

PATERNAL FUNCTION AND THIRDNESSE IN PSYCHOANALYSIS AND LEGEND: HAS THE FUTURE BEEN FORETOLD?

BY ROSINE JOZEF PERELBERG

This paper examines the Akedah, the biblical narrative of the Binding of Isaac, and suggests that this story may be interpreted as inaugurating paternal function and thirdness. It marks the passage from the narcissistic father to the symbolic, dead father, and the institution of the Law that forbids all killings, opening up the succession of the generations. The author suggests that time is an essential element in establishing thirdness, creating a link between the here and now and the there and then in the après coup of the psychoanalytic process. The author also briefly reviews the psychoanalytic literature on thirdness and indicates this paper's contribution to it.

Keywords: Narcissistic father, dead father, thirdness, *Akedah*, Binding of Isaac, paternal function, temporality, *here and now* and *there and then*, *après coup*, sacrifice, transitional space.

His past no longer projected before him that shadow of
itself which we call our future.

—Marcel Proust (1918, p. 262)

Rosine Jozef Perelberg is a Training and Supervising Analyst and a Fellow of the British Psychoanalytic Society, where she is currently Chair of the Fellowship Programme at the Institute of Psychoanalysis. She is also Visiting Professor in the Psychoanalysis Unit, Research Department of Clinical, Educational, and Health Psychology within the Division of Psychology and Language Sciences (PALS) at University College, London.

A version of this paper was presented as the Birkbeck College and British Psychoanalytic Society Annual Professorial Lecture, at Birkbeck, University of London, in January 2012.

Whether you can observe a thing or not depends on the theory which you use. It is the theory which decides what can be observed.

— Albert Einstein quoted in Salam (1990, p. 99)

INTRODUCTION

In this article, I will examine the *Akedah*, the biblical narrative of the Binding of Isaac, and suggest that this story may be interpreted as inaugurating paternal function and thirdness. If psychoanalytic concepts have helped me to view this biblical episode from a new angle, the narrative in turn sheds new light onto our psychoanalytic concepts of paternal function and thirdness. This story marks the passage from the narcissistic father to the Law of the symbolic, dead father, inaugurating a generational link. It is because Abraham does not kill Isaac that Isaac will be able to have his own children. *It is this open, intergenerational temporality that inaugurates thirdness* as it establishes a link with *another time and another space* that is not the here and now.

Lacan (1966, 2006) was the first psychoanalyst to give conceptual status to the term *dead father*, which had been utilized by Freud (1913), in establishing an equation between the symbolic father and the dead father. Lacan states:

The necessity of [Freud's] reflection led him to tie the appearance of the signifier of the Father, as author of the Law, to death—indeed, to the killing of the Father—thus showing that, if this murder is the fertile moment of the debt by which the subject binds himself for life to the Law, *the symbolic Father*, insofar as he signifies this Law, is truly *the dead Father*. [Lacan 2006, p. 464, italics added]

The narcissistic father is seen as the father before the institution of the Law that forbids all killing. This line of thinking was further developed by Rosolato (1969, 1987) in his distinction between the idealized father and the dead father. Stoloff (2007) traced the progressive development in Freud's work toward delineation of a paternal function, but it was Hassoun (1996) who proposed the conceptual distinction between the *murdered father* and the *dead father* that this paper will explore. The

passage from one to the other inaugurates the paternal function, the law and genealogy. The paternal function is a focus discussed in contemporary French psychoanalytic literature and was the topic of the 73rd *Congrès des Psychanalystes de Langue Française*, which took place in Paris in May 2013. See Delourmel (in press) and Villa (in press); see also Aisenstein (2012).

By contrast, the paternal function has been largely ignored in contemporary British object relations theory, which has tended to focus on the mother–infant relationship. My own thinking alternates between the preoedipal and maternal, on the one hand, emphasizing the notion of a primitive, archaic temporality based on rhythmic, corporeal, and perceptual experiences, linked to phantasies about the mother’s body; and, on the other hand, an understanding of the paternal derived from attempts to comprehend aspects of male sexuality, as well as the borderline and the violent patient.

The movement between these two paradigms can be likened to a pendulum or to “a beating heart, bobbing and tossing” (to quote from the film *From Language to Language* [2004], in reference to a character’s smooth movement between French and Hebrew).

Freud (1913) recounts the mythological tale of the killing of the father; this story is paradigmatic of many universal narratives and marks the foundation of culture and individual history. Here open time and genealogy are inaugurated. It is the narcissistic father who must be murdered so that the dead, symbolic father may be created.

In what follows, I will make use of multiple narratives (Freud’s mythical account of the foundations of culture, a Bible story, and an account from the consulting room) to develop my views on what creates thirdness and the paternal function. They are transformations of the fundamental, mythical story of the murder of the narcissistic father.¹ I will

¹ I am referring here to the *imago* of the narcissistic father who exists before the prohibition of all killings. Freud situates the killing of this narcissistic father as leading to the creation of the Law and genealogy. *Imago* in Freud has been defined as an “unconscious prototypical figure which orientates the subject’s way of apprehending others” (Laplanche and Pontalis 1986, p. 211). For more about the concept of *imago*, see Kohon (2010).

also briefly review the psychoanalytic literature on thirdness and indicate where I position myself in relation to various authors.

TOTEM AND TABOO

In *Totem and Taboo* (1913), Freud described the primal patricide committed by the original horde who killed and devoured their all-powerful, narcissistic father, who possessed all the women and ruled through terror. This murder was followed by remorse and guilt (as the sons both loved and hated their father). Moreover, although the brothers had been able to get together to kill their father, they were now faced with a situation in which each of them wanted all the women for himself. To prevent their own destruction, they instituted the law of incest, forbidding themselves sexual access to their mother and sisters. This prohibition inaugurated exogamy and reciprocity and represents the beginnings of the foundation of society.

The killing of the father brings the realization that the *renunciation of violence* needs to take place if society is to survive through the rule of Law. This principle lies at the origins of the social contract; the unconscious nucleus of all religions becomes the *parental complex*, with an emphasis on ambivalent feelings of love and hate toward the father. Freud stated that this is the beginning of society, culture, and religion. The unconscious nucleus of the main monotheistic religions is constituted by the murder of the father. Freud suggested that if Judaism is the religion of the father, Christianity is the religion of the son-turned-father (see also Stoloff 2009). The three main monotheistic religions are linked by the relationship of filiation and inheritance.

The story of the primal patricide serves as a paradigm for Freud's understanding of the relationship of the individual to himself, the relationship between individuals, and cultural phenomena. In Freud's view, the paternal has a symbolic, legislative function at the basis of humanity's highest achievements. The narrative of the murder of the father underlies many universal stories, from religious narratives to works of literature, and is at the source of much of the suffering of our patients in the consulting room. Freud (e.g., 1928) points to the interplay between pat-

ricide and filicide present in great literature, such as Sophocles's *Oedipus Rex*, Shakespeare's *Hamlet*, and Dostoyevsky's *The Brothers Karamazov*.

However, the paternal function is not a given but must be constructed in the course of the individual's development. This is a continuous process, repeated not only in the fantasy lives of our patients, but also in the historical events that surround us.

Lacan (1966, 2006), Rosolato (1969), Hassoun (1996), and Godelier (1996) established a distinction between the murdered father and the dead father that I have elaborated elsewhere (Perelberg 2009a, 2011). It is the narcissistic father who is killed in *Totem and Taboo* (Freud 1913) before the brothers convert him into the totemic ancestor, instituting the Law of the dead, symbolic father. If the Oedipus story represents the former—the story of the murdered father, and patricide as a universal infantile phantasy—the Oedipus complex represents the latter—the institution of the dead father as the symbolic third.

The shift from the murdered to the dead father is an attempt to regulate desire and institutes the sacrifice of sexuality. From then on, certain categories of kin are excluded from the field of sexual exchange. The constitution of the dead father inaugurates “open” time, as opposed to “circular,” closed time, through the renunciation of violence and by establishing links between generations.

AKEDAT YITZCHAK: THE BINDING OF ISAAC

I will now offer a psychoanalytic interpretation of the *Akedah*, the biblical narrative of the Binding of Isaac. If psychoanalytic concepts have helped me view this biblical episode from a new angle, the narrative in turn sheds new light onto our psychoanalytic concepts of paternal function and thirdness.

The story of the Binding of Isaac has been the subject of voluminous commentaries by Jewish scholars and by world literary figures in general. The Web-based version of Psychoanalytic Electronic Publishing, which comprises all psychoanalytic papers published in major psychoanalytic journals since 1920 as well as some psychoanalytic books, lists sixty-two

titles on the topic. Within this multitude of references, there are obviously many different emphases.²

The main characteristic of the stories of the Torah—the Five Books of Moses—is their open-endedness, in that they raise questions that can be answered in a multiplicity of ways. One could say that this is, in fact, the first postmodern document.

Yael Feldman (2000) suggests that Rembrandt's and Caravaggio's readings of Isaac's near-sacrifice "represent two potential appreciations of human sacrifice" (p. 4), that is, two points of view on the issue of violence. Caravaggio portrayed Isaac's pain and fear, whereas Rembrandt softened and humanized the scene. Feldman suggests that these two versions have been paradigmatic of the ways in which this narrative has been understood across time. Although no human sacrifice took place, Jewish tradition has emphasized Abraham's willingness to sacrifice what was most precious to him.

In her masterful study, Feldman analyzes how the narrative of the Binding of Isaac has informed Hebrew literature over many centuries. The fundamental question is: how and why was Abraham's knife stopped while hovering in midair?

In this paper, I will relate the episode to mainstream psychoanalytic understanding of the inauguration of paternal function and thirdness. This story marks the passage from the narcissistic father to the Law of the symbolic father, inaugurating a generational link that involves at least three generations: God, Abraham, and Isaac. This link enables Isaac to have his own children and contributes to the origin of the *Shlosha Avot*—Abraham, Isaac, and Jacob—the three fathers/patriarchs present in so many prayers and blessings in Judaism. The number three, as I will note, accompanies Abraham on his journey.

Zornberg's (2009) analysis of the *Akedah* draws our attention to the issue of repetition in the story of Abraham and Isaac. Zornberg searches for its roots in Abraham's past. She recalls the story of the fiery furnace

² Among the main texts I have consulted are those by Delaney (1998), Ginzberg (1909), Kierkegaard (1843), Levenson (1993), Spiegel (1993), Stoloff (2007, 2009), Wellisch (1954), Yerushalmi (1991), and Zornberg (2009). Rosolato (1969), in addition, offers a complex interpretation of the inaugural sacrifices of the three main monotheistic religions; he suggests an intrinsic link between the development of monotheism, sacrifice, and the triadic development of generations of men.

into which the child Abraham had been thrown, which appears in several midrashic sources.³ Zornberg suggests that the absence of this back story from the written biblical text indicates that it is an unthinkable, even unbearable narrative, banished from Abraham's memory.

Abraham's narrative points to the future in its connection with the past; it is this opening that inaugurates his history. Here we might recall that the Torah opens, as might be expected, in the past tense. But immediately it adopts a present, continuous tense. Then, in all the chapters of the *Humash* (*Pentateuch*), the writing is in the future tense.

Zornberg also notes that the medieval French rabbi known as Rashi (Shlomo Yitzakhi, who lived from 1040 to 1105⁴) commented on the mysterious death of Abraham's brother, Haran: "Haran died during the lifetime of his father Terach, in the land of his birth, Ur Kasdim" (Genesis 11:28, *Metsudah Chumash/Rashi*, p. 112).

According to Rashi, Terach, the father of Haran and Abraham, both caused Haran's death and was responsible for Abraham's trauma (Zornberg 2009, p. 189): "For Terach complained about his son Abraham to Nimrod for breaking his idols, whereupon he [Nimrod] threw him [Abraham] into a fiery furnace" (*Metsudah Chumash/Rashi*, p. 112). Some sources state that Abraham was in the flames for three days and three nights before emerging unscathed.

When Abraham was saved, Haran was thrown into the fire instead and burnt to death. Thus Abraham's brother was killed by his father, who had originally intended to kill Abraham. Rashi states that "the Midrash Aggadah [however] states [that this means that] his father caused his death" (*Metsudah Chumash/Rashi*, p. 112). Abraham's past is therefore marked by an act of filicide, in which his father almost kills him and actually does kill his brother. This violent act marks the beginning of

³ In the *Midrash*, Jewish scholars interpret biblical stories in a way that goes beyond simple distillation of religious, legal, or moral teachings. These interpretations fill in many of the gaps in the biblical narrative regarding events and personalities that are only hinted at.

⁴ Rashi is famous for his scholarly commentary on the Talmud and Bible. He is viewed as the "Father of all commentators" because he wrote the first comprehensive commentary on the Talmud, which is a central text of mainstream Judaism; it was written in the form of a record of rabbinic discussions pertaining to Jewish law, ethics, philosophy, customs, and history.

Abraham's journey. It is this traumatic event that Zornberg (2009) emphasizes in her text as the *unthought known* (Bollas 1987) of Abraham's past.

Other sources state that the powerful ruler Nimrod had tried to kill Abraham earlier. Just before Abraham's birth, Nimrod had been told by his astrologers that Abraham would put an end to his power, so he ordered the killing of all newborn male babies. However, Abraham's mother escaped into the fields and gave birth secretly in a cave, hiding her baby there (Ginzberg 1909).

Several scholars have pointed out the fractality present in the stories in the Torah. A *fractal* is a complex geometric structure in which each image contains a smaller copy of itself, the sequence appearing to recur infinitely. Each repetition reflects the larger structure. The repetition in these stories of attempted filicide reverberates with the story of the Binding of Isaac, although in this narrative a difference is introduced.

The fractal is also present in the repetition of the number three, as I will explain below. The importance of the notion of a fractal is its connection with Freud's notion of repetition compulsion and *après coup* (Chervet 2009; Perelberg 2009b).

When Abraham was seventy-five years old and still in Charan, God said to him:

Go from your land, from your birth place, and from your father's house, [and go] to the land that I will show you. I will make you into a great nation, I will bless you and make your name great; and you will be a blessing. [Genesis 12:1-2, *Metsudah Chumash/Rashi*, p. 115]

This command to leave his familiar home and travel to a place that he did not know is described by many Jewish commentators as Abraham's *third test*. Rashi states that Abraham will be blessed with children, but only *there*, in Canaan, and not *here* in Charan. I notice, too, that God offers Abraham *three blessings* at this point.

In the narrative of the Binding of Isaac, when Abraham is 137 years old, God tells Abraham: "Please take your son, your only one, who you love—Isaac—and go to the land of Moriah. Sacrifice him as a burnt offering on one of the mountains which I will designate to you" (Genesis 22:1-2, *Metsudah Chumash/Rashi*, pp. 230-231).

Abraham binds Isaac and placed him on the altar, on top of the wood.⁵ Then an angel calls out: “‘Abraham, Abraham!’ And he said: ‘Here I am.’ He [God] said, ‘Do not touch the lad, nor do anything to [harm] him’” (Genesis 22:11-12, *Metsudah Chumash/Rashi*, p. 235). Abraham then discovers a ram in a nearby thicket and sacrifices it on the altar instead.

Among the multitude of commentaries on this biblical passage, the one that I find most striking for the purposes of this paper states that the ram Abraham discovers is a *symbol of what every man must sacrifice in order that his son can be freed*. What is being sacrificed is *the egoistic part of a father’s relationship to his son*. In the terminology of this paper, the narcissistic father gives up his tyrannical and absolute power to kill his children. The moment when the knife stops in midair is the very moment of passage from the narcissistic father to the Law of the symbolic, dead father.

Interestingly, some of the readers of an earlier version of this paper wondered about the identity of the father in my account of the passage from the narcissistic father to the dead, symbolic father: was he Abraham or was he God? Although I had thought that I was explicitly talking about God as the father, on rereading my text, I think that perhaps I also unconsciously had in mind an idea that permeates the psychoanalytic literature from Freud (1928) to Money-Kyrle (1929), Jones (1977), and Rosolato (1969): the sacrifice of the son (or its suspension) takes place instead of the sacrifice of the father.

This theme finds clear expression in the Oedipus myth, which starts with an attempted filicide because of the prediction of patricide. There is a striking similarity between this story and the biblical story of Nimrod, the all-powerful king who ordered the killing of all newborn males because they posed a threat to his reign, as mentioned earlier.

In the biblical story of the Binding of Isaac, God becomes merciful and spares Abraham’s son (although some sources suggest that Abraham may have misunderstood God’s words to start with). This transformation from the initial command to make a sacrifice to later saying *no* to the

⁵ Traditionally, Abraham is seen as the paradigm of *Chesed*, loving kindness; one must bear in mind, however, that in accepting God’s command to sacrifice his son Isaac, Abraham held in his unconscious mind the fact that twice his own father had been willing to kill *him*, as instructed by Nimrod.

sacrifice changes the whole paradigm of the relationship between fathers and sons, opening up a generational link.

Zornberg (2009) and Frosh (2010) have both pointed out that the God who commanded Abraham to sacrifice Isaac is called *Elohim*, the lawgiver and judge; the angel who rescues Isaac comes from YHWH (the tetragramaton), who has merciful attributes. They suggest that in this story “God’s two sides are in a struggle with each other” (Frosh 2010, p. 437; Zornberg 2009, pp. 197, 199).

My own reading of these various texts is that when Abraham’s hand stops in midair, there is a radical departure from the experience of filicide, from the father who is capable of killing his son. It is a repetition, but a repetition with a difference. This moment marks the passage from the rule of the murderous, tyrannical, narcissistic father—God—who has the power of life and death over his son, to the dead, symbolic father, the father of the Law who forbids all killings. Many scholars have asked why God asked Abraham to sacrifice his son; but perhaps more important is the fact that, at the crucial moment, God said *no* to the sacrifice.

According to Rabbi Joseph H. Hertz, who was Chief Rabbi of the British Empire (1913–1946), child sacrifice was actually “rife among the Semitic peoples.” He suggests that “in that age, it was astounding that Abraham’s God should have interposed *to prevent* the sacrifice, not that He should have asked for it” (Hertz 1978, p. 201, italics in original).

The narrative makes sense from the perspective of the whole story, *après coup*. It marks the beginning of a prohibition and the inauguration of a generational link. A ram is sacrificed instead of Isaac.

Reik (1931) suggested that the *shofar* (ram’s horn) blown on Yom Kippur, the Jewish Day of Atonement, is a reminder of that ram and the voice of God. Reik suggests that if the ram is a substitute for Isaac, it is also a substitute for the father in the unconscious; it is a displacement and a repressed, unconscious wish to kill the father. Phallic identification is made with the father, who is then deified via the totemic animal; I suggest that this is an expression of *totem and taboo*.⁶

⁶ Reik followed Freud’s view that all sacrificial myths are disguised expressions of the wish to kill the father. One should also note that, in his clinical cases, Freud suggests that in the animal phobia of childhood the animal stands for the father—e.g., in the cases of Little Hans (1909a), the Rat Man (1909b), and the Wolf Man (1918).

I wonder about the three-day journey that Abraham undertakes with Isaac on God's instructions. It seems to me that this represents an important time and space in which a transformation might have taken place *within Abraham himself*. His journey may symbolize the journey toward an *internal change*, from a narcissistic father configuration—from a father who has murderous wishes toward his son—to that of the dead, symbolic father.

Zornberg (2009) draws on the Zohar comments about God's commandment to Abraham to leave his father's house "in order to transform yourself, create yourself anew." She states: "At its simplest, *lekh lekha* translates: 'Travel—to yourself'" (p. 139, italics in original).

Throughout her text, Zornberg gives a beautiful description of the transformations that take place within Abraham. She makes the connection between God and Abraham in the following passage:

When God calls Abraham—*Lekh lekha*—is this Abraham's own thought? Why then does God speak to him, or is it not his own thought? How can it benefit him? But it is neither exactly his nor not his. It represents his further, next unattainable but attainable self. [Zornberg 2009, p. 168]

There are indications that Abraham struggles within himself ("outwardly, he flourishes; but inwardly, he is troubled by possible interpretations of his life," Zornberg 2009, p. 173). In one of the midrashic sources quoted by Zornberg, Abraham was anxious about whether he had killed an innocent man in battle. Zornberg suggests: "God makes demands that cast Abraham now in the father role. Now he will confront what was locked within him; an original breakdown will be relived with a difference" (2009, p. 197).

I can now retrospectively understand my reference to Abraham himself as the father at that moment in the journey to Mount Moriah, and his (unconscious) murderous wishes toward his son as a potential repetition of his past. I have not been able to find in the Bible itself or in any of the traditional Jewish scholars' work any reference to Abraham's unconscious murderous wishes toward his son; this is only a psychoanalytic interpretation.

The number *three* is repeated throughout Abraham's story: three days in the fire, three blessings that God offers him before his departure, three days of the journey, and three days during which Isaac disappears in the mountains. The emphasis on the number three may indicate the inauguration of the paternal function—the *Shlosha Avot* or the three fathers/patriarchs (Abraham, Isaac, and Jacob). The story of Abraham and his children is itself the third in the book of creation (the first referring to the story of Adam's children and the second to the children of Noah). Furthermore, Abraham's story has three subnarratives: the stories of the three patriarchs.

Does the repetition of the number three indicate the triangular space opened up in the book of Genesis—the foundation of the history of a people and an emphasis on the subsequent sequence of generations—by a sense of past, present, and future? A journey that started *then and there* (*Ur*) is being transformed *here and now*, opening up the future. Indeed, Abraham's first thought following the *Akedah* is that if his son had really been slain, he would have died without children.

Rosolato (1969) suggests that the Binding of Isaac retrospectively binds the various stages of the alliance with God that had already started in the past and now acquire a new significance, retrospectively. The various stages constituted the change of Abram's name into *Abraham*, the circumcision to which Abraham had submitted himself, and God's promise that Abraham and Sara would have a son in spite of their advanced ages (Rosolato 1969). These were the markers of the alliance with God. The Binding of Isaac seals the alliance, inaugurating the succession of the generations.

Lévinas (1969) establishes a link between paternity and time. It is paternity that engenders time: "This future beyond my own being, this dimension constitutive of time, takes on a concrete content in paternity" (p. 70).

THE *AKEDAH* AND THE EGO IDEAL: REFLECTIONS ON THIRDSNESS

Returning to the biblical text, I would like to reflect further on issues of time and space and their connection with thirdsness. To again quote God's words to Abraham:

Go from your land, from your birth place, and from your father's house [and go] to the land that I will show you. I will make you into a great nation, I will bless you and make your name great; and you will be a blessing. [Genesis 12:1-2, *Metsudah Chumash/Rashi*, p. 115]

This passage, Stoloff (2009) suggests, shows that “the Alliance [between God and Abraham] is indissolubly linked to an ideal that can only be achieved somewhere else in the future” (p. 80, translation by R. Perelberg)—that is, *in another space and another time*. This is still unknown for the subject, but it is this opening that inaugurates his history. One does not know where the journey will lead.

Stoloff quotes Lévinas:

To the myth of Ulysses returning from Ithaca, we would like to oppose Abraham's history in which he leaves his birthplace forever, towards an unknown land, and forbids his servant to even bring back his son to the point of departure. [Lévinas quoted in Stoloff 2009, p. 80; see also Lévinas 1982, p. 191, translated by R. Perelberg]

This has echoes with psychoanalysis as *a journey toward the unknown*, which by definition always includes something that is left out, not interpreted—the model being the navel of the dream, “the spot where it reaches down into the unknown” (Freud 1900, p. 525).

There is a strong link between Freud's endeavor and the comments of Lévinas: the opening to the known-unknown, the *unheimlich*, the “stranger that disturbs the one who is at home” (Lévinas 1969, p. 128). The replacement of the unconscious by the id shifts the emphasis from representation to the movement of the drives and to the centrality of the repetition compulsion.

In the analytic process itself, this is expressed in the *transference*, which points to the absence of the original object. The setting attempts to capture all these elements by linking space and time to the invisibility of the analyst sitting behind the couch. Klein's (1952) notions of the total situation in the transference and of the depressive position also refer to the absence of the object.

The *here and now* refers always and paradoxically to *there and then*, in the same way that conscious manifestations contain a trace of the uncon-

scious. We might recall here Winnicott's (1988) view of the analytic process as including a historical dimension that links two moments, the realization of an instant that had been anticipated long before it happened. This is a reference to temporality that I see as an important dimension of thirdness. Thus, the psychoanalytic journey is already taking place in the *après coup* (Perelberg 2006, 2009b); the challenge for patient and analyst is to introduce a difference in the repetition compulsion.

The reference to a journey echoes Winnicott's (1953, 1971) ideas on the transitional object in its connection with time. Winnicott states that the term *transitional object* refers to symbolism *in time*. It describes the infant's journey from the purely subjective to objectivity. Green (1997) suggests that the journey expresses the dynamic quality of the experience, implying a move in space linked with time:

Transitional space is not just "in between"; it is a space where the future subject is *in transit*, a transit in which he takes possession of a created object in the vicinity of a real external one, before he has reached it. [p. 1072, italics in original]

THIRDNESS AND PSYCHOANALYTIC MODELS

The following section may seem to be a digression from my main theme, although I believe it to be crucial in order to clarify my argument about the analytic third with reference to existing psychoanalytic models.

A 2004 issue of *The Psychoanalytic Quarterly* is devoted to the concept of the third in psychoanalysis and includes a range of articles on contemporary approaches to the topic. To my mind, the various views expressed by the authors refer to different levels of conceptual abstraction, ranging from the phenomenological to a higher level of abstraction. The articles by Benjamin and Ogden in that issue are among the most cited of those available through Psychoanalytic Electronic Publishing (PEP-web.org). Why should this be? What is their fundamental attraction?

Perhaps it should not be surprising that a view emphasizing mutuality, reciprocity, and harmony in the psychoanalytic process should be preferred to those that stress a profound dissymmetry, trauma, and—

may I say—violence inherent in the analytic situation. It is inherent because this is the stuff of unconscious phantasies.

Benjamin (2004) suggests that oedipal theory, while privileging law as boundary, prohibition, and separation, frequently misses the element of symmetry or harmony in lawfulness—the origins of the third in the nascent or primordial experience that has been called oneness. Benjamin formulates the concept of the *energetic third*. Her definition of thirdness is anything one holds in mind that creates another point of reference outside the dyad. The third is that to which we surrender the ability to take in the other's point of view or his reality. The only usable third, by definition, is one that is shared.

Benjamin points out that, in many analytic writings, interpretation is seen as the symbolic father with whom the mother/analyst has intercourse. This may lead to privileging the analyst's authority as knower, as well as an overemphasis on the oedipal content of the third. She also notes that Lacan's oedipal view equated the third with the father. At times Benjamin appears to be talking about a literal father, not a structure; this literal interpretation can be seen in the following phrase: "*unless the third person is dyadically connected to the child, he cannot function as a true third*" (2004, p. 12, italics added). It seems to me that her account blurs the distinction between conceptual models and experiential domains.

I will quote from her at length:

This aspect of lawfulness was missed by oedipal theory, which privileges law as boundary, prohibition, and separation, thus frequently missing the element of symmetry or harmony in lawfulness. Such theorizing fails to grasp the origins of the third in the nascent or primordial experience that has been called oneness, union, resonance. We might think of this latter concept as the *energetic third*. Research on mother–infant face-to-face play (Beebe and Lachmann 1994) shows how the adult and the infant align with a third, establishing a co-created rhythm that is not reducible to a model of action-reaction, with one active and the other passive or one leading and the other following. Action-reaction characterizes our experience of complementary twoness, the one-way direction; by contrast, a *shared third* is experienced as a cooperative endeavour. [Benjamin 2004, p. 18, italics in original]

The third is here created through experience. I will return to this idea in a moment.

I am in tune with Benjamin's warnings about the dangers of the analyst putting himself in a position of omnipotence, as *the one who knows*: "In a world without shared thirds, without a space of collaboration and sharing, everything is mine or yours, including the perception of reality. Only one person can eat; only one person can be right" (2004, p. 22).

To my mind, however, the third is by definition outside one's area of ownership. The example of the Rat Man comes to mind, and particularly the moment when he asks Freud to spare him from talking about his distressing memories. Freud responds in the following way:

Here the patient broke off, got up from the sofa, and begged me to spare him the recital of the details. I assured him that I myself had no taste whatever for cruelty, and certainly had no desire to torment him, but that naturally I could not grant him something which was beyond my power. He might just as well ask me to give him the moon. [1909b, p. 166]

I understand Freud's response as indicating that both analyst and patient are subjected to the rules of a setting that does not belong to either of them.

Benjamin holds to a "democratic or egalitarian view of the psychoanalytic process" (2004, p. 34). I think this view leaves aside some core psychoanalytic ideas. The analytic situation bears witness to the upheaval caused in the individual by a renewed confrontation with the enigma of the other (Laplanche 1989, 1997). The original dimension of the relation to the alien in oneself and in the other resurfaces, by definition, in a relation that is necessarily asymmetrical, noncomplementary.

Ogden (2004) also views the analytic enterprise as centrally involving an effort on the part of the analyst to track the dialectical movement of individual subjectivity (of analyst and analysand) and intersubjectivity (the jointly created unconscious life of the analytic pair, the *analytic third*—is it the creation of an experience, in and through unconscious analytic intersubjectivity?) that had not previously existed in the form that it now takes.

The analytic experience occurs at the cusp of past and present, and involves a past that is being created anew (for both analyst and analysand) by means of an experience generated between the two of them (i.e., within the analytic third). For Ogden, the analytic third is also situated in the *experiential realm*, albeit differently than it is for Benjamin; Ogden does not see it as a democratic process.

In the analysis of thirdness implied in the concept of projective identification, Ogden suggests there is a pathological process that can be reappropriated:

In the analytic setting, projective identification involves a type of partial collapse of the dialectical movement of subjectivity and intersubjectivity, resulting in the subjugation (of the individual subjectivities of analyst and analysand) by the analytic third. The analytic process, if successful, involves the reappropriation of the individual subjectivities of analyst and analysand, which have been transformed through their experience of (in) the newly created analytic third (the “subject of projective identification”). [2004, p. 189]

And:

A successful psychoanalytic process involves the superseding of the unconscious third and the reappropriation of the (transformed) subjectivities by the participants as separate (and yet interdependent) individuals. This is achieved through an act of mutual recognition that is often mediated by the analyst’s interpretation of the transference-countertransference and the analysand’s making genuine psychological use of the analyst’s interpretation. [2004, pp. 193-194]

Is Ogden suggesting here that this element of thirdness can be reappropriated through mutual recognition? Interestingly, the approaches of both Benjamin and Ogden seem to emphasize the notion of a co-created third that emerges out of the experience of two.

In his brief history of the notion of the third in philosophy, Hanly (2004) suggests that, from a philosophical perspective, *a third requires an idea*. Otherwise, the functioning of self-awareness is limited to self-experience. The third can be the idea of a thing existing independently of the

experience of it by human observers (Cavell 1998). Such a third, Hanly suggests, is to be found in the writings of philosophers as divergent as Descartes and Locke.

I tend to think about the notion of the third as a theoretical construct that is linked to a structure. This view is syntonic with Althusser's (1968) interpretation of Karl Marx's model of social structure: "Knowledge of a real, empirical object is not connected with an immediate contact with this object, but takes place via the production of a concept of this object, so that it becomes an object of knowledge" (p. 293, translated by R. Perelberg).

Knowledge of an object of knowledge is not achieved by the observation of this object only, but is mediated by the construction of a concept about this object (Canguilhem 1979). Therefore, when we discuss a model of the mind such as Freud's or Klein's, we are referring to a theoretical construct that is irreducible to observations. The *psychoanalytic fact* itself is constructed by the psychoanalyst. The third is part of a structure, and I would say it is itself the condition of such a structure. Unconscious phantasies, primary repression, and primary identification (with both parents, as Freud's statement quoted earlier indicates) suggest that the infant is born into a triangular structure that precedes him, and it is in the context of that structure that he will form his identifications (Perelberg 2009a).

In discussing the articles contained in the 2004 issue of *The Psychoanalytic Quarterly* devoted to the third in psychoanalysis, Hanly (2004) contrasts the approaches of Benjamin, Gerson, Minolli and Tricoli, and Ogden, on the one hand—who may be viewed as sharing an intersubjective approach—with those of Green, Britton, Widlöcher, and Zwiebel, on the other.

Britton (1989, 1999, 2004) conceives of the third in terms of the oedipal link between the parents. He indicates that the patient has difficulty tolerating the third as an observational stance taken by the analyst because theory represents the father in the analyst's mind. The father, with whom the analyst is mentally conversing—actually having intercourse—intrudes on an already shaky mother-child dyad. Indeed, one patient yelled at Britton, "Stop that fucking thinking!" (1989, p. 88).

Sexuality is centrally considered in his model (although perhaps forgotten in so many subsequent quotations from this paper).

Green (2004) proposes the crucial relevance of the third in psychoanalytic theory. It is not the oedipal triangle that is evoked here, but the going beyond the here and now by the always-implied reference to the third dimension (*ailleurs* and *autrefois*), which is always marked by absence, being the present or the past as well as the future. Green (2004) introduces most decisively the element of time. "The three-party relationship is the matrix of the mind" (p. 132), he writes.

Green regards the Oedipus complex as a basic, symbolic structure and suggests that the historical and structural Oedipus is a *model of which we have only approximations*. The full extent of the Oedipus complex, with its dimensions of incest, parricide, and the creation of incestuous children, can only ever be reached in reality in one dimension and never in all its dimensions. The triangle of this structure is open rather than closed; it also includes the mother in that the mother's alpha function expresses the thirdness present in this relationship. It is the mother's paternal function that is included here (Green 2004).

In the French literature, this is expressed in the notion of *la censure de l'amante* (Braunschweig and Fain 1975), the censorship of the mother-as-lover, who is able to separate the mother of the day from the lover of the night (see also Perelberg 2013). Green introduces the theory of Oedipus as a theory of generalized triangulation with a substitutable third in the notion of the *other of the object*, with the intention of making the original triangular scheme more precise and complex. The elements of absence, lack, and loss are included in the model that points to something that is by definition unattainable.

Among the 2004 *Psychoanalytic Quarterly* articles on the third, the contrast between Green and Britton, on the one hand, and Ogden and Benjamin, on the other, evokes in me the difference between the two representations of the sacrifice of Isaac that I indicated at the beginning of this article. To recapitulate, Caravaggio's painting depicts Isaac's pain and fear, whereas Rembrandt humanized the scene, eliminating the element of violence. The notion of sacrifice, and more specifically that of the sacrifice of sexuality, is removed.

What is at stake is the acknowledgment of the role of violence in human interactions, a violence that needs to be repressed, renounced, and sublimated so that culture may flourish. Ogden and Benjamin do not take into account the taboo against sexuality, the violence of one's beginnings, or the centrality of Freud's idea that every individual is by definition excluded from the primal scene. This is the notion of the sacrifice of sexuality that is present at the foundation of psychoanalysis and culture (Perelberg 2009a).

The beginnings of mankind in the psychoanalytic myth are centered around an explicit murder. In ordinary life, this constitutes the background of the repressed unconscious phantasies of violence, absence, lack, and loss, which lie at the foundation of culture, the derivatives of which make their way into our consulting rooms.

A BRIEF CLINICAL VIGNETTE

Mr. Y, a bright, handsome, and successful man, comes to me for a consultation. His eyes are fixed on my face somewhat anxiously, and I feel the pressure to look back at him. At the same time, however, I am permeated by a profound sense of absence in him and in myself that makes it very difficult to listen to the content of his account.

Mr. Y tells me about his family of origin. The mother was promiscuous throughout his childhood, exposing her children to a sequence of men whom Mr. Y often met in restaurants or parks. The father seemed to have known about his wife's lovers but never intervened. He is portrayed as a weak and impotent man, successful in the world outside but with no real presence at home and displaying no real interest in his children.

Mr. Y is the youngest of a large family and has several much-older siblings. He experienced a sense of freedom while growing up; he felt supported in anything he wanted to do. He excelled academically and in sports. He nevertheless experienced his mother as erratic and mad; the children were often frightened of her.

Mr. Y comes to me because of his panic attacks. They have started recently and he does not understand them. He had a nightmare the night before coming to see me:

He looks at himself in the mirror and the eyes that look back at him have no pupils, just the whites. Next to this image there is

a woman dressed in yellow and black that makes him think of a bee—he is allergic to bees, he explains. Next there is something that is like a devil. He wakes up.

I can now make sense of my initial response to Mr. Y and understand that I am the person facing him with my white, empty eyes that cannot see. I now feel awake and attuned to the situation. He is expressing anxiety about what I will see in him and about my thoughts about him. At best, I will be absent; at worst, I will have mad, sexual thoughts about him and sting him with my interpretations.

I also notice that, although he mentioned at the outset that he is married and has three children, he has not told me anything about the children. My first comment to him is this: *that he has not spoken much about his children*. He acknowledges that he cannot think of himself as a father. The children are there, they all live together, he does things with them, but he feels very distant from them.

All this slowly comes together in my mind. The couple he feels anxious about seeing is made up of a mother bee that is harmful, tantalizingly sexual, and mad, and a weak, absent father who cannot look at what is happening. The parents exercise no paternal function. Might one now think that the devil in the dream is a substitute for the father, a representation of Mr. Y's own aggressive feelings toward the father who failed him?

I say to him that, although he has come to me for help, he is afraid that he will feel trapped if I am able to see or think properly about what he has been telling me. In response, he suddenly remembers that he had dreamt at some point this week that he was stuck in a mad elevator that kept going in all directions, and he could not get out of it.

This was an association to what I had just said to him. Mr. Y understood my interpretation pointing out that he was in a bind: although he needed help, he was also afraid of feeling trapped in the mind of the mad, sexually enticing analyst. He could not become a father because this would mean submission to a castrating/sexually unbounded mother/analyst; this left him feeling that he had no alternative. Later in the consultation, Mr. Y let me know he had struggled with periods of feeling sexually impotent.

My understanding of this patient's predicament takes into account many layers. The here and now has reverberations with many other temporalities in his life that come together, *après coup*, in my experience in the countertransference and in my understanding of the unconscious language of his dreams.

I present this initial consultation to demonstrate the crucial importance of the paternal function for an understanding of Mr. Y's predicament. Other traditional and relevant concepts include castration anxiety, the Oedipus complex (with its fluidity between masculine and feminine identifications), a fear of women (Winnicott 1950; see also Abram 1996), and the core complex (Glasser 1985). Mr. Y presented an anxiety linked to the experience of being a prisoner in his mother's mind/elevator/lack of mirroring, and this left him unable to make use of his many resources.

Anxiety appears at the moment of the return of the repressed (Freud 1919). It is linked to a repetition. Modern theoretical additions to my understanding include my experience in the countertransference that links the there and then with the here and now *après coup*, creating an element of thirdness. The material in the session that led to the formulation of my interpretation is heterogeneous, derived from different times and spaces and understood from the perspective of *après coup*.

When the analyst formulates an interpretation—of whatever kind—she is *inaugurating* something for the patient, independently of the content of the interpretation. In this process, the analyst is by definition creating the paternal function (Perelberg 1995, 1999; see also Green 2008).

FROM FREUD'S *UNHEIMLICH* TO HOFFMANN'S SANDMAN

Freud discussed *unheimlich* in relation to the maternal body:

Whenever a man dreams of a place or a country and says to himself, whilst he is still dreaming: "this place is familiar to me, I've been here before," one may interpret the place as being his mother's genitals or her body. In this case too, then, the *un-*

heimlich is what was once *heimisch*, familiar; the prefix “*un*” is the token of repression. [Freud 1919, p. 245]

I would like to point out, in addition, that Freud’s exploration of the uncanny—“the perpetual recurrence of the same thing” (Freud 1919, p. 234; Freud 1920, p. 22)—is centered on the story of the Sandman (Hoffmann 1817). In the first part of this short story, the main character, Nathaniel, recalls his childhood terror of the Sandman, who was said to steal the eyes of children who would not go to bed and feed them to his own children who lived on the moon. Nathaniel came to believe that the Sandman was his father’s mysterious nightly visitor, Coppelius, who came to conduct alchemical experiments.

One night, Nathaniel hides in his father’s room to see the Sandman. Coppelius arrives and Nathaniel sees him taking things out of the fire and hammering them into facelike shapes without eyes. When Nathaniel screams, Coppelius sees Nathaniel and flings him to the hearth. A year later, another night of experiments causes Nathaniel’s father’s death in the presence of Coppelius, who then vanishes without a trace. Nathaniel swears he will have revenge.

In this story, the Sandman is a representation of the main character Nathaniel’s *aggressive feelings and phantasies toward his father*. These lie at the basis of the superego, which is derived from one’s own aggressiveness toward authority (Freud 1930), now reproduced in the relationship between ego and superego (Freud 1930). Both the paternal and the maternal are depicted in Freud’s analysis. The “perpetual recurrence of the same thing” is the stuff of any analysis.

Here there is a marked contrast between Nathaniel’s view of the “day” father, who is described as “mild and honest,” and his image of the “night” father, his features distorted into a repulsive and diabolical mask by some horrible convulsive pain (Hoffmann 1817, p. 91). The father at night can be understood as the sexual/diabolical father who then becomes like Coppelius—the counterpart of the *mother of night* of Braunschweig and Fain (1975). The concept of the *censorship of the mother as lover* (the mother of night) reinforces the impossibility of direct access to the maternal without the intervention of the Law of the father. The

demonic powers attributed to the Sandman/Coppelius/the night father are derived from the repetition compulsion.⁷

CONCLUSION

In this paper, I have taken a narrative from *Totem and Taboo* (Freud 1913) and suggested that the phantasy of killing the father is paradigmatic of many universal narratives. It is also a “requirement” for the foundation of culture and for each individual history; it inaugurates thirdness, open time, and genealogy. It is the narcissistic father who must be murdered so that the dead father may be created.

I have made use of multiple narratives in order to develop my views on what creates thirdness and the paternal function, views that include transformations of the fundamental, mythical story of the murder of the father and its relationship to the murder of the son. When God says *no* to the sacrifice of Isaac, he is inaugurating the social contract that will hold society together; he becomes the symbolic father who forbids all killings. *This moment represents the passage from the narcissistic father to the dead, symbolic father* and is an attempt to regulate the father-son relationship by creating a link among three generations: God, Abraham, and Isaac. This will enable Isaac to have his own children and lies at the origin of the *Shlosha Avot*, the three fathers/patriarchs of Judaism: Abraham, Isaac, and Jacob.

The sacrificial myth marks the beginnings of time and also of history. *It is this open temporality that inaugurates thirdness*, as it establishes, in the *après coup*, a link with *another time and another space* that is not the here and now and that opens to the very notion of a future.

I have pointed out the tension in my own text about the identity of the narcissistic father I am referring to: God or Abraham? Some of the literature indicates that a transformation takes place in Abraham himself. In his unconscious mind, he registered that twice his father had tried to kill him, or at best had been unable to protect him. At Mount Moriah, a transformation takes place in that God forbids the killing, and Abraham himself is able to stop the knife in midair. This marks the inau-

⁷ For additional interpretations of this text, see, e.g., Cixous (1976) and Todd (1986).

guration of the prohibition against filicide (and against patricide, if one follows traditional psychoanalytic interpretations that equate the two).

The third dimension I have pointed to is marked by absence. The God of the *Akedah* is invisible. It has been suggested that the angel who comes to speak to Abraham could be a representation of the feminine: the mother, but also the feminine in God. *It is the paternal function of the mother that can be seen here*; in this narrative, she has a function in the passage from the narcissistic father to the symbolic father, separating the child from the father.

I have considered the biblical story of the sacrifice of Isaac in order to portray a structure in which several ingredients are present: the passage from the narcissistic father to the Law of the dead, symbolic father, who from then on forbids all sacrifices. Two dimensions of time are also present in the narrative—the *here and now* in its connections with the *there and then*—which in their articulation, *après coup*, point to the inauguration of a genealogy and to the future. This *après coup* marks the passage from a dyadic to a triadic structure.

In discussing briefly some key texts in the existing psychoanalytic literature on thirdness, I have contrasted those authors who privilege the experiential, phenomenological domain with those who seem to be providing a more abstract model. I have indicated my understanding of thirdness as a theoretical construct, linked to a structure that includes time and space, as well as the dead father—by definition not there and invisible—and a genealogical link.

In the clinical example offered, I suggested that Mr. Y's panic attacks represented his enclosure in a space: in the mother's mind and in the parents' primal scene, stimulated by the mother's promiscuity. The mother is engulfing, incestuous, and sexual. The paternal function must include the mother's capacity for reverie and for the separation between her sexuality as a lover, on the one hand, and her care of her child, on the other.

The fact that the third is not necessarily the father is conveyed by the title of Lacan's (2005) famous lecture "*Des noms du père*," in the plural. *There are multiple third dimensions that cannot be reduced to the empirical presence of the "father."* The oedipal structure constitutes an open triangle in which the third may be substitutable (Green 1992).

For Mr. Y, the gaze of the other becomes a potential source of imprisonment and persecution (which I think is also present in the story of the Sandman). This was expressed in the sequence of the consultation I described: in the anxiety about being seen that I sensed in the patient at the beginning, followed by the sequence of the two dreams—first of not being seen and then of feeling imprisoned in the elevator. This imprisonment did not allow Mr. Y to access his own temporality or history; it blocked the way toward his experiencing himself as a father and opening himself to the chain of generations, in the way Abraham was able to do.

It is crucial here to remember that Mr. Y had three children and yet he did not feel like a father. This is an expression of the discontinuity between external reality and psychic reality, a distinction that forms part of the basis of Freud's revolutionary discovery of psychoanalysis.

The *dead father complex* is an inherent requirement of any analysis. It is present in the construction of the setting, which requires the invisibility and silence of the analyst, as well as the abstinence (sacrifice) of both analyst and patient. The physical setting establishes a link with the past not only of the patient, but also with the theories that are part of the analyst's repertoire and of his internal setting. The symbolic dead father finds its final expression at the termination of an analysis, when both analyst and patient must renounce the desire for their relationship so that the symbolic chain of generations can be perpetuated.

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35 Hodford Road
London NW11 8NL
United Kingdom

e-mail: rperelberg@perelberg.com

NEUTRALITY IN THE FIELD: ALPHA-FUNCTION AND THE DREAMING DYAD IN PSYCHOANALYTIC PROCESS

BY HENRY P. SCHWARTZ

Analysts have interpreted the concept of neutrality in a variety of ways, beginning with Strachey's use of that word to translate Freud's (1915) term, Indifferenz. In this paper, neutrality is linked to Freud's notions of free association and evenly suspended attention. A history of psychoanalytic attempts to clarify the concept are presented, with special attention to issues of ambiguity and the patient's role in the determination of neutrality. Neutrality is further elaborated in relation to the bipersonal field as described by the Barangers and contemporary field theorists. Understood in terms of the field, neutrality becomes a transpersonal concept, here conceived in terms of alpha-function and a dreaming dyad. Two clinical examples cast in the light of a Bionian perspective are discussed to suggest an alternative understanding of analytic impasses and their relation to alpha-function and neutrality.

Keywords: Neutrality, free association, evenly suspended attention, bipersonal field, process, alpha-function, dreaming, transpersonal, ambiguity.

The great modification brought about by awakening is not so much our entry into the clear life of consciousness as the loss of all memory of the slightly more subdued light in which our mind had been resting, as in

Henry P. Schwartz is on the faculty at the Columbia Center for Psychoanalytic Training and Research, New York, and a Clinical Assistant Professor of Psychiatry at the New York University Langone Medical Center.

the opaline depths of the sea. The half-veiled thoughts on which we were still drifting a moment ago involved us in quite enough motion for us to refer to them as wakefulness. But then, our awakenings themselves involve an interruption of memory. A short time later, we describe what preceded them as sleep because we no longer remember it.

—Proust (1913, pp. 331-332)

INTRODUCTION

What do we mean when we talk about neutrality? To ask “how neutral was that comment?” leads us to consider how free from bias, indoctrination, persuasion, and personal influence the analyst was. Here neutrality is being viewed narrowly, as a specific quality of the analyst’s interventions at particular moments of the treatment. In that vein, neutrality has always been closely associated with Freud’s other two specific constituents of technique: abstinence and anonymity.

To grasp neutrality in a wider sense, it is also important to recognize the link to what Freud called *evenly suspended attention*. In doing so, we emphasize neutrality’s complementary relationship to the patient’s free association, and its meaning broadens to more clearly include the analyst’s continuous mental stance or subjective position. It becomes the basic stance for facilitating unconscious communication between analyst and patient. Anna Freud’s structural view of neutrality led her to use the word *equidistance*. This has become the most widely agreed-upon and enduring understanding we have of the concept, and yet the term has remained hard to pin down.

After all, how exactly do we find the center of gravity between the mental structures? These difficulties are complicated further by the compelling intersubjective critique of neutrality. When we assert the impossibility that the analyst can ever escape his/her subjectivity, the effort to find a neutral position can appear somewhat delusional and potentially counterproductive: what may appear neutral to the analyst is unlikely to appear neutral to anyone else.

In spite of all this, most analysts are loath to give up on the concept. It is time to bring this essential concept into greater compatibility with contemporary analytic theory and practice.

In discussing the ongoing value of this concept to psychoanalysis, I will suggest two modifications. First, that we shift our understanding of neutrality from a technical action employed by one member of the dyad to a state established by and between analyst *and* analysand. Neutrality concerns the state of the analytic process, and process relies on both actors. Second, that dreaming provides the appropriate model for neutrality; in seeking a neutral position, we can think of the dream state as a paradigm for that fragile mental condition we seek for conducting analysis.

When we relate neutrality to both the analyst's and the analysand's free-associative attitude and evenly suspended attention, the exercise of neutrality is loosened from an ego-based effort and brought into closer proximity to the unconscious, Bion's concept of alpha-function, and dreaming. We might say that neutrality refers to the presence of a combined dream by analyst and patient, the dream of the dyad, within an unfolding process of multilevel communication.

This reconsideration of neutrality from a practice performed by one member of the analytic dyad to a quality that is emergent between them expresses what the Barangers (1961–1962, 2008) called the *dynamic bipersonal field*. Neutrality is what we recognize as the character of the process when both participants are able to think *and* dream together, to function at a rational level while also being capable of responding to more transpersonal and unconscious elements.

My usage of *dreaming* is consistent with that of Bion (1962), Ogden (2004), Ferro (2002), and Brown (2007). According to Bion, night dreams are a means by which to process and transform events of the day. Rigid perceptions of "reality" are given depth and meaning through their integration into dream fantasy. This dream processing occurs at a more subtle level during waking hours as well, mostly unconsciously, and is intimately bound up with those who surround us.

