rather than interminably living it out. For a protracted period, they had to immerse themselves in experiencing it together, before they could move on to a more traditional kind of analytic exploration of the patient's internal world.

I have worked a great deal with Holocaust survivors, their children, and their grandchildren. I know how painful and emotionally draining it can be. I think, for example, of the enormously guilt-ridden, masochistic woman whom I have previously discussed;[2] she came to me because she literally could not sleep at night but could sleep only in the daytime. It turned out that, throughout her childhood, her mother, in a psychotic fugue state, would periodically wake her up in a state of abject terror, tell her that the Nazis were coming, and make her hide under her mother's bed. My patient, who had been born in a displaced persons camp, told me when we first met that her father had undergone a series of almost unbelievable experiences in a concentration camp and then in a Russian prison camp, but that her mother had survived by hiding out in someone's root cellar.

One day, I told her that I had attended an event at the Holocaust Remembrance Center at Drew University, at which Holocaust survivors had spoken, descriptions of interviews with survivors were presented, and films were shown that had been taken in concentration camps by Russian soldiers as the Second World War was drawing to a close. I said I was glad that at least her mother had been spared the experience of being in a concentration camp. As I have described elsewhere (Silverman 2009,

[2] See Silverman, M. A. (2009). [Book review of] *Escape from Selfhood: Breaking Boundaries and Craving for Oneness,* by Ilany Kogan. *Psychoanal. Q.,* 78:287-293.

p. 292; see footnote 2), my patient replied in a hollow, emotionless, other-worldly voice:

> Oh, I never told you about the time, *before* she got to the root cellar, that my mother was caught, taken with a lot of other Jews to the side of a ditch, and made to strip naked and stand there while a machine gun opened fire on them? What saved her life was that she fainted before the bullets struck, so that she fell down and they didn't hit her. She woke up covered with twitching dead bodies, blood, and feces. She clawed her way out and walked down the road, covered with blood and gore. She went up to a man who helped her escape, but a friend of hers wasn't as lucky as she was; the friend also climbed out of the ditch alive, but the man she ran up to turned her over to the Germans and she was killed. Do you wonder why my mother was so crazy?

I know all too well what Pines experienced emotionally as she treated the Holocaust survivors whom she writes about in the penultimate chapter of this book. I could not help but feel some of it again while I was writing these last few paragraphs. Pines expresses surprise and dismay that her analytic colleagues in Great Britain have written almost nothing about their work with Holocaust survivors. She laments the way in which that professional silence mirrors the silence that Holocaust survivors have largely maintained about their experiences, even with their children and grandchildren,[3,4] and she expresses fear that

[3] For a number of years, I participated in a study group on "The Effect of the Holocaust on the Second Generation," led by Milton Jucovy, Maria and Martin Bergmann, and Judith Kestenberg. Among other things, we puzzled over the inability of the vast majority of Holocaust survivors to tell their children anything at all about what they had experienced. It was only much later, when I started to treat members of the third generation of survivors of the Holocaust, that I learned about the tendency of some of them to write memoirs involving their experiences once they reached an advanced age and began to fear that the world would forget or deny what had occurred.

[4] Grandchildren of Holocaust survivors can also be deeply affected by what happened. I think, for example, of a teenager of whom all four grandparents were concentration camp survivors who would never talk about it. This teenager came to me because he was not only failing in the Jewish parochial school he attended. but was so defiant and obstreperous that he was being threatened with expulsion. He isolated himself increasingly in his bedroom, which he had painted black and in which he had covered the windows with heavy curtains that blocked out all light. What was occurring became clear when

the Nazi period of utter human degradation and bestiality might be disgracefully relegated to the realm of avoidance and disavowal. This is reason enough for us to appreciate that this collection of her papers has been reissued.

I recommend this compilation of papers on key aspects of female development and female experience to those who are interested not only in learning about important aspects of female psychology, but also in expanding their grasp of first-rate psychoanalytic technique. Jack Arlow said to me one day, during a supervisory session while I was in analytic training, that "in order to be a good psychoanalyst, it is necessary to be hard-headed *and* soft-hearted." *Woman's Unconscious Use of Her Body* is evidence that Dinora Pines was a *very good* psychoanalyst.

MARTIN A. SILVERMAN (MAPLEWOOD, NJ)

THE MONSTER WITHIN: THE HIDDEN SIDE OF MOTHERHOOD. By Barbara Almond. Berkeley, CA: University of California Press, 2010. 296 pp.

In the early decades of psychoanalysis, when motherhood still glowed in the rosy half-light of Victorian ideals, it took a male analyst with no children of his own[1]—and so, no direct experience of parental insecurity—to see what eluded others: D. W. Winnicott observed that the "ordinary, devoted" mother sometimes hates her infant with a passion only equal to her love for him; and that ambivalence need not denature her nor harm her baby.[2] In Barbara Almond, the ordinarily ambivalent mother now has another advocate.

I discovered that the odd-looking, squiggly lines he had drawn on the walls around his bedroom, close to the ceiling, looked almost identical to the barbed wire he had drawn on the cover of a Holocaust Remembrance pamphlet that he had put together, with his mother's assistance, as a school project. (I have discussed this patient at greater length in: Silverman, M. A. [2009]. [Book review of] *Escape from Selfhood: Breaking Boundaries and Craving for Oneness,* by Ilany Kogan. *Psychoanal. Q.,* 78:287-293.)

[1] Rodman, F. R. (2003). *Winnicott: Life and Work.* Cambridge, MA: DaCapo Press.

[2] Winnicott, D. W. (1949). Hate in the counter-transference. *Int. J. Psychoanal.,* 30: 69-74.

Unlike Winnicott, Almond is a mother, and in *The Monster Within*—freed from the constraining forms of the professional journal article—she often invokes personal experience. Aiming for a well-educated, general readership, Almond uses technical terms sparingly and takes care to define them. Her clear-eyed accounts of maternal ambivalence may not surprise most analysts, but this does not diminish the value of her book as a contribution to the analytic literature. By her own good example, Almond invites us to consider the role of maternal ambivalence in our personal and professional lives. Combining clinical vignettes with observations drawn from literature and from life outside the consulting room, Almond explores the vast "hidden side" of motherhood—from territory we have all visited (albeit uncomfortably) in ourselves and in our patients to its darkest, most distant reaches. Even extraordinarily hateful mothers get a fair hearing; the study of extremes has much to tell us about mild illness—and even about normality.

Almond begins (in chapter 1) by establishing ambivalence toward children as an ordinary, ubiquitous feature of motherhood. She ventures that maternal ambivalence "must be increased in this 'world of modern parenting,' where women feel they should be able to do it all" (p. 6). Though impossible to prove, this assertion has great appeal; many women certainly *feel* that expectations of mothers are at an all-time high. Almond cites several trends that have thrown us back on our own resources, even as we try to out-mother our mothers: an increasing tendency for young parents to move away from extended family; a high divorce rate; and the ascent of "attachment parenting" (which favors a degree of contact between mother and infant that seems excessive, if not appalling, to many contemporary grandmothers). Contemporary mothers now have less support than was once available, yet we hold ourselves to unprecedentedly high standards. The result: maternal ambivalence has reached a high pitch, even as maternal ideals forbid its acknowledgment or expression.

This, Almond suggests, is unfortunate. Citing the English author Roszika Parker,[3] she views maternal ambivalence as "a potentially cre-

[3] Parker, R. (1995). *Mother Love/Mother Hate: The Power of Maternal Ambivalence.* New York: Basic Books.

ative process in which the mother has to actively *think* about the differences between herself and her child and come to solutions that allow for more attuned mothering" (p. 9). Better, then, to embrace maternal ambivalence as a "normal part" of emotional life (p. 21) than to deny it!

Almond next (in chapter 2) explores the ordinary interplay between maternal love (which she calls "motherlove"—perhaps with a general readership in mind?) and maternal hatred. A great strength of this chapter is its emphasis on motherhood as a developmental process *in the mother*. For the woman who loves her child and can tolerate her own ambivalence, motherhood can catalyze "growth, even transformation" (p. 26) by providing ways "to rework old issues" (p. 28).