By reorienting our understanding of the dream from matters of consciousness to those of mental operations, Bion (as well as Proust, as evidenced by this paper's epigraph) enriches our awareness of ourselves. Such dreaming occurs in analysis by both members of the dyad. The analyst hopes to capture glimpses of those dreams to gain access to the complexity of the patient and insight into him-/herself. The patient ex-

presses those dreams continuously, providing access to self and analyst. The dreaming dyad is the mutual engagement of the analytic couple in that process—their immersion in those waking dreams that contain transpersonal fantasies.

Throughout this paper, I use both *evenly suspended attention* and *free association* to characterize the analyst's subjective position. The difference between these terms emphasizes the asymmetry of the analyst's role as primarily a listener and the patient's as primarily a speaker, but the frame of mind that underlies both conditions is equivalent. In order to maintain evenly suspended attention, the analyst must be able to freely associate to him-/herself; and to engage in free association, the patient must be in a state of evenly suspended attention. This underlines what Freud (1912) made clear: that each is the "counterpart" (p. 112) of the other.

HISTORY OF THE CONCEPT

Among the various curiosities concerning the psychoanalytic concept of neutrality are its origins. It constitutes one of the fundamental principles of psychoanalytic technique, and Freud is credited with its coinage—but in fact, it is not a word that Freud ever used regarding technique. Freud's choice of word was *Indifferenz*, meaning *indifference*, and it was Strachey who came up with this liberal translation.

Freud discussed the concept under that specific label on only one occasion (1915). To get a better sense of what he meant, we must refer to other essays in which he alludes to the idea. Anna Freud never used the word either. Her term, *equidistance*, was meant to describe the analyst's position with respect to the psychic agencies. Although neutrality was always recognized as an important concept, no paper was ever devoted exclusively to it until de la Torre (1977) published one, and its legitimacy began to come under attack. The next twenty years saw an outpouring of papers on the topic, along with a number of panels at national meetings, while more recently interest has waned somewhat.

As others have observed (Laplanche and Pontalis 1973; Makari 1997), neutrality has its origins in Freud's distinguishing psychoanalysis from suggestive therapies, and is hinted at in *Studies on Hysteria*. In 1912, he first lays out the idea.

I cannot advise my colleagues too urgently to model themselves during psycho-analytic treatment on the surgeon, who puts aside all his feelings, even his human sympathy, and concentrates his mental forces on the single aim of performing the operation as skillfully as possible. [p. 115]

Here *therapeutic* and *educative ambition* constitute threats to the analyst's proper functioning. In 1913, this position is modified somewhat (p. 140):

It is certainly possible to forfeit this first success if from the start one takes up any standpoint other than sympathetic understanding, such as a moralizing one, or if one behaves like a representative or advocate of some contending party. [p. 140]

Freud's caution against becoming a partisan for one's own opinions to the analysand is further stressed in 1919:

We refused most emphatically to turn a patient who puts himself into our hands in search of help into our private property, to decide his fate for him, to force our own ideals upon him, and with the pride of a Creator to form him in our own image and see that it is good. [p. 164]

In the midst of these papers on technique, Freud introduces the word *Indifferenz* (1915):

The experiment of letting oneself go a little way in tender feelings for the patient is not altogether without danger. Our control over ourselves is not so complete that we may not suddenly one day go further than we had intended. In my opinion, therefore, we ought not to give up the neutrality [*Indifferenz*] towards the patient, which we have acquired through keeping the counter-transference in check. [p. 164]

The debate Freud is having with himself is clear enough: on one hand is the need for sympathetic understanding; on the other, it is necessary to beware of one's impulses and the influential position occupied by the analyst.

There are additional sources from Freud that can help us here. Long before he used *Indifferenz* to talk about neutrality, he used the word in his *Jokes* book (1905), as follows.

Some degree of benevolence or a kind of neutrality [*Indifferenz*], an absence of any factor that could provoke feelings opposed to the purpose of the joke, is an indispensable condition if the third person is to collaborate in the completion of the process of making the joke. [p. 145]

Here the word *benevolence* serves as an approximate synonym for *Indifferenz* in expressing the necessary position of receptiveness in the person to whom the joke is being told,¹ where the speaker need not worry that his attempt at a joke will fall on critical ears.

Benevolent neutrality went on to become a common way of referring to neutrality for the next fifty years. Even before 1905, Freud was in similar territory in *The Interpretation of Dreams* (1900), when he discusses the difficulties encountered in suspending “the critical function” to allow for the emergence of ideas “of their own free will” (p. 102). He wrote, “poetic creation must demand an exactly similar attitude”; he quoted Schiller in writing to a friend about the friend’s nonproductivity:

The ground for your complaint seems to me to lie in the constraint imposed by your reason upon your imagination. I will make my idea more concrete by a simile. It seems a bad thing and detrimental to the creative work of the mind if Reason makes too close an examination of the ideas as they come pouring in—at the very gateway, as it were. Looked at in isolation, a thought may seem very trivial or very fantastic; but it may be made important by another thought that comes after it, and, in conjunction with other thoughts that may seem equally absurd, it may turn out to form a most effective link. Reason cannot form any opinion upon all this unless it retains the thought long enough to look at it in connection with the others. On the other hand, where there is a creative mind, Reason—so it seems to me—relaxes its watch upon the gates, and the ideas rush in pell-mell, and only then does it look them through and examine them in a mass. [pp. 102-103]

I include below another long quotation from Freud (1912) to provide what I believe is his clearest exposition of neutrality, but which he

¹ The implied second person is the object of the joke—i.e., the person the joke is told about.

presents as advice on how to manage the vast amounts of information every analyst must remember:

The technique, however, is a very simple one. As we shall see, it rejects the use of any special expedient (even that of taking notes). It consists simply in not directing one's notice to anything in particular and in maintaining the same "evenly-suspended attention" (as I have called it) in the face of all that one hears In making the selection [from giving deliberate attention], if he follows his expectations he is in danger of never finding anything but what he already knows; and if he follows his inclinations he will certainly falsify what he may perceive. It must not be forgotten that the things one hears are for the most part things whose meaning is only recognized later on. It will be seen that the rule of giving equal notice to everything is the necessary counterpart to the demand made on the patient that he should communicate everything that occurs to him without criticism or selection. If the doctor behaves otherwise, he is throwing away most of the advantage which results from the patient's obeying the "fundamental rule of psychoanalysis." The rule for the doctor may be expressed: "He should withhold all conscious influences from his capacity to attend, and give himself over completely to his 'unconscious memory.'" Or, to put it purely in terms of technique: "He should simply listen, and not bother about whether he is keeping anything in mind." [pp. 111-112]

These last passages from Freud are not generally used to describe his view of neutrality, yet I believe they are quite central. Their value lies in establishing links between neutrality and the realms of creativity, free association, and acceptance of the other (e.g., to a joke), along with the suspension of the rational, reasoning, and critical parts of the mind. All written in Freud's prestructural period, they aim to loosen the analyst's attachment to consciousness and promote unconscious communication.

From Freud's writings until 1977, there were occasional discussions of neutrality in the psychoanalytic literature, though no writers chose to focus on it as a primary topic in its own right. Instead, neutrality was raised in relation to other topics in attempts to clarify its definition. Thus, Glover, in his first series of works on technique, by way of giving

a provisional endorsement to Ferenczi's active technique, indicated that neutrality cannot be maintained at all times. He said that the analyst "abandons his attitude of neutrality and makes certain more or less binding suggestions to his patient, or in other words, plays the part of the parent or super-ego" (Glover 1928, p. 186).

Even Anna Freud (1936), when she provided the most abiding definition we have of neutrality, did so only *en passant*, identifying it as one factor in the structural approach to treatment:

It is the task of the analyst to bring into consciousness that which is unconscious, no matter to which psychic institution it belongs. He directs his attention equally and objectively to the unconscious elements in all three institutions. To put it another way, when he sets about the work of enlightenment, he takes his stand at a point equidistant from the id, the ego, and the superego. [p. 28]

While paying attention to the topographic issues, it was the structural focus she emphasized. It is also notable that, while her father's focus was on what is occurring within the analyst, Anna's was on what is occurring in the patient—that is, how each agency is manifested.

Loewald (1960) began his seminal therapeutic action paper with an extended discussion of neutrality. The possibility for the analyst to serve as a new object, and so as a source for structural change, depends on a neutral setting. But Loewald's neutrality was something new. He repeatedly associated the word with a nonscientific *objectivity*. This is the objectivity of the loving parent who is able to recognize the child for who s/he is, while also projecting into the future an idea of who the child will become—an objectivity that entails being available as an object.

One important component of this process is the analyst's capacity to regress, to meet the patient where s/he is. Neutrality is thus tied to regression and identification on the part of *both* participants of the analytic dyad. Only because the analyst is neutral can s/he be used as a new object. The "essence" of this neutrality is "love and respect for the individual and for individual development" (Loewald 1960, p. 20).

Activity versus passivity and countertransference became the source of many discussions on neutrality in the 1960s. Writing in 1968, Schafer

described two sides to neutrality. He first associated it with an active process of *neutralization*: that is, “actively understanding and regulating his [the analyst’s] own suffering and flight from suffering, and his actively making analytic capital out of his passive experiences in the psychoanalytic process” (p. 193). He then added another side “in the nature of an attitude. As an attitude, neutrality is founded on those past and present neutralization processes which depend upon a capacity for delay . . . [and] is distinguished by its quality of not taking sides” (p. 194).

Schafer went on to include neutrality as “one of the key terms” of the analytic attitude (1979; 1983, p. 167). He added *intrasystemic* equidistance to Anna Freud’s *intersystemic* version, and also defined it in relation to resistance, saying, “the analyst does not unilaterally try to make anything happen” (1983, p. 167). Schafer accepted “total repudiation of any adversarial conception of the analytic relationship” (p. 168).

Thus both Loewald and Schafer see neutrality as something greater than a specific aspect of technique. Neutrality becomes the prevailing atmosphere of the treatment, necessary for the development of the process.

Throughout Kernberg’s work, neutrality remains one of the hallmarks of the analytic approach. Agreeing with Gill that neutrality “does not mean mechanical rigidity of behavior with suppression of any spontaneous responses” (Kernberg 1968, p. 602), he sees neutrality as involving objectivity, “authentic concern,” and a “relative” freedom from theoretical bias in one’s interventions. It provides benefits for both the analyst, in his ability to work and think, and for the patient, protecting his “autonomy and independence” (1976, p. 822).

Gray (1973) brings in a new element in considering neutrality as equidistance. He recommends including not just the judgment of the analyst or some outside observer to determine neutrality’s presence or absence, but recruiting that of the analysand as well. Gray believes the analysand’s experience of the analyst’s neutrality is contingent on the degree to which the analyst’s focus is directed inside or outside the analysis. The more that life in the analysis becomes the focus, the greater will be the analysand’s sense of neutrality.

The emergence of the intersubjective critique of neutrality brought a dramatic rise in interest in the topic in the 1980s and ’90s. The form

of this critique, perhaps most forcefully presented by Hoffman (1991) and Renik (1996), is now well known: because the analyst cannot be fully aware of his/her own countertransference, because s/he is *always* a prisoner of his/her own subjectivity, it is impossible to establish an objectively neutral position—even briefly. Nor, from this perspective, should neutrality be an ideal to aim for, since—as some have argued—it can be important for the analyst to express his/her opinion and take sides in conflict.

The idea of discarding the concept did not catch on among most nonrelational analysts, and many rose to defend it in a number of panel discussions (Makari 1997; Wolf and Leider 1984) and in publications on neutrality (Chused 1982; Franklin 1990; Greenberg 1986a, 1986b; Hoffer 1985; Issacharoff 1988; Leider 1983; Levy and Inderbitzin 1992; Meissner 1998; Poland 1984; Shapiro 1984; Wolf 1983).

It is beyond the scope of this paper to survey all these papers, but I do note that a number of themes recur throughout. These recurrent themes show that, even when discussing similar aspects of neutrality, divergences in the meaning of the term can persist. All these writers recognize the analyst's interest in supporting the autonomy and independence of the analysand, free from the biases of the analyst. Most see empathy as closely tied to neutrality through its focus on the analysand's emotional center above the perspective of the analyst and his theory.

Also widely discussed is the double-sided nature of neutrality, i.e., a listening or sensory side along with a therapeutic or interpretive side. Some writers discuss this in terms of appearance and power.

The idea of multiplicity, too, carries across these papers, in the sense that neutrality involves the analyst's acceptance of the multidetermination of mental processes, even when those determinants conflict with each other. The analyst's subjectivity and inevitable biases come up in all, but there is a range of ideas on what that means in the context of remaining neutral. These areas of agreement cover ideas of anonymity, abstinence, attitude, and decentering—modes of mentation and action by the analyst toward the analysand. In other words, neutrality begins in the analyst and is conveyed in a range of ways toward the analysand.

Among the differences that come up, I would like to highlight one particular contrast that finds its paradigm in what Franklin (1990) calls

essential neutrality and what Levy and Inderbitzin (1992) refer to as *synthetic activities*. By *essential neutrality*, Franklin means the open-ended aspects of self-inquiry required of both patient and analyst. In analysis, understanding is always subject to further revision as new layers of meaning are uncovered, and this means there is a basic, *essential* way in which neutrality operates within analysis. Ambiguity is a property of the psychoanalytic subject, i.e., the unconscious, as well as a principle of the process; it drives the treatment through the uncertainty that fantasy imposes on every act.

With the term *synthetic activities*, Levy and Inderbitzin move in the opposite direction. They argue that, in making interpretations, the analyst must not be literally equidistant, but should position him-/herself closer to the ego in order to promote synthesis of the analytic work. For these authors, neutrality includes the analyst's winnowing down of multidetermination to particular determination of the "primary or preponderant components in human intentionality" (1992, p. 998).

For Franklin, there is clearly no objective position the analyst can assume, and neutrality (at least one component of it) is based in an attitude toward ambiguity. For Levy and Inderbitzin, an objective position is achievable as the analysis progresses and as "equidistance" migrates toward the synthetic ego. We might say that Franklin has expanded on Loewald's (1960, 1975) outlook on the need for regression and identification, while Levy and Inderbitzin have done the same with one aspect of his sense of parental objectivity.

Another important contribution during this period came from Greenberg in a pair of papers (1986a, 1986b). Taking exception to those who aimed to eliminate neutrality, he sought to redefine it to bring it more in line with relational theory. He stated that neutrality is not about a type of behavior; instead, it is "a way of talking about a particular therapeutic form . . . a way of understanding the *goal* of the analyst's behavior" (1986a, p. 79, italics added), and "it is the ideal atmosphere within the context of a particular understanding of the analytic process, one in which self-knowledge is the goal" (p. 81).

Maintaining the importance of not imposing the analyst's values or countertransference on the patient, Greenberg objects to the way in which neutrality is often manifested in inactivity and non-expressiveness.

The analyst's equidistance is determined by the *patient's* history of relationships and his/her experience of safety. As an object of safety, the analyst is a new object who differs from the figures of the past. Yet the analyst must also be available as an old object to serve as an adequate transference figure. The latter is achieved through his/her relative silence where s/he can provide a projective surface, while the former is achieved through his/her personal expression. Between them they should provide an "optimal tension": "Neutrality is thus not to be measured by the analyst's behaviors at any moment, but by the particular patient's ability to become aware of and to tolerate his transference" (Greenberg 1986b, p. 97).

Thus Greenberg updates Loewald's formulation into relational terms. This is also an expansion of Gray's (1973) idea that the patient, not just the analyst, establishes the presence of neutrality. Still, for both Gray and Greenberg, the patient's role remains passive: s/he merely reacts to whether or not the analyst is neutral.

More recently, Apfelbaum (2005) has approached the issue from a different angle, offering a critique of interpretive neutrality in both relational and classical practice. He describes in some detail how they both rely on a prestructural model of interpretation. This refers to interpretations that view defense as an obstacle to be overcome in order to reveal unconscious contents. Such interpretations must ultimately involve taking sides, which would preclude any neutrality of equidistance.

Structurally based interpretations, on the other hand, according to Apfelbaum, are directed at understanding relations between competing psychic agencies and need not expose repressed, ego-dystonic contents. These are interpretations that aim to show how one defense is used against another, rather than taking sides between them. As the complex of defenses becomes understood, unconscious contents emerge for the patient in more tolerable ways. Apfelbaum points out that, in structural interpretations, it is necessary "for the *patient* to have become sufficiently neutral to be able to observe and directly experience this rotation" (p. 919, italics added)—i.e., the rotation of substituting one defense for another.

In closing this survey of the literature, I would like to highlight the evolution of the role of the analyst over time. There has been a

gradual change from understanding neutrality as solely determined by the analyst (S. Freud, A. Freud, Glover, Schafer, Kernberg), to including the passive experience of the analysand in its determination (Loewald, Gray, Greenberg), to the (undeveloped) suggestion that the analysand, too, must actively be neutral to benefit from interpretation (Apfelbaum). I will further explore this last idea in what follows.

THE NEUTRAL DYAD AND THE BIPERSONAL FIELD

Greenberg (1986a) gets at something important when he states that neutrality is not a behavioral entity. As he says, it has more to do with the atmosphere of an analysis at a particular point in time, a quality of the process. The factors that promote self-knowledge are what express neutrality. For Greenberg, that means primarily the analyst's ability to serve as both new and old object for the patient.

It may sound like stating the obvious to add that this ability is contingent on the patient's ability to use the analyst in those ways, but without this mention, it remains too easy to see neutrality from only one side. When the process is working,² i.e., when patient and analyst are open to hearing what comes from inner and outer worlds, from past and present, from rational and irrational, when each can regress and identify with the other, *then* the conditions are neutral. If these factors are met by only one member of the dyad, neutrality and the process have broken down.

It is the Barangers (1961–1962, 2008) who come closest to this sense in their presentation of the bipersonal field, and so it is to them that I will now turn.

Willy and Madeleine Baranger began writing on their notion of the *dynamic bipersonal field* in the late 1950s. Through their ideas, analytic process became reconfigured from an exchange between two separate subjectivities to a unity of interacting elements. Each individual makes up part of the world of a given analysis, each remaining continuously an element of that world. The Barangers drew on ideas from Klein, Gestalt

² Because *process* is a term that meets with many of the same difficulties as *neutrality* (Smith 2002; Vaughan et al. 1997), and has no widely agreed-upon definition, I will use my own working definition as stated here.

psychology, and Merleau-Ponty to develop their theory. From Klein, they took projective identification as a bidirectional source of communication between analyst and analysand; from Gestalt psychology, they derived the notion of the field: “a group of interacting relations among a plurality of elements in a structure” (Baranger and Baranger 2009, p. 53); and from Merleau-Ponty, the use of the field “to denote the reciprocal constitution of the subject and the object in a specific function” (p. 53).

Analyst and analysand exist in relation to each other as separate beings while also existing as a joint entity. Their being and the world they have created together are one. The Barangers conceive of that world as a third participant in the analysis that structures unconscious fantasies and influences the actions of each individual in the analysis. Theirs is a theory of intersubjectivity that incorporates the unconscious more thoroughly than contemporary relational theory. In this transpersonal relationship, the analyst is subject to the same unconscious forces that affect the analysand, and so is both receiver and transmitter of unconscious communications.

The subject of the work therefore becomes the manifestations of the analytic relationship within the field, the description of the participants’ shared world. Zimmer (2010) puts the significance of this quite succinctly:

It is the *dynamic bipersonal field*, rather than the individual psyche of the analysand, that is the central focus of psychoanalytic inquiry. The field is an outgrowth of a *mutual* regressive process between patient and analyst that characterizes the psychoanalytic situation and gives rise to a *basic unconscious fantasy* of the couple. [p. 1152, italics in original]

How is neutrality possible in such a setting? If analyst and patient are immersed in the same fantasy, where is the equidistance? Every interpretation by the analyst is unavoidably another manifestation of the field, even if it also aims to be about the field, making him/her complicit in the formation of the shared fantasy:

By removing, via interpretation, the showy clothes in which they disguise themselves, by calling them by their real name, . . . the

analyst to a significant extent actually constructs these objects. The analysand's internal world of fantasies, relationships, and objects is gradually built up within the analytic field and process; when we speak of a person's internal world, we are extrapolating from . . . something that was gradually built up during the analysis with the help of the analyst's own personality and theoretical *corpus*. [Baranger and Baranger 2009, p. 161]

Thus it becomes quite difficult to sort out what comes from whom since every comment, by patient or analyst, contains at its origins the implicit and unnoticed shared history of the dyad.

The Barangers never discuss neutrality as a concept but do refer to it as "essential" (2009, p. 143), nonetheless. They point out the contradiction between the theoretical grounding of psychoanalysis in terms of scientific objectivity, on one hand, and on the other, the reality of practice, where the object of observation is engaged in discussion and collaboration with the observer. That "the analysand plays an essentially 'active' role," and that there is "some degree of assent [by the analysand] as regards what is being unveiled by the work of analysis" (2009, p. 143), makes analysis very different from scientific objectivity.

Furthermore, the Barangers assert the importance of the analyst's "voice, with its inflections, their own particular style and . . . something that has to do with what they feel at that particular moment" (p. 143). Yet it is here that they call neutrality "indispensable." On the one hand, they seem to mean something like what Franklin (1990) meant by his essential neutrality: "that each thing or event in the field be at the same time something else. If this essential ambiguity is lost, the analysis also disappears" (Baranger and Baranger 2008, p. 799).

On the other hand, these authors take a step beyond this by implying that the analysand contributes to the formation of ambiguity, since the analytic dyad's fantasy is a joint project:

The analytic situation is essentially ambiguous. It functions in an "as if" condition (as if the analyst were my father, etc.). If it loses this ambiguity (if the analyst is my persecutor, or if he is just my analyst), the process stops functioning. [Baranger and Baranger 2009, p. 2]

That is, the *analysand* must be open to ambiguities in the analyst's identity. An appreciation of ambiguity—on the part of both analytic partners—functions for the Barangers in many of the same ways in which we might construe neutrality.

The analytic process can be derailed by what the Barangers refer to as *bastions*. These are split-off areas of the field in which ambiguity and the as-if character of the process are lost. Both members of the dyad contribute to creating these “immobilized structure[s]” (Baranger, Baranger, and Mom 1983, p. 2), which are caused by elements of their personal histories.

Bastions can have a pernicious effect on the treatment, tending toward causing paralysis of the overall process, and they are destined to be overlooked unless special efforts by the analyst—a *second look*—are made to address them. They tend to occur around the core constituents of the unconscious couple-fantasy, making their recognition crucial to the work. Bastions, then, would represent the loss of neutrality, when imaginary identifications become concretized and the basic ambiguity of analytic process has vanished.

DREAMING THE SESSION

In more recent years, we have seen an increasing number of papers describe the psychoanalytic session as if it were a dream (Bezoari and Ferro 1991; Brown 2006, 2009, 2010; Cassorla 2005, 2008, 2012, 2013; Civitarese 2005, 2008; Ferro 1993, 2002, 2004, 2006; Ogden 2001, 2003, 2004, 2007). With this perspective, the analyst foregrounds what Loewald (1975) called the *fantasy character* of the session and places real world concerns aside. When every word and act within the session is viewed as a dream element, each becomes available for creative engagement by the analyst, much as a dream reported by the patient from the preceding night would be.

In addition, this understanding goes an important step further because it situates the analyst as one more dreamer—or, more accurately, as part of a dreaming dyad. This dyad functions as a compound dream-generating entity, outside the control of either participant alone, and is driven by the unconscious communication that subtends their discourse.

This is a transpersonal, de-differentiating conceptualization: analyst and patient are one dreamer, and the analyst's interventions are never external to that dream.

I suggest that neutrality concerns the character of that dream—specifically, the dyad's ability to dream that dream together, rather than fall prey to forces separating them from it and each other. These ideas derive from Bion's (1962) theory of thinking and the Barangers' (1961–1962, 2008) concept of the bipersonal field.

My view differs in one important respect from Bion and the other authors mentioned above. I believe the dreaming process is ubiquitous, continuous, and unavoidable *at an individual level*, regardless of the clinical condition of the patient. Others maintain that dreaming can be arrested in psychosis, trauma, and borderline conditions; the patient is then said to experience a “non-dream” (Cassorla 2005, 2013) or to be “not able to dream” (Ogden 2003).³ If there is no dream, then the symbolizing, metaphorizing process has come to a halt. Much as the Barangers (2009) refer to “paralysis” of process, or “non-process” to define bastions, non-dreams also paralyze process. When that occurs, the analysis cannot progress; it can only repeat itself in a creative impasse.

However, it is hard to imagine that the relentless unconscious engine of symbolization ever grinds to a halt, except in extreme organic conditions. Lacan's (1991) elaboration of the symbolic register serves as my guide here.⁴ For Lacan, once we are introduced into the symbolic, it possesses us unconsciously and we cannot stop it. Certain aspects of the symbolic may be closed off to us, as in the foreclosure of the *nom-du-père* in psychosis, but the chain persists.

³ There is enough ambiguity and inconsistency in Bion to suggest that he may not have seen things quite so differently. Grotstein (2013) states that Bion believed “one never does not dream. Alpha-function is always working, though it may not be working well.” This view is further reinforced (Grotstein 2009) in Bion's description of dreaming as a building block for virtually all thought, conscious and unconscious: “Bion thus believes that dreaming is not only a *form* of thinking; it is of utmost importance in allowing thinking to occur” (p. 743, italics in original). In spite of this, it must be noted that Bion (1992) viewed psychosis as an inability to dream.

⁴ Though symbolization for Freud is very different from Lacan's symbolic register, Bion's theory of the production of alpha-elements is quite similar. While fecundity and difference are characteristic for the latter two, correspondence of meaning is central to Freud's idea.

Though Lacan is usually understood to be referring only to language with the symbolic register, he may also be taken to mean any system of linked signifiers (a chain that binds as well as links) that form a network, including the pictograms of dreams. It is the difference and multiplicity engendered by triadic systems that is meant by the symbolic, as opposed to the binary identities of the imaginary register.

In my view, the problems described by the non-dream concern the loss of neutrality—i.e., the loss of a couple that is able to dream together via an intact unconscious dialogue. As new material arises in any analysis, it undergoes various kinds of processing. Some aspects of the material may be ignored and forgotten, some kept in awareness but never discussed due to being viewed as unimportant or dangerous, and still other aspects are taken up and included in the manifest discussion.⁵ Much comes to mind and is only thought about later without being spoken to the analytic partner.

Process may be described as paralyzed when the manifest dialogue does not include key elements of this new material. What becomes of that material? Is it being reworked at an unconscious level? And if it has become unconscious, is it possible that it is not being worked on at all?

Bion's model of thinking begins with beta-elements—material that has not yet been subjected to thought, existing only as static, inert, unsymbolized entities. Through the operation of alpha-function, they are brought to life and alpha-elements are produced. It is the alpha-elements that provide the substance for thought and dreams. Alpha-function, thinking, and dreaming imply that there is movement, association, symbolization, linking, metaphor, creativity, change, development, and transformation. Thus we have a progression from beta to alpha to dream and unconscious thought, and from there to reverie and conscious thought.

To say a person is not dreaming means that alpha-function has not occurred, and the content of the material—emotional content—is frozen as beta-elements. Alpha-function and dreaming occur *at an unconscious level*. We may gain access to parts of those dreams consciously,⁶

⁵ In saying this, I do not mean to attempt to do justice to what is vastly more complex than this, but merely to sketch out some possibilities.

⁶ Ogden (1997) points out that our access to the unconscious is not direct, but

and reverie is one way in which we do that. But our lack of conscious awareness of those dreams does not mean they are not occurring—just as when we do not recall our dreams in the morning, it does not mean none occurred. What I am trying to get at is that the analyst's inability to make headway with a patient may be caused by factors other than those within either participant alone; it may also be due to communication factors between them.

INTERPRETING THE CLINICAL ENCOUNTER

Ogden's (2007) analysis of Ms. L felt to him quite limited in scope through its first year. She was preoccupied with unrealistic fears that her young son might die and could speak of little else during sessions; her night dreams were repetitive or consisted of nightmares. The analyst was also affected, finding his reveries were "sparse and unusable" (p. 578). It is this unelaborated, repetitive speech and thought that he calls *not being able to dream*.

Eventually, Ogden gets involved in a discussion with Ms. L about what initially appeared to be non-analytic material—some novels by J. M. Coetzee—but as they speak, themes of what she has been struggling with emerge subtly, and Ogden's reveries return. Had the dreaming process been shut down prior to that, or was it just that it was going on invisibly and independently for each of them, i.e., outside their dialogue? As Bion (1962) notes:

To learn from experience alpha function must operate on the awareness of the emotional experience; alpha elements are produced from the impressions of the experience; these are thus made storable and available for dream thoughts and for unconscious waking thinking. [p. 8]

The emotional experience for Ogden prior to the Coetzee discussion was of frustration, perhaps boredom. For Ms. L, it seems to have been one of anxiety and sadness. The emergence of the topic of Co-

rather occurs through the creation of "a qualitatively new experience" (p. 728) in consciousness.

etzee's work was the product of their independent alpha-functions—but once it was expressed, it served as an alpha-element that both of them could process. They made a transition from separate to joint dreaming. This return of movement to their dialogue is an expression of neutrality.

We dream all the time without learning from that experience, just as we go through so many things in life without learning from those experiences. Dreaming may be necessary to learn from experience, but it is not enough. Ogden and Ms. L had been dreaming alone, each cut off from the possibility of learning from the other.

In the same passage cited above, Bion goes on to state that alpha-function allows the child who is learning to walk to no longer require conscious thought to do so. However, Bion does not mention what the child must be receiving from others at the same time. While the child is integrating his own emerging psychomotoric coordination through alpha-function, he is also consuming sensorial information on how others walk and subjecting that to alpha-function as well. If the child could not take in others, it seems doubtful that he would develop the ability to walk.

Ogden and Ms. L required a certain passage of time, a certain immersion in their independent experiences, before they could find a neutral place to take each other in, dream those emotions together, and establish a means to make them conscious. If a different analyst had been treating Ms. L, either analyst or patient might have let the Coetzee discussion drop, and it would have become one more lost detail; and perhaps even with Ogden as analyst, there had been opportunities before this one, but the participants could not find their way to connect with them. That this topic was different says more about factors between them than factors in either one of them alone.

Cassorla (2005) provides another example of the non-dream. Three years into her analysis, K continued to spend her sessions angrily complaining about a range of physical symptoms that had progressively limited her existence, and criticizing the analyst for not helping. Over time the complaints shifted from the physical to the emotional sphere, but her anger toward the analyst, who writes that he felt “useless and impotent” (p. 704), continued.

Cassorla's account includes two episodes with K in which he lost patience. In the first, he found himself speaking in a manner that was unlike him, using an angry tone of voice and uncharacteristically strong language. As their interaction became more heated, the analyst became aware of and interpreted an unexpressed fantasy of K's, which she confirmed as accurate. In spite of this insight, K's hostile, victimized behavior persisted.

The second episode occurred four months later. Cassorla had resumed his calm and patient demeanor, but he felt that little was happening. Then, during yet another angry attack from K, he could take it no longer. He hit the arm of his chair and shouted at her. K calmed down, and when she commented on his behavior, he conceded that he had become agitated, but said it was necessary.

Although the analyst later worried that his intervention had been a "failure," K settled down in the following sessions and made better use of the analysis. Cassorla comments that until that moment he had made himself a "suffering victim" (2005, p. 707) through identification with K. In retrospect, he saw his outburst as "a sort of warning cry . . . against identifying with K's masochistic parts" (p. 707).

Cassorla discusses this material in terms of enactments and dreaming. He views the stagnating periods of the analysis as *chronic enactments*—in this case, of a sadomasochistic dynamic in which there is massive projective identification of beta-elements by K that destroy his ability to use his own alpha-function for their transformation. The chronic enactment is also a manifestation of the non-dream. These non-dreams may be interrupted by "acute enactments," as in his outburst, in which "beta-elements that violently disrupted the relationship, elements in search of thinkers, somehow managed to find them" (p. 708).

Cassorla views all process as "a continuum of normal and pathological enactment" (2005, p. 709), and sees alpha-function as the work that is done on the chronic enactments to dismantle them, not as the enactments themselves. The relevance of an acute enactment is that it can provoke that dismantling operation.

In my conceptualization, the chronic enactment is a time of non-neutrality, not non-dreaming. Both K and the analyst must have been dreaming throughout the stagnant period in the analysis, but with

dreams that were separate, lacking transpersonal continuity. Though there may have been little unconscious communication between them, alpha-function was active individually. The two occasions when the analyst lost his temper represent shifts from his identification with K's masochism to his identification with her sadism.

Of course, the sadism was no more desirable than the masochism—except for the fact that it was accidentally found to provide a channel for unconscious communication. There is no reason why this should necessarily be so. It cannot be known in advance what stance to take, and I do not believe there are any lessons to be learned here about how such situations should be handled in general.⁷ This is because learning from experience concerns a specific dyad and their unique dreaming process.

Cassorla points out that the affective pictograms of dreams produced by alpha-function create pressure on the analyst's mind to respond. When the analyst is able to respond to that pressure and give words to those images, then there is neutrality and a transition from a *dream-for-one* to a *dream-for-two*. Cassorla states that, with non-dreams, "the material has no meaning" (2005, p. 711). I would say instead that dreams-for-one have meaning that cannot be digested by the other, and without that their development and elaboration are stunted, restricted to whatever the dream-for-one can accomplish. This is analogous to a child without a vision of others walking, trying to do it alone. Neutrality and the dreaming dyad are fragile entities, achieved over time, requiring much hard work, and are always vulnerable to disintegration.

CONCLUSION

What has become of beta-elements in this conceptualization? Central to Bion's theory is the idea that beta-elements that cannot be processed by the patient are taken in by the analyst via projective identification, where they may undergo processing by his own alpha-function and dreaming. Ogden and Cassorla, along with Ferro, Brown, and Civitarese, make use of this notion to explain how analyst and patient can move beyond their impasses. K's relentless attacks (Cassorla 2005) and Ms. L's unchanging

⁷ Had Cassorla taken the more aggressive approach earlier, I doubt it would have had as beneficial an effect.

ruminations (Ogden 2007) about her son, in the clinical examples discussed earlier, are conscious manifestations of beta-elements.

This is a one-person model of pathology embedded within an intersubjective theory of treatment: illness is produced by the breakdown of alpha-function and a predominance of beta-elements *in the patient*. The analyst is affected only secondarily. Treatment is effective when the analyst is able to substitute his own alpha-function for the patient's in order to transform projected beta-elements.

In contrast, the model of pathology presented here is based on a breakdown in unconscious communication—that is, in the sharing of alpha-elements—and as such involves both a sender and a receiver. Breakdown can occur on either side but inevitably involves both. If we are to consider analytic process in terms of a bipersonal field or a dreaming dyad, then we need a model of psychopathology appropriate to the subject under consideration. In this model, psychopathology is created in specific intersubjective relations. The impasse a patient has with one analyst will be different from the impasse that same patient has with another (if there is an impasse at all).

Beta-elements are less important in this model. Their meaning remains the same, but their role in disturbed intersubjective relations is diminished. They may arise in the analyst as momentary intrusions of projective identifications, but not as chronic situations. As soon as the beta-element is activated in the relationship, it becomes subjected to alpha-function. And once alpha-function is engaged, we enter a realm where what matters is the alpha-elements produced and their effects. The operation of alpha-function does not guarantee communication with others, nor does it ensure that its metabolizing function will be adequate for the emotions involved—i.e., to bring them to a place where the other can digest them.

For alpha-function to be adequate, which is to say for it to produce movement rather than simply repeating the same thing, it requires an other. Neutrality refers to the presence of communication and the strength of the signal within the field at multiple levels. When both conscious and unconscious channels are open, when free association and evenly suspended attention are engaged, when ambiguity is tolerated to keep associative processes alive, there is neutrality.

For both Ms. L and K, free association consisted of a limited repertoire that neither analyst was able to do much with for what felt like too long. And much like their patients, both analysts were also trapped in their own limited repertoire of responses that were not fertile for their patients. The arrival of a seemingly irrelevant topic for Ogden (2007), and of uncontrollable emotions for Cassorla (2005), introduced something different that allowed for fuller communication. Those changes allowed patient and analyst to hear each other within a neutral space.

Acknowledgments: The author would like to thank Richard Zimmer and Wendy Katz for generously contributing their thoughts and reactions during the writing of this paper.

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41 Union Square West
Room 402
New York, NY 10003

e-mail: hps3@verizon.net

BION'S "EVIDENCE" AND HIS THEORETICAL STYLE

BY GIUSEPPE CIVITARESE

The author discusses "Evidence" (1976), a brief but very intense and fascinating paper in which Bion provides a unique opportunity to see him at work in his clinical practice. In the story of a patient, Bion reconstructs two sessions that are all the more true for being imaginary—i.e., narrated ("dreamed"). The matter of language and style in psychoanalysis is of the utmost importance, according to Bion—one could say, literally, a matter of life or death. In Bion's discourse, writing, reading, and analysis converge in the same place, the author notes; all are significant if they involve an experience of truth and the ability to learn from experience.

Keywords: W. R. Bion, clinical evidence, analytic interaction, language, analytic process, style, Freud, truth, Bionian O, unconscious, father-son relationship, artistic expression, theory.

I'm not interested in writing short stories. Anything that doesn't take years of your life and drive you to suicide hardly seems worth doing.

—McCarthy (2009)

The experience in reading that Bion is imagining . . . may incite murderous feelings in the reader.

—Ogden (2004, p. 287)

"I remember my parents being at the top of a Y-shaped stair and I was there at the bottom . . . and . . . 'That was all' (Bion 1976, p. 312). These are the opening words—a quotation from a patient—of "Evidence,"

Giuseppe Civitarese is Editor of the *Rivista di Psicoanalisi*, as well as a member of the Italian Psychoanalytic Association and the American Psychoanalytic Association.

an eight-page paper that Bion wrote three years before his death. The Italian translation of the expression *Y-shaped stair* (*scala a forma di Y*) fails to render the significant fact that, in English, *Y-shaped stair* could also be understood as *why-shaped stare*—i.e., *a look in the form of a “why?”* This is how Bion immediately reformulated the patient’s words to himself.

In the Italian version, a note at the bottom of the page explaining the double meaning (the pun) is supplied by Bion’s daughter, Parthenope, who lived in Turin. Just as Bion’s patient looked up the stair at his parents, so she looks up from the bottom of the page at her father.

Immediately, we become immersed in a climate of ambiguity: who is speaking? What is the actual scene? Is it the (realistic) scene of the patient’s memory or the fantasmatic one of the addition to the text by Bion’s daughter (fantasmatic in that it is transfigured into the first)? True, there are quotation marks, but they are not enough to dispel doubt.

The patient offers no associations. Some things, however, occur to Bion. We have barely reached the sixth line and already he surprises us with one of his typical throwaway phrases: “I am supposed to be the analyst” (1976, p. 312). Just like that, between parentheses. Like a thought that emerges from the preconscious. What does he mean by “supposed to be”? Is he perhaps *not* the analyst? And the patient he has just told us about—is he not the patient? And if Bion is not the analyst, then who is he? Any father? And what kind of father was he to Parthenope? What kind of daughter was Parthenope for Bion?

Bion is struck by the ambiguity of the expression the patient uses, but says nothing. “After a while the patient went on, and I started producing what seemed to me to be fairly plausible psycho-analytic interpretations” (p. 312). Again, what is meant by “producing” (the term suggests mechanical activity and routine) and “seemed”? And why “fairly plausible”?

We recognize Bion’s unique style. Like a Brechtian actor, he plays the role of the analyst, then he steps to one side and shows us what he is doing. The world is a stage, he seems to be telling us, and I, all of us, we are merely players. Between roles and people, and between words and things, there is no correlation.

At this point, the reader may begin to wonder what “evidence” or what truth such a skeptical author might want to talk about. Among other things, in English, the word *evidence* is even closer to the concept of truth

than the Italian word because it also means *proof*—in particular, in legal language—as well as *trace*, *sign*. So far the author has done nothing but disappoint our expectations as readers, exasperating us and reversing our natural perception of things.

Bion continues to play around with the idea of something Y-shaped. He imagines the figure turning into a funnel or a cone, and finally into the shape of a breast—for an analyst, something “fairly plausible” (p. 312). Less ordinary, however, is the path he takes to get there. Although going by the name of free association, it is more like a daydream. What he does is describe how the image gradually forms in his mind. He did not find this “fairly plausible” thing by looking for it in memory and desire; actively suspended, memory and desire give it to him while he is in a state of passivity.

Meanwhile, this digression has given zealous servants of the psyche the chance to tap into unconscious psychological work. Here ends the “patient’s” first session. Bion uses neither an invented name nor an abbreviation for him; throughout, he calls him merely *the patient*, as if to maintain an aura of mystery about his identity or to be able to abstract some general truth from a particular case.

About the next session, he writes, “I seemed to be killing time with conventionally acceptable interpretations” (1976, p. 313). Conventional, but acceptable—so he decides to communicate them to the patient. The patient responds: “Yes, that’s right. But you’ve been a very long time about it” (p. 313). As you can see, we are in a play by Beckett. The Irish playwright was in fact in analysis with Bion, and at times it would be difficult to say who is imitating whom (Anzieu 1999); after all, what does it matter how long he has taken?

However, the patient’s remark chimes in surprisingly well with Bion’s comment about killing time. It is unclear here whether Bion, by reporting the answer, wants to emphasize, with a hint of annoyance, the patient’s ingratitude, or simply to be seen in a distorting mirror of self-irony so as to share with the reader the sense of emptiness he feels at his efforts to come up with something that sounds significant. His “killing time,” to which the patient responds by telling him that “you’ve been a long time about it,” means the words that say something true—and that

are thus food that nourishes and nurtures the mind—came too late. It is agony for the patient.

In fact, thinking does not come from the mere absence of the object, but from his return after an absence that was bearable. For this reason, however, *killing time* here stands for *killing new thoughts*, subjectivity itself. When the patient says, “that’s right, but . . .,” this actually reminds Bion that a truth that does not involve feeling together, moving at the same pace, living in unison, is not a truth. But how then can one communicate so as to be on the same wavelength as the patient (or, likewise, how can one write so as to be in tune with the reader)?

As we can see, Bion continually distances himself from himself. He shows how constantly dissatisfied he is when measuring himself against the ideal image he has of himself as an analyst and as a person. While Freud writes using a rhetorical style that constantly struggles to convince a critical reader, Bion struggles with himself. He suffers in his own flesh the conflict between the pleasure principle and the reality principle, between desire as the expression of the phantasm and material reality, between patient and analyst. He becomes—in the recommendation he makes to everyone—the O of the patient. In some ways, it is hard to work out who is the analyst and who is the patient; rather, one gets the impression of two subjects immersed in a common field of interactions ceaselessly buffeted by waves of emotional turmoil.

For Bion, O is the ultimate, ineffable, unknowable reality, or even the “inexpressible truth of one’s experience” (Ogden 2008, p. 17). It is close to Lacan’s concept of the Real and to Kant’s *thing-in-itself*. *Becoming O* means that we cannot know it rationally but that we can approximate it through experience. In session, *becoming the O of the patient* would mean to grasp the emotional truth of what is going on unconsciously in the analytic field, entering a state of passivity in order to be receptive to reveries, to the products of our unconscious psychological work. So O/*being* is opposed to K (knowledge)/*knowing*, which indicates an intellectual understanding. Ideally, in clinical work, the analyst should continuously go through the sequence of $O \rightarrow K \rightarrow O \rightarrow K$, a process I would reformulate as a continuous oscillation between immersion and interactivity (see Civitarese 2008).

When we read Bion, we are far from the position of superiority of the classical Freudian analyst who cultivates an objective vision of things. Here, through multiple, dynamic, and reciprocal identifications, roles and positions change constantly in an endless game of variations in points of view.

By presenting himself in this way, Bion is not trying to get around the matter of truth. The key question he poses can be summed up as follows: What evidence has the patient provided and what evidence can be garnered from the associations of the analyst, from what he has seen or believes he has seen?

When interpreting, the analyst merely engages in imaginative guesswork. Emotions can be guessed at; when they are evident to the senses, or clearly legible in the body, it is already too late. Language has no words to describe emotions. One needs rather to be a painter or a musician, or at least to have their means of expression.

In these initial remarks, Bion comes across as an extremely serious author—responsible, anti-narcissistic, a writer for whom writing means struggling to solve a problem that obsesses him, and who is both intellectual and emotional. Then he changes register and (by dint of imagination) also place. As in a reverie, he remembers the lesson Freud learned during his period of study in Paris, when he was the one to question his master with a *why-shaped stare*. In his obituary notice for Charcot, Freud emphasized that the master had taught him we must keep on observing an unknown phenomenon until some pattern emerges. But in analysis, he added, "we are not supposed to use our senses in physical contact with the patient" (1976, p. 313), as a doctor of physical medicine might do.

Elsewhere Bion says that the analyst's interpretation should be the fruit of sense, myth, and passion. There is no contradiction between these propositions because, for Bion, using the senses means getting rid of the sensual realities of pleasure that are to be found in the memory of the past and in the future and in perception, and dealing instead with present reality. He is thus referring to a particular use of the senses, namely, what occurs when the analyst is in a state of hallucinosis that is inverse and symmetrical to that of the patient, whose hallucinosis is designed to exclude internal reality completely.

This state of formal regression of thought (Botella 2012) is used to see what the patient sees, his (invisible) hallucinations. It is a way of bracketing off material reality and intuiting what comes closest to being a “fact” of analysis, an emotion or a feeling.¹ In analysis, what is truly important is not the patient’s biography as certified by official documents, but his person (subjectivity). What matters is if he comes back every day: “The problem, in a sense, is that of trying to make it worthwhile for the patient to come again another day” (Bion 1976, p. 313). It is a trite thing to say, but Bion is never trite. He is suggesting that if the patient is to return, he should receive something that is not a matter of sensual or material gratification. What then? Truth, food for thought, as previously noted; but what is this truth? How can we grasp it and, most important, how can we communicate it?

Bion explains indirectly in the following paragraph, again through the words of Freud, looking up at him from below, as if Freud were his father (“I remember my parents being at the top of a Y-shaped stair and I was there at the bottom . . . and . . .’ That was all” is clearly the leitmotiv of the text; 1976, p. 312). Bion quotes a famous passage in which Freud (1926) calls into question the caesuras (the discontinuity) between life in the womb and birth: “There is much more continuity between inter-uterine life and earliest infancy than the impressive caesura of the act of birth would have us believe” (p. 138).

Bion extracts a whole way of thinking from this passage. Transcending the caesura of binary oppositions that structure the theoretical and technical field of psychoanalysis can be seen as his ruling principle of method (Civitarese 2008). It is significant, therefore, that he should comment that Freud stopped there, seeing himself as the child who surpasses the father.

Earlier, Freud (1914) noted:

I learnt to restrain speculative tendencies and to follow the un-forgotten advice of my master, Charcot [this time it is Freud looking up at his father from below]: to look at the same things again and again until they themselves began to speak. [p. 22]

¹ “Sometimes I think that a feeling is one of the few things that analysts have the privilege of seeing as a ‘fact’” (Bion 1976, p. 317).

It is hard not to be reminded of another famous phrase of Freud's, "*Saxa loquuntur!*"—translated from Latin by Strachey as "stones talk!" (Freud 1896, p. 192n)—as well as of his comment in relation to Dora: "He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his finger-tips; betrayal oozes out of him at every pore" (Freud 1905, pp. 77-78). This is what he himself means, Bion explains—in the very act of acknowledging the legacy he has inherited from Freud (but also pointing out one of its limitations)—by the famous precept that, in listening to the patient, the analyst should refrain from memory and desire.

The truth must speak for itself; it must impose itself. The mind must be as far as possible a *tabula rasa*. More precisely, it is the idea that one must suspend voluntary attention and veil consciousness to listen to the poetic truth of the unconscious.² Then, as Emily Dickinson puts it in her extraordinary turn of phrase, "Truth stays Herself" (Dickinson 1864, p. 884)—or, as Ogden (2003) writes, "The unconscious speaks with a quality of truthfulness that is different from, and almost always much richer than, what the conscious aspect of ourselves is able to perceive and convey" (p. 603).

What Bion means becomes immediately clear in a practical example. It is a matter of taking risks—for example, the risk of taking oneself seriously if one thinks that a given patient is not married when in fact he is, or that the date of birth on his birth certificate does not count. What matters is the moment when one is born, and the two do not necessarily coincide. That is the kind of sensoriality needed in analysis. If one thinks this way, however, one runs the risk of appearing crazy. The idea that a person may have a memory of his life in the womb was not commonly held at the time Freud expressed it. According to Bion (1976), psychoanalysis is revolutionary because of its idea (which he calls "disturbing," p. 314) that nothing can be "forgotten in the sense of really

² "I know that in writing I have to blind myself artificially in order to focus all the light on one dark spot, renouncing cohesion, harmony, rhetoric, and everything which you call symbolic, frightened as I am by the experience that any such claim or expectation involves the danger of distorting the matter under investigation" (Freud 1916, p. 45). The resonance of Freud's metaphor with Oedipus's gesture of expiation for having wanted to know what he did wrong becomes deafening; it amounts to saying that one pays a price for the truth.

disappearing" (p. 314). But what is revolutionary here is that Bion takes this concept of Freud's to its logical extreme.

In the meantime, however, we realize that there has been an imperceptible shift between the planes of investigation; or rather, a deeper and more personal plane has emerged. Beneath the question of "what is truth in analysis?," we can now make out the truth of the relationship with the parents and in particular with the father. It will be noted that, throughout the text, what Bion does is to place before us the central figure of the relationship of the child with the father. The *why* brings to mind Christ's "Father, why have you forsaken me?" from the Gospels, and "Father, don't you see I'm burning?" in one of the most poignant dreams described by Freud (1900, p. 509). The *why* also recalls Freud's own father, Jakob; in the dream Freud had after his father's death, Freud begs him to close his eyes ("you are requested to close the eyes" [Masson 1985, p. 202], Freud says in describing the dream in a letter to Fliess). Furthermore, the *why* makes us think of Freud himself in silent contemplation of Moses, in the Basilica of St. Peter in Chains in Rome. All these inevitably recall the curiosity of Oedipus and that of the child, imbued as it must always be with guilt and helplessness.

Beneath the technical-theoretical problem of truth in analysis lies the oedipal fantasy, but there is more. We read "a why-shaped stare"—a Y, a cone, a breast. But the Y is composed of three segments. After Freud had to come the other segment of the Y: Melanie Klein, his mother, his analyst. Bion looks to his analytic parents with an eye in the form of a Y ("why-shaped stare"). What is taking place here, as we can see, is a deep-seated unconscious identification with the patient, with the child whom he was, with the daughter, with Freud, with Charcot. It is as if he were living simultaneously in an infinite number of possible worlds, which is belied by raw sense perception.

Where does the patient finish and the analyst begin, asks Bion elsewhere, but here he asks this while showing himself in the act of becoming the O of the patient. He is the one who is projecting onto the patient his anxieties about his daughter; his doubts as father and analyst, the residues of transference onto the masters. Or is it the patient who is prompting thoughts and feelings of countertransference in him? But Bion would not write it like that. He would go beyond this caesura: he

would write "(counter-trans)-ference" (Bion 1977a, p. 56) to indicate, in the very way the word is written, that what matters is something between analyst and patient, the intervening space.

After studying Freud, and by way of developing the speculative idea that he had first articulated and then stepped back from, Bion leans on Klein to support his hypothesis of the existence of a fetal "psychic" life. He again picks up the formidable idea of projective identification: the powerful fantasy of getting rid of something of one's own, something one unconsciously rejects, so as to put it into the other. Could this mechanism underlie the formation of an "archaic mentality, unconscious thought . . . which is extremely active" (Bion 1976, p. 314)? As a person might ask his father and mother to explain where they came from, so Bion takes from Freud and Klein fragments of theory that obsessively refer back to the archaic life of the fetus, to the point of assuming there is a completely physical mechanism of projective identification: *what matters is the moment of being born*.

Assuming, however, that all this makes sense, then we would have something that *does not* happen and that cannot be seen from outside, but whose effects are very powerful. Again, what evidence do we have of such a process? If an analyst went around saying that an adult patient shows remnants of fetal life (which is what he does!), in the same way as a surgeon readily diagnoses a tumor of embryonic origin, he would not be taken very seriously.

When necessary, Bion does not spare analysts his sarcastic barbs, because nothing infuriates him more than the whitened sepulchers of psychoanalytic institutionalization. Thinking of an imaginary patient, he describes him as follows: "He prides himself on being grown up and on not believing in that sort of psycho-analytic rubbish" (1976, p. 315). But he is not in the habit of absolving himself completely: it is not clear, at least at first glance, what he is talking about, the patient or the analyst, who of course has become a caricature, who has become grown up and part of the establishment, or in other words has allowed his thinking to become rigid.

While the surgeon has his instruments, the analyst has to fall back on words; he can use only everyday, debased, impoverished words. For this reason, he should develop a personal vocabulary. *Personal* suggests a

lot more than what one might expect at first sight. It reflects the analyst's entire subjectivity—his person, in fact. It is not a question of choosing a few effective words or efficacious formulaic expressions, but of forging a personal style.

Bion thus distances himself from the abstract language of science and draws our attention to the performative nature of his text itself. It is obvious that the author's intention is not only to illustrate the concepts, but also to put them to work. If truth in analysis and the way of telling the truth coincide, since the way of expression allows one to play with the possibility of emotional sharing, the truth then becomes a question of aesthetics. And asking oneself "what language the full-term foetus speaks or understands" (1976, p. 316) becomes a rhetorical way of couching the problem of the ineffable in radical terms, since it is related to the inaccessible or nonrepresentational unconscious (Civitarese 2013). This becomes a way of hyperbolically expressing the concrete, intercorporeal quality of human communication. For the full-term fetus, there might be only a musical language, a being contained within a tactile-sonorous housing, a stream of sensations that are rhythmically ordered but continually exposed to disorder. But, we might ask, is this not the constant challenge of writing and style—namely, how to talk to our "fetal" or embryonic or somatopsychic elements?

Clearly, if we were artists, it would be easier. Leonardo and Shakespeare would know what to do. And even philosophers understand what to do—for example, Francis Bacon. About half way through the text of "Evidence," Bion quotes from *Novum Organum*:

There are two ways, and can only be two, of seeking and finding truth. The one, from the senses and particulars, takes a flight to the most general axioms, and from these principles and their truths, settled once for all, invents and judges of intermediate axioms. The other method collects axioms from senses and particulars, ascending continuously and by degrees, so that in the end it arrives at the more general axioms; this latter way is the true one, but hitherto untried. [Bacon quoted in Bion 1976, p. 316]

Note the metaphor implied in this passage, which rotates around verticality (down/up). A centripetal movement of attraction that runs through the text brings us back once again to the "why-shaped stare" that we met at the beginning. The true method views (humbly) the *whys* from the bottom upward (in accordance with the logic of induction). In addition, Bion found in Bacon (or rather, he was inspired by Bacon to find?) the psychic transformations he had described himself, from beta to alpha, and the dream thoughts that give rise to the concept—from sensory experience to ideas, along a continuum without rigid caesuras.

But what is the point of invoking this procession of fathers, of yoking together Shakespeare and Bacon? Here again, by way of explanation, Bion transcends the gap that separates art from philosophy by quoting another eminent philosopher, Kant: "Thoughts without content are empty, intuitions without concepts are blind" (Kant 1781, p. 86). He reformulates this idea:

When I tried to employ meaningless terms—alpha and beta were typical—I found that "concepts without intuition which are empty and intuitions without concepts which are blind" rapidly became "black holes into which turbulence had seeped, and empty concepts flooded with riotous meaning." [Bion 1977b, p. 229]

It is important, then, that there should be a mixture of dream thinking and logical-abstract thinking, to redeem unreflection through reflection, to graft intuitions onto concepts and concepts onto intuitions.

At the level of manifest discourse, this is the heart of "Evidence" (1976), the point of convergence toward which all its lines of force are moving: the problem of truth and what truth receives its first unveiling in psychoanalysis. Neither mystical/aesthetic nor scientific/philosophical thought can give us the truth. The former is lacking in concepts, the latter in emotions/feelings. The former is wholly unconscious, the latter wholly conscious. But truth in analysis has to do with the ability to make sense of personal experience. In *Transformations* (1965), Bion explains that "something seems real [we might also say "true"] only when there are feelings about it" (p. 77).

Those analysts who stop up their holes with theories are like amnesic patients who invent false memories to fill the voids: "If you are at all tired and more than usually ignorant, it is useful to reach out for the nearest paramnesia that is handy, the nearest psycho-analytic theory that you find lying about" (Bion 1976, p. 317). The sense of disillusionment with which Bion dismisses theories as paramnesias, on a par with history and voluntary memories, is amazing. But of course we know that he can afford to do so only because he has a more all-embracing theory. The value of this theory, however, is that it takes its own weakness and turns it into strength, in the same way that Freud sublimates into ethical responsibility the crisis of an ego that is no longer master in its own house.

The problem is how to forge a language to describe things accurately. Artists are clearly at an advantage because "they can resort to the aesthetic as a universal linguistic" (Bion 1976, p. 317). In describing the trial of Socrates, for example, Plato

. . . points out what a great disadvantage it is that in spite of the fact that Socrates and Phaedrus can apparently talk very accurately and precisely, they are actually using extremely ambiguous terms If we consider that there is a thing called a mind or a character, is there any way in which we can verbalize it which is not a complete distortion? The mathematicians talk about "quantum intermediacy," something unknown in between . . . look at it [my hand] from one side: there is a psycho-somatic complaint; turn it round: now it is soma-psychotic. It is the same hand, but what you see depends on which way you look at it, from which position, from what vertex—any term you like. But does one look at a character from any direction at all? [Bion 1976, pp. 317-318]

Having established the assumptions underlying his argument, Bion goes on to indulge in imaginative conjecture:

. . . a flight into fantasy, a kind of infancy of our own thought. I can imagine a situation in which a nearly full-term foetus could be aware of extremely unpleasant oscillations in the amniotic fluid medium before transferring to a gaseous medium—in other words, getting born. I can imagine that there is some disturbance going—the parents on bad terms, or something of that

sort.³ I can further imagine loud noises being made between the mother and the father—or even loud noises made by the digestive system inside the mother. Suppose this foetus is also aware of the pressures of what will one day turn into a character or a personality, aware of things like fear, hate, crude emotions of that sort. Then the foetus might omnipotently turn in hostility towards these disturbing feelings, proto-ideas, proto-feelings, at a very early stage, and split them up, destroy them, fragment them I can imagine the foetus being so precocious, so premature that it tries to get rid of its personality to start off with, and then . . . he may preserve a mind at the deeper level, which knows nothing about that, but which might nevertheless have well-established feelings of guilt. [Bion 1976, p. 318]

The theme of deep-level guilt reverberates here like a warning signal. Similarly disturbing is the reference to "sub-thalamic fear"—an expression especially coined by Bion to refer to fear unrestrained by a higher level of the mind. What is he driving at? The answer is not long in coming, because Bion finally decides to show us his cards. And the cards are tinged with darkness:

I remember [a patient] . . . who was quite articulate, in fact articulate enough to make me think that I was analysing him rather well. Indeed the analysis did go extremely well, but I was beginning to think that nothing was happening. However, the patient checked all that. After a session he went home, sealed up all the crevices throughout his room, turned on the gas, and perished. So there was my highly successful analysis—a very disconcerting result indeed, and no way of finding out or learning for myself what exactly had gone wrong, excepting the fact that undoubtedly it had gone wrong. [Bion 1976, p. 319]

Bion accuses himself of being unable to feel this "primordial," "physical" fear that had exploded again and led the patient to suicide. As he was analyzing him "well" and the analysis seemed highly successful, the

³ See the exhilarating opening to Laurence Sterne's *Tristram Shandy* (1759–1767), in which the protagonist traces back the misadventures of his life to an accident that happened during the copulation that led to his conception. At a critical moment, his mother had asked his father whether he had remembered to wind the clock . . .

patient took his own life. This brief sequence of statements condenses a deadly brew of conflicting and violent emotions.

A veritable *coup de théâtre*. With an impressive crescendo, Bion takes us on a journey of discovery: from the theme of what is true in analysis to the truth sought by the helpless child in the sphinxlike eyes of the mother, or faced with the spectacle of the hideous monster invented by Klein, the ghost of the combined parental figure, and finally on to the ghost of death summoned up by the suicide of his patient, foreshadowing his own death and the fulfillment of what had already taken place on the battlefield of Amiens, as he had written in a memoir (Bion 1991).

Thus, writing, reading, and analysis converge in the same place: all are significant if they involve an experience of truth, the ability to learn from experience. As Bion writes:

The practising analyst must wait for the analytic system to evolve . . . for an evolution to take place so that O becomes manifest in K through the emergence of actual events. Similarly, the reader must disregard what I say until the O of the experience of reading has evolved to a point where the actual events of reading issue in his interpretation of the experiences. Too great a regard for what I have written obstructs the process I represent by the terms he becomes the O that is common to himself and myself [*sic*]. [Bion 1970, p. 29]

This brief but very intense passage helps us realize that the matter of language and style in analysis is one of life or death. Bion makes this clear in “Evidence” as well:

Supposing we are in fact always dealing with some kind of psychosomatic situation. Is it any good talking to a highly articulate person in highly articulate terms? Is it possible that, if feelings of intense fear, self-hatred, can seep up into a state of mind in which they can be translated into action, the reverse is true? Is it possible to talk to the soma in such a way that the psychosis is able to understand, or vice versa? [Bion 1976, p. 319]

Now, talking to the soma (the fetus) is what makes this style—it is the how, not the what, and the semiotics, not the semantics of the expres-

sion. Sometimes, understanding the language of the body and speaking to the body (knowing, for example, that the setting, as Winnicott says, is the maternal womb) may be the factors that save a life or lose it.

On more than one occasion, I have found myself wondering whether I would have become interested in psychoanalysis if Freud had not been such a great writer. The thought has always been somewhat disturbing because it seems to mean that what impassions me about psychoanalysis has always been something extrinsic—in other words, not the *thing* itself. But in actual fact this is not the case, because writing in analysis is not ornament, not the mere vehicle of concepts. It is the truthful transposition of the thing, almost the thing itself. A type of psychology that seeks to account for the private, subjective world of the individual strives to combine insights and concepts; mind and body could not be expressed at a lower level.

It is no coincidence that the great authors of psychoanalysis, those who nourish our love for this discipline, are all great writers, although they differ enormously in style. Through style they convey the understanding they have attained of the mind, of humanity and existence. The theory is in the writing; it does not precede the writing because it is a theory of how to see a mind, touch a character, smell an emotion. In philosophy, the same constraint of necessity that binds concept and expression is found in the "literary" style of Derrida, a writer unsurprisingly steeped in Freudian thought and often misunderstood—and here the misunderstanding is sought, is desired and considered productive.

In the same way that the metaphors we use direct the gaze of the researcher, so, too, does the style. Freud does not discover the unconscious; he writes it. He discovers and invents it at one and the same time in the act of writing it. Analysis as theorizing and as care is a practice of texts, of texts as people and people as texts. The style is the body, emotions, history—everything specific to a given person. The body (the music) of writing comes before the concept, the idea; it is the unconscious of the text.

In "Evidence" (1976), Bion offers us a unique opportunity to see him at work in his clinical practice (his style): in the story-dream of a patient, he reconstructs two sessions that are all the more true for being

imaginary. It is not “verbal exactitude” (Bion 1965, p. 20) that counts. A psychoanalytic text “should stimulate in the reader the emotional experience that the writer intends . . . and the emotional experience thus stimulated should be an accurate representation of the psychoanalytic experience (O) that stimulated the writer in the first place” (1965, p. 32).

An analytic text also demonstrates how to re-create psychoanalysis in oneself, namely, in one’s personality, which is, according to Ogden (2009), what every analyst should do. We come to admire the mad-dening beauty and fragile power of Bion’s style as central factors in his thinking. As a writer, Bion carefully avoids an academic style, what he pillories in his last “literary writings” in *A Memoir of the Future* (1991), where the dangerous character of satanic jargon comes onto the scene. The style is not dry, impersonal, but is intermingled with emotions. He speaks in the first person, and like all great writers is not afraid of appearing naked. He uses an expressive minimalism designed to lend a maximum of brevity, simplicity, and concision to his style.

“Evidence” (1976) is pervaded by a tone of bitter and skeptical wisdom. It is grief work. What Bion expresses in this text is sarcasm and pity toward himself, and pain and fury toward a patient who committed suicide. It is atonement in the sense of unison/identification (at-onement) and expiation, a coming together of anger and despair. “Evidence” is a painful meditation on a dramatic personal and professional failure, which, due to the extraordinary fascination of the text, is transformed—as in Philip Roth’s novels—into a sense of awe at the beauty of human existence and indignation at the horror that all this must end.

Bion’s systematic doubt, so characteristically present in this text, does not resolve itself in a sophisticated intellectual exercise—as in Descartes, where deep down there lies a sense of vertigo and fear, albeit apparently under control; it is pure emotion, the balance of a life, and the life of a man who carries within himself the terrible experience of war. Evidence is something that is there but cannot be seen; it is the evidence of a person’s death, the evidence of death. We all need to take shelter from this evidence behind some form of lie. The other side of the lie is

truth: that which can be shared emotionally with the other and that thus becomes the vital fullness and joy of existence.

In Bion's style, human matter and thought merge in an inimitable style. The body joins with the mind, and ideas become musical again; they become *sensuous* (Carbone 2008). Bion becomes his patient and suffers the patient's inner turmoil in the same way that a mother who hears her baby crying *lives* its pain. "Evidence" is structured in such a way that, as Benjamin (1955) says in his reflections on Nikolai Leskov's *The Storyteller*, what gives meaning to a story is the death of the protagonist (especially if it is exemplary).

The final section of "Evidence" retrospectively illuminates the whole paper, but it does so by opening up a dizzying array of perspectives. As in the phantasmagoric transmutations we find in dreams and poetry, Bion is father, son, person, man, analyst, and patient. As Vitale writes (2005), underlying psychoanalytic thinking is the image of the apocalypse. The revelation will come to pass at the end of the world—the imminent becomes immanent. "Evidence" is an apocalyptic text, but also the apocalypse of meaning since it strongly reaffirms the circular temporality of Freud's *Nachträglichkeit*.

The end of this paper prompts us to go back and reread the beginning, and so on, as in life itself. Why else would we be so hungry for stories? After all, every symbol, every word comes into being under the aegis of the (albeit tolerable) absence of the object—an absence that does not kill but establishes temporality. The return of the object rewrites the absence and transforms it *a posteriori* into symbol-truth.

As a whole, the text of "Evidence" is a text-symbol by which Bion grieves—for his analytic fathers and mothers, for his daughter, for the patient. Make no mistake: underneath his bitter sarcasm lie harrowing experiences and nostalgia for the beauty of life. In Rilke's words, it is "a terror we're only just able to bear" (Rilke quoted in Gass 1999, p. 66).

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*Piazza A. Botta 1
27100 Pavia, Italy*

e-mail: gcivitarese@gmail.com

BORGES IN MY OFFICE: THE ANALYSIS OF A MAN DWELLING OUTSIDE OF TIME

BY MICHAEL SHOSHANI AND BATYA SHOSHANI

This article weaves together two threads: the intricacies of the analysis of a difficult-to-reach yet extraordinary patient and the literary works of Jorge Luis Borges, which played a significant role in the analysis as a source of inspiration, enriching the analyst's reverie and opening up new psychic spaces. The authors demonstrate the analyst's recourse to several of Borges's stories in order to enrich his own inner world and to better understand the analysand. Some of these stories are briefly presented through the analyst's dialogue with them, and there is a discussion of their function in facilitating the process of working through issues of time, memory, mortality, and identity, contributing to the enhancement of the patient's ability to come face to face with the unwanted, split-off parts of his self and of reality.

Keywords: Literature, philosophy, identity, time, immortality, omnipotence, trauma, fantasy, Borges, interdisciplinary perspective, memory, split self.

If . . . one had to found a college of psycho-analysis,
much would have to be taught in it Analytic in-
struction would include branches of knowledge which

Michael Shoshani is the Founding Chair of Tel Aviv Institute for Contemporary Psychoanalysis and a faculty member there, and is on the faculty of New York University Postdoctoral Program for Psychoanalysis and Psychotherapy.

Batya Shoshani is a Founding Member of Tel Aviv Institute for Contemporary Psychoanalysis and is a Senior Lecturer at Hebrew University of Jerusalem, Paul Baerwald School of Social Work.

are remote from medicine and which the doctor does not come across in his practice: the history of civilization, mythology, the psychology of religion and the science of literature.

—Freud (1926, p. 246)

INTRODUCTION: PSYCHOANALYSIS AND LITERATURE

Our aim in this paper is to demonstrate the manifold ways in which literary and philosophical works can be drawn on to further and enrich an analysis, and to show how a particular literary text can be fruitfully used as an analytic tool to understand, articulate, and contain deep and complex psychic phenomena. We will focus on the use of the fictional works of Jorge Luis Borges in the course of the analysis of a man who attempted to psychically “dwell” outside of time.

We are by no means pioneers in this interdisciplinary endeavor; on the contrary, we are joining a venerable yet underdeveloped tradition in psychoanalysis, articulated in the studies of Loewald, Ogden, Symington, Bollas, Segal, Bion, Meltzer, and Britton—to name only some. This tradition famously has its origins in the writings of Freud. It would appear that, for Freud, it simply seemed necessary to make recourse to literature, culture, philosophy, and mythology—all modes through which civilizations have grappled with the workings of the psyche.

It is not surprising, then, that Freud devoted so many papers to his favorite authors and utilized their creations as inspiration for his own writing, in which he borrowed from such notable thinkers as Plato, Sophocles, Jansen, Shakespeare, Nietzsche, da Vinci, and Goethe, among many others. However, the predominance of this literary inspiration was soon to become troublesome for Freud, who was divided between his passion for literature and philosophy, on the one hand, and his commitment to science, on the other.¹ Indeed, Freud finally found it neces-

¹ Freud originally intended to obtain a Ph.D. in philosophy, having spent three years studying under renowned philosopher Franz Brentano. Furthermore, as Freud himself attests: “You may perhaps shrug your shoulders and say: ‘That isn’t natural science, it’s Schopenhauer’s philosophy!’ But . . . why should not a bold thinker have guessed something that is afterwards confirmed by sober and painstaking detailed research?” (Freud quoted in Grimwade 2011, p. 168).

sary to distance psychoanalysis from the humanities in the interest of scientific credibility. Acclaimed as a writer, he insisted that he was first a scientist, renouncing, as it were, the very synthesis that made his thought groundbreaking.

In many ways, Freud's self-conscious goal—"to furnish a psychology that shall be a natural science" (1895, p. 295)—has been achieved. Freud's self-image as a scientist proved persuasive and has been adopted by generations of analysts and theoreticians. However, when considering Freud's legacy, it is perhaps worthwhile to remember Paul de Man's (1979) claim that texts do not always practice what their authors preach.

While interdisciplinary openness, so characteristic of the early days of psychoanalysis, has regrettably been obscured for some time by tides of positivism and the wish to approximate the natural sciences, the last two or three decades have seen a considerable growth in interdisciplinary activity. Now, as entire sections in leading journals are devoted to such endeavors, the commitment to this dialogue is ever increasing, devoting the analytic toolkit to the study of literature, cinema, and philosophy. This renaissance of Freud's original spirit is best captured by what might be termed the need to *expand the aesthetic dimension of psychoanalysis* by strengthening its links with art and literature, which was propagated by both Bion and Meltzer. They thought that literary and artistic materials could add to the "therapeutic quality of the relation between analyst and analysand," helping the analysand come to know and digest the truth about himself through that "vital spark" found in these expressions of the human spirit (Williams 2009). Bion himself planned to compile an anthology of poems meant especially for psychoanalysts (F. Bion 1981). Thus, literature is seen as a means of expanding and enriching one's mind, for both analyst and patient, exposing each to a new experience of the world and of himself.

Bion and Meltzer are only two links in a chain of psychoanalytic thinkers who have sought to bring psychoanalysis and literature or art into a closer, more mutually enriching relationship, asserting that artistic sensitivities and psychoanalytic ones complement and magnify each other. It is this kinship that led Bollas (1997) to discover a concrete and illuminating demonstration of Freud's notions about the uncon-

scious in Willem de Kooning's paintings, positing psychoanalytic insights about the unconscious as the theoretical, explanatory side of the coin, the other side of which is the experiential, sensual testimony of art and literature.

Finally, one could find many literary epigraphs and quotes strewn among the dense pages of psychoanalytic theory, and many works devoted to the analytic study of literary and philosophical works and their interrelations with psychoanalytic insight and theory. The works of Jorge Luis Borges, in particular, have merited quite a few in-depth studies by leading analytic thinkers (Bronstein 2002; Ogden 2003, 2009; Priel 1994, 2004). However, there are only a handful of cases in analytic writing in which a single patient's psychic experience is illuminated in great detail by the works of a particular author.

Civitaresse (2008), a contemporary Bionian, discussed the analyst's "immersion" in the "fiction" of the analytic setting, and utilizes the literary texts arising in a session to illuminate a patient's state of mind and the state of the transferential matrix, bouncing his own literary and philosophical associations against it. In a similar yet distinct vein, the potential we wish to emphasize is that of employing a literary text—not to "read" the text of the patient, but to open up another dimension of seeing and containing, for both patient and analyst.

What we hope to demonstrate is that such a close-knit cooperation between psychoanalysis and literature, allowing the patient and the text to illuminate each other, provides access to the richness and the complex layering of human experience in an evocative way. Such a synthesis grants wider contexts, nuances, and valuable metaphors, making our experiences more tangible and emotionally accessible. Our intent is not to analyze the dialogue between disciplines, but to offer the reader the sense and the experience of how such a dialogue can take place within the mind of the analyst, expanding a potential space in which new thoughts and ideas about the patient can be generated and translated into a richer view of the patient's psychodynamics.

Indeed, we have found that the integration of literary insights, images, and metaphors into our practice has become a very potent tool that enables greater understanding and resonance in our work with pa-

tients.² It is Borges through which we have chosen to present these, as they were manifest in the clinical work of one of us (M. S.) with an analysand named David.³

BORGES STEPS INTO MY OFFICE

And so it was the boy's ghost that came back It lived in isolation without woman and without friends; it loved and possessed everything, but from a distance, as from the other side of a mirror. [Borges 1971a, p. 72]

David had a way of looking at life as if it had not yet begun. One day in his analysis, we were discussing his feelings of having missed out on life beyond repair, of how the years already spent unlived had engulfed any chance for a fuller future. He was striving for a second chance, a real one, and for him this meant undoing the past altogether. I saw this as one of his omnipotent desires.

David described his situation as follows:

As I told you yesterday, Michael, I am trying to work out the outline for a book. Although it won't be as important as Kafka or Sartre, I believe it might be in the same category as Houellebecq's *The Elementary Particles*. In your domain, I would say, you know, I don't think I'm going to be as big as Freud, but someone like Jessica Benjamin or Heinz Kohut—I see no reason why I won't be able to write like them, or even better [He paused and pondered for a moment, then continued after a short silence.] In truth, I think it's already too late. I missed the opportunity to change my life, to get married, to have a family. The only change I can see is if I could somehow erase my disturbed and defective past and start anew, as a new person.

² For further discussion of such creative countertransference phenomena, see Bion (1967) and Renik (1993).

³ For the sake of clarity, the sections of this paper in which the analysis with David is described at length are written in the first-person singular tense. While significant portions are dedicated to the analyst's experiences with David, this paper nevertheless reflects both of our shared insights and observations regarding the analysis, as well as its intricate relationship with Borges's writing.

As David expressed this desire to dissolve the past, I found myself thinking about my own life and past, my analysis, the things I would have done differently had I been granted a second chance. I thought about telling him that it seemed he could be either his own father or his own small child, but never himself: either he was all-powerful or he was too helpless to do anything with his life.

In this state of reverie, into which David had already poured so many literary references, two of Borges's stories came to my mind, both of which address the notion of a second chance: "The Secret Miracle" (1967a) and "The Other Death" (1971a). The first of these describes a Jewish author who, an instant before being pierced by a Nazi bullet, is granted a miracle by God: time stops and he is given a second chance, an entire year to finish his life's work.⁴ The second story of this reverie, "The Other Death," depicts two lives led by a single person: in the first, a man lives as a coward after fleeing a battle; in the second, after having spent his first life in solitary atonement, he earns the chance to miraculously go back and die a hero's death during the course of the very same battle that he once fled.

The presence of these two stories in my mind resulted in a kind of immersion in their desperate emotional climate, evoking a certain suspension of disbelief regarding the kind of omnipotent solutions that Borges employs (Civitarese 2008). This immersion brought me into closer, more empathic contact with David's faults, and made me feel, if only for a brief moment, that such omnipotent wishes are viable. It was clear in my mind that both these omnipotent wishes and, in particular, the impotence exhibited by David were defenses against the intermediary option of being a particular human being and thus limited.

Nevertheless, instead of emphasizing these defenses, I found myself interpreting to David only his wish to overcome his misery, either by writing a monumental book or by eradicating his own past. I have learned that, whenever I am deeply in touch with a patient's childish wishes and emotions, and the patient is relatively undefensive, he *himself* is likely to respond to such interpretations with something along the

⁴ One is reminded here of Walter Benjamin's notion that in order for reparation (*Tikhum*) to take place, time has to stop, as when the clock tower was shot during the 1830 revolution in France. See Benjamin (2003).

lines of “but you and I know that this wish can never come true.” This technique seems to arouse less resistance and is therefore more effective.

After this session, I wondered about a particular aspect of David’s analysis: he had been mentioning so many authors, spending practically half his time in sessions discussing literature and philosophy. We were never alone in the room; there was always a writer or philosopher there, and so my thoughts about Borges’s stories seemed very natural. Still, why was Borges the one who stood out so clearly for me? Kafka, Sartre, Celine, Heidegger, Beckett, Dostoevsky, Kierkegaard were all there to choose from.

Even today, I am not sure I fully know the reason. Perhaps it was the coincidental association between David’s desperate wish to write an epic work and Borges’s choice of a Jewish author striving to finish his *chef d’oeuvre* as the protagonist of “The Secret Miracle” (1967a) that was the immediate reason. But as time went by, and as I followed this reverie and let Borges’s stories stay with us in analysis, I came to realize how appropriate, even ordained, this choice has been.

As an author, Borges stands out in his skillful depiction of his characters’ transgressions of logic and physics, and of the startling and provocative possibilities of changing the fabric of time and history and thereby overcoming shame and fear. Borges’s fantastic stories may be seen to put great emphasis on psychic and subjective truth as able to overcome the laws of physics. In doing so, his stories utilize the power of the unconscious, and especially of unconscious fantasies, as a driving force for narrative development. It is this connection to the unconscious, the ability to uncover and formulate our primal wishes and fears and to trace the essential contradictions between these and reality, that opens up a dream-like space in which we can experience all these abysses of the psyche as fundamentally human.⁵

As time went by in David’s analysis, the reference to Borges’s stories became one way for me to tap into the patient’s psychic life. In my

⁵ Throughout his writings, Borges creates a fascinating dialogue between his reader and the unconscious as it is illustrated through his protagonists. Priel’s (1994) application of Matte-Blanco’s theory of symmetrical and asymmetrical logic supports our argument in this paper by pointing out the many instances of symmetrical logic in Borges’s fiction, thereby emphasizing his reliance on unconscious structures and material.

mind, they breathed life into his unconscious fantasy; David refused to acknowledge his limitations or to adapt himself to the reality principle that presents us with only one lived life. By imaginatively introducing me into these fantastic domains, Borges's stories made me better able to understand David's refusal of the limitations of finitude. I felt that I was given access to a broader and richer spectrum of empathy, which could make me more tolerant toward my patient's violations of the laws of reality.

Like Borges's protagonists, David, too, objected to life's "irreversible and ironbound" nature (Borges 1967b, p. 64). Borges's stories thus performed a seemingly impossible feat: they expressed in words those aspects of my patient's psychic life that it seemed words could not directly express.

A MAN DWELLING OUTSIDE OF TIME: EXCERPTS FROM THE ANALYSIS⁶

I have spent most of my life puzzling over time, the problem of time and, of course, my own identity. At least they go together, because I feel that time is the stuff that I'm made of. [Borges 1998a, p. 8]

David was one of my most challenging patients. I saw him for six years, five times a week, sometimes for double sessions. When he came to analysis, he was over forty years old, single, and childless, and had never had an intimate relationship lasting more than a month or two. He was highly intelligent and extremely successful in his career,⁷ but he was a tormented man. I was fascinated by him, yet often very worried that his relationship with reality was frail.

One of the first things David told me when he came to analysis was the following.

⁶ Since I am not providing a full case study here, I will not give a full description of David or of the course of the analysis. While there are many more details that I would love to share with the reader, I am unable to elaborate further for reasons of confidentiality. I am aware that the reader might at times sense empty spaces in his clinical portrayal, but unfortunately, this constraint is imposed on all of us.

⁷ Despite his interest in psychoanalytic theory, David's career had nothing to do with psychoanalysis or any related fields.

I did not come here to get help or to be “in treatment.” I came because I want to get your *second opinion* about all kinds of matters that I will bring up. Don’t even think of calling me a patient—or an “analysand,” for that matter. Think of me as someone visiting some wise old person who could shed some light on certain things. And don’t expect me to develop any kind of dependency or “transference,” as you call it.

I was very surprised by these statements, which he frequently repeated later on. My response was: “That sounds interesting. We will have to see how this works out.”

I was wondering what kind of contract we could draw up in order to work together. I figured that he must be terrified of the possibility of being influenced by me or by anyone else—of becoming dependent, a puppet on my string. I remember thinking of Freud’s observation that behind every fear there is a wish. In David’s case, his fear of being influenced and dependent hid a tremendous urge to fuse and merge with the other.

As it turned out, our relationship had its share of confusion, anxiety, and despair alongside moments of great intimacy. One of its prominent features was that, whenever I tried to share my understanding with him, if I deviated ever so slightly from what he had said, he would get very annoyed and say: “That’s *not* what I said! You shouldn’t manipulate my words like that.”

On one occasion, I replied: “You’re telling me you’ve been putting many puzzle pieces in front of me, knowing that they should add up to a giraffe—while I manipulated them into the shape of an elephant.”

Furthermore, as David failed to experience the consistency and continuity of his own self, he could not assume that mine was consistent and continuous. His constant repetition also made me suspect that he was compelled by an uncontrollable urge to vomit toxic nourishment, as if his psychic envelope could not contain the surplus of an overbearing reality or an encounter with an other who assaulted him both internally and externally.

During the first two years of the analysis, he spoke in incoherent and gushing bursts of beta-elements, beyond any temporal sequence, with no *before* or *after* (Bion 1958). An exemplary exchange follows.

- DAVID: My mother said the knife was misplaced. [Silence.]
- MICHAEL: Do you want to tell me about an incident with a knife?
- DAVID: I told you—she doesn't know what she's talking about!
- MICHAEL: Your mother, you mean? So what was it about the knife?
- DAVID: She said it was misplaced because of me.
- MICHAEL: Were you there when she misplaced it or did you speak up after that?
- DAVID: It's her knife, so what does she want from me?
- MICHAEL: Were either of you holding the knife or touching it?
- DAVID: I don't know! All I know is that she was accusing me—like she did when I came into the bathroom while she was washing my younger sister.

This was another interaction with his mother that David tried to describe with little success. It seemed that the more we talked, the more confused we became, and in the end nothing was either clear or coherent; the web only grew thicker and more entangled. Try as we might, we could never find out *who was doing what to whom and why*; the two enmeshed selves of David and his mother could not sustain any delineation between them, their emotions, and the world, precluding any symbolization or any coherent narrative. Most of their interactions were so lacking in differentiation that David simply had to shut them out of his memory and consciousness, afraid of falling into the abyss of psychosis.

This is a kind of foreclosure (Lacan 2007) that represents, in contrast with repression, a violent refusal to accept psychic reality, both conscious and unconscious, precluding the constitution of a definite, experiencing self. In essence, for many years, David was able only to *be* his anxiety, since the capacity for experiencing or feeling it—i.e., saying “I am anxious”—had not yet developed.⁸

David's psychic state was that of an eradicated mind. Eventually, this affected me as well. As weeks and months went by, I could remember

⁸ These insights into the psychic workings of psychotic patients were inspired by Amir (2013).

less and less of what had taken place in our sessions and lost track of previous hours. Within sessions themselves, I could not keep track of the conversation, and gradually I came to feel I was losing my ability to think, with all the helplessness this feeling entails (Steiner 2011). I felt desperate: David could not explain himself to me, and I could not understand him. I felt trapped in a delusional and psychotic world of senseless beta-elements.

Throughout these endless conversations, I kept coming back to two of Bion's papers: "Differentiation of the Psychotic from the Non-Psychotic Personalities" (1957) and "Attacks on Linking" (1959). Ogden (2003) relates Bion's theory of thinking to one of Borges's characters: Ireneo Funes in "Funes the Memorious" (1967c). This connection drew my attention to the fact that both Funes and my patient related to the world through the psychotic part of their personalities—a part that engages the world and the object through violent attacks on linking. In a way, David and Funes are complete opposites: one cannot remember and the other cannot forget; one cannot "see" anything, while the other cannot help but "see" everything.

In the story, Funes suffers a crippling accident, after which he finds that his perception and memory have become infallible and infinite. "Funes not only remembered every leaf on every tree of every wood, but even every one of the times he had perceived or imagined it" (Borges 1967c, p. 42). As a result, Funes becomes incapable of abstract thought, as the narrator observes: "To think is to forget a difference, to generalize, to abstract. In the overly replete world of Funes there were nothing but details" (p. 42). His perfect memory allows for no transformation to occur in the immense and static bulk of sensory data, or beta-elements, that he accumulates.

David, like Funes, had only a very partial mentalization capacity, leaving him unable to understand his own experiences, which overwhelmed his enfeebled self. The ability to see oneself from without, to see others from within, and to understand thought processes all rely on abstractions and symbolization, as well as the development of a distinct self. Neither David nor Funes had a mind of his own: Funes was a camera, capturing the pixels of reality without essence or context, and David was so entangled and enmeshed with his mother, who represented

the world, that he was rendered utterly blind by his inability to distinguish himself from the world. In both cases, there was no capacity for a subjective experience of the world, and thus both of them had failed to become subjects in their own right.

For nearly the entire first two years of treatment, David and I were like two blind men wandering aimlessly in circles. This disorientation accompanied David's double "erasure": his failure to achieve any significant remembering of his past, and his tendency to "forget" any meaningful dialogue that took place in our sessions. The wounds of his early years had pulled a heavy curtain over his memories: he had almost completely forgotten his childhood and adolescence, and was oblivious to his parents' personalities. All he had of them were two superficial and abstract portraits that remained static and congealed during the first years of the analysis.⁹ Here are his words:

You're asking me about my parents? I already told you all that I remember. My mother was an immigrant; she had a tough life. She was a gentle woman but sometimes she just rejected me, out of the blue. She accused me of being a "handful." My father? All I know is that he worked really hard; he had to keep two jobs. Oh, and he was also good with languages . . .

David kept saying that his earliest recollections began in his years as a college student. When I asked him about his life as a child and adolescent, he would simply shake his head: "I just felt so amorphous, Michael—don't you understand that I had no fingerprints? Most of the time I was just lost behind a mask, trying to please other people."

Mostly, even David's attempts at explaining himself to me were masked, and he often utilized the words of others. In order for me to understand him, David prepared reading lists for me, asking or suggesting that I read Kafka and Sartre, Murakami, Celine and Dostoyevsky, even R. D. Laing. In response, I told him: "David, it seems that you feel utterly

⁹ Our common struggle to reconstruct his past brought to mind a statement by Cervantes about truth that Borges had his character Pierre Menard rewrite: "[The] mother [of truth] is history, rival of time, depository of deeds, witness of the past, exemplar and advisor to the present, and the future's counselor" ("Pierre Menard, Author of the *Quixote*"; see Borges 1983a, p. 43). As can be clearly seen, for David there was no sense of truth or identity once history had been done away with.

naked without these spiritual giants. But I wonder whether you really need them.”

Gradually, I came to understand that these texts served as both his emotional companions and his only means of communication at the time. I acceded and participated in this intellectual pursuit with him, for the time being keeping my analyst-self and my insights at bay.

David’s defensive forgetting did not stop at barring the path to the past; it tore away at the very viability of our current relationship. It seemed that David could not remember or contain the things we discussed—not only things said in previous sessions, but even the things we discussed in the course of the same hour. It was as though our dialogue “leaked” right out of him; he could not remember or contain me in his mind, nor could he contemplate me as someone who remembered and kept him in mind. This condition plunged us into compulsive repetition. David would recount the same stories again and again, although I repeatedly signaled to him that I remembered what he was saying and was therefore “holding” him within me.

One day, as David was telling me for the umpteenth time how his mother shouted at him after he misbehaved at school, I finally dared to ask straightforwardly: “David, why are you telling me this again and again? We’ve already talked about it so many times.”

His answer was surprisingly simple: “How could I know you remember what I tell you? Do you think I can risk asking you if you remember and getting a ‘no’? *Of course* I have to tell it again.”

But we persisted, and little by little, as the fragments and shreds of his effaced history began to resurface, we toiled to gather them up and give them meaning: terrible fights he had had with his father; his mother’s panicked and paranoid reaction to a misplaced knife in the kitchen As we found out, David’s father was tyrannical and dismissive of his son, and his mentally ill and often hospitalized mother created a chaotic and unstable environment for him. At one moment, she would glorify and adore him as the one who was supposed to save her and compensate for her disappointing life with his father; at the next, she would reject him completely. His mother’s behavior and perception of reality were completely off, making David afraid that she might drive him mad, and leading him to distrust and shun external influence.

This made David's world frighteningly unpredictable and caused him to perceive himself as inherently flawed. It also placed him in an impossible position, resulting in the development of a false self—which enabled him to exist in the real world, but left him with the terrible fear that his chaotic and feeble self would be exposed. This false self was accompanied by bursts of accusatory rage toward authority figures, especially women.

His mother's death when David was twenty resulted in what could be termed a psychotic depression. A few years later, his father's death led him to begin his previous analysis in the hope of preventing the recurrence of his earlier agony and confusion.

During one of the sessions in our third year together, David said:

I made both my parents retire from their role as parents when I was four, five at most. But then I couldn't live all alone in the world like that, and I built this huge imaginary world, isolated in my room for hours each day with my books. In the world I had made, mom was not crazy but a wonderful woman, and this world had a totally different dad and a totally different me. But for years—even today, partially—I have been dealing with this difficult problem: how not to float away completely.

I was moved by what David was starting to tell me, for two reasons: one was that the curtain of oblivion was beginning to lift, and the second was that David was telling me straightforwardly about his hardship and the fantasy world he had built to cope with it, without intellectualizing or using a work of literature or philosophy as a mediator.

As analysis proceeded, David was able to recall strange, unfathomable experiences—quasi-psychotic childhood episodes. For example, at seven years old, while walking home from school one day, he suddenly felt that the trees were beginning to walk about awkwardly, and that he himself could not stand up straight. His familiar way home from school became alien and uncanny. The afternoon sunlight was replaced by darkness and he became disoriented, seeing and hearing things that were not there. Quite terribly, he was actually aware of losing his mind, of being pulled away from reality. The more I learned about David, the more I became certain that his childhood and adolescence contained more than a few psychotic episodes.

Thirty years later, whenever David had to leave his apartment—let alone travel to another city or go abroad—the terrifying experiences of his childhood came back to haunt him. Even so, at his work (to which he went every day) and during sexual relations, he performed all the necessary tasks; but he experienced no joy, instead feeling like an automaton.

For instance, David once told me: “I am so proud! I held an erection for one full hour!” I asked him whether he had enjoyed himself, and he answered, somewhat surprised, “What does that have to do with anything? I delivered and that’s it.”

Like many persons who have suffered severe trauma as children, David had split himself in two: one part clung repetitively to the past, stopping the flow of time and confusing past, present, and future; the other part was trying to get back in tune with life and reality but failing to really live, instead merely going through the motions. The first part was deadened because time stood still, and the second part could not achieve aliveness because it refused any memory of the past and any continuity of being, which together form the vital core of authentic identity.¹⁰

Fortunately for David, his outstanding cognitive skills helped him survive by allowing him to adopt a protective persona. He used this persona to build an extremely successful business career, but since he functioned as a mere shell, he was left with no sense of accomplishment, empty and detached. Meanwhile, the events that were frozen in time as a result of his traumatic struggles were still alive in him, reenacted in his romantic relationships, which repeated the patterns established with his erratic mother. Painful as these relationships were for him, he was still bent on saving the women he was involved with, trapped by the shame and impotence he had felt as a child at not being able to save his mother (see Shoshani 2009).

During our analysis, David was involved in three intensive and destructive relationships with women much younger and more damaged

¹⁰ A poignant literary example of these split aspects can be found in a remarkable novel by Romanowiczowa (1962). Each of the book’s two heroines, who have survived the trauma of Nazi concentration camps, represents an aspect of the traumatized psyche. Like the self, the book proceeds on the assumption that, if these two detached and split-off parts ever meet, only madness or death can follow.

than he, at least at first glance: one was a destitute alcoholic, another a drug addict, and the third was suicidal. The core dynamic of these relationships was David's use of his money to help or to "save" these women, who became utterly dependent on him. Being worse off than he was (so to speak), they could not expose his automaton existence, and he could play the role of the savior, acting as the care-taking adult to these helpless "children." Instead of being the passive, needy one, he now became the so-called grownup benefactor—finally able to put right his inability to save his incompetent mother.

EVERYONE AND NO ONE

I, who have been so many men in vain, want to be one and myself. [Borges 1998b, p. 320]

As analysis proceeded, I came to understand that any knowledge I gained about David and shared with him overwhelmed him with anxiety. During our second year together, he told me with impatience, even anger:

You know, I think I can tell you now that the things you tell me, they don't feel like words, but like a surgeon's scalpel. I am not even sure that you're aware of this. When you're even an inch off mark, the impact is so devastating that I feel like if I open myself to you, you'll use it against me.

In another session, he told me:

You're not supposed to cure me, remember? I'm not your *patient*. I know what you're trying to do—you're trying to shape me, to turn me into something else, into your clone. You want me to be just like you.

As is clear from his words, David could not relate without becoming assimilated; he could not be *like* someone without fully merging with them. It really was *him* or *me*. In this state, unable to locate the distance or the "membrane" that could demarcate our separateness and ensure that we did not collapse into each other, he could either kill me or be killed, invaded by me, until nothing remained that was David himself.¹¹

¹¹ Laing (1965) would call this condition "ontological insecurity" (pp. 39-64).

This state of affairs led to his being terrorized by claustrophobia and paranoia (Meltzer 1968). The only way for him to have anything was either to possess the object or to copy it in chameleon-like identification.

While his words express his fear of being absorbed and annihilated by my identity, at the same time, David acted in ways that exhibited his urge to become my double and to shape me in his image. These efforts were designed to deaden any humanness in our relationship, turning it into a relation between two “its” that could perfectly adapt to their environment, morphing into whoever was near. For instance, at some point in the analysis, he began reading Kohut and Benjamin obsessively—trying to think and talk as I did, trying to copy my analytic self.

In hearing him quoting and discussing these analytic thinkers, or talking about Kafka or Sartre, I felt that David’s own voice was lost, taken over by the words of others. The feeling of deadness and emptiness that emanated from his attempts to simulate a life echoed the exact feeling I had in reading Borges’s imagined biography of Shakespeare, a short piece entitled “Everything and Nothing” (1998b). In this story, the protagonist, the imagined Shakespeare, is an empty man, a nobody: “There was no one in him; behind his face . . . and his words, which were copious, fantastic and stormy, there was only a bit of coldness, a dream dreamt by no one” (p. 319).

It was this description that helped me understand David’s particular predicament: he manifested a chameleon-like quality, insisting that nothing could be pinned on him, nothing could describe who he really was; he was desperately trying to escape his own humanity and finitude.¹² From “Everything and Nothing,” we learn that, precisely by virtue of this escape, of this nothingness, the story’s protagonist is able to *be* Shakespeare—that is, to partake in the timeless experiences, so carefully described, of “Caesar, who ignores the admonitions of the Sybil, and Juliet, who hates the lark, and Macbeth, who speaks on the moor with the witches” (Borges 1998b, pp. 319–320).

As suggested by the title of this story, “Everything and Nothing,” David constantly had to choose between being everyone and being no

¹² This quality had much to do with David’s lack of personal history, which will be discussed in greater detail in what follows.

one, thus avoiding the creation of a self in order to make room for the limitless fantastic roles he played: world-famous authors and theoreticians. It was painful to witness such tremendous efforts to live, which amounted to nothing but falsifications, leaving him to an empty, as-if existence. The emotional involvement I had experienced while so enchanted with Borges's Shakespeare now joined my empathy and caring for David. When these two synapses flashed, combining them within me, the essential humanness of their wish to have it all—inevitably leading to the loss of everything—struck me with all its tragedy.

"Everything and Nothing" highlights two destructive and malignant paths available to someone who has failed to attain an integrated sense of self. One such path is expressed through the description of a person who, in order to prevent the unbearable agony of being constrained by otherness and mortality, willingly reduces himself to an impotent emptiness, to being no one. The other path is conveyed as the omnipotent utilization of such emptiness in order to become *anyone* whom one wishes to be. This exchange of selfhood for nothingness, so idealized by Borges as the source of creative inventiveness, plunged David into profound loneliness.¹³ For him, the only available alternative to this isolation was dissolution and the collapse of two into one; like the protagonist in "Everything and Nothing," he was left with two intolerable alternatives: being no one, or merging into someone else—donning another's mind and thereby avoiding a distinct and separate identity and a mind of his own (Caper 1999).

The end of this story, in which the imagined Shakespeare meets God and laments his being "so many men in vain," finds the poet expressing his desire to be "one and myself" (Borges 1998b, p. 320). The protagonist finally relinquishes the omnipotence of being anyone and instead yearns to be someone. Similarly, in his failing struggle for identity, foiled by an inability to integrate and contain his self and his past, David was

¹³ It seems that, more often than not, Borges reveals the tragedy of solitary men on lonely quests that seem empty and insubstantial, almost without any distinguishing features: e.g., Pierre Menard in "Pierre Menard, Author of the *Quixote*" (1983a); the dreamer in "The Circular Ruins" (1967d); the Roman of "The Immortal" (1983b); Jaromir Hladik of "The Secret Miracle" (1967a); and Pedro Damián of "The Other Death" (1971a).

trapped in the dialectics of everything and nothing, everyone and no one, living one part or the other at each moment.

As Borges states: "The solution of a mystery is always less impressive than the mystery itself" (1971b, p. 82). In working with David, I utilized the insights I gained from Borges in addressing his confused and multiple identities. I learned that David's various split selves seemed to want to be human, but hesitantly, anxiously, while insisting on maintaining selfhood as ultimately mysterious, on never being fully revealed.

David shared with Borges's characters this dual desire to be everyone, tantamount to being no one, and at the same time to be someone, a more fully alive individual, authentic and unique, without being petrified or becoming helplessly bound to the self—without, in the words of T. S. Eliot (1915), being fixed "in a formulated phrase . . . formulated, sprawling on a pin . . . pinned and wriggling on the wall" (p. 8).

David once put this feeling into the following words: "Inside I do feel a little like a person, but in the eyes of others I still feel like an insect."¹⁴ One day he asked me, with dead seriousness: "Michael—you, when you look at me—do you see any specific features in my personality?"

David had a subtle, precocious, and indistinct sense of who he was, which he could hold on to as long as he did not come into contact with reality.¹⁵ Any such contact was experienced as a potential threat of dissolution of the part of his psyche that he felt was truly David. He immediately alienated those parts of his personality that brought him face to face with otherness and mortality: the parts of his private self that became "contaminated" by the mimicry and compliance inherent in his public interaction with others, and the death threat that was experienced as equivalent to any encounter with life.

When I found myself looking for the words and metaphors to explain these insights to myself and to David, I turned to Borges's "Borges and I" (1998c, p. 324), which foregrounds a striking example of such a confused and ambivalent relationship to the self. This story captures

¹⁴ This reminds us of David's recurring reference to Gregor Samsa, the protagonist of Kafka's *Metamorphosis*.

¹⁵ Cf. St. Augustine's famous saying: "What, then, is time? If no one ask of me, I know; if I wish to explain to him who asks, I know not" (Schaff 1886, p. 168).

the internal dynamics dominating the relationship between an individual's two parts: the public, self-made, static part, false and lifeless; and the private self that, unable to face time and change, has to keep itself shrouded in obscurity in order to experience its own authenticity.

The story articulates what could be described as an encounter with an entity that ought to be part of oneself, but clearly and frustratingly is not, as it is dissociated and alienated.¹⁶ The narrator is a fleeting, indefinable "I," a meta-mind. This entity tries desperately to preserve a unique and dynamic identity, which is always in danger of being expropriated by "Borges." This "Borges" figure may be seen as the public literary persona—Borges as one would see him from without, objectively, as the narrator explains: "It's Borges, the other one, that things happen to News of Borges reaches me by mail or I see his name on a list of academics or in some biographical dictionary" (1998c, p. 324).