In chapters 3 through 6, Almond introduces "the monster within" in several familiar guises—expressions of maternal ambivalence that we might ordinarily encounter in ourselves, in the mothers of our children's classmates, and in our healthier patients. She begins (in chapter 3) with a common specimen: the "too-good mother," who denies ambivalence toward her child only to display it in subtle ways. Here Almond relies on what is perhaps the weakest form of example employed in the book: casual observations of women whom she has encountered in civilian life, either directly or through the media.

First we meet "Claire," whom Almond observed as she prepared to leave her only child (along with Almond's grandchild) in the child-care/play group at a family resort. Claire "was so busy hovering, watching, and intervening that [her] child's fragile autonomy and true wishes were overlooked" (p. 40). Almond acknowledges that since Claire was not a patient, she "didn't have the privileges of the consulting room." Instead, she speculates on the basis of casual conversation: perhaps, counter to Claire's conscious report, her daughter was not "really wanted"; if so, might Claire "have to compensate by doing everything perfectly, so she [won't] have to face her negative feelings?" Might she feel keenly guilty about her work outside the home because "unconsciously, the child was not fully wanted" (p. 40)?

Another vignette, also drawn from Almond's life outside the consulting room ("the daughter of an acquaintance"), describes the "too-good mother who tries to do everything right, making life more difficult for herself and her children" (p. 45). "Tanya" projects unconscious am-

bivalence toward her children into "the 'wrong' foods, the 'wrong' practices, and the 'wrong' toys," which she rigorously avoids; but it emerges in "mistakes surrounding separation" (pp. 44-45).

Almond's observations of the too-good mother are clinically useful; we all know mothers of this sort from our practices, our private lives, or both. I think I can fairly say that at moments I have *been* this sort of mother (Almond might agree that this is something of a generational hazard); perhaps this is why I feel protective of Claire and Tanya. But as a psychoanalyst who has wondered how best to write about both patients and nonpatients,[4] I think the subjects of Almond's speculation need some advocacy. By Almond's own admission, she assumes a lot. She seems to come down especially hard on Claire. If, as Almond says, maternal ambivalence is ubiquitous, how could *any* child ever be "fully"—i.e., unambivalently—wanted? Would she make no allowance for the anxiety-provoking nature of Claire's task—preparing herself and her toddler for a separation among strangers, in a strange place?

Where maternal fitness is concerned, it seems, harsh judgment is nearly impossible to avoid. Any disturbance of mothering—not only frank neglect or abuse, but also subtler displays of misattunement—may arouse troubling reactions in witnesses. By my reading, the all-too-human tendency to judge mothers harshly sometimes takes refuge in Almond's discussion of women who are neither literary characters nor patients. "Octomom" Nadya Suleman (who already had six children when she gave birth to octuplets) also comes briefly into view in this chapter: "Time will probably tell us more," writes Almond, "but I would venture a guess that this mother has an underlying depression, even a psychosis that may later break out clinically" (p. 47). Public figures might tempt authors eager to demonstrate the general usefulness of a psychoanalytic perspective; we can assume that readers will know their stories and want to know our opinions about them. But when we opine from too great a distance—whether about anonymous acquaintances or celebrities—we can seem presumptuous.

In chapter 4, Almond approaches women's fears of monstrous births through a scholarly and clinically compelling portrayal of Mary Shelley's

[4] Stuart, J. (2007). Work and motherhood: preliminary report of a psychoanalytic study. *Psychoanal. Q.,* 76:439-486.

relationship with her most famous literary creation, Frankenstein's monster. Shelley's mother, we learn, "died of puerperal fever eleven days after giving birth to her daughter" (p. 59). Fortunately for the young Shelley, her father was devoted to her, and as she grew toward adolescence, she became his "intellectual companion." She later felt painfully rejected when her father remarried and sent her off to live with family friends, and again when he opposed her marriage to Percy Shelley. The couple's first child, a girl, was born prematurely and died after thirteen days.[5] Shelley was seventeen at the time and eighteen when she started to write *Frankenstein*.[6]

Through careful attention to the details of Shelley's biography and close reading of the novel, Almond persuasively argues that *Frankenstein* represents its author's fearful fantasy of a monstrous birth. Twining Shelley's story with that of a patient whom she calls "Amanda," Almond generates four observations about such fantasies. "First, and perhaps most important," she writes, "the child imagined as monstrous is a reflection of the monster *within* the mother, that is, the fear that maternal aggression is in some form passed on to or put into the child, using the mechanism of projection" (p. 54, italics in original). The fear of a monster-baby may also reflect the mother's expectation of punishment for what is, "in the *unconscious mind of the mother,* a child born of incestuous wishes and fantasies"; feelings of "shame and anxiety about the *meanings* of being female, about the insides of her body and what that body may produce" (pp. 55-56, italics in original); and/or disturbances in "the mother's relationship with her *own* mother" (p. 57, italics in original).

In Shelley's case, Almond postulates the author's unconscious guilt about her mother's death soon after childbirth. The text, she suggests, addresses Shelley's concern about her own monstrousness: "Was [the monster] born that way, or made so by abandonment? The author's purpose appears to be an effort to *prove* the latter and thereby absolve *herself* from having been her mother's murderer" (p. 65, italics in original).

Chapter 5 offers "more clinical examples" of "women's reproductive fears": seven brief case vignettes, most of which play on themes al-

[5] For Shelley, as for most women living in times and places other than the contemporary developed world, infant mortality was a fact of life. Of her four children, only one lived to adulthood; see Seymour, M. (2000). *Mary Shelley.* New York: Grove Press.

[6] Shelley, M. (1818). *Frankenstein.* Indianapolis, IN: Bobbs-Merrill, 1974.

ready established (the monster-baby as repository for unwanted, externalized personal attributes; as punishment for incestuous wishes; etc.), and one of which introduces a new concern: the monster-baby as representative of a hated younger sibling. Reviewing clinical outcomes for this small group of patients, Almond notes that some were helped to become mothers, and others (including Amanda in chapter 4) were helped mainly in other ways. Her acceptance of therapeutic resolutions that do not include motherhood is wise. To say that motherhood is an important developmental process is one thing; to view it as the sine qua non of adult female development, quite another.[7] Almond's vignettes avoid that possible trap, providing views of adaptive adult development in women who choose *not* to have children.

In chapters 6 and 7, Almond contrasts two broad categories of solution to the problem of maternal ambivalence: *internalization* and *externalization.* As Almond remarks, both internalizing and externalizing solutions are available to most women; however, "*one solution usually dominates"*—and there is value in discussing them separately, *"since there is a general gradient in the direction of more serious disturbance as we move into projective mechanisms"* (pp. 90-91, italics in original).

Chapter 6 comprises a single, extended case. Almond expects that most of her readers will be able to identify with the patient she calls "Rachel," who "represents the majority of women—those who try hard, mean well, and attempt to protect their children from the effects of their mixed feelings" (p. 90). Women like Rachel, who struggle with the "less disturbed, more guilt-ridden side of ambivalence" (p. xxi), are more likely to seek treatment than are those who externalize their ambivalence.

In location, structure, and sheer authorial investment, the story of Rachel is central to this book. In this chapter—and nowhere else—Almond uses italics to mark what she describes as the fruit of recent psychoanalytic work. The italicized segments have a casual, personal tone that conveys Almond's sense of identification with Rachel, whom she describes (though likely with disguise) as an "academic physician" in her

[7] Stuart, J. (2011). Procreation, creative work, and motherhood. *Psychoanal. Inquiry,* 31:417-429.

early fifties. "For a long time," Almond writes, Rachel "had attributed much of her inhibition in pursuing personal goals to painful conflicts between her role as a wife and mother and her career." Now that her children were grown, Rachel worked in analysis "to face her inhibitions about success in terms of internal issues relating to early identifications and attachments" (p. 91).

In this clinically rich chapter, Almond traces Rachel's history into the previous generation: Rachel's mother, "Hannah," had reason for greater-than-usual maternal ambivalence, which she enacted through rigid adherence to the child-rearing law of her era. As an infant, Rachel was fed on schedule and left crying for hours. As Almond aptly remarks, "Ambivalence takes many forms, sometimes masquerading as 'correct' mothering'" (p. 93).