The story describes the efforts of "I" to escape the threat of becoming "Borges." Tragically, everything the narrating I does, Borges soon mimics, taking possession of the I's features and turning all his qualities into what the I feels to be the "accoutrements of an actor" (1998c, p. 324). This I is isolated and alienated from the experiences of Borges, seeing that agent of the real world as his fundamental other and identifying less with that Borges's writings than with those of other authors.

David repeatedly shared with me a similar experience, which was generally described thus:

As long as I am by myself, in my house, I know where I start and where I finish; I know my boundaries. I know, more or less, who David is. I have a grip on this "incommunicado," as Winnicott would say.¹⁷ But the second I step out the door, whatever security I had evaporates. Even if I just meet someone in the elevator for ten seconds, I get liquefied, and some other David

¹⁶ The conflict between the two protagonists could also be construed, in Bach's (1999) terms, as the conflict of subjective and objective self-awareness. If we use Bach's terminology in interpreting the story, we can see a severe imbalance between subjective and objective self-awareness, with the objective overriding and pushing the subjective aside, not allowing it direct contact with lived experience.

¹⁷ I found this to be quite impressive knowledge of our field for someone who was not a professional.

is standing there, taking over. And this David is not real; he's just for show. You know what Sartre says? Hell is other people!

I said, "You're telling me life has taught you that you have to stand guard so the other won't see through you and rob you of who you are."

While the story's narrator and David both dealt with the same fundamental paradox of human duality, each dealt differently with the *me* and *not-me* dynamic.¹⁸ In the story, the artistic employment of defamiliarization constitutes a higher level of unity, which contains this disjunction without creating an insurmountable abyss between the two aspects. Meanwhile, David's self was fundamentally disintegrated, and the split seemed unbridgeable since he lacked the capacity to transform his quasi-psychotic dread of death. This left him fragmented, with each part of his split self experiencing itself as a sovereign, independent entity. Because hatred and fragmentation had made dialogue between these split-off elements impossible, David's psychological birth was aborted, and depersonalization and derealization were the dominant processes, resulting in an *embryo mind* (Symington 2007).

THE BOTTLE MAN

People say life is the thing, but I prefer reading. [Smith 1931, p. 71]

David was trapped by his experience of an unbearable and intrusive reality and sought shelter in a fantasy world, which made him ever more detached from his surroundings. The tension of this reality/fantasy split was expressed in one of David's compulsions, which I will call his "bottle method." In one of the sessions during our second year of therapy, David told me with great embarrassment of a unique and incredible habit he had developed: he kept a backpack full of bottles, and every time he left the house, he would fill the bottles with a certain amount of water, according to the distance he had to travel and his emotional state at the time. Thus, David's home was experienced as a safe haven, a bubble in

¹⁸ See Bromberg's (1996) use of the concepts of *me* and *not-me* in his interpretation of Sullivan (1953).

which space and time were suspended; even the briefest excursion became a real danger to his psychic equilibrium.

The greater the distance and the more he felt threatened, the heavier and fuller the bottles became. Filling the bottles was a complicated task, as the amount of water had to correlate with his position in physical and psychic space. He had to be very careful, since too little water would cause him to flutter about like a kite, with no ground and no anchor. By contrast, too much water would cause him to collapse into himself in depression and horror.

The basic structure expressed in this bottle method kept emerging in the analysis as the sense of a tragic absence of any middle point between the two extremes of weight and lightness, of engulfment by reality and dissipation in fantasy. David was unable to bear his burden without collapsing: he still could not dare, as Kierkegaard (1849) would say, to be himself in his “essential contingency” (p. 63)—to accept his singular life, along with all the terrible things that he had suffered and that were beyond his control.

In one of his most acclaimed essays, “A New Refutation of Time” (1967b), Borges presents his philosophical objection to the categories of time, identity, and reality. These three components of memory go hand in hand, in Borges’s writing, with an inability to accept the unique self. I read this refusal of the particular or finite—present in many of his stories—not as a shortcoming, but as a clearly defined ideology, stemming, perhaps, from a kind of existential pain.

In his refutation of time, Borges (1967b) describes his motivation thus:

To deny temporal succession, to deny the self, to deny the astronomical universe, are measures of apparent despair and secret consolation. Our destiny . . . is not frightful because it is *unreal*; it is frightful because it is *irreversible and ironbound* The world, unfortunately, is real; I, unfortunately, am Borges. [p. 64, italics added]

These words echo the same either-or that I encountered with David: the world is either unreal or ironbound; either it evaporates into fantasy, or it is chained by the laws of reality. It appears that this very notion of re-

ality as something fundamentally unchangeable, as a substance that does not permit any interference by the subject, fuels the attempts of both David and Borges's protagonists to omnipotently overthrow real life in order to exist as human beings. Unfortunately, the reality David sought to overthrow also included his own personal history, the life from which he had orphaned himself, which he felt must be treated as an enemy whom he had to destroy. This attitude prevented him from owning his life in a creative and constructive manner.

David seemed to move back and forth between these poles. The sanctuary of fantasy protected him, but removed him from the world and placed him in constant danger of evaporating.¹⁹ Since he was able to live only in fantasy, finding reality and vitality exclusively between the covers of books, David's external life and his emotional experience suffered neglect and stagnation. Whenever he endeavored to turn his attention to reality, it appeared to him to be "stripped to the bone"—nothing but trivial, dead detail, a wasteland that had no room for him and that he could not process into any meaningful personal experience. David told me:

Sometimes, when I look at my hand, for instance, I don't feel that it's mine, that it is part of me. I check my pulse sometimes just to make sure I am alive. You know what makes me feel close to the world, even a little? Have you ever taken apart a watch and put it together again? I can do that for hours. And that's the only thing, the one thing that keeps me close to the world.

David suffered from an inability to bring reality and fantasy together into a balanced and enlivening dialectic (Ogden 1986). Whenever he attempted to create a potential space—formed by interweaving the two poles of reality and fantasy—it collapsed in either direction because these two poles had become so malignantly separated. Fantasy could overwhelm reality, becoming indistinct from it, as satisfying and as dangerous as real life. This kind of collapse cancelled the distinction between inside and outside, leaving David with no external world, since his

¹⁹ Another analysand treated by one of us (depicted in Shoshani 2009) exhibited strikingly similar dynamics.

outer reality was replaced by the tangible presence of thoughts, feelings, and speculations.

Potential space was also collapsed when reality overwhelmed fantasy, robbing it of vitality and foreclosing the imagination by bringing the world's triviality to bear on flights of the imagination. In this state, one enters "the realm of the thing in itself": one cannot use symbols and cannot integrate reality and fantasy into a meaningful experience (Ogden 1986). As a result, "that which is perceived is unmediated by subjectivity" (p. 217).

David was able to survive only through his ability to build an alternative fantasy world. This was a world of omnipotence, a *timeless and lifeless world*, to use Meltzer's (1978) expression—one in which death and pain could not reach him, where he was not bound to the aching and disturbing particularities of his singular life, where trauma had stopped time and life before they could really begin. But for David, omnipotence was beginning to fail. His psyche remained locked away in the confines of his private fantasy, drifting away from the real world and from agency and meaningful interaction. Once omnipotent in fantasy, he gradually became impotent in reality, frozen and unable to accept time or change, to participate in growth or maturation.

One might say that David had been turning himself into a pure, immaterial subject, invisible and immortal, by attempting not to live so that he would not have to die. As part of life, we all juggle our inability to conquer death with our need to believe in our own immortality.²⁰ In order to be able to experience life, we have to create a mediating position, which Winnicott called *the capacity for illusion*—an intermediary space in which our lives are sheltered from the immanent threat of death. Since David was unable to maintain this illusion, he felt the presence of death at every turn. On the one hand, he kept feeling that time was running out, that he would never finish the masterpiece he needed to write; on the other hand, he procrastinated to such a degree that he gave the impression of having all the time in the world.

One day, David spelled all this out clearly, as follows.

²⁰ McDougall (1989) claims that we are born with a certain belief that we bear in mind throughout life: the unconscious fantasy of all-inclusive omnipotence and immortality.

Look at all those politicians and businessmen, seventy and eighty years old—as long as they refuse to retire, they are still healthy and creative, don't you see? It's up to them. They decide when to go. Just like I do—I'm telling you, Michael, I know that I will keep on living as long as I'm still writing my book.

My reply was: "It sounds as if you've found a way to conquer time and even death. You've found a way to free yourself of the need to experience fear or pain."

I had the disturbing feeling that David, by resorting to these instruments of survival, was reducing his humanness and limiting his mind and aliveness. Even so, as I listened to him, I felt that his omnipotent urges were so explicit that they awakened some of my own childish fears and wishes. I suddenly found myself wishing never to die—and even envying David for having identified an easy way out of the pain and loss of mortality.

Bronstein (2002) reads two of Borges's stories, "The Circular Ruins" (1967d) and "The Immortal" (1983b), as a metaphor for the psychic struggle of individuals who are "confronted with pain and loss and their subsequent compulsive search for an omnipotent solution through the phantasy of becoming immortal" (Bronstein 2002, p. 651). She sees the endings of these stories—in which the dreamer finally realizes he has also been dreamt, and the Roman finds the stream that restores mortality—as moments of terrifying acknowledgment of "self destructiveness, of having given up on [their] human condition." This can be viewed as a display of the desire "to be in contact with internal reality" (pp. 655-656).

The omnipotent fantasy of immortality, according to Bronstein (2002),

. . . arises from the impossibility of bearing the mental pain of experiencing ordinary human vulnerability and loss—death being the ultimate expression of such vulnerability [The search for immortality] expresses an omnipotent phantasy of ridding the self of the emotional pain and fear that arises through being alive. It leads to a denial of the emotional significance of passage of time The individual's state of not feeling approximates to a complete loss of human identity and emotional death, with no place for any meaningful others. [p. 647]

As I read these words, I felt a certain reconciliation: I felt that it was all right to maintain such emotional involvement with David's omnipotence, as well as with my own childish aspects. But I also maintained the firm understanding that being human requires the ability to bear such pain, loss, and finitude.

Immersed in these two psychic positions, I realized something more: that being human means both living with the omnipotent fantasies of immortality and invulnerability, and the need to live out the pain and suffering that are part and parcel of life, without running away. One has to learn to walk using both these legs; relying on just one of them turns us into handicapped people.

REPETITIONS AND RE-CREATIONS, LAMENTATIONS AND DIALOGUES

The most solemn of events are outside time—whether because in the most solemn of events the immediate past is severed, as it were, from the future, or because the elements that compose those events seem not to be consecutive. [Borges 1998a, p. 217]

For several years, David and I were rediscovering and rewriting his story, which was largely the story of his past. We were trying to re-create this story in a way that would allow for a new beginning, one that would entail continuity rather than splitting and repetition. For him this was a daring and almost impossible attempt at self-creation. My effort was at containing and supporting this birth-like process through a dialogical rewriting of the past, which involved owning it, mourning it, and finally becoming liberated from it.

As we reached our fourth year of working together, we were gradually able to form a relationship that allowed us to process and talk about experiences in an open and containing manner. David struggled to accept the supportive presence of another person, something he had utterly refused ever since he chose the path of omnipotence. Step by step, we were able to approach his past and give it sense and meaning. On the one hand, we had our ongoing, containing dialogue; on the other, we had David's desperate, Munchausen-like attempt to lift himself up by his bootstraps. David described this as follows.

I had to actually reinvent myself, to create myself anew because of the weight of those feelings that my parents had placed on me . . . I had to run away and make up an imaginary world and a new me, just to get away from them . . . I had to cast off my parents and all the rest of the world and try taking care of myself on my own.

The main drawback of such an attempted self-creation is that it leaves little room for innovation and lacks the space needed for processing the past; it therefore becomes a sterile and repetitive endeavor. Loewald (1971) makes an important distinction between repetition and re-creation, indicating that one is passive while the other is active. He states that, while psychoanalysis assumes that the life of the individual repeats his infantile history,

. . . everything depends on *how* these early experiences are repeated in the course of life, to what extent are they repeated passively . . . and to what extent they can be taken over in the ego's organizing activity and made over into something new. [p. 60, italics in original]

Repetition and re-creation depend on the relation between early experiences and the ego's influence. Passive repetition or duplication implies that the experience repeated has become automatic and removed from psychic influence. Re-creation or active repetition means that the individual has not only become aware of his experiences, but is also able to "own up to them as *his* wishes and conflicts and defenses, to re-experience them as . . . non-automatic" (Loewald 1971, p. 62, italics in original). Here his experiences become something with which the subject is personally involved; the process includes acknowledging, mourning, and assuming responsibility for one's self, one's past, and one's unconscious.

In essence, time is the matrix in which the processes of repetition and re-creation take place. In repetition, time has ground to a halt; there is no movement or change. In re-creation, on the other hand, the three zones of time—past, present, and future—are distinguished from each other, creating and influencing one another.

I consider Loewald one of my most enlightening mentors, and the lenses of repetition and re-creation turned out to be quite useful in Da-

vid's analysis. At times, I almost lost hope, when I felt that David could never release himself from the jaws of repetition compulsion.

In search of hope, I relied on two of Borges's stories, in which the transition from repetition to re-creation is beautifully and inspiringly illustrated. The first is "The Circular Ruins" (1967d), which could be read as a parable on loneliness. As in *The Adventures of Pinocchio* and the myth of Pygmalion, the protagonist—a dreamer—creates a beloved, a son, out of his loneliness. Yet he creates not with wood or marble, but with nothing more than the fabric of his own mind. Thus, as fantasy begets only fantasy, time stands still in a process of endless repetition: dreamers beget dreamers ad infinitum. The dreamer himself has no name and no past; he is nothing, and his aching loneliness gives birth to nothing—to another empty man who is his double.

The second story I relied on in searching for hope is "The Other Death" (1971a), whose protagonist actually authors his own life anew. Damián lives in shame and regret for forty years, having displayed cowardice in battle. He is then provided with a second chance, which literally grants him a new past: "*in 1946, through the working out of a long, slow-burning passion, Pedro Damián died [as a hero] in the defeat at Masoller . . . in 1904*" (1971a, p. 73, italics added).

In this story, this is no mere change in one's view of the past, but rather an actual reworking of the very fabric of reality. The paradoxical argument is that one can indeed change one's past and thereby one's present and future. Damián's mind bends the world to his will: his desire and regret erase old memories, plant new ones, and get rid of vocal witnesses. The past is rewritten, and Damián wins his glorious death.

The significant development illustrated in "The Other Death" is the dynamic nature of time: not only does the past influence the present, but the present can also change the past. Although it is an ontological fact that the past cannot be altered, David's view (his implicit epistemological perception) of the facts of his past was transformed in analysis and, in this sense, his past was reshaped by his present. In other words, the registration of the past in his psyche was changed.

In many respects, what we do in psychoanalysis is rewind the reel of the patient's life so that we can access traumatic junctions that could not be worked through due to their having occurred outside of time. (This

suits our present understanding of trauma.) Isn't this the goal of every psychoanalytic effort: to transform a past that is otherwise frozen and lifeless? Thus, in my reading of the story, Damián's supernatural time travel is a parable for the healing potential of psychoanalysis—and, for that matter, of life itself.

These latter two stories trace a line of progress from the isolated repetition that engenders only a hollow dream to the involved re-creation of real life. They opened up a horizon to which I could aspire. Eventually, the same transition occurred with David: the healthier he became and the more authentic our dialogue grew, the more he was able to re-create rather than repeat, and the more his ghosts became ancestors.²¹ Through the possibility of re-creation, we entered a new way of relating to the past, beyond what was and what should or could have been. David could find an intermediary zone where his past no longer paralyzed him.

DISCUSSION: REFLECTIONS ON DAVID'S ANALYSIS, BORGES, AND PSYCHOANALYSIS IN GENERAL

To me there is something magical about literature By creating a work of fiction you can make the reader jump over the walls of his self and imagine himself not just somewhere else, but as someone else. [Foster-Wallace quoted in Limona 2012, translation by M. and B. Shoshani]

What draws us to Borges's fiction is the manner in which it probes the limits of common sense, knowledge, and thought in an ever-expanding motion of creativity. Michel Foucault points to this aspect of Borges's writing when he notes that a paragraph from one of the short stories served as inspiration for his *The Order of Things* (1994). Foucault mentions that his book first arose "out of the laughter that shattered . . . all the familiar landmarks of my thought"—the surprised laughter shared by many readers of Borges's fantastic tales.

²¹ This transformation is captured in Loewald's (1960) words: "In the daylight of analysis, the ghosts of the unconscious are laid and led to rest as ancestors whose power is taken over and transformed into the newer intensity of present life" (p. 29).

By describing miraculous transgressions and variations on our habituated conceptual matrix, Borges's works are not only novel, but also demonstrate, through "the exotic charm of another system of thought, . . . the limitation of our own," producing an "unthinkable space" (Foucault 1994, p. xv). Borges leads us to the question: how is it that we "know" what it means to be human? Through the prism of his works, the human condition comes to seem strange and enigmatic.

Today, when our psychoanalytic discourse no longer has to struggle to validate itself, when it is widely accepted as a valuable form of knowledge, we must strive not to stagnate, and to open ourselves to new vistas on mental life—a task we can pursue by trying to think in the "unthinkable space" that art makes available to us. After all, it is the psychoanalyst's role, as Ogden (2005) claims, to reinvent psychoanalysis for every new patient, since each is wholly singular. It is our belief that, in order to do so, it may be necessary to stage a dialogue between practice, theory, and literary texts—one that will build on the power of words to expand the boundaries of fields of meaning.

Freud famously noted the similarity between the objects of great novelists and those of psychoanalysts. Indeed, part of the pleasure of exploring the enigma that each patient represents involves a constant search for the right words in the right order, for the right tone, or for a metaphor that gathers up the components of the patient's text in a way that resonates to the full depth of his emotional experience. In this our task is indeed similar to a form of writing; it is both a playing with words and a search for meaningful spaces between them.

But as is true for writers of fiction, our task involves more than just word-smithing. Kristeva (2003) highlights the importance of the semiotic layer, which she defines as preceding the infant's introduction into language. It is a layer that borders on the body at one end and on the word at the other. It is the earliest stage in the development of human communication.

Still, this layer does not merely fade as we grow up; it turns into a part of the unconscious, nourishing symbolic language and giving substance to the emotional exchange between interlocutors. The semiotic pulls us toward the raw, toward what preceded emotional organization, toward the Dionysian aspect of artistic creation. This notion of speech turns the

talking cure into an art that cannot survive on conceptual thought alone. Concepts are vital, but they fall short of the personal, the unique, and the particular. By their very nature, they deal in generalizations and the effacement of difference.

As we have shown, in Michael's analysis with David, these links between the two disciplines came to the fore; they furthered and enriched the analysis in manifold ways. Michael's patient had created a unique and characteristic sense of time and space in the transference. In trying to comprehend how David's distortion of time reflected his particular pathology, the analyst found Borges's work particularly illuminating, as much of his writing appeared to grapple with similar modes of being simultaneously in and out of time and flux.

David's denial of time made him resistant to change and to the working through that is necessary for mourning. Borges's refutations of time in his stories present us with a similar paradox: they show us that time can be refuted, but that, when refuted, time nevertheless continues to be: the world continues to be, despite our idealist refutations of it. David's neuroses placed him at a similar impasse.

Furthermore, in many of Borges's stories, there is no time in the sense that the characters seem to exist in an omni-temporality, in the presence of everything that has taken place and will take place, as Funes does in "Funes the Memorious" (1967c). The theme of omnipotence with regard to time appeared to enchant Borges. David, however, became so ruled by the wish for this type of omnipotence that he was unable to fully experience his life.

In this article, we have sought to demonstrate the unconscious processes underlying these particular distortions of time and their impact on the patient's experience, especially as it formed a discontinuous psychic life. There was, for David, a self who belonged to time, whose identity was made up of timeliness, and then there was another self who was an ideality that demanded a renunciation of the time-bound self and its histories. Like the "I" in "Borges and I" (1998c), this time-bound self was reduced to the status of a waste product by its own immortal twin.

For Michael, Borges's stories inspired a growing insight into these paradoxes of the patient's psyche. In reading them, Michael came to realize the radical alterity of the patient's relationship to time, and to

understand that, if he was to be a good analyst for David, he would have to accept the need to think in an “unthinkable space,” and to do battle with his own self-identity and preconceived, stable frame of reference. Borges’s texts helped focus Michael’s pursuit of a greater knowledge of David’s unconscious processes and fantasies.

By overlapping the analytic process with the experience of reading, Michael’s understanding grew richer; his consciousness was enhanced, and his emotional response expanded. It is this unique ability to provoke thought and ever-new responses to the mind’s singularity that the psychoanalytic process shares with the act of reading literary works. Through this common ground, the two disciplines are illustrative of one other and mutually illuminating. Although reading and analysis are both experiential, deeply involved processes, they allow the imagination to roam freely in the context of reflection and observation, and they combine thought and insight with other forms of understanding and reverie.

Perhaps, then, it is time to free ourselves from our accustomed hierarchies in which psychoanalysis is usually the subject, the field of knowledge, while science or literature is the object, a language to be interpreted. Perhaps, indeed, it is time to invent a new intersubjectivity of disciplines, and to relinquish our fantasy of omnipotent mastery over our texts and our patients’ texts. As we have tried to demonstrate here, such a new perspective may be learned, possibly, through opening ourselves up to literary works, for all their unruly ironies and paradoxes. This does not entail the application of literature to psychoanalysis or vice versa, but rather a creative exploration of the way in which the two domains illuminate, enrich, and complicate one another.

Acknowledgment: The authors wish to extend their gratitude to Thomas Ogden for encouraging them, through mutual dialogue, to transform their love for Borges into a source of inspiration and psychoanalytic insight in their writings.

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Michael Shoshani and Batya Shoshani
Emil Zola 22
Tel-Aviv, 63466
Israel

e-mail: mbshoshani@gmail.com

ON THE THERAPIST'S YEARNING FOR INTIMACY

BY HANOCH YERUSHALMI

From the beginning of clinical psychoanalysis, analysts have been at risk of succumbing to yearnings for intimacy and contact that are stirred up by the heat of the analytic encounter. Recently, as theoretical developments have encouraged us to create moments of meeting (Stern et al. 1998) and have urged us to tolerate the feelings stimulated by enactments, these risks have increased. The author points out that foregoing the realization of this yearning within the analytic relationship and the resultant mourning for the loss of a fantasy or illusion carries a heavy personal price tag for the therapist.

Keywords: Yearning, intimacy, analytic encounter, mourning, moments of meeting, enactment, analytic framework, therapist's authenticity.

The more developed our understanding of intersubjective processes and the greater our ability to describe them in a meaningful way, the more we can broaden our understanding of the various complex challenges that face us as psychoanalytic psychotherapists. However, the risks to therapists of one meaningful challenge have recently increased. This challenge derives from a recognition of the importance of authenticity and spontaneity in contact with patients. It is accentuated by the stance held by relational theory, which encourages a close, emotionally touching, and mutually therapeutic relationship in order to provide an outlet for the internalized dramas of both patient and therapist.

Hanoch Yerushalmi is Chair of the Community Mental Health Department at the University of Haifa, Israel.

This clinical-theoretical stance finds expression in the study of *moments of meeting*, which are encouraged phenomena in the analytic process, and of *mutual enactments*, which are tolerated. These two concepts—as well as others, such as self-disclosure, affect attunement, and expressive involvement—deal with authentic and spontaneous self-expression, considered an inseparable part of the psychoanalytic psychotherapeutic process. These theoretical developments invite the therapist to take an active part in the analytic therapy process and to become closely involved and engaged with them.

I suggest that this increasingly relational tendency among therapists can induce a deep yearning in them, within the analytic context, for a close, intimate relationship and a merging with significant others. This yearning can obviously attain only a very limited outlet in the therapeutic relationship, which always includes reasonable boundaries in order to contain an intersubjective therapeutic space. Because of these boundaries, this yearning, often a never-ending one, cannot be satisfied.

Therapists, therefore, often find themselves having to relinquish this yearning, which leads to a subsequent process of mourning. The psychoanalytic literature addresses the mourning that therapists must experience as part of their involvement in therapy, such as mourning for their grandiose, unsatisfied wishes for the therapy and its outcome. By and large, however, analytic writers have not addressed mourning and the experience of loneliness in relation to the yearning I am describing—a yearning that arises in the aftermath of intense personal involvement, and gathers strength from current relational clinical-therapeutic approaches.

Lack of a mourning process for the impossibility of realizing this yearning is likely to spark an avoidance reaction and a fear of repeating the traumatic experience. Conversely, ongoing observation of this process and appropriate working through of mourning might help therapists find an appropriate emotional balance when such yearning for intimacy arises. Awareness of these processes will enable their relatively fast identification and the search for renewed balance among wishes, fantasies, and perceptions of relational realities.

Many writers believe that the emotional intensity and centrality of the therapeutic relationship increases its effectiveness (e.g., Epstein

1994; Fosshage 2007; Frank 1997; Greenberg 2002; Mitchell 1993). This belief in the importance of the therapist's authenticity encourages integration of parts of the therapist's self-experience into the analytic therapeutic relationship, and attributes a crucial therapeutic impact to these parts, even when they are not in line with preplanned therapeutic goals (Bollas 2006; Fosshage 2007).

Since authenticity may be best expressed through spontaneous actions and reactions, increasing numbers of analytic thinkers are recommending that therapists maintain an intentionality toward voluntary and disciplined, spontaneous therapeutic engagements, which at the same time are less restrained. These engagements may be manifested through remarks, gestures, facial expressions, and actions that appear as a result of an outbreak of emotion in the absence of deep thinking or premeditation on the therapist's part (Bacal and Herzog 2003; Kindler 2010; Lichtenberg 1999; Teicholz 2000; Wolfe 1985). Authors explain that such spontaneity must be expressed with caution and in the context of maintaining the therapeutic process and the patient's central position within it; they warn against its unethical use.

It is clear that the therapist's attempt to achieve authenticity and spontaneity leaves him more exposed and vulnerable than is the case when rules and texts are strictly adhered to. I suggest that when the therapist strives for spontaneous expression of authentic self-experience, with the greater risk of vulnerability this entails, an emotional hunger may frequently be evoked within him—or, in other words, an archaic yearning may arise. This yearning is for a relationship, for contact, and for merging with significant others—a wish buried deep inside the individual self-experience of all of us (Ehrenberg 2003; Stolorow 1994, 2002), and one that is stimulated under certain conditions.

Deeply rooted from an early age, such a yearning shapes all our relationships with significant others (Davies 1998). This archaic yearning is composed of the need for:

. . . nourishment and warmth; the need for emotional resonance and physical contact; the need for recognition and affirmation; the need for reliable and knowable limits and boundaries; the need to survive and watch others survive our own aggressive and

rageful assaults; the need to trust, rely on, and ultimately surrender to the other. [p. 805]

This yearning for a deep, touching relationship and for merging with significant others is not necessarily a longing for something we have had and lost, such as actual experiences or memories. It can be a yearning for relationships and intimacy that exist only in our imaginations, in our hopes and desires for the future (Person 2006). It often appears as the desire to merge with a significant other, while denying separation from him or her and clinging to the belief that he or she understands one's needs without having to be told (Ehrenberg 2003). This yearning for intimacy contains a hidden meaning that conveys the idea of "I want it, I must attain it, and I will attain it," together with a magical denial of the difficulty of its achievement (Phillips 2002).

Archaic yearning is frequently aroused in the therapist following the establishment of dialogue and a close relationship with the patient—a relationship in which the therapist sheds barriers and inhibitions on the way to authentic self-expression, which will appear spontaneously in the therapy. This yearning, which might be deeply concealed underneath mature, controlled self-organization and the shroud of professionalism, might wait a very long time for the opportune moment to burst forth in an individual's emotional life, including a psychoanalytic therapist's.

The significant connection with patients, mutual therapist–patient contact, and the uniqueness of the moment may arouse within the therapist a hunger for something that the therapeutic reality cannot provide: greater intimacy, a deep relationship experience, and genuine or imagined merging. Such hunger will have been buried within the therapist from a very early age and is stimulated in the present.

We may learn of the existence of such yearning when it appears implicitly in the therapist's fantasy of a relationship with a patient outside the office. The therapist often finds himself imagining how he could develop a relationship with his patient, painted in ideal colors, as a perfect solution to the social distress and existential isolation that the therapist sometimes feels. At other times, the therapist may imagine a role reversal with the patient, in which the therapist is the one being treated, or the

therapist may fantasize about being treated by a different therapist in a relationship in which he feels genuinely seen and understood.

Fantasies such as these express the desire and archaic yearning for a relationship that is not limited to a rigid analytic framework, a relationship that is far more total, enveloping, and fulfilling than is possible within the structure of the therapist's current role. This yearning has a primitive source and is removed from the limitations and conventions of reality.

Attempts or aspirations to realize part of this yearning through intimacy are permissible in any relationship that is not of an analytic therapeutic nature. However, analytic therapy leaves no room for long-term development of this yearning because of its structure and its mission. It is intended to advance therapeutic goals; it is not intended to satisfy the therapist's deep personal goals or to exist in and of itself.

In my view, this situation creates an inherent difficulty and an occasional need among therapists to mourn the fact that the therapeutic context cannot meet the needs of the yearning evoked within them. A mourning process is required because the therapist must separate from the idea, hope, and fantasy that this initial, basic yearning can be realized in the present context. This process may arouse frustration and anger in the therapist, and sometimes even despair, but these can be alleviated through their acknowledgment by significant others.

The therapist experiences mourning when she must relinquish her yearning, despite having derived satisfaction from the achievement of therapeutic goals, and despite the patient's genuine expression of gratitude. This relinquishment and subsequent mourning may assist the therapist in understanding the patient's pain at the loss of subjective omnipotence—that is, of the exciting illusion that the patient can own and control the therapist (Winnicott 1960). This painful loss is part of the patient's journey toward acquiring knowledge of his internal world and his organization of self-experience, and toward an understanding of how these intersubjective systems are created with significant others. In a parallel way, it may emerge that it is actually the therapist's deep emotional involvement in the therapeutic process that is so painful for the therapist.

A theoretical-clinical approach neither examines the arousal of archaic emotional hunger for relationships and intimacy—which therapists with a relational emphasis are especially likely to experience—nor suggests what should be done with it. Neither does such an approach suggest how therapists can return to a more observational and less involved standpoint following such personal and emotionally arousing participation.

THE THERAPIST'S MOURNING PROCESS

The therapist's mourning of the inability to satisfy his yearning for relationships—for emotionally touching and merging with significant others, and for recognition of his loneliness—is by and large not addressed in the psychoanalytic literature. However, some writers have addressed other mourning processes that therapists experience as part of their analytic therapy work.

Steiner (2011), for example, writes that the therapist's own vulnerabilities, which are enhanced by the patient's projective identification, sometimes cause the therapist to dissociate from the patient's emotional reality and unconscious communications and to try to compensate for these vulnerabilities. In such cases, the therapist is likely to project her own internal objects onto the patient, and to attempt to retrieve them through grandiose fantasies of rescuing the patient. To escape from this vicious circle, the therapist must recognize that her grandiose fantasies have dominated the therapeutic process and must mourn her loss of omnipotence. She must understand that her perception of reality is numbed and is full of a desire to heal the patient, instead of to understand the patient's internal world and needs.

In Steiner's opinion, mourning the lack of omnipotent healing powers might be the lot of all therapists at one point in time or another. Smith (2004) and Werbart and Levander (2006) also believe that many therapists, on many occasions, are forced to forgo fantasies of omnipotence regarding their patients and positive therapeutic outcomes through a painful process of mourning.

Rather than the therapist's mourning as a consequence of disappointment arising from his yearning for closeness, as I am discussing

here, the psychoanalytic literature tends to deal with the opposite phenomenon: the yearning that arises in the therapist as a result of loneliness, which, as described by Adler (1980), can be overwhelming in certain circumstances. Adler explains that analytic therapists encounter intense loneliness that can cause stress in the analytic work, or therapeutic impasse, or a yearning for significant others. In his opinion, this loneliness arises through the patient's transference or as part of the patient's defensive devaluation, which causes the therapist to feel inhuman and isolated, leading to an intense need for company and for sharing with others in order to escape from this feeling.

Schafer (1995) explains that analytic therapists are often flooded by the experience of being "alone" in their therapies. The therapist begins to understand this after starting to experience sudden listlessness, impatience, distraction, or irritability. Reflecting on his feelings often leads the therapist to identify his feeling as *aloneness*. These experiences can appear at different stages of the analytic therapy—for example, when the patient becomes very defensive and entrenched in her stance, or with a patient who becomes especially anxious, guilty, and defensive, or one who has feelings of omnipotence. In such cases, the therapist might draw the erroneous conclusion that there is no way for him to reach the patient, as his words will always fall on deaf ears, and that starting therapy with this patient was a mistake.

Schafer explains that, generally, the situations described above cause the therapist to experience a certain amount of mild loneliness. Schafer believes that, for many therapists, this loneliness produces great longing for a special kind of company that is achieved only in deep analytic therapy. Schafer also believes that this longing will usually advance the work but, on the other hand, it might expose the therapist to destructive manipulation by the patient. This can happen under certain conditions, when the usually tolerable existential loneliness turns into an intense experience and hence into the sense of aloneness. This upheaval occurs when the therapist begins to rely entirely on his patients to satisfy all his needs for company, and is then trapped in a stance from which he is unable to provide the patient with analytic help.

Buechler (1998) believes that this type of extreme, problematic loneliness might be created by three factors: by the therapist's own pro-

found loneliness, by the patient's primarily distancing and negating attitude toward the therapist, or by the patient's intolerance of the therapist's countertransference. Skolnikoff (1996) describes profound loneliness that can be created in the therapist who spends lengthy hours in clinical practice, charged by her patients with an emotional burden, but still needing to maintain their confidentiality. The therapist may escape from her loneliness through memories and images of her supervisors, colleagues, therapists, or family members, as if they are silent, concealed observers of the analytic situation.

However, in contrast to other authors, I suggest that a specific experience of loneliness arises after the therapist experiences an unfulfilled yearning caused by his attempts to be authentic and intimate with his patients—to influence and be influenced by them and to realize the ideals presented by a two-person psychology. When the therapist recognizes that he has developed a yearning for a patient, he knows that he must forgo its fulfillment within the analytic therapeutic relationship. With separation from the yearning and the longing that it creates, the therapist experiences a process of mourning and loneliness, the recognition of which should provide him with considerable relief.

This mourning is not a relinquishment of grandiose desires and is not related to patients' emotional situations and communications, but to a loss of the hope that the closeness and warmth of the therapeutic relationship evoke, of the illusion that it is possible to reclaim the lost paradise of symbiotic life. This movement between hope and disappointment does not usually cause stress or create traumatic situations; it is likely to be natural in anyone who does not retreat into the self or into the immediate environment and who is interested in opening up to the world and engaging in a dialogue. This pain appears to be a necessary accompaniment to authentic contact and relationality, to connection and subsequent dissociation from significant others, and to the readiness to influence and be influenced by them.

In the following section, I will describe two well-known therapeutic phenomena that may be more prominent than others, and that involve therapists' personal, nonspecific, authentic, and spontaneous components: *moments of meeting* and *mutual enactments*. These two phenomena have been studied in the analytic literature and are receiving recogni-

tion as important clinical developments that can enhance therapeutic understanding and contribute to the patient's individual development. Subsequently, I will explain that these theoretical developments greatly contribute to recognition of the therapist's need for authentic and spontaneous self-expression and of the value ascribed to it.

MOMENTS OF MEETING

Stern et al. (1998) claimed that interpretation has traditionally been regarded as the most important intervention within the transference relationship, associated with the most significant change in the patient's intrapsychic worlds. However, this group of researchers gives a name—*moments of meeting*—to actual occurrences that promote change in patients' and therapists' *implicit relational* (or *procedural*) *knowledge*. Stern et al. explain that implicit relational knowledge has to do with affective communication processes with primary objects. This knowledge is not repressed (as opposed to knowledge concerning the significance of impulse derivatives). It refers to processes, not structures, and can be deduced by observation (of parent-child relations, for example). In this sense, it is simultaneously intrapersonal and interpersonal.

Stern et al. (1998) explain:

Procedural knowledge of relationships . . . is implicit, operating outside both focal attention and conscious verbal experience. This knowledge is represented non-symbolically in the form of what we will call *implicit relational knowing*. Most of the literature on procedural knowledge concerns knowing about interactions between our own body and the inanimate world (e.g., riding a bicycle). There is another kind that concerns knowing about interpersonal and intersubjective relations, i.e., how "to be with" someone. [p. 918]

According to Stern et al., a change in the analytic dyad participants' mode of *being with* each other will elicit a change in their implicit relational knowledge (or in what Cohen and Squire [1980] termed *procedural* knowledge). This change takes place following a process of mutual regulation and acknowledgment, after which the intersubjective dynamics are no longer the same.

When this process takes place within therapy, it does not correct past empathic failures or compensate for past deficiencies. Rather, it changes the quality of the relationship and the intersubjective environment. Such a change entails the assignment of new meanings to past and present relational experiences, to their being recontextualized. In other words, this change in individuals' relational knowledge also changes the mental framework through which they explore the world.

Stern et al. (1998) wrote about such a *moment of meeting*:

When a "moment of meeting" occurs in a sequence of mutual regulation, an equilibrium occurs that allows for a "disjoin" between the interactants The constraint of the usual implicit relational knowledge is loosened and creativity becomes possible, . . . [allowing the patient to] re-contextualize his new experience. [p. 909]

These moments of meeting frequently take place in dyadic relations in joint, complex, and mutually regulated movement toward certain goals (Tronick 2001). Such movement entails struggle, ongoing negotiation, failure, and corrections, which maintain the balance between the two participants. To withstand this turmoil, each must patiently tolerate the other's failures. The mutual aim will be optimally reached when both partners recognize each other's motives, desires, and aims.

MUTUAL ENACTMENTS

Enactments usually incorporate nonverbal messages, including those subdued within verbal communication in the form of tone and intonation of speech. These activities seem to conform to the assumed needs, desires, and fantasies of the other. The patient's and the therapist's recognition that each of them fulfills a certain role in the therapeutic partner's internal drama will elicit a change in their understanding of how they position themselves in their relationships—the influence they exert and their sensitivities.

McLaughlin (1991) explains that enactments are responses to others' behaviors and communications, intended to influence, convince, or force them to behave in a particular manner. These responses may

assume the form of intonation, gestures, different behaviors, or affective responses (Ginot 2001). Considered forms of communication, enactments within a therapeutic framework are thought of as an opportunity to identify the patient's unconscious motives (McLaughlin 1991).

Some argue that the concept of enactment derives from Bion's (1959) interpretation of the concept of projective identification not as an unconscious fantasy, but as an interpersonal phenomenon of influencing an object by means of projection onto it, so as to avoid mental anguish (Joseph 1989). These unconscious behaviors and gestures harness one's objects through the transfer onto them of one's fears, fantasies, hopes, and real or imagined traumatic events (Cassorla 2001), as a way of organizing one's internal experience (Chused 1991; Roughton 1993).

Following this line of thought, Renik (1993) argued that enactments are an important channel through which therapists can identify and explore their countertransference and better understand occurrences in the analytic relationship. He explained that the therapist's awareness of her countertransference can ideally help her avoid enactments originating in herself, yet it is often only after the occurrence of such enactments that she may recognize the role and effects of her countertransference.

FURTHER DISCUSSION

Both the concept of moments of meeting and that of mutual enactment describe a system of mutual messages and interactions between the participants in the therapeutic dyad, expressed through behaviors and gestures on a level different than the structured verbal and declarative one. They describe those contributions to the interaction that entail an authentic and spontaneous deviation from the participants' formal roles of patient and therapist and manners of conduct. The penetration of spontaneous reactions is made possible in the two clinical phenomena described because some of the therapist's reactions evade ongoing self-reflection about his actions and omissions, and because of a special space made available to analytic therapists for the expression of such personal and authentic material (Friedman 1997; Jacobs 1999; Renik 1993).

Despite similarities between these two situations—mutual enactments and moments of meeting, both of which call for therapists' authenticity and spontaneity—it is important to note a fundamental difference between the two. Whereas moments of meeting are essential phenomena that advance the analytic therapy, and therapists are encouraged to nurture them, mutual enactments do not constitute a therapeutic ideal or a phenomenon invited by therapists. By contrast, the therapist is likely to be merely tolerant of mutual enactments in therapy, and although she may gain valuable insights about her own and her patient's self-other schemata through such enactments, she certainly neither invites them nor hopes that they will occur.

Through further discussion of these two spontaneous clinical phenomena, which have been described at length and recognized in the literature as significant, I will explain in what follows how archaic yearning may be evoked and may carry a heavy emotional price tag for therapists.

In the case of moments of meeting, two people establish spontaneous, active, and nonverbal contact, thereby broadening and deepening their relationship and their understanding of it. This is a special opportunity in which an authentic, tangential encounter occurs between them, unintentionally and unexpectedly. In general, both therapists and patients internalize the meaning of the special intimacy between them and learn new ways of *being with* each other, but do not need to discuss and analyze these events. The deep connection and delicate mutual response that occurs in moments of meeting may evoke in the therapist—in precisely the same way as in the patient—desires that are usually well concealed: to be seen, emotionally touched, and understood by others to a greater extent, as well as to have much deeper contact and connection with others.

These are, of course, unique experiences related to the individual and to relationships, and they are important for developing the therapeutic relationship and for recognizing how the patient creates and participates in the intersubjective space. Nevertheless, with all the difficulties involved, the therapist must have a deep understanding and conviction that he is merely a vessel serving the analytic therapy goal, and is not the goal itself.

In the case of enactments, each of the participants feels as if she is swept into a drama imposed upon her by the other, in a way that far from corresponds to the preplanned method of achieving the goals of analytic therapy and the actions required for this, and that frequently even contradicts them. In this therapeutic interaction, a connection between the two members of the analytic dyad is built up around a shared drama that occurs between them and of which they are completely unaware.

In general, it is only in hindsight that the therapist succeeds in reflecting on this drama and understanding its significance. Such reflection compels the therapist to connect to the deep and dissociated emotions that caused him to be swept along and to deviate significantly from analytic rules and principles. The moment at which the therapist encounters his authenticity and self-experience, from which he is usually disconnected, is unique and painful.

Only such direct connection to dissociated emotions will enable the therapist to pursue a path along which he can hold an exploratory and productive conversation with the patient about the unconscious meaning of the mutual enactment system between them. This authentic, emotional connection, the vulnerability caused by its exploration, and the preoccupation with these emotions might evoke in the therapist an emotional hunger and yearning to be completely understood, contained, and enveloped far beyond what can be expressed and actually realized in the analytic therapeutic relationship.

These two phenomena of mutual enactments and moments of meeting promote the therapist's need or inclination for an authentic presence and mutual closeness with her patients. Moments of meeting are an intersubjective phenomenon that is presented as a therapeutic achievement and as advancing the therapeutic relationship. Conversely, mutual enactments are an intersubjective phenomenon that is presented as a surprising—and not always comfortable—possibility, but one that is very meaningful for learning about patient–therapist relationship patterns. Even though mutual enactments are not invited by therapists and might hinder therapeutic processes, they can also serve as a profound and important tool with which to understand intersubjective processes that would otherwise be inaccessible.

These two concepts have entered the relational therapists' *therapeutic storylines* (Schafer 1992), which are guidelines used by therapists when describing clinical cases or problems. It is important to mention that enactments, at least, have also entered the storylines of nonrelational therapists as well. In addition, while *moments of meeting* is a term specific to Stern and his group (1998), the idea of a warmer, more engaged analytic stance is filtering its way into the thinking of clinicians of all theoretical persuasions. Thus, these two concepts encourage therapists to recognize the importance of achieving authenticity, mutuality, and closeness with patients.

These two concepts highlight the fact that archaic yearning may be aroused in therapists due to their deep emotional participation, which can cause increasing emotional and relational hunger. Such a yearning is covert and nearly always finds indirect and usually hidden expression in therapists' lives outside the therapeutic encounter. We might view such yearning, however, as aroused both as part of and in the service of the therapeutic experience.

CONCLUSION

There can be great analytic value in relinquishment of and mourning for the yearning aroused in analytic therapists—who naturally bring personal and authentic material to the analytic discourse—that cannot be fulfilled in the therapeutic context. These processes may enhance therapists' ability to understand a different type of ongoing pain that patients experience: the pain that occurs in reaction to the necessity of foregoing subjective omnipotence in favor of acknowledging reality (Winnicott 1960).

In fact, in a way, this painful experience on the patient's part mirrors the therapist's experience of relinquishing the yearning for a relationship and intimate contact with the patient. These two processes, which occur simultaneously in therapists and patients, bring them closer to each other and may increase their mutual sense of identification. Therefore, the more the therapist acknowledges the importance of personal and authentic material, of spontaneous personal involvement, the more

he creates a situation in which the therapeutic space is mutually beneficial.

Supervision and peer supervision play a significant role in acknowledging the pain that may arise following the relinquishment of this yearning to create a close connection with the patient. This is part of a basic yearning to be seen by others and to receive their approval, mirroring, and validation of essential self-experiences. This yearning on the therapist's part cannot find an outlet in psychoanalytic psychotherapy, and therapists must seek other forums in which to express it and receive a response. Supervision cannot and need not comfort analytic therapists, but should make room for them to mourn this yearning and the fact that it will not receive a response within the analytic therapeutic relationship. In this sense, the supervisor does not play the role of a savior who rescues the supervisee from the distress of yearning, but rather that of a witness who observes and remembers that these painful mental processes typically occur.

Mourning for the yearning that arises following a mutual, close, involved analytic process is an emotional reaction that therapists allow themselves to experience as they develop in their profession. When first starting out as an analytic clinician, the therapist experiences this mourning as an emotional burden and pain, and it may be expressed in an ongoing need for figures such as supervisors or colleagues to witness this suffering. Over the years, however, such yearning develops into an inseparable and tolerable part of the therapist's role.

Therapists learn to live with this, just as parents learn to live with the ongoing mourning deriving from their children's efforts at separation and individuation, or with mourning deriving from other narcissistic losses that accompany the aging process. In all these examples, mourning becomes integrated into life's tasks and becomes tolerable and possible if accepted as natural and universal.

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*Department of Community Mental Health
University of Haifa
Mount Carmel, Haifa, 31905
Israel*

e-mail: hyerush1@univ.haifa.ac.il

WITHSTANDING TRAUMA: THE SIGNIFICANCE OF EMMA ECKSTEIN'S CIRCUMCISION TO FREUD'S IRMA DREAM

BY CARLO BONOMI

The author considers the medical rationale for Wilhelm Fliess's operation on Emma Eckstein's nose in February 1895 and interprets the possible role that this played in Freud's dream of Irma's injection five months later. The author's main argument is that Emma likely endured female castration as a child and that she therefore experienced the surgery to her nose in 1895 as a retraumatization of her childhood trauma. The author further argues that Freud's unconscious identification with Emma, which broke through in his dream of Irma's injection with resistances and apotropaic defenses, served to accentuate his own "masculine protest." The understanding brought to light by the present interpretation of Freud's Irma dream, when coupled with our previous knowledge of Freud, allows us to better grasp the unconscious logic and origins of psychoanalysis itself.¹

Keywords: *Brith milah*, crypt, Eckstein, endocryptic identification, female castration, female genital mutilation, history of psychoanalysis, mute word, retraumatization, trauma, traumatic progression.

¹ The present paper is a follow-up essay (part 2) to my previous work on this theme (Bonomi 2009).

Carlo Bonomi is a psychologist and psychoanalyst in private practice in Florence, Italy. He is a Training and Supervising Analyst at the Istituto di Psicoanalisi H. S. Sullivan, an Associate Editor of the *International Forum of Psychoanalysis*, and founding President of the Associazione Culturale Sándor Ferenczi.

THE CRISIS OF THE CANONIC NARRATION OF THE ORIGINS OF PSYCHOANALYSIS

For a long time, we believed that we knew how psychoanalysis originated: Freud stood as a solitary hero who had single-handedly discovered the sexual etiology of the neuroses, infantile sexuality, and the unconscious. All three of these facets were part of the same grand discovery, all made possible by Freud's abandonment of the seduction theory in September of 1897. Self-analysis was the undisputed fulcrum of his entire achievement, the heroic achievement when Freud acquired access to a new psychology after liberating himself from the neurological prejudice initially found in his theoretical approach, a biased reinforced by his close collaboration with Wilhelm Fliess and Freud's endorsement of his reflex neurosis theory at the time.

Ernest Jones (1953) described this momentous shift in the opening volume of his biography of Freud:

The passage from physiology to psychology meant far more than a merely intellectual exchange of outlook: it betokened a reaching towards depths of his own being that had for many years been covered over. The struggle must have been titanic.
[p. 314]

This superficial and simple-minded view of the *passage from physiology to psychology* was strongly challenged in the 1970s, both from within and from outside official psychoanalysis. Distinguished scholars, such as Robert Holt (1985), George Klein (1976), and Roy Schafer (1976), in a momentous choral effort, came to the conclusion that Freudian metapsychology had been fatally infiltrated by outdated physiological notions and hidden biological assumptions stemming from the period of Freud's studies in medicine.

At the same time, the idea that Freud was an original thinker who single-handedly founded and discovered psychoanalysis was seriously challenged by historians of medicine and science as well. Ellenberger (1970) convincingly argued that the sexual theory of the neuroses, as well as the very idea of the unconscious and of unconscious motivation, had been around long before Freud. A further blow was dealt by

Sulloway (1979), who undermined the very idea of a passage from physiology to psychology in Freud, while arguing that the discovery of infantile sexuality, promoted by Freud, was already well on its way to gaining acceptance.

After the canonic narrative was challenged, an attempt to integrate historical research into a comprehensive view was offered by Makari (2008). He replaced the concept of *discovery* with the idea of *creation*. Freud, in Makari's text, is no longer seen as a hero who struggled against himself to establish psychoanalysis, but rather as an author who had produced an overreaching synthesis. To quote Makari: "Sigmund Freud did not so much create a revolution in the way men and women understood their inner lives. Rather he took command of revolutions that were already in progress" (2008, p. 5). The reading presented by Makari is compelling but incomplete, if only because the question of Freud's self-analysis was overlooked—a clear sign that the crisis has not yet been overcome.

THE PLACE OF THE IRMA DREAM IN RELATION TO SELF-ANALYSIS

Freud's self-analysis has in large part lost its foundational status within our field. This has occurred, I would argue, mainly because of our failure to tap the hidden meaning of Freud's founding dream, his dream of "Irma's injection." Freud presented his specimen dream and his interpretation of it in the second chapter of *The Interpretation of Dreams* (1900) for didactic purposes, in order to illustrate how analysts should proceed when trying to gain access to thoughts underlying the manifest text of a dream. In his analysis of his dream, Freud introduced us to the systematic use of free association, which was to be applied to key elements within the dream to arrive at its truth; hence the reason why the Irma dream became "the most interpreted dream of all time" (Blum 1996, p. 515). Yet, and despite this, we still fail to understand just how and why this dream, of all dreams, became the starting point of everything for Freud.

Freud dreamt his Irma dream in the summer of 1895. Five years later, he dared imagine that a tablet honoring his dream and his inter-

pretation of it would one day be placed outside the Hotel Bellevue, the building overlooking the city of Vienna where he had dreamt the dream. As he wrote to Fliess on June 12, 1900: "Do you suppose that someday a marble tablet will be placed on the house, inscribed with these words?—'In this House, on July 24th, 1895 the Secret of Dreams was Revealed to Dr. Sigm. Freud'" (Masson 1985, p. 417).

Between 1895 and 1900, the Irma dream precipitated Freud's shift from medicine to psychology, survived the collapse of the seduction theory, fertilized his systematic self-analysis, inspired the method of deciphering dreams, and helped pave the way to the Freudian unconscious. During this crucial period, Freud's theory went through two dramatic shifts: first, the formulation of the seduction theory, later followed by its abandonment—a turn that contributed to Freud's discovery of psychic reality. The Irma dream is thus a major element of continuity during a period in Freud's life characterized by a number of dramatic twists and turns; anyone who desires to interpret the origins of psychoanalysis must face the riddle behind the "revelation" from which psychoanalysis itself was born.

Let us bear in mind that a revelation, especially the revelation of a secret, is typically unexpected, sudden, and traumatic, and furthermore, that the slow, active, and systematic application of a method was a consequence rather than a cause of this revelation. We might speculate that psychoanalysis was engendered as a product of Freud's need to achieve control of his dream, and further that his self-analysis, as well as his theories, was the product of an immense intellectual and emotional effort by him. On the one side, we find that Freud's dreams were saturated with scientific formulas, abstract notions, and typographic elements, and on the other, that his production of theory was permeated by visceral sensations and oneiric visions.

The Irma dream was undoubtedly the starting point of this immense effort by Freud and makes it appear as though Freud had experienced only one dream during the most creative and crucial period in his life. The dreams Freud dreamt during the course of his self-analysis might well seem to be repetitions, inversions, and recapitulations of words, scenes, or themes already present and at work within the Irma dream,

his *Traummünster*—its entire unfolding reminding us of a musical fugue built on a theme presented at the beginning and then developed in the course of the composition, before finally being recapitulated. Thus the Irma dream serves to introduce and puts into play the exposition of a theme that continually recurs and returns throughout the course of Freud's self-analysis and beyond.

How is that possible? And what exactly is a recursive dream? Psychoanalysis has already presented us with answers to these questions: repetitive dreams are a response to a traumatic collapse and always involve an attempt to secure a new solution to trauma.

The idea that the Irma dream harbored a traumatic core was proposed by Anzieu (1986), a respected scholar of Freud's self-analysis. In his magnificent study of Freud, Anzieu describes Freud's specimen dream as a "post-traumatic act of repetition aimed at reparation" (p. 143).

The structural relationship between Freud's founding dream, the damage suffered by Emma Eckstein as a child, and the creation of psychoanalysis can be better understood, in my view, in light of Ferenczi's conception of trauma—particularly his notion of *traumatic progression*. Ferenczi (1933) noted

. . . the surprising rise of new faculties after a trauma, like a miracle that occurs upon the wave of a magic wand, or like that of the fakirs who are said to raise from a tiny seed, before our very eyes, a plant, leaves and flowers. [p. 165]

This blossoming and emergence of new faculties was, according to him, an outlet for mortal terror. The latter, Ferenczi added, appears to "possess the power to waken up suddenly and to put into operation latent dispositions which, uncathected, wait . . . in deepest quietude for their development" (1933, p. 165).

Might the Irma dream be explained in such a fashion? Did the mortal terror memorialized in the founding dream of psychoanalysis serve to unleash an immense intellectual effort by the dreamer that culminated in the birth of a new science and an altogether new system of thinking?

INITIATION, CONVERSION, AND INSPIRATION

One of the best-known and most detailed interpretations of Freud's Irma dream was presented by Erikson (1954). His reading of the dream recognized Freud's most famous oneiric production as the carrier of "the historical burden of being dreamed in order to be analyzed, and analyzed in order to fulfil a very special fate" (p. 7). Erikson's statement remains cryptic and enigmatic. In what follows, I will try to provide my own reading and translation of it.

Irma was a female in treatment with Freud who was far from being the "standard good and amenable patient" (Freud 1900, p. 109n). Freud, for his part, was a doctor who at times was unable to maintain an appropriate medical presence and clinical distance from his patients. While he would have indeed preferred Irma to have been a more cooperative patient, the fact is that she was not. Since she was so recalcitrant to treatment, Freud decided to stay up late into the night in order to write out her case history. In doing so, he found himself annoyed at having to justify and explain why his treatment of Irma had not fulfilled expectations.

This is a situation that every psychotherapist has experienced at least once. In such situations, our therapeutic alliance is broken, and we are cut off from our visceral sensations or overwhelmed by them, such that we become unresponsive and unable to focus and listen, making the clinical work difficult if not impossible. If luck visits us, we might dream a dream that helps us reconnect to ourselves and reengage and resume our clinical work with the patient. The Irma dream is a dream of this kind; it is one of those dreams produced to help restore the analytic space, the only difference being that it was dreamt by Freud in a period when the analytic space itself had not yet developed proper roots. The analytic space was itself created by this dream, in a way, and so came into being through the representation of the violation of boundaries. These facts might lead us to view the dream as the *totem and taboo* of analytic space itself.

The Irma dream presents us with a patient who bursts into the private life of her analyst, a woman who complains of pains in her "throat

and stomach and abdomen" (Freud 1900, p. 107) and causes an embarrassing situation at a delicate moment in Freud's life—indeed, the worst possible one for him. The dream, let us recall, opens as Freud is celebrating his pregnant wife's birthday. Freud, not expecting such an invasion of his private space, is obviously upset by the intrusion. He takes Irma aside and, after initially hesitating, starts to examine her throat. He immediately becomes scared and confused, unable to understand or grasp the meaning of what he sees.

The scene was recognized by Erikson (1954) as the fertilizing moment of the discovery of the unconscious. According to him, Irma's oral cavity stood as a symbol for a "woman's procreative inside," and as such it aroused "horror and envy" (p. 45). In the same stroke, Freud's unconscious was symbolically fertilized. The act of peering down into Irma's throat, of glimpsing the inside of a female patient, was seen by Erikson as the moment of Freud's "initiation, conversion, and inspiration"—the instant when he was transformed into a hero who would come to be regarded by mankind "with pity and terror, with ambivalent admiration and ill-concealed abhorrence" (p. 47).

Taking Erikson's emphasis on the *horror* from which psychoanalysis originated as a starting point, Lacan (1954–1955) was led to describe the scene in the dream when Freud looks down to examine Irma's throat in the following way:

There's a horrendous discovery here, that of the flesh one never sees, the foundation of things, the other side of the head, of the face, the secretory glands *par excellence*, the flesh from which everything exudes, at the very heart of the mystery, the flesh in as much as it is suffering, is formless, in as much as its form in itself is something which provokes anxiety. [p. 154]

We typically utilize the function of vision to gain control and mastery and do so by inspecting, localizing, and defining causes and effects; this attempt to impose our will and to gain control, however, can collapse and dissolve. Such an unexpected sudden happening is the central experience staged in the Irma dream. The *horrendous discovery of the flesh one never sees* is the prototype of what Lacan named the *real*, i.e., what escapes both the imaginary and the symbolic registers of meaning.

For many scholars, the horror of the Irma dream lies at the root of psychoanalysis itself, a horror that Freud introjected by virtue of dreaming the dream. This might render psychoanalysis a product born of a poisoning infiltration. Whereas Erikson read the Irma dream as an injection of *horror feminae* and (pro)creation, Lacan sensed a deeper *horror vacui* and a confrontation at work within it. This confrontation seems to have been necessary, argues Lacan, for a new system of thought to come into being. What Freud encountered in the dream through Irma's mouth, according to him, was a truth that served to generate and produce an altogether new and radical system of thinking.

According to both Erikson and Lacan, the most important feature of the Irma dream was that it was not a nightmare. While the dream could indeed have been nightmarish, it was not. Freud's capacity to see was restored after the initial visual shock he encountered, and he of course did not wake up but continued dreaming. What maintained the dream and allowed Freud to continue dreaming was the trimethylamin chemical formula that suddenly appeared to him in his dream in bold type. As Erikson (1954) noted, Freud, in the end, managed to "see," and what he saw in the dream at that point was a "formula" printed in bold or "heavy type" (p. 27).

Freud's initial surprise and visual shock were thus overcome and conquered by the sudden revelation of a novel doctrine and a new *belief*. This, oddly enough, is something that often occurs in the case of paranoiacs and to those who go on to found and establish a new religion. Erikson himself described Freud's ability to regain and recover the function of sight within his dream as a *conversion*. Lacan, for his part, was led to recognize the function of the Word (*la parole*) through it, a new solution to the problem that materialized—for Freud and for us—through the founding dream of psychoanalysis.

THE INCIDENT

The magisterial readings of the Irma dream offered by Erikson (1954) and by Lacan (1954–1955) remain unsurpassed. Erikson's interest in the dream appears to have been triggered by the appearance of Freud's letters to Fliess, first published in an abridged form (Bonaparte, A. Freud,

and Kris 1950) that was heavily censored by Anna Freud. She decided to remove all references to Emma Eckstein, Freud's patient and the woman whose nose was operated on by Fliess in February 1895, five months before Freud dreamt his Irma dream.

Erikson and Lacan were both unfamiliar with the dramatic outcome of the operation on Emma's nose and were ignorant of the fact that her condition worsened, and that she nearly bled to death a few weeks after her operation—at which Freud, who attended the patient every day for several weeks following her surgery, nearly fainted. He lived through the swelling, the fetid odor, and the visual shock of her infection and hemorrhaging. Considering that neither Erikson nor Lacan knew what had happened to Emma, the emphasis that Erikson places on the dream's visual shock, as well as Lacan's description of the invisible flesh as the *foundation of things*, may strike us as expressions of the clairvoyance that we as analysts value so highly in our practice.

Let me briefly digress here in order to gloss the significance of clairvoyance in relation to traumatic experiences that are kept secret by our patients. According to Ferenczi (1933), clairvoyance is the main feature of the traumatic progression characterizing the *wise baby*. What is a *wise baby*? Oedipus is a typical wise baby—a human being who, despite having suffered a trauma, nevertheless manages to find the solution to a great and difficult riddle. As Ferenczi noted, however, the wise baby is at the same time a subject who is *forced* to grow wise. Oedipus, for example, became wise by virtue of the momentous events that impacted him early in life but remained hidden from him.

Immense intellectual effort, and the sudden rise of new cognitive faculties and abilities such as clairvoyance, are often the product of experiences that are unbearable and secret. Children may be forced to become wise, for instance, by growing up to be the therapists and psychiatrists of disturbed adults.

Erikson's and Lacan's clairvoyance with regard to the Irma dream was perhaps of this kind. Despite their ignorance of the Emma incident, both men managed to partially touch on its truth as they attempted to decipher the meaning of Freud's founding dream. About them we can say what Ferenczi once pointed out about common neurotic patients: "They show a remarkable, almost clairvoyant knowledge about the

thoughts and emotions that go on in their analyst's mind" (Ferenczi 1933, p. 161).

THE SPLIT BETWEEN TRAUMATIC REALITY AND PSYCHIC REALITY

Paradoxically, the disclosure of the Emma incident decreased our capacity to see its meaning for the dream. The incident was first revealed by Schur (1966), who, as we know, acted as Freud's personal physician and cared for him during his final difficult years. The person who presented Schur with the burden of the incident, secret until then, was Princess Marie Bonaparte. After purchasing Freud's letters to Fliess from a book dealer in Vienna in 1936, she resisted Freud's demand that she destroy the letters. Many years later, in 1961, she presented Schur with a copy of the original letters; they of course contained the material about Emma that Freud's daughter had left out when publishing the initial edition of Freud's letters to Fliess (Bonaparte, A. Freud, and Kris 1950). The censored material was published for the first time some years later (Schur 1966; see also Masson 1985) and contained three groups of letters from the period 1895–1897.

The first group related to the Emma incident in February 1895; the second dealt with Freud's initial attempt to formulate a psychological theory about Emma's bleeding (April–May 1896); and the third concerned two scenes produced by Emma during her analysis, which were striking and revealing. One of these scenes was suggestive of the medieval theory of demonic possession, while the second concerned a "scene about the circumcision of a girl" (January 1897; Masson 1985, p. 227). This last scene, Schur pointed out, predated Freud's abandonment of the seduction theory and his shift toward psychic reality in September 1897.

We will soon make our way back to this second scene; the scene itself—I must point out in advance—was not itself disconnected from the woman who had rescued Freud's letters to Fliess. Marie Bonaparte, it turns out, had undergone not one but three similar operations in Vienna beginning in 1927, just six months after starting her analysis with Freud (Bertin 1982).

Let us now shift our focus to the links between the Emma incident and Freud's Irma dream.

The Emma incident was caused by a surgical error. Emma, we know, was operated on by Fliess in February 1895, with Fliess forgetting to remove a piece of gauze from her nasal cavity during surgery. According to Schur (1966), *Irma* was *Emma*, and the fault memorialized in Freud's dream was none other than the one created by Fliess's surgical malpractice.

Schur, however, failed to consider Freud's relationship with Emma as having played a role either in the operation (treated by him casually and as a mere external factor) or in the dream. The only transference that Schur took into account when pondering the meaning of the Irma dream was that of Freud's toward Fliess. According to Schur, the Irma dream was the expression of Freud's need to preserve his relationship with Fliess by exonerating him of any blame: "It was the need to exculpate Fliess from responsibility for Emma's nearly fatal complications that was probably the strongest (immediate) motive for the constellation of this dream" (Schur 1966, p. 104).

Fliess was indeed a central transference figure in Freud's life at the time, a subject who commanded powerful internal loyalties from Freud. As Schur (1972) noted in his posthumously published book, the catastrophic outcome of Fliess's operation on Emma dealt a blow to Freud's trust in him. It gave rise to powerful feelings of ambivalence that, once repressed, would slowly return to mark the course of his self-analysis. According to Schur, Freud's self-analysis was itself the expression of the painful and difficult dissolution of his transference to Fliess.

Despite the fact that the emphasis on Fliess as a father-and-brother transference figure sheds light on Freud's self-analysis, Schur appeared unable to realize that the figure of the "father" and "brother" had been a screen (both an obstacle and a protection) that served to block Freud's fundamental identification with a traumatized/traumatizing female figure. In the Irma dream, the encounter with the traumatized female body can be seen in the horrible vision that overwhelmed and terrified Freud before it was quickly dismissed and brushed aside. Freud in fact stepped back immediately from the scene in order to enlist and call on the help of father and brother figures. Unable to tolerate what he saw

and witnessed in the dream, Freud looked to be reassured and calmed by a father figure (Josef Breuer) before being backed up by brother figures (the trio of doctors who worked with him at the children's hospital)—each of whom stepped in to take command of the situation and perform a medical examination on Irma.

Why was Irma's body so frightening to Freud? And why are the male figures in the dream so clumsy in the performance of their task?

Although we do not know the answers to these questions, we do know that female figures would in time emerge as symbols of sexuality and death for Freud during the course of his self-analysis. I think here of his dream of the "Three Fates" (Freud 1900, p. 203), as well as his dream of the "self-dissection of the pelvis" (pp. 452-455)—the dream that brought Freud's self-analytic journey to an end and allowed the frightening female body to finally be represented by him. Split in two, emotionally eviscerated, and horribly castrated, Freud was no longer afraid. The female body, glimpsed and examined by Freud in the horrible vision that appeared to him through his Irma dream, had finally become his own body. As Erikson (1954) put it: "The dreamer, in experimenting with traumatic reality, takes the outer world into the inner one," with Freud making an "autoplastic experiment of an alloplastic problem" (pp. 31-32).²

If we consider that in Freud's case this process lasted four years and took the form of a regressive journey, leading him back into his earliest memories, we realize that the Irma dream functioned as the interface between his outer and inner worlds, and furthermore that the meaning of his dream for the history of psychoanalysis is best appreciated if both these aspects are weighed and pondered. Erikson's attempt to read the specimen dream by focusing on earlier crises in Freud's life³

² Various elements suggest that Freud's final dream in his self-analysis was a replay or a new version of his founding dream—among them the duplication of the "preparation of propyl" (*Propylpräparat*) (Freud 1900, p. 107), presenting itself to him in the dream in the form of a "dissection [*Präparation*] of the lower part" of his body, his "pelvis and legs" (p. 452). The horrible vision of Irma's body in Freud's founding dream thus returned to him at the end of his self-analysis as a horrifying and unsettling image of his own eviscerated body.

³ For Erikson, the Irma dream stood as an adaptive or regressive response to a conflict or life crisis in Freud's life at the time of the dream, when his ego was in similar fashion impaired and endangered, as it was the day before Freud dreamed the dream (Levine 1998, p. 38).

must therefore be complemented by the effort to take into account the trauma memorialized within the dream. The disclosure of the Emma incident presented us with this possibility; it never came to fruition, however. After Freud's previously censored letters to Fliess were published in unabridged form (Schur 1966; Masson 1985), our capacity to keep together the outer and inner worlds was compromised by the material reality of the operation that Fliess performed on Emma's nose.

Significantly, Schur (1966) felt that Erikson's effort to interpret the dream had been unduly intrusive. Schur—the man who had first published the shocking excerpts about the Emma incident—proudly assured us that he had deliberately refrained from providing any reinterpretation of the dream's possible deeper sources. The meaning Schur intended seems clear: we are not allowed to be clairvoyant or to grow into wise babies who struggle to gain speculative knowledge about the origins of Freud's founding dream or of psychoanalysis. Our desire to explore the catastrophic collapse that fertilized Freud's unconscious and generated a new science must be held back and kept in check. Such a renunciation reveals a lack of confidence in psychoanalysis—the same lack of confidence shown by those who, like Eissler (1985), declared the case closed once they were able to “prove” that the Irma in Freud's dream was *not* Emma Eckstein but someone else.

Only our ability to probe the deeper meaning circulating in Freud's Irma dream will allow us to obtain the knowledge of the origins of psychoanalysis that we seek. It is precisely our ability to continue on in our journey that will help us arrive at the possible deeper meaning of Irma's terrifying cavity in the dream; that, and perhaps a strange idea put forth by Erikson himself, are what will allow us to inhabit new analytic ground with regard to Freud's Irma dream.

As Erikson (1954) noted, the collapse memorialized by the Irma dream was ultimately overcome by means of “a religious rite of conversion or confirmation” (p. 30). A double influence, Jewish and Catholic, resonates and vibrates within it. Speculating further on the visual trauma that broke through the Irma dream, Erikson decided to fill in the gap by reporting the dream of a woman patient of his own, which consisted of nothing more than the image of a word that contained a play on words in a variety of languages. The solution to the multilingual riddle rested

on a shocking image: the painting of the *Circumcision of Christ* that Erikson's patient had admired in the Louvre. Erikson would obviously not have dared to fill in the gap precisely in this way if he himself had not already been convinced at some level of the affinity between the theme of the painting and the trauma that the Irma dream memorialized.

THE MEDICAL SCENE AND THE CASTRATION OF WOMEN

Fliess's malpractice during Emma's nasal surgery offers us just one piece of the puzzle. An important question must be raised here: Why did Freud encourage and allow Emma to undergo surgery to her nose? We might expect that psychoanalytic scholars would have carefully investigated the possible medical rationale for the procedure once the Emma debacle became known. Indeed, the Irma dream is in part about physicians, hospitals, scientific theories, medical remedies, diseases, and their diagnoses. Investigators, however, have by and large not ventured to treat these themes in relation to Freud's founding dream. Why?⁴

Two decades ago, on the occasion of a conference entitled "One Hundred Years of Psychoanalysis," I decided to entitle my contribution to the proceedings "Why Have We Ignored Freud the 'Paediatrician'?" (Bonomi 1994). I had no answer to this question then and still do not have one. What I feel more certain about today, however, is that if we are to successfully transcend the split between fantasy and reality, we must necessarily consider the role that another medical practice—ignored by psychoanalytic scholars up to now—might have played in the affair. I am referring to the practice of female castration.

Notwithstanding the masculine connotations that the term carries, the word *castration*, during the years when Freud studied medicine as well as during the period when he was founding psychoanalysis, referred mainly to a surgical procedure to treat nervous, psychic, and "moral" disturbances in women. For the most part, it consisted in the removal of the ovaries, which, thanks to the "advancements" of science at the time,

⁴ Erikson (1954) admitted that he had not been "sufficiently familiar with the history of medicine to fully comprehend the anatomical, chemical, and procedural connotations which the body parts and the disease entities mentioned in the dream had in Freud's early days" (p. 27)

were viewed as regulators of sexuality. This type of operation was first undertaken by Hegar in 1872 (in the United States, it was called "Battley's operation").

Fifteen years later, in 1887, Friedrich Merkel published a book in which the castration of hysterical women was defined as the most-discussed problem of that period. In his rich bibliography, Merkel cited thirty-five works referring to castration of women—many were university dissertations—published from the summer of 1886 until the end of the year. Ten years later, in 1896, the number of women who had undergone the procedure was said to be "legion" (Krömer 1896, p. 4). The study begins with Krömer stating that the problem of castration had been at the center of psychiatric controversies for over twenty years. He proceeds to examine 240 studies on castration that had appeared in the literature during those years.

Although many opponents of the procedure at the time described it as "a crime against society and a degeneration of our condition" (Krömer 1896, p. 2, translation by C. Bonomi), female castration was a respected medical practice, frequently recommended by doctors to treat hysteria, during the period that psychoanalysis was being established by Freud. This treatment, moreover, partially overlapped with the surgical "cure" for masturbation in female children, which consisted of various types of mutilations of the external genital organs.⁵

Freud, like his mentor Josef Breuer, opposed the practice of female castration. Despite this, several of their patients were nevertheless sacrificed on the altar of medicine. Was Emma Eckstein advised to undergo a genital treatment as a child and/or an ovariectomy as an adult? The symptoms she displayed appear to strongly support that she suffered from hysteria, a condition that, as noted, was in those days often treated by gynecologists. Did Freud try to save his patient from undergoing a gynecological procedure? Did he attempt to do so, moreover, by recommending that she undergo an operation to her nose—a procedure that he likely viewed as essentially harmless? Did the surgery and near-fatal bleeding incident that followed play a role in Freud's subsequent reformulation of his theory of hysteria?

⁵ I have previously discussed the origins, developments, and rationale for such treatments in considerable detail (Bonomi 2007).

It is important for us to note that Freud began to develop a new theory to explain hysteria only after his Irma dream. Hysteria, according to Freud in 1895, was the product of a sexual shock experienced by the patient in childhood. This traumatizing element, he argued, was accessible to psychological investigation and treatment—in other words, to intellectual deconstruction and emotional working through. Subsequent to the Irma dream, Freud's new theory was based on the same elements as the old one. Seduction, for instance, was now defined by him in terms of an "actual excitement of the genitals" (Freud 1896a, p. 152). The "sensations and paraesthesias of the genital organs," however, were now traced back to "the sensory content of the infantile scenes, reproduced in a hallucinatory fashion, often painfully intensified" (1896b, p. 214).

Strictly speaking, Freud added nothing new to traditional medical knowledge; yet the consequences of his theoretical position were far-reaching, inasmuch as the "causes" of hysteria now shifted from the world of physical anatomy to the living world of meanings. By assuming that the genital sensations typical of hysteria were mnemonic symbols of forgotten sexual abuses, Freud presented us with a new and revolutionary way of dealing with *the same genital paresthesias that were the target of gynecological manipulations*. Prior to the Emma incident, Freud viewed the treatment of hysteria through gynecological manipulation as a substitute form of treatment (Masson 1985, p. 110). After the Irma dream—a dream about substitutes and substitutions—he managed to achieve a fundamental advancement from *the manipulation of substitutes* to *the analysis of substitutions*, severing the final thread with traditional medicine in the process.

This shift allowed Freud to establish psychoanalysis as an independent field charged with a new responsibility: withstanding the psychic consequences of sexual shock while refraining from offering manipulative or suggestive responses to patients in treatment. Freud never abandoned this basic principle, one that was to forever guide the talking cure in favor of palliative remedies. Interestingly, a long-term consequence of Emma's operation and the bleeding incident that followed was that it helped Freud to set up and establish the notion of analytic space as a working and functioning concept.

THE GAP

Kurt Eissler and Harold Blum—the first the founder and former director of the Freud Archives, the second its present director—separately came to the conclusion that the operation on Emma's nose was a displaced form of, and a substitute for, castration, circumcision, or clitoridectomy. As Eissler (1997, p. 1303) noted: "Inasmuch as ovariectomy as an intended cure for hysteria was performed with some frequency in late-nineteenth-century Vienna, the removal of a little bone must have appeared to Freud as innocuous." Blum (1996), for his part, proposed that Fliess's operations on the nasal cavity were "similar to mutilating procedures of the genitals, to preclude and punish masturbation" (p. 519).

Both Eissler and Blum, however, failed to make use of the connection between Emma's surgery and castration in their respective interpretations of the Irma dream. Nor did they make use of it to help bridge the gap between the pre-analytic treatment period in the history of psychoanalysis and the period when psychoanalysis was itself founded by Freud, or even to throw light on the relationship between Emma's body and Irma, the patient who appeared to Freud in his founding dream. Like Emma, Irma, too, apparently suffered from an ailing and damaged body.

The main idea that Anzieu (1986) contributed about the figure of Irma in his monumental reconstruction of Freud's self-analysis is that the examination performed by Freud on her throat in the dream memorialized "a gynaecological examination in disguise" and was "a substitute for it" (p. 145). Anzieu considered it a symbolic exploration of the mother's uterus, which had likely occurred as a result of the fact that Martha Freud was five months pregnant at the time Freud dreamt this dream.

Anzieu, however, did not go further than this, and he, too, failed to establish a link between his "gynaecological" interpretation of the dream and a surgical procedure that had likely been performed on Emma's genitals as a child. Instead, he offered the hypothesis that Freud, in real life, had been in conflict about his wife's pregnancy, and that he perhaps also entertained the fantasy of her undergoing an abortion. Freud's par-

ticipation in a medical world that had so often responded to female hysteria with a systematic assault on female genitalia was ignored by Anzieu.

In his excellent reconstruction of Freud's self-analysis, Anzieu (1986) makes use of the word *castration* more than sixty times. Not once, however, does he employ the term according to the prevalent meaning during the years when psychoanalysis was being established—that is to say, as referring to the extirpation of the ovaries in women who suffered from hysteria. Castration to Anzieu meant only symbolic rather than actual or real castration. This shift in meaning with regard to the word has been so deeply incorporated into the psychoanalytic mental space that it is difficult to convince an audience of psychoanalysts today that, in everyday medical language during the time when Freud began to practice medicine in Vienna, *castration* was associated with a real and actual medical procedure *performed on women*.

We therefore face the following paradox. On the one side, the nasal surgery performed by Fliess on Emma Eckstein has been acknowledged by a number of respected psychoanalytic scholars as a substitute for female castration and circumcision. On the other side, Freud's examination of his patient's throat in the Irma dream has been seen as "a gynaecological examination in disguise, a substitute for it" (Anzieu 1986, p. 145). The gap between these two views is so wide that it seems nearly impossible for us to bridge them and thus bring together material reality and psychic reality.

A DREAM OF MALE DOMINATION

As most commentators on Freud's Irma dream have noted, Martha Freud's final pregnancy appears to have played an important role in her husband's dream of Irma's injection. In the dream, the "hall" in which the guests are being received (the German word *empfangen* means both *to receive* and *to conceive* in the sexual sense), the white patch in Irma's throat, her "pale and puffy" (Freud 1900, p. 107) appearance, and her "choking" and "pains" in her "abdomen" all combine to suggest a landscape in which conception, pregnancy, and giving birth are condensed into a single scene.

Anzieu (1986) qualified this as the scene of a "maculate conception" (p. 146), an expression suggesting an allusive contrast with the immaculate conception. One factor that remains absolutely certain in relation to the scene is that Freud and Martha had been experiencing a diminished sex life in 1895, and further, that they had previously agreed to have no more children. Martha, however, became pregnant for a sixth time in 1895. As Anzieu notes, Freud must have "felt guilty" about her "unwanted pregnancy" (1986, p. 141).

The role of the marital crisis in Freud's life around the time of his Irma dream has been identified and commented upon by various scholars. According to Elms (1980), Freud was distressed with inadequate methods of contraception and viewed fellatio as an alternative to traditional sexual gratification. Eissler (1985) found this hypothesis so convincing that he based his rereading of the Irma dream upon it. In reconsidering the text of Freud's dream, he found that certain words and sentences alluded to the "most ominous" (p. 123) circumstances of his wife's unwanted pregnancy. For instance, the sentence "I took constant pains to be sure that the syringe was clean" appears to suggest, Eissler noted, that despite Freud's careful and constant care not to impregnate his wife, this time the "syringe" had indeed been "contaminated and Martha became pregnant" (p. 123). Similarly, the sentence "She opened her mouth properly" appears to hint at the possibility that Martha had "refused to grant him oral gratification, which would have averted pregnancy" (p. 124). Eissler obtained further evidence for his reading (i.e., that Martha's pregnancy was at the core of Freud's Irma dream) from Freud's assertion—in a letter to Karl Abraham of January 9, 1908—that "sexual megalomania" (Falzeder 2002, p. 20) stood behind his dream.

In the same letter to Abraham, Freud pondered the meaning of the trimethylamin formula, while also noting: "The three women, Mathilde, Sophie and Anna, are the three godmothers of my daughters, and I have them all!" (Falzeder 2002, p. 20). This statement reveals the logic hidden behind some of the material encoded within his dream, material that undoubtedly helped to shape its intricate plot. Despite the fact that the "Irma" who appeared to Freud in his dream condenses and combines multiple identities and stories, the evidence suggests that, whereas the

main story line in the dream involves Emma, the person who is visually represented in the dream was Anna Hammerschlag, future godmother of his daughter Anna (Anzieu 1986, p. 134).⁶

This fact has been called upon by psychoanalytic scholars—Eissler (1985) among them—to undermine the significance of the Emma Eckstein incident to Freud's Irma dream. Freud's allusion to sexual megalomania, argues Eissler, "would make no sense in connection with Emma Eckstein, but might be the upshot of sexual abstinence enforced by his wife's pregnancy" (p. 124).

Paradoxically, the point in the dream that Eissler viewed as most remote from the Emma incident is actually its closest point of connection. The birth of Anna Freud, whom Freud decided to name in honor of Anna Hammerschlag four and a half months after his "Irma/Anna dream," fell on a Tuesday: December 3, 1895. If we go back nine months from there, we arrive at the date of Tuesday, March 5, 1895. Anna Freud's conception and Freud's unplanned impregnation of Martha in all likelihood occurred between March 5 and March 12, 1895—that is to say, precisely when the Emma Eckstein incident materialized and intruded on Freud's life.

It was on March 8, 1895, that Freud wrote to Fliess to inform him of the Emma incident and to report to him that a second emergency operation had been performed on Emma just a few days earlier, in response to her having nearly bled to death. The match between this "incident" and the "maculate conception" is truly uncanny.⁷ The overlap is particularly germane when we consider Blum's position (1996) that the guilt memorialized in the Irma dream flowed back to a "sadistic assault on the mother figure" (p. 523) and a "hostile attack on the pregnant mother" (p. 531).

Did Freud ever take notice of and reflect on the contiguity between the Emma incident and his impregnation of Martha? We simply do not know. What we do know is that Freud, in the next few years, would follow

⁶ See also Freud's first account of his Irma dream (1895), in which he wrote: "R. has given an injection of *propyl* to A" (p. 341, italics in original). The letter *R* is an obvious reference to Oscar Rie, with the *A* a reference to Anna.

⁷ I am indebted to Mario L. Beira for this observation and insight. On reading an earlier draft of this paper, Beira was inspired to calculate the probable date when Freud impregnated his wife, Martha, with Anna, their last child.

Fliess in calculating the "critical dates" that linked conception, birth, and death, and that, furthermore, one of the first things he did after receiving Fliess's manuscript on the "relationship between the nose and the female sexual organs" (*Die Beziehungen zwischen Nase und weiblichen Geschlechtsorganen*) was to calculate the interval between the return of Martha's menstrual periods (February 29, 1896), the birth of his daughter Anna (December 3, 1895), and the first movements of the fetus that Martha had been carrying (July 10, 1895). According to Eissler (1985), Freud at that time "stood in the shadow of a very severe self-reproach, having necessarily judged his wife's sixth pregnancy to have been the result of a lack of sexual control on his part" (p. 124).

Eissler noted that when Fliess announced his new solution for the prevention of conception in May of 1895, Freud had replied: "For me you come too late by a few months" (Eissler 1985, p. 124). Freud's statement anticipates the many self-reproaches that surfaced in the Irma dream and his associations to them.

Freud's need to discharge the high level of anxiety he must have felt for having placed Emma's life in danger perhaps renders his lack of sexual control somewhat understandable. However, the humiliation he then experienced might help clarify the link between the two scenes. When Emma was operated on for a second time in February 1895 as a result of her massive hemorrhage, she managed to remain on the scene and not lose consciousness. Freud, however, was overwhelmed by a powerful upsurge of emotions and walked away, going into another room and nearly fainting. When he returned to the room where Emma was, she greeted him with an ironic and condescending remark: "So this is the stronger [*starke*] sex" (Masson 1985, p. 117).

Glossing the Irma dream in light of Emma's statement, Mahony (1977) wrote: "It is as if Freud . . . vengefully works out Emma's remark about females as the strong sex and he fabricates a dream of male domination" (p. 97). The material that was to give rise to the dream four and a half months later began to coalesce with the Emma incident, when Freud engaged in unprotected sex with his wife to affirm his masculine organ. If, moreover, Eissler's (1985) hypothesis is correct, Freud's frustrated attempt to have his wife serve him with oral sex would also function to inscribe and graft the two scenes together.

BEYOND THE PLEASURE PRINCIPLE

What makes it particularly difficult to bridge the gap between the Emma incident and the Irma dream is that Freud's entire interpretation of the latter revolves around a fantasy of substitution, read by him only from "the point of view of wish-fulfilment" (Freud 1900, p. 119). His focus neglects to take into account the "return of unmastered traumatic sensory impressions which struggle for solution," identified by Ferenczi (1931) as the "traumatolytic function of the dream" (p. 240).⁸

Freud certainly had good reasons to emphasize the formula of trimethylamin and the sexual megalomania that he claimed underlay the dream. Verbal patterns, however, are not all that function within a dream.

The most prominent characteristic of trimethylamin, a chemical substance associated with the vagina, is its foul-smelling odor, similar to that of rotting fish. Therefore, it serves to introduce the idea that the female genitals are repellent. According to Lotto (2001), the trimethylamin formula in Freud's Irma dream functioned as a highly condensed symbol for "the conflict between misogynistic thoughts and deeds and the guilt they generated—as well as a reminder of those shameful parts of himself that he characterized as feminine: the passive, castrated Jewish victim" (p. 1310). Contending that "the primary source of guilt in the Irma dream" was Freud's misogyny, Lotto detected throughout Freud's self-analysis clear evidence of "a sequence in which he acts badly toward a woman" (pp. 1306-1307). Lotto concluded that Freud struggled during his whole life with strong misogynistic impulses, and the Irma dream was "part of an ongoing reparative process in a man engaged in battle with the darker aspects of his inner life" (p. 1310).

In peering down into Irma's throat, Freud was struck by the resemblance of the three curly structures to the female genitalia;⁹ he was also

⁸ Elaborating further on Freud's (1920) revision of traumatic dreams, and realizing that day and life residues were "repetition symptoms of trauma," Ferenczi (1931) proposed that "a more complete definition of the dream function would be: Every dream, even an unpleasurable one, is an attempt at a better mastery and settling of traumatic experiences" (p. 238).

⁹ Commenting on his associations to the trimethylamin chemical formula, Freud

frightened by the necrosis of his patient's membranes. These necrotic spots were linked by Freud to his own medical errors, which in turn gave rise to harsh self-reproaches. Soon, however, they were separated from the incident and displaced into the remote past.¹⁰ According to Langs (1984), Freud's worries and concerns in the Irma dream touch "more broadly upon the issue of whether or not psychoanalytic procedures could be dangerous and harmful to patients even to the point of bringing about their death" (pp. 606-607).

A similar concern appears to break through in the medical examination performed on Irma in the dream, carried out by pediatricians in a hospital for children. At a certain point, Freud (1900) experienced the sensation that Irma was herself a child. To recall his words:

In the further course of the dream the figure of Irma acquired still other meanings, without any alteration occurring in the visual picture of her in the dream. She turned into one of the children whom we had examined in the neurological department of the children's hospital. [p. 292]

Freud here seems to come quite close to grasping the "nightmare" and trauma that Emma had experienced as a child. In the course of progressively telescoping the pain affecting his patient's body—her throat, stomach, and abdomen—did Freud ever manage to glimpse the mortal terror that Emma might have endured as a child as a result of her possible circumcision?

(1900) wrote that Fliess "had a special knowledge of the consequences of affections of the nose and its accessory cavities," and that Fliess had also "drawn scientific attention to some very remarkable connections between the turbinal bones and the female organs of sex (cf. the three curly structures in Irma's throat)" (p. 117).

¹⁰ Freud (1900) reported that he saw "a white patch and turbinal bones with scabs on them" (p. 111) when examining Irma's throat in the dream. The white patch reminded him of diphtheria, the serious illness suffered by his daughter Mathilde, and of another "incident" as well—namely, the "severe toxic state" of a patient of his, also named Mathilde. As Freud explained, the "toxic state" had come about as a result of his prescribing "what was at that time regarded as a harmless remedy." The scabs recalled "a worry about [his] own state of health," an "extensive necrosis of the nasal mucous membrane" in a female patient, and the death of Ernst von Fleischl, which had been hastened by Freud's substitution of morphine with cocaine, a medical recommendation that "had brought serious reproaches down on [Freud]" (p. 111).

THE CUT

Anzieu (1986) proposed that the Irma dream as a whole epitomizes the transformation of the carnal body into a symbolic body. This, he argues, was triggered by “the body of the crime from which [Freud] must exculpate himself” (p. 155). Anzieu argues that this “body of the crime,” around which the discovery of the unconscious revolved, was “the desired body of the unpossessed mother.” Anzieu is, I think, partly correct, if only because the body in question was that of a hysterical Jewish woman who had likely endured castration (circumcision) during her early years.

Geller (2007) devotes several pages to Freud’s identification with Irma’s body. Geller associates circumcision with the nose to arrive at the conclusion that the Irma dream “betrayed the process by which Freud was generating apotropaic defenses against the ongoing trauma of his own Jewishness (*Judentum*) as lived and ascribed” (p. 94). In Geller’s view, the emotional source of the shock that Freud experienced when confronted with Emma’s massive nasal hemorrhaging tapped into his “femininization” and his relationship with Fliess.

In this regard, Geller wrote of Freud’s “Jewish and gender-coded identification with Irma” (p. 91), which was reflected, he argued, in the perilous assimilation between Freud’s body and that of his female patient. Remarkably, Geller arrived at his conclusion without apparently noticing that Emma’s body had likely been scarred by a procedure that resembled an actual circumcision.

In a letter to Fliess on January 24, 1897, we find Freud writing the following:

Imagine, I obtained a scene about the circumcision of a girl [*eine Szene von Mädchenbeschnidung*]. The cutting off [*Abschneiden*] of a piece of the labium minor (which is even shorter today), sucking up the blood, after which the child was given a piece of the skin to eat. This child, at age 13, once claimed that she could swallow a part of an earthworm and proceeded to do it. An operation you once performed was affected by a hemophilia that originated in this way [*Unter der so begründeten Hämophilie hat einmal eine Operation von Dir gelitten*]. [Masson 1985, p. 227]

Freud did not explicitly state that the patient was Emma Eckstein; the context and his wording, however, strongly suggest that she was. Emma was affected by interminable bleeding after nasal surgery with Fliess. Freud interpreted her bleeding as a product of hysteria for several reasons, among them the fact that she had engaged in compulsive self-mutilating and self-cutting behaviors, and because she had "always has been a bleeder" (Masson 1985, p. 186).

Why, we may ask, was Emma a "bleeder"? Why did she so often cut herself? Were her reenactments the products of fantasy or of real trauma?

Emma suffered from severe physical pain in her legs and had problems walking throughout most of her life. Her leg pains were associated with genital paresthesia and forced her to remain confined to bed or lying on a couch for long periods of time. Her analysis with Freud had a positive and beneficial effect on her condition, and she was able to engage in a more normal life for several years. However, she experienced a relapse and developed masochistic fantasies and a traumatophilia. As Freud (1937) reported, Emma began to compulsively reenact her fantasies and underwent a "complete hysterectomy" "twelve or fourteen years after her analysis ended" (p. 222).

The continuity between the circumcision scene and her complete hysterectomy years after her treatment with Freud had ended is striking and uncanny. If we consider that Freud (1937) had also indicated that the patient's relapse and second illness had "sprung from the same source as her first one" (p. 222), we might easily reach the conclusion that her genital trauma was not as insignificant as might appear from Freud's passing remarks concerning the shortening of her *labium minus*.

Schur (1966) identified the patient mentioned in Freud's letter to Fliess of January 24, 1897, as Emma Eckstein, commenting that Emma was "one of the first patients who offered Freud a clue to the crucial realization that what his patients had described to him as actual seduction episodes were fantasies" (p. 114). Schur's conclusion has never been rejected, nor has it been elaborated any further—despite the fact that Freud, in January 1897, still considered hysterical fantasies to be grounded in real trauma. Indeed, it is important for us to note that Freud, in this passage, associates his patient's hysterical circumcision fan-

tasy to an actual and real cut on her external genitals, the traces of which had faded during the course of time but were nevertheless recognizable.

Masson (1984) was unable to make up his mind about whether the scene involving the circumcision of a girl mentioned by Freud in his January 24, 1897, letter had been real or fiction.¹¹ Appignanesi and Forrester (1992) describe this scene, as well as the preceding one in which “the diabolus sticks needles into her fingers,” as “fantastic scenes from [Emma’s] inner life, in the no-man’s land between fantasy and memory, resonating with the sadistic acts and fantasies of a former historical epoch” (p. 137). Wilcocks (2000), for his part, raised the following perceptive question: “How on earth . . . did Freud know that one half of the vaginal lips of Emma was shorter than the other half?” (p. 102).

There is no doubt that Freud, in his letter to Fliess, had been referring to a real cut on the external genitals of one of his female patients at the time, supported by his report of the existence of a disparity in the lengths of his patient’s labial lips. Those who contend that Freud was referring to a fantasy on the part of his patient (but whose fantasy—Freud’s or Emma’s?) must necessarily explain the reason for this hypothesis.

Emma herself was likely unaware of the circumstances surrounding her castration and was probably even confused about the cut to her genitals. Domestic accidents that occur at a very early age can at times function as the somatic basis for fantasies, as Freud himself discovered during the course of his self-analysis. Between the age of two and three, he had climbed up on a stool that tipped over, its corner striking him behind the lower jaw. The injury caused a considerable loss of blood, and some stitches had to be put in by a surgeon. In October 1897, Freud determined that the event had functioned as the basis for an oedipal fantasy of punishment (castration) for his incestuous wishes (Anzieu 1986, p. 243).

¹¹ We can safely surmise that Masson’s doubt persisted since he began to actively research the topic of female circumcision and clitoridectomy soon after publishing his translation of the complete edition of Freud’s letters to Fliess. Masson later edited a collection of English translations of original German and French texts on women and sexuality, which he described as capturing “fallacies and contradictions underlying the nineteenth-century gynaecology and psychiatry” (1986, p. 7). This side of Masson’s research was, however, not integrated into a single historical reconstruction with his work on Freud (Masson 1984).

Something similar probably occurred with Emma. There are, however, a number of important differences, the implications of which are far-reaching.

1. In Freud's case, the injury occurred to the jaw, while in the case of Emma it was in the genital area. It strikes me as obvious that the scar on Freud's jaw became symbolic of castration for him only as a result of the scene presented to him by Emma during her analysis with him in January 1897.
2. It is unlikely that an injury to the vaginal lips could be caused by a domestic accident. The *locus morbi* is so protected and hidden that we can only assume that such an injury is intentional. Obviously, we cannot exclude the possibility that it was self-inflicted, given Emma's history of habitual masturbation. If we consider the medical context, however, we cannot ignore that the cutting of the labia minora (together with the excision of the clitoris and the surgical closure of the labia majora) was a medical procedure often performed between 1860 and 1885 in an effort to "cure" masturbation (Bonomi 2009). Emma was born in Vienna during this time, in 1865. The first pediatric department in a general hospital in Vienna had been established in 1872 and was headed by Ludwig Fleischmann (1841–1878), a respected pediatrician and surgeon in Vienna (Tragl 2007). In 1878, the same year in which he died, Fleischmann published a paper in which he openly recommended that habitual masturbation in girls should be treated with the scarification or amputation of the clitoris. Furthermore, in the case of small children, it should be treated with the "cauterization of the Labia or of the entrance of the vagina" (1878, p. 49, translation by C. Bonomi). This kind of medical procedure, I wager, was likely the cause of the anomaly in Emma's vaginal lips, reported by Freud in his letter to Fliess in January 1897.
3. Emma's childhood trauma was symbolically revisited with the operation that Fliess performed on her nose in 1895, the year in which she turned thirty. Reacting to the surgery on the basis of her core fantasy, Emma could not fail to unconsciously experience it as the reactivation of an earlier surgical intervention and the resultant genital wound.

4. Freud played an active role in Emma's retraumatization. The fact that her operation (the removal of the turbinal bone) had been intended as a "cure" for the consequences of habitual masturbation (Masson 1984) presents Freud's behavior as no different from that of Emma's father, the man most likely responsible for taking her to a surgeon to cure her of her masturbation.
5. Given the strong transference that Emma had developed to her analyst (Appignanesi and Forrester 1992), we might further surmise that, in witnessing the repetition of his patient's trauma, Freud unconsciously saw himself as the seducing and traumatizing object of her internal world.
6. This might very well be the source of Freud's feeling that he had damaged Emma—a feeling that managed to speak through his Irma dream just months after Emma underwent her surgery with Fliess.
7. Freud was deeply puzzled by his thoughts and feelings on the matter and was unable to understand their logic in terms of a countertransference enactment—despite his feeling that Irma had herself been "one of the children whom we had examined in the neurological department of the children's hospital" (Freud 1900, p. 292). Freud, the evidence suggests, simply truncated and blocked this particular line of thought, avoiding and derailing the subject by switching to the "immensely powerful factor of sexuality" (p. 116), a factor that in time he associated with the unsatisfied and demanding sexuality of widows.
8. Finally, we might surmise that the sensation of having turned into the traumatizing object of his female patient remained particularly unbearable for Freud. Rather than acknowledging this fact, however, he reacted by unconsciously identifying with Emma's traumatized self. This autoplasmic reaction is, I think, confirmed particularly by his interpretation of the necrotic spots that he found on examining Irma's throat in his dream. Freud, as we know, interpreted these as pointing back to *his own state of health* at the time. This is partly explained by the fact that his own nose had been operated on by Fliess just prior to his performing sur-

gery on Emma. Thus, if Emma failed to fully and unambiguously break through into the Irma dream, it was because her body had somehow managed to morph with Freud's, and his patient's nightmare becoming his own. From this point of view, the significance of the Irma dream for the origins of psychoanalysis might in the end boil down to its simply being an expression of the *analyst's introjection of the psychic reality of a patient who had been traumatized*.

An analyst's preconscious understanding of a patient's trauma is rooted in their uneasy and challenging participation in a process in which the analyst is contaminated, imbued, and sometimes flooded by the patient's dissociated experiences. The analyst is then forced to become the container (Bion 1962) in which these unrecognized, visceral sensations are temporarily stored. As Borgogno (2013) described with remarkable clarity, since the patient lacks "the stomach for digesting indigestible and un-assimilable experiences" (2013, p. 209), the analyst must host the latter in his own stomach until the patient develops a stomach of his own.

The abuse suffered by Emma as a child was memorialized in Freud's dream by Irma's painful sensations in her throat, stomach, and abdomen. Crucial here is that Freud was infiltrated by Irma's pain, and furthermore, that this infiltration in time slowly *turned him into his own patient*. This initiated a process whose terminal point was Freud's dream of himself dissecting his own pelvis—a definitive point in his analytic initiation. A perhaps more important point to highlight here is that Freud himself failed to note that his own body—dissected (i.e., analyzed) by him in his dream—had been transformed into *the container of the visceral sensations of his own patients*.

EMMA'S MASCULINE FANTASY

Several elements suggest that Emma's genital paresthesias were associated with unconscious phallic fantasies; these did not escape Freud's attention. An important clue is Freud's first allusion to a woman's penis. This allusion surfaced in direct connection with a "scene about the circumcision of a girl" that Freud extracted from a female patient in

January 1897. Freud was not acquainted at that time with the phallic fantasies of his female analysands or with how they viewed or fantasized the male organ.

In his letter of January 24, 1897, however, he formulated the idea that the broomstick upon which witches are often portrayed riding was most likely “the great Lord Penis” (Masson 1985, p. 227). Another clue may be isolated in the fact that, forty years after the incident, Freud decided to base his position on what analysis is able and not able to achieve by appealing to his treatment of Emma, and what he, in light of her case, described as the impossible task of convincing a woman on giving up on her wish for a penis. “At no other point in one’s analytic work,” Freud (1937) wrote on that occasion,

. . . does one suffer more from an oppressive feeling that all one’s repeated efforts have been in vain, and from a suspicion that one has been “preaching to the winds,” than when one is trying to persuade a woman to “abandon her wish for a penis on the ground of its being unrealizable.” [p. 252]

These elements not only appear to substantiate the idea that the sensorial hallucination of a penis had played a crucial role in Emma’s clinical profile (the genital paresthesias), but also seem to suggest the need for us to reconsider her fantasy of having a penis as a “witness to the history of the origin of the illness” (Freud 1896b, p. 192). Beyond the mere intrapsychic denial of her vagina, we might consider Emma’s phallic fantasy a symptom—a memorial to her trauma that embodied her hope to have her genitals and her trauma recognized by her analyst.