When Rachel became a mother, she "did well" with her first son but "was later aware of her tendency to rush him out of infancy." After the birth of her second son, a move for her husband's job took Rachel away from Hannah, who—her own maternal struggles notwithstanding—had been helpful as a grandmother. For Rachel, Almond writes, the separation from Hannah was "*devastating and contributed to her maternal ambivalence.*" Identification with her mother led Rachel "*to repeat some of Hannah's 'mistakes' in child rearing (giving up nursing especially) and to return to work too quickly and perfectionistically*" (pp. 101-102, italics in original).

Distinguishing Rachel from many of the women to follow in this book, Almond observes that she

> . . . often found her children difficult, frustrating, even maddening. But she never felt they were monstrous. The monstrousness was hers. She would project blame onto her husband and children, but the projection never worked and was usually taken back with increases in guilt and anxiety. [p. 103]

This is typical of women who manage maternal ambivalence through internalization; "their primary concern," Almond writes, "is that their ambivalence will harm their offspring" (p. 90).

In chapter 7, Almond moves from the neurotic and quotidian to the horrific and appalling: women who manage maternal ambivalence

mainly through "externalization," and so see their children—rather than themselves—as monstrous. "In contrast to Rachel," she writes,

> . . . are those women whose responses are paranoid, who use blame as a means for handling maternal ambivalence. Viewing their angry and disturbed feelings as the child's fault, they feel rage more than guilt, and they don't hold their feelings inside. [p. 105]

Almond notes that mothers of this sort are not inclined to seek treatment; here she relies mainly on examples drawn from literature. As readers, we take a quick tour through each of four novels: *The Fifth Child,*[8] *We Need to Talk about Kevin,*[9] *Rosemary's Baby,*[10] and *The Bad Seed.*[11] Almond summarizes plots so that those who have not read (or cannot recall) these works are not altogether lost. However, some readers may find—as I did—that it is hard to achieve Almond's level of engagement with texts that are not deeply familiar. So far as I can tell, the reader's challenge is not so much conceptual as emotional. Almond provides enough detail to support her inferences: for example, I am thoroughly persuaded when she suggests that Ben, the monster-baby portrayed in *The Fifth Child,* is "a pure culture of aggression and greed . . . a horrible, exaggerated caricature of the hidden corruption in his parents," and that his mother, Harriet, is "Dorothy's greedy baby," who "exploits Dorothy for maternal care as she accumulates babies of her own" (p. 117). It is just that it is hard to feel very much for any of these characters—Ben, Harriet, or Dorothy—without reading Lessing's novel firsthand. (Note, however, that I did not have this problem with Almond's treatment of *Frankenstein;* there, Almond's exploration of Shelley's relationship to her text enlivens the reader's experience.)

Almond next shifts our attention from fantasy to reality as she explores the plights of mothers whose worst fears are realized (chapter 8), and of children whose mothers' excessive ambivalence poses some actual threat to them (chapter 9). An ambivalent mother may experi-

[8] Lessing, D. (1988). *The Fifth Child.* New York: Knopf.

[9] Shriver, L. (2003). *We Need to Talk about Kevin.* New York: Perennial.

[10] Levin, I. (1967). *Rosemary's Baby.* New York: Random House.

[11] March, W. (1954). *The Bad Seed.* Hopewell, NJ: Ecco Press.

ence her child's actual physical, mental, or emotional affliction as punishment for her mixed feelings toward him. Furthermore, a child's affliction may itself "produce feelings of ambivalence in the mother"; then, "as in other situations that induce such mixed feelings, there are both internalizing (guilty and reparative) and externalizing (angry and rejecting) reactions" (p. 143). For the afflicted child, a central, organizing fantasy is that "the mother has caused the deformity," but "paradoxically, children often protect their mothers, who are so desperately needed, by remaining unconscious of this fantasy" (p. 144).

The child of a mother who has been intensively preoccupied elsewhere, depressed, rejecting, etc., may *assume* a monstrous identity, as a means to manage "rage, envy, and disappointment in a world perceived as unreliable and unloving" (p. 155). In these two chapters, clinical vignettes mingle with brief treatments of several literary works (which, like those cited in chapter 7, support Almond's argument but do not always engage): *Stones from the River,*[12] *The Tin Drum,*[13] and "The Magnificent Ambersons."[14]

In chapter 10, Almond presents what strikes me as some of her most original and memorable thinking about maternal ambivalence. Here she traces a "spectrum of maternal overinvolvement" (p. xxiii) that culminates in "vampyric mothering," which "in its extreme forms" represents "maternal ambivalence at its most destructive" (p. 165). The child, though desperately needed for the mother's psychological survival, is not allowed an independent existence nor loved as a discrete person. To anchor the benign end of this spectrum, Almond invokes the "soccer mom," whose child may actively pursue her own interests and pleasures so long as mom comes along for the ride. Mildly vampyric mothering consists in "a feeding *from* the child to obtain gratifications the mother is unable to obtain in other ways" (p. 165, italics in original).

One such mother ("Caroline"), for example, "participated adventurously in [her daughter's] life and thoroughly enjoyed her participation

[12] Hegi, U. (1994). *Stones from the River.* New York: Scribner.

[13] Grass, G. (1959). *The Tin Drum.* Greenwich, CT: Fawcett.

[14] Tarkington, B. (1957). The magnificent Ambersons. In *The Gentleman from Indianapolis,* ed. J. Beecroft. Garden City, NY: Doubleday.

and [her daughter's] pleasure" (p. 169). A "more ominous" form of vampyric mothering entails

> . . . the forcing of "food" *into* the child—food in the form of ideas, behaviors, allegiances, and beliefs, in particular, beliefs about the nature of human relationships—to a degree that may totally coopt the child's autonomy, defeat creative effort, and lead to a paranoid view of the world. [pp. 165-166, italics in original]

The vampyric mother may insist that she is the only person her child "can really trust," that she—and she alone—knows "what the world is really all about" and can protect her child from the dangers lurking there (p. 166). Almond observes, "This kind of anxious overprotection is a subtle form of ambivalence in which the mother does not want the child (often a daughter) to have more than she had" (p. 170).

Like other extreme forms of maternal ambivalence, "malignant vampyric mothering" is represented mainly by literary example rather than clinical vignette. Here Almond draws on three texts, beginning with *Dracula.*[15] As with *Frankenstein,* Almond's treatment of the classic vampire story comes alive in her attention to the author's biography. Stoker "spent his first eight years as a bedridden invalid," and so "would have struggled with conflicts over weakness, passivity, dependence, and surrender" to the mother whose care he desperately needed (p. 171). Almond views Count Dracula as "a condensation of vampire mother and vampire baby," and "the vampire fantasy as a condensation of mother–child bonding gone wrong" (p. 172). In Almond's reading, then, it was largely circumstance—Stoker's protracted childhood illness—that made the "Count-mother" (p. xxiii) of his fantasies vampyric.

In Mona Simpson's *Anywhere But Here,*[16] we meet a mother whose vampirism is an expression of her own extreme psychological disturbance.[17] Almond introduces Simpson's dual protagonists: "Adele August

[15] Stoker, B. (1897). *Dracula.* New York: Modern Library, 1983.

[16] Simpson, M. (1986). *Anywhere But Here.* New York: First Vintage Contemporaries.

[17] For readers not familiar with Simpson's novel, it may pose the same challenge as some of the other texts Almond cites. Here I had an advantage: I have been a fan of Simpson's work since *Anywhere But Here* first appeared. Simpson, I imagined, must surely

is a divorced mother with a teenage daughter, Ann, whom she uses as a twin, an extension of herself, a means of gratification, and a partner in crime and fantasy" (p. 178). Almond continues: "What this means for Adele is that Ann is as much her *mother* as her daughter. She feeds *from* Ann, denying her a separate emotional life or the opportunity to live successfully in the real world" (p. 178, italics in original).

Adele, always sure a grand life awaits them elsewhere, moves Ann from Wisconsin to California with the express aim of making her into a child star—and then foils her career as she begins to succeed. Always living in close quarters, "Ann and her mother sleep in the same bed and eat the same food." Underscoring the sense of merger between mother and daughter, Almond cites Ann's description of its blissful aspect: "The thing about my mother and me is that when we get along, we're just the same."[18] But union with a disturbed mother inevitably becomes toxic. Almond recounts a harrowing scene in which Adele tries to get the now-adolescent Ann to display her naked body: "Why won't you let me look . . . can't I be proud of your little body that I made?"[19] Almond observes: "This abuse stops short of actual incest, but Adele uses Ann's body as if it *were* her possession" (p. 180, italics in original).