I am here relying on the principle that repetition fulfills a useful function and involves an attempt to “bring about a better solution than was possible at the time of the original shock” (Ferenczi 1931, p. 238). Penis envy might operate as a disguise for “the *good* sex organ” (Torok 1964), and fantasized penises may at times serve to organize sensations in the genital area (Bernstein 1990). In the case of Emma, however, her hallucinations could well be viewed as an attempt on her part to restore the underlying representation of a vagina that had been violently and traumatically damaged by male doctors.

THE MOMENT OF BLISS

Emma's fantasy of having a penis might shed light on the interpersonal dynamic of her retraumatization. Freud's desire to have a less masculine and more submissive female patient in his Irma dream appears to lie at the heart of his most famous oneiric production. The fantasy to take possession of the magic penis of the woman could provide important clues into the meaning behind Freud's preoccupation with not "doing harm" to Irma. Freud's position might then shed light on the "deflowering fantasies" that, following his Irma dream, became a focal point of his self-analysis. Let me provide a brief overview of this crucial subject.

A key component of Freud's self-analysis revolved around the scene in the meadow with flowers in which he, at the age of about three, along with his "companion in crime"—his nephew John—behave "in cruel fashion" toward Pauline (Freud 1900, p. 483; Masson 1985, p. 262). Hartman (1983) was one of the first to call attention to the significance of this scene in relation to the Irma dream, presenting it as a proof of "the importance of the repetition of infantile conflict in the discovery of psychoanalysis" (p. 559). The Emma Eckstein incident, in Hartman's view, stood as merely a replay of his cruel ("*grausam*") treatment of Pauline at the age of three, with Fliess cast in the role of John and Emma playing the role of the victim (Pauline). Hartman's interpretation soon gained acceptance among Freudian scholars, most likely because it offered a straightforward and simple analogy between the two scenes.

The childhood meadow scene that took place in Freiberg in the spring of 1859 became the central memory around which Freud built his disguised autobiographical paper on screen memories (Bernfeld 1946; Freud 1899). In it Freud's sexual aggression toward his niece Pauline is framed in the romantic language of flowers and screened by the action of his aggressively "snatching away" a "little girl's bunch of flowers" (Freud 1899, p. 310). The scene also served to represent the prototype of Freud's memory of bliss, which—after being articulated by him in the language of chemistry in the Irma dream—was then transposed into the language of flowers in his dream of the Botanical Monograph, dreamt by him in March 1898, nearly three years after his Irma dream. Freud's

language and description, according to Anzieu (1986), was modeled on a simple equation: “flower = female genitals” (p. 292). Anzieu presented the following account of Freud’s associative paths:

I would contend that the present action in the [Botanical Monograph] dream—opening a folded plate on which a flower is “reproduced”—represents an intellectualization of a past, carnal action—opening the folded “flower” of a little girl, in other words her sexual organs, whose purpose is, precisely, to “reproduce,” and where the little boy imagines he can see the results of castration. The reproductive functions of the human body are often explained to small children through the analogy of botanical examples. [pp. 286-287]

Anzieu is here able to detect the disturbing presence of a fantasy of “castration” at work within the scene. The same disturbing presence is evoked by an important association that Freud (1900) himself provided: the plastic memory of himself at the age of five, when, together with his three-year-old sister Anna, he blissfully pulled apart a book—“to pieces (leaf by leaf, like an artichoke)” (p. 172). According to several commentators, Freud’s memory was tied to his blissful moment of “defloration,” while the image of “pulling the book to pieces” successfully conveys the idea of a destructive action that resonates with the verb “*schockieren*—to shock, to offend, and to disgrace”—itself associated with the German “*Artischocke*” (Mautner 1991, p. 283).

Freud’s fantasies and ruminations on female genital organs bear the mark of Emma’s impact. The symbolic meaning of defloration was later clarified by Freud (1918); he associated the hymen with the female’s in-born illusion of having a penis and the rupture of the magic membrane, a form of symbolic castration that triggers her wish to castrate a man in order to keep his penis to herself. Despite the fact that Freud’s defloration fantasies were rooted in his own life and history, I tend to think that they were overdetermined by his unconscious concern with Emma’s retraumatization—an event that ultimately represented an attack on her magically protective shield (the phallic magic membrane).

On a more general level, the assault on the imaginary phallus functions as an unconscious factor motivating men to treat hysterical women

by castrating them. If we examine the issue more closely, we realize that the practice emerged precisely during a time when the emancipation of women began—indeed, during a period when the modern myth of the *femme fatale* began to surface in Western culture. The *femme fatale*, as de Klerk (2003c) has pointed out, is a *phallic woman*, a woman who takes revenge on men by placing them in a powerless, threatened, and dependent position in order to make them feel what she herself has been made to experience.

Remarkably, this was also how Freud himself seems to have experienced the Emma incident. While Freud identified with castrated female patients, the one who was ultimately castrated was not Emma but Freud himself. This reversal of roles was part of an ongoing, shared fantasy between Freud and Emma. The fantasy they unconsciously shared may be seen in Emma's reaction to Freud's near-fainting spell in response to her bleeding incident in February 1895.

Circling back to an earlier point, I note that, when Freud returned to the room where Emma had been recuperating from her massive bleeding, she responded by greeting him with the remark: "So this is the stronger sex" (Masson 1985, p. 117). The impregnation of Martha in early March of 1895, and the fantasy of sexual grandiosity that Freud enacted through his Irma dream, were both reactions to the powerless, threatened, and dependent position in which he felt himself caught during and after the Emma incident.

In Freud's self-analysis, this position was revived through his ruminations on the true *femme fatal* in his life: the Roman Catholic nanny whom he described in his letter to Fliess of October 1897 as his sexual "initiator" or "prime originator" [*Urheberin*] (Masson 1985, p. 278). Freud had no clear recollection either of his seductress or of the specifics of the abuse he suffered; he did, however, experience various dreams in which he found himself sexually aroused, trapped, and unable to move, as well as mistreated, scolded, and humiliated.

These paralyzing feelings, characterized by a blend of erotic arousal and sensations of impotence, were reawakened in Freud by his preconscious understanding of the infantile abuse that Emma had suffered. It is important to underscore in this regard what several authors (Grigg 1973; Mahony 1977; Schur, 1972) have previously emphasized: namely,

that Freud sometimes characterized his childhood seductress as his *Amme* (wet nurse)—although he was presumably breastfed by his mother—and that, as Freud himself noted, *Amme* is *Emma* spelled backward (Freud to Jung, June 6, 1907 [McGuire 1974, p. 59]; see also Vitz 1988, p. 7).

Moving away from the analytic situation and fantasizing about his Roman Catholic nanny enabled Freud to commit to and enter into a systematic self-analysis. His unconscious identification with Emma, however, remained immured within the psychoanalytic corpus as an inaccessible enclave—a “State within a State, an inaccessible party” (Freud 1939, p. 76).

THE ENCLAVE

If we dig deeper into Emma’s scenario, we are struck by its similarity to the Jewish ceremony of circumcision. This event traditionally takes place on the eighth day of the child’s life and is *exclusively meant for boys*. In the orthodox tradition, the ceremony is known as the *brith milah*. The ritual of circumcision is always performed by a man, a *mohel* who, after cutting and removing the foreskin at the tip of the boy’s organ, applies his mouth to the child’s penis in order to suck up the initial drops of blood produced by the cutting. The ceremony is then followed by a celebratory meal.

The account that Freud obtained from Emma was obviously modeled on this ceremony. Freud himself was struck not by the mutilation or by the content of his patient’s fantasy, but by the ritual pattern encoded in it. In his letter to Fliess of January 24, 1897, he associated the scene presented to him by Emma to the idea of a “primeval sexual cult, which once was—perhaps still is—a religion in the Semitic East (Moloch, Astarte)” (Masson 1985, p. 227). Freud then writes that perverse actions “are always the same—meaningful and fashioned according to some pattern that someday will be understood” (p. 227).

Freud’s (1901) brilliant anticipation of the metapsychological idea of a deep structure of the unconscious, homologous to religion, diverts our attention from Emma and the possible meaning of Emma’s fantasy. If we attempt to grasp why her genital trauma had been reshaped to match the ritual of circumcision—a ritual from which girls are obviously

excluded—we arrive at the following possible reconstruction. As a child, Emma must have found herself confused about her genitals and the fact that they had been injured and cut. She then likely developed the *fantasy* that she, too, like her brothers and male cousins, had received and experienced a *brith milah*. By turning her trauma into an active fantasy, by enabling and making her genital mutilation thinkable, Emma's *masculine fantasy materialized as an attempt aimed at mastering her trauma*.

Two months after Freud obtained information about the *brith milah* scene from Emma, he developed the idea that fantasies issued from things that had been heard but understood only subsequently (Masson 1985). Freud further maintained that fantasies were psychic facades produced to bar access to memories and thereby to preserve them:

They are manufactured by means of things that are heard, and utilized subsequently, and thus combine things experienced and heard, past events (from the history of parents and ancestors), and things that have been seen by oneself. They are related to things heard, as dreams are related to things seen. In dreams, to be sure, we hear nothing; but we see. [Masson 1985, p. 240]

This passage helps us better appreciate the role that the words *brith milah* might have played in the construction of Emma's fantasy. It also sheds light on the verbal mechanisms by which this same fantasy made its way into Freud's Irma dream. The notion that, in dreams, "we hear nothing but we see" not only anticipates the theory that words are therein represented as things, but also reminds us of the trimethylamin formula that helped restore Freud's capacity to see in the dream. Remarkably, and as de Klerk (2009) pointed out, the trimethylamin formula itself appears to be "an anagram, a nearly literal transcription, of '*brith milah*.'"¹²

Privately, Freud viewed his Irma dream as the moment when "the secret of the dream" had been revealed to him: "the dream-content seems

¹² According to de Klerk (2009): "When I began to read Freud 'sub specie circumcisionis,' I was startled to find that the keyword in the Irma-dream 'trimethylamin' can be read as an anagram, a nearly literal transcription, of '*brith milah*' (Hebrew for circumcision). Try it and you will find that nearly all of the letters and sounds of *brith milah* are present in 'trimethylamin,' except for the initial 'b' in the phrase. It may be just a sheer coincidence, a speculation on my part; but perhaps maybe not. Anzieu once said that a nearly perfect likeness is a complete one for the unconscious."

like a transcript of the dream-thoughts into another mode of expression, whose characters and syntactic laws it is our business to discover by comparing the original and the translation" (1900, p. 277). These and other factors give plausibility to de Klerk's hypothesis that Emma's nasal surgery served as an unconscious reminder of Freud's own traumatic *brith milah*; the fantasy and sexual grandiosity inscribed in and carried by the word *trimethylamin* thus appear to be built upon a phallic wound.¹³

Before further expanding on this point, I wish to briefly review how the topic of Freud's circumcision has been treated and addressed in the psychoanalytic literature.

De Klerk belonged to a small but heterogeneous group of scholars who came to realize that circumcision functioned in Freud's work as a kind of hidden script. Gilman (1993), citing a rich literature that considered circumcision "a remnant of the early Jewish idol or phallus worship" (p. 58), made many interesting observations about circumcision and nineteenth-century medicine. He noted that "in seeing the act of circumcision as 'primeval,' Freud placed it at the root of Western civilization" (p. 83). Gilman proceeded to point out that "the debate about the impact of circumcision on the communal psyche was also closely related to Freud's discussion of the trauma theory in the late 1890s" (p. 87). Finally, he noted that "by moving hysteria to the realm of the incestuous," Freud had effectively eliminated "the trauma of circumcision" (p. 89).

Other authors have found the trauma of circumcision reverberating within the flow of some of the most important dreams that Freud reported during his self-analysis. Colman (1994) suggests that, as a child, Freud was likely ridden with conflict as a result of witnessing the circumcision of his younger brother Julius, who died just six months after the ceremony. In Colman's view, Freud's affective response to the events of Julius's circumcision and death impacted his later dreams and his theoretical views on the castration complex. The fact that Freud was never able to fully retrieve the emotions he experienced as a result of Julius's sudden death influenced his ability to adequately conceptualize the castration complex (Colman 1994).

¹³ Sadly, de Klerk died in 2010; although he was unable to publish his fascinating hypothesis himself, he entrusted me with his intuition.

Maciejewski (2002) traced the clinical material in Freud's self-analysis back to the trauma of his circumcision, interpreting it as the primal scene [*Urszene*] of the "bad treatment" that Freud had reported to Fliess in his letter of October 3–4, 1897 (p. 47). De Klerk (2003a, 2003b, 2004, 2008) integrated both aspects of the equation, proposing that Julius's circumcision and death functioned to remind Freud of his own circumcision. In a later work, Maciejewski (2006) viewed Julius's circumcision as at the center of a primal scene that haunted Freud and never ceased to influence him.

Both de Klerk and Maciejewski placed heavy emphasis on the fact that Freud appears to have decided not to have his own male children circumcised. Each read Freud's dream of the self-dissection of his pelvis as a representation of trauma, viewing his circumcision not only as a traumatic life event, but also as "a crypt of the repressed sufferings of the young Oedipus" (Maciejewski 2002, p. 28, translation by C. Bonomi). De Klerk's contribution was developed around the assumption that a neonatal circumcision without the benefit of anesthesia is necessarily experienced by the infant as catastrophic and traumatic. De Klerk supported his position with clinical research and analytic vignettes. Maciejewski's methodology, on the other hand, is mainly sociological; he works and proceeds on the assumption that neonatal circumcision is—in contradistinction to initiation rites during puberty—a cultural "memotechnique" aimed at reproducing a painful memory trace in the body.

Expanding on Derrida's (1996) suggestion that we consider a bodily memory trace an *archive*, Maciejewski found that it represents a second archive of psychoanalysis, one that underpins the primacy of the phallus and castration. Despite the fact that many of his interpretations are profoundly interesting and thought provoking, Maciejewski ultimately arrived at a rather disappointing conclusion; picking up on Derrida's remark on the irreducible literalness of circumcision in Freud's text, he found that the ultimate content of this secret archive is "the fact of circumcision [*Tatsache der Beschneidung*] as the traumatic central event of Jewish socialization and ethnogenesis" (Maciejewski 2002, p. 309, translation by C. Bonomi). Geller (2007), who expanded on Gilman's (1993)

research, responded by objecting that circumcision in Freud's work is not a mere *fact*, but a *dispositive*.¹⁴

These authors all share the idea that the mark of circumcision in Freud's work is a *memory without memory* that returns everywhere (to employ Derrida's [1996] phrasing). These same authors, however, ignore the social and cultural relevance of the medical cure/punishment for masturbation; de Klerk, to be fair, does come close to recognizing this by virtue of his association of the disavowal of the traumatic element of circumcision to the neurological notion that infants fail to suffer pain—a misconception that began in 1872 with the discovery of the partial myelination of the newborn baby's neurons. This misconception persisted for an entire century (Cope 1998; Fitzgerald 1998).

The consequences of such selective inattention are many, the principal one being that these contributions on the subject of the hidden script in Freud's texts are obsessively and defensively fixated on the male genital organ, as if contamination with the female gender was somehow forbidden. This might be one of the reasons why Emma's "circumcision scene" has remained a residue even within the psychoanalytic literature. Yet in my view, circumcision is scarcely understandable if it is isolated and cut off from the male imitation of the wound that the female body itself embodies—a fact that renders the human physical body a symbolic one, and that transforms the wound in the flesh of the female body into a *symbolic wound* (Bettelheim 1954).

The script of the original "contamination" was implicitly revived by the notion that men "menstruated" through their noses—an idea having a long history before it resurfaced through Fliess's theory of the nasal reflex neurosis. Moreover, Freud's rejection of the Jewish ceremony of circumcision had been "contaminated" from the beginning by the horror that the medical practices of castration and circumcision of females (women and girls) must have produced in him during his early

¹⁴ The term *dispositive* was introduced by Foucault (1977). According to Geller (2007), circumcision became, in the central European cultural imagination, "both an apotropaic monument and a floating signifier that functioned as a dispositive, an apparatus that connected biblical citations, stories, images, phantasies, laws, kosher slaughterers (*Schochets*), ethnographic studies, medical diagnoses, and ritual practices, among other deposits in that noisome landfill called Europe, in order to produce knowledge about and authorize the identity of *Judentum*—and of the uncircumcised" (p. 11).

years as a medical doctor. The crucial question is when and how circumcision became the hidden signifier of a traumatic inscription within the Freudian corpus.

THE INSCRIPTION

We know that Freud was impacted by a painful psychic impression the day before he dreamt his Irma dream; it was then deflected onto Irma in the form of a damaging injection. He felt annoyed by a reproach, a statement regarding Irma's "incomplete cure," and decided to stay up late into the night to write up a report of his treatment of her, essentially in order to offer a self-justification of his procedures. Writing the report was a painful exercise, both mentally and physically. Freud, we know, had been suffering from rheumatism at the time he dreamt his Irma dream, and that night he felt particularly bothered by pain in his left shoulder [*Schulter*].

In the dream, these pains reappeared and were reflected in Irma's body. Freud, in his dream, turns to her to say: "If you still get pains, it's really only your fault [*Schuld*]" (Freud 1900, p. 107). Apparently, Freud jettisoned the painful reproach directed at him and cast it in the direction of his patient. However, later on, in the course of the medical examination performed on Irma in the dream, her pains were isolated to a portion of her skin [*Hautpartie*] that had been infiltrated; this pain was immediately felt by Freud in his own left shoulder.

Geller (2007) convincingly associated the word *Hautpartie* to circumcision. Here we arrive at an important and crucial passage in Freud's dream. As Mahony (1977) noted, the German word for shoulder (*Schulter*) "phonologically incorporates *Schuld*" (p. 91)—guilt, pronounced *Schult* in German. Ultimately, the unacceptable reproach ended up being placed, by Freud himself, upon his own shoulders.

The person from whom Freud had received the painful impression and reproach regarding Irma's incomplete cure was his medical colleague and friend Oscar Rie ("Otto" in Freud's account of the dream). Freud was so upset with Otto in the dream that his annoyance was quickly displaced toward the gift that Rie had brought with him when he came to visit: a bottle of pineapple liqueur (*Ananas*). Freud, however, detected a strong smell of fusel oil (*amyl*) when the bottle was popped

open. Freud found the odor so disturbing that he immediately decided to rid himself of the gift.

In the dream, moreover, the responsibility for Irma's pain was vengefully thrown back on Otto, who was dismissed by Freud as the "impure" one who had thoughtlessly injected Irma with a dirty syringe. The smell of amyl led Freud to recollect the whole chemical series (propyl, methyl, and so on)—a series that accounted for the "preparation of *propyl . . . propyls . . . propionic acid*" (1900, p. 107) that had been injected into Irma's body.

The replacement of *amyl* (the painful impression) with *propyl* (the injection) is the crucial point in the dream. It is the juncture at which Freud loses and then regains his masculine status. This replacement becomes more intelligible if we consider still another layer of meaning and a deeper level of reproach. Oscar Rie had just come from visiting Anna Hammerschlag's family; Anna was Freud's patient and the primary person condensed into the figure of "Irma" in his dream. Freud fancied that his friend Otto had been siding against him under the influence of his patient's relatives. Otto's reproach must have been felt by Freud as coming directly from Professor Hammerschlag, his former Hebrew teacher and a friend of his father, Jacob, as well as his patient's father.

During the night, the reproach directed at Freud by Otto for failing to "cure" his patient turned into an admonishment, with Freud left feeling he had failed to fulfill his *medical* duties. We could well surmise that Professor Hammerschlag's complaint against Freud, coming as it did from an authoritative and paternal figure who served as an agent of Jewish tradition, served to reawaken a much more substantial reproach in Freud. More deeply, Freud must have widened his self-reproach to include the fact of his having drifted away from Judaism and the consequent failure to fulfill his *religious* duties to his father, Jacob.

Freud's self-reproaches thus tapped into a central conflict in his life concerning his problematic and conflicted relationship with his Jewish ancestry and the religion and legacy of his forefathers. This theme cannot be examined in depth here; suffice it to say that it was only after the death of his father that Freud opened up to the prospects of filial piety—and also, that it was only with his father's death that he entered self-analysis and his lifelong journey back home (Rice 1990).

Seen from this angle, the Irma dream presents an all-too-clear expression of Freud's rebellion against his Jewish heritage. He still felt himself entitled to make his own choices, and he pretended to be his own father. The weight of his self-reproaches, however, began to slowly turn the tide. Freud's revolt—his conflicts and vacillations with regard to his origins—speaks most powerfully through his failure to fulfill some of the most important duties that an observant Jewish father demands from a son. Unlike Jacob, Freud failed to endow his male children with Hebrew names and, more crucially, failed to circumcise them as well, symbolically keeping his sons from entering into the covenant. The accusation that he had failed to cure the daughter of his former Hebrew teacher (the *incomplete* cure) reverberates in his failure to inscribe God's name on the organ of generation through the practice of *milah*—the very event at which Jewish male children are offered their Hebrew names (the *incomplete* ceremony) and symbolically enter into covenant with the God of Israel.

Freud did not consciously notice this particular line of reproach involving his failure to live up to his duties as a Jew when analyzing his Irma dream. Instead, he reacted with the vengeful fantasy of a super-complete cure for widows (the "sexual megalomania" [Falzeder 2002, p. 20]). Freud clearly felt the weight of the blow, however. His failure to fulfill his religious duties as a son was thus quickly turned toward Oscar Rie, a fellow Jewish doctor, who was scolded by Freud as a "disbeliever" (Erikson 1954, p. 31). Despite the fact that Freud responded to Otto's reproach as *non arrivé*, it nevertheless came to be inscribed in the dream through displacement and condensation. The most crucial inscription can perhaps be found in the word *amyl*, the signifier of the painful impression that Freud had received. This word, remarkably enough, encodes and nearly reproduces the reverse sound of *milah*, the Hebrew word for *cut*.

Traumatic memories are easily associated with odors, and the smell of *amyl* might well have condensed many traumatic memories and paralyzing visceral feelings of impotence tied to the primordial "cut" that Freud had received by virtue of having entered the Jewish covenant through circumcision. In the dream, the signifier *amyl* is replaced by a chain of signifiers that, associated to pleasurable memories, reveals an

attempt by Freud to dispel impotence, to overcome isolation, and to restore his masculine position.

Erikson (1954) found the association of *propyl* to the Greek word *propylon*, and the verbal vicinity of *propionic* to *priapic*—*phallic*, particularly enlightening (p. 26). In a letter to Fliess written in the spring of 1898, Freud himself remarked that “Priapus stood for permanent erection, a wish fulfilment representing the opposite of psychological impotence” (Masson 1985, p. 308). The precise meaning of the Priapus fantasy was more fully disclosed by Freud (1918) in his report of a custom that supposedly once existed in the Roman marriage ceremony, in which a virgin wife was required to “seat herself on the gigantic stone phallus of Priapus” (p. 204) in order to sacrifice her hymen.

The operative model for the substitution here is obviously a chief element within Freud’s own family romance: the replacement of his Jewish mother (Amalia) with the Roman Catholic nanny who cared for him during his early days in Freiberg. The replacement of *amyl* with the *propyl* series thus appears to be a replacement of the Hebrew ceremony of circumcision with the Roman marriage ceremony, and, through and beyond it, of the Hebrew *milah* (cut) with the rupture of the hymen. In Freud’s self-analysis, this cut would come to be associated with the moment of bliss that brought pleasure and justified life itself.

The “triumph of wish-fulfilment” (Freud 1913, p. 299) was, however, affected by a death anxiety that functioned as a prelude to Freud’s own discoveries and observations on castration anxiety. At a verbal level, the conjunction between bliss and shock, defloration and castration, potency and impotency, was hinted at by Freud’s stress on the reversibility of words. For instance, Freud transferred the verbal quality of the name *Anna* (doubly inscribed in *Ananas*) to the name *Otto*, also a palindrome. His doing so implicitly calls attention to reading words not only from left to right, but also in right-to-left Hebrew fashion—hence the double reading of *Emma*, which, once morphed into *Amme*, is fused with a series of key names (*Anna*, *Emma*, *Nana*, *Amalia*) and primal fantasies in Freud’s life (Vitz 1988). These names are tucked away and lost in a Freudian box. They might well serve, however, to present us with the key that may help unlock the navel (*Nabel*) of Freud’s dream, identified by him as “unplumbable” (1900, p. 111).

Throughout his professional life, Freud repeatedly reminded us of the magical power of words. For example:

Words were originally magic and to this day words have retained much of their ancient magical power Thus we shall not depreciate the use of words in psychotherapy and we shall be pleased if we can listen to the words that pass between the analyst and his patient. [1916, p. 17]

In the specimen dream, this acoustic scenario was evoked by Irma's resistance to opening her mouth properly and by the medical examination performed on her by a trio of doctors who shake and auscultate her body. When one of the doctors examining her finds that "a portion of the skin [*Hautpartie*] on the left shoulder was infiltrated," Freud (1900) was struck not only by the fact that he felt this in his own body, but also by the "ambiguous wording" and "unusual phrasing" (p. 113) regarding the infiltration—as though a piece of the talking cure had been made inaccessible to verbal communication.

The important association *propyl-Propylaea* offered by Freud (1900) as a specimen of displacement might allow us to fill in a gap here. Freud's association—given Emma's family name, Eckstein—itself presents an ambiguity. *Eckstein* means *cornerstone* and, as such, points directly to architecture, religion, and even foundations and founding rituals. *Propylaea* is used not only to refer to the ceremonial gateway to Greek temples, but is also, oddly enough, "a word given to the labia majora surrounding the vaginal orifice" (Anzieu 1986, p. 145).

The bridge connecting these two meanings thus serves to bring together the realms of architecture and anatomy; it also functions to tie the body to a sacred place of worship. Indeed, and even more deeply, it transforms *a mutilated body into a sacred temple*. It is as though—rather than analyzing it—Freud has appropriated and made Emma Eckstein's *brith milah* fantasy his own fantasy.

As well, Freud turns to the Jewish ceremony of circumcision, where the most vital part of the body, the penis, is consecrated to God, as the model for the "consecration" of a woman. This ancient Hebrew ritual is thus questioned at its most delicate point—namely, the division between the sexes and the split between pure and impure.

Freud's irreverence helps us turn our attention to another side of his long-standing habit of distancing himself from his origins and heritage (*milah*), a movement that may be witnessed in the universalism that he adopted as his work developed. Freud's desire for the universal is perhaps best adumbrated, in his dream of dreams, by the "Roman Catholic" resonance of his bold chemical formula—a formula that, visually speaking, is "a system of triads, to each element of which is linked a subtriad, all stemming from one central point (N)" (Richardson 1983, p. 69). The word *Catholic* not only means *universal*, but is also the name personally selected by Freud to introduce us to his dream girl: *Irma* means *universal*. Indeed, *Irma* = *Emma*, since both derive from the German *ermen* (*whole, universal*).¹⁵

The architectural element at play within the *Irma* dream, too, the *propylaea*, points to Classical Greece as the cradle of universal culture, absorbing any and all possible "temples" into itself, beyond all differences in race, gender, and religions. While the template is indeed Hebrew (*milah*), in Freud's founding dream, this is transformed into a scientific formula (trimethylamin) that hints at a universal function.

CONCLUSIONS

In his remarkable interpretation of Freud's specimen dream, Erikson (1954) managed to grasp that Martha Freud's physical fertilization and pregnancy had been duplicated in the spiritual fertilization that Freud, as founder and father of psychoanalysis, had experienced. The "mouth" that Freud opened to examine his patient's buccal apparatus in the dream stood as a symbol not only of a woman's procreative inside, but also of the dreamer's unconscious.

In Erikson's (1954) words:

Wir empfangen: we receive, we conceive, we celebrate a birthday. That a man may incorporate another man's spirit, that a man may conceive from another man, and that a man may be reborn from another, these ideas are the content of many fantasies and rituals which mark significant moments of male initiation, con-

¹⁵ See, among other sources: <http://www.behindthename.com/name/irma>. I owe this insight to Mario L. Beira.

version, and inspiration; and every act of creation, at one stage, implies the unconscious fantasy of inspiration by a fertilizing agent of a more or less deified, more or less personified mind or spirit. [pp. 46-47]

Freud's so-called feminine yielding, the convergence of womb and mind, the possibility that a male subject may incorporate the spirit of another, and the intellectual birth of the notion of bisexuality are all ideas that fundamentally contribute to our understanding of the founding dream of psychoanalysis. An important point overlooked by Erikson in his analysis of the dream, however, was that Freud's homosexual submission to Fliess had been intertwined with his identification with Emma, and furthermore, that what most powerfully served to fertilize Freud's unconscious in the summer of 1895 was the reproach that had materialized in light of the "bad treatment" Emma had received.

The Irma dream, according to Langs (1984), encompasses the entire history of psychoanalysis. It does so not only because it is a paradigmatic representation of the sense of guilt that exists in most analysts (Searles 1966), but also because the prevailing reaction to that sense of guilt was highlighted in the service of defense. In my tentative reconstruction and interpretation of Freud's dream, I have tried to argue that Freud's guilt above all consisted in the incorporation of his patient's psychic reality. This incorporation entailed Freud's unconscious participation in the process of repetition and, eventually, of retraumatization. The medicalization of Emma's treatment, the severity of the incident that followed as a result of her botched operation, as well as the intensity of Freud's guilt feelings, all combined to prevent him from acknowledging having done harm to his patient—something that is always specific to the work of analytic treatment, a process that features the tendency to repeat as an important therapeutic factor in the cure.

The interpretation of Freud's dream presented here allows us to better grasp that the dreamer's "Jewish and gender-coded identification with Irma" (Geller 2007, p. 91) was the product of the transformation of Freud's visceral body into the passive recipient of Emma's trauma. We might therefore wonder whether the underlying guilt immortalized in the dream was the *crime of introjection* itself (Abraham 1963; Abraham and Torok 1978). Freud's so-called feminization might itself be an ex-

pression of his difficulties in withstanding trauma, as well as of his inability to serve as a container for Emma. As far as we know, he never took responsibility for the role he played in Emma's suffering and retraumatization. The Irma dream, to be sure, aptly captures his desire to cleanse himself of any and all guilt.

Freud's analysis of Emma—his most important patient at the time—concluded in 1897, and quickly opened the door to Freud's becoming his own “most important patient” (Masson 1985, p. 279). Despite the fact that Freud was cognizant of his identification with Emma, during those years his ideas on identification had been mainly based on the model of hysterical identification. The latter, in Freud's (1901) view, consisted of an unconscious inference (a form of “assimilation on the basis of similar aetiological pretension,” p. 149) that enabled patients to express, through their symptoms, their experiences—as well as those of other people, so that others might suffer on their behalf. If we apply this logic to Freud's transference neurosis, we realize that in many of his enactments and unconscious formations—in dreams, daydreams, parapraxes, and fantasies—he managed not only to relive and dramatize Emma's traumatic experience, but also to unconsciously suffer on her behalf. It is important here to remind ourselves of the fact that Emma was the first analyst personally trained by Freud.

A crucial element that facilitated Freud's identification with Emma was the similarity of their reactions to the trauma each had experienced in childhood. In Emma's case, feelings of impotence were exorcised through her *brith milah* fantasy. In Freud's case, the apotropaic reversal of impotence into sexual grandiosity and megalomania (*trimethylamin*) was linguistically encoded within the body of a formula that hinted at Roman Catholicism. It functioned as a memorial to the trauma Freud had endured at the hands of his Catholic Nanna (*Amme*).¹⁶

Applying the schema of hysterical identification, we unavoidably reach the conclusion that Emma's *brith milah* fantasy was not only well understood by Freud at an unconscious level, but also that it functioned as a model for the trimethylamin formula itself. Seen from this angle, the revelation disclosed by the specimen dream was indeed an abstract

¹⁶ Many decades ago, Velikovsky (1941) read and deciphered the formula in Freud's founding dream: “Tri—three; amin; Amen—belief in the trinity” (p. 492n).

thought, one consisting of an *unconscious inference* that harkened back to the dreamer's personal childhood trauma. In short, Emma's reaction to her circumcision functioned as an unconscious reminder to Freud of the childhood sexual abuse he had suffered at the hands of his Catholic caretaker.

At a performative level, however, Freud appropriated Emma's *brith milah* fantasy, and in this way managed to fulfill his wish to have a "good and amenable patient" (Freud 1900, p. 109n), reenacting the same fantasy that underlay the operation on her nose. That is, through Emma's nose, Freud once again managed to "snatch away" her imaginary penis. Relating Freud's fantasy back to his Catholic nanny, we now see that it also carries the mark of his identification with the aggressor. What Freud ultimately repeated here was the fantasy of an abused child. It led him to become as powerful as his aggressor by taking possession of Emma's "Three-Amen" formula—the signifier of her imaginary phallus—with the unbearable sensations of impotence being split off and projected onto his traumatized patient.

Perhaps a deeper point to emphasize here is that Freud's hysterical identification with Emma might itself not be sufficient to accurately describe the role that she played in the birth of psychoanalysis. Freud's progressive discovery of "symbolic castration" of his own body comes to closely resemble the "identification of the ego with the abandoned object" (Freud 1917, p. 249). Furthermore, the verbal immurement of Emma's *brith milah* fantasy, in light of the trimethylamin formula in Freud's dream, is suggestive of the textual inscription of the *mute word* (Derrida 1976); indeed, it more generally suggests the "endocryptic identification" described by Abraham and Torok (1978, p. 142).

The silent, invisible bond between Freud and Emma is perhaps best portrayed in a text Freud wrote while in the midst of his meditations and reflections on Moses (Freud 1939). While struggling with the "evidence afforded by circumcision" (described in his book on Moses as a precious "key-fossil" [*Leitfossil*] [p. 39]), he (1937) was led to reflect on the role that the "bedrock" [*gewachsene Fels*, or *growing rock*] of castration played in any and all psychoanalytic treatment. In that context, Freud suddenly decided to circle back to his beginnings as an analyst in order to ponder, for the last time, the sediments of his treatment of Emma Eckstein—a

concrete specimen of a petrified life, and also a literal cornerstone [*Eckstein*] of psychoanalysis.

Acknowledgments: The author wishes to thank Mario L. Beira for his help in editing this paper and for his many suggestions and comments, which have greatly enriched it. In addition, Peter L. Rudnitsky read and offered helpful feedback on an early draft of this text.

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Borgo Pinti 87

50121 Florence, Italy

e-mail: mail@carlobonomi.it

BOOK REVIEWS

THE ANALYSIS OF FAILURE. By Arnold Goldberg. New York: Routledge, 2011. 233 pp.

If a patient leaves after her first session and never returns to treatment, does that constitute a failure? What of the patient who establishes a deep connection and stays in treatment for a decade without making noticeable changes in his everyday life? Is it a treatment failure when a patient comes to analysis with the aspiration of eliminating a sexual perversion, and leaves analysis with a marked change in self-esteem and depth of relationships, but with the perversion now an accepted, ego-syntonic aspect of her identity? In *The Analysis of Failure*, Arnold Goldberg digs deeply into questions of this nature, with a close examination of them through clinical vignettes.

Before opening the book's cover, I had a fantasy about what I might find inside. True to the culture of reality television, where we can watch formerly successful and famous people decompensate in their living rooms, or cheer on "common" folks as they rise to idolatry, I imagined a Roger Ebert-style process of judgment: "I give this treatment two thumbs down!" What I found instead was a tremendous effort for balance, openness, and dialogue about the very polarity of success/failure, and the multiplicity of angles on how such judgments can be framed.

Goldberg is, of course, a self-avowed self psychologist, and he reminds us that there is a special place for concepts like failure, as in *empathic failure*, in his theory of technique. To Goldberg, failure on a smaller scale is inevitable, and though it is not to be intentionally enacted, an openness and self-reflection about the moments of rupture in a treatment can be the engine that moves clinical work forward. With this vantage point, he is in a position to be extremely empathic with failures of clinicians of all stripes, and one of the clearest take-home messages that pervades this book is a call for clinicians of varying treat-

ment models—from psychopharmacologists to cognitive behaviorists to psychoanalysts from the growing number of theoretical schools—to engage in dialogue about what kinds of cases we succeed with and what we know about where we fail.

In Goldberg's assessment, analysts are frequently motivated by rescue fantasies. These fantasies obscure the analyst's grandiose wishes and set in motion the dynamics of success and failure. "Failure lurks in the shadows of every rescue attempt, and the fantasy that accompanies every rescue is haunted by the ease in which it may lead to jeers instead of cheers" (p. 2). The very binarity of success/failure, Goldberg holds, is driven by the urgency of our need to see ourselves as successful.

Throughout this book, Goldberg regularly pushes back against this pressure. By seeing the complex, overdetermined nature of these terms, and allowing that some patients *need* to fail, Goldberg claims:

The recurrent theme that will present itself [in this book] is that of properly positioning failure. Is it the fault of the patient or the therapist, or does it belong to both? Is it mutually constructed, or does it inevitably emerge no matter who attempts to deal with it? [p. 9]

In reviewing the literature on this subject, Goldberg notes the emergence of the term *impasse*, which provides a middle ground between the concreteness of success and failure. He concludes, however, that there is a significant resistance in our field to a discussion of failed cases, which is in part driven by the difficulty in defining failure, and as a result, we have fallen short in "better defining and determining the limitations of our particular theories and techniques" (p. 13).

Goldberg works hard to blur the lines of success/failure, even in explaining to us the meaning of the word *polysemy*. The idea that words communicate more than one meaning is a dimension of Freud's contribution to contemporary thought, one that has been furthered by post-modern theorists. From my theoretical standpoint, Goldberg's emphasis on breaking down the categories of success and failure is less pressing; given that I was trained to utilize an array of theoretical lenses, I have little need to work at stepping out of an assumption of rigid categories. Even in a case where both patient and analyst concur that the treatment

was a failure, I should think there may have been aspects of that experience that could be useful to the patient (provided boundaries were not violated).

But I also tend to think that when an analysand and her analyst feel confident in the treatment's success, there is room for second thoughts. After all, there are cases—like Ferenczi's experience of Freud—in which a retroactive de-idealizing fantasy may develop: "You failed to analyze my negative transference."

Years back, Goldberg decided to engage with the study of failure by creating a study group. This group invited analysts, candidates, and psychotherapists to present cases that they considered to have been a failure. Group members then graded each failure's therapist and patient, and attempted to evaluate the cause of the failure.

The group also considered whether a change in the putative causal factor might have led to a different outcome. "Such an analysis of failure," Goldberg claims, "should enable us to better understand what it does to us, how we grapple with what it means to us, and how best to teach others about it" (p. 24). His goal is to "reveal how [a failure] unfolds over time, what the possible causes of it may be, how it might be better handled, and especially what it does to us" (p. 25).

From this author's perspective, failure should be seen as a necessary part of learning and growing; further, it is important that we learn to be open to failing, and to hearing the patient's experience of us as failing. Goldberg frames a variety of kinds of failing: not doing something; doing something that should not be done; and doing something wrong, which is especially egregious when one is doing the wrong kind of treatment. He claims that, by its nature, analysis "regularly promises more [than psychotherapy] and regularly disappoints. Therapy manages to fulfill a goal that is limited and clear. Analysis is so open-ended and unlimited in its efforts that it is often doomed to falling short" (p. 37).

In his report of the study group's findings, Goldberg states that failure is rarely understood as caused by a lack of knowledge. Rather, it is more frequently seen as a countertransference problem or an empathic failure. The group raised questions about the modality of treatment employed, even within analytic paradigms. The group's conclusion was that,

in every case, there is a need to ask which treatment option is best for this person under these circumstances.

Goldberg pushes into the notion of *treatment resistance* to explore the way we can use that concept as a disavowal of our responsibility:

Surely there are patients who everyone would agree are beyond rescue. They are so uncooperative or so fixed in their illness or unable to fit in any form of therapy that there would be a universal agreement on their untreatability. However, times change, and so do our certainties. [p. 61]

We need to look at larger context, in Goldberg's view, including

. . . all the variables of the standards employed, the goals and their likelihood and/or feasibility of achievement, the method(s) employed, the competence of the therapist, the ambition of the therapist, the moment in the patient's life that may invite or reject change, along with a host of other factors peculiar to each situation. [p. 61]

We also have to look at the person of the analyst—her quality of training and competence with her method—as well as the moment in time and the desired endpoint.

Goldberg presents an overarching proposal about how failure should be studied. It needs to be defined

. . . without prejudice, in a spirit of inquiry rather than of blame. Failed cases need to be classified and categorized along the dimensions of the choice of treatment, the point at which the supposed failure may have occurred, the expectations of patient and therapist, as well as the competence of the therapist, which often is the least significant variable. [p. 63]

Throughout the author's presentations of his group's findings and conclusions, I found myself troubled by the omission of important methodological and descriptive information about the group's process. While this is certainly a qualitative research project, it would be useful to know how many raters were involved, how many cases were evaluated, the percentage of agreement between the raters, and the number of cases deemed to be failures.

Broadly speaking, Goldberg is arguing that we need to decide whether many treatment modalities can fit the same case, or if we would be better served by recommending different treatments for different kinds of cases:

We have a form of therapy that may be employed for some persons but not for others, and that may be effective for some of the people for which it is employed and not for others, and so sadly may be a waste of time and money, not only because of incompetence but also because of misapplication. [p. 130]

A clear conclusion drawn by Goldberg is that one source of treatment failure lies in the divisiveness between analytic schools of thought. He points out that, within psychoanalysis, we now have a range of goals:

Some [treatments] aim to make the unconscious conscious, some strive for symptom relief, some attempt to bolster a fragile self or to strengthen a weak ego, some aim to form meaningful relationships, and even some try to do all or none of the above Thus, the tag of *success* or *failure* conceals a multitude of meanings. [p. 135]

He adds that “psychoanalysis, along with psychopharmacology, operates with blinders in terms of recognizing alternative approaches” (p. 144).

In this discussion, Goldberg seems to assume that psychoanalysts are in a rarified position in that they do not engage with clinicians who practice psychopharmacological treatments or cognitive behavior therapy. But for my generation of analysts, there was no avoiding exposure to other techniques. When I was in graduate school, therapy was taught from research manuals with an evidence base, and in my psychoanalytic training, some of my peers came from cognitive-behavioral practice. In all the years that I have supervised trainees, I have had to find a way to integrate my own analytic orientation with the multiplicity of theoretical and clinical interventions that today’s psychiatry residents and psychology postdoctoral trainees are familiar with and employ.

Is there still a preponderance of analysts who *do not* think to refer a patient for a medication evaluation? Or who do not suggest CBT when

the repeated response from a patient is “I’m looking for more active advice, more feedback”? To my ears, Goldberg’s emphasis on the need for an opening up to the broader array of treatment modalities feels dated.

Implicit in this text is a diagnosis of our profession as it is practiced today. In reporting on the case of Dora, Freud described her as a failed case; in contrast, contemporary American analysts avoid being human. In Goldberg’s words:

In psychoanalysis and psychotherapy, we study the particular failures in growth and development that may result in psychopathology. We also study the content of neuroses and psychoses, again with the unspoken conviction that our ultimate goal is their eradication, yet with a spirit of inquiry that allows an objectivity that is essential for learning. Not so for the pathology of treatment, which is treated with disdain, contempt, and occasionally sympathy. The fact that we take treatment failures personally and disease impersonally would suggest that objectivity is even more crucial to the investigation of treatment failures. [p. 56]

The author concludes with recommendations for further study. We need to evaluate untreated patients, explore why patients break off treatment, explore our judgments about patients who have been deemed untreatable, and consider what is alterable and what it not. “The success of this book,” Goldberg concludes, “rests on its embrace of failure” (p. 217). In my opinion, the book succeeds in this complex task.

SARAH ACKERMAN (HANOVER, NH)

THIRTEEN WAYS OF LOOKING AT A MAN: PSYCHOANALYSIS AND MASCULINITY. By Donald Moss. London/New York: Routledge, 2012. 150 pp.

I do not know which to prefer,
The beauty of inflections
Or the beauty of innuendos,

the repeated response from a patient is “I’m looking for more active advice, more feedback”? To my ears, Goldberg’s emphasis on the need for an opening up to the broader array of treatment modalities feels dated.

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I do not know which to prefer,
The beauty of inflections
Or the beauty of innuendos,

The blackbird whistling
Or just after.

—Wallace Stevens, “Thirteen Ways
of Looking at a Blackbird”¹

This brilliant, audacious book never refers to the eponymous Stevens poem from which its title comes. It is not necessary to know the poem to read the book, but if you know it, you keep finding it everywhere. Here is one example of how the poem quietly, unobtrusively frames the book. Moss opens with this description:

On a billboard dominating a busy New York intersection reclines a gorgeous young man, naked except for his Calvin Klein briefs. Inside the briefs lurks an erection. Next to him leans a beautiful woman, her crotch barely covered by wide-mesh panties. The man has the face of a feasting lion: a mix of intense pleasure and latent ferocity. One of his hands grasps the elastic band of his briefs. He seems about to pull them off. [p. xvii]

Far from reacting with the “wide-ranging, finely tuned appreciation” (p. xvii) of an experienced psychoanalyst, Moss is knocked off center by the ad, day after day, as he drives past it on his way to work. He is variously “furious, provoked, competitive, disgusted, critical, engaged, thoughtful, abject, infantile, aged, superior, indifferent, captured, compliant,” and his reactions shift slightly each morning (p. xvii).

Each day the image produces a volatile, incompatible jumble of emotions and impulses. Though he tries again and again, Moss is unable to generate any thought large enough to conceptualize his different reactions. He never feels that “Yes, now I have it, now I have him, now I know what I’m seeing” (p. xix). All he has is questions, and all his questions are “what-is-it-like” questions: What is it like to be the man I am looking at? What is it like to look at this man? What is it like to want something from him . . . to be afraid of what I want, and so on?

Moss notes that “when we ask what is it like to look at a man, we place ourselves at the head of an endless procession of likenesses” (p.

¹ Stevens, W. (1972). Thirteen ways of looking at a blackbird. In *The Palm at the End of the Mind*, ed. H. Stevens. New York: Vintage House/Random House, p. 20.

xxi). These are not “what-is” questions, ones with definitive or authoritative answers. These are “what-is-it-like” questions, with “maybe-it’s-this” or “maybe-it’s-that” answers. Moss ends the prologue to his book this way: “That ‘maybe’ serves as the only reliable marker of my place, a place of blurred boundaries and endless resemblances. And there, from that place, this book emerges” (p. xxii).

Stevens writes:

Icicles filled the long window
With barbaric glass.
The shadow of the blackbird
Crossed it, to and fro.
The mood
Traced in the shadow
an indecipherable cause.²

Moss alerts us that, in looking at a man, in trying to understand the indecipherable nature of masculinity (the blackbird?), analysts look through distorted, icy glass at moods, shadows, and traces without clear-cut, authoritative answers. And what analysts find are fractured, refracted, decentered resemblances—traces—that demand work to understand. I am indebted to Alan Bass’s keenly intelligent and deeply thoughtful foreword to *Thirteen Ways of Looking at a Man* (“On Donald Moss’s Style”) for inspiring me to reread and ponder Stevens’s poem and its relation to this book.

The first chapter, entitled “Masculinity as Masquerade,” is exemplary of Moss’s original thinking about psychoanalytic theory. Its title is clearly in deference to Riviere’s paper “Womanliness as a Masquerade,”³ so my claim that this chapter represents something original requires explanation. While Moss is always in dialogue with analysts who came before him, including and especially Freud, he integrates and realigns earlier ideas in unique ways that warrant my describing them as original.

I have rarely read a psychoanalytic conceptualization of masculinity that accounts so well for what seems to be its impossibility to be defined.

² See footnote 1.

³ Riviere, J. (1929). Womanliness as a masquerade. *Int. J. Psychoanal.*, 10:303-313.

Earlier papers hold the concept gingerly and from afar as though moving in close might expose that we really do not know how to define it or that we are embarrassed by the phallogentric biases that underpin older definitions. When we cannot seem to capture its essence, we turn toward other related, more definable concepts like, say, castration anxiety.

By taking seriously his own experience of perplexity and disturbance at not being able to capture his emotional reactions to the Calvin Klein ad and the elusiveness of earlier analytic efforts to conceptualize masculinity, Moss makes a bold and original move. He suggests that the reason masculinity is so difficult to define is that what it is today is a negation of what it was yesterday.

He begins his explanation with reference to the comedic film *Nacho Libre* (2006), in which the main character, played by Jack Black, is a menial in a monastery by day and a caped, macho street wrestler by night, seeking fame, fortune, and women. Black's protégé, an admiring boy, catches him secretly dressing up in front of a mirror. Black reassures the perplexed and suspicious boy that "it's okay because sometimes a man just goes into his room and puts on stretchy pants and has a lot of fun."

Moss sees this uproarious signature moment in the film as a paradigmatic reflection of how psychoanalysis regards masculinity: "We [psychoanalysts] can feel ourselves slightly behind the advancing femininity/masculinity curve, waiting to see what's next, readying ourselves for the necessary adjustments" (p. 1). He references, for example, the many well-warranted correctives from heterosexual feminists, gays, lesbians, and transgendered critics to what now seem like outmoded views of femininity and masculinity.

It is characteristic of Moss's sensibility that he sees Jack Black's encouragement to "have fun with stretchy pants" as a "central feature of all emerging masculinities: defiance of the regulatory norms integral to a psychoanalytic sense of what 'masculinity' means" (p. 1). Moss thinks that the critical aspect of emerging masculinities is a repudiation of its predecessor's repudiations. Jack Black, for example, declares that wearing stretchy pants is the *new masculine* by repudiating a previous version of masculinity, which regarded stretchy pants as "feminine." That earlier version of masculinity itself emerged from its predecessor by repudiating "feminine" attire, and so on. Emerging masculinities constantly look

“back over their own shoulders . . . [to] spot the traces of ever receding, ever surpassed, always anachronistic, old-fashioned masculinities” (p. 2).

Moss offers compelling examples from newspaper stories, from Proust, and from clinical work. The most dramatic example is from Sebastian Junger’s *War*,⁴ which was written while the author was embedded with American troops in Afghanistan. Junger describes Bobby, a soldier stationed on an Afghan hilltop for a year, who had a “broad-spectrum sexuality that made virtually no distinction between anything” (Moss, p. 2).

Someone asked Bobby whether he would actually—all joking aside—have sex with a man there. Bobby responded, “Of course . . . it would be gay not to” (p. 2). Incredulous, the other men challenged him. Bobby explained that “real” men need sex no matter what, so choosing abstinence can only mean you are not a real man. Bobby thought, “Who you have sex with [was] of far lesser importance.”

Junger commented that the other men knew Bobby’s “weird brilliance” made no sense, but could not quite formulate a rebuttal (Moss, pp. 2-3). Here is Moss’s view:

By way of this hilarious reversal, Bobby nails a central feature of emerging—masculine—masculinities: their right, even their obligation to “have fun” with stretchy pants, or with other men. Emerging masculinities take pleasure with what their restricted predecessors had to renounce. Like Jack Black, Bobby catches masculinity’s extraordinary plasticity, and, therefore, its fundamental absence of integral, authentic features. [p. 3]

Not long after reading this passage, I saw the James Bond film *Skyfall* (2012). In it there is a scene in which the male villain has James Bond tied to a chair. The villain unbuttons Bond’s shirt and exposes the scars on his chest. He then places his hands on Bond’s thighs and alludes to possible sex between them as Bond’s first time with a man. Bond’s quick retort is, “What makes you think this is my first time?”

Here is Moss’s idea at work. The newer, emerging masculinity represented in the contemporary Bond, played by Daniel Craig, embraces a masculinity that is so robust and flexible that it is comfortable with ho-

⁴ Junger, S. (2010). *War*. New York: Twelve/Hatchett Book Group.

moeroticism, and thereby repudiates its predecessor: an old-fashioned, perhaps more rigid masculinity that is exclusively heterosexual—as portrayed by, say, Sean Connery.

This difference in the masculinities of Daniel Craig's Bond and Sean Connery's Bond captures an essential aspect of Moss's idea: "masculinity" always relies on and is measured against its predecessors. Moss almost always incorporates the term between quotation marks to assist the reader in not reifying the concept, never relaxing into some comfortable notion that we have it now; we know what it is. For Moss, "masculinity" always borrows from an idealized memory of men or of one man, an original:

In trying to think one's way into what "masculinity" might mean, one drifts toward an image of an original figure. After that come all the rest, the followers. And because, in imagination, they are merely that—followers—they are always susceptible to the accusation that their version of "masculinity" is a masquerade. [p. 8]

What is impressive about this creative stroke of insight, to me, is the confidence required in tolerating one's disturbing uncertainty—Moss's not knowing what to make of his *mélange* of reactions to the Calvin Klein ad—in order to reach such an epiphany. Maybe not knowing what to make of shifting and various reactions to the ad—to "masculinity"—isn't something deficient, something to be derided or overcome, Moss may have thought. Maybe this shifting view is related to something about the concept itself. Moss intends this way of thinking about emerging masculinities as a broader view of psychoanalytic theory itself.

He is explicit in this chapter, for example, that emerging masculinities may function similarly to emerging psychoanalytic theories:

Contemporary psychoanalysis has tended to repudiate its previous repudiations of homosexuality. Ostensibly less anxious than its predecessors, contemporary psychoanalysis, newly open to homosexuality, now permits itself, in effect, to wear stretchy pants rather than interpret them. What once had to be interpreted now can be worn. [p. 3]

He describes an epistemological move in psychoanalysis from an earlier "definitive" or "authoritative" view—one "outside" the disturbance—

to an insider's view, one where the voices of patient and analyst, each in their own uncertainties, can now be heard.⁵

When Moss writes about psychoanalytic theory, he means Freudian theory, and Freud's definition of the drives is fundamental to Moss. As Bass notes in his foreword, Moss returns to it again and again. What is important to Moss is that Freud locates the drive as emerging in the frontier between body and mind. A stimulus or an excitement or a disturbance arises in the body and makes a demand on the mind for work. That work is to quell the disturbance, calm the stimulation, or satisfy what Freud will come to call a wish. It is important for the reader to understand this because it is foundational for Freud and for everything Moss writes about Freud, especially as it pertains to masculinity.

In chapter 2, "Immaculate Attachment Versus Passive Yearning," for example, Moss reconsiders Freud's *Group Psychology and the Analysis of the Ego* (1921; *S. E.*, 18). Here Moss explores how one becomes a member of a group of men. Building upon the groundwork laid in the first chapter, he observes that "we [men] get our membership bearings by positioning ourselves in a proper relation to predecessors" (p. 12).

Moss asks how this long-standing, stable group of men is formed, noting that Freud takes up this very problem in the section on "Identification" in his *Group Psychology* essay. Freud's idea is that the boy's desire to become like the father has "nothing to do with a passive or feminine attitude towards the father . . . It is exquisitely masculine" (1921, p. 5). This idea of Freud's—that identification is different from object love—is what Moss playfully intends by *immaculate attachment*. Moss demonstrates, step by step, how Freud's idea that the boy's identification with his father is "exquisitely masculine" collapses upon examination. Moss points out that "identification . . . shows itself from the beginning, to . . . turn into that which it was never meant to have been housing, in disguised form, the self-same passive/feminine mechanisms it was 'designed' to oppose" (p. 15).

Moss continues to offer new, illuminating views on Freud's work in chapter after chapter. In chapter 5, he deepens the reader's under-

⁵ This idea reminds me of Moss's two views of Arlow's "classic" paper; see Moss, D. B. (2008). Two readings of Arlow's "Unconscious Fantasy and Disturbances of Conscious Experience": one old and one "green." *Psychoanal. Q.*, 77:61-76.

standing of the ideal of neutrality by showing how it is always in tension with the analyst's personal identity, that is, with his sensuous immediacy and "feeling." In chapter 6, Moss takes up internalized homophobia as a symptom: as the product of an unconscious process of substitution, a replacement for something else. Readers who know Moss's work will recognize this from his earlier book.⁶

In a related chapter, "On Situating Homophobia," Moss investigates what is wished for in structured prejudices like misogyny, homophobia, and racism. He wonders: "What gives them their characteristic forms, their virulence, and their still astonishing prevalence?" (p. 88). The reader will find Moss writes as trenchantly from the vantage point of critical analysis of mass culture as he does as a psychoanalytic theorist and clinician.

In this same chapter, Moss offers a rich, clinical example of homophobia in a gay man who hates being gay. I find Moss's clinical understanding of homophobia perceptive and persuasive. In this case study of D, for example, a gay man who is outraged and indignant at being gay, Moss writes:

D seems to hate—he claims to hate . . . [being gay]—he says. But in my view, more than hating it all, D seems angered by it all. I think the difference between hatred and anger is particularly important. Hatred aims only at the destruction of the hated object. Anger, on the other hand, indicates a lurking fantasy of a just alternative to the unjust/unfair object. Hatred aims at obliteration, anger at replacement . . . Anger marks the gap between what is and what ought to be. [p. 91]

Thus Moss begins his case discussion at a fascinating place: the difference between hatred and anger. But watch where he goes! Moss imagines that D stares out from an enclosed psychic sphere where an "elemental mistake has been made," that "he's innocent, burdened, even punished, for something he didn't do" (p. 91). D feels there is something "egregious and excessive" about his own desires and others' desires toward him. In a "sexuality he never asked for and [feels he] doesn't

⁶ Moss, D. B., ed. (2003). *Hating in the First Person Plural: Psychoanalytic Essays on Racism, Homophobia, Misogyny, and Terror*. New York: Other Press.

deserve . . . a misplaced sexuality," Moss finds "a common marker of homophobia" (p. 92).

Moss thinks D indignantly stares out at a second imaginary sphere from which he is excluded. In this one, desires are properly ordered and just. For D, each contact between the two spheres is an intimate one: "Each indignity in the one sphere co-exists with its soothing inverse in the other" (p. 91).

Moss then returns to Freud's definition of the drives to conceptualize D's situation. D finds himself attracted to men and hating it. He finds others are attracted to him, and he hates that, too. For Moss, D is immersed in a continuous demand for work: "His objects demand work; his mind demands work" (p. 92). These demands for work might be experienced as a necessary means of satisfaction. For D, though, "the work of the drive is a source of indignant anger because its promise of satisfaction seems either non-existent or hollow" (p. 93).

I heard Moss comment on this case at a professional meeting. At this point in his discussion, he referred to a rare and sexually pleasurable moment for D when he ordered his compliant partner to service him sexually. Moss then quoted the lyrics of a song about Pirate Jenny from *The Threepenny Opera* in which Jenny, the bar maid who services her customers, relishes the vision of their beheadings as she sails off to sea. In the book, Moss concludes the discussion of this case with the idea that the "clinical task, then, is to foster the possibilities for a violent imagination, a slave revolt, bursting out of one sphere and an appropriation of the rights and privileges in the other sphere" (p. 93).

Unfortunately, both the detailed description of the sexual encounter in which D was briefly content and the Pirate Jenny lyrics were omitted in the book (possibly inadvertently). Both of these are alluded to, so the gist of Moss's argument is clear without these details, but their inclusion would have made for a more dramatically persuasive ending to his case discussion.

I began this review by calling *Thirteen Ways of Looking at a Man* audacious. It is not only Moss's scholarship and the depth of his theoretical and clinical insights that make the book bold; it is also that, in looking at a man in different ways, Moss at times works like a memoirist who uses his own experience to deepen consideration of masculinity. Moss

includes brief personal accounts of his experiences as a boy with polio, as an adolescent listening to his father's war stories, as a young man relating to his friend, as himself a father talking with his son, as a boy caught between a lullaby and the Marines Hymn, and as a teenager listening to Little Richard.

When I read the first autobiographical vignette, I was skeptical, as I think many psychoanalytic readers might be. What is such a personal, autobiographical account doing in a psychoanalytic book, I wondered? But as I thought about it and read more of the vignettes interspersed here and there throughout the book, I began to understand what Moss is about in using them. Moss writes: "For me, the first-person singular voice elegantly—efficiently—serves to both illuminate and obscure some of my relevant membership obligations [in the group of 'men']" (p. 9).

I think Bass has it right in his foreword that the autobiographical material is both conventional *and* daring (see pp. ix-xi). It is conventional in that it follows Freud in using his own dreams and associations in writing *The Interpretation of Dreams* (1900; *S. E.*, 4/5). And it is daring when Moss asks the reader to look at a man—including the author's looking at his earlier self—as yet another view of a man.

As I continued reading, I found these sometimes haunting vignettes compelling, lively, and enriching of the clinical and theoretical discussions elsewhere in the book. They hover over, in, and around the book like ghosts (Wallace Stevens's "beauty of innuendo"?), and I found myself strangely and involuntarily recalling them while in the midst of reading one of Moss's theoretical or clinical arguments. Exploration of their appearance in my mind at these moments always resulted in an expansion of what Moss offered.

A question that kept coming up for me when I first read this book on masculinities was: where are the women? Is it possible to write about masculinities or manliness except in relation to femininities or womanliness? Moss touches on this in his chapter on "Masculinity as Masquerade." There he sees masculinity in relation to womanliness—the allusion to Riviere's paper reflected in the title of that chapter—and he also writes of masculinity in relation to beauty (see p. 6).

But as I read along, I continued to wonder how he conceptually related masculinities to femininities, until I came to chapter 8: "Freud's

‘Female Homosexual’: One Way of Looking at a Woman.” In this chapter, Moss offers a deeply psychoanalytic exploration of the relation between masculinities and femininities. His method is to explicate a complex Freudian text, and along the way to both expose its flaws and enliven its meanings. Moss takes up the way in which Freud looks at a homosexual woman. In Freud’s classic paper⁷ on a homosexual woman,⁸ the intent is to conceptualize the determinants and meanings of this woman’s sexual object choice, which Freud thinks is the result of a series of transformations. Freud asserts that this woman is driven not only by a movement toward what she wants, but also—and most important for Freud—a movement away from what she cannot bear. Freud seems confident in his capacity to detect the latent flight hidden in her manifest desire.

Moss scrutinizes Freud’s confidence, which is grounded in the dual premises of heterosexual primacy—that is, the premises

. . . that women, if only they can bear the narcissistic insult of it, will turn toward men to provide them with the phallus they lack; and that men, if only they can bear the anxiety of it, will turn toward women to provide them with the interiority that their penises cannot. [p. 98]

Moss challenges these premises, which

. . . if active, precede and inform all looking at all men and all women. Disturb the premises and the resulting looks will necessarily be disrupted, not so much in the dimension of what one is seeing but rather in the level of confidence and belief in what one sees. [p. 98]

Moss believes that such axiomatic certainty narrows the analyst’s conceptual range. He wonders if we analysts turn to such certainty to relieve our anxieties when we “lose contact with the firm ground that once might have satisfied our wished-for sense of confidence” (p. 99). Without axioms, he suggests, our “listening, like our patients’ speaking,

⁷ Moss explores how contemporary work is always in relation to a classical work, in the same way that emerging masculinity is in relation to its predecessors.

⁸ Freud, S. (1920). The psychogenesis of a case of female homosexuality. *S. E.*, 18.

is necessarily infiltrated with desire. Of that alone can we be confident" (p. 99).

Where Moss heads from here is a tour de force in methodical, careful, synthetic theorizing of sexuality, which I found both deeply invigorating in my analytic work and, frankly, tinged with a little melancholy. A male analysand reported a sexual dream after I had read this chapter. Though I found my associations to his dream richer and more elaborate, I was a bit less certain about which dream element to emphasize in my interpretation. As I thought about my hesitation, I realized how much I longed for axiomatic cover—to speak like Freud, to "know." My interpretation emerged out of both my uncertainties *and* my finding it necessary to speak.

I think in that moment Moss helped me recognize both a desire to be like my predecessors and the exciting temptations of masquerade. When I resisted, I was still able to offer a serviceable interpretation, but it came out of a bunch of "maybes"—maybe this dream element means this or that—in tension with a need to interpret, to say what I thought. Isn't this the same vexing place where Moss's book begins? It is a bit sadder place from which to interpret but strangely has more immediacy. I think it is to this place that Moss leads us in his luminous book.

SIDNEY H. PHILLIPS (NEW HAVEN, CT)

KNOWING, NOT-KNOWING, AND SORT-OF-KNOWING: PSYCHO-ANALYSIS AND THE EXPERIENCE OF UNCERTAINTY. Edited by Jean Petrucelli. London: Karnac, 2010. 384 pp.

All humans by nature desire to know, as Aristotle famously stated at the beginning of the *Metaphysics*;¹ as analysts, we also know that we naturally desire *not* to know many things and, for added spice, to sort-of-know many more. *Sort-of-knowing*, the climactic third term of this volume's title, is appropriately ambiguous. It can mean, as I think is intended, to know something in a partial way: as an intermediate state between knowing

¹ Aristotle (4th century BC). *Metaphysics*, trans. H. Lawson-Tancred. London: Penguin, 1998.

is necessarily infiltrated with desire. Of that alone can we be confident" (p. 99).

Where Moss heads from here is a tour de force in methodical, careful, synthetic theorizing of sexuality, which I found both deeply invigorating in my analytic work and, frankly, tinged with a little melancholy. A male analysand reported a sexual dream after I had read this chapter. Though I found my associations to his dream richer and more elaborate, I was a bit less certain about which dream element to emphasize in my interpretation. As I thought about my hesitation, I realized how much I longed for axiomatic cover—to speak like Freud, to "know." My interpretation emerged out of both my uncertainties *and* my finding it necessary to speak.

I think in that moment Moss helped me recognize both a desire to be like my predecessors and the exciting temptations of masquerade. When I resisted, I was still able to offer a serviceable interpretation, but it came out of a bunch of "maybes"—maybe this dream element means this or that—in tension with a need to interpret, to say what I thought. Isn't this the same vexing place where Moss's book begins? It is a bit sadder place from which to interpret but strangely has more immediacy. I think it is to this place that Moss leads us in his luminous book.

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and not. It can also mean, less obviously and focusing on *sort of*, to know something in a particular manner: in philosophical vernacular, to know something *under a description*.

There may be several sorts of knowing some one thing, several descriptions—perhaps depending on who is doing the knowing, or where or when. In this edited book of conference proceedings, multiple authors collect descriptions of topics such as dissociation, neuroscience, the body, and joy. In so doing these writers also collectively offer a description of psychoanalysis focused on contemporary views of dissociation.

There is a lot in this volume, so I will begin with an outline. The book is a collection of papers from the 2008 American Psychological Association's Division 39 conference, of the same title, which was cochaired by Jean Petrucelli and Melinda Gellman, and subsequently edited by Petrucelli. It comprises twenty-seven fairly short papers (most of ten to twenty pages) distributed among eight sections. The first two sections are the most brief. Part 1 contains just one paper, by Edgar Levenson, while part 2 contains the two keynote addresses of the conference, by Philip Bromberg on dissociation and Arnold Modell on the unconscious.

Part 3 is made up of five chapters on the subject of dissociation, with three focused more tightly on multiple personality disorder/dissociative identity disorder. Part 4, "When Experience Has a Mind of Its Own," contains three interesting, loosely related essays by Petrucelli, Mark Blechner, and Adam Phillips. Part 5 has five chapters on the relations between neurobiology, cognitive science, and psychoanalysis. Three more closely linked essays on the body, and particularly on aspects of female embodiment, constitute part 6. Part 7 has four chapters on handling extra-analytic knowledge, including how technology and the Internet may affect the treatment frame. Finally, part 8 presents three essays and a discussion by Sandra Buechler on "Omissions of Joy," touching on ways that analysts may exclude joyful and pleasurable aspects of their own experiences from their work.

As Petrucelli notes in her introduction, these papers were selected from over eighty panels and presentations during the five days of the conference; thus, a great deal was omitted in order to render an accessible collection. A review must similarly leave out much of interest

for the sake of readability and is therefore even more selective and less representative. I regret not being able to discuss some sections of the volume, particularly those on embodiment (part 6) and extra-analytic knowledge (part 7), which contain some very engaging essays.

Of course, one cannot expect the same continuity and coherence in a collection of conference proceedings that one anticipates from a monograph or even a set of essays by a single author. Also, such conference papers have not gone through the robust revision and editing process of a peer-reviewed journal. This leads to some unevenness in the essays, some of which might have benefited from closer editing. An editor of proceedings has a delicate task, having not been explicitly solicited for the job by the authors, often resulting in a somewhat light editorial touch. There is something to be said, on the other hand, for Petrucelli's suggestion in the introduction that one might "read and savor these papers much as you would a collection of short stories: with a curious mind, [and] an open heart" (p. xxxviii).

The first essay in the volume, Levenson's "The Enigma of the Transference," is placed somewhat reverently in its own section, called "Stalking the Elusive Mutative Experience." Levenson has a justifiably esteemed position at the William Alanson White Institute, with whom Petrucelli and many of the other contributors are affiliated, and in the wider analytic community. His essay is in fact distinguished in a number of ways. First, he does something that is often underappreciated: he reminds us of an idea we already know as analysts, but in such a way that we come to see that we have formerly only *sort-of-known* it, and now know it more thoroughly.

Levenson's first point is to describe the manifold and enigmatic nature of the transference in analysis: it comprises at the same time a particular range of content involving the remembering of past relationships in the present analytic relationship, and also an inevitable reenactment of that content in the experience of the relationship. That is, patients do what they talk about. Simply following transference material as an intellectual exercise is more likely to reinforce defenses than to produce change. And in turn, enactment without insight simply produces more of the kinds of repetition that have brought the analysand into treat-

ment in the first place. Levenson asserts that analysts tend to focus on one or the other, and that these differences become institutionalized.

This brings me to a second major aim in Levenson's paper, which is to argue against a traditional beholdenness to metapsychology, as he sees it, and to argue for a greater focus on the phenomenology of analyst and analysand. He repeats several times the idea that "metapsychology is ontology" (p. 17), and that the ontology of traditional analysis is restrictively conservative. But I think Levenson overextends both these terms in a way that is misleading and unnecessary. It is possible—and in fact, better—to directly criticize conservatism, dogmatism, and polemic in those terms, without making "metapsychology" the villain. People in groups become dogmatic, chauvinistic, and split; models of the mind do not.

Some of this, like transference enactment, is impossible to avoid. Even while diagnosing a split between the old "intrapsychic" and new "interpersonal" models of the mind, and making their integration necessary in principle, Levenson reinforces that split by arguing that the old "metapsychological" ways should be overcome. He does so without fully noticing that, like anyone who is proposing one model over another, he himself is engaged in the same game, not escaping it. This dovetails with Levenson's main point about transference: there is no way to talk about conflicts like this without actively taking sides in some way; there is no firm place to stand outside the discourse from which it may be safely and objectively evaluated.

Philip Bromberg also occupies an important position in this volume of essays, as he does in this community of analysts. His keynote address at the conference, "The Nearness of You: Navigating Selfhood, Otherness, and Uncertainty," appears as the second chapter of the book. Along with Levenson's points about transference, this essay may provide readers with a key interpretive principle for reading this volume, as I will elaborate in what follows. Bromberg is one of the most referred-to analysts in the book (cited in ten chapters), having influenced many with his writing about dissociation. In fact, Petrucelli notes in her introduction that dissociation, in the sense that Bromberg has elaborated over many years, was an organizing theme for the conference.

As Bromberg uses the term, between what he sees as the straightforward contrast of knowing and not-knowing lies a large field of *sort-of-knowing* that is essentially dissociative: this includes both an everyday, adaptive process of dissociation (that might elsewhere be called normal splitting) and a more evidently defensive/maladaptive dissociative process. He finds the former to be more common and undervalued. Sort-of-knowing, for Bromberg, is not necessarily a distorting state of the mind that renders its contents inferior to knowing. When someone says that he or she sort-of-knows something, this indicates an ability to experience and reflect upon intrapsychic conflict and uncertainty. Being able to sort-of-know something, rather than having to either know it or not, reveals a tolerance for ambiguity and conflict. A more certain knowing or not-knowing response, in contrast, might be more grossly dissociative: split, or all-or-none. In other terms, one might say that Bromberg argues we should attend to sort-of-knowing as a kind of conflict-free function that allows the disavowed not-known to become known as conflictual.

I find Bromberg's ideas about sort-of-knowing particularly helpful in providing a way of reading the section concerned with dissociative disorders. A series of papers (chapters 5–7) in part 3 tackle the perennially puzzling and controversial topic of dissociative identity disorder/multiple personality disorder (DID/MPD) and focus on a case presentation given by Sheldon Itzkowitz at the conference. In his short introductory essay, Itzkowitz presents some background on the patient and describes a system of five alter personalities. In his title and paper, he positions DID as “the spurned diagnosis” (p. 79), and discussions by Elizabeth Howell (chapter 6) and Elizabeth Hegeman (chapter 7) follow this theme. Itzkowitz recounts as one piece of evidence for this view: “I have encountered clinicians who have accepted this diagnosis as legitimate, others who run the gamut from skeptical to critical, disbelieving, and shaming of patients and therapists who work so hard to help them” (p. 79).

In the following essay, “Seeing Is Believing,” Howell argues that the spurning of DID and the shaming of people with the disorder and their therapists represents a wider societal dissociation due to the origins of DID in child sexual abuse, to which she argues there is “a public phobia” (p. 88). (Hegeman, in the following essay, makes the same argument.) Within psychoanalysis, Howell states that, more widely, dissociation has

long been disdained, and that DID represents the most vilified object of that process:

As the DID patient is shamed, often by not being believed, the therapist [of a DID patient] may be professionally shamed for some of the same reasons: She or he may not be believed and may therefore be thought to be nuts. [p. 94]

Howell devotes one section of her essay to two DID cases that she heard about from colleagues, in which a patient was initially disbelieved and then, after being observed “floridly” (p. 95) switching between alter personalities, was believed by clinical staff to have DID. Previously, one hospital clinician had stated to the referring therapist that “DID did not exist because he had never seen it” (p. 95).² Howell concludes: “In sum, while DID may be spurned, close investigation renders it undeniable” (p. 95).

In this same section, Howell appeals repeatedly to the *pathos* of the reader:

How can you deny it when a patient who is talking to you, suddenly glazes over, and asks, “Where am I? Who are you?”. . . . How do you understand it when someone begins to speak like a child, asks to play on the floor, and as she is playing tells you of rapes and other horrors that she regularly suffers? . . . What do you make of it when someone screams in terror and pain on the phone and tells you that “she” is hitting her but no one else is actually there with them? [p. 94]

Any response to these questions has, by this point in the essay, acquired a strong moral value.

In a closely allied essay, Hegeman compares and contrasts MPD and spirit possession, and begins by addressing the reader’s *ethos*: “Try noticing your own reactions to the diagnosis as you think about it—can you track disbelief, subtle contempt, skepticism, even if you think you ‘believe’ in the importance of understanding dissociative processes?” (p.

² It is especially interesting in this context to note that Itzkowitz’s presentation at the conference included a video clip of his patient undergoing switches between personalities: something the audience could see with their own eyes.

100). The middle ground of the book's title, sort-of-knowing, is decisively excluded here: skepticism cannot be understood as an intermediate state between knowing and not-knowing—a verdict of *non liquet*. Skepticism is here a kind of abusive collusion in disbelief.

In the context of a conference that makes sort-of-knowing its focus, it must mean something that such a dichotomous presentation of the topic, with such a powerful moral tone, has come about. The controversy about DID is long and complex and has tended to devolve into binaries in this way. From the perspective of knowing, both “sides”—for so they seem to have become—tend to rely rather naively on the ancient epistemic principle of *videre est credere*: seeing is believing. Hence, there are some therapists, on one side, who see and treat many MPD patients; a rare few in the middle who see and treat the occasional one; and many more on the other side who never see or work with any. Like the clinician quoted by Howell, clinicians can have long careers in which they never encounter a case. On the other hand, there are plenty of rare cases in science: sometimes the thunder of hooves does signal zebras and not horses.

Such powerful feelings related to shame may make advocates for DID unwelcoming to countervailing evidence. For example, against the so-called dissociation of child abuse theory is the fact that Borderline Personality Disorder (BPD) has become enormously popular as a diagnosis, built heavily on a theory of childhood trauma. In the same way, explanatory clinical concepts such as regression, histrionic personality traits, narcissistic attachments to rare diagnoses, secondary gain, and so on may not be given close attention by DID advocates, as these ideas may seem to fall on the immoral side of a believer/nonbeliever split.

What would it be like to sort-of-know about DID? What would it be like to have read a lot about the history, philosophy, and treatment of MPD/DID; to believe that there is nothing in principle that speaks against there being semi-autonomous affective and cognitive self-states in the human mind/brain; to notice that many clinicians never see it; to think that relying on “seeing is believing”—taken in either direction—is naive as an epistemic principle for diagnosis and treatment; to observe that DID seems heavily invested by some patients and clinicians; to be

aware of alternative ways of thinking about the signs and symptoms at issue?

Do all these add up to sort-of-knowing about DID? Or does anything less than fully believing collapse into a contemptuous not-knowing? Are some things just black and white? As the devil exclaims in David Mamet's play, *Bobby Gould in Hell*, "What about a fucking panda!"³

A nice and deliberately psychoanalytic paper by Blechner (chapter 10) tackles the treatment of panic attacks, often relegated to cognitive behavioral or pharmacological treatment. This is to the detriment, Blechner argues, of both patients and psychoanalysis. He discusses three cases that illustrate his own method of treating this disorder. Each patient presented with panic attacks without clear precipitants. In consulting with them, however, Blechner discovered some rather troubling situations in their lives—a shady business deal, risky sex, extramarital affairs. His method was to suggest to these patients something like the following (in my words): "It's no wonder you're having panic attacks when you have *X* to fear!"

The effect, as he puts it, was to replace "discontinuous panic with a more steady-state of fear appropriate to the situation" (p. 153). In each case, the panic attacks ceased promptly after Blechner's interpretations, though the patients were left, instead, with some rather uncomfortable problems.

Blechner helpfully discusses different ways of looking at his patients' defensive operations. On one view, they have an erratic dissociation of fear toward a current (or perhaps also a past) situation, which is undone by the interpretive work with relatively quick results. On another view, there are the mechanisms of isolation of affect and obsessional repression outlined by Freud, wherein an idea is separated (isolated) from its appropriate affect. Undoing the repression reconnects idea and feeling. And again, from a Sullivanian perspective, one could describe the patient as selectively inattentive to the currently feared situation.

Blechner also notes that obsessions and panic attacks can be seen as converse: in obsessions, people suffer from an idea isolated from its

³ Kane, L., ed. (2001). *David Mamet in Conversation*. Ann Arbor, MI: Univ. of Michigan Press, p. 117.

affect, while in panic attacks, they suffer from anxiety separated from its related content. It seems that each way of looking at the situation could be useful, and although Blechner prefers the language and concepts of dissociation, he does not seem very interested in polemics.

The final part of the volume, "Omissions of Joy," contains three chapter presentations and then a discussion by Buechler, who has written previously on the subject.⁴ This is a nice idea for a collection about what is known in analysis. Each of the three papers discusses joy in the author's extra-analytic life. Joseph Canarelli (chapter 24) writes engagingly about moving away from his practice to pursue a love relationship in another city, and struggling with the idea that "giving love as the reason for my move felt somehow embarrassing, even undignified, as if it lacked sufficient weight. As an explanation, love seemed frivolous to me" (p. 339). It seems important to notice that something we work so hard on in analysis, and something we wish for our patients' lives, is experienced so ambivalently in our work—if in fact it is not split off altogether.

Rachel Newcombe (chapter 25) discusses personal self-disclosures among colleagues and the shame we may feel at revealing too much of our identities, particularly non-normative aspects of them, in the notoriously judgmental context of our professional communities. Like all groups, analytic communities tend toward effacing differences, despite the good intentions of individual members. Even hobbies can be the subject of scathing gossip, never mind affairs, divorces, and changes of sexual orientation, as discussed in this chapter.

The third paper in this section, by Karen Weisbard (chapter 26), turns around the ambivalent pleasures of a serious avocation (competitive tennis), as well as judgments (imagined and real) about the appropriate balance between professional and nonprofessional joys in the life of the analyst. Giving voice to a not-unusual rigid ego ideal, Weisbard imagines that "a serious, intellectual analyst feels joy only in these [professional] endeavors and not in the athletic or domestic venues in which I feel them" (p. 355).

⁴ Buechler, S. (2002). Joy in the analytic encounter: a response to Biancoli. *Contemp. Psychoanal.*, 38:613-622.

Curiously, only Buechler—in her discussion of this section, and then only briefly—mentions the joys inherent in analytic work itself (p. 368). Although analysts have begun to think openly about strong negative reactions to analytic work itself, the varieties of pleasure and joy we may experience in our work with patients seem strangely taboo. It is as if we are supposed to feel very little in our work with patients, in any direction. We are not supposed to feel pleased with work on a fascinating dream, or on unraveling a persistent piece of repetition, or in the patient's loss of interest in a troubling compulsion, nor can we feel joyful when analysts make progress in their lives.

Any feeling may be important information about the treatment. Yet not all these reactions are just countertransferences. Many are intrinsic to good analytic work and should belong to us unashamedly and without conflict.

JASON A. WHEELER VEGA (NEW YORK)

AFTER FREUD LEFT: A CENTURY OF PSYCHOANALYSIS IN AMERICA. Edited by John Burnham. Chicago, IL: University of Chicago Press, 2012. 274 pp.

In this intelligently edited collection of essays, John Burnham has assembled works focused on the intersection between the United States—as a nationality, a culture, and a shifting social and historical context—and psychoanalysis. Burnham makes a convincing argument for the need to revisit this unwieldy and important topic without engaging in the polemics and politics that have marred earlier scholarship and limited our understanding.

To the extent that an uneasy fear that psychoanalysis has become “irrelevant at the turn of the millennium” coexists along with the idea that “perhaps much of psychoanalysis had simply become absorbed into American culture to such an extent that it had become untraceable” (p. 20), these essays help the reader to retrace, in effect, the circumstances in which the United States first encountered psychoanalysis, as well as the permutations, adaptations, and vicissitudes of this ongoing, conflicted relationship.

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Using as their launching point the centennial of Freud's visit to the United States in 1909, "the authors of this book take a fresh look at the visit itself and launch an examination of the transnational movement of Freud's ideas to the United States" (p. 2). The editor notes the rise and fall not only of Freud's reputation in the United States, but also of the amount of published scholarship about him. Burnham underscores the important transition—exemplified by each of the authors contributing to this work—from the hagiography or ad hominem attacks on either side of the Freud wars, to what Burnham terms the "New Freud Studies," in which scholars "recognize in many nuanced ways the cultural historical contexts from which psychoanalytic ideas emerged and the changing cultures in which they penetrated" (p. 9).

Burnham, who provides an excellent introduction and preface to each grouping of the selected essays, has indeed chosen papers that together do two important tasks: they fill in the content of significant, relatively unknown aspects of the history of psychoanalysis (for example, see Sonu Shamdasani's fascinating chapter on the state of psychotherapies in the United States prior to Freud), and, perhaps more important, they provide a new model for more historically informed scholarship.

The volume is divided into two sets of essays. The first section looks at the penetration of psychoanalytic thinking during Freud's lifetime and the first decade after his death, focusing on the psychoanalytic world and its practitioners. Here the figures followed are those located within that world as it began to take shape, and the narratives follow the impact of displacement and emigration, as well as the clash between American and European social and intellectual cultures.

George Makari's chapter, "*Mitteleuropa* on the Hudson: On the Struggle for American Psychoanalysis after the *Anschluß*," takes a detailed look at the impact on American psychoanalysis—and, more particularly, on the New York Psychoanalytic Institute—made by the arrival of prominent European psychoanalysts. The Berlin psychoanalytic elite were among these émigrés, including Franz Alexander, Sándor Rado, Karen Horney, and Hanns Sachs. "When these uprooted analysts took refuge in New York, they sought to remake their lost world, and intense conflict ensued" (p. 111), notes Makari. He traces the nature of the psychoanalytic community in which these analysts arrived, the conflicts and

schisms they brought with them, and those they had a role in creating in New York. He reminds us of the curious role played by Americans: on the one hand asserting American independence from the international movement based on an objection to lay analysis, while also supporting the transition of European psychoanalytic leaders into New York.

Less well-known relocation experiences are also addressed in this volume; for example, a fascinating chapter by Hale Usak-Sahin considers the experience of German-born psychoanalysts Ruth Wilmanns Lidz and Edith Weigert, whose relocation took them from Turkey to Johns Hopkins University in Baltimore, and ultimately into work with Frieda Fromm-Reichmann.

The second half of the book contains essays from vantage points outside psychoanalysis and focuses on the interpenetration of Freudian ideas into the general culture, considering aspects of psychoanalytic thinking from this broader social and historical context. The goal here is to “assess how Freud’s ideas interacted with the broader American culture in the mid-twentieth century and after” (p. 17). These chapters, from Dorothy Ross’s about Freud and modernism in America, to Louis Menand’s about Freud and the Cold War, are excellent works of scholarship—nimble, wide-ranging, and thought-provoking.

A central argument in these essays is that, while the ostensible focus of postwar American intellectuals may have been politics, psychoanalytic ideas were woven into modern American discussions of all sorts in complicated and multifaceted ways. Intellectuals were the ones who provided “the best measure and indicator of the impact of Freud” (p. 248), and it is striking to note that—along with a diminution in clinical and academic environments—psychoanalytic ideas, not only Freudian ones, may have lost their crucial place within just this sphere.

That the contributors to *After Freud Left*—with the exception of George Makari and Ernst Falzeder—are academics and not analysts is an interesting and unremarked-upon point; just as the second half of the volume gathers essays from outside a psychoanalytic perspective, it seems that we need to look beyond psychoanalysts (with a few exceptions) to find this sort of history of our field. Burnham argues that “this cultural orientation and sense of transnationalization substantially liberates our writers from the older, conventional accounts” (p. 249), but it may also

be that the conditions that allow this “liberation” are found more in academia than in the psychoanalytic world itself—which is not commented upon but is an important aspect of these essays.

“Freud in America, like any other immigrant to American shores, has always been subjected to the forces of Americanization” (p. 210), writes Elizabeth Lunbeck in her essay on “Heinz Kohut’s Americanization of Freud.” Falzeder’s chapter, entitled “‘A Fat Wad of Dirty Pieces of Paper’: Freud on America, Freud in America, Freud and America,” provides a nuanced reading of Freud’s attitude toward America; the author argues for an uneasy ambivalence underlying Freud’s well-known vitriol against the United States.

This collection of essays revisits not only Freud’s United States, but what the United States made of Freud, and how the American urge for self-improvement, ideas about American exceptionalism, and the cultural, social, and political contexts were all shaped by and helped shape the Freudian legacy.

DARIA COLOMBO (SEATTLE, WA)

DANCING WITH THE UNCONSCIOUS: THE ART OF PSYCHOANALYSIS AND THE PSYCHOANALYSIS OF ART. By Danielle Knafo. New York/Hove, UK: Routledge, 2012. 243 pp.

In an era when psychoanalysis is under siege on nearly every front, Danielle Knafo is remarkably sanguine about the analyst’s role in such controversial pursuits as the treatment of psychotic patients, the healing of trauma, and the understanding of art and artists. In her *Dancing with the Unconscious: The Art of Psychoanalysis and the Psychoanalysis of Art*, she boldly equates analysis with art making and sees both as an opportunity for Ernst Kris’s “regression in the service of the ego”¹ and mastery of traumatic experience. She supports these claims not only by drawing on her extensive clinical experience, but also by ranging widely over cultural territory that includes fiction, painting, earthworks, installation art, and film.

¹ Kris, E. (1936). The psychology of caricature. *Int. J. Psychoanal.*, 17:285-303, p. 290.

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Knafo is well aware that the concept of regression in the service of the ego has fallen out of favor over the last several decades. As an account of the creative process, it has been variously criticized as oxymoronic, pathologizing, and too tied to the outmoded libidinal plumbing of ego psychology. But she salvages the notion by placing it within the context of object relations theory and by emphasizing the crucial importance of regression in both the making and experiencing of art.

For Knafo, creativity involves a return to the magical world of childhood, with its spontaneity, freshness, and awe. Play dominates, reason and convention are held in abeyance, and knowing is not split from feeling. Distinctions between past and present, self and other, inner and outer, and animate and inanimate all fall away. Out of this state of Blakean innocence comes the “connection, invention, and vision” that produces art (p. 24).

Yet regression has its dark side. The artist must contend with rage, terror, loss of control, and loss of self. He may even reactivate the very traumas he seeks to overcome. It would seem to require a strong ego both to endure and to take advantage of such experiences. But, interestingly, Knafo does not believe that this is so. She argues that artists require neither healthy egos, adequate parenting, nor high self-esteem to make productive use of regression. What prevents artists from becoming overwhelmed and heals their psychic wounds is their attachment to their art. This attachment, in fact, is part of a complex object relationship that the artist has established with his work. And out of this relationship he can find emotional sustenance. In addition, regressive impulses are bound by the artist’s grounding in his craft; the technical mastery that he enjoys gives him the confidence to withstand regression’s disorganizing effects.

Although Knafo transforms and updates Kris’s original formulation, she preserves one of his more enduring ideas. Kris thought that artists alternated between an *inspirational* and an *elaborational* phase.² The former, which resembles Keats’s *negative capability*,³ is characterized by a passive submission to unconscious forces and to primary process thinking. The

² Kris, E. (1950). On preconscious mental processes. *Int. J. Psychoanal.*, 19:540-560, p. 552.

³ Keats, J. (1899). *The Complete Poetical Works and Letters of John Keats, Cambridge Edition*. Boston, MA/New York: Houghton Mifflin, 2008, p. 277.

muse speaks, the artist feels “driven,” and the book or painting seems to create itself. In the elaborational phase, regression is replaced by sober judgment, and problem solving takes over. The writer edits his copy and the painter steps back from his canvas.

As Kris was careful to point out, these phases are not always strictly separate. They “may merge into each other, may follow each other, or may be interwoven with each other in various ways.”⁴ It is hard to see what is so distinctly psychoanalytic about Kris’s phases, but as a description of creative rhythms, they accord well with what artists report and with what even ordinary individuals experience.

Of course, one of the easiest ways to induce regression is to become intoxicated, and Knafo devotes a chapter to the connections between creativity and drug and alcohol use. Surprisingly little has been written on this subject despite the pervasiveness of alcoholism and drug abuse among artists, writers, and musicians. To take only one category, the number of great American writers who were alcoholics is staggering; the long list includes Poe, Hemingway, Faulkner, Fitzgerald, Steinbeck, and Sinclair Lewis, to name just a few of the most famous.

Why must writers and artists drink? Knafo devotes much of her discussion of substance abuse to its ability to assuage fear, loneliness, hypersensitivity, and profound insecurity. And if one thinks that the image of the extremely troubled scotch-guzzling or heroin-injecting artist is a lurid cliché, Knafo actually provides empirical evidence to prove that creative persons are more prone to mental illness and addiction. We discover, for example, from a 15-year study of creative writers at the Iowa Writers’ Workshop, that the subjects were substantially more depressed, manic, and alcoholic than the nonwriting control group. Perhaps the alcoholic Robert Lowell put it best when he described the vulnerabilities that drive writers to drink as “seeing too much and feeling it with one skin layer missing” (Lowell quoted by Knafo, p. 52).

Although Knafo has no illusions about the ravages of addiction, she is refreshingly nonjudgmental about the appeal that drugs and alcohol hold for artists, and she explores the ways in which they can enhance

⁴ Kris, E. (1952). *Psychoanalytic Explorations in Art*. Madison, CT: Int. Univ. Press, p. 59.

creativity. Chemicals remove inhibitions and give the artist the courage to pursue his singular path. They heighten hearing, seeing, and touching to the point of synesthesia and make the world new and full of wonder. Drugs also assist in Rimbaud's project of the systematic "derangement of all the senses,"⁵ so that the artist can smash through convention and routine. Even pathological states induced by drugs, such as depersonalization, derealization, and dissociation, can reveal a novel, liberating sense of self.

Yet as much as substance abuse may plunge the artist into Kris's inspirational phase, it also leaves him without the discipline and objectivity for elaboration. As one of Knafo's patients remarks, "I write my first rough drafts while high on pot" (p. 50). But it is not until the next day that he can sift through what is "mostly garbage" to find a "few beautiful gems" (p. 50). Ultimately, in the case of addiction, even the inspiration may wane. As Baudelaire said, "hashish . . . gives with one hand it takes away with the other."⁶

Knafo's other major contention is that art both springs from trauma and provides an effective means of overcoming it. This is hardly a new idea. One finds its roots in Freud's 1910 claim that Leonardo da Vinci reversed his childhood disappointments by depicting saintly mothers in his Burlington House cartoon and in his painting *The Virgin and St. Anne*. More recently, Rose devoted an entire volume to *Trauma and Mastery in Life and Art*, in which he discussed the great importance for *Crime and Punishment* of Dostoevsky's witnessing in his adolescence the brutal beating by a government courier of a coachman who, in turn, violently whipped his horse.⁷

But Knafo widens the scope of the discussion by examining how artists such as Charlotte Salomon and Michel Heiman deal in their art not only with profound personal trauma, but also with societal traumas, such as the Holocaust and the Arab-Israeli conflict. In the case of the German-Jewish Salomon, the traumatic circumstances she endured seem beyond

⁵ Petitfils, P. (1987). *Rimbaud*, trans. A. Sheridan. Charlottesville, VA: Univ. Press of Virginia, p. 90.

⁶ Baudelaire, C. (1860). *Artificial Paradises*, trans. S. Diamond. New York: Carol Publishing Group, 1996, p. 74.

⁷ Rose, G. (1996). *Trauma and Mastery in Life and Art*. New York: Int. Univ. Press.

belief. She gained acceptance at nineteen to the Berlin Academy of Fine Arts, which was rare for a woman, but had to discontinue her studies after only two years because of Nazi racial policies. She was then sent to her maternal grandparents in the south of France, where she suffered through a cascading set of disasters. First, her grandmother attempted suicide by hanging herself (she later succeeded by jumping through a window). In response, Salomon's agitated grandfather made sexual advances toward Salomon herself, and, after being rebuffed, disclosed the hidden truth of her mother's suicide and those of four other family members. He even urged Salomon to commit suicide herself.

But instead of collapsing in despair, she began creating an ambitious series of more than a thousand gouaches called *Lieben? oder Theater?* ("Life? or Theater?"). Completed in the shadow of the Nazi persecution that would eventually kill her in Auschwitz, her final testament combined visual imagery and text to form an imaginative re-creation of her life and the tumultuous events that shaped it. In Knafo's view, making art preserved Salomon's sanity and "created a space for mourning" (p. 69). Further, her work "saved her spiritually in that it re-contextualized her existence in a form and meaning that transcended its tragic personal and social context" (p. 74).

Suicide was also responsible for Michal Heiman's traumatic background. When the contemporary Israeli artist was a young adolescent, she entered her closet to find, to her horror, her uncle's dead body hanging among her clothes. What mitigated the overwhelming shock of this sight was a mirror in which she could see her own reflection. This reassured her of her own existence independent of the unthinkable grisly reality that confronted her.

Just as this crucial visual experience allowed Heiman to survive emotionally, so her art helps viewers find psychologically meaningful responses to the nearly daily traumas of Israeli life. As a photographer who also appropriates journalistic imagery, Heiman is very aware of the numbing effect of depictions of violence in the media. She tries to undermine this by juxtaposing, altering, and reframing her sensational material.

A former analysand steeped in theory, Heiman is particularly concerned with the various and conflicting associations evoked by her work.

She even titled one set of photographs of her war-torn country the *Michal Heiman Test (MHT)*, after an established diagnostic tool: the Thematic Apperception Test. As in the TAT, she wants to trigger the spectator's projections, and one of her more arresting installations combines a very large reproduction of Raphael's *Madonna of the Granduca* with an equally looming photograph of a Palestinian mother and infant. Both mothers hold their young sons in roughly the same manner, and both look down demurely with beatific expressions. The jolt comes when one learns that the Palestinian woman is the wife of a suicide bomber. The comforting universality of maternal care must vie with the shattering intrusion of terror.

Knafo herself has a special sensitivity to the trauma of emigration as a result of her own extremely disruptive move as a young child from Morocco to Pennsylvania. This gives her a deeper understanding of the art of Ana Mendieta. Mendieta, who came from a distinguished Cuban family (a great-uncle was president in the 1930s), was sent to the United States in 1961 when she was twelve. She would not see her mother again for five years and her father for eighteen. The separation from her mother was particularly painful, as she had been a very sickly child who was doted on and indulged.

In "Earth-Body Works," created in the post-painterly 1970s and '80s, Mendieta inserted her body or her silhouette in mud, trees, rocky crevices, and other natural environments. She literally embedded herself in Mother Earth, thereby reclaiming both the land and the parent she had lost. The ephemeral character of these works and the ghostliness of the silhouettes only underscored the exile's sense of fragility and impermanence. She evoked trauma at the same time that she mastered it.

The most prominent artist whom Knafo views through the lens of trauma is the Austrian expressionist Egon Schiele. Schiele, like the other artists Knafo discusses, had a far from complacent childhood and adolescence. Before he was born, his distant and rejecting mother had given birth to two stillborn children as a result of syphilis contracted from the artist's father. She then lost a 10-year-old daughter when the artist was three. By the time he was twelve, his beloved father began suffering from advanced symptoms of syphilis that would lead to mental derangement and the loss of his job as a railroad stationmaster. His death when Schiele

was fourteen was very painful for the young artist, as he would later acknowledge in his letters.

Schiele also had to struggle as a young man to establish himself as a painter, as his parents and later his guardian opposed his early interest in art. They expected that, instead of wasting his time with frivolous drawings, he would follow in his father's and grandfather's footsteps as a railroad engineer.

Knafo regards Schiele's many self-portraits—he painted more than Rembrandt and van Gogh combined—as his means of repairing his early traumas and losses. In particular, she sees them as a way for the artist to rework the faulty mirroring relationship that he had experienced with his cold and depressed mother. The infant Schiele lacked what Knafo describes as “the mother's attuned gazing, smiling, and cooing,” which “reflect[s] back to the baby a positive image/feeling of self” (p. 135). He would have to provide this loving mirroring for himself in his art. Supporting Knafo's interpretation is the fact that Schiele used for his self-portraits his mother's tall mirror, which was the only object he always took with him in his peripatetic existence.

How do these self-portraits undo the damage of his mother's failed mirroring? In the works Schiele made in his early twenties, he depicts himself acting out in an outrageous adolescent manner that anticipates the later antics of rock stars. He struts, sneers, pouts, and shows himself masturbating his huge red penis. With his bristly, electro-shocked hair, his large forehead and fiery eyes, he turns himself into both a saint and a monster. He adopts a confrontational stance, yet his full frontal nudity makes him exposed and vulnerable. The distortions of his body are endless. Fingers and limbs are elongated or cropped, and align themselves or fight against the rectangular frame as if it were a prison. Flesh tones are livid or a cadaverous gray.

As Knafo suggests, Schiele in these paintings seems to be saying to the viewer—and to himself and his mother—“I am hateful and grotesque. Can you still love and accept me?” He externalizes his mother's degraded image of him, but can now control it and put it into the service of his art.

According to Knafo, Schiele, like many other artists, used art as a substitute for therapy. In her words, “Schiele employed his art as a

corrective emotional experience, whereupon he repeatedly nurtured, and ultimately repaired, a battered psyche" (p. 134). In defense of this notion of the healing power of art making, Knafo might have quoted Graham Greene, who remarked, "Writing is a form of therapy; sometimes I wonder how all those who do not write, compose or paint can manage to escape the madness, the melancholia, the panic fear which is inherent in the human situation."⁸

But not everyone regards creativity as necessarily therapeutic. For example, Robert Liebert, in his groundbreaking psychobiography of Michelangelo, claimed that the artist repeatedly returned to certain emotionally potent images precisely because

. . . the work of art does *not* have the effect of "working through"—that is, of permanently altering the central mental representation of himself and others and bringing about basic changes in other aspects of his internal psychological organization and outlook.⁹

One would have liked Knafo to explore the question of why creativity is reparative for one artist, but merely compulsive for another. One reason that all the artists whom Knafo examines fall into the first category may be that they lived in the post-Freudian era.

Knafo's optimistic view of art's therapeutic value is in keeping with the one flaw I find in this very stimulating and deeply informed book. She maintains a kind of psychoanalytic utopianism that makes one long for Freud's more tragic sense of life. Psychosis is a "creative response to some unbearable situation" that can be "resolved" (p. xviii). "Genocidal trauma" (i.e., the trauma of Holocaust survival) can be "mastered" (p. 66). Whereas Freud thought a man was ill if he asked about the meaning of life, Knafo believes that meaning is "the only thing that ultimately helps" victims of trauma (p. 83). Instead of Freud's impossible profession that aims only at changing neurotic misery into ordinary unhappiness, analysis for Knafo is an art form that resembles dance.

⁸ Greene, G. (1980). *Ways of Escape*. London: Vintage Books, 1999, p. 9.