Like Dracula, who "needed to keep his objects with him by merging with or invading them," Adele needs "to keep Ann from growing up, from moving on, from making choices"; so Ann remains "one of the 'undead,' robbed of her own life and living in thrall to her mother" (p. 180). Almond ends this fine chapter by describing another malignantly vampyric literary character: Nadine, the mother portrayed in *Other People's Children*,[20] who sacrifices her children's needs so that she might "live in a fantasy world dominated by her own power" (p. 183).

In chapter 11, Almond turns to "the darkest side of motherhood": child murder. Considering three murderous mothers known from the

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have had a mother like the one she portrays in fiction; how else could she possibly conjure that experience? So for me, Almond's précis summons much of the novel—and also some keenly interested musing about the relationship between Simpson's life and her art.

[18] Simpson, p. 9 (see footnote 16); also quoted in Almond, p. 179.

[19] Simpson, p. 344 (see footnote 16); also quoted in Almond, p. 180.

[20] Trollope, J. (1998). *Other People's Children.* New York: Berkley Books.

popular press (Andrea Yates, Lashan Harris, and Susan Smith), she observes that "child murder is almost invariably the result of maternal despair about conditions in which it is impossible to raise children, at least, *for that particular mother, at that particular time*" (p. 186; italics in original). To explain what might drive a mother to infanticide, Almond invokes "the experience in mothers (and fathers) of disturbing feelings from their own early lives, stirred up by their empathic identification with their children, at different stages of development" (p. 206). For a parent whose early experience was deeply traumatic, such reactions may become cataclysmic; child murder may represent "an attempt to kill off the dangers of unbearable feelings that are breaking through" (p. 206).

Almond laments the "shame that surrounds postpartum depression," which keeps some mothers from "admitting the seriousness of their condition and getting treatment" (p. 187) before they become murderous. Women in peripartum psychoses "may kill their children because they fear them as fiendishly monstrous and dangerous, but beneath this they may really kill to save the child from their *own* projected aggression and its potential damage" (p. 187, italics in original).

The theme of child murder as a fantasized form of protection threads through Almond's treatment of the novel *Beloved:*[21] the enslaved Sethe attempts to murder her four children—and succeeds in killing one (Beloved)—to prevent their being taken from her. Here Almond quotes Sethe: "My plan was to take us all to the other side where my own [dead] ma'am is."[22] Horrifying though Sethe's actions may be, we can empathize with her plight, since "the mother–child bond among slaves was regularly and ruthlessly murdered" (Almond, p. 194).

In the closing chapters of her book, Almond returns to the realm of ordinary neurotic struggle. Chapter 12 traces the vicissitudes of maternal ambivalence through the life cycle. For some mothers, Almond observes, infancy is delightful and later stages of development more difficult; for others, children become increasingly appealing as they mature. In one clinical vignette, Almond explores the psychological challenge that a beautiful adolescent daughter ("Victoria") may pose to a mother whose

[21] Morrison, T. (1987). *Beloved.* New York: Plume.

[22] Morrison, p. 203 (see footnote 21); also quoted in Almond, p. 196.

health and appearance are compromised by illness. Through two brief, longitudinal vignettes ("Nora" and "Wendy"), she observes the potential for mothers who struggle mightily with their own children to come through quite well as grandmothers. Grandparenthood can be redemptive; time spent with grandchildren can be reparative. But, as Almond notes, grandmothers—like mothers—may feel ambivalent about their responsibilities to young children and guilty about their ambivalence.

Chapter 13 sets the problem of maternal ambivalence in the context of contemporary culture and addresses the question of what might be done to help women who struggle with it. A keen awareness of the consequences of our mothering makes it seem vital that we "do it right"—and even that we "*love* doing it right" (p. 229, italics in original). Therein, Almond suggests, lies the problem; we cannot always love doing it right because our needs inevitably come into conflict with our children's needs. In summary,

> . . . conflict between the needs of the mother and the needs of the infant and child is the major source of maternal ambivalence. And maternal ambivalence is a major source of anxiety and guilt to mothers. And this anxiety and guilt leads to efforts at reparation that further interfere with the satisfying of reasonable maternal needs, needs that are already eroded by the more pressing neediness of infants and children. [pp. 229-230]

This, Almond notes, is a "vicious cycle" that "leads to a lot of undue suffering" (p. 230). How, then, might we relieve the suffering of the ambivalent mother? Though Almond's main aim is not social critique, she certainly hints that social change would be helpful. For example, she laments the expectation that mothers be intensively involved with their children's schooling, and also the crowding of the after-school agenda for both mother and child. Of course, she mentions the potential benefit of treatment for women whose ambivalence has gotten the better of them. And finally she calls for tolerance: "All we can ask of any mother," she suggests, is that "the positive side of her ambivalence" prevails (p. 243).

JENNIFER STUART (NEW YORK)

BEYOND THE REACH OF LADDERS. By Elizabeth Goren. London: Open Gate Press, 2011. 257 pp.

The fact that this book is not intended as a work of psychoanalytic scholarship is evident even from the subtitle: "My story as a therapist forging bonds with firefighters in the aftermath of 9/11." The informal, personal style of this phrase continues throughout the text, and the usual trappings of scholarly publication—footnotes, citations, bibliography, index—are absent. The intended audience is clearly the lay public, people familiar with the events of September 11 but not especially knowledgeable about either firefighting or psychoanalytic therapy.

The work might best be classified as a "psychoanalytic memoir," and therein lies a problem. Prospective lay readers are likely to be attracted more by the prospect of reading about the 9/11 experience of firefighters than about that of therapists, but the book focuses at least as much on the author and her story, from childhood to the present, as it does on the firefighters. The first sentence announces "I am a New York City psychoanalyst" (p. 1), establishing both the first-person focus and the author's emphasis on her psychoanalytic identity. Later she specifies her allegiance to "the Interpersonal Relational School," characterized by the belief that "countertransference reactions can end up being therapeutic" (p. 183), apparently implying that other contemporary analysts would not share this belief.

Despite this distortion, Goren presents a very attractive, if somewhat romanticized, vision of analysis to the lay reader:

> My patient and I bond in a way that eases the pain and isolation of human separateness, as we search together for the unforeseen ways that the past wends its way into the present, and create new paths for a more fulfilling future. [p. 1]

One might ask, then, what picture this work as a whole gives the lay reader of the psychoanalyst. Such a question would have to be subdivided, because the analyst in this case is both an actor in the drama and the author of the report. We should examine how the analyst appears as a therapist and as a reporter.

In general, the analyst whose therapeutic work is described here appears admirable; she comes across as persistent, committed, flexible,

self-aware, astute, and deeply attached to her patients. Most of the text describes her as a "firehouse clinician," one who goes into the foreign world of "the house" and tries to offer therapeutic services to a reluctant population. Later she is shown as a more conventional individual psychotherapist to three firefighters who eventually overcame their misgivings about treatment. She was appropriately aware of the enormous obstacles she faced in entering this world; not only was she an "outsider" who was not a member of the firehouse brotherhood, and a "shrink" whose goal was to induce the men to give up their cherished ideal of psychic stoicism, but she was also of a different ethnic background, a different social class, and a different gender. She recognizes that her success in bridging all those gaps was incomplete, but against such odds the results are impressive.

From her hard-won position inside the firehouse, Goren clearly and insightfully observed both the psychology of the individual firefighters and the culture of the house. As a medical officer in the Fire Department of New York, I can attest to the accuracy with which she depicts the symptoms of Post-Traumatic Stress Disorder in this population, their resistance to being rescued instead of being rescuers, the dynamics of survivor guilt, the centrality of the experience of horror (as distinct from personal danger) in the psychic distress of those who worked at Ground Zero, and their desperate attachment to the bodies (or tiniest parts thereof) of lost loved ones.