⁹ Liebert, R. S. (1983). *Michelangelo: A Psychoanalytic Study of His Life and Images*. New Haven, CT: Yale Univ. Press, p. 6.

These metaphors of the analyst as an artist and therapy as an “inter-subjective tango” are unfortunate for several reasons (p. 108). The analyst does not have the freedom with his “material” that the artist enjoys. The pace of analysis with its longueurs and slow groping for insight does not seem dancelike. And finally, the analyst and his patient are not equal partners. Fred may have led while Ginger followed, but he did not cut her off after fifty minutes, charge her for the session, and go on vacation in August.

Yet in an era when psychoanalysis is so beleaguered, we may need ambitious writers such as Knafo who can return us to a visionary sense of possibilities. As far as applied psychoanalysis is concerned, *Dancing with the Unconscious* makes it abundantly clear that the method is up to the task.

BRADLEY COLLINS (NEW YORK)

Book Review Editor's Note: Tomas Böhm, author of the book reviewed below, passed away on May 29, 2013. We at *The Psychoanalytic Quarterly* regret this loss to psychoanalysis and wish to express our appreciation of Dr. Böhm's contributions to the field.

THE VIENNA JAZZ TRIO. By Tomas Böhm. Charlottesville, VA: Pitchstone Publishing, 2010. 272 pp.

Psychoanalysts and novelists might be seen as sleuths following differing methodologies to discover truths about the human condition. In *The Vienna Jazz Trio*, Tomas Böhm, who practices both these professions, narrates the experiences of an engaging cohort of young adults beginning in the turbulence of the 1920s, vividly depicting the interaction between societal upheaval and the characters' various psychological strengths and vulnerabilities. Böhm invokes the reader's sympathy with his likable and mildly flawed protagonists: the handsome physician Oscar; his shy younger brother Nathan, torn between music and literature; Gerhard,

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a womanizing obstetrician-gynecologist in training, with a flair for jazz; Blanca, a beautiful psychoanalyst in training; and Hannah, a religiously conservative medical student.

The novel is framed by Nathan's recollections as told to a journalist in California many years afterward. (Later parts of the book take place in Palestine, Israel, Great Britain, and the United States.) In its early sections, the novel details the subjectively momentous events encountered by these representative young men and women in their twenties as they engage in a minuet of pairings and partings and new couplings. In addition to love, there is work: there are the professional trials of beginners—Gerhard's first attendance at a complicated birth; Blanca's hopes to go into analysis with Anna Freud; and Nathan's decision, after some sessions with Freud himself, that he need not choose between piano and literature but can do both. (This, of course, was written by a man with two careers.)

Inevitably, the narrative darkens. We first witness isolated incidents of rocks thrown through the windows of Vienna's Jewish merchants; later come the "Brown Shirts," the Nazis, the buffoon in Germany named Hitler—initially as potential irritants and then as threats. Truly momentous events follow: Nathan mounts a spirited resistance to Fascism and anti-Semitism through an anonymous column, with a tragic outcome. There are run-ins with Nazi sympathizers in concert halls and clubs; a Socialist working group member joins with the Fascists; and there are worries about what might happen if the National Socialist Party in Germany finds common cause with the Austrian masses.

The novel vividly describes the confusions of Austrian politics at the time: the Christian Social Austrian government opposing the Social Democrat majority in Vienna as "the Red Peril"; the Austrian Fascist Dollfuss trying to bolster Austrian right-wing nationalism against the spreading Fascism of Nazi Germany; the tragedy of the Anschluss. There are street fights, government troops firing on Socialist demonstrators, political assassinations, and regimes breaking down. Throughout these events, the characters' frailties and strengths and their individual choices have fateful repercussions.

The foreshadowing of what is to come is contained not only in the characters' private worries and plans—can they go to England, America,

Palestine? Will Ernest Jones be as helpful to a psychoanalyst in training as he is to Freud?—the ominous rumblings that unsettle the reader also derive from the place and time and from our knowledge of history. Böhm has peopled this darkening world with characters whose struggles we can identify with: some of them survive, but many die in brutal and senseless fashion in camps or on the street, merely as a consequence of their religion or their sympathies. And the novel's surviving characters must try to pick up the pieces of their broken lives.

The book's title speaks to its other major force: jazz, which takes on a multilayered meaning in these pages. A radical, marginalized style of music during this time in Vienna, it seems to contain a dynamism that bridges separateness to create a sense of unified humanity. Jazz is identified by the characters as the music of outcasts—Negro musicians in the United States—and is perfectly transferrable to themselves as Jews, the outcasts of central Europe. It is as if some of the novel's musicians—Gerhard, Nathan, and their friend Peter Gross, the bassist—feel they have hit on a connection so obvious that they must trumpet it (or rather, saxophone, piano, and bass it), if not from the rooftops at least from various stages.

Jazz functions as a life force that can help with loss and sorrow and feelings of powerlessness and hopelessness, and that serves to fight back against the tide of oppressive history, to move through it and past it. As the novel progresses in time, various jazz greats make cameo appearances in clubs, sometimes jamming with Nathan, Gerhard, and Peter, as if in a link to immortality.

I was recently in Vienna myself and, musically speaking, things have changed. As the Baedeker guide to Vienna points out, "the local jazz scene is becoming ever busier and easily stands up to comparison with the world's capitals of jazz."¹

But the overall impression taken away by this tourist—despite the Jüdisches Museum's impressive collections on anti-Semitism, Ashkenazi Judaism, and the Israeli culture—was mainly of the quite beautiful, grand (and grandiose) palaces, castles, and museums dedicated to the period

¹ Baedeker Guides (2012). *Vienna*. Basingstoke, UK: Marco Polo Travel Publishing, p. 57.

prior to World War I, when Vienna was the site of the Habsburg and the Holy Roman Empires, and Franz Joseph and his troubled wife “Sisi” (who should have gotten over to 19 Berggasse posthaste) were the darlings of the entitled set. By contrast, the more recent history painfully recounted in *The Vienna Jazz Trio* remains more or less hidden to the casual visitor of today. There is a subjective impression that denial and forgetting have been adopted by the current Viennese culture regarding this period of time. (Not surprisingly, the novel has not sold well in Austria.)

The psychoanalyst Böhm’s influence is evident in the novelist Böhm’s narrative in additional ways. There are scenes that include Freud, Ernest Jones—who plays a rather heroic role in these pages—and Wilhelm Reich, who starts out well but takes on the coloring of an orgone-fixated proto-Fascist in later pages. Except for the later incarnation of Reich, the analysts portrayed are wonderfully human and vulnerable, interpretive and helpful, and are not austere and cold (as some American caricatures have mistakenly pictured them). There are also analytic insights, one might say, into the nature of human desire, love, and helplessness in the face of inexorable forces in momentous periods of history.

And there is also trauma. The traumatic losses endured by the surviving characters seem almost beyond the human capacity to tolerate—losses that can never be forgotten or forgiven, but whose hold may be lessened by new love or the reunion with a child thought lost. Some characters look for revenge—and find it; others choose to die rather than remember; and still others sink into hatred, never again to surface. If there is no ground-breaking wisdom here, Böhm does help us live through, in tolerable ways as readers, the overwhelming human and psychic toll taken by the Holocaust and the tragedies leading up to it in this particular area of central Europe.

In one’s clinical practice, there are always dilemmas in working with patients who have been marked by trauma. How much reliving is therapeutic, how much regressive? What is a reasonable outcome, especially for those who have survived the kind of whole-scale and overwhelming destructiveness depicted here? Although the book is not a clinical guideline, a psychoanalytically informed gem of wisdom seems to gleam at the

end in response to the question of how one goes on after such events: you do not forget and you do not live in the past; instead, you remember, you tolerate your memories, and you move on.

Perhaps words cannot do justice to this sentiment. Miles Davis, Sonny Rollins, or Cannonball Adderley might be needed to really make the point.

DENNIS HASELEY (NEW YORK)

REVUE FRANÇAISE DE PSYCHANALYSE

Abstracted by Emmett Wilson Jr.

Volume 74, Number 5 – 2010:
“Between Psyche and Soma”

Space may be the projection of the extension of the psychical apparatus. No other derivation is probable. Instead of Kant's *a priori* determinants of our psychical apparatus. Psyche is extended; knows nothing about it.

—Freud (1938, “Findings, Ideas, Problems,” *S. E.*, 23, p. 300)

This rather massive issue of almost 1800 pages contains contributions to the 70th conference of French-speaking analysts that took place in Athens in 2010. Fittingly, in this venue, the birthplace of philosophy, the theme of the conference concentrates on the mind–body question in Freud and in psychoanalytic theory. The foregoing quotation from Freud may serve as a theme for this issue, for it is the focus of attention for several of the articles.

In French psychoanalytic writings, a new interest in reexamining certain basic questions underlying psychoanalytic theory has arisen. One of these is the question of dualism versus monism, sometimes known as the mind–body problem. This essentially philosophical problem has been present, of course, all along in psychoanalysis, and comes up again now and then.

A major impetus for the most recently renewed interest comes from the appearance of the new French translation of Freud's texts. The translation problem has arisen with the gradual publication of the volumes of Freud's complete works, the *Oeuvres Complètes* of Freud, under the aegis of Jean Laplanche and his team. Though lagging many, many years behind Strachey's *Standard Edition*, it is perhaps a more ambitious effort. The preparation of this translation involved elaborate and intense discussions among leading experts concerning the choice of this or that

phraseology or word to translate a Freudian passage. After exhaustive examination of the possibilities, ambiguities, and nuances with this team approach, the editors attempted to establish a standardized translation for all Freud's terminological usage.¹

* * * * *

Thinking about the Life of the Soul. By Dominique Bourdin, pp. 1717-1733.

It is helpful to begin with Bourdin's contribution in the section of this issue entitled "Philosophical Perspectives," since she discusses a problem raised by the new translation and places it in context. Specifically, the problem was how to translate the German word *Seele*. From 1890 onward, Freud often used the Greek word *psyche* to mean *Seele*, and "Psychic treatment" thus meant "treatment of the *Seele*." Freud continued to use *Seele* as well as *psyche*, however. In his texts, *psychisch* and *seelisch* are often used without distinction, especially when applied to the psychic apparatus.

The decision to translate Freud's *Seele* into French as *âme* (which is usually translated into English as *soul*), in spite of the religious and spiritualist connotations that this word has in French, has contributed to the recent renewal of interest in the mind-body problem. This ambiguity extends to translation of the Freudian expression *Seelenleben* as *vie d'âme* or *vie de l'âme*: *life of the soul*.

As Bourdin points out, the new translation has challenged the reading habits of the French for various reasons. The word *âme* has an immediate religious or spiritual connotation in French, whether related to Christian theology or Cartesian philosophy, and involves a relative confusion between *self-consciousness* and *soul*. The word is also anchored in a Platonic heritage that insists on the distinction between soul and body, leading to a troubling imposition on Freud's text of the habitual French connotations of *âme*.

¹ Some of the principles guiding the translation have been collected in a volume summarizing these joint discussions, entitled *Traduire Freud [On Translating Freud]*, by A. Bourguignon, P. Cotet, J. Laplanche, and F. Robert. Paris: Presses Universitaires de France, 1989.

Furthermore, the territory of the German *Seele* is much larger than that of *âme* in French, for the former had an extensive literary role in German Romanticism that the French term did not. The German expression *Seelenleben* is also much more familiar and less spiritual in German.

In opting for *âme*, Laplanche and his colleagues were responding, Bourdin suggests, to an internal demand of Freudian theory, comparable in Anglo-Saxon psychoanalytic literature to the recourse to the notion of *self*, which she feels may also be an attempt—not without some fuzziness and confusion—to compensate for a too-abstract interpretation of the Freudian conception of psychic life.

Life of the Soul, Soul Murder. By André Green, pp. 1505-1512.

Green, too, comments on the problems of translation. *Seelisch* refers to the learned term, *psychic*. While *Seelischer* or *psychischer Apparat* is an expression that is current in German, *psychic apparatus* is not current in French or English. Strachey's celebrated translation of Freud uses, according to the context, either *mind*, *soul*, or *spirit*. *Mind* poses even more problems for the translator; *mind* is opposed to *body*. *Spirit* does not have a physical connotation, and its semantic field is less precisely defined.

Green emphasizes the Freudian position as distinctly opposed to the Cartesian tradition. Freud's comment that psyche does not know about being extended is even more difficult to ponder because of the classical philosophical position that questions or denies the notion of the unconscious. The notion of spatiality, which in his 1938 note Freud conceived of as a projection of the psychic apparatus, suggests to Green that the psychic apparatus has a natural tendency to push its limits beyond itself, as if it had a *natural* tendency to cathect its environment.

Green cites Winnicott on the state of the infant, of its being one with the mother at birth and subsequently, without differentiation. The Other is present at the origin of life, at the limits of the One that has engulfed the other and is not separated. This point is ignored by the Occidental philosophical position, which has spoken of the One as distinct from the Other, with a boundary separation of both from the beginning.

For Freud as for Winnicott, there is no ego without the other. This union with the other is not limited to the period of infancy. Freudian

theory gives birth to multiple forms of identification that continue to unite the ego and the other. The “dual unity” at birth is prolonged throughout life in identifications.

Green notes the remarkable clarity of Freud’s expressions concerning the infant and mother in *An Outline of Psycho-Analysis* (1938; S. E., 23), the unity of the bodies of mother and child. Joyce McDougall aptly expressed this as “one body for two” or “two bodies in one.” He cites some quotations from Winnicott that support this viewpoint.

The notion of soul murder in the Schreber case of 1911 anticipates in many ways Freud’s theoretical introduction of the death instinct in 1920. The persecutions of which Schreber said he was a victim were aimed at a narcissistic annihilation of the life of the soul.

Green ends with some quite skeptical comments about some of the *psychosomaticiens*² arguments about mentalization and monism, with their odd classification of somatic illnesses as “more mentalized” or “less mentalized.”

The Life of the Soul. By Françoise Coblenz, pp. 1283-1356.³

Starting from Freud’s terse and enigmatic note of 1938, Coblenz develops a rather detailed discussion of the mind–body problem in psychoanalysis. The quotation from Freud emphasizes the monistic approach she takes, one that she believes was also Freud’s position. Freud’s remark, radically and without explication, seems to settle a problem that

² The *psychosomaticiens* are analysts whose approach to psychoanalytic work with psychosomatic patients was initiated under the aegis of Pierre Marty and is now carried on by the École de Psychosomatique de Paris. For more about the *psychosomaticiens*, see Wilson, E. (2012). Abstracts of *Revue Française de Psychanalyse* (1998, “Psychosomatics and Instinctual Drives”). *Psychoanal. Q.*, 81:505-526.

³ The connotations of the English word *soul* can scarcely be avoided in the preparation of this abstract. Coblenz uses for the most part the French *âme* and, as Bourdin has pointed out, this is the translation of Freud’s *Psyche* and *Seele*. I have thought it best to translate *âme* most often as *soul*, but sometimes, following Coblenz, as *psyche*. This not only avoids the constant repetition of a French word throughout the abstract, but also brings acutely to the reader’s attention the problem raised by the new translation of Freud’s *Oeuvres Complètes*, which has in turn given rise to some of the papers in this issue. The French word *psyche* is easily translated by *psyche* in English, but *psychisme*, though generally used as a synonym for *psyche*, is often used in the psychoanalytic literature to mean *psychic apparatus*.

has troubled centuries of philosophical reflection, rapidly dismissing Kant's *a priori* conditions of the psychic apparatus, as well as the Cartesian dualism of thinking substance and extended substance.

The author explores what meaning we can give to the notion of an extended or corporeal *psyche*. The beginning of Freud's note—that space may be the projection of the extension of the psychic apparatus—is equally perplexing. Still another problem in Freud's remark concerns psyche's ignorance of being corporeal: is this an error, non-recognition, resistance? Coblenz asks whether this not knowing may be a part of the refusal of the unconscious that Freud attributes to philosophers.

Freud seemed to insist on a mind–body duality throughout his work. The two entities are portrayed as disparate, if perhaps not opposed, and it was within this conceptual couple that psychoanalysis was developed. Still, Freud seems to have gone beyond the naive dualism that has pre-occupied Western philosophy. To Coblenz, Freud's comment seems to sum up this all: Freud pursued the heritage of a philosophical tradition in dualistic terms that are unchanging, but also profoundly modified that tradition by the revolution he brought about in declaring that *psyche* is extended.

Coblenz argues that it is quite natural to accord extension to the psyche. If more recent Western philosophy, from Descartes to Hegel, was led astray into a naive dualism, others were not—notably, the Ancient Greeks. Nor has biology been led astray; the brain is regarded as the organ of thought and the center of spiritual life. Even if thought is not reduced to the brain, thought does not exist without the brain. Where does philosophy's reluctance to attribute extension to the psyche originate?

Freud's word is *ausgedehnt*, meaning *extended*. Coblenz suggests that, instead of extension, it is the *corporeal* that we are confronted with in reflecting on the nature of the psyche. Hence she modifies Freud's comment from *extended* to *corporeal*, a modification she believes takes into account Freud's discussion of the body ego in *The Ego and the Id* (1923, *S. E.*, 19).

Coblenz's view is that, contrary to what one might think, the soul is more corporeal than the spirit. By the *life of the soul*, she means the overlapping and interrelationship of the corporeal and the psychic, as

well as their indissociability. She also intends an intersubjectivity: there is no psyche without another psyche, no psyche without a *Nebenmensch*, nor any approach to the soul other than one that passes through language or a mode of expression—expression being precisely one of the modalities by which soul and body relate to each other. The life of the soul depends on sensations, affections, and impulses, and it tries to integrate them; the life of the soul may sometimes be expressed much more adequately by a sound, a gesture, than by a word.

Coblence undertakes a long excursus into the history of philosophical thought about mind and body. The gist of her review, ultimately, is that she sees more of an Aristotelian influence on Freud's views. Freud needed Aristotle's notion of the animating soul to demarcate himself from physical medicine and positivist psychology.

Freud had read Aristotle in his studies with Brentano, as shown in his early letters to Silberstein. The influence of Aristotle on Freud is far greater than the direct references he makes to him; indeed, Freud's culture is impregnated with Aristotle. Aristotle's writings were cited by Freud in 1900 in his examination of literature on the dream. With Aristotle, the dream became an object of psychology; he considered the dream to be *the activity of the soul of him who sleeps*, and thus not of a demonic nature.

The fundamental opposition for Aristotle is not that between soul and body, but between animate and inanimate, or between motionless cadaver and living body. Among the natural bodies, some have life while others do not, and by *life* we mean the property of nourishing itself, of growing, and eventually of fading away. For these living beings, the soul does not have a spiritual sense, except perhaps when confused with its intellectual part.

Soul is the form, the principle of being of which the body is the matter. Form and matter are, for Aristotle, indissociable. Body and soul do not exist one without the other, whatever the nature of the soul of the living being. Aristotle is an essential link, evidently, to the conception of the life of the soul as its tension, its activity, and its capacity for transformation.

Freud also wanted to demarcate psychoanalysis as distinct from the excessive physicalism of the hard-nosed *Naturphilosophie* scientists. The

reaction to the nebulous excesses of the Romantics had led to these scientists' oath to accord importance only to the anatomical, physical, or chemical order. But the reaction went too far in its reductionistic approach, and Freud aimed criticisms at these, his first idols, as well. Hence he retained the term *Seele*, with all its romantic inspiration, to distinguish psychoanalysis from the physicalist viewpoint.

In Coblenz's view, Freud was neither dualist nor monist. It was necessary for him to work at all levels at one time; he needed to maintain the tension between monism and dualism in order to keep up an analogous tension between the psychic and the somatic. It was necessary to distinguish conversion hysteria from actual neurosis: in the former, we witness a mysterious leap from the soul to the body. However, in the theory of the actual neurosis, the same invisible frontier is crossed in the opposite direction—a leap from the somatic to the psychic.

Against the idealism of philosophers, against the defensive separation of soul and body, Freud wanted to show that one cannot think without the body. But against the reductionism of physicalist medicine, it is also necessary to show that there is a specificity of psychic life, an action of the soul on the body.

Every attempt to retrace the genesis of psychic life must answer the question of the origin of the psyche. Coblenz discusses evidence from Freud's *Project for a Scientific Psychology* (1895; *S. E.*, 1) and from his subsequent writings to explain his beliefs about how *psyche* develops. The genesis of psychic life is seen in the interactions between mother and child; it is also seen in clinical practice, and notably in the phenomena of holding and transitional spaces; it is learned, finally, in the translations of verbal, visual, and auditory evocations that artists give us.

The *Project* is a strange and fascinating text in its heterogeneity. On one side, there is an apparatus that is not yet called *psychic* but is still the *nervous system*. It involves a reflex arc, a mass of neurons, of conjunctions, of stimuli and quantities of energy. The apparatus functions by itself, but Freud attempts to integrate consciousness and its qualities into it. Alongside this exaggerated neurological mechanism, the encounter between internal neurological modifications and the external world—that is, the presence of others—leads to the development of psyche.

The body exists at first and the psyche develops as the imaginary elaboration of parts of the body, of sensations and somatic functions, into a full physical consciousness. There is at first “a body for two” or “a psyche for two” at the heart of interactions with the mother and the reciprocal exchanges through which the infant constitutes himself or herself, while at the same time the mother becomes mother. Others have called this *the corporo-psychoic holding* and Anzieu called it the *skin ego*.⁴

Later, imaginary elaboration depends on the existence and development of the brain and its good functioning. However, the developing child does not have any feeling that *psyche* is localized in the brain, or even that there is any localization anywhere. This process of elaboration and integration is constituted in the first experiences of the infant: the organization of the self begins with the union with the maternal body, without any way of distinguishing one from the other. The father, the third, is also present. The psychic genesis will be accompanied finally by a “work of decorporation” (Green), of separation from the body of the mother, concomitant with the constitution of autoerotisms. Coblenz notes that Green writes, “Psyche is the effect of the relation between two bodies, of which one is absent.”

The *Project* accorded importance to the initial distress (*Hilflosigkeit*) that finds its first expression in the infant's needs. Without it, nothing human can happen. In this sense, the *neoteny* is indeed the fundamental concept of psychic development. The human organism is at first entirely incapable of satisfying its own needs or of bringing about the specific action necessary to do so; instead, the specific action is produced thanks to a “foreign aid,” that of the other. In the *Project*, Freud insists on the role of the other in the development of the infant, the presence of the *Nebenmensch*. After the *Project*, the importance of the other is not truly recalled, except in notes.

Whatever the formulations or theorizations retained after Freud, it is indeed the mother–child entity and all that the mother brings with her that constitute the organizational matrix of impulses of the infant's psyche. There are many theorizations about this developmental change,

⁴ See, for example, Anzieu, D. (1989). *The Skin Ego: A Psychoanalytic Approach to the Self*. New Haven, CT: Yale Univ. Press.

and Coblenz does not attempt to settle the question or to decide among them. What is important is that all these theories place the accent on this fundamental anthropological situation and on the necessity of the encounter with the other in order that the psyche be formed.

Coblenz examines Freud's subsequent writings to find further evidence for this thesis. Along the way, she discusses the origin of instincts, and of thought and judgment. She discusses and comments on or cites the work of many other theorists who have discussed these themes, including Darwin, Winnicott, Anzieu, Bion, Guillauman, Green, Lebovici, and Donnet. She addresses symbolism, dreams, touch, spatial representations, and action. She makes the very interesting suggestion that the belief in a dualism of soul and body ought to be treated in psychoanalysis as material like any other, as a defense like any other.

Concerning Flux and Reflux: Discussion of the Coblenz Report. By Anna Potamianou, pp. 1357-1366.

Potamianou raises several questions about Coblenz's position. Potamianou emphasizes the double deviation of the psychic and the physical, however intertwined they may be into an inextricable texture. She recommends guarding against the utilization of a language of analogy when one is referring to two different orders, the psychic and the somatic. For example, in the energetic register, a regressive manifestation does not necessarily involve the total energetic potential of an individual, nor is the energetic status the same in psyche and soma.

Second, Potamianou raises questions about the corporeal basis—that is, the basis in the body—the inscriptions of mnemonic traces on an organic basis, the movements of expression that bodily convey what we are experiencing psychically, all the sensory data that nourish thought, asking whether all this can lead us toward the final position of the report: psyche is extended; it is corporeal. Can this support Coblenz's claim that the corporeal genesis of the ego is unconscious, and that psyche knows nothing of its extension nor of its corporeality? Can the somatic bases, the encounter between body and soul, reveal the essential development of the life of the soul?

Even Bion's model, which concretized psychic reality through a comparison of the work of the digestive canal with the work of thought, maintains the idea of abstractions and transformations specific to psychic life. In Potamianou's view, even if the fantasy remains close to the body, it is organized according to principles that are proper to psychic reality.

As a result, to hold to the idea of the corporeality of the psyche would seem rather restrictive, if it were not joined with the comment that psyche does not know it. This places the accent on the unconscious and underscores the distances that underlie the different levels.

Potamianou prefers to think rather of a somato-psychic ensemble, of which the elements are in contact but are organized at different levels. This conception of levels of the somato-psychic under a hierarchical, evolutionist aspect is an idea already present in Freud; he essentially invoked the notion of a threshold from which somatic excitations become experiences and are grasped psychically, embracing new forms—those of representation and affects following laws that are not those of the somatic order.

Potamianou also focuses on the nature of the impulse. Freud abandoned the term *limit-concept* in the second theory of instincts. It was exactly at the stage of transformation of the psychic out of what comes from the body that Freud set aside the idea of a ferryman or smuggler or bridge for the impulse. The instinctual is constituted as a psychic representative and makes itself known through the symbols, the representations, with which it is joined. In *An Outline of Psycho-Analysis* (1938; *S. E.*, 23), Freud speaks of the needs of the id, which are called impulses, underscoring that it is the id—the most elementary and from the deepest strata of the psyche—that is open to the body; but the id is already part of what is designated as the psychic apparatus.

Potamianou argues that the instinctual is already psychic, and even when it is experienced in the body, certain agencies proper to the psychic level still hold. If this were not so, one would encounter only raw, brute, undifferentiated excitations that have little to do with psyche, unless perhaps psyche takes them in hand, secondarily; this is what one observes in some somatizations.

Multiple libidinal cathexes are deployed in the "life of the soul"—both erotic and aggressive cathexes, as well as decathexes and recathexes,

concerning subjective and intersubjective operations and experiences that occur in the three orders: soma, behavior, and psyche. Potamianou suggests that, in order to understand this situation, we should think in terms of fluxes and refluxes of energy. Raw (quantitative) charges of energy achieve the status of meaning (quality) depending on their attachment to representations and affects.

This destiny is neither obligatory nor assured; it might not come about. Clinical treatment makes us aware, sometimes very painfully, of the existence of desert regions that are bare of cathexes—for example, in patients in which narcissism has been damaged, as well as with somatizing patients. Patients are often confronted with experiences of tension that are not elaborated, or with sensations whose repetitive descriptions fill the emptiness, but that remain devoid of meaning. There is neither displacement nor condensation, nothing psychic. At the somatic level, somatizations and somatic disorders bear witness to the activation of at least a part of undifferentiated energy, and to the existence of zones that are poorly accessible to the work of cathexes. These are economic solutions of urgency that do not involve the psyche.

The psyche, the soul, throbs; it has pulsations and, in principle, oscillations. It is these movements and their flow that were evoked by Freud to describe the characteristics of the life of the soul, a life that manifests itself in the double register of psychic and corporeal. But this implies neither unity of functioning for the two levels, nor the life of the soul's function as guarantor of the unity of its own experiences.

The Demands of Representation. By Marilia Aisenstein, pp. 1365-1392.

A second impetus toward this reexamination of the mind-body problem in French psychoanalytic theoretical writing comes from the work of the *psychosomaticiens* (see footnote 2). Alongside the rather simple but obvious technical “innovation” of allowing and then utilizing the development of a transference—gradual and painful though the process might be—with these often difficult-to-reach psychosomatic patients, there is a complex theoretical explanation of what is going on in the development of psychosomatic illness. Basically, the theory underlying

such treatment involves an evolutionary approach to drive development in which the death instinct regresses backward along an evolutionary pathway, leading ultimately to organ involvement that then appears clinically as psychosomatic illness.

The *psychosomaticiens* see such patients as exhibiting what the French term “operative functioning”; they show a paucity of associations and appear to filter out all unconscious material. The *psychosomaticiens*’ approach is avowedly monistic, with the dualism moved from that of mind–body to the dualism of drives.

Marilia Aisenstein is a prominent theoretician of this new way of thinking about psychosomatic illness, and her contribution approaches the mind–body discussion from that viewpoint. In this article, she does not actually spell out the arguments for monism that are found among the *psychosomaticiens*, but rather uses that monistic framework to expound her own views on the economic aspects involved in the relationship between impulse and representation, adding some thoughts about transference as well.

Although there are thousands of factors that result in the appearance of an illness, only some are psychic. Since all these factors are interesting to consider, it seems to Aisenstein infinitely more important to pay attention to the monitoring of psychic economy. The economic point of view is always psychosomatic; the psychosomatic question is at the very heart of instinct.

Freud speaks of the *demand for work* coming from instinct; this demand implies the development of a representation. In contrast, Aisenstein focuses on what she terms the *demand for representation*, an intrinsic aspect of instinct. The demand for representation is exerted especially and most notably in the relationship with the object, without which the very concept of instinct is inconceivable; such a demand is exerted by the psyche of the other, and especially of the primary object at the beginning of psychic life. The mother has a representation of the living child in her psyche. This is the psychic work of the mother, her capacity for reverie, permitting a psychic life to begin in the child. Aisenstein notes that Green speaks of this as “the surrounding or framing structure of the mother”—a fundamental notion for Green, just as holding is for Winnicott.

Aisenstein emphasizes Freud's term *demand* (*Anforderung*), taken from the definition of instinct. For it seems to her that the demand—or, as she would even prefer to call it, the constraint (*imposition*) for representation—better implies the *necessity of the object* and carries with it the notion of compulsion. Similarly, she speaks of the *compulsion for transference* as a basic anthropological given of the human being that precedes the analytic encounter; the transference is created by the analytic situation, which organizes it and gives it meaning. This is different from pure repetition compulsion, as the latter tends toward the diminution or extinction of traumatic excitation, while her idea of the compulsion for transference aims at a revival—even if it lies at the heart of a transference that is beyond the pleasure principle.

These formulations involve a radical monism, though the phenomena are more complex. Aisenstein believes that substantial monism is a preliminary condition for psychoanalysis, even if a functional dualism is imposed in the understanding of phenomena of a different order, biological or psychic. One of the ambiguities comes from our use of the term *psychosomatic* because body and soma do not overlap; the body is already a representation, while the psyche knows nothing of the soma.

Confronted very early in her own analytic work with psychic organizations in which force took precedence over meaning, Aisenstein became interested in similarities between work with blank psychoses (*psychoses blanches* or *froides*), borderline states, and somatic patients. The anxiety seen in these cases is not that encountered in work with neurotics. Circulating between the two protagonists in the framework of the analytic session, the quantum of affect seems to be “searching for representations,” according to Aisenstein.

The second theory of instincts and the second topography (the structural theory) were developed when Freud's clinical practice was no longer limited to hysteria and the psychoneuroses of defense. His theoretical innovations have always seemed more accurately to reflect these more difficult patients. The unconscious becomes a chaotic id where destruction reigns. Parallel to an insistence on instinctual charge and the economy of contradictory forces, one sees in Freudian theory a relative decline of representation. Subject to antagonistic charges, unconscious

representations are attacked, even “pulverized,” in the very heart of the id. The death instinct breaks up all linkages and binding.

Aisenstein is interested in what she calls “a destruction of the process of thought.” The destruction of representations—holding in check the links between representations—is one of the difficulties with borderline patients.

Aisenstein reviews Freud’s use of the word *Trieb* (instinct). The early definition was “the psychic representative of a continuous source of excitation coming from the interior of the organization,” and therefore at the limit of psychic and somatic domain. These excitations have no qualities in themselves, existing only as a quantity susceptible of producing a certain demand on psychic life. However, Freud seems to see a force in the instinct, or rather in the alliance of the two instincts—a force that then, by its excess, becomes the bed for psychic pathology. He does not say what such an excess is due to.

Aisenstein suggests that this excess exists relative to the disunion or unlinking of the two instincts. The failure of the demand for representation occurs in relation to the unlinking or unbinding of the two instincts, altering their alliance. She feels that the alliance between two opposites has a paradoxical character: an economic factor, the “thrust” or “push” of the instinct, and a non-economic, qualitative factor, the demand for representation. It is this transformation of the quantitative somatic into the qualitative psychic demand for representation that forms the basis of the psyche.

The transformation into meaning is, according to Aisenstein, the consequence of an innate imperative of complexity particular to humans. It seems to Aisenstein that we must envisage a mix that she would formulate as follows: an economic origin plus a quest for symbolic order. One could imagine a series of mutative operations, of “decoding or translation,” moving from the more organic to the more psychic—the most psychic being the word-representation. She would place this in relation to what Marty called the *quality of mentalization*.

What, then, are our ways of access to unconscious material? It is important to think in a manner consistent with classical Freudian metapsychology. Throughout his writing career, from 1895 to 1938, Freud remained faithful to that unique engine of treatment and sole thera-

peutic tool: the transference. This conviction, which Aisenstein shares, has been the red thread that she follows.

There is always transference, even if it is not classical and not interpretable as a transference neurosis. Some patients affected with somatic illness arrive at their sessions as directed, and though they are not interested in the intrapsychic or in introspection, most of the time they continue to come, often for years.

The patient's submission to the rule of free association initially seemed enigmatic to Aisenstein. The classical explanation—according to which patients follow the rules of treatment because they are “a-conflictual”—seemed unconvincing. Aisenstein now believes that patients continue to come to sessions because a compulsion to transference exists at the heart of the human psyche. Little children become attached to objects, such as a doll or a wagon; already these are transferences. The classical transference may be more evolved, certainly; it includes transfers onto language and into language. This is the first form of transference, from the somatic to the psychic. The demand for representation of the instinct is an obligation to transfer from the somatic to the psychic.

Throughout her discussion, Aisenstein makes many suggestions and comments of interest—on textual issues in Freud, technical aspects of transference, countertransference, unconscious perception and communication in the transference-countertransference relationship, and the metapsychological implications of her theory.

From Anti-Hysteria to Hysteria Through Forms of Masochism. By Savvas Savvopoulos, pp. 1393-1421.

Savvopoulos, too, relies on the theoretical approach of the *psychosomaticiens*, often citing the writings of Pierre Marty. His contribution emphasizes the importance of masochism in understanding hysteria and its antipode, the borderline conditions, for which he suggests the term *anti-hysteria*.

Masochism is intrinsic to the human psyche, at work as much in hallucinatory satisfaction as in traumata. Primary erotogenic masochism is the essential element in hysteria, favoring the hallucinatory function. It thus plays an interlinking role in the constitution of hysterical identifica-

tion, which in turn is the principal basis of neurotic structure. On the other hand, along the spectrum of non-neurotic pathologies, the kernel of primary erotogenic masochism is insufficient in anti-hysteria.

For Savvopoulos, primary erotogenic masochism is in fact at the basis of the process of mentalization. The quality of masochism in a patient presenting with lacunae in his mentalization may be a prime factor in exploring his passage from somatic expression to psychic expression, and vice versa. Masochism also functions as an ultimate barrier in the somatopsychic organization, to the degree to which its aim is to bind self-destruction through erotic cathexes. Masochism is not only a guardian of life, but can equally be a helpful compass for the understanding of psychic transformations. Attention to variations of masochistic organization in therapy permits us to determine the movements of secondary masochistic cathexes, as much at the psychic level as at that of somatic symptoms.

The concept of *borderline states* has permitted the understanding of pathologies related to hysteria, but of which the structure and economy are totally different. Savvopoulos conceives of borderline economy and hysterical organization as related, but lying at opposite poles of the clinical spectrum. These two clinical entities present metapsychological features that intersect in many ways—some leading to a neurotic organization, of which hysteria remains the kernel, with others leading toward a borderline organization.

Green proposed the metaphor of a chiasmic structure to describe the relationship of these entities: an X-shape. Such relationships are found, on the one hand, at the polarities of a clinical continuum, yet they intersect principally in their energetic aspects, which run in opposite directions. Hysteria proceeds from hallucinatory functioning and a psychosexual economy, while the borderline economy results from a set of traumatic issues in which destructivity prevails. At the antipodes of hysteria, anti-hysteria includes all non-neurotic organization and involves an insufficiency in symbolization.

Body and psyche develop in parallel with the link between mother and child. The mother, thanks to her corporality, assures the function

of attachment. The quality of the maternal response and the psychic receptivity of the baby determine the stability and permanence of the intrapsychic presence of the object. The experience of satisfaction opens up the hallucinatory perspective, thereby creating the quantitative and qualitative conditions for the basis of mental function. As Freud noted, finding an object is *refinding* an object.

This process implies a psychic functioning of the mother that confers the equality of instinctual interweaving. Rosenberg spoke of the “interlinking mother (*mère intricatrice*),” observes Savopoulos. Thanks to her preconscious work, the interlinking mother is able to create a cathexis of expectation of the object. This form of cathexis, the linking to expectation, aims to defer the discharge of unpleasure. It thus calls into play the action of primary erotogenic masochism, which is constituted in the body-to-body contact in the mother-child unit.

The mother, as an interweaving, instinctual mother, permits the child to tolerate her absence because of her love for the father. Braunschweig and Fain have termed this the *censure de l'amante*. The body-to-body contact with an interlinking mother or good enough mother, together with the interdiction of the lover, are involved in the process of structuring primary erotogenic masochism, alongside the constitutional factor, in sustaining the child in his quest for primary hysterical identification. He can await the mother's return in her absence, opening the way to mentalization, the identification of the other, symbolization of the primal scene, and psychic bisexuality. All this testifies to the importance of the object in the birth of mental functioning and the work of representation, through the mother's thoughts, reveries, and affects.

The primary object teaches the child to integrate unpleasure with pleasure. The mother—in her massive identification with the child, and with her ability to decrypt his experiences—restores the somatopsychic unity in attributing to the body psychic qualities and to the psyche bodily qualities. Masochism, thanks to its linking function, becomes the agent of liaison of destructive impulses, and it favors the formations of representations. It renders the subject capable of enduring situations that are painful for the psyche and the soma, and able as well to do the psychic

work demanded by reality. In effect, the essential quality of masochism is expectation or delay (*attente*). The very structure of desire is in essence masochistic.

Once the alternation of empty/full is put in place by the maternal function (as Marty described it), the progressive maturation of the process of mentalization can be envisaged. Emptiness thus becomes the space for the child's mentalization through the process of the constitution of desire. The psyche, finding itself under intrapsychic tension, attempts to repeat, in hallucinatory form, the prior experience of satisfaction. The failure of hallucinatory satisfaction engages the psychic apparatus on a path of evolving complexity that will end up in the creation of the preconscious. The identity of perception will cede its place to the identity of thought.

A good enough mother, a mother who provides a framework, will favor the development of the hallucinatory line. Through this last activity, which proceeds from the work of the negative, the child tends to fill in the perceptive emptiness. In the opposite case, a traumatic line prevails and the child runs the risk of engaging in negative processes, and of psychic disorganization.

Primary masochism permits the child to tolerate waiting and the resulting unpleasant tension, and is the *sine qua non* of hallucinatory satisfaction of desire, and, in consequence, of an adequate representational functioning. The introduction of primary erotogenic masochism, because of the link between masochism and sexuality, transformed the economic perspective when Freud revised the principle of pleasure/unpleasure. The instinctual binding is brought about around the object, the mother, which makes primary masochism the kernel of the ego. It is consubstantial with the constitution of the ego. It is at the same time destructive (*mortifère* is Green's term), as well as the guardian of life. Perhaps we should change the name from erotogenic masochism to *tonus vital* (essential energy), as Marty has suggested.

Failures in masochism induced by the mother have negative consequences for the structure and functioning of the psychic apparatus, which then tend to compensate through secondary masochism (feminine and moral masochism) with a regressive character. This may show

up in adolescence—in something more like a traumatic neurosis, in hysterical asceticism, self-mutilation, or self-calming behaviors.

Savvopoulos also discusses conversion, the major area in which we can study links to the body. There is a fundamental difference between body and soma, although Freud sometimes confuses the two; the two terms are actually quite distinct. The body is cathected by the libido, while the soma is the terrain of a *de-psychization* of the instinct.

Freud proposed that the ego is above all a body ego. The ego, then, is simultaneously seen as a representative of the body and as an operator that shapes and manages instinctual activity. The body is both subject and object because it includes the subjective experiences of satisfaction/frustration, pleasure/unpleasure, and objective sights and sensations. The subject forms a body image that is an index of his level of psychic organization. This image is formed by the interweaving of images coming from different sources (erotogenic zones) and individual experiences, employing different perceptions and sensations, in which meaning and somatic functions are associated. Thus the body image contains the totality of perceptions, representations, and qualities of objects, both animate and inanimate, that are perceived and represented since the beginning of life.

The notion of body image remains phenomenological and should not be confused with a representation that the ego might have of itself. Freud did not use the idea of such a self-representation of the ego. The ego is a theoretical concept, a psychic structure that does not have a representation of itself. The ego works on its representations and is worked by its representations; the ego itself cannot be represented, although it can *have* representations of the object. It is through affect that the ego gives itself an unrepresentable representation of itself. Nevertheless, affect is also worked on by the ego in order to acquire its quality—indicating, furthermore, that the ego can only be grasped by its functions.

Normal subjects and neurotics have a self-representation; this is an indispensable psychic protection, just as skin is essential for protection of the body. This crystallizes all the complex representations from interior and exterior. The non-neurotic patient is deprived of this self-representation and meets objects and experiences without the benefit

of such a protective covering—without being enveloped in a skin that serves him as a mirror, screen, support, and buttress, one that is required for a stimulus barrier.

Some patients speak of their bodies while other do not, be it from repression or from symbolic difficulties. Still, these patients come to sessions in their material reality that we perceive with all our senses, not just our hearing: odors, touch (handshake), and these bodily sensations send us signs soliciting meaningful chains. Often, malaise in the analyst's countertransference, appearing as elaborate signs coming from the body, is to be understood as a difficulty anticipating a transgression or acting out by the patient.

In another perspective, countertransferential malaise in the form of sensory signs, like other somatic troubles, indicates that language is being short-circuited. These nonverbal communications can arouse intense countertransferential feelings, permitting the analyst access to affect and to unconscious material. Work on the countertransference makes possible the transformation of emotions and sensations into representations through figurability, thanks to language.

In the analytic process, the patient carries out the work of binding between body-subject and body-object, perceiving body and body perceived, cathecting body and cathected body—processes that lead to the birth and development of his subjectivity. These processes confront the self and the object. To obtain pleasure in spite of the abstinence imposed by the analytic framework, the analysand must become the desiring subject in quest of representations. The restructuring of his body image will take place to the degree that he reconstitutes his overall identity as founded on his sexual identity.

In conversion as in somatic illnesses, there may also be a sort of evolution of levels of bodily fixation, with the sexualization by deferred action (*après coup*) of a somatic function. These stages make the soma a hierarchical place related to the development of the individual, and may acquire a paradoxical character responsible for the somatic symptoms that play an important role in the conversion or somatic illness. The lack of masochistic cathexis of a vital function could confer on it a libidinal

zone, leaving the path free to a disorganizing regression in the form of a somatic illness that could even go so far as to shorten the life expectancy.

Savvopoulos reports the case of Agnès, a child suffering from an autoimmune disorder. The case is presented as illustrative of some of his conceptions of body, soma, conversion, and erotogenic masochism. Whatever symptoms confront the analyst, whether conversion, functional, or somatic, the analyst is always in quest of meaning.

Affect in the Soul. By Catherine Chabert, pp. 1423-1432.

Chabert comments on the importance for psychoanalysts to continue research into new areas. The renewal of interest in the problems considered by this congress, though relying on Freud's texts, indicates an eagerness for new investigation. This has led to the consideration of a number of contemporary problems, arising primarily from attention to psychosomatic patients, and going beyond clinical experience to reach metapsychological reflections that plumb the depths of the link between mind and body. This work has involved a return to Freudian sources on representation, impulse, masochism, and pain, taking into account the constant interaction between psyche and soma, as well as the foundational notion of *Nebenmensch*.

Aisenstein's report raised important questions, notes Chabert. These include whether excitations recognized as internal are already rudiments of representations, and whether the impulses themselves are the necessary basis and trigger for renunciation of the diminution of excitation. If energy comes from the body and representation from perception, how do we construct the encounter between the two fields? Chabert suggests the answer to this question involves a mixture of an economic origin and a quest for the symbolic, incorporating a series of mutative operations of decoding or translation, going from the most organic to the most psychic.

The structural theory has been important for a metapsychological grasping of the links between psyche and soma, precisely in that it allows for the emergence from the id, rather than from the unconscious, in a raw, more savage state, without the framework of the preconscious. The

structural theory also allows for a dramatization of the conflict between structures. The unconscious, it seems, was seen as much more easily dominated than the id.

The problem is still the nature and function of the impulses and affect. We see this especially in dealing with more difficult patients, when we are confronted with the disappearance of representative-representations and also with the effacement of representative-affects—a double disappearance that highlights the intrinsically indissociable character of affects and representations. Hence Aisenstein emphasized working on affects in treatment, even when they are absent or when access to them seems barred and associations seem paralyzed.

Coblence, Aisenstein, and Savvopoulos all referred to moments in analysis when a troubling and mysterious resonance between analyst and patient develops, and an instinctual breach opens, favoring an effacement of the limits of self and other. This effacement does not come from empathy; rather, it uses a curious operation of substitution, of projection and identification. Put more simply, there are moments in the transference when the patient causes the analyst to experience what he cannot otherwise communicate—what he cannot make heard and what he can only cause to be experienced.

It is in these moments that the body-psyche, the soul, is mobilized in the analysis. These experiences do not always lead to paralysis and stultification in the analyst; they can also mobilize intense activity in representations and the search for words to describe affect. These moments, if successful, involve the analyst's putting into images and words the instinctual manifestations that constitute rudimentary affects. This process reveals a trove of fantasy, as yet unexploited, that transformation of affect actualizes in the treatment, filling in a representational deficit.

Childhood: Paths for the Psyche-Soma. By Athanasios Alexandridis, pp. 1441-1468.

Several contributions in this issue deal with information about mind and body that derives from, or can be of use in conceptualizing, work with children. This article presents excellent and succinct surveys of several psychoanalytic theories of infancy.

Alexandridis first considers the Freudian paradigm in Freud's texts. He then discusses Marty's evolutionist model, Braunschweig and Fain on the mother as the distributor of Eros and Thanatos, de M'Uzan on the same and the identical, the notions of Laplanche on instinct and drive, the generalized theory of seduction, and the sexual. Others, such as Guy Rosolato, Didier Anzieu, Laurence Kahn, Pi  re Fedida, Jean-Claude Rolland, Catherine Chabert, and Andr   Beetschen, have focused on the development of language and the signifier in the infant.

Following this survey, Alexandridis presents three case studies that he feels are illustrative of some of the points explored by these authors.

The Failure of Psychization of the Body in the Unaffectionate Baby.
By Gerard Szwec, pp. 1687-1691.

Szwec discusses the treatment of a hyperactive 18-month-old, Gustav, who sought prematurely to do without his mother by avoiding contact with her. This case is used by Szwec to explore a failure in psychic development. One must suppose that the propensity to seek premature self-sufficiency and disengagement from the object is conditioned by very early experiences, occurring when self and object were as yet undifferentiated. The author agrees with Aisenstein that the impossibility of the psyche to decode or translate the demands made by the body could favor somatic disorganization; this is seen in the young insomniac or the anorectic child.

In the infant, this decoding of the body's demand depends on decoding by the mother, the response of the object, or the response of the future object. The infant must have had sufficient experiences of satisfaction in his contact with the object to continue on the route to hallucinatory satisfaction of desire.

Szwec suggests that the essential aim of life instincts is to assure an objectalizing function. In the psychosomatic field, it is the objectalization of cathexis that attracts our attention. In patients with essential depression, we often see an imperative of decathexis; their relationships seem to be undermined by the necessity for non-relation imposed for economic reasons. An infant who avoids affection seems to illustrate this necessity to eschew certain links to an object.

The child presented here, Gustav, was hyperactive, had trouble sleeping, and suffered from prurient eczema. Always in motion, he constantly exchanged one toy for another. He avoided contact with his mother, keeping her at a distance, though there was less avoidant behavior with his father. This relationship with his mother seemed to represent a permanent trauma that caused him to hypercathect his motoric ability to escape her. His motor activities did not appear to be unconscious; he simply wanted to get away from her.

Gustav did not demonstrate any repression, and autoerotic activities were absent. It seemed as though there was an imperative force not to transform perceptions of his mother into representations of the object, experienced as an inexhaustible source of excitations. Apparently, what he wanted to avoid being represented was a situation in which he would be passive. This rejection of passivity as an instinctual position led to an overly precocious development of autonomy. The development of Gustav's instinctual life was thus blocked.

Theoretically, this calls to mind Fain's comment about the mobilization of the death instinct for defensive aims, especially stimulus barriers, and Green's concept of the utilization of the death instinct by the stimulus barriers to bring excitation to the zero level. It is also similar to Marty's description of essential depression in the adult in whom there is an absence of interior objects, together with an absence of possibilities for relationships with exterior objects. This situation in the infant establishes an anti-erotic anchoring in the body, replacing the psychic function of an anchorage in the instinctual. It is no longer the instinctual body but the physiological one that is most at risk for somatic disorganization.

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In summary, this is an extraordinarily rich issue of the *Revue Française de Psychanalyse*. Although professional philosophers might be amused by its efforts to deal with the mind-body problem, the discussions are important for understanding psychoanalytic theory about mind and body and ego development. Limitations of space have required me to pass over a good many more interesting contributions covering topics such as figurability, representations, the body in analytic sessions, and neuroscience, as well as additional discussions of psyche-soma in the infant.

The reader may well want to consult this issue to further explore topics of particular interest. Although the reader may not have gained a better grasp of the mind–body problem after reading these abstracts, there may at least be a better understanding of why the mind–body problem is one of the perennial problems of philosophy.

As a final note, I will quote from Thomas Nagel: “Consciousness is what makes the mind–body problem really intractable.”⁵ In this issue of the *Revue*, we learn much about the development of the ego, instincts, representations, and the interrelations of mind and body, but I find nothing to explain the phenomenon of consciousness, which, as ever, seems to elude us.

⁵ Nagel, T. (1979). What is it like to be a bat? In *Mortal Questions*. Cambridge, UK: Cambridge Univ. Press, p. 165.