The nature of the firefighters' work makes it unsurprising that they tend to resist exploring their own psychology. The act of running into a burning building requires a measure of adaptive denial, and these men (in New York City, approximately 99.7% of firefighters are male) are understandably wary about becoming fully conscious of their own fear. Too much denial, of course, can be catastrophic, but too little can be paralyzing.

Part of the firefighters' response to this dilemma is to forge an extremely tightknit and insular social unit within the firehouse. Outsiders, even spouses and children, are welcomed as guests, but never included in any substantive discussion; the rule, as quoted by the author, is "Keep It in the House" (p. 47). Small wonder that an outsider entering this

environment, particularly a female psychotherapist, would encounter an attitude of polite but tenacious resistance.

Even among themselves, the men tend to observe an unspoken rule against acknowledging fear, trauma, or emotional need. One result of this stoicism is that each man who finds himself experiencing the unfamiliar alterations in bodily rhythm, psychic state, and interpersonal attitudes that characterize PTSD is likely to think these experiences are unique, and that he must be embarrassingly weak and/or severely mentally ill. As Goren demonstrates, psychoeducational interventions that characterize these symptoms as normal responses to an abnormal experience can produce both significant relief and openness to further exploration.

The clinical analyst depicted here is also admirable in her penchant for self-examination. The lay reader who knows only the caricature of the insistently authoritative analyst will be happily surprised by this analyst's questioning of her own motivations and conclusions. Such a reader will also be pleased by her willingness to abandon the "rules" of technique that stem from the principles of anonymity, neutrality, and abstinence, even though it should be obvious to a trained analyst that these technical principles do not apply in the unusual circumstances of what the author describes as "therapy on the run" (p. 42). Finally, the lay reader will be most gratified to learn of her deep and persisting attachment to her patients, even long after termination.

The picture is less rosy with respect to the analyst who appears here as the writer/reporter. The lay reader will likely conclude that analysts like to report on their patients. The author is careful to include a disclaimer that she has, "as is customary among psychoanalysts, disguised all the protagonists, creating fictionalized composite characters in order that no person may be identified" (p. iv). As professional colleagues, we should take her at her word, but the portraits she presents of several firefighters are so extensive, detailed, and credible that the lay reader will find it hard to believe they are fictional.

The lay reader will find little here to challenge the popular stereotype of the analyst as preoccupied with sex and dreams. And while the clinical analyst depicted uses the topic of sex skillfully as a way to overcome the firefighters' resistance, she appears to use dreams glibly, of-

fering instant interpretations that often sound romantic or facile. When a firefighter reports a dream of his children drowning, for example, she comments that "I immediately recognize that this dream was one of those rare life-defining dreams that come at critical times of life . . . . For water, with its life-giving and life-taking potential, is a universal symbol of Life" (p. 210). A respectful understanding of dreams should prevent the analyst from immediately recognizing anything in them, except his or her own associations. The possibility that an instantaneous interpretation of the dream as being about life derives more from the analyst's psyche than the patient's is consistent with the fact that the analyst later states of her own dream about holding a baby that "at the deepest level this dream is about life itself" (p. 232).

Unfortunately, the lay reader of this book is also likely to conclude that analysts are self-aggrandizing. A psychoanalytic reader may not be surprised by the author's identification with her patients, evidenced by statements such as "Firefighting, . . . like psychotherapy, requires instantaneous assessment of people and situations" (p. 72) and "People 'recover' from catastrophes and manage to adjust to a world that requires people to look normal, especially heroes and therapists" (p. 231). But the lay person is likely to find it grandiose to presume that a psychotherapist's heroism is comparable to that of a firefighter.

The lay reader's concern about the analyst's self-promotion is not likely to be assuaged by such asides as "Dreams are the stock and [sic] trade of psychoanalysts, we shamans of modern life" (p. 205). Goren's tendency to proffer such generalizations as "Life is about capturing a sense of urgency, finding within ourselves the will to live fully and meaningfully in all its exquisite fragility, horror, and beauty" (p. 174) suggests that she relishes the role of shaman. But, most important, the author's celebration of her own heroism contributes to the impression of self-aggrandizement. When she asks, "What made me walk toward the disaster rather than away from it, as most people did?" (p. 16), the reader's impression is not of someone questioning her own motivation, but rather of one who is advertising her own altruism.

Ultimately, this problem stems from a contradiction inherent in the idea of a "psychoanalytic memoir." Psychoanalysis, even as understood by what Goren refers to as the "Interpersonal Relational School," is an asym-

metrical process. The analyst's personal feelings and motivations are rich material for self-examination, but they are not on an equal footing with the patient's psychic material, and not appropriate material for celebration or for publication to a lay audience. Part of the discipline of being a psychoanalyst involves an attitude of humility in which we tolerate the frustration of not advertising our own affective states as if they were as important as those of the patient.

KEVIN V. KELLY (NEW YORK)

ART IN THE OFFERTORIUM: NARCISSISM, PSYCHOANALYSIS, AND METAPHYSICS. By Harvey Giesbrecht and Charles Levin. Amsterdam, The Netherlands/New York: Rodopi, 2012. 279 pp.

Despite Freud's (1927) oft-quoted dictum that "before the problem of the creative artist analysis must, alas, lay down its arms,"[1] his colleagues, disciples, and followers (including this one) have been unsparing in their efforts to apply his ideas or their derivatives to studies of the lives and works of artists in every medium and of the creative process itself. Sublimation, regression in the service of the ego, restoration of the lost object, and other formulas have come and gone, but the persistence of the mystery leaves ample room for new departures to flourish.

Perhaps the most ambitious (and certainly the most intricate and iconoclastic) of these recent contributions is *Art in the Offertorium,* by two Canadian psychoanalysts who have worked extensively in this field and whose impressive scholarship extends through art history, philosophy, sociology, and theology. Indeed, their nodal concept, the *offertorium*—which they define as a "relatively safely contained and neutral social space" (p. ix)—is derived from the offertory in the Catholic ritual of communion; it is the moment before "transfiguration" is thought to occur. The authors' comment that "in the offertorium, art becomes an energic point of contact in which the narcissistic condition is momentarily reconstituted: the triumphal side of narcissism is rejoined with what it has disavowed through projective identification with the aggressor: its abjec-

[1] Freud, S. (1927). Dostoevsky and parricide. *S. E.,* 21, p. 177.

tion" (p. ix) gives an indication both of the essence of their argument and the problems confronting the reader who struggles to follow it.

Giesbrecht and Levin are explicit in their disdain for the usual efforts to apply conventional psychoanalytic constructs to art (by which they mean the visual arts) and to the art world in general. As suggested above, their approach is rooted in the vicissitudes of narcissism, and in pursuing it they create a number of neologisms, the most important of which, they say, are "narsensual, narsensory, and narsensorium (or narsorium for short)" (p. 56). Their essential thesis is summed up thus:

> Narcissism . . . can be understood as a vital energy that, among other consequences, generates the need to encounter and incarnate the ideal. Art as we know it today, therefore, would be a displaced and socially modified derivative of the basic, human narcissistic drive. [p. 10]

The greater part of the book is given to an extended, often turgid elaboration of this thesis. It includes a searing (if not entirely original) critique of the contemporary art world, with its blatant commodification of art works and its abandonment of standards of quality ("excellence"). Strikingly, the authors devote the better part of a chapter (plus the cover photograph) to the work of performance artist Marina Abramovic, who epitomizes the elevation of narcissism into a cultural phenomenon and whose quasi-Messianic and often masochistic activities they appear to consider important manifestations of the vital role of narcissism in the artistic expression of our time.

Along with their critical observations of the contemporary art world, Giesbrecht and Levin offer parallel commentary about the current state of psychoanalysis, both its theory and practice. In constituting narcissism as a fundamental, bodily given drive, they essentially revalidate Freud's drive theory (including the libido concept: "a highly adequate term" [p. 72]), while taking the profession to task for what they construe as the health-oriented, social-conformity adherence of its therapeutic aspiration. Along the way they provide trenchant—and, to this reviewer, valuable—criticisms of such eminent analytic scholars as Arlow, Chasseguet-Smirgel, and Green. While in large measure they endorse the views of Klein and her followers on the roles of drive and projective identifica-

tion in early development, they dismiss those of such of her students as Segal in their speculations about the creative process.

Dogmatisms abound. Both object relations theory and ego psychology are summarily dismissed because they do not emphasize the central role of narcissism in the human "psychesoma." Similarly, according to the authors, "there is simply nothing to say about art unless one relinquishes the grip of perception and surrenders to the hallucinatory mode" (p. 109). (This is followed by an extended, perceptually based description of Gustave Courbet's *The Artist's Studio.*) Likewise, an exquisite description and analysis of Artemisia Gentileschi's remarkable self-portrait is followed by this comment:

> Artemisia seems to represent herself in the throes of kenosis. She empties herself in a kind of dignified abjection, surrendering to the "divine" energies, in which idealized selection becomes an opening for socialized beings, who have been tempted toward ritual sacrifice [!], to contemplate instead the value of what self-glorification excludes. [p. 103]

Such contrasts pervade the book—lengthy theoretical sections replete with abstractions and leavened by quotations from post-modern French philosophers (Derrida, Merleau-Ponty), alternating with sharp, thoughtful, and well-informed passages of art history that reveal the authors' wide experience, erudition, and aesthetic sensibility. Notable are the sensitive discussions in chapter 7 of the work of Mark Rothko and of the British duo known as Gilbert and George (neither, unfortunately, illustrated in the text). Somehow, though (to use a word much favored by the authors), the reader finds himself returning to such passages as this:

> It would seem that art is really the narcissistic object of psychoanalysis, an object of identification it is unable to mourn, and therefore unable to let go. To this extent, everything that psychoanalysis says about art must be emerging from an "ego" that is wailing, raging, cutting itself, pulling itself up, laughing, weeping, collapsing. [p. 193]

Present company, of course, excepted.

Art in the Offertorium offers the reader a mixture of novel, imaginative, and controversial insights into the making and reception of visual art, past and present, with a potpourri of proposals for the reshaping of psychoanalytic theory as well as theories of aesthetics. The reader must be prepared, however, for some very hard work; sentences, even paragraphs, often require very close and repeated scrutiny. This is no book for bedtime reading.

AARON H. ESMAN (NEW YORK)

Volume LXXXI, Number 4

ABSTRACTS

THE INTERNATIONAL JOURNAL OF INFANT OBSERVATION AND ITS APPLICATIONS

Abstracted by Marsha Silverstein

The International Journal of Infant Observation and Its Applications is published several times a year and features articles on the subject of infant observation and its application to a range of disciplines. As developed at London's Tavistock Clinic in 1948 by Esther Bick and her colleagues, infant observation was conceived as a method for the preclinical training of child and adult psychotherapists, psychoanalysts, teachers, social workers, and medical health professionals.

The journal publishes diverse writings emerging from the field, including the work of psychoanalysts, psychotherapists, social workers, and others. Each issue includes case studies on infant and young child observation, research papers, and articles focusing on wider applications of the psychoanalytic observational method, including its relevance to psychoanalysis, psychotherapy, social work, teaching, nursing, and related fields.

The articles abstracted in this section illustrate the range of the *International Journal of Infant Observation*'s interests: an infant observation, a study of applied observational techniques, and an examination of the impact of infant observation training on an author's psychoanalytic work.

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Volume 14, Number 1 – April 2011

Psychoanalytic Thinking in the Community Through Bick's Observational Method: A Work Discussion Seminar Experience with Care Workers in a Nursery. By Monica Cardenal, pp. 245-255.

Monica Cardenal presents an account of the application of psychoanalytic ideas in a community setting: an analytic consultation to a child-

care center in a large hospital in Buenos Aires. She focuses on the case of a nine-month-old girl whose problematic eating and sleeping while at the center precipitated confusion, frustration, and anxiety among staff members. The author uses the case to illustrate both her analytic understanding of unconscious dynamics at work in the situation and to describe her method of intervention, the "Work Discussion Seminar."

Cardenal begins by giving us the history of the Work Discussion Seminar. She references its roots in Tavistock infant observation, conceived by Esther Bick in the 1960s as a crucial part of training for child analysts and therapists. As infant observers, trainees could learn about the intense affects that arose within and between infants and their parents, and could come to realize the profound psychic effect that observing had on them as well. Observers, after having witnessed and then recorded a weekly encounter with the infant and family, met with other observers in a group led by Bick and her colleague, Martha Harris. In the context of this group, observers had the opportunity to enhance their understanding of the unconscious psychic lives of all members of the observation—infant, parents, and the observers themselves—and to find a way to meet the challenge of managing and containing the intensity of affects aroused in them during the course of each observation.

Cardenal explains how Harris extended the model she had helped Bick develop, working with schools, community facilities, and hospitals such as the one where Cardenal has consulted for the last fifteen years. Harris believed that the discussion group would offer the workers a mental container in which they could become more aware of the unconscious processes at work, both in their charges and in themselves. Harris felt that, through the group experience, these professionals would be enabled to better manage their emotional responses to the infants and children. In this respect, the work was seen as preventive, as it offered the opportunity to address emotional problems in children at very early stages.

Turning to her consultation, Cardenal discusses the case of Iara, the nine-month-old infant whose difficulties with feeding and eating precipitated confusion, anxiety, and regression in some of the staff members of a hospital nursery. The author gives us some background: Iara was part of a group of infants below the age of one year who spent up to twelve

hours a day in a single room, attended by three different shifts of child-care workers, and asks the rhetorical questions: what will happen in the mind of a baby under such conditions, and how then might one find ways to connect with the infant's emotional experience?

Cardenal then presents the details of Iara's situation through the lens of two of the staff who cared for her. She includes observations written by two afternoon staff members, both of whom were quite irritated with the morning staff, to whom they attributed insensitive and neglectful care of Iara—which, by implication, might be making things worse.

As we read the observations of Iara by each of these two workers, it becomes apparent that they, caring women who want to do their best, are both having difficulty getting the response from Iara that they desire. We learn that Iara is dropped off by her mother each morning and immediately falls asleep, sleeping through much of the morning shift. Cardenal informs us that both observers and the staff in general are confused and troubled by the amount of time Iara sleeps during the day. The two observers do not speak of their anxiety that Iara is unwell, but are vociferous in their conversations with Cardenal about the incompetence of the morning staff who are responsible for Iara.

We also learn from their observations that each of the workers is having trouble getting Iara to eat. She either refuses food altogether, eats just a bit, or keeps the food in her mouth for a long time before swallowing it. The observations reveal the increasing frustration of Iara's caretakers, who try to compel her to eat or become frustrated with her, and both responses seem to exacerbate the problem. Again, the write-ups convey the afternoon staff's feeling that the morning workers are somehow responsible for the problems they are having with Iara.

Finally, we are told that Iara is quite socially isolated, never moving toward the other infants, and is always wanting to be picked up and carried by the staff, in a way that the two observers find oppressive.

Cardenal acknowledges the concern of both of these workers, who brought the case of Iara to the Work Discussion Group because they were so troubled by the infant's behavior and worried about her. However, the author also writes that their motivation was primarily to have the

morning staff—described by them as "unkind, thoughtless witches"—reported to the head of the nursery for their negligence.

Cardenal shows how Iara's withdrawal into sleep, her food refusal, and her social isolation stirred intense primitive anxieties in the workers, anxieties that led to their engaging in primitive defenses: splitting (good staff versus bad staff), projection (the other shift workers are damaging her, not us), envy (someone else is getting Iara's love and responsiveness while we are being neglected), and idealization (the wish that Cardenal as an expert would solve things). Cardenal points out that, in this state of emotional agitation, the workers, like distressed infants themselves, act rather than think and confuse reality with fantasy. In all the tumult of projection and blame, Iara herself was being neglected; the workers were not able to consider what internal states in the baby might be provoking her disturbing behavior.

In the Work Discussion Group, Iara again became the focus of attention. It was determined that Iara's mother, who had begun attending university courses at night, was keeping the baby up with her until the wee hours of the morning while she studied, because she missed seeing her during the day. Here, too, Iara's needs were being subordinated to the needs of someone else—in this case, her mother's. Iara's lengthy sleeping was gradually understood as a way to avoid contact with the painful feeling of being separated from her mother, and possibly as a way to maintain the illusion of being in her mother's arms. Cardenal mentions that, in fact, Iara's sleeping pattern had little to do with her direct experience of the morning staff as she was never awake during their shift.

Iara's feeding difficulties can then be understood as a way of attempting to turn passive into active, to get some measure of control over a situation in which the infant feels powerless. As one of the workers attempts to feed Iara, she (the worker) becomes increasingly frustrated, controlling, and aggressive—as if she has become the mother who will not tolerate aggression. In this instance, Cardenal writes, the worker is unable to receive Iara's projection or to contain Iara's wish to control and dominate the object. The meal ends badly, with Iara unable to take in anything good; not only is she left without actual food, but she is also deprived of the sensation of being held and nourished.

The chronicle of Iara's behavior and the frustrated responses of the two workers/observers illustrates how the interaction between the baby and her caregivers has led to a stunting of Iara's emotional and mental development. Locked in control battles with the staff members, Iara has become stuck in trying to control the internal object. This has kept her from real engagement in the task of separating from her mother—from experiencing the pain of separation and developing the capacity to think and to think about mother in spite of her absence. In other words, the interaction has contributed to a disruption of Iara's development of a good, containing internal object.

Cardenal offers us a happy ending to this trying tale by mentioning that, thanks to insights derived from the Work Discussion Group, Iara's treatment has changed, and Iara, in turn, has been able to continue her development. Apparently, she no longer spends such long hours at the nursery, and when she is there, she is much less socially isolated and is a more receptive eater. As well, we learn that the morning staff is no longer vilified by the two observers who were the subject of this paper.

Reflections on the Nature of Attention in Psychoanalytic Observation. By Cléopâtre Athanassiou-Popesco, pp. 15-29.

Cléopâtre Athanassiou-Popesco's article is a dense exploration of the nature and characteristics of *attention* in psychoanalytic infant observation and psychoanalysis. She is interested in showing us how the kind of attention that is required in infant observation develops the capacity for attention that is important in psychoanalysis.

Athanassiou-Popesco begins with a definition of attention, as first articulated by Freud: "a special function [of the mind] . . . that meets the sense-impressions half way instead of [passively] awaiting their appearance."[1] She then considers Bion's idea of attention, which he believed to be a necessary part of alpha functioning.[2] Finally, Athanassiou-Popesco describes Bick's emphasis on attention as the core of infant observation, an attention that she characterized as the most neutral stance

[1] Freud, S. (1911). Formulations on the two principles of mental functioning. *S. E.*, 12, p. 220.

[2] Bion, W. R. (1962). *Learning from Experience*. London: Heinemann.

possible in which one can notice equally all that unfolds in the baby's life.

The author draws our attention to the similarities and differences of attention in infant observation and analysis. Both settings require Freud's *benign neutrality* and *evenly hovering attention.* But whereas the analyst must work alone over the particulars he has observed in order to be able to make an interpretation, infant observers must hold the meaning of what they have observed, not interpreting it until an observation seminar convenes.

Athanassiou-Popesco speaks of a gap between the particulars of observation as they are held in the observer's mind and the use of those particulars for thinking. She suggests that such a gap also exists in the mind of the analyst during an hour, although on a smaller scale. In both situations, the gap creates a space for reflection and "expectant waiting." In the case of analysis, this space gives the analyst an opportunity to consider matters of technique. As analysts, "we take time not only to understand," but also to "adapt to what the patient can understand [of what we have said] and the way in which he/she may do so" (p. 17).

Athanassiou-Popesco eloquently makes the point that the value of infant observation goes beyond giving the analyst the capacity to understand and to communicate what has been understood. She emphasizes that a most important element of infant observation is the analyst's development of the *capacity to wait.* It is the development of this singularly important ability, a cornerstone of the practice of infant observation, that she feels is so important for our practice of psychoanalysis.

Having thus framed her discussion, Athanassiou-Popesco goes on to exemplify it clinically. She presents several vignettes—from an infant observation and then from her analytic work—to illustrate what she means by *attention in analytic observation.*

She begins with excerpts from the final stages of an observation of a two-year-old boy, contrasting the observer's capacity for what she calls *open attention* with the *closed attention* of the child's mother. Quoting the observer's notes, Athanassiou-Popesco shows us how the little boy's mother attends to him selectively rather than openly—"hearing" only the parts of him that are consonant with what she wishes him to express. When he becomes interested in the broken bits of a crayon he has been

drawing with, his mother focuses strictly on cleaning up the mess so that he can continue his drawing.

In contrast, the observer notices the child's absorption with the broken-off bit of crayon, and later, in her observation group, she explores what his fascination may have represented: a fantasy of himself as a piece of the mother that has become separated and can be received and attended to, in his own right. As his mother tidies him up and sets him back to his task, the boy makes contact with the observer, showing her all the bits of crayon rather than proceeding with making another drawing. The author remarks that in so doing, he conveys his awareness of the observer's receptive, containing attention, as opposed to his mother's more controlling, narcissistic attention.

A similar instance of maternal *closed attention* is evident in the observer's last visit to the family, when she brings the boy a toy truck as a farewell gift. Both mother and child are delighted by the present, but once again, we see how mother attempts to direct her son's experience and control his thoughts and feelings. When the boy places his blankie in the back of the truck, she removes it, placing it in the truck's cab. He accepts this for a bit, but then puts it again in the back. Corrected by other family members as to where it should be placed, the little boy soon loses interest in playing with the truck.

Athanassiou-Popesco sees the little boy's action as an expression of placing himself and his soft and vulnerable feelings in the container of the back of the truck (the observer). She questions whether he will be able to hold on to the internal object of an openly attentive mind after the observer is no longer in his life; but she is hopeful that he has taken something from the experience of having been observed and attended to in a benign fashion—with discovery, rather than control, as its agenda.

Athanassiou-Popesco next considers the vicissitudes of her utilization of *open attention* during the course of an analytic hour. Here, without the container of an observation group to metabolize what has gone on between her and the patient, she must find her way toward understanding the unconscious material being presented, in relation with her own mind.

The analyst recounts how the patient, a young woman, struggled during an hour with conflicted wishes about dyadic and triadic related-

ness, and how the analyst also had to struggle to maintain open attention—which she associates with triadic relatedness—rather than collude with the patient's pull for the relatedness of the dyadic state.

The patient begins the hour by complaining about her husband and father and how they constantly expect to be taken care of by her. As Athanassiou-Popesco attends to the material, she is struck by the assumption on the patient's part that neither man is capable of caring for himself, and thus that the patient is functioning in a dyadic mother–baby relationship with each. The analyst points out that the patient does all the thinking for both herself and her husband, and that this forestalls the possibility of a relationship in which the two of them are separate and there is a coexistence of two related but autonomous minds. As the analyst makes this interpretation, she notices that her patient is suddenly overcome by sleepiness and begins yawning uncontrollably.

Athanassiou-Popesco sees the patient's response as constituting a retreat from the introduction of a third element (the independent mind of the analyst) into the symbiotic, dyadic field that the patient was unconsciously pressing her to join. In so doing, the author writes, the patient appeals to her to "suppress my capacity to pay attention to her" (p. 24).

Felicitously, this patient was able to tolerate her analyst's introduction of the third into the wished-for symbiotic union and to bear her analyst's refusal to join the retreat. This is evidenced by the next series of associations, in which the patient begins to speak of her dismay about her feeling of being excluded from the relationship between her husband and father. At this point, the analyst writes, she realized that the two of them had broken out of the dyadic and entered a triadic model of relating. The analyst's "exercise of steady attention" (p. 25) had prompted the emergence of a third from the adhesive matrix of dyadic relatedness.

Athanassiou-Popesco likens this moment in the analytic hour to the experience of the observer and the little boy during the observer's final visit. In both instances, the active and open attention in the analyst and the observer allowed for a relatedness that was differentiated rather than fused; this relatedness included the element of the third, a relationship in both participants with their individual minds. Open attention is characterized simultaneously by projection, such that one identifies with the

other, and by receptivity, such that one is able to accept what the other presents.

Athanassiou-Popesco concludes the clinical portion of her article with the example of a patient who is not able to receive the analyst's open attention. Relating portions of an hour with a very disturbed patient, she illustrates the patient's inability to relate to someone who exists outside her own solipsistic mental world. As well, Athanassiou-Popesco shows us how powerfully compelling such a patient can be in getting the analyst to give up his relationship with his mind (a necessity for a triadic relationship with another person) and in effect to "go to sleep" (p. 26). She speaks of her struggle to maintain open attention, to find her way to a stance that is both projective and receptive.

This patient, Athanassiou-Popesco writes, was frozen by her terror of the analyst as a separate person, and compelled to try to force the analyst's attention into her own idiosyncratic framework. As much as she yearned for receptive attention, she was unable to tolerate what she experienced its intrusive aspects.

Thus, while emphasizing the necessity of open attention in our work, and illustrating its transformative effect with an observed child and an analytic patient, Athanassiou-Popesco cautions us about the fragility of the capacity to maintain open attention, as well as the daunting pull to abandon it with our most difficult patients.

Volume 14, Number 3 – December 2011

Observing a Premature Baby: The Case of Eliecer. By Elena Castro, pp. 257-271.

Elena Castro, an Argentine psychoanalyst, gives a moving and intimate account of the first three sessions of an observation of a premature infant and his mother. She writes of the vicissitudes of affect she observed in the baby, Eliecer, and in his mother, Caterina. She also describes the intense emotions she experienced during the course of the observation, which was conducted on a neonatal unit.

Castro conveys the extraordinary challenges that confront this infant and mother: the baby, who has suffered a traumatic interruption of the

natural period of gestation, must contend with pain and with physical and psychic upheaval; his mother, for her part, must negotiate loss of a full-term, normal pregnancy, in addition to fear and anxiety at the risks that still confront her baby. Castro remarks that, typically, the medical literature on "preemies" has focused on the infant's physiological states, as opposed to considering the psychic impact of such an event. She is interested in stimulating the interest of other professionals in the feasibility and value of this form of observation, as she believes that the containing function of an observation may be a source of meaningful support to the mother, the infant, and the pair. At the same time, Castro points out the challenges of observing under these circumstances: the lack of privacy, the extreme precariousness of the baby's state, the tremendous psychological stress on the mother, and the intimidating hospital environment.

The author orients us to the hospital setting, explaining that very premature infants at the hospital where she is observing begin in an Intensive Treatment Unit, where there is almost no opportunity to be exposed to the personal touch, scent, and holding of the mother. The incubator in which the infant is placed, and the feeding tubes to which he is attached, are machines that replicate the physiological intrauterine state. But from a psychological standpoint, they are severely lacking. Even the mother's milk is provided in a necessarily mechanistic fashion: pumped into a gastric tube to which the infant is affixed.

If the infant survives, he is moved to a less intense level of care, the Intermediate Care Unit. Finally, if all goes well, he is relocated to the Premature Unit; here, the mother is free to look after her infant, to nurse and otherwise bond with him until he is released from the hospital.

Eliecer was delivered at twenty-four weeks by emergency Cesarean section. Although he was described as evidencing normal interuterine development up to that point, he remained in the ITV for seven and one-half weeks, with a variety of potentially serious complications. Understanding the precariousness of Eliecer's condition and not wanting to intrude while he was in the Intensive Treatment Unit, Castro began her observation once he was transferred to the Intermediate Care Unit.

Castro writes of her first three observations of Eliecer and his mother, Caterina. She sees nursing (defined in its most inclusive sense

as the total kinesthetic, emotional, and physical experience of the act) as the central psychological experience of early infancy, and is attentive to the fact that Eliecer's early nursing experience was preempted by the fact that he spent his first weeks in an incubator. Mindful of this early disruption, she tracks the baby's slow emergence from a state of sleep and nonsucking detachment to a more engaged relatedness with his mother.

The author describes Caterina's anxiety and tentativeness; when the new mother finally has the chance to nurse her baby, she is daunted by the worry that something "bad" in her milk caused him to regurgitate the first time she nursed him. Castro discusses the helpful intervention of a calm and compassionate midwife, who—when Caterina is unable to persuade Eliecer to suck at the breast—shows her how to entice him to suck at the same moment that milk is being pumped into his stomach, thus teaching him to make an association between sucking and the feeling of growing satiation. Due to his many weeks of artificial feeding, this opportunity for linking—which happens so routinely under more normative circumstances—was otherwise unavailable to Eliecer.

Castro considers the concern about being too intrusive that Caterina feels toward her baby, and shows the parallel process that exists in her as the observer: the concern that the observations will be "too much" for this baby and his mother. She also writes of how disorganizing it was for her to begin this observation after having done many observations of full-term babies in their homes. She is aware of the fears of damaging or harming an infant so utterly helpless, and writes of how deeply moved she was by the thought that Eliecer might not have the strength to avail himself of the comfort of his mother's breast, as well as by the persistence exhibited by his mother.

Castro writes of her reverie in imagining Eliecer's internal state following the terrible upheaval he has endured. She imagines the physical and psychological terror of premature uterine contractions, and then the Cesarean. Utilizing Kleinian concepts to frame her powerful emotional response, she imagines that these overwhelming experiences flooded Eliecer with a powerful death anxiety. She notes that, paradoxically, in the artificial though lifesaving environment of the incubator, Eliecer had to withdraw from the world as the only way to survive the intensity of his pain and suffering.

Castro notes the importance of the attending midwife's attitude in helping Caterina grow in confidence. One must also note that the observer's capacity to contain her own powerful anxiety, and to return to the observation with full awareness of her periods of distress and the depth of her identification with both baby and mother, also contributed to Eliecer and Caterina's progress during their hospital stay. Castro writes of the changes in Eliecer over the period of the observation: his gradual emergence from the hazy sleep state of his first days on the ICU, followed by his active nursing while stretching out his limbs toward the world and responding to his mother's voice. She describes as well Caterina's increasingly emboldened attitude with her baby, her growing confidence, and her developing accuracy in reading his needs.

In her discussion of the observation, Castro theorizes about the transformative process that occurred in this mother–infant pair. She considers the traumatic effect Eliecer's vomiting had on Caterina following her first attempt to nurse him. Castro speculates that the nipple, not yet cathected by the infant, initially felt alien, hard. The repetitive moments of smell, skin, and bodily warmth gradually helped him to feel psychologically as well as physically held, and to begin to create a mental representation of a positive, holding presence, which in turn slowly enabled him to experience her breast positively.

Castro considers the initial "spitting out" of the breast (vomiting) as a manifestation of Meltzer and Harris's *aesthetic conflict,* in which the encounter with the breast's beauty and mystery may have initially felt too overwhelming to absorb.[3] She adds Bion's idea of *forced splitting* to her analysis, explaining that the intensity of the baby's response to the gratifying breast may cause him to stop sucking.[4] To avoid starvation, he resumes nursing, but on the basis of a forced dissociation between physical gratification and psychic gratification. Castro notes that such an early splitting is sometimes reified, and the character structure that emerges avoids feelingful contact with others.

However, in Eliecer's case, the author speculates that this splitting occurred only as a transitory defense, which enabled him to survive while

[3] Meltzer, D. & Harris, M. (1988). *The Apprehension of Beauty: The Role of Aesthetic Conflict in Development, Art, and Violence.* Strath Tay, Scotland: Clunie Press.

[4] Bion, W. R. (1962). *Learning from Experience.* London: Heinemann.

he was adapting to the breast. She conjectures that, as he established the beginnings of an internal good mother, he became increasingly able to tolerate the experience of a persecutory internal mother, which arises in response to frustration. The autistic-like defenses first employed by Eliecer—the tightening of his lips and shutting of his eyes—were replaced surprisingly quickly by a more open receptivity to his mother's breast.

Castro concludes her discussion by speculating that there may be a relationship between the traumatic psychic experience that a premature infant must endure, and the appearance or aggravation of such medical conditions as retinopathology, cholestasis, and enterocolitis with tissue damage, which often develop in premature infants. She wonders whether such conditions may correspond to early psychosomatic defenses brought on by the infant's need to function without organs that are ready for the task, which in turn leads to an intensification of death anxiety. Although she does not address it specifically, Castro suggests that a psychologically containing environment, such as that provided for Eliecer and Caterina by a talented midwife and an observer, may be useful in caring for infants at risk of developing an array of medical complications